

*COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY*

# **Mental Health Services Act (MHSA) Fiscal Year 2018-19 Annual Update**



## **Behavioral Health Services**

September 25, 2018



**LIVEWELLSD.ORG**

This report provides an update to the County of San Diego Health and Human Services Agency's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years (FYs) 2017-18 through FY 2019-20 (MHSA Three-Year Plan).

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## A LETTER FROM THE BEHAVIORAL HEALTH DIRECTOR

The Mental Health Services Act (MHSA) Fiscal Year 2018-19 Annual Update (MHSA Annual Update) is an opportunity for the County of San Diego Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) to inform stakeholders, partners, clients, and community members of highlights and accomplishments in Fiscal Year (FY) 2016-17, along with changes to the MHSA Three-Year Plan in FYs 2017-18 and 2018-19. MHSA programs account for nearly one third of the FY 2018-19 Operational Plan for BHS of \$658.2 million.

The MHSA Annual Update is the culmination of the robust Behavioral Health Community Engagement process, collaborative communication, spirited discussions, and strong leadership and advocacy from various individuals and groups throughout San Diego County. The vigorous planning process is fully integrated, reducing operational silos which are often an unintended consequence of the various funding source requirements.



The MHSA Annual Update aligns with the County of San Diego's (County's) *Live Well San Diego* vision for a healthy, safe and thriving region. MHSA services remain crucial in achieving many of the goals of the HHSA Ten Year Roadmap for BHS (see *Appendix D*) by addressing the most serious behavioral health issues affecting residents. We are excited to share our comprehensive plan for treatment, housing, prevention and early intervention, and other critical services to some of the most vulnerable populations who are experiencing mental illness.

While looking ahead, I remain humbled by the success stories and proud of the work we have done. Our system of care continues to push forward in leading change and innovation, and achieving remarkable results, including:

- *HHSA receiving the California Award for Performance Excellence (CAPE) Eureka Silver Award from the California Council for Excellence in its first application.*
- *Edgemoor Hospital receiving the prestigious American Health Care Association's Gold Award, 2017.*
- *Opening the new 12-bed Crisis Stabilization Unit for children and youth.*
- *Expanding outreach and assertive community treatment (ACT) slots to support Project One for All (POFA).*
- *Winning National Association of Counties (NACO) awards for the Behavioral Health Running Program at Camp Barrett and the Breaking Cycles Graduated Sanctions program.*
- *Engaging community partners to establish a vision and strategies for the HHSA Ten Year Roadmap for BHS.*
- *Achieving State approval of five new MHSA Innovation programs.*
- *Continuing the development of services for persons involved with the justice system through partnerships with law enforcement, the courts, and service providers.*
- *Collaborating with HHSA Child Welfare Services and Public Health Services as well as the County's Probation Department, to ensure the needs of foster youth are met within the context of Continuum Care Reform.*

The future is full of many opportunities and challenges, and we have a long road ahead to ensure all residents have the opportunity to thrive. We look forward to the continuous advancement of the *Live Well San Diego* vision and HHSA Ten Year Roadmap for BHS by providing quality services, empowering individuals with behavioral health needs, developing a comprehensive trauma-informed system, and reducing stigma.

Live Well,

A handwritten signature in blue ink, appearing to read 'Alfredo Aguirre'.

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

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## MHSA OVERVIEW

### BACKGROUND

The Mental Health Services Act (MHSA) was passed by voters in November 2004, and became law on January 1, 2005. The MHSA imposes a 1% income tax on personal annual income in excess of \$1 million. The vision of the MHSA is to build a system in which mental health services are more accessible and effective, utilization of out-of-home and institutional care is reduced, and stigma toward those with serious mental illness (SMI) or serious emotional disturbance (SED) is eliminated.

The MHSA provides resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth (TAY), adults, older adults, and families. It also addresses a broad continuum of prevention and early intervention needs, and the necessary infrastructure, technology, and training to effectively support the public mental health system. Counties also have the opportunity to implement innovative programs to pilot new mental health approaches. After over a decade of consistent growth and expansion, we must turn our emphasis to improving processes and focus on the most effective approaches demonstrated by successful outcomes.

In San Diego County, MHSA programs and services are largely provided through a competitive procurement process and many contracts are awarded to community-based service providers. To ensure quality services are provided, teams of subject-matter experts within the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) oversee programs through regular contract monitoring and communication with service providers. MHSA programs are client-centered, culturally aware and employ detailed outcome measures that include clinical and functional improvement or stabilization, progress toward client goals, and achievement of client satisfaction.

This MHSA Annual Update provides program and expenditure information for the five MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). It summarizes adjustments to the MHSA Three-Year Plan funding priorities in Fiscal Years (FYs) 2017-18 and 2018-19, and provides an overview of the recent Community Planning Process (CPP).

### INVESTMENT OF RESOURCES

The proposed MHSA spending plan for FY 2018-19 is more than \$201 million, reflecting an increase of about \$13.3 million from the original MHSA Three-Year Plan budget for FY 2018-19. By the end of FY 2018-19, it is estimated that the County will have invested over \$1.2 billion in MHSA programs since its inception.

The following are the planned total expenditures for all MHSA components in FY 2018-19:

MHSA Component	Three Year Plan FY 2018-19 Budget	Annual Update FY 2018-19 Budget	Variance	% of MHSA Budget
Community Services and Supports (CSS)	\$136,822,442	\$152,463,567	\$15,641,125	75%
Prevention and Early Intervention (PEI)	\$31,923,785	\$25,831,235	(\$6,092,550)	13%
Innovation (INN)	\$15,731,162	\$13,250,247	(\$2,480,915)	7%
Workforce Education and Training (WET)	\$3,291,710	\$3,349,971	\$58,261	2%
Capital Facilities and Technological	\$0	\$6,167,611	\$6,167,611	3%
<b>Total</b>	<b>\$187,769,099</b>	<b>\$201,062,632</b>	<b>\$13,293,533</b>	<b>100%</b>

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The MHSA budget and program adjustments for FY 2018-19 were based on priorities identified during the CPP in conjunction with staff recommendations. The primary reductions were due to the transfer of various PEI-funded services to other funding sources due to the implementation of Drug Medi-Cal (DMC) – Organized Delivery System (ODS) on July 1, 2018, and delays in the implementation of several INN programs.

A summary of the proposed expenditures by MHSA component for FY 2018-19 is available in Appendix A. Summaries of all programs funded with MHSA dollars are available in Appendix C.

## **LIVE WELL SAN DIEGO**

Implementation of the MHSA demonstrates the County’s commitment to the *Live Well San Diego* vision of achieving a healthy, safe, and thriving region. The execution of MHSA enhances access to services, and encourages self-sufficiency, health, and well-being in children, adults, and families as demonstrated by the personal stories embedded throughout this report. By collaborating with individuals, community partners, local government, schools and others, the County continues its goal of achieving healthy, safe and thriving communities through collective impact.



## **HOMELESSNESS AND HOUSING**

Housing is critical in achieving health and wellness for individuals who are homeless or at risk of homelessness, and struggling with behavioral health issues. In January 2018, the San Diego Regional Task Force on the Homeless conducted the 2018 Point-in-Time Count, an annual effort to identify the number of homeless persons living in San Diego County. According to the 2018 WeAllCount Annual Report<sup>1</sup>, the number of homeless people dropped by six percent from the previous year, with an estimated 8,576 men, women and children identified as living on the street or in shelters. After a steady decline over the last few years, veteran homelessness rose 24 percent, with 1,312 counted. Of the 4,990 unsheltered homeless individuals that provided information, 43 percent reported mental health issues, 14 percent reported substance use disorders (SUD) and 43 percent reported chronic health conditions.

To address chronic homelessness for persons experiencing SMI, MHSA programs provide outreach, engagement and treatment to this population through direct and support services including permanent supportive housing.

### **PROJECT ONE FOR ALL (POFA)**

In February 2016, the San Diego County Board of Supervisors implemented Project One for All (POFA) to connect 1,250 homeless individuals with SMI to housing and behavioral health services. POFA provides adults with SMI who are homeless with fully integrated services, including outreach, case management, mental health treatment services, SUD services, primary health care, social services, and housing to ensure they are able to become more stable and live more productive lives. As of June 30, 2018, 761 homeless individuals were housed and received BHS services through POFA.

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<sup>1</sup> 2018 WeAllCount Annual Report: <https://www.rtfhsd.org/wp-content/uploads/2017/06/2018-WPoint-in-Time-Count-Annual-Report.pdf> [as of July 26, 2018]

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## **LOCAL GOVERNMENT SPECIAL NEEDS HOUSING PROGRAM (SNHP)**

On June 19, 2018, the Board of Supervisors approved the recommendation to transfer up to an additional \$10 million of MHSA CSS funds to the California Housing Finance Agency (CalHFA) for the Local Government Special Needs Housing Program (SNHP) to develop new permanent supportive housing units. Since implementation, BHS has assigned over \$43 million to CalHFA totaling approximately 323 permanent supportive housing units, 249 of which have been operationalized, 25 units of which are scheduled to begin leasing in 2018, 38 units are planned for development, and a minimum of 11 more units are anticipated for development. With the increase of up to \$10 million in additional funding, an additional 60 permanent supportive housing units will be developed. Total MHSA funding dedicated to permanent supportive housing since inception of the program will exceed \$53 million and the development of approximately 383 permanent supportive housing units.

In September 2018, BHS received notice that the Local SNHP would be terminating due to the implementation of the No Place Like Home program. Details surrounding this action, including the timeline, were uncertain at the time the Annual Update report was published. An update will be provided in the FY 2019-20 MHSA Annual Update.

## **NO PLACE LIKE HOME (NPLH)**

On July 1, 2016, Governor Brown signed NPLH<sup>2</sup> into legislation. The program dedicates \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons experiencing mental illness who are homeless or at risk of homelessness. Bonds will be repaid with MHSA funds. Counties will be eligible to receive funding for permanent supportive housing and must commit to provide mental health services and help coordinate access to other community-based supportive services. On June 20, 2017, HHSA Housing and Community Development Services (HCDS) requested the Board of Supervisors to authorize the submittal of a grant application to the State of California, Department of Housing and Community Development (State HCD) for the NPLH program Technical Assistance (TA) Grant for \$150,000. The TA grant will assist the County in applying for NPLH funds, implementing NPLH activities, coordinating with local homelessness systems, delivering supportive services to tenants, and collecting and evaluating data. Through the NPLH program the County is estimated to receive up to \$140 million to fund the development of permanent supportive housing.

The FY 2018-19 Governor's budget includes funds for the State Department of Housing and Community Development to administer the NPLH program. The SB-1206 No Place Like Home Act of 2018, a ballot initiative, will be submitted to the voters of California for approval in the statewide general election on November 6, 2018.

## **COLLABORATION WITH JUSTICE, COURTS AND PROBATION**

Many MHSA programs provide access and support for individuals either entering or exiting juvenile detention, jails or the courts. Programs collaborate with the Courts, the San Diego County Sheriff's Department, the County Probation Department, and other law enforcement agencies to support successful reintegration of clients into the community through prompt and appropriate identification and treatment of behavioral health issues. The goal is to place people into the appropriate level of treatment and reduce recidivism. In FY 2018-19, the total estimated investment in justice-related MHSA programs will be nearly \$35 million.

See Appendix E for a list of MHSA programs that serve justice-involved clients.

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<sup>2</sup> No Place Like Home website: <http://hcd.ca.gov/grants-funding/active-funding/nplh.shtml> [as of July 26, 2018]



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## MHSA STATE AUDIT

In FY 2017-18, as requested by the Joint Legislative Audit Committee, the California State Auditor engaged the County of San Diego, along with two other counties, in an in-depth MHSA audit. The primary focus of the audit was to determine whether two State entities, the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC), provided effective oversight and guidance to counties regarding the use, administration and oversight of MHSA funding. The audit also determined whether the County appropriately and effectively used MHSA funding.

Key findings the State found during their audit of DHCS and the MHSOAC are as follows<sup>3</sup>:

- *Ineffective State oversight of MHSA allowed hundreds of millions of dollars to remain unspent*
  - *DHCS has not developed a process to recover unspent funds*
  - *Lacking guidance has caused local mental health agencies to accumulate interest on MHSA funds*
- *DHCS has provided lacking guidance on MHSA*
  - *DHCS has provided minimal oversight*
  - *DHCS has not effectively implemented fiscal audits and program reviews of MHSA funds*
  - *DHCS has not developed regulations to establish an appeals process for local mental health agencies to challenge findings*
- *The MHSOAC is implementing processes to evaluate the effectiveness of MHSA programs*
  - *The absence of clear guidance and understanding of the Innovation program approval process may have contributed to mental health agencies holding excessive unspent Innovation program funds*
- *This report concludes that the DHCS and the MHSOAC could better ensure that the 59 county and local mental health agencies effectively use the MHSA funds they receive.*

With regards to the three counties audited, the report states:

*“Finally, our review of three local mental health agencies—Alameda, Riverside, and San Diego counties—determined that they allocate their MHSA funds appropriately and they generally monitored their MHSA-funded projects effectively.”*

The County will continue to prudently administer, allocate and monitor MHSA funds and outcomes in alignment with the statute, and based on guidance from DHCS and the MHSOAC. The County will continue to advocate for clearer, stronger, and more effective processes for MHSA monitoring, oversight and reporting.

## THE ROAD AHEAD

Change is inevitable. The upcoming elections in California and San Diego, the housing crisis in California, the State’s future implementation of the MHSA audit findings, and many other critical issues will undoubtedly impact MHSA services. A number of legislative actions have been proposed, several of which will impact our ability to effectively administer, monitor and deliver MHSA services; however, we are hopeful that other proposals will have positive impacts. We will continue to advocate for positive, effective change that has the greatest impact on our most vulnerable populations to ensure all residents have the opportunity to Live Well.

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<sup>3</sup> Mental Health Services Act Report 2017-117, February 2018: <http://www.auditor.ca.gov/pdfs/reports/2017-117.pdf> [as of July 26, 2018]

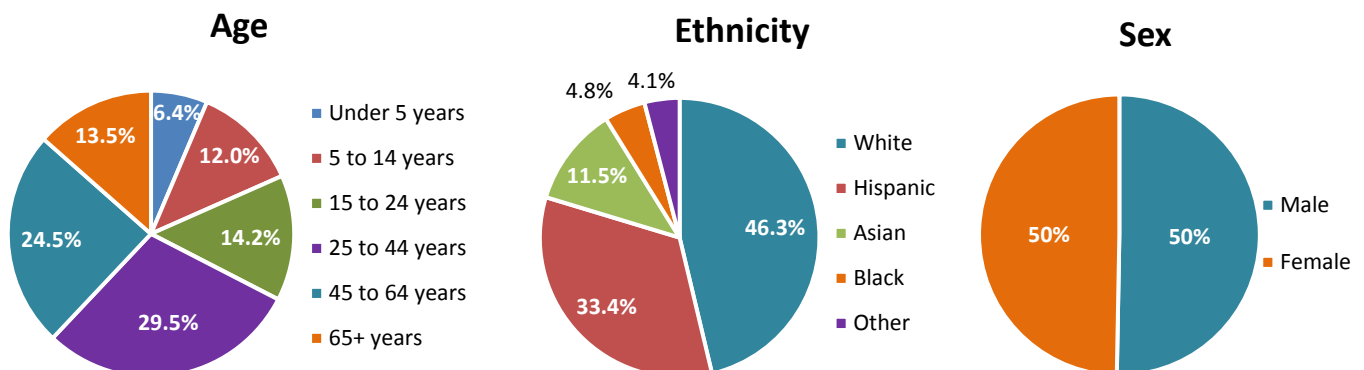
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## DEMOGRAPHICS

San Diego County, California is located near the Pacific Ocean in the far southwest part of the United States, has nearly 70 miles of coastline, lies just north of Mexico, and shares an 80-mile international border. It is among the nation's most geographically varied regions with urban, suburban and rural communities throughout coastal, mountain, and desert environments. According to the U.S. Census Bureau, San Diego County has an area of 4,526 square miles of which 4,207 square miles is land and 319 square miles is water. San Diego County's estimated population for 2017 was 3,337,685<sup>4</sup>, making it the second-most populous county in California and the fifth-most populous county in the United States.

The culturally diverse region boasts robust technology and health industries, a business friendly climate, green practices, smart public planning and a high quality of life. It is home to world class educational institutions and a large military presence. Over 230,000 veterans are estimated to reside in the region along with additional uniformed military personnel, their families and dependents.

The estimated demographics for San Diego County based on 2016 data from the US Census were as follows:



The region is expected to further diversify with a steady increase in the Hispanic population. The two most widely spoken languages at home are English and Spanish with nearly 22% of county residents being bilingual. The county's threshold languages continue to be Spanish, Vietnamese, Arabic, Tagalog, and Farsi.

Additional demographic data for San Diego County is located in Appendix F.

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<sup>4</sup> Based on US Census Bureau estimated population estimate for 2017 [as of July 26, 2018].

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## COMMUNITY PROGRAM PLANNING (CPP) PROCESS

The Community Program Planning (CPP) process provides a structured way for the County, in partnership with stakeholders, to collaborate and determine where to focus resources and effectively utilize MHSA funds in order to meet the needs of County residents. The CPP process includes participation from the San Diego County Behavioral Health Advisory Board, System of Care Councils, stakeholders, organizations, and individuals. Throughout the year, BHS stakeholder-led councils also provide a forum for council representatives and the community to stay informed and provide input. The CPP process is ongoing and the County encourages open dialogue to provide all community members with the opportunity to provide input of future planning.

### 2017 CPP PROCESS

In 2017, BHS leveraged MHSA funds to retain a consultant tasked with designing and implementing a county-wide process to engage the community and collect stakeholder feedback. In August and September 2017, BHS facilitated multiple meetings and discussions to gather input from various community partners, stakeholders, and individuals as part of the CPP process. The objective of the community engagement process was to determine the community's perspective on the value of BHS programs and the impact to community members receiving services. More than 400 stakeholders participated in two community forums, three focus groups and one tele-town hall, or large-scale discussions conducted via the phone and online, to provide input and feedback. Specific populations were also targeted for engagement in the CPP events, including members of peer operated clubhouses, homeless clubhouse members, justice-involved individuals, justice partners, and frontline staff.

BHS also collaborated with public safety and justice system stakeholders to strengthen partnerships, develop strategies, and leverage funding for programs. These programs strive to divert homeless clients with SMI from justice system involvement, and provide discharge planning and short term case management to justice system involved persons with SMI as they transition back into the community.

The 2017 Community Engagement Report can be found in Appendix H. A list of MHSA programs that serve justice-involved clients is available in Appendix E.

### MHSA ANNUAL UPDATE REVIEW AND PUBLIC COMMENT PERIOD

A draft of the FY 2018-19 MHSA Annual Update was posted on the BHS Network of Care and the Clerk of the Board of Supervisors websites. The plan was also sent to BHS stakeholders identified on distribution lists, including the San Diego Mental Health Coalition, Mental Health Contractors Association, and the Hospital Partners Association.

The County's Behavioral Health Advisory Board (BHAB), comprised of consumers, family members, prevention specialists, and professionals from the mental health and alcohol and drug services fields who represent each of the five County Supervisorial districts, held a public hearing at the conclusion of the 30-day public review and comment period.

Stakeholder comments on the MHSA FY 2018-19 Annual Update are available in Appendix P. The BHS Issue Resolution Process for filing and resolving stakeholder concerns related to the MHSA CPP, and consistency between program implementation and approved plans, is available in Appendix G.

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## MHSA ACCOMPLISHMENTS AND CHANGES

Below summarizes programmatic accomplishments in FY 2016-17, and budgetary changes from the MHSA Three-Year Plan for programs in FYs 2017-18 and 2018-19. Changes are outlined for each of the five MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

A detailed budget by component may be found in Appendix A.

### COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS provides comprehensive services for children, youth, families, adults, and older adults experiencing serious mental illness (SMI) or serious emotional disturbance (SED). CSS programs enhance the mental health system of care resulting in the highest benefit to the client, family, and community with a focus on unserved and underserved populations.

In FY 2018-19, the estimated total MHSA budget for CSS programs is \$152,463,567, reflecting a total increase of \$15,641,125 from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19.

In FY 2018-19, approximately \$2.3 million of CSS funds will be transferred to the WET component to continue funding programs identified in the WET section of this report. In FY 2017-18, up to \$500,000 of CSS funds were transferred to the Capital Facilities component to complete construction of the North County Mental Health Facility identified in Appendix A. An exact dollar figure will be determined upon completion of the FY 2017-18 MHSA Annual Revenue and Expenditure Report (RER).

**Full Service Partnership (FSP)** programs advance goals to reduce institutionalization and incarceration, reduce homelessness, and provide timely access to help by providing intensive wraparound treatment, rehabilitation, and case management. The FSP program philosophy is to do “whatever it takes” to help individuals achieve their goals, including recovery. Services provided may include, but are not limited to, mental health treatment, medical care, and life-skills training. Funds can also be used to fund permanent supportive housing or housing supports.

As required by the California Code of Regulations (CCR), Title 9, Division 1, Chapter 14, Article 6, Section 3620 (c), counties “*shall direct the majority of its Community Services and Supports funds to the Full-Service Partnership Service Category.*” FSP programs will account for a majority of the MHSA CSS budget in FY 2018-19.

**System Development (SD)** programs improve existing services and supports for individuals who currently receive services. This includes peer support (e.g. wellness centers), education, advocacy, and mobile crisis teams. SD programs aim to improve the public mental health system by promoting interagency and community collaboration and services, and developing the capacity to provide values-driven, evidence-informed clinical practices.

**Outreach and Engagement (OE)** programs target unserved and underserved populations to reduce health disparities. Culturally competent services include peer-to-peer outreach, screening of children and youth, and school and primary care-based outreach to children and youth. Programs collaborate with racial/ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations and health clinics, and organizations that help individuals who are homeless or incarcerated. Outreach services link potential clients to services.

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A detailed budget for CSS may be found in Appendix A and the CSS Annual report is available in Appendix L. A summary of the estimated cost per client is available at the end of the CSS section.

## **CSS PROGRAMS FOR CHILDREN, YOUTH, AND FAMILIES**

CSS programs for children, youth and families (CYF) serve children and adolescents through age 17 with *serious emotional disturbance* (SED), and their families, including transition age youth (TAY) (age 16-21). CYF offers a wide variety of services, from early intervention to residential services aiming to meet the unique linguistic and cultural needs of San Diego County residents.



Children's FSP services include school-based outpatient services, walk-in assessments, mobile assessment teams, medication support, intensive mental health services, case management, referrals, and linkages, and co-occurring disorder assessments and interventions.

The FSP outcome report for children and adolescents is available in Appendix I.

## **CHILDREN, YOUTH AND FAMILIES - FULL SERVICE PARTNERSHIPS (CY-FSP)**

In FY 2018-19, the estimated total MHSA budget for CY-FSP programs is \$21,968,189. In FY 2018-19, the estimated cost per unduplicated client served in CY-FSP programs is \$7,188, inclusive of all funding, and the estimated number of unduplicated clients to be served is 6,146.

### **HIGHLIGHTS FROM FY 2016-17:**

#### ***CHILDREN'S SCHOOL BASED FULL SERVICE PARTNERSHIP (CY-FSP)***

South Bay Community Services (SBCS) provides FSP services that emphasize whole person wellness and promote access to medical, social, rehabilitative and other community services. Services are provided to children, adolescents, and TAY, up to age 21, and their families at designated school sites, home and/or in clinical settings. In FY 2016-17, the SBCS program served a total of 321 clients and achieved strong outcomes related to client improvement and family participation rates. 98 percent of SBCS clients avoided psychiatric hospitalization or re-hospitalization during the outpatient episode, and the program maintained a family participation rate of 92 percent.

### **ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:**

#### ***CHILDREN'S SCHOOL BASED FULL SERVICE PARTNERSHIPS (CY-FSP)***

Para Las Familias provides a full range of family-focused, culturally and linguistically competent, strength-based, comprehensive, trauma-informed, data-driven, and integrated mental health services to young children and their families. In FY 2018-19, the budget for this program was increased by \$60,000 to allow for expanded capacity.

In FY 2018-19, several Children's School Based FSP program budgets were increased by a total of \$251,167. The enhancements were due to one-time start-up costs, if needed, related to the execution of new contracts.

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***FAMILY THERAPY (CY-FSP) (FORMERLY INN-12 FAMILY THERAPY PARTICIPATION)***

The Family Therapy Participation program utilizes parent partners to increase caregiver participation in family therapy for children and youth with SED. The program educates caregivers on the benefits of being actively engaged in the treatment process. This program is transitioning from INN funding to CSS funding to continue services through six contracts. In FY 2018-19, the CSS budget will increase by \$500,207.

***SOUTHEAST CHILDREN'S MENTAL HEALTH (CY-FSP)***

The County-operated Southeast Children's Mental Health Clinic was closed at the end of FY 2016-17, due to low utilization. Services were transitioned to other providers in the region along with enhanced funding to ensure that more accessible community and school-based services are available to the community. In FY 2018-19, funds for this specific program were reduced by \$400,000; however, services to the region were enhanced overall through the use of other funding sources.

***WRAPAROUND SERVICES – CHILD WELFARE SERVICES (CY-FSP)***

In FY 2018-19, the Wraparound Services budget was increased by \$1,134,191. The enhancement was due to estimated one-time start-up costs, if needed, related to the execution of a new contract(s).

**CHILDREN, YOUTH AND FAMILIES - OUTREACH AND ENGAGEMENT (CY-OE)**

In FY 2018-19, the estimated total MHSA budget for CY-OE programs is \$1,569,153. In FY 2018-19, the estimated cost per unduplicated client served in CY-OE programs is \$1,013, inclusive of all funding, and the estimated number of unduplicated clients to be served is 1,582.

**HIGHLIGHTS FROM FY 2016-17:*****NON-RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT & RECOVERY SERVICES – WOMEN (CY-OE)***

Homeless Outreach Workers (HOWs) embedded within outpatient substance use disorder (SUD) programs were established to assist homeless women who are pregnant or have small children in finding safe and affordable housing. HOWs help homeless women to succeed in recovery and reduce trauma to the children, reducing the cycle of abuse and neglect prevalent in this population. HOWs engage homeless individuals with SUD, providing screening and linkage to treatment, including SUD, physical health, and mental health services. The HOWs also connected homeless individuals to information, education and Hepatitis A vaccinations, provided linkages to housing resources and social services, and initiated and maintained relationships with partners, including libraries, women's shelters, local health clinics, transitional housing programs, and the San Diego Police Department's Homeless Outreach Team. In FY 2016-17, the Perinatal programs provided outreach services to a 481 individuals throughout San Diego County.

**ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:*****SOUTHEAST FAMILY & YOUTH PARTNERSHIP (CY-OE)***

The Southeast Family & Youth Partnership program provides outreach and engagement services to Latino, Asian, and African American children, youth and their families. In FY 2018-19, the budget was enhanced by an



additional \$55,000. The enhancement was due to estimated one-time start-up costs, if needed, related to the execution of a new contract.

#### ***INCREDIBLE YEARS (CY-OE)***

This school-based Incredible Years program provided mental health outpatient services to children up to five years of age with SED, and their families in Central Region. In FY 2018-19, the program was not renewed because in prior fiscal years the Incredible Years curriculum was expanded to all regions through PEI contracts, which are more effective in providing the services to young children and their caregivers. In 2018-19, the budget was reduced by \$670,468.

### **CHILDREN, YOUTH AND FAMILIES - SYSTEM DEVELOPMENT (CY-SD)**

In FY 2018-19, the estimated total MHSA budget for CY-SD programs is \$10,064,867. In FY 2018-19, the estimated cost per unduplicated client served in CY-SD programs is \$4,161, inclusive of all funding, and the estimated number of unduplicated clients to be served is 4,304.

#### **HIGHLIGHTS FROM FY 2016-17:**

##### ***EMERGENCY SCREENING UNIT (ESU) (CY-SD)***

The ESU provides crisis stabilization services to children and youth experiencing a psychiatric emergency to reduce the use of emergency and inpatient services, prevent escalation, and provide linkages to on-going outpatient services to children and youth who are not connected to services. In FY 2016-17, prior to the expansion from 4 to 12 beds, the ESU screened and assessed 1,073 youths and diverted 81% from inpatient hospitalization.

##### ***SOCIAL SECURITY INCOME (SSI) ADVOCACY FOR CHILDREN (CY-SD)***

The SSI advocacy program provides support, through a partnership with HHSA Eligibility Operations, to families navigating the complex application process for a child to receive SSI. The program offers informational SSI workshops to parents and providers, and offers individualized assistance with completing the SSI applications and managing the appeal process, including representation at appeals and hearings. In FY 2016-17, the program served 143 families and noted 36 granted applications.

##### ***STABILIZATION TREATMENT AND TRANSITION (STAT) (CY-SD)***

The Stabilization Treatment and Transition (STAT) team utilizes a collaborative approach to behavioral health care, treatment, supervision, and rehabilitation of youth on probation that provides transitional services to assist them in rejoining the community following incarceration. The STAT team is a partnership between BHS, Juvenile Court, San Diego County Probation, the San Diego District Attorney, and the Public Defender, along with community-based partners. In FY 2016-17, the STAT team served 437 unduplicated clients.

##### ***SSI ADVOCACY, A PERSONAL STORY***

*Imagine undergoing chemotherapy for breast cancer while caring for your grown son, who has schizophrenia. Add to your concerns that your son's nine-year old child has a severe, congenital heart condition complicated by Attention Deficit Hyperactivity Disorder (ADHD). And your grandson's ADHD is untreatable due to his heart condition creating extreme behavioral issues and emotional dysregulation. The heart condition causes slow deterioration of the liver. Only one person in medical history lived beyond adolescence with this rare condition. Where do you turn for help?*

*In this real situation, the SSI Advocacy program guided the family through the application hearing. The boy was eligible and began receiving SSI. Navigating a complicated application process can be nearly impossible for families in these trying circumstances. Operated by the Legal Aid Society of San Diego, the program was able to assure that the boy could receive benefits toward his care, providing a measure of relief for his family - including his twin sister.*

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## ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

### ***BRIDGEWAYS PROGRAM (CY-SD)***

The Bridgeways program is a newly redesigned juvenile justice programming intended to provide comprehensive services to address the behavioral health needs of justice involved youth or youth at risk of justice involvement. The program provides outpatient clinical services, field supportive services, and institutional services with the primary goal of establishing a unified continuum of care that allows for coordination of services within and outside the detention facilities. Bridgeways combines services from the previous Breaking Cycles and Multi-Systems Therapy (MST) programs. In FY 2018-19, this will result in decreases in the Breaking Cycles and MST programs, and an increase in the Bridgeways program, representing an overall neutral budgetary impact.

### ***EMERGENCY SCREENING UNIT (ESU) (CY-SD)***

BHS celebrated the opening of the new centralized ESU facility in December 2017, tripling the number of publicly-managed crisis beds from 4 to 12. An existing County-owned facility was repurposed and renovated to provide state-of-the-art emergency screening for children and adolescents experiencing a psychiatric crisis. In FY 2017-18, the programming budget was enhanced by \$455,978 to be fully operational at its expanded capacity.



### ***INCREDIBLE FAMILIES - CHILD WELFARE SERVICES (CWS) (CY-SD)***

The Incredible Families program provides outpatient mental health treatment and support services for children and families involved in CWS. In FY 2017-18, the budget was enhanced by \$35,000 to accommodate evidence-based training costs for the Children's System of Care. In FY 2018-19, the program budget was enhanced by an additional \$226,417. The enhancement was due to estimated one-time start-up costs, if needed, related to the execution of a new contract.

### ***RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT & RECOVERY SERVICES – ADOLESCENT***

The Phoenix House provided integrated treatment of co-occurring mental health and substance use disorder issues for youth residing in the residential program in Los Angeles. Due to the implementation of Presumptive Transfers (AB1299) on July 1, 2017, foster youth may continue to have access to the services through the Los Angeles contract. In FY 2018-19, the budget was reduced by \$312,857, as a result.

### ***SUPPLEMENTAL SECURITY INCOME (SSI) ADVOCACY FOR CHILDREN (CY-SD)***

In FY 2017-18, funding for this program, as described above, was enhanced by \$200,000 to accommodate the increasing number of clients receiving services.

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## CSS PROGRAMS FOR TRANSITION AGE YOUTH, ADULTS, AND OLDER ADULTS

CSS programs for transition age youth (TAY) (age 18-25), adults (age 26-59), and older adults (age 60+) (TAOA) provide services to individuals with SMI or co-occurring disorders, and their families. Programs provide integrated, recovery-oriented mental health treatment services, outreach and engagement, case management and linkage to other services, and vocational support.



Full service partnership (FSP) assertive community treatment (ACT) programs use a “whatever it takes” model to comprehensively address individual and family needs, and focus on resilience and recovery to help individuals achieve their mental health treatment goals. Adult FSP programs provide ACT services, supported housing (temporary, transitional, and permanent), intensive case management, wraparound services, community-based outpatient services, rehabilitation and recovery services, supported employment and education services, dual diagnosis services, peer support, justice system transition support, and other services.

The FSP ACT outcome report for TAY, adults and older adults is available in Appendix J. Details of the housing projects funded through MHSA CSS funds are available at: <http://sandiego.camhsa.org/files/BHS-Five-Yr-HousingPlanSumm091814.pdf>.

### TAY, ADULTS AND OLDER ADULTS – FULL SERVICE PARTNERSHIPS (TAOA-FSP)

In FY 2018-19, the estimated total MHSA budget for TAOA-FSP programs is \$55,111,987. In FY 2018-19, the estimated cost per unduplicated client served in TAOA-FSP programs is \$18,168 for TAY and adults, and \$8,278 for older adults, inclusive of all funding. The estimated number of unduplicated clients to be served is 3,626 and 901, respectively.

#### HIGHLIGHTS FROM FY 2016-17:

##### ***FSP/ACT AND PROJECT ONE FOR ALL (POFA) PROGRAMS (TAOA-FSP)***

FSP/ACT programs, including POFA programs, provide intensive, highly individualized services to help clients with SMI who are homeless or at risk of homelessness, achieve success and independence. ACT teams provide medication management, vocational services, substance abuse services, and other services to help clients sustain the highest level of functioning while remaining in the community. In FY 2016-17, 2,288 unduplicated clients were served by the 27 ACT teams resulting in a reduction of homelessness and a decrease in the mean number of days per individual spent incarcerated, in a State Psychiatric Hospital, or in long-term care amongst these clients. Clients also showed progress in several areas of basic need, including housing, employment and education.

### **HOME FINDER (TAOA-FSP)**

The Home Finder program provides outreach and engagement, housing navigation and location, and tenant support services to individuals experiencing homelessness and living with SMI. Staff are co-located at two BHS outpatient clinics, Areta Crowell Center and North Central Mental Health Clinic, to engage homeless clients and find them housing. In FY 2016-17, 222 individuals were engaged and assessed for housing, 163 were engaged in services to locate housing or maintain current housing, and 74 were placed into permanent housing. Within the first three months of enrollment, 55 percent of clients were housed. The program also engaged with 102 landlords to expand housing, resulting in 68 new rental units.

#### **HOME FINDER, A PERSONAL STORY**

*Jane Doe, one of the many San Diegans who is chronically homeless and experiencing SMI, finally received a break last year. After 12 years on a wait list, her application for subsidized housing was accepted. Unfortunately, she had 17 evictions on her record so no landlord would accept her as a tenant.*

*The Home Finder housing navigators were able to find an apartment that would accept her as a tenant because of their positive track record with apartment managers. The housing navigators provided budgeting and financial guidance, connection to services, and a strong network to assist her in her recovery from SMI in a stable home.*

### **ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:**

#### **COUNTY OF SAN DIEGO PROBATION DEPARTMENT (TAOA-FSP)**

In FY 2018-19, the budget will be enhanced by \$113,172 to fund a new Probation Officer that will support FSP/ACT programs. This will strengthen the collaboration with Public Safety to ensure justice-involved persons with SMI receive the appropriate mental health services.

#### **FSP/ACT – STEP DOWN PROGRAMS (TAOA-FSP)**

In FY 2018-19, a step down from Institutions for Mental Disease (IMDs) program and step down from acute care program will be operationalized using the ACT model to help clients discharged from hospitalization. The total increase to implement the step down programs is \$5,600,638.

#### **FSP/ACT PROJECT ONE FOR ALL (POFA) PROGRAMS (TAOA-FSP)**

In 2018-19, the budget for the POFA program in South Region was decreased by \$654,000 based on a programmatic change that reduced the number of SMI treatment slots from 110 to 100, and reallocated them to a different POFA program.

In 2018-19, the budget for the POFA program in East Region was decreased by \$334,000 based on the amount awarded through the competitive procurement process.

In 2018-19, the budget for the POFA program in North Inland Region was increased by \$154,500 based on a programmatic change that increased the number of SMI treatment slots.

#### **FSP/ACT HOUSING (TAOA-FSP)**

In FY 2018-19, \$2,045,472 will be added to fund temporary rental assistance housing support costs for clients enrolled in four POFA programs located in East, Central and North Inland and North Coastal Regions. The one-time housing support funds will be available in FY 2018-19 only. The enhancement is intended to address the current need for Housing and Community Development Services (HCDS) housing vouchers by providing housing supports in the form of temporary rental assistance to eligible clients receiving POFA services.

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### ***FSP/ACT PROGRAMS (TAOA-FSP)***

In FY 2018-19, the budget for the FSP/ACT program that serves adults with SMI who are high users of acute inpatient care and medical services, are homeless or at risk of homelessness, and are located in Central Region, specifically downtown San Diego and North Central Region, was increased by \$5,495,334. The enhancement was due to increased operating and housing costs, and for one-time start-up costs related to the execution of a new contract to ensure a seamless transition from the previous provider.



In FY 2018-19, the budget for the FSP/ACT program that serves older adults with SMI who are homeless or at risk of homelessness, was enhanced by \$1,162,806. The enhancement was due to increased operating and housing costs, and to fund one-time start-up costs related to the execution of a new contract to ensure a seamless transition from the previous provider.

In FY 2018-19, the budget for the FSP/ACT program that serves TAY with SMI who are homeless or at risk of homelessness, was enhanced by \$1,075,611. The enhancement was due to increased operating and housing costs, and to fund one-time start-up costs related to the execution of a new contract to ensure a seamless transition from the previous provider.

In FY 2018-19, the budget for strengths-based case management (SBCM) services for older adults was enhanced by \$315,262. The enhancement was due to increased operating costs, and to fund one-time start-up costs related to the execution of a new contract to ensure a seamless transition from the previous provider.

### **TAY, ADULTS AND OLDER ADULTS OUTREACH AND ENGAGEMENT (TAOA-OE)**

In FY 2018-19, the estimated total MHSA budget for TAOA-OE programs is \$771,219. In FY 2018-19, the estimated cost per unduplicated client served in TAOA-OE programs is \$2,964, inclusive of all funding, and the estimated number of unduplicated clients to be served is 420.

#### **HIGHLIGHTS FROM FY 2016-17:**

##### ***NON-RESIDENTIAL SUBSTANCE USE DISORDER (SUD) TREATMENT AND RECOVERY SERVICES – ADULT***

The Non-Residential SUD Treatment and Recovery Services programs assist adults with SUD, including co-occurring SMI and SUD, in achieving recovery through mental health screenings and linkage to mental health services. In FY 2016-17, 2,345 unduplicated individuals were served through six programs located throughout San Diego County.

#### **ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:**

In FYS 2017-18 and 2018-19, there were no changes to TAOA-OE programs.



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## **TAY, ADULTS AND OLDER ADULTS – SYSTEM DEVELOPMENT (TAOA-SD)**

In FY 2018-19, the estimated total MHSA budget for TAOA-SD programs is \$34,018,611. In FY 2018-19, the estimated cost per unduplicated client served in TAOA-SD programs is \$2,022, inclusive of all funding, and the estimated number of unduplicated clients to be served is 32,087.

### **HIGHLIGHTS FROM FY 2016-17:**

#### ***BIOPSYCHOSOCIAL REHABILITATION (BPSR) RECOVERY CENTERS (TAOA-SD)***

BPSR recovery centers are Medi-Cal certified and provide outpatient mental health rehabilitation medication management, care coordination, recovery services, and employment support at multiple locations throughout the county to adults with SMI, including those who may have a co-occurring SUD. There are specific programs dedicated to TAY and older adult geriatric specialists that provide integrated, culturally appropriate services that are also age and developmentally appropriate. In FY 2016-17, the Heartland BPSR program served 782 unduplicated adult clients and 204 TAY clients. Overall, 79 percent of clients served showed functional improvement or stabilization and 80 percent showed clinical improvement or stabilization.



#### ***CRISIS STABILIZATION UNITS (CSU) (TAOA-SD)***

The Crisis Stabilization Units (CSU), located at Palomar Medical Center and Tri-City Medical Center, provide treatment in an outpatient setting to reduce risk of a psychiatric hospitalization. The hospital-based CSUs provide 24/7 services to vulnerable patients in a safe setting under the direct constant supervision of behavioral health staff. Patients have access to the emergency department if medical crises arise. In 2016-17, Tri-City Medical Center served 1,002 clients and Palomar Medical Center served 1,087 clients.

#### ***IN-HOME OUTREACH TEAM (IHOT) (TAOA-SD)***

IHOT teams are comprised of mobile clinicians who visit individuals with SMI that are reluctant to seek treatment. IHOT teams visit individuals in their own home, and assess and engage them with the goal of reducing the negative impacts of untreated mental illness. Connection through IHOT is also the initial engagement point for individuals who are court-ordered through Laura's Law Assisted Outpatient Treatment (AOT) in all six regions of San Diego County. In FY 2016-17, 596 total clients were accepted into IHOT and of those clients, 164 individuals were identified as potential Laura's Law clients potentially eligible for AOT services. Emergency psychiatric unit visits were reduced by 66 percent on average.

#### ***NORTH INLAND MENTAL HEALTH CENTERS (TAOA-SD)***

The North Inland Mental Health Centers provide outpatient mental health rehabilitation and recovery services, urgent walk-in, peer support services, homeless outreach, case management, and long-term vocational support services to adults with SMI, including people with co-occurring SUD. In FY 2016-17, the four locations in the North Inland Region provided services to 1,527 unduplicated clients.



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## ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

### ***BIOPSYCHOSOCIAL REHABILITATION (BPSR) (TAOA-SD)***

In FY 2018-19, several BPSR program budgets were increased by a total of \$1,680,792. The enhancements are due to increased operating costs, and to fund one-time start-up costs related to the execution of new contracts to ensure a seamless transition from the previous providers.

### ***CLUBHOUSES (TAOA-SD)***

Clubhouses provide member-driven services, including group counseling, social support, employment and education services, and support access to medical, psychiatric, and other services for individuals experiencing SMI. In FY 2018-19, budgets for clubhouses were increased by a total of \$573,450. The enhancements are due to increased operating costs and to fund one-time start-up costs related to the execution of new contracts to ensure a seamless transition from the previous providers.

### ***INSTITUTIONAL CASE MANAGEMENT (ICM) FOR OLDER ADULTS (TAOA-SD)***

The ICM program serves older adults suffering from SMI in a locked setting to support reintegration into the community. In FY 2018-19, the ICM budget was minimally decreased by \$40,684 due to services being funded through another funding source.

### ***JUSTICE DISCHARGE PLANNING (TAOA-SD)***

Justice Discharge Planning provides discharge planning and short-term transition services for clients who are incarcerated, and focuses on serving at risk African-American and Latino adults and TAY experiencing SMI. In FY 2018-19, \$350,000 was transferred from the PEI funded Project In-Reach to the Justice Discharge Planning program due to programmatic changes that better meet the needs of clients.

### ***SHORT-TERM BRIDGE HOUSING (TAOA-SD)***

Short-term bridge housing programs, formerly referred to as emergency shelter beds, provide short-term emergency and transitional housing in a residential setting throughout the county. Safe, sanitary housing is available on a nightly basis, and services are coordinated with designated homeless outreach workers (HOWs) and peer support services. In FY 2018-19, the ESB budget was increased by a total of \$129,375 to provide additional bridge housing slots.

## **CSS PROGRAMS FOR ALL AGES (ALL)**

These programs serve families and individuals of all ages and offer a variety of outreach, engagement, and outpatient mental health services with individualized, family-driven services and supports. Clients are linked to appropriate agencies for medication management and services for co-occurring substance use disorders. Various services are provided for specific populations and communities, including victims of trauma and torture, Chaldean and Middle Eastern communities, and individuals who are deaf or hard of hearing.

### **ALL AGES - OUTREACH AND ENGAGEMENT PROGRAMS (ALL-OE)**

In FY 2018-19, the estimated total MHSA budget for ALL-SD programs is \$2,721,615. In FY 2018-19, the estimated cost per unduplicated client served in ALL-OE programs is \$2,945, inclusive of all funding, and the estimated number of unduplicated clients to be served is 969.

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## HIGHLIGHTS FROM FY 2016-17:

### ***BEHAVIORAL HEALTH SERVICES FOR VICTIMS OF TRAUMA AND TORTURE (ALL-OE)***

This program improves access to mental health services for victims of trauma and torture who are experiencing or at risk of SMI or SED, through cultural specific outreach and education. In FY 2016-17, a total of 1,760 adults and children received services, including case management, rehabilitation, and medication management.

### ***BEHAVIORAL HEALTH SERVICES AND PRIMARY CARE INTEGRATION SERVICES (ALL-OE)***

These programs ensure that behavioral health and primary health care services are fully integrated by providing effective, evidence-based treatment for behavioral health interventions in a primary care setting. More than 500 patients were served at seven community clinics.

## ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

In FYS 2017-18 and 2018-19, there were no changes to ALL-OE programs.

## ALL AGES - SYSTEM DEVELOPMENT (ALL-SD)

In FY 2018-19, the estimated total MHSA budget for ALL-OE programs is \$6,351,374. In FY 2018-19, the estimated cost per unduplicated client served in ALL-SD programs is \$1,037, inclusive of all funding, and the estimated number of unduplicated clients to be served is 8,964.



## HIGHLIGHTS FROM FY 2016-17:

### ***CHALDEAN AND MIDDLE EASTERN SERVICES (ALL-SD)***

This program provides culturally competent mental health services, including outpatient clinics, case management, and linkages to services, to individuals of Middle Eastern descent experiencing SMI or SED. Children and youth with SED have access outpatient clinical services and may be connected to acculturation groups. A total of 251 clinic patients received services and 25% of those receiving mental health treatment reported progress toward employment goals.

### ***PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) (ALL-SD)***

The PERT program connects law enforcement officers with clinicians to serve children and adults experiencing psychiatric emergencies throughout the County. PERT improves collaboration between the mental health and law enforcement systems with the goal of humane, safe, and effective de-escalation of situations involving law enforcement officers and people suffering from SMI or SED. In FY 2016-17, PERT conducted 7,852 crisis intervention contacts and 10,655 community service contacts for a total of 18,507 contacts.

## ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

### ***EMERGENCY MEDICAL TECHNICIAN (EMT) – MENTAL HEALTH CLINICIAN TEAM (ALL-SD)***

In FY 2018-19, a new program that pairs two licensed mental health clinicians with emergency medical technicians (EMTs) to determine the best treatment and service options for persons needing assistance will

be piloted. The EMT will assess the person's medical needs while the mental clinician will assess the person's mental health needs. This will result in an estimated budget increase of \$352,660 in FY 2018-19.

**PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) (ALL-SD)**

In FY 2018-19, due to the successful outcomes of partnering law enforcement personnel with clinicians to respond to psychiatric emergencies throughout San Diego County, up to 20 additional PERT teams will be added throughout the year, resulting in an estimated budget increase of \$1,933,195.

**CSS PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT**

The table below represents the estimated cost per client for FY 2018-19, including all revenue sources. MHSA, Realignment, Federal Financial Participation (FFP) and other revenue sources are represented in the proposed budget since they are comingled within services.

<i>MHSA CSS Work Plan</i>	<i>Population Served</i>	<i>FY 2018-19 Proposed Budget (All Funding)</i>	<i>FY18-19 Estimated Number of Unduplicated Clients</i>	<i>FY 2018-19 Estimated Cost Per Client</i>
CY-FSP	Children, Youth	\$44,176,196	6,146	\$7,188
CY-OE	Children, Youth	\$1,602,488	1,582	\$1,013
CY-SD	Children, Youth	\$17,910,224	4,304	\$4,161
TAOA-FSP	Adults, TAY	\$65,877,427	3,626	\$18,168
TAOA-FSP	OA	\$7,458,610	901	\$8,278
TAOA-OE	TAY, Adults, OA	\$1,244,789	420	\$2,964
TAOA-SD	TAY, Adults, OA	\$64,864,760	32,087	\$2,022
ALL-OE	ALL	\$2,853,601	969	\$2,945
ALL-SD	ALL	\$9,298,708	8,964	\$1,037
<b>Total CSS</b>		<b>\$215,286,803</b>		
Assumptions: <ul style="list-style-type: none"> <li>Figures are rounded to the nearest whole number.</li> <li>The proposed funding and cost per client estimates are inclusive of all direct funding within the programs, including MHSA, Realignment, Federal Financial Participation (FFP) and other funding. Administrative costs are not included.</li> <li>The FY 2018-19, estimated cost per client figures are based on the total proposed FY 2018-19 budget divided by the actual clients served in FY 2016-17, plus the estimated new unduplicated clients to be served in FY 2017-18 and FY 2018-19. FY 2016-17 data is the most recent full year of data available.</li> <li>The estimated average cost per client is a summary by work plan. The figure will vary by level of care and contract due to the varying contracted rates, services provided, and number of duplicate clients.</li> <li>The annual projected unique clients for FY 2018-19 will vary from the number of unique clients served in Appendix L and because some programs no longer exist and new programs will be added in FY 2018-19. Additionally, clients may receive one or more different services, so there may be duplication of clients across work plans.</li> <li>In FY 2016-17 and FY 2017-18, a number of Children's CSS-OE programs were converted to CY-FSP programs to enhance and expand services.</li> <li>The TAOA-OE work plan was newly added in FY 2016-17.</li> </ul>				

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## PREVENTION AND EARLY INTERVENTION (PEI)

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

In FY 2018-19, the estimated total MHSA budget for PEI programs is \$25,831,235, representing a total decrease of \$6,092,550 from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The reduction is due to services being funded through other revenue sources in association with the implementation of the Drug Medi-Cal – Organized Delivery System (DMC-ODS). PEI programs were not enhanced due to component funding being maximized in previous fiscal years.

As required by MHSA, a majority of funding for PEI programs must be directed to persons less than 25 years of age. In FY 2018-19, this requirement will be met with over 60 percent of the budget for PEI programs allocated to programs serving persons under 25.

A detailed budget for PEI may be found in Appendix A. A summary of the estimated cost per client for is available at the end of the PEI section. The FY 2016-17 PEI system-wide summary report can be found in Appendix K.

### HIGHLIGHTS FROM FY 2016-17:

#### **SCHOOL-BASED SUICIDE PREVENTION PROGRAM - HERE NOW (SA-02)**

The HERE Now program provides school based suicide prevention education and intervention services to middle school students, high school students, and TAY. Presentations on bullying, depression, and *warning signs of suicide* are provided to students, teachers, staff, and parents to increase awareness, promote conversations, and inspire connections. In the 2016-17 school year, the HERE Now team worked with 15 school districts and 56 schools in San Diego County, and presented the program to 22,474 students, 1,888 staff, and 456 parents.

#### **CHECK YOUR MOOD - STIGMA & DISCRIMINATION REDUCTION (PEI-ADMINISTRATION)**

Check Your Mood is an annual event held in conjunction with National Depression Screening Day. The program engages and encourages San Diegans to monitor and assess their emotional well-being. During the week of October 10-16, 2016, BHS and other County staff partnered with local businesses, healthcare agencies, community partners, and volunteers across the county to provide free mental health resources, information and screenings to help raise mental health awareness at 65 hosted sites throughout the county. During the week of the event 1,498 individuals completed the depression screening tool.

#### **HERE NOW, A PERSONAL STORY**

*What does HERE Now look like in the classroom? What impact does it have? School teachers and staff have seen how this program benefits their students, and here is what they say:*

*"I am so thankful that the HERE Now Program is able to educate high school age students on the warning signs of depression. Students are then able to self-refer if needed and receive support immediately. The HERE Now therapists normalize conversations around mental health and make it safe for students to talk about the most difficult things that are preventing them from their full potential."*

*"The HERE Now team is a group of skilled and trusted professionals who teach our students what they need to know about depression, suicide, bullying, and how to get help. They provide an invaluable service that our school staff cannot provide on their own. Their targeted intervention gives our students the opportunity to express their needs, and be heard and assisted by a trained mental health professional. Their annual program has become an integral part of improving our campus climate and culture."*

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## ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

### ***CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CALMHSA)***

The California Mental Health Service Authority (CalMHSA) is a Joint Powers Authority (JPA) created by counties to administer statewide PEI projects. CalMHSA supports efforts such as maintaining and expanding social marketing campaigns, creating new outreach materials for diverse audiences, providing technical assistance and outreach to counties, schools, and local community-based organizations, providing stigma reduction trainings to diverse audiences, and building the capacity of higher education institutions to reduce stigma and prevent suicide. Programs include Each Mind Matters, Walk in Our Shoes, Directing Change, and Know the Signs. In FY 2018-19, BHS will contribute \$400,000 to CalMHSA for statewide PEI programs.



### ***CO-OCCURRING DISORDERS (CO-02)***

Residential and non-residential SUD treatment and recovery programs provide mental health screenings to adults, women and adolescents with co-occurring disorders. In FY 2018-19, MHSA funding for residential and non-residential SUD treatment and recovery services was reduced by \$4,526,531 due to services being funded through other revenue sources in association with the implementation of DMC-ODS on July 1, 2018.

### ***PROJECT IN-REACH (PS-01)***

Project In-Reach provides discharge planning and short-term transition services for clients who are incarcerated, and focuses on serving at risk African-American and Latino adults or TAY with SMI. In FY 2018-19, the program budget totaling \$350,000 was transferred from the PEI to the Justice Discharge Planning program funded under CSS due to programmatic changes that better meet the needs of clients. The PEI portion was terminated.



## PEI PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client for FY 2018-19, including all revenue sources. MHSA, Realignment, Federal Financial Participation (FFP) and other revenue sources are represented in the proposed budget since they are comingled within services.

<i>MHSA PEI Work Plan</i>	<i>Population Served</i>	<i>FY 2018-19 Proposed Budget (All Funding)</i>	<i>FY18-19 Estimated Number of Unduplicated Clients</i>	<i>FY 2018-19 Estimated Cost Per Client</i>
CO-02 Co-Occurring Disorders	ALL	\$161,216	1,400	\$115
CO-03 Integrated Peer & Family Engagement	ALL	\$2,552,000	997	\$2,560
DV-03 Alliance for Community Empowerment	Children, Youth	\$403,040	413	\$976
DV-04 Community Services for Families - Child Welfare Services	Children, Youth	\$503,808		
EC-01 Positive Parenting Program (Triple P)	Children, Youth	\$1,108,360	9,867	\$112
FB-01 Early Intervention for Prevention of Psychosis (Kick Start)	Children, TAY	\$1,788,490	250	\$7,154
NA-01 Native American Prevention and Early Intervention (Dream Weaver)	ALL	\$1,758,262	8,406	\$209
OA-01 Elder Multicultural Access & Support Services (EMASS)	OA	\$573,479	1,289	\$445
OA-02 Home Based Services - For Older Adults (Positive Solutions)	OA	\$582,958	4,222	\$138
OA-06 Caregiver Support for Alzheimer & Dementia Patients	Adults, OA	\$1,088,974	8,784	\$124
PS-01 Education and Support Lines	ALL	\$5,014,235	260,822	\$19
RC-01 Rural Integrated Behavioral Health and Primary Care Services	ALL	\$1,405,602	1,640	\$857
RE-01 Independent Living Association (ILA)	TAY, Adults, OA	\$302,280		
SA-01 School Based Prevention and Early Intervention	Children, Youth	\$6,347,880	9,447	\$672
SA-02 School Based Suicide Prevention & Early Intervention (Here Now)	Children, Youth, TAY	\$1,813,680	17,945	\$101
VF-01 Veterans & Family Outreach Education (Courage to Call)	ALL	\$1,007,600	4,033	\$250
<b>Total PEI</b>		<b>\$26,411,863</b>		

### Assumptions:

- Figures are rounded to the nearest whole number.
- The proposed funding and cost per client estimates are inclusive of all direct funding within the programs. Figures may include MHSA, Realignment, Federal Financial Participation (FFP) and other funding. Administrative costs are not included.
- The following programs do not have data:
  - DV-04: Point of Engagement Programs - Embedded within Child Welfare Services (CWS).
  - PS-01: Community Health Promotion Specialist and Supportive Employment Technical Consultant Services.
  - RE-01: Independent Living Association
- The FY 2018-19, estimated cost per client figures are based on the total proposed FY 2018-19 budget divided by the actual number of clients served in FY 2016-17, plus the estimated new clients to be served in FY2017-18 and FY 2018-19. FY 2016-17 is the most recent full year of data available.
- The estimated average cost per client is a summary by work plan. The figure will vary by service and contract based on the contracted rate, level of care and number of duplicate clients.
- The annual projected unique clients for FY 2018-19 will vary from the number of unique clients served in Appendix K.



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## INNOVATION (INN)

Innovation projects are short-term, novel, creative mental health practices or approaches that contribute to learning. INN programs require data analysis and evaluation services to assess client and system outcome measures. INN programs have evaluation funds embedded within the total budget allocated to evaluation services provided by UCSD.

In FY 2018-19, the estimated INN expenditures will be \$13,250,247, reflecting a total decrease of \$2,480,916 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The decrease is primarily due to the termination of several INN programs that reached their maximum length and due to delayed start dates for several other programs.

A detailed annual INN report with evaluation results is available at: <http://sandiego.camhsa.org/innovation.aspx>.

A detailed budget for INN may be found in Appendix A. A summary of the estimated cost per client is available at the end of the INN section.

### HIGHLIGHTS FROM FY 2016-17:

#### **FAITH-BASED INITIATIVE (INN-13)**

The Faith-Based Initiative, specifically In Reach, is a jail in-reach program that provides adults with SMI spiritual support, mental and physical health and wellness, counseling on untreated mental illness and co-occurring disorders, linkage to resources for reintegration back into the community, and support services consistent with an individual's faith of choice. In FY 2016-17, of the 103 inmates who received services, data showed a sharp reduction in recidivism after involvement with the program. Almost two-thirds (64.7%), had a previous jail booking within 90 days of their current incarceration, but only 28.4% had a subsequent booking in the 90 days post-release.

#### **FAMILY THERAPY PARTICIPATION (INN-12)**

The Family Therapy Participation program utilizes parent partners to increase caregiver participation in family therapy for children and youth with SED. The program educates caregivers on the benefits of being actively engaged in the treatment process. In FY 2016-17, a total of 4,681 parent partner visits were provided to the caregivers of 1,015 children receiving behavioral health treatment services through six contracts in San Diego County.

#### **FAITH-BASED IN REACH, A PERSONAL STORY**

*I began abusing drugs and alcohol when I was 11 years old. Although I was diagnosed with schizoaffective disorder as a young adult, I avoided getting treatment for my mental illness for decades. I went back and forth between homelessness, incarceration, and psychiatric hospitals. I had a problem, but I wasn't taking my addictions and mental health seriously. I was a train wreck.*

*In 2016, a professional from the Training Center Behavioral Health Ministries visited me in jail, and she helped me to turn my situation around. She helped me to see that I can recover from my addiction and get treatment for my mental illness. The Center's in-reach staff stayed in contact with me as I was released from jail and began treatment. I felt very touched by how much they cared about me, and this helped me to feel empowered to improve my situation. Now I consider them family.*

*I decided in jail to give the Training Center a chance and it was the best decision of my life.*

#### **MOBILE HOARDING INTERVENTION - COGNITIVE REHABILITATION AND EXPOSURE/SORTING THERAPY (CREST) (INN-17)**

The CREST program seeks to diminish long term hoarding behaviors in older adults by combining an adapted cognitive-rehabilitation therapy with hands-on training and support. A mobile treatment team provides clients with psychiatric assessments, neuropsychological testing, cognitive training, exposure therapy, peer support,

aftercare, family groups and care management. Through connections to resources older adults can reduce hoarding behaviors, avoid evictions, and improve their quality of life. As of June 2017, CREST responded to 149 individual calls and prevented 21 evictions, assisted clients in passing health and safety inspections, and increased socialization.

#### **URBAN BEATS (INN-16)**

The Urban Beats program engages TAY, ages 16 to 25, who are resistant to traditional mental health approaches through the visual arts, spoken word, videos, and performances. This peer-support, early-intervention program increases engagement and access to treatment, reduces stigma, enhances cultural expression, and provides strength-based messages to the TAY population. Participants are enrolled in 20-week academies that focus on engagement and artistic exploration. In FY 2016-17, a total of 76 new, unduplicated TAY enrolled in the Urban Beats program and more than 1,100 persons attended the community performances. Over 80% of participants reported being satisfied with the program, with the majority indicating they knew better where to get help, were more comfortable seeking help, could more effectively deal with problems, and were less bothered by symptoms after participating in the program.

#### **URBAN BEATS, A PERSONAL STORY**

*Urban Beats has encountered many different personalities during its first years. One young man was truly authentic, sharing unique insight into his mind and thoughts. He came to Urban Beats in hopes of becoming a comedian, an unusual brand of comedy called "Hand Stand Comedy" where he would do a handstand throughout his comedy set. Although his routines didn't go viral, some of his words did. He was able to inspire many folks by giving mental illness a voice people understand. During his time at Urban Beats he advocated strongly for participant rights and ability to dictate treatment.*

*His signature quote: "I guess I just missed the transition when imaginary friends and the ground being made of lava became schizophrenia."*

### **ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:**

#### **INNOVATION EVALUATION**

In FY 2018-19, Innovation programs reflecting a budget increase or decrease in the program budget will also reflect a corresponding adjustment to the evaluation budget for required data collection and evaluation. Evaluation budgets are embedded within each Innovation program.

#### **CAREGIVER CONNECTION (INN-11)**

The Caregiver Connection program, also known as KidSTART, provides mental health support to caregivers of young children to improve access to mental health services for this unserved and underserved population to improve outcomes for the children. This INN program completed the planned three-year term and will continue services using non-MHSA funding resulting in an MHSA budget decrease of \$687,189 in FY 2018-19.

#### **FAMILY THERAPY PARTICIPATION (INN-12)**

The Family Therapy Participation program completed the planned three-year term and did not move forward with the extension of the contract term approved by the San Diego County Board of Supervisors; however, due to successful outcomes the program will transition to CSS funding to continue services. In FY 2018-19, the INN budget for this program will decrease by \$1,934,589, as a result of transferring the program to CSS funding.

#### **RAMP UP 2 WORK (INN-14)**

The Ramp Up to Work program, also known as Noble Works, engages and retains employment opportunities for TAY, adults and older adults with SMI through an enhanced array of supported and competitive

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employment options. In FY 2018-19, this program was extended for six months due to a delayed start resulting in a budget increase of \$619,499.

***PEER ASSISTED TRANSITIONS (INN-15)***

The Peer Assisted Transitions program serves adults with SMI to promote engagement through peer support, and social and recreational activities, and to help them connect with relevant services. Peer support specialists serve as coaches to engage clients in an inpatient setting, and assist with discharge and transition back to the community. In 2017, the Board of Supervisors approved the expansion of this program to a third crisis house; however, the proposed extension was not presented to the MHSOAC for approval. In FY 2018-19, the budget was decreased by \$681,429 because the enhancement was not executed.

***URBAN BEATS (INN-16)***

In 2017, the Board of Supervisors approved the expansion of Urban Beats to the North Central Region, the addition of transportation, services specifically for the East African community, and the extension of the program by an additional year to increase engagement and access to treatment, reduce stigma and enhance cultural expression to the TAY community. In FY 2018-19, the budget was increased by \$281,799.

***MOBILE HOARDING INTERVENTION - COGNITIVE REHABILITATION AND EXPOSURE/SORTING THERAPY (CREST) (INN-17)***

In 2017, the Board of Supervisors and the MHSOAC approved the expansion of the CREST program into South Region, resulting in a total increase of \$580,363 in FY 2018-19.

***PERIPARTUM SERVICES (INN-18)***

The Peripartum Services program is designed to partner with Public Health Nurses who screen parents from unserved and underserved populations for perinatal mood and anxiety disorders, and provide treatment and linkages to appropriate resources and care. The program, if approved, will identify and treat postpartum depression and anxiety in mothers and fathers. This program is scheduled to begin in FY 2018-19, pending approval of the MHSOAC, and was included in the FY 2018-19 budget. In FY 2018-19, the program will have a slight budget increase of \$58,681.

***TELEMENTAL HEALTH (INN-19)***

The Telemental Health program will provide therapeutic outpatient services to youth and adults following psychiatric hospitalization through the use of technology and software. The goal is to promote access, reduce disparities, decrease recidivism, and increase the effectiveness of follow-up engagement and treatment. In FY 2018-19, the budget for this program decreased by \$520,872, due to a delayed start.

***ROAMING OUTPATIENT ACCESS MOBILE (ROAM) SERVICES (INN-20)***

The ROAM program will deploy two mobile mental health clinics to rural Native American communities in the East and North Inland Regions of San Diego County to improve access and utilization of mental health services. ROAM promotes access and reduces disparities by deploying cultural brokers in mobile clinic buses on Native American tribal lands. In FY 2018-19, the budget for this program will increase slightly by \$9,586.

***RECUPERATIVE SERVICES TREATMENT (RESt) RECUPERATIVE HOUSING (INN-21)***

The ReSt program engages TAY who are homeless or at risk of homelessness after being discharged from acute emergency mental health care. The goal is to prevent future emergency care by providing short-term (up to 90 days) comprehensive, on-site services to link clients to permanent housing, ongoing mental health

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services and other needed resources. In FY 2018-19, the budget for this program was minimally increased by \$6,722.

***MEDICATION CLINIC (INN-22)***

The Medication Clinic program will provide psychotropic medication support for children and youth who have stabilized clinically, but require complex medication management. The program supports families with children that have complex medication regimens or medical conditions, in combination with psychiatric treatment. The goal is to support the functioning and safety of children and youth, and reduce suffering so they are able to participate in school and community activities, and have a rich home life. In FY 2018-19, the budget had a minimal increase of \$9,500.

***HUMAN CENTERED DESIGN (INN-23)***

Human Centered Design is a new planning process that BHS will utilize to develop new Innovation programs. In addition to the annual Community Program Planning (CPP) engagement activities scheduled for August 2018, BHS will hire a consultant to facilitate a series of community forums dedicated to involving stakeholders in the development of new Innovation projects tentatively scheduled for the third quarter of FY 2018-19. In FY 2018-19, this will result in a new Innovations work plan, INN-23, and a budget increase of \$100,760.



## INN ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client for FY 2018-19, including all revenue sources. MHSA, Realignment, Federal Financial Participation (FFP) and other revenue sources are represented in the proposed budget since they are comingled within services.

<i>MHSA INN Work Plan</i>	<i>Population Served</i>	<i>FY 2018-19 Proposed Budget (All Funding)</i>	<i>FY18-19 Estimated Number of Unduplicated Clients</i>	<i>FY 2018-19 Estimated Cost Per Client</i>
INN-11 Caregiver Connection	Children, Youth, TAY (up to 21)	\$0	0	n/a
INN-12 Family Therapy Participation	Children (ages 0- 5)	\$94,504	0	n/a
INN-13 Faith Based Initiative	ALL	\$758,969	220	\$3,450
INN-14 Ramp Up to Work	TAY, Adults, OA	\$619,499	105	\$5,900
INN-15 Peer Assisted Transitions	TAY, Adults, OA	\$1,119,896	300	\$3,733
INN-16 Urban Beats	TAY	\$972,170	800	\$1,215
INN-17 Mobile Hoarding Intervention Program (CREST)	OA	\$1,353,059	50	\$27,061
INN-18 Peripartum Program*	TAY, Adults	\$562,581	150	\$3,751
INN-19 Telemental Health	ALL	\$650,480	250	\$2,602
INN-20 ROAM Mobile Services	ALL	\$1,894,583	140	\$13,533
INN-21 ReST Recuperative Housing	TAY (ages 18-25)	\$1,407,001	60	\$23,450
INN-22 Medication Clinic	Children, Youth	\$1,988,452	500	\$3,977
INN-23 Human Centered Design	All Ages	\$100,760	0	n/a
<b>Total</b>		<b>\$11,521,954</b>		

### Assumptions:

- Figures are rounded up to the nearest whole number.
- The proposed funding and cost per client estimates are inclusive of all direct funding within the programs. Figures may include MHSA, Realignment, Federal Financial Participation (FFP) and other funding. Administrative costs are not included.
- The FY 2018-19, estimated cost per client figures are based on the total proposed FY 2018-19 budget divided by the estimated proposed number of clients to be served in FY 2018-19, based on estimates from the programs.
- The estimated average cost per client is a summary by work plan.
- INN-11 and INN-12 will serve no clients in FY 18-19 as they are ending as INN programs.
- INN-23 is designed to help develop new INN programs and therefore will not serve clients.

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## WORKFORCE EDUCATION AND TRAINING (WET)

WET programs provide support, education and training to the public mental health workforce to assist with the shortage of qualified individuals who provide services to persons with mental illnesses in the County of San Diego. The WET component provides training and financial incentives to increase the public behavioral health workforce, and it improves the competency and diversity of the workforce to better meet the needs of the population receiving services.

In FY 2018-19, the estimated WET expenditures will be \$3,349,971, reflecting a budget increase of \$58,261 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to an enhancement of one of the WET programs.

In FY 2018-19, approximately \$2.3 million in CSS funds will be transferred to the WET component to continue funding programs. WET funds were received as a one-time allocation and the balance of WET funds has been fully expended; therefore, the need for additional WET funds will be evaluated annually.

A detailed budget for WET may be found in Appendix A.

### HIGHLIGHTS FROM FY 2016-17:

#### ***BEHAVIORAL HEALTH EDUCATION AND TRAINING ACADEMY (BHETA) (WET-02)***

BHETA provides behavioral health training curriculum to community behavioral health providers and County BHS staff. The curriculum provides awareness, knowledge, and skill-based trainings for behavioral health staff, and features state-of-the-art techniques and instruction. In FY 2016-17, BHETA provided in-person trainings to over 3,000 individuals, and webinars or e-Learnings to over 7,000 individuals on topics such as Solution Focused Brief Therapy, Geriatric Mental Health, Motivational Interviewing, and Trauma Focused Cognitive Behavioral Therapy. BHETA also provided training focusing on topics and programs, including Katie A., Pathways to Well-Being, the Core Practice Model, and Child, Youth and Families, in partnership with Child Welfare Services.

#### ***COMMUNITY PSYCHIATRY RESIDENCY TRAINING (WET-04)***

The Community Psychiatry Residency Training program partners with the University of California, San Diego (UCSD) School of Medicine to recruit and train leaders in the psychiatry field and enhance interest in working in the public behavioral health system. The program provides training and clinical supervision in community psychiatry for psychiatry residents and psychiatric nurse practitioner trainees with the goal of increasing qualified personnel working within the public behavioral health sector, which has long experienced a severe personnel shortage. In FY 2016-17, the program provided training and clinical supervision in community psychiatry to three psychiatry fellows, and two licensed nurse practitioners were also engaged to work closely with the medical fellows. Upon completing the program the three fellows have continued their work in public behavioral health through UCSD Community Psychiatry, the County of San Diego Jails and UC Davis Health.

### ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

#### ***COMMUNITY PSYCHIATRY RESIDENCY TRAINING (WET-04)***

In FY 2017-18, the Community Psychiatry Residency Training program transitioned to a residency training track model enabling medical students to choose a specialization in community psychiatry. The program was further expanded and enhanced to include psychiatric and mental health nurse practitioner components to engage



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nurse practitioners to work in public behavioral health. Ten participants were involved in the nurse practitioner expansion, in partnership with the University of San Diego and California State University San Marcos. In FY 2018-19, there will be no budgetary changes.

***CULTURAL COMPETENCY ACADEMY (WET-02)***

The Cultural Competency Academy was implemented to provide awareness, knowledge and skill based trainings to both BHS and BHS providers. The academy focuses on clinical and recovery interventions for multicultural populations, while ensuring that all trainings focus on being trauma informed from environmental to clinical applications. The training academy works closely with the Cultural Competence Resource Team to develop the curriculum that ensures culturally competent services are provided. In FY 2018-19, the budget for this program increased by \$58,575 to enhance training.

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## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Capital Facilities and Technological Needs (CFTN) funding is used for capital projects and technological capacity to improve mental illness service delivery to clients and their families. Capital Facility funds may be used to acquire, develop, or renovate buildings or to purchase land in anticipation of constructing a building. Expenditures must result in a capital asset which permanently increases the San Diego County infrastructure. Technological Needs funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information. The programs modernize information systems to ensure quality of care, operational efficiency, and cost effectiveness. CFTN funds were received as a one-time allocation that must be spent by June 30, 2018; however, due to the State's new reversion guidelines, the deadline will be extended so counties have an opportunity to complete CFTN projects using unspent funds.



The estimated CFTN expenditures for FY 2018-19 will be \$6,167,611, reflecting a budget increase of \$6,167,611 in MHSA funding from the MHSA Three-Year Plan funding priorities for FYs 2017-18 and 2018-19. The increase is due to delays in facility and TN projects that were planned to be completed in FY 2017-18, but are now slated for completion in FY 2018-19 or FY 2019-20. In FY 2017-18, up to \$500,000 of CSS funds were transferred to the Capital Facilities component to complete construction of the North County Mental Health Facility. An exact figure will be determined upon completion of the FY 2017-18 MHSA Annual Revenue and Expenditure Report (RER).

A detailed budget for CFTN may be found in Appendix A.

### TECHNOLOGICAL NEEDS (TN)

#### HIGHLIGHTS FROM FY 2016-17:

##### ***PERSONAL HEALTH RECORD (SD-3)***

The County's current Management Information System, Cerner Community Behavioral Health (CCBH), is an electronic health record and billing application used by staff and contracted providers to coordinate client care, perform required State reporting requirements, and bill Medi-Cal and other payers. The County began working to establish a patient portal within CCBH which will allow clients the ability to view their health information, providing ease of access and speedy communication with their provider. In FY 2016-17, the planning phase for this project began and in FY 2017-18, the program is undergoing testing and is expected to go live in FY 2018-19.

#### ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:

##### ***PERSONAL HEALTH RECORD (SD-3)***

In FY 2018-19, the budget for this program, as described above, will increased by \$100,500 due to annual service costs.

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***TELEMEDICINE (SD-5)***

Telemedicine provides video, secure email, and phone consultation in various mental health services locations to improve accessibility of care in underserved and rural areas. It provides technological infrastructure for the mental health system to ensure high-quality, cost-effective services, and supports for clients and their families. Systems are provided to community-based providers in clinical outpatient, residential, and school-based settings in dozens of different locations. In FY 2018-19, the budget increased by \$173,396 due to annual service costs.

***MANAGEMENT INFORMATION SYSTEM (MIS) EXPANSION (SD-6)***

CCBH, the current application for the electronic health record for mental health services, will be phased out by the year 2024. BHS is in the planning stage of mapping into the upgraded product, Millennium, through engagement of a transition team of approximately six subject matter experts. The transition team will provide support and project management to ensure a successful transition from CCBH to Millennium. The funds budgeted in FY 2017-18 will rollover to FY 2018-19 due to project delays. This will result in a FY 2018-19 budget increase of \$750,000.

***DATA EXCHANGE (INTEROPERABILITY) (SD-8)***

The interoperability project will aggregate data from various systems to create a comprehensive patient record shared across the continuum of care. It also supports the ConnectWellSD program that is being developed to support the Health Information Exchange (HIE). Interoperability is vital to effective, person-centered because it allows programs to share information so they can better serve customers. A majority of the funds budgeted in FY 2017-18 will rollover to FY 2018-19 due to project delays. In FY 2018-19, this will result in a budget increase of \$3,886,120.

***BHS FINANCIAL MANAGEMENT SYSTEM (SD-9)***

The BHS financial management system is a cloud-based, multi-dimensional database in which BHS staff will manage the MHSA budget, expenditures and projections to ensure the most effective use of MHSA funds. The software provides business intelligence, performance management and analytics functionality in a centralized platform. The system includes management dashboards, customized reports to show trending in various contracts and funding, and includes various other features. The implementation of the BHS financial management system will strengthen long-term financial planning to ensure sustainability and allow for more effective resource planning. At the end of FY 2016-17, BHS engaged Board Americas, a business intelligence software vendor, and in FY 2017-18, Board America's facilitated the design and development of the system in partnership with County staff from the County Technology Office, the County's IT Vendor, the Auditor and Controller, BHS and HHSA Fiscal. The BHS Financial Management System is slated for implementation in FY 2018-19. In FY 2018-19, the budget for the Financial Management System reflects a total increase of \$400,000 for additional functionality, reporting and other enhancements.

**CAPITAL FACILITIES (CF)****HIGHLIGHTS FROM FY 2016-17:*****NORTH INLAND CRISIS RESIDENTIAL FACILITY (CF-4)***

The North Inland Crisis Residential facility is a short-term crisis residential facility with 15 beds for adults with SMI and co-occurring disorders. It is open twenty-four hours a day, seven days a week and provides contracted services as an alternative to hospitalization or step down from acute inpatient care within a hospital. In FY

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2016-17, the facility was built, licensed, and became operational to serve clients in the North Regions of San Diego County.

#### **ENHANCEMENTS AND CHANGES FOR FYS 2017-18 AND 2018-19:**

##### ***NORTH COUNTY MENTAL HEALTH FACILITY (CF-2)***

Construction of the Mental Health Center in the North Coastal Region is scheduled for completion in early FY 2018-19. The facility, co-located with Public Health Services, houses a mental health clinic and clubhouse program, and increases accessibility for persons living in North County. On June 26, 2018, the Board approved an additional \$500,000 of MHSA to be allocated to finish construction of the project. The funds were used to cover additional programmatic and operational costs, including expanded treatment capacity for the clinics, security enhancements, and increased accessibility for customers to provide an ADA Accessible Path of Travel for pedestrians. The CF component balance has steadily decreased and the remaining funds would not cover the additional cost, therefore, BHS transferred approximately \$500,000 of CSS funds to the Capital Facilities component to cover the completion of the project. An exact dollar amount will be determined upon completion of the FY 2017-18 MHSA Annual Revenue and Expenditure Report (RER). Remaining funds left unspent in FY 2017-18 will rollover to FY 2018-19 to complete the project, resulting in an estimated FY 2018-19 budget increase of \$20,000.

##### ***NORTH INLAND CRISIS RESIDENTIAL FACILITY (CF-4)***

In FY 2018-19, BHS will allocate additional funds to the North Inland Crisis Residential project to fund additional remaining facility costs. This will result in a budget increase of \$20,000.

##### ***EMERGENCY SCREENING UNIT (ESU) FACILITY (CF-5)***

In late 2017, BHS opened the new crisis stabilization facility in a centralized location of San Diego County to enhance service accessibility for children and youth. The ESU was relocated from its previous location and expanded services from 4 to 12 crisis stabilization beds. In FY 2018-19, BHS will allocate additional funds to the project for remaining facility costs. This will result in a budget increase of \$13,124.

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## MHSA DATA AND OUTCOMES

BHS collects, analyzes and reports MHSA data in monthly, quarterly and annual reports by the BHS Quality Improvement (QI) team to determine if services are meeting expected outcome measures. The BHS Performance Improvement Team (PIT) also monitors targeted aspects of care on an on-going basis. Data is analyzed over time to determine whether program outcomes are being met and to inform decision making. Additionally, BHS regularly shares data reports during the CPP and at various points throughout the year and seeks guidance on further enhancing and refining data collection. To enhance the validity of the data, BHS partners with research organizations to collect, analyze and report on extensive data that tracks activity, measures outcomes and describes the populations being reached.

### **OPTUM**

Optum San Diego serves as the Administrative Services Organization (ASO) for BHS, facilitating the County's role in administering certain inpatient and outpatient Medi-Cal and realignment-funded specialty mental health services. Optum conducts ongoing quality review of therapy treatment plans and evaluation reports prepared for Child Welfare Services (CWS) cases and evaluation reports prepared for Juvenile Probation cases. It also operates a 24 hour Access and Crisis Line (ACL) for callers to access and navigate the behavioral health system of care. The ACL provides referrals and information for mental health and substance use disorders (SUD), access to emergency mental health services, and other services.

### **CHILD AND ADOLESCENT SERVICES RESEARCH CENTER**

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

### **HEALTH SERVICES RESEARCH CENTER**

The Health Services Research Center (HSRC) is a non-profit research organization located within the Department of Family and Preventive Medicine at UCSD. This research team specializes in the measurement, collection, and analysis of health outcomes data to help improve health care delivery systems and, ultimately, improve client quality of life.

The Research Centers work in collaboration with the BHS QI team to evaluate and improve behavioral health outcomes for county residents. Aspects of the outcomes and service demographics are referenced throughout this MHSA Annual Update, and full reports are attached in Appendices F, I, J, and K.

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## MHSA REVERSION PLAN

As required by MHSA, CSS, PEI, and INN funds are required to spend MHSA funds within three years or return (revert) those unspent funds to the State for reallocation to other counties. MHSA WET and CFTN funds are subject to a ten year reversion period before reversion is required. Per recent State Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) and based on direction in MHSUDS Info Notice 17-059 from the State Department of Health Care Services (DHCS), every county must develop a plan to spend funds identified as subject to reversion and post it to the county's website. The county must submit a link to the plan to DHCS by June 30, 2018, and each county's Board of Supervisors (Board) must adopt a final plan within 90 days of posting the plan. Each county must then submit the final plan to DHCS and the MHSOAC within 30 days of adoption by the county's Board.

The County of San Diego has incorporated its reversion plans into this FY 2018-19 MHSA Annual Update.

### **INNOVATION (INN) REVERSION PLAN**

As reported in the MHSA Audit section, the lack of DHCS guidance, direction and oversight in various areas has resulted in a number of issues for counties, one of the primary issues being reversion. A number of counties had MHSA funds identified as subject to reversion, including the County of San Diego, which DHCS determined had INN funds totaling \$7,223,768.

In early 2018, the County appealed this finding based on previous guidance issued by DHCS, which had identified zero MHSA funds as subject to reversion. DHCS rejected the appeal for reasons unknown, and as a result the County has included \$7,223,768 in an INN reversion plan identifying how the funds will be spent. These funds were incorporated into INN programs approved by the San Diego County Board of Supervisors and the MHSOAC.

INN programs and budgets that will leverage the INN funds subject to reversion can be found in Appendix M.

### **CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) REVERSION PLAN**

DHCS identified CFTN funds totaling \$8,782,281 as being subject to reversion. As stated on the DHCS website<sup>5</sup>, the reversion date for CFTN funds was June 30, 2018; however, DHCS recently changed the reversion date to June 30, 2017, or one year earlier, which caused the County to reflect substantial funds budgeted in FY 2017-18, as now subject to reversion.

The County submitted a CFTN reversion plan to DHCS, as directed, to outline how CFTN funds will be spent in FYs 2017-18, 2018-19 and 2019-20, to ensure they are not reverted to the State. All of the projects are outlined in the MHSA Three Year Program and Expenditure Plan for FYs 2017-18 through 2019-20, and all of the projects are already in progress or nearing completion.

CFTN programs and budgets that will leverage the CFTN funds subject to reversion are available in Appendix M.

The County prudently monitors expenditures to ensure MHSA funds are not subject to reversion. The County supports the State Office of Audit's recommendations for DHCS to implement stronger guidance, direction, and oversight of the reversion process to ensure clarity, consistency and compliance is achieved.

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<sup>5</sup> MHSA Reversion Periods: <http://www.dhcs.ca.gov/services/MH/Documents/ReversionChart.pdf> [as of July 26, 2018]



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## APPENDICES

# **APPENDIX A**

## **FY 18-19 MHSA Annual Update Expenditure Plan**

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan**  
Funding Summary

County: San Diego

		MHSA Funding					
		A	B	C	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY2018-19 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	69,486,901	(3,446,583)	22,746,238	1,382,387	6,167,611	
2.	Estimated New FY2018-19 Funding*	109,414,574	29,049,038	7,385,007			
	Estimated Allocation to <i>No Place Like Home</i> **	(7,380,000)	(1,968,000)	(943,000)			
	Transfer to JPA in FY2018-19 <sup>a/</sup>	0					
	Transfer to CalHFA in FY2018-19 <sup>a/</sup>	0					
3.	Transfer to WET in FY2018-19 <sup>a/</sup>	(2,300,000)			2,300,000		
	Transfer to CFTN in FY2018-19 <sup>a/</sup>	0					
	Transfer to Prudent Reserve in FY2018-19 <sup>a/</sup>	0					
4.	Access Local Prudent Reserve in FY2018-19	0	0				0
5.	Estimated Available Funding for FY2018-19	169,221,475	23,634,455	29,188,245	3,682,387	6,167,611	
<b>B. Estimated FY2018-19 MHSA Expenditures</b>		<b>\$ 152,463,567</b>	<b>\$ 25,831,235</b>	<b>\$ 13,250,247</b>	<b>\$ 3,349,971</b>	<b>\$ 6,167,611</b>	
<b>C. Estimated FY2018-19 Unspent Fund Balance</b>		<b>\$ 16,757,907</b>	<b>\$ (2,196,780)</b>	<b>\$ 15,937,998</b>	<b>\$ 332,416</b>	<b>\$ -</b>	

\* Estimated new funding from State consultant estimates in April 2017 + estimated interest

\*\* Estimated annual MHSA funding allocated to State's No Place Like Home initiative in FY18/19 prior to distribution to counties will result in reduced MHSA allocations to counties.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	\$ 42,193,120
2. Contributions to the Local Prudent Reserve in FY2018-19	0
3. Distributions from the Local Prudent Reserve in FY2018-19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	\$ 42,193,120

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

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: San Diego

Program Type, Work Plan and Program Name	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
<b>CY-FSP Full Service Partnerships for Children &amp; Youth</b>						
Children's Full Service Partnership (FSP)	\$ 1,251,459	\$ 798,619	\$ 452,840	\$ -	\$ -	
Children's School Based Full Service Partnership (FSP)	\$ 33,141,339	\$ 15,660,947	\$ 12,885,139	\$ 4,595,252	\$ -	
County of San Diego - Southeast Mental Health Clinic	\$ -		\$ -		\$ -	\$ -
Family Therapy	\$ 1,085,602	\$ 500,207	\$ 585,395		\$ -	
Therapeutic Behavioral Services (TBS)	\$ 4,901,974	\$ 2,723,123	\$ 2,178,851	\$ -	\$ -	
Wraparound Services (WRAP) - Child Welfare Services (CWS)	\$ 3,795,822	\$ 2,285,292	\$ 1,510,529	\$ -	\$ -	
<b>TAOA-FSP Full Service Partnerships for Ages 18-60+</b>						
Adult Residential Treatment	\$ 643,161	\$ 643,161	\$ -	\$ -	\$ -	\$ -
Assisted Outpatient Treatment (AOT)	\$ 1,439,981	\$ 1,246,554	\$ 193,427	\$ -	\$ -	\$ -
Behavioral Health Court	\$ 1,773,376	\$ 1,502,142	\$ 271,234	\$ -	\$ -	\$ -
County of San Diego - Institutional Case Management (ICM)	\$ 490,000	\$ 293,840	\$ 160	\$ 196,000	\$ -	\$ -
County of San Diego - Probation	\$ 901,690	\$ 541,014	\$ -	\$ 360,676	\$ -	\$ -
Crisis Residential Services - North Inland	\$ 1,691,729	\$ 1,074,433	\$ -	\$ 617,296	\$ -	\$ -
Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	\$ 43,715,645	\$ 27,648,441	\$ 14,719,171	\$ 1,348,033	\$ -	\$ -
Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Housing	\$ 12,253,783	\$ 12,253,783	\$ -		\$ -	\$ -
Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Step Down from Acute	\$ 2,429,903	\$ 2,429,903	\$ -	\$ -	\$ -	\$ -
Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Step Down from IMD	\$ 3,213,300	\$ 3,213,300	\$ -	\$ -	\$ -	\$ -
Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Transitional Residential Program	\$ 2,716,993	\$ 2,606,993	\$ -	\$ 110,000	\$ -	\$ -
North Coastal Mental Health Center and Vista Clinic	\$ 337,750	\$ 337,750	\$ -	\$ -	\$ -	\$ -
Payee Case Management Services	\$ 125,950	\$ 125,950	\$ -	\$ -	\$ -	\$ -
Short-Term Mental Health Intensive Case Management - High Utilizers	\$ 750,112	\$ 750,112	\$ -	\$ -	\$ -	\$ -
Strengths Based Case Management (SBCM)	\$ 852,664	\$ 444,612	\$ 408,052	\$ -	\$ -	\$ -
<b>TOTAL Full Service Partnership (FSP) Programs</b>	<b>\$ 117,512,233</b>	<b>\$ 77,080,176</b>	<b>\$ 33,204,799</b>	<b>\$ 7,227,257</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Non-FSP Programs</b>						
<b>ALL-OE Outreach &amp; Engagement for All Ages</b>						
Behavioral Health Services - Victims of Trauma and Torture	\$ 393,319	\$ 393,319	\$ -	\$ -	\$ -	\$ -
Behavioral Health Services and Primary Care Integration Services	\$ 869,783	\$ 869,783	\$ -	\$ -	\$ -	\$ -
Behavioral Health Services for Deaf & Hard of Hearing	\$ 347,622	\$ 215,636	\$ 131,986	\$ -	\$ -	\$ -
Clubhouse - Deaf or Hard of Hearing	\$ 281,454	\$ 281,454	\$ -	\$ -	\$ -	\$ -
Psychiatric and Addiction Consultation and Family Support Services	\$ 961,423	\$ 961,423	\$ -	\$ -	\$ -	\$ -
<b>ALL-SD System Development for All Ages</b>						
Chaldean and Middle-Eastern Social Services	\$ 540,074	\$ 178,540	\$ 361,534	\$ -	\$ -	\$ -
Emergency Medical Technician (EMT) - Mental Health Clinician Team	\$ 352,660	\$ 352,660		\$ -	\$ -	\$ -
Psychiatric Emergency Response Team (PERT)	\$ 8,405,975	\$ 5,820,175	\$ -	\$ 2,585,800	\$ -	\$ -
<b>CY-OE Outreach &amp; Engagement for Children &amp; Youth</b>						
Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	\$ 1,244,790	\$ 1,244,790	\$ -	\$ -	\$ -	\$ -
Parent Partner Services	\$ 357,698	\$ 324,363	\$ 33,335	\$ -	\$ -	\$ -
<b>CY-SD System Development for Children &amp; Youth</b>						
Administrative Services Organization (ASO) - TERM	\$ 356,351	\$ 356,351	\$ -	\$ -	\$ -	\$ -
Adolescent Day Rehabilitation	\$ 100,760	\$ 60,760	\$ -	\$ 40,000	\$ -	\$ -
BHS Children, Youth and Families (CYF) Liaison	\$ 403,040	\$ 403,040	\$ -	\$ -	\$ -	\$ -
Breaking Cycles Graduated Sanctions Program	\$ -		\$ -		\$ -	\$ -
Bridgeways	\$ 788,456	\$ 137,467	\$ 337,985	\$ 313,004	\$ -	\$ -
Commercially Sexually Exploited Children (CSEC)	\$ 1,007,600	\$ 501,122	\$ 6,478	\$ 500,000	\$ -	\$ -
County of San Diego - Juvenile Forensic Services	\$ 1,100,000	\$ 660,000	\$ -	\$ 440,000	\$ -	\$ -
County of San Diego - Probation	\$ 418,554	\$ 307,132	\$ -	\$ 111,422	\$ -	\$ -
Crisis Action and Connection	\$ 437,997	\$ 166,320	\$ 97,799	\$ 173,877	\$ -	\$ -
Emergency Screening Unit (ESU)	\$ 4,827,532	\$ 2,911,084	\$ -	\$ 1,916,448	\$ -	\$ -
Incredible Families	\$ 1,956,172	\$ 827,161	\$ 457,010	\$ 672,000	\$ -	\$ -
Incredible Years	\$ 472,151	\$ 236,979	\$ 235,173	\$ -	\$ -	\$ -
Medication Support for Wards and Dependents	\$ 853,437	\$ 406,878	\$ 107,759	\$ 338,800	\$ -	\$ -
Mental Health Services - For Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ)	\$ 1,511,400	\$ 1,206,937	\$ 4,463	\$ 300,000	\$ -	\$ -
Multi-Systems Therapy (MST)	\$ -		\$ -		\$ -	\$ -
Peer Mentoring	\$ 80,608	\$ 48,608	\$ -	\$ 32,000	\$ -	\$ -
Placement Stabilization Services	\$ 2,255,051	\$ 1,026,311	\$ 333,523	\$ 895,217	\$ -	\$ -
Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adolescent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rural Integrated Behavioral Health and Primary Care Services	\$ 125,950	\$ 75,950	\$ -	\$ 50,000	\$ -	\$ -
Supplemental Security Income (SSI) Advocacy Services	\$ 302,280	\$ 182,280	\$ -	\$ 120,000	\$ -	\$ -
Walk-In Assessment Clinic and Mobile Assessment Team	\$ 912,886	\$ 550,486	\$ -	\$ 362,400	\$ -	\$ -

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: San Diego

Program Type, Work Plan and Program Name	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>TAOA-OE Outreach &amp; Engagement for Ages 18-60+</b>						
Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	\$ 1,244,789	\$ 771,219	\$ -	\$ 473,570	\$ -	\$ -
<b>TAOA-SD System Development for Ages 18-60+</b>						
Augmented Services Program (ASP)	\$ 1,204,058	\$ 1,204,058	\$ -	\$ -	\$ -	\$ -
Behavioral Health Assessors	\$ 752,173	\$ 453,573	\$ -	\$ 298,600	\$ -	\$ -
Bio-Psychosocial Rehabilitation (BPSR)	\$ 19,787,774	\$ 4,076,372	\$ 9,669,180	\$ 6,042,221	\$ -	\$ -
Client Liaison Services	\$ 367,036	\$ 367,036	\$ -	\$ -	\$ -	\$ -
Client Operated Peer Support Services	\$ 754,088	\$ 754,088	\$ -	\$ -	\$ -	\$ -
Clubhouse	\$ 5,212,091	\$ 5,212,091	\$ -	\$ -	\$ -	\$ -
Crisis Stabilization - North Coastal	\$ 3,721,189	\$ 367,117	\$ 2,246,135	\$ 1,107,936	\$ -	\$ -
Crisis Stabilization -North Inland	\$ 3,873,002	\$ 1,272,950	\$ 1,062,536	\$ 1,537,516	\$ -	\$ -
Family Mental Health Education and Support	\$ 97,133	\$ 97,133	\$ -	\$ -	\$ -	\$ -
Home Finder	\$ 695,097	\$ 695,097	\$ -	\$ -	\$ -	\$ -
In-Home Outreach Teams (IHOT)	\$ 4,283,175	\$ 4,283,175	\$ -	\$ -	\$ -	\$ -
Inpatient and Residential Advocacy Services	\$ 571,540	\$ 571,540	\$ -	\$ -	\$ -	\$ -
Institutional Case Mgmt (ICM) - Older Adults	\$ 506,844	\$ 120,762	\$ 4,103	\$ 381,979	\$ -	\$ -
Justice System Discharge Planning	\$ 775,852	\$ 467,852	\$ -	\$ 308,000	\$ -	\$ -
Mental Health Advocacy Services	\$ 100,000	\$ 100,000	\$ -	\$ -	\$ -	\$ -
North Coastal Mental Health Center and Vista Clinic	\$ 3,378,983	\$ 551,544	\$ 2,216,979	\$ 610,460	\$ -	\$ -
North Inland Mental Health Center	\$ 3,384,747	\$ 283,466	\$ 2,311,692	\$ 789,588	\$ -	\$ -
Public Defender - Behavioral Health Assessor	\$ 207,944	\$ 124,766	\$ -	\$ 83,178	\$ -	\$ -
San Diego Employment Solutions	\$ 460,473	\$ 277,673	\$ -	\$ 182,800	\$ -	\$ -
San Diego Housing Commission	\$ 120,912	\$ 108,912	\$ -	\$ 12,000	\$ -	\$ -
Short Term Acute Residential Treatment (START)	\$ 9,514,896	\$ 8,570,583	\$ -	\$ 944,313	\$ -	\$ -
Short-Term Bridge Housing	\$ 1,043,395	\$ 1,043,395	\$ -	\$ -	\$ -	\$ -
Supplemental Security Income (SSI) Advocacy Services	\$ 503,800	\$ 503,800	\$ -	\$ -	\$ -	\$ -
Telemedicine	\$ 219,657	\$ 206,156	\$ 13,501	\$ -	\$ -	\$ -
Tenant Peer Support Services	\$ 1,680,298	\$ 1,528,696	\$ -	\$ 151,602	\$ -	\$ -
Walk-In Assessment Center	\$ 1,648,605	\$ 776,775	\$ 871,830	\$ -	\$ -	\$ -
<b>Total Non-Full Service Partnership (FSP) Programs</b>	<b>\$ 97,774,570</b>	<b>\$ 55,496,839</b>	<b>\$ 20,503,001</b>	<b>\$ 21,774,730</b>	<b>\$ -</b>	<b>\$ -</b>
<b>CSS Administration</b>	<b>\$ 19,886,552</b>	<b>\$ 19,886,552</b>				
<b>CSS MHSA Housing Program Assigned Funds</b>	<b>\$ -</b>	<b>\$ -</b>				
<b>Total CSS Program Estimated Expenditures</b>	<b>\$ 235,173,356</b>	<b>\$ 152,463,567</b>	<b>\$ 53,707,801</b>	<b>\$ 29,001,988</b>	<b>\$ -</b>	<b>\$ -</b>
<b>FSP Programs as Percent of Total (Includes all funding sources, excludes Admin &amp; Housing)*</b>	<b>54.6%</b>					

\*As of 6/12/18 DHCS has not clarified a formula for calculating the FSP percentage of total CSS funds.

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: San Diego

Program Type, Work Plan and Program Name	Fiscal Year 2018-19						PEI Category
	A Estimated Total Mental Health Expenditures	B Estimated PEI Funding	C Estimated Medi- Cal FFP	D Estimated 1991 Realignment	E Estimated Behavioral Health Subaccount	F Estimated Other Funding	
<b>PEI Programs</b>							
CO-02 Co-Occurring Disorders							EI
Adult Drug Court Treatment and Testing	\$ 161,216	\$ 97,216	\$ -	\$ 64,000	\$ -	\$ -	EI
CO-03 Integrated Peer & Family Engagement	\$ 2,552,000	\$ 1,552,000	\$ -	\$ 1,000,000	\$ -	\$ -	P
DV-03 Alliance for Community Empowerment	\$ 403,040	\$ 403,040	\$ -	\$ -	\$ -	\$ -	P
DV-04 Community Services for Families - Child Welfare Services	\$ 503,808	\$ 503,808	\$ -	\$ -	\$ -	\$ -	P
EC-01 Positive Parenting Program (Triple P)	\$ 1,108,360	\$ 668,360	\$ -	\$ 440,000	\$ -	\$ -	P
FB-01 Early Intervention for Prevention of Psychosis (Kick Start)	\$ 1,788,490	\$ 1,078,300	\$ 190	\$ 710,000	\$ -	\$ -	EI
NA-01 Native American Prevention and Early Intervention (Dream Weaver)	\$ 1,758,262	\$ 1,060,262	\$ -	\$ 698,000	\$ -	\$ -	P
OA-01 Elder Multicultural Access & Support Services (EMASS)	\$ 573,479	\$ 345,817	\$ -	\$ 227,661	\$ -	\$ -	P
OA-02 Home Based Services - For Older Adults (Positive Solutions)	\$ 582,958	\$ 582,958	\$ -	\$ -	\$ -	\$ -	P
OA-06 Caregiver Support for Alzheimer & Dementia Patients	\$ 1,088,974	\$ 1,088,974	\$ -		\$ -	\$ -	P
PS-01 Education and Support Lines					\$ -	\$ -	
Breaking Down Barriers (BDB) Initiative	\$ 693,027	\$ 693,027	\$ -	\$ -	\$ -	\$ -	S&D
County of San Diego - Community Health Promotion Specialists	\$ 620,703	\$ 372,422	\$ -	\$ 248,281	\$ -	\$ -	P
Family Peer Support Program	\$ 200,069	\$ 200,069	\$ -	\$ -	\$ -	\$ -	P
Inreach Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	P
Mental Health First Aid	\$ 503,800	\$ 503,800	\$ -	\$ -	\$ -	\$ -	P
Suicide Prevention & Stigma Reduction Media Campaign - It's Up To Us	\$ 2,291,316	\$ 1,381,702	\$ -	\$ 909,613	\$ -	\$ -	S&D
Suicide Prevention Action Plan	\$ 503,800	\$ 503,800	\$ -	\$ -	\$ -	\$ -	SP
Supported Employment Technical Consultant Services	\$ 201,520	\$ 201,520	\$ -	\$ -	\$ -	\$ -	P
RC-01 Rural Integrated Behavioral Health and Primary Care Services	\$ 1,405,602	\$ 1,405,602	\$ -	\$ -	\$ -	\$ -	EI
RE-01 Independent Living Association (ILA)	\$ 302,280	\$ 302,280	\$ -	\$ -	\$ -	\$ -	O
SA-01 School Based Prevention and Early Intervention	\$ 6,347,880	\$ 6,347,880	\$ -	\$ -	\$ -	\$ -	P
SA-02 School Based Suicide Prevention & Early Intervention (Here Now)	\$ 1,813,680	\$ 1,813,680	\$ -	\$ -	\$ -	\$ -	P
VF-01 Veterans & Family Outreach Education (Courage to Call)	\$ 1,007,600	\$ 1,007,600	\$ -	\$ -	\$ -	\$ -	A
<b>Total Prevention and Early Intervention Programs</b>	<b>\$ 26,411,863</b>	<b>\$ 22,114,118</b>	<b>\$ 190</b>	<b>\$ 4,297,556</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>PEI Administration</b>	<b>\$ 3,317,118</b>	<b>\$ 3,317,118</b>					
<b>PEI Assigned Funds</b>	<b>\$ 400,000</b>	<b>\$ 400,000</b>					
<b>Total PEI Program Estimated Expenditures</b>	<b>\$ 30,128,981</b>	<b>\$ 25,831,235</b>	<b>\$ 190</b>	<b>\$ 4,297,556</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>Percentage of PEI Funding Assigned to Clients &lt;25 Years of Age</b>	<b>60.2%</b>						

**PEI CATEGORIES:**

A - Access to Treatment  
EI - Early Intervention  
O - Outreach  
P - Prevention  
S&D - Stigma & Discrimination Reduction  
SP - Suicide Prevention

*Individual programs may serve more than one area. Categories above are primary PEI categories*



**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: San Diego

Fiscal Year 2018-19								
	A	B	C	D	E	F	Approval Dates	
Innovation Cycle and Program Name	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	Board of Supervisors Approval Date	MHSOAC Approval Date
<b>INN Programs (Cycle 3)</b>								
INN-11 Caregiver Connection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	10/28/2014	2/26/2015
INN-12 Family Therapy Participation	\$ 94,504	\$ 94,504	\$ -	\$ -	\$ -	\$ -	10/28/2014	2/26/2015
INN-13 Faith Based Initiative	\$ 758,969	\$ 758,969	\$ -	\$ -	\$ -	\$ -	10/28/2014	2/26/2015
INN-14 Ramp Up to Work	\$ 619,499	\$ 619,499	\$ -	\$ -	\$ -	\$ -	10/28/2014	2/26/2015
INN-15 Peer Assisted Transitions	\$ 1,119,896	\$ 1,119,896	\$ -	\$ -	\$ -	\$ -	10/28/2014	2/26/2015
INN-16 Urban Beats	\$ 972,170	\$ 972,170	\$ -	\$ -	\$ -	\$ -	10/28/2014; 4/25/17; 10/10/17; 6/19/18	2/26/2015; 10/26/17; 12/15/17
INN-17 Mobile Hoarding Intervention Program (CREST)	\$ 1,353,059	\$ 1,353,059	\$ -	\$ -	\$ -	\$ -	10/28/2014; 4/25/17; 10/10/17; 6/19/18	2/26/2015; 10/26/17; 12/15/17
<b>INN Programs (Cycle 4)</b>								
INN-18 Peripartum Program*	\$ 562,581	\$ 562,581	\$ -	\$ -	\$ -	\$ -	4/25/2017	Pending
INN-19 Telemental Health	\$ 650,480	\$ 650,480	\$ -	\$ -	\$ -	\$ -	4/25/2017	10/26/2017
INN-20 ROAM Mobile Services	\$ 1,894,583	\$ 1,894,583	\$ -	\$ -	\$ -	\$ -	4/25/2017	5/25/2027
INN-21 ReST Recuperative Housing	\$ 1,407,001	\$ 1,407,001	\$ -	\$ -	\$ -	\$ -	4/25/2017	5/25/2027; 2/23/18
INN-22 Medication Clinic	\$ 1,988,452	\$ 1,988,452	\$ -	\$ -	\$ -	\$ -	4/25/2017	5/25/2017
INN-23 Human Centered Design	\$ 100,760	\$ 100,760	\$ -	\$ -	\$ -	\$ -		
<b>Total Innovation Programs and Evaluation</b>	<b>\$ 11,521,954</b>	<b>\$ 11,521,954</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		
<b>INN Administration</b>	<b>\$ 1,728,293</b>	<b>\$ 1,728,293</b>						
<b>Total INN Program Estimated Expenditures</b>	<b>\$ 13,250,247</b>	<b>\$ 13,250,247</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>		

Up to 5% for evaluation for each INN program is included in INN evaluation contract.  
The INN-11 program ended in FY17/18 but still have evaluation costs in FY18/19.  
\*Awaiting MHSOAC Approval on Cycle 3 enhancements and Cycle 4 programs

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: San Diego

Program Type, Work Plan and Program Name	Fiscal Year 2018-19					
	A	B	C	D	E	F
Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
<b>WET Programs</b>						
<b>WET-02 Training &amp; Technical Assistance</b>						
Behavioral Health Training Curriculum (BHTC)	\$ 1,071,996	\$ 1,071,996	\$ -	\$ -	\$ -	\$ -
Cultural Competency Academy	\$ 180,026	\$ 180,026	\$ -	\$ -	\$ -	\$ -
Training and Technical Assistance	\$ 526,140	\$ 526,140	\$ -	\$ -	\$ -	\$ -
<b>WET-03 Mental Health Career Pathway Programs</b>						
Consumer & Family Academy	\$ 236,740	\$ 236,740	\$ -	\$ -	\$ -	\$ -
Public Mental Health Academy	\$ 75,570	\$ 75,570	\$ -	\$ -	\$ -	\$ -
<b>WET-04 Residency and Internship Program</b>						
Community Psychiatry Fellowship	\$ 1,259,500	\$ 1,259,500	\$ -	\$ -	\$ -	\$ -
<b>Total Workforce Education and Training (WET) Programs</b>	<b>\$ 3,349,971</b>	<b>\$ 3,349,971</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>WET Administration*</b>	<b>\$ -</b>	<b>\$ -</b>				
<b>Total WET Program Estimated Expenditures</b>	<b>\$ 3,349,971</b>	<b>\$ 3,349,971</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*WET programs do not have Administrative costs

**FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: San Diego

Program Type, Work Plan and Program Name	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>Capital Facilities (CF) Projects</b>						
CF-2 North County Mental Health Facility	\$ 20,000	\$ 20,000	\$ -	\$ -	\$ -	
CF-4 North Inland Crisis Residential Facility	\$ 20,000	\$ 20,000	\$ -	\$ -	\$ -	
CF-5 Emergency Screening Unit (ESU) Facility	\$ 13,124	\$ 13,124	\$ -	\$ -	\$ -	
<b>Technological Needs (TN) Projects</b>						
SD-3 Personal Health Record	\$ 100,500	\$ 100,500	\$ -	\$ -	\$ -	
SD-5 Telemedicine	\$ 173,396	\$ 173,396	\$ -	\$ -	\$ -	
SD-6 Management Information System (MIS) Expansion	\$ 750,000	\$ 750,000	\$ -	\$ -	\$ -	
SD-8 Data Exchange (Interoperability)	\$ 3,886,120	\$ 3,886,120	\$ -	\$ -	\$ -	
SD-9 Financial Management System	\$ 400,000	\$ 400,000	\$ -	\$ -	\$ -	
<b>Total Capital Facilities (CF) and Technological Needs (TN) Programs</b>	<b>\$ 5,363,140</b>	<b>\$ 5,363,140</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>CFTN Administration</b>	<b>\$ 804,471</b>	<b>\$ 804,471</b>				
<b>Total CFTN Program Estimated Expenditures</b>	<b>\$ 6,167,611</b>	<b>\$ 6,167,611</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

# **APPENDIX B**

## **Certifications and Minute Order**

## MHSA COUNTY COMPLIANCE CERTIFICATION

County: San Diego

Annual Update

<p style="text-align: center;"><b>Local Mental Health Director</b></p> <p>Name: <b>Alfredo Aguirre</b></p> <p>Telephone Number: 619 563-2765</p> <p>E-mail: <a href="mailto:alfredo.aguirre@sdcounty.ca.gov">alfredo.aguirre@sdcounty.ca.gov</a></p>	<p style="text-align: center;"><b>Program Lead</b></p> <p>Name: <b>Adrienne Yancey</b></p> <p>Telephone Number: 619 584-5075</p> <p>E-mail: <a href="mailto:adrienne.yancey@sdcounty.ca.gov">adrienne.yancey@sdcounty.ca.gov</a></p>
<p>County Mental Health Mailing Address:</p> <p>County of San Diego Health &amp; Human Services Agency            Behavioral Health Services            3255 Camino del Rio South            San Diego, CA 92108</p>	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 25, 2018.

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

All documents in the attached annual update are true and correct.

<p style="font-size: 1.2em; font-weight: bold;">Alfredo Aguirre</p> <p>Local Mental Health Director/Designee (PRINT)</p>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p style="font-weight: bold;">Alfredo Aguirre</p> <p>Signature</p> </div> <div style="text-align: center;"> <p style="font-size: 0.8em;">Digitally signed by Alfredo Aguirre Date: 2018.09.28 11:48:51 -0700</p> <p style="font-weight: bold; font-size: 1.1em;">9/28/18</p> <p>Date</p> </div> </div>
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County: San Diego

Date: 9/28/18

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>**County/City: San Diego☐ Three-Year Program and Expenditure Plan☒ Annual Update☐ Annual Revenue and Expenditure Report

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

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

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

Alfredo Aguirre  
Local Mental Health Director (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 11/30/17 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

for [Signature]  
County Auditor Controller / City Financial Officer (PRINT)

Signature

Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)



**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, SEPTEMBER 25, 2018**

**MINUTE ORDER NO. 5**

**SUBJECT: MENTAL HEALTH SERVICES ACT FISCAL YEAR 2018-19 ANNUAL UPDATE, CALMHSA PARTICIPATION, MENTAL HEALTH SERVICES ACT REVERSION PLANS FOR INNOVATION, AND CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS PROGRAMS, AND COMMUNITY ENGAGEMENT (DISTRICTS: ALL)**

**OVERVIEW**

The Mental Health Services Act (MHSA) provides funding to counties to address a broad continuum of mental health service needs, including prevention, early intervention, and system development, and to address the necessary infrastructure, technology, and training to effectively support the public mental health system. MHSA programs provide services for children, youth and families, transition age youth, adults, and older adults, with an emphasis on individuals who are unserved or underserved. MHSA is comprised of five components, including: Community Services and Supports; Prevention and Early Intervention (PEI); Innovation (INN), Workforce Education and Training; and Capital Facilities and Technological Needs.

The County of San Diego Health and Human Services Agency (HHSA), Behavioral Health Services (BHS) is in the second year of implementing the MHSA Three-Year Program and Expenditure Plan: Fiscal Years 2017-18 through 2019-20 (Three-Year Plan) approved by the Board of Supervisors (Board) on October 10, 2017 (3). The MHSA Fiscal Year 2018-19 Annual Update (Annual Update) includes budget and programmatic changes to the Three-Year Plan. The majority of services listed in the Annual Update are a continuation of programs previously approved by the Board in the Three-Year Plan. As mandated by the MHSA, the Annual Update requires review and approval by the Board prior to submission to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). Today's recommended action requests the Board receive and approve the Annual Update.

The Annual Update includes PEI funding for the California Mental Health Services Authority (CalMHSA) to continue statewide PEI campaigns and provide system support for local PEI initiatives, including the It's Up to Us, Each Mind Matters, and Active Minds campaigns. Today's recommended action requests the Board to authorize a payment of \$400,000 to continue participation in CalMHSA in support of these initiatives.

In addition, the Annual Update includes INN funding to engage Human-Centered Design consultant and facilitation services to assist BHS in the development of new short-term, mental health practices or approaches, with maximum engagement of stakeholders. Today's recommended action requests the Board to approve \$100,000 of MHSA INN funding for the implementation of the Human-Centered Design process. Further, today's recommended action requests the Board to receive and approve the MHSA Fiscal Year 2018-19 Reversion Plans for INN, and Capital Facilities and Technological Needs programs, and authorize their submission to the MHSOAC.

Today's actions support the countywide *Live Well San Diego* vision by enhancing access to behavioral health services, promoting well-being in children, adults and families, and encouraging self-sufficiency, which promotes a healthy, safe, and thriving region.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the MHSA Fiscal Year 2018-19 Annual Update and authorize the Agency Director, Health and Human Services Agency to submit the Annual Update to the California Mental Health Services Oversight and Accountability Commission.
2. Authorize payment of \$400,000 to the California Mental Health Services Authority to continue participation in statewide prevention and early intervention campaigns and local initiatives.
3. Authorize the use of \$100,000 of MHSA Innovation funding for the implementation of the Human-Centered Design process to develop new Innovation programs.
4. Accept and approve the MHSA FY 2018-19 Reversion Plans for Innovation, and Capital Facilities and Technological Needs, and authorize the Agency Director, Health and Human Services Agency to submit the Reversion Plans to the California Mental Health Services Oversight and Accountability Commission.

### **FISCAL IMPACT**

Funds for these requests are included in the Fiscal Year 2018-20 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenues of up to \$201,062,632 in Fiscal Year 2018-19. This total is inclusive of the \$500,000 referenced in Recommendations 2 and 3 above. The funding source is Mental Health Services Act (MHSA). There will be no change in net County General Fund cost and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

### **ACTION:**

ON MOTION of Supervisor Cox, seconded by Supervisor Horn, the Board of Supervisors took action as recommended.

AYES: Cox, Gaspar, Horn

ABSENT: Jacob, Roberts

State of California)

County of San Diego) §

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

DAVID HALL

Clerk of the Board of Supervisors



**Signed**

**by** Marvice Mazyck, Chief Deputy

# **APPENDIX C**

## *COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES BEHAVIORAL HEALTH SERVICES*

### **Mental Health Services Act (MHSA) Program Summaries Fiscal Year 2018-19**

July 12, 2018

MHSA Program Summaries are an inclusive listing of programs offered by the County of San Diego Health and Human Services, Behavioral Health Services that include funding from the Mental Health Services Act (MHSA). The programs are listed by MHSA component and work plan and include information about the program, services offered, and the organization that delivers the services.

# Program Summary Key

## Community Services and Support (CSS)

Acronym	Name
RER Program Name	Revenue and Expense Report Program Name
ALL-OE	Outreach & Engagement for All Ages
ALL-SD	System Development for All Ages
CY-FSP	Full Service Partnerships for Children & Youth
CY-OE	Outreach & Engagement for Children & Youth
CY-SD	System Development for Children and Youth
TAOA-FSP	Full Service Partnerships for Ages 18-65+
TAOA-OE	Outreach & Engagement for Ages 18-65+
TAOA-SD	System Development for Ages 18-65+

## Prevention and Early Intervention (PEI)

Acronym	Name
RER Program Name	Revenue and Expense Report Program Name
CO-02	Co-Occurring Disorders
DV-03	Alliance for Community Empowerment
DV-04	Point of Engagement
EC-01	Positive Parenting Program
FB-01	Kick Start
NA-01	Dream Weaver
OA-01	Elder Multicultural Access & Support Services
OA-02	Positive Solutions
OA-06	Positive Solutions
PS-01	Education and Support Lines
RC-01	SmartCare
RE-01	Residential Independent Living
SA-01	School Based Program
SA-02	Here Now
VF-01	Courage to Call

## Innovation (INN)

Acronym	Name
RER Program Name	Revenue and Expense Report Program Name
INN-13	Faith Based Initiative
INN-14	Ramp Up to Work
INN-15	Peer Assisted Transitions
INN-16	Urban Beats
INN-17	Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units
INN-18	Peripartum Program
INN-19	Telemental Health
INN-20	Roaming Outpatient Access Mobile (ROAM) Services
INN-21	Recuperative Services Treatment (ReST) Recuperative Housing
INN-22	Medication Clinics (Center for Child and Youth Psychiatry)

# Program Summary Key

## Workforce, Education and Training (WET)

Acronym	Name
RER Program Name	Revenue and Expense Report Program Name
WET-02	Training & Technical Assistance
WET-03	Mental Health Career Pathway Programs
WET-04	Residency and Internship Program

## Technological Needs (TN)

Acronym	Name
RER Program Name	Revenue and Expense Report Program Name
SD-3	Personal Health Record
SD-5	Telemedicine Expansion
SD-6	MH MIS Expansion
SD-8	Data Exchange
SD-9	Financial Management System

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-FSP	Children's Full Service Partnership (FSP)	Counseling Cove	Locates and engages homeless and runaway youth for the purpose of increasing access to mental health services and family reunification. Individual/group/family services provided at schools, community, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Homeless children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	San Diego Youth Services Counseling Cove 3427 4th Ave., 2nd floor San Diego, CA 92104 (619) 525-9903	1, 4
CY-FSP	Children's School Based Full Service Partnership (FSP)	Child/Youth Case Management	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Homeless children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Rady Children's Hospital Central 3665 Kearny Villa Rd., Suite 101 San Diego, CA 92123 (858) 966-5832	4
CY-FSP	Children's School Based Full Service Partnership (FSP)	Community Circle	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Homeless children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Family Health Centers - Logan Heights 2130 National Ave. San Diego, CA 92113 (619) 515-2382  3845 Spring Dr. Spring Valley, CA 91977 (619) 255-7520	1, 2, 3, 4
CY-FSP	Children's School Based Full Service Partnership (FSP)	Counseling and Treatment Center - School Based Outpatient Children's Mental Health Services	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Homeless children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Union of Pan Asian Communities Children's Mental Health 1031 25th St., Suite C San Diego, CA 92102 (619) 232-6454	1, 4, 5
CY-FSP	Children's School Based Full Service Partnership (FSP)	Community Research Foundation - Crossroads Family Center	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Homeless children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Community Research Foundation Crossroads Family Center 1679 E. Main St., Suite 102 El Cajon, CA 92021 (619) 441-1907	2
CY-FSP	Children's School Based Full Service Partnership (FSP)	Foster Family Agency Stabilization and Treatment (FFAST)	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21, involved in Child Welfare Services and residing in Foster Family Agency homes, who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	San Diego Center for Children FFAST 8825 Aero Dr., Suite 110 San Diego, CA 92123 (858) 633-4102	All

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-FSP	Children's School Based Full Service Partnership (FSP)	Learning Assistance Center	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Vista Hill Foundation - Escondido 1029 N. Broadway Ave. Escondido, CA 92026 (760) 489-4126  Vista Hill Foundation - North Inland Ramona 1012 Main St., Suite 101 Ramona, CA 92065 (760) 788-9724	2, 3, 5
CY-FSP	Children's School Based Full Service Partnership (FSP)	Merit Academy	Day School Services provides individual, group and family services at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Vista Hill 1600 N. Cuyamaca St. El Cajon, CA 92020 (619) 994-7860	2
CY-FSP	Children's School Based Full Service Partnership (FSP)	Community Research Foundation - Mobile Adolescent Services Team (MAST)	Mental Health assessment and treatment services for students and their families at the Momentum Learning School sites, home, office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 attending a Momentum Learning School who meet medical necessity and serious emotional disturbance criteria and who may be involved with the juvenile justice system	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Community Research Foundation 1202 Morena Blvd., Suite 100 San Diego, CA 92110 (619) 398-3261	All
CY-FSP	Children's School Based Full Service Partnership (FSP)	Multi-Cultural Community Counseling - Full Service Partnership (FSP)	Culture specific Individual/group/family services provided at home, community or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Union of Pan Asian Communities Children's Mental Health 1031 25th St., Suite C San Diego, CA 92102 (619) 232-6454	4
CY-FSP	Children's School Based Full Service Partnership (FSP)	New MHSa FSP - Children's Mental Health - ALLY	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Prime Healthcare Paradise Valley LLC 2400 East 4th St. National City, CA 91950 (619) 470-4155	1
CY-FSP	Children's School Based Full Service Partnership (FSP)	East County Behavioral Health Clinic	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offer case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	San Diego Youth Services 1870 Cordell Ct., Suite 101 El Cajon, CA (619) 448-9700	2
CY-FSP	Children's School Based Full Service Partnership (FSP)	North County Lifeline	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	North County Lifeline Oceanside 707 Oceanside Blvd. Oceanside, CA 92054 (760) 757-0118 North County Lifeline Vista 200 Michigan Ave. Vista, CA 92084 (760) 726-4900	3, 5

## Community Services and Supports (CSS - CYF)



Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-FSP	Children's School Based Full Service Partnership (FSP)	Community Research Foundation - Nueva Vista Family Services	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Community Research Foundation Nueva Vista Family Services 1161 Bay Blvd., Suite B Chula Vista, CA 91911 (619) 585-7686	1
CY-FSP	Children's School Based Full Service Partnership (FSP)	Palomar Family Counseling Services	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Palomar Family Counseling 1002 East Grand Ave. Escondido, CA 92025 (760) 741-2660  120 West Hawthorne St. Fallbrook, CA 92028 (760) 731-3235	2, 3, 5
CY-FSP	Children's School Based Full Service Partnership (FSP)	Para Las Familias	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 5 who meet medical necessity and serious emotional disturbance criteria.	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Outreach and Engagement</li> </ul>	Episcopal Community Services Para Las Familias 1424 30th St., Suite A San Diego, CA 92154 (619) 565-2650	1
CY-FSP	Children's School Based Full Service Partnership (FSP)	Pathways Cornerstone	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Pathways Cornerstone School Based Outpatient Treatment 6244 El Cajon Blvd., Suite 14 San Diego, CA 92115 (619) 640-3269	4
CY-FSP	Children's School Based Full Service Partnership (FSP)	Rady Outpatient Psychiatry N.Inland	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Rady Children's Hospital North Inland 625 W. Citracado Pkwy., Suite 102 Escondido, CA 92025 (760) 294-9270	2, 3, 5
CY-FSP	Children's School Based Full Service Partnership (FSP)	East County Outpatient Counseling Program	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	San Diego Center for Children East Region Outpatient 7339 El Cajon Blvd., Suite K La Mesa, CA 91942 (619) 668-6200	2
CY-FSP	Children's School Based Full Service Partnership (FSP)	School-Based Central-East- South	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Rady Children's Hospital Central-East-South 3665 Kearny Villa Rd., Suite 101 San Diego, CA 92123 (858) 966-8471	1, 2, 4

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-FSP	Children's School Based Full Service Partnership (FSP)	School-Based Outpatient Behavioral Health Services	Provide a full range of client and family focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to children, youth and their families	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Social Advocates for Youth 4275 El Cajon Blvd., Suite 101 San Diego, CA 92105 (619) 283-9624	4
CY-FSP	Children's School Based Full Service Partnership (FSP)	South Bay Community Services (Mi Escuela)	Culture specific Individual/group/family services provided at home, community or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	South Bay Community Services 430 F St. Chula Vista, CA 91910 (619) 420-3620	1
CY-FSP	Children's School Based Full Service Partnership (FSP)	Youth Enhancement Services	Culture specific Individual/group/family services provided at home, community or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	San Ysidro Health Center Youth Enhancement Services 3025 Beyer Blvd., Suite E-101 San Diego, CA 92154 (619) 428-5533	1
CY-FSP	Children's School Based Full Service Partnership (FSP)	Mental Health Systems Inc.	Culture specific Individual/group/family services provided at home, community or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Mental Health Systems Inc. School Based Program 4660 Viewridge Ave. San Diego, CA 92123 (858) 278-3292	4
CY-FSP	Children's School Based Full Service Partnership (FSP)	TIDES	Culture specific Individual/group/family services provided at home, community or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client- and family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 and their families who are underserved with a focus on Latino and Asian-Pacific Islanders	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	YMCA-TIDES 4394 30th St. San Diego, CA 92104 (619) 543-9850	4
CY-FSP	Therapeutic Behavioral Services (TBS)	Therapeutic Behavioral Services	Intensive, individualized, one- to-one behavioral coaching program available to children/youth up to 21 years old who are experiencing a current emotional or behavioral challenge or experiencing a stressful life transition	Return children/youth to their family or family-like setting, support permanency and enhance long-term success	Children up to age 21 who are Medi-Cal eligible and who are receiving specialty mental health reimbursable services	<ul style="list-style-type: none"> <li>One on one behavioral coaching</li> </ul>	New Alternatives - TBS 2535 Kettner Blvd., Suite 1A4 San Diego, CA 92101 (619) 615-0701	All
CY-FSP	Wraparound Services (WRAP) - Child Welfare Services (CWS)	Wraparound	Wraparound offers team based intensive and individualized case management to a child or youth within the context of their support system, leveraging both formal and informal supports	Return children/youth to their family or family-like setting, support permanency and enhance long-term success	Children and youth up to age 21 who are involved with Child Welfare Services or Probation	<ul style="list-style-type: none"> <li>Case management and rehabilitative services</li> <li>Intensive care coordination</li> <li>Intensive home-based services</li> <li>Crisis intervention</li> <li>Medication management</li> <li>Outreach at schools and the community</li> </ul>	Fred Finch Wraparound 3434 Grove St. Lemon Grove, CA 91945 (619) 281-3706	All

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-FSP	Wraparound Services (WRAP) - Child Welfare Services (CWS)	WrapWorks	Wraparound offers team based intensive and individualized case management to a child or youth within the context of their support system, leveraging both formal and informal supports	Return children/youth to their family or family-like setting, support permanency and enhance long-term success	Children and youth up to age 21 who are involved with Child Welfare Services or Probation	<ul style="list-style-type: none"> <li>Case management and rehabilitative services</li> <li>Intensive care coordination</li> <li>Intensive home-based services</li> <li>Crisis intervention</li> <li>Medication management</li> <li>Outreach at schools and the community</li> </ul>	<p>San Diego Center for Children 3002 Armstrong St. San Diego, CA 92111 (858) 633-4100</p> <p>North County 235 W. 5th Ave., Suite 130 Escondido, CA 92025 (760) 466-3984</p>	All
CY-FSP /CY-OE	Children's School Based Full Service Partnership (FSP)	Douglas Young Youth and Family Services	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offer case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client-and-family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Community Research Foundation Douglas Young Youth and Family Services 7907 Ostrow St., Suite F San Diego, CA 92111 (858) 300-8282	3, 4
CY-FSP CY-OE	Children's School Based Full Service Partnership (FSP)	Rady OutPatient Psychiatry N.Coastal	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offer case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of client-and-family-focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to homeless children, youth and their families	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Rady Children's Hospital North Coastal 3142 Vista Way, Suite 205 Oceanside, CA 92056 (760) 758-1480	3, 5
CY-SD	Adolescent Day Rehabilitation	San Diego Center for Children Residential Outpatient Children's Mental Health Services	Individual/group/family services to children and youth in a residential setting. Provides Independent Living Skills services to Child Welfare Services youth in placement. These services result in integrated treatment services for youth with co-occurring mental health substance use disorders.	Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement	Children and youth up to age 18, residing at San Diego Center for Children, who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Medication services</li> <li>Independent Living Skills</li> </ul>	San Diego Center for Children 3003 Armstrong St. San Diego, CA 92111 (858) 277-9550	All
CY-SD	BHS Children, Youth and Families (CYF) Liaison	Family Youth Liaison (FYL)	The Family Youth Liaison collaborates with Children, Youth and Families (CYF) administrative staff to ensure family and youth voice and values are incorporated into service development, implementation plans, and service delivery	Advance, train, and coordinate family/youth partnership in CYF programs	Children and youth up to age 21 served by CYF providers and their families	<ul style="list-style-type: none"> <li>Coordinates administrative functions in which family/youth participate</li> <li>Trains CYF programs management staff to work with support Family/Youth Partners</li> <li>Develops and provides CYF system trainings and coaching sessions</li> <li>MHSA Issue Resolution point of contact</li> </ul>	National Alliance on Mental Illness (NAMI), San Diego 5095 Murphy Canyon Rd., Suite 320 San Diego, CA 92123 (858) 634-6580	All
CY-SD	Breaking Cycles Graduated Sanctions Program	San Diego Youth Services - Breaking Cycles	Groups, case management and referrals for youth detained in two of the Department of Probation juvenile detention facilities who are at risk for or are victims of commercial sexual exploitation	Screening, identification, groups and referrals for services upon release of youth who are victims of or at risk for commercial sexual exploitation. Services are in collaboration with juvenile probation, child welfare services, and multi-disciplinary teams	Children and youth up to age 21 who are at risk for or are victims of commercial sexual exploitation	<ul style="list-style-type: none"> <li>Screening/identification</li> <li>Group treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Consultation</li> <li>Community stabilization</li> </ul>	San Diego Youth Services Breaking Cycles 2901 Meadow Lark Dr. San Diego, CA 92123 (858) 492-2324	All

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-SD	BridgeWays Program Services	BridgeWays Program Services	Individual/group/family services provided at office/clinic, home, school or other community locations. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment	Provide a full range of family focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to children, youth and their families who are at risk of involvement or currently involved in the Juvenile Justice System	Children and youth up to age 21, who are at risk of involvement or currently involved in the Juvenile Justice System, who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Home Based Services</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> <li>Substance use services</li> </ul>	TBD	All
CY-SD	County of San Diego - Juvenile Forensic Services	Juvenile Forensics Services Stabilization Treatment and Transition	Individual/group/family treatment for youth in the Department of Probation juvenile detention facilities and transitional mental health and case management services for those youth who meet criteria upon release	Ensure probation children and youth with mental illness have access to mental health services, with successful reintegration into the community and potential reduction in recidivism	Probation children and youth up to age 21 currently in detention or in the community who require mental health services to enhance functioning and reduce symptomology	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Crisis intervention</li> <li>Care coordination</li> <li>Case management</li> <li>Medication management</li> <li>Community based mental health services</li> </ul>	County of San Diego Juvenile Forensic Services 2901 Meadowlark Dr. San Diego, CA 92123 (858) 694-4680	All
CY-SD	County of San Diego - Probation	Probation After Hours (STAT Team)	Multi-disciplinary team provides transitional services as youth rejoin the community following incarceration	Ensure probation children and youth with mental illness have access to mental health services, with successful reintegration into the community and potential reduction in recidivism	Probation children and youth up to age 21 currently in detention or in the community who require mental health services to enhance functioning and reduce symptomology	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Crisis intervention</li> <li>Care coordination</li> <li>Case management</li> <li>Medication management</li> <li>Community based mental health services</li> </ul>	Probation Administration 9444 Balboa Ave. San Diego, CA 92123 (858) 514-3148	All
CY-SD	Crisis Action and Connection	Crisis Action & Connection	Provides intensive support and linkage to services and community resources for children/youth who have had a recent psychiatric episode	Improve the ability of children and youth and their families to access and benefit from mental health services in order to divert or prevent readmission to acute services	Children and youth up to age 21 who meet medical necessity and meet set criteria	<ul style="list-style-type: none"> <li>Intensive case management and treatment to stabilize high risk youth</li> <li>Crisis intervention</li> <li>Medication services</li> </ul>	New Alternatives Inc. Crisis Action & Connection 730 Medical Center Crt. Chula Vista, CA 91911 (619) 591-5740	1
CY-SD	Emergency Screening Unit (ESU)	Emergency Screening Unit (ESU)	Provides crisis stabilization to children and youth experiencing a psychiatric emergency	Reduce the use of emergency and inpatient services, prevent escalation, and promote the management of mental illness	Children and youth up to age 18 who are experiencing a psychiatric emergency	<ul style="list-style-type: none"> <li>Intensive case management and treatment to stabilize high risk youth</li> <li>Crisis intervention</li> <li>Medication services</li> </ul>	New Alternatives Inc. Emergency Screening Unit 4309 Third Ave. San Diego, CA 92103 (619) 876-4502	All
CY-SD	Incredible Families	Incredible Families	Outpatient mental health treatment and support services for children and families involved in Child Welfare Services	Return children/youth to their family or family-like setting; deter children/youth from placement in a higher level of care; and stabilize current placement	Families and their children 2-14 years old who are dependents of Juvenile Dependency Court due to abuse and/or neglect	<ul style="list-style-type: none"> <li>Weekly multi-family parent and child visitation event and meal for all family members</li> <li>Utilization of the Incredible Years evidence-based curriculum</li> <li>A primary therapist is assigned to each family</li> <li>Clinical support during family visitation events, as well as, during individual and family therapy</li> </ul>	Vista Hill Foundation East/South Incredible Families Program 4990 Williams Ave. La Mesa, CA 91942 (619) 668-4263  Incredible Families Central/North Central 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5160	All

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-SD	Incredible Years	Childnet Seriously Emotionally Disturbed	Individual/group/family services provided at schools, home, or office/clinic location. Utilizing a team approach that when indicated offers case management and family partner support	Provide a full range of family focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health services to children through five years old, and their families, using Incredible Years evidence-based program which includes parent training, teacher training and child treatment within school based programming	Children through age 5 who meet medical necessity and serious emotional disturbance criteria, and their families	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> </ul>	Palomar Family Counseling 1002 East Grand Ave. Escondido, CA 92025 (760) 741-2660	2, 3, 5
CY-SD	Medication Support for Wards and Dependents	Vista Hill - Juvenile Court Clinic	Provides short term (no more than three months) individual/family treatment, psychotropic medication and linkage to community-based provider for on-going treatment to children and youth who may be involved in the juvenile justice or child welfare systems	Assist the youth and family with stabilization, support, linkage and coordination to community provider for ongoing mental health services if needed	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria and who are in the juvenile justice or child welfare systems	<ul style="list-style-type: none"> <li>Individual/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Medication services</li> </ul>	Vista Hill Juvenile Court Clinic 2851 Meadow Lark Dr. San Diego, CA 92123 (858) 571-1964	All
CY-SD	Mental Health Services - For Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ)	San Diego Youth Services - Our Safe Place	Individual/group/family services provided at schools, home, drop-in center or office/clinic location. Utilizing a team approach that when indicated offers case management, family or youth partner support, and/or co-occurring substance treatment. Supportive services at 4 drop-in centers	Provide a full range of family focused, culturally and linguistically competent, strength based, comprehensive, trauma informed, data driven, and integrated mental health and supportive services to children, youth who identify as LGBTQ and their families	LGBTQ Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria. Any LGBTQ youth who would benefit from supportive services at the drop-in centers	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Crisis intervention</li> <li>Medication services</li> <li>Outreach and Engagement</li> <li>Assistance with housing</li> <li>Job skill assessment</li> <li>General Education Diploma (GED) preparation</li> <li>Support groups</li> <li>Youth Partners</li> <li>Mentors</li> </ul>	San Diego Youth Services Our Safe Place 3427 4th Ave. San Diego, CA 92103 (619) 525-9903	All
CY-SD	Multi-Systems Therapy (MST)	San Diego Unified School District - Multi-Systemic Therapy (MST) / Assertive Community Treatment (ACT)	Offers Multi-Systemic Therapy and Assertive Community Treatment services to children who are at risk of entering the juvenile justice system and are referred by the Department of Probation	Reduce recidivism, prevent youth from entering into the juvenile justice system, and maximize their success in the community	Children and youth up to the age 21 referred by the department of probation who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Medication services</li> </ul>	San Diego Unified School District 4166 Euclid Ave. San Diego, CA 92105 (619) 344-5636	4
CY-SD	Peer Mentoring	San Pasqual Academy Children's Mental Health Services	Individual/group/family services to children and youth in an academy setting to support self-sufficiency. Provides peer mentorship services to Child Welfare Services youth in placement to foster adolescent growth towards independence and self sufficiency	Support adolescent growth towards independence and self sufficiency for youth preparing to exit the foster care system	Children and youth at San Pasqual Academy ages 12-21 years old who meet medical necessity and serious emotional disturbance criteria	<ul style="list-style-type: none"> <li>Individual/group/family treatment</li> <li>Care coordination</li> <li>Case management</li> <li>Rehabilitative services</li> <li>Medication services</li> <li>Independent Living Skills</li> </ul>	New Alternatives Inc. San Pasqual Academy 17701 San Pasqual Valley Rd. Escondido, CA 92025 (760) 233-6005	All
CY-SD	Placement Stabilization Services	CASS	Provides mental health services to children and youth who are placed through Child Welfare Services in various foster home placements. Services available by referral from Child Welfare Services	Stabilize current placement, deter children and youth from placement in a higher level of care and support transition of children and youth back to their biological families	Foster children and youth up to age 18 who meet medical necessity and serious emotional disturbance criteria who are at risk of changing placement to a higher level of care	<ul style="list-style-type: none"> <li>Assessment</li> <li>Case management and rehabilitative services</li> <li>Intensive care coordination</li> <li>Intensive home-based services</li> <li>Crisis intervention</li> <li>Medication management</li> <li>Outreach at schools and the community</li> </ul>	New Alternatives Inc. 3517 Camino Del Rio South, Suite 599 San Diego, CA 92108 (858) 357-6239	All

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-SD	Placement Stabilization Services	Polinsky	Provides mental health assessment and treatment services to children and youth for a short term assessment period while at Polinsky Children's Center. Collaboration with Child Welfare Services for transition plan to enhance permanency and stability	Return children and youth to their family or family-like setting, support permanency and link children, youth and families to support services when indicated	Children and youth up to age 18 who meet medical necessity and serious emotional disturbance criteria brought to Polinsky Children's Center by Child Welfare for a short assessment period	<ul style="list-style-type: none"> <li>Assessment</li> <li>Case management and rehabilitative services</li> <li>Intensive care coordination</li> <li>Intensive home-based services</li> <li>Crisis intervention</li> <li>Medication management</li> <li>Outreach at schools and the community</li> </ul>	New Alternatives Inc. 9400 Ruffin Ct. San Diego, CA 92123 (858) 357-6879	All
CY-SD	Rural Integrated Behavioral Health and Primary Care Services	Rural Integrated Behavioral Health & Primary Care Services	Paraprofessionals within rural community clinics provide behavioral health education to prevent development of serious mental illness or addiction. Help patients manage health, emotional, and behavioral concerns	Prevention and early intervention	Children, Transition Age Youth, Adults/Older Adults	<ul style="list-style-type: none"> <li>Rural integrated behavioral health and primary care services</li> </ul>	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5400	2, 5
CY-SD	Walk-In Assessment Clinic and Mobile Assessment Team	Behavioral Crisis Center and Mobile Assessment Team Services	Provides mobile crisis mental health services in conjunction with walk-in assessment clinics for the North County region	Reduce the use of emergency and inpatient services, prevent escalation, and promote the management of mental illness	Children and youth who are experiencing a mental health crisis or urgent need for mental health services	<ul style="list-style-type: none"> <li>Crisis response</li> <li>Assessment</li> <li>Information</li> <li>Referral</li> <li>Medication management</li> <li>Linkage to hospital when required</li> <li>Follow-up visits</li> </ul>	New Alternatives, Inc. North County Crisis Intervention and Response Team 225 West Valley Pkwy., Suite 100 Escondido, CA 92025 (760) 233-0133  1020 S. Santa Fe Ave. Suite B-1 Vista, CA 92084 (760) 233-0133	5
CY-OE	Children's Full Service Partnership (FSP)	Family/Youth Support Partnership Services	Outreach and Engagement mental health services to Latino, Asian, and African American children, youth and their families	Outreach and Engagement services for children, youth, up to age 21, and their families	Latino, Asian, and African American children and youth up to age 21	<ul style="list-style-type: none"> <li>Outreach and Engagement</li> <li>Family Support Partners</li> <li>Case management</li> <li>Focus groups</li> <li>Support and Education Groups</li> <li>Community Presentations</li> </ul>	Harmonium Inc. 5275 Market St., Suite E San Diego, CA 92114 (619) 857-6799	4
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (N. Inland)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	<ul style="list-style-type: none"> <li>Recovery services</li> </ul>	McAlister Institute for Treatment and Education 1400 North Johnson Ave., Suite 101 El Cajon, CA 92020 (562) 513-6917	5
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (N. Central)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	<ul style="list-style-type: none"> <li>Recovery services</li> </ul>	McAlister Institute for Treatment and Education 1400 North Johnson Ave., Suite 101 El Cajon, CA 92020 (562) 513-6917	4
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (East)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	<ul style="list-style-type: none"> <li>Recovery services</li> </ul>	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5100	2
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (South)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	<ul style="list-style-type: none"> <li>Recovery services</li> </ul>	McAlister Institute for Treatment and Education 1400 North Johnson Ave., Suite 101 El Cajon, CA 92020 (562) 513-6917	1

## Community Services and Supports (CSS - CYF)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (Central)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	• Recovery services	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5100	4
CY-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Women	Perinatal Outpatient Homeless Outreach (Central)	Women and perinatal substance use disorder treatment	Perinatal outpatient substance use disorder and co-occurring treatment and recovery services.	Women, pregnant and parenting women, and adolescent females ages 15 and older	• Recovery services	Healthrite 360 1563 Mission St. San Francisco, CA 94103 (415) 762-3700	3

## Community Services and Supports (CSS - CYF)



Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-FSP	Adult Residential Treatment	Changing Options	Residential facility for adults with serious mental disorders	Maximize each individual's recovery in the least restrictive environment through a comprehensive medical, psychological, and social approach	Adults 18 years and older with disabling psychiatric disorder requiring a 24-hour Mental Health Rehabilitation Center	<ul style="list-style-type: none"> <li>• Psycho-educational and symptom/wellness groups</li> <li>• Employment and education screening/readiness</li> <li>• Skill development</li> <li>• Peer support, and mentoring</li> <li>• Physical health screening</li> <li>• Referrals</li> </ul>	Changing Options Inc. 500 Third St. Ramona, CA 92065 (760) 789-7299	All
TAOA-FSP	Assisted Outpatient Treatment (AOT)	Assisted Outpatient Treatment (AOT)	Intensive community-based services for persons who establish an Assisted Outpatient Treatment court settlement agreement, persons who are court-ordered, persons who otherwise meet the eligibility criteria and voluntarily accept alternative services prior to an Assisted Outpatient Treatment petition being filed	Integrate behavioral health and rehabilitation treatment and recovery services for adults with a serious mental illness and have been identified as potential candidates by the In-Home Assessment Team, have agreed to an Assisted Outpatient Treatment court settlement, or have Assisted Outpatient Treatment status resulting from a contested court hearing	Adults 18 years and older meeting Title 9 criteria as established under Laura's Law	<ul style="list-style-type: none"> <li>• Assertive Community Treatment with a rehabilitation and recovery focus</li> </ul>	Telecare Corporation 1660 Hotel Circle N., Suite 101 San Diego, CA 92108 (619) 481-3840	All
TAOA-FSP	Behavioral Health Court	Collaborative Behavioral Health Court	Uses the Assertive Community Treatment model to enhance the lives of individuals experiencing a serious mental illness and co-occurring conditions through case management and mental health services	Integrate mental health, substance-induced psychiatric disorder rehabilitation treatment, and recovery services for adults with serious mental illness to improve their mental health, quality of life in the community, and prevent recidivism in the criminal justice system	Underserved adults, 18 years and older, with serious mental and/or substance-induced psychiatric disorder illnesses, who have been incarcerated and are misdemeanor or felony offenders	<ul style="list-style-type: none"> <li>• Team-based management</li> <li>• Peer support specialist</li> <li>• Medication management</li> <li>• Health care integration services</li> <li>• Linkage to services in the community</li> <li>• Housing subsidy</li> <li>• Providing education/vocational services and training</li> </ul>	Telecare Corporation 4930 Naples St. San Diego, CA 92110 (619) 276-1176	4
TAOA-FSP	County of San Diego - Probation	Probation Officer for BH Court	Probation Office for Behavioral Health Court	Stabilization and linkage to services	Transition Age Youth, Adults/Older Adults	<ul style="list-style-type: none"> <li>• Transition services</li> </ul>	County of San Diego	All
TAOA-FSP	County of San Diego - Institutional Case Management	Institutional Case Management	Provides 5 Full Time Equivalent positions of Institutional Case Management	Stabilization and linkage to services	Children, Transition Age Youth, Adults/Older Adults	<ul style="list-style-type: none"> <li>• Case Management</li> </ul>	County of San Diego	All
TAOA-FSP	County of San Diego Probation	Probation-FSP-ACT Team	Interventions, case management, and supervision of juveniles and adults who are at risk of entering the justice system or re-offending while placed on probation by the courts	Reduce incarceration and institutionalization, provide timely access to services, and reduce homelessness	Transition Age Youth and Adults who have a serious mental illness	<ul style="list-style-type: none"> <li>• Mental health assessments</li> <li>• Interventions</li> <li>• Case management</li> <li>• Outreach and engagement</li> </ul>	Probation Administration 9444 Balboa Ave. San Diego, CA 92123 (858) 514-3148	All
TAOA-FSP	Crisis Residential Services - North Inland	Esperanza Crisis Center	Twenty-four hours a day, seven days a week service provided as an alternative to hospitalization or step down from acute inpatient care within a hospital for adults with acute symptoms of serious mental illness, including those who may have a co-occurring substance use disorder	Provide alternative to hospital or acute inpatient care	Voluntary adults 18 years and older with acute and serious mental illness, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>• Crisis residential services as an alternative to hospitalization or step down from acute in-patient care within a hospital.</li> </ul>	Community Research Foundation 337 West Mission Ave. Escondido, CA 92025 (760) 975-9939	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	North Star ACT SBCM	Full Service Partnership / Assertive Community Treatment with supportive housing and Strengths-Based Case Management. Project-One-For-All (POFA) 100 Central/North Central Housing	Reduce homelessness and provide comprehensive ACT 'wraparound' mental health services for adults with most severe illness, most in need due to severe functional impairments, and who have not been adequately served by the current system	Adults 25 to 59 years old who have a serious mental illness, are homeless or at risk of homeless. Adults 18-59 years old who are eligible for Medi-Cal funded services or are indigent	<ul style="list-style-type: none"> <li>• Strengths-based case management</li> <li>• Rehabilitation and mental health services with a focus on adults who meet eligibility criteria</li> <li>• Full Service Partnership - Assertive Community Treatment</li> <li>• Team services in the North County</li> <li>• Supportive housing component</li> </ul>	Mental Health Systems Inc. (MHS) Escondido 474 W. Vermont Ave., Suite 104 Escondido, CA 92025 (760) 294-1281	All

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	ACTION Central	The 100 Homeless Project is a collaborative effort between the County of San Diego and San Diego Housing Commission which provides a hybrid integrated service model to homeless individuals with a serious mental illness who may have a co-occurring diagnosis of substance use disorder	Integrate wrap-around services with accessible housing that supports the homeless population	Homeless Transition Age Youth, Adults/Older Adults who have a serious mental illness and may have a co-occurring diagnosis of substance use disorder	<ul style="list-style-type: none"> <li>Medication management and monitoring</li> <li>Individual therapy</li> <li>Outpatient substance use disorder treatment</li> <li>Intensive case management; Employment support</li> <li>Peer counseling</li> <li>Supportive housing component</li> </ul>	Mental Health Systems Inc. (MHS) ACTION Central 6244 El Cajon Blvd., Suites 15-18 San Diego, CA 92115 (858) 380-4676	1
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	North Star - Strengths Based Case Management (SBCM)	Full Service Partnership Strengths-Based Case Management	Recovery-oriented strength-based clinical case management services to persons with serious mental illness	Adults 25 to 59 years old who have a serious mental illness, are homeless or at risk of homeless.	<ul style="list-style-type: none"> <li>Strengths based case management</li> </ul>	Mental Health Systems Inc. (MHS) Escondido 474 W. Vermont Ave., Suite 104 Escondido, CA 92025 (760) 294-1281	3, 5
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	ACTION East	Services for homeless persons with serious mental illness or substance use disorder	Planned hybrid model will integrate Assertive Community Treatment intensive case management services with substance use disorder treatment and recovery services	Homeless Transition Age Youth, Adults/Older Adults with a serious mental illness who may have a co-occurring diagnosis of substance use disorder	<ul style="list-style-type: none"> <li>Mental health rehabilitation</li> <li>Treatment and recovery services for clients with substance use disorder</li> <li>Integrated case management services with substance use disorder treatment and recovery services</li> <li>Supportive housing component</li> </ul>	Mental Health Systems Inc. (MHS) ACTION East 10201 Mission Gorge Rd., Suite O Santee, CA 92071 (619) 383-6868	2
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	IMPACT/ Downtown IMPACT	Fully integrated services to clients diagnosed with a serious mental illness, as well as individuals with co-occurring, mental health and substance disorders	Improve the mental health and quality of life of adults in the community who have been or at-risk of becoming homeless and have a serious mental illness by increasing clinical and functional stability through an array of mental health services, housing opportunities and educational and employment supports	Adults 18 years and older who have a serious mental illness and have been homeless, who may be high users of acute inpatient care and medical services and who have resided in the urban downtown area of the City of San Diego	<ul style="list-style-type: none"> <li>Linkage to food, housing and/or physical health services</li> <li>Medication management</li> <li>Vocational services</li> <li>Substance use disorder services</li> <li>Includes housing component</li> </ul>	Community Research Foundation (CRF) - IMPACT 1260 Morena Blvd., Suite 100 San Diego, CA 92110 (619) 398-0355  Downtown IMPACT 995 Gateway Center Way, Suite 300 San Diego, CA 92102 (619) 398-2156	1, 4
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Project One-for-All POFA - South Region (100 SMI Slots) Housing	Full Service Partnership Assertive Community Treatment team and recovery services Program will use a "Housing First" approach	Ensure clients are provided access to good quality housing in the South Region of San Diego County	Transition Age Youth, adults 18 and older who are homeless, have serious mental illness and who may have a co-occurring diagnosis of substance abuse	<ul style="list-style-type: none"> <li>Supportive Housing</li> </ul>	Community Research Foundation (CRF) 855 Third Ave., Suite 1110 Chula Vista, CA 91911 (619) 398-0355	1
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Project One-for-All POFA - 100 City Star	Full Service Partnership Assertive Community Treatment team and recovery services program will use a "Housing First" approach	Ensure clients are provided access to good quality housing in the Central and North Central Regions of San Diego County	Transition Age Youth, adults 18 and older who are homeless, have serious mental illness and who may have a co-occurring diagnosis of substance abuse	<ul style="list-style-type: none"> <li>Supportive Housing</li> </ul>	Mental Health Systems Inc. (MHS) 4283 El Cajon Blvd., Suite 115 San Diego, CA 92105 (619) 521-1743	4

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Catalyst	Transition Age Youth Assertive Community Treatment Full Service Partnership. Services are team-based, available around the clock, are primarily delivered on an outreach basis, and have a participant-to-staff ratio that is approximately 10-12:1	Provide Assertive Community Treatment Team intensive, multidisciplinary, wraparound treatment and rehabilitation services for Transitional Age Youth who have a serious mental illness, may be on LPS Conservatorship, and have needs that cannot be adequately met through a lower level of care.	Transition Age Youth with a serious emotional disturbance or serious mental illness (who may have a co-occurring mental illness and substance use disorder) that have been homeless or may be at risk of being homeless	<ul style="list-style-type: none"> <li>Assertive Community Treatment (ACT) mental health services for transition age youth</li> <li>Includes housing component</li> </ul>	Pathways Community Services 7986 Dagget St. San Diego, CA 92111 (858) 300-0460	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Center Star ACT	24-hour community-based treatment for individuals with a criminal justice background who have been diagnosed with a severe and persistent mental illness	Provides Assertive Community Treatment Services to persons with very serious mental illness	Adults 25 to 59 years old who have a serious mental illness and adults 18 years and older who may have been homeless	<ul style="list-style-type: none"> <li>Clinical case management</li> <li>Mental health services with a rehabilitation and recovery focus</li> <li>Supportive housing</li> <li>Educational and employment development</li> <li>Individual and group rehabilitation counseling</li> <li>Psychiatric assessment</li> </ul>	Mental Health Systems Inc. 4283 El Cajon Blvd., Suite 115 San Diego, CA 92105 (619) 521-1743	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Gateway to Recovery	Provides an Assertive Community Treatment, Full Service Partnership program for persons 18 years and older who have been very high users of Medi-Cal hospital psychiatric services and/or institutional care	Provide Assertive Community Treatment Services to persons with very serious mental illness	Adults 18 years and older with very serious mental illness who have been high users of Medi-Cal psychiatric hospital services and/or institutional care, including those with co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Assertive Community Treatment intensive, multidisciplinary treatment services for persons who have a very serious mental illness and needs that cannot be adequately met through a lower level of care</li> <li>Probation-funded Assertive Community Treatment component</li> <li>Includes housing component</li> </ul>	Telecare Corporation 3132 Jefferson St. San Diego, CA 92110 (619) 683-3100	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	North Start ACT	Provides an Assertive Community Treatment, Full Service Partnership program for persons 18 years and older who have been very high users of Medi-Cal hospital psychiatric services and/or institutional care	Provide Assertive Community Treatment Services to persons with very serious mental illness	Adults 18 years and older with very serious mental illness who have been high users of Medi-Cal psychiatric hospital services and/or institutional care, including those with co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Assertive Community Treatment intensive, multidisciplinary treatment services for persons who have a very serious mental illness and needs that cannot be adequately met through a lower level of care</li> <li>Includes housing component</li> </ul>	Mental Health Systems Inc. (MHS) Escondido 474 W. Vermont Ave., Suite 104 Escondido, CA 92025 (760) 294-1281	3, 5
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Pathways to Recovery	Assertive Community Treatment and In-Reach for adults in and discharged from long-term care	Services are designed using the Assertive Community Treatment model and provided by a multi-disciplinary team of professional and paraprofessional staff such as: counselors, social workers, peer specialists, vocational specialists, housing specialists, nurses, physician's assistants, medical doctors, and substance use disorder specialists	Adults 18 to 59 years old with serious mental illness and are, or recently have been, in a long-term care institutional setting	<ul style="list-style-type: none"> <li>Provide Assertive Community Treatment Team</li> <li>Multidisciplinary, wraparound treatment and rehabilitation services for adults discharged from long-term care facilities who have a serious mental illness and needs that cannot be adequately met through a lower level of care</li> <li>Includes an in-reach component for some persons served by the county institutional case management program</li> <li>Includes housing component</li> </ul>	Telecare Corporation 3132 Jefferson St. San Diego, CA 92110 (619) 683-3100	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	Senior IMPACT	Offers intensive, comprehensive, community-based integrated behavioral health services	Increase timely access to services and supports to assist Older Adults and family/caregivers in managing independent living, reducing isolation, improving mental health, and remaining safely in their homes	Adults 60 years and older who are homeless or at risk of homelessness and have serious mental illness	<ul style="list-style-type: none"> <li>Linkage to food, housing and/or physical health services</li> <li>Medication management</li> <li>Vocational services</li> <li>Substance use disorder services</li> <li>Includes housing component</li> </ul>	Community Research Foundation (CRF) - Senior IMPACT 928 Broadway San Diego, CA 92102 (619) 977-3716	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT)	TBD	Full Service Partnership/Assertive Community Treatment - Justice Integrated Services	Provide Assertive Community Treatment Services to persons with serious mental illness, who may have a substance use disorder, are homeless or at risk of homelessness, who are justice involved and are eligible for probation and not supervised by AB109 or parole and are in detention and referred by the Public Defender and Sheriff	Adults 18 years and older who have serious mental illness, whose needs cannot be addressed through a lower level of care, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Assertive Community Treatment intensive, multidisciplinary treatment services</li> <li>Includes housing component</li> <li>Staff trained on working with the justice involved population</li> </ul>	TBD	All

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Step Down from Acute	TBD	Full Service Partnership/Assertive Community Treatment - Justice Integrated Services	Provide Assertive Community Treatment Services to persons with serious mental illness, who maybe have a substance use disorder, are homeless or at risk of homelessness, who are discharging from an acute setting (Behavioral Health unit)	Adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Assertive Community Treatment Services</li> <li>Includes housing component</li> </ul>	TBD	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Step Down from IMD	TBD	Full Service Partnership/Assertive Community Treatment - Justice Integrated Services	Provide Assertive Community Treatment Services to persons with serious mental illness, who maybe have a substance use disorder, are homeless or at risk of homelessness, who are discharging from long term care (IMD, Skilled Nursing Facility, State Hospital)	Adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Assertive Community Treatment Services</li> <li>Includes housing component</li> </ul>	TBD	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Transitional Residential Program	Casa Pacifica	Transitional residential program serves abused and neglected children and adolescents, and those with severe emotional, social, behavioral, and mental health challenges	Increase independent living and reduce hospitalizations through educational and employment opportunities	Adults/Older Adults who are homeless with a serious mental illness	<ul style="list-style-type: none"> <li>Medication support</li> <li>Case management/Brokerage</li> <li>Crisis intervention</li> <li>Rehabilitative and recovery interventions in a transitional residential setting</li> </ul>	Casa Pacifica 321 Cassidy St. Oceanside, CA 92054 (760) 721-2171	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Transitional Residential Program	Uptown Safe Haven	Residential transitional housing program that provides supportive services for those who are homeless and have a serious mental illness	Provide residential support, crisis intervention, and transitional housing services	Adults/Older Adults who are homeless with a serious mental illness	<ul style="list-style-type: none"> <li>Temporary housing for eligible individuals</li> <li>Provide food</li> <li>Linkage to transitional housing</li> <li>Case management</li> </ul>	Uptown Safe Haven 2822 5th Ave. San Diego, CA 92103 (619) 294-7013	All
TAOA-FSP	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) - Transitional Residential Program	TBD	Full Service Partnership/Assertive Community Treatment - Transitional Residential and Adult Residential Facility	TBD	Adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder	TBD	TBD	
TAOA-FSP/SD	Full Service Partnership (FSP) / Assertive Community Treatment (ACT) Institutional Case Management (ICM)	Telecare Agewise	Strengths-Based Case Management, Full Service Partnership program for Older Adults in addition to having an Institutional case management component	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services plus assist clients in long term care to graduate and be placed in the community	Adults 60 years and older with a serious mental illness who may be on LPS Conservatorship or who have needs that cannot be adequately met by a lower level of care	<ul style="list-style-type: none"> <li>Care coordination and rehabilitation</li> <li>Field-based services have a participant-to- staff ratio that is approximately 25:1.</li> <li>Case management for adults 60 years and older who are on Public Conservatorship and reside in a skilled nursing facility or other County- identified long-term care institution</li> </ul>	Telecare Corporation Telecare Agewise 6160 Mission Gorge Rd., Suite 108 San Diego, CA 92120 (619) 481-5200	All
TAOA-FSP	North Coastal Mental Health Center and Vista Clinic	North Coastal Mental Health Clinic and Vista BPSR Clinic	Outpatient mental health and rehabilitation and recovery, crisis walk in, peer support, homeless outreach, case management and long term vocational support	Increase mental health services for Transition Age Youth. Decrease incidence of homelessness. Increase client's self-sufficiency through development of life skills	Adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder. Transition Age Youth emphasis	<ul style="list-style-type: none"> <li>Outpatient mental health clinic</li> <li>Treatment, rehabilitation, and recovery services</li> </ul>	Mental Health Systems, Inc. (MHS) North Coastal Mental Health Center 3209 Ocean Ranch (TEMP SITE) Oceanside, CA 92058 (760) 967-4483  Vista 550 West Vista Way, Suite 407 Vista, CA 92083 (760) 758-1092	5
TAOA-FSP	Payee Case Management Services	Rep Payee	Payee case management services	Key component of the program is increasing clients' money management skills	Adults 18 years and older	<ul style="list-style-type: none"> <li>Payee Case Management with a rehabilitation and recovery focus to adults who meet eligibility criteria</li> <li>Increasing clients' money management skill</li> <li>Bio-Psycho-Social Rehabilitation (BPSR) principles, shall be evident and operationalized in Contractor's policies, program design and practice</li> </ul>	National Alliance on Mental Illness (NAMI) San Diego Adult Outpatient 5095 Murphy Canyon Rd. San Diego, CA 92123 (858) 634-6590	All

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-FSP	Short-Term Mental Health Intensive Case Management - High Utilizers	Transition Team	Provides Short-term Intensive Transition Team to serve individuals 18 years and older who are or have recently been hospitalized	Provide Assertive Community Treatment Services to persons with very serious mental illness	Adults 18 years and older	• Short-term Intensive Transition Team to serve individuals 18 years and older who are or have recently been hospitalized	Telecare Corporation 3132 Jefferson St. San Diego, CA 92110 (619) 683-3100	All
TAOA-FSP	Strengths Based Case Management (SBCM)	Maria Sardiñas Center	South Region (Southern Area) Strengths-Based Case Management	Provide strengths-based case management services	Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder. Transition Age Youth population and Probation- funded AB109 component	• Outpatient mental health clinic • Strengths- based case management	Maria Sardiñas Wellness & Recovery Center 1465 30th St., Suite K San Diego, CA 92154 (619) 428-1000	1
TAOA-FSP/SD	Strengths Based Case Management (SBCM) Bio-Psychosocial Rehabilitation (BPSR)	South Bay Guidance Wellness and Recovery Center	South Region (Northern Area) strengths-based case management	Provides strengths-based case management services to persons with serious mental illness	Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	• Outpatient mental health clinic providing treatment, rehabilitation, recovery, and SBCM to adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	South Bay Guidance Wellness and Recovery Center 835 3rd Ave., Suite C Chula Vista, CA 91911 (619) 429-1937	1
TAOA-SD	Augmented Services Program (ASP)	Carroll's Community Care	Augmented Services Program	The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Carroll's Community Care 523 Emerald Ave. El Cajon, CA 92020 (619) 442-8893	2
TAOA-SD	Augmented Services Program (ASP)	Carroll's Residential Care	Augmented Services Program	The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization	Older Adults who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Carroll's Residential Care 655 S. Mollison St. El Cajon, CA 92020 (619) 444-3181	2
TAOA-SD	Augmented Services Program (ASP)	Country Club Guest Home	Augmented Services Program	The goal of ASP is to maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Country Club Guest Home 25533 Rua Michelle Escondido, CA 92026 (760) 747-0957	3
TAOA-SD	Augmented Services Program (ASP)	Fancor Guest Home	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Fancor Guest Home 631-651 Taft Ave. El Cajon, CA 92020 (619) 588-1761	2
TAOA-SD	Augmented Services Program (ASP)	Friendly Home II	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Liliosa D. Vibal Friendly Home II 504 Ritchey St. San Diego, CA 92114 (619) 263-2127	1, 4
TAOA-SD	Augmented Services Program (ASP)	Friendly Home of Mission Hills	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	• Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&C facilities) • Identified eligible persons shall receive additional services from these B&C facilities beyond the basic B&C level of care	Liliosa D. Vibal Friendly Home of Mission Hills 3025 Reynard Way San Diego, CA 92103 (619) 297-1841	4

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	Augmented Services Program (ASP)	Luhman Center for Supportive Living	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	Volunteers of America 3530 Camino Del Rio N., Suite 300 San Diego, CA 92108 (619) 282-8211	All
TAOA-SD	Augmented Services Program (ASP)	Mark Alane Inc. Chipper's Chalet	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	Chipper's Chalet Augmented Services Program 835 25th St. San Diego, CA 92102 (619) 234-5465	4
TAOA-SD	Augmented Services Program (ASP)	Mark Alane, Inc. The Broadway Home	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	The Broadway Home 2445 Broadway San Diego, CA 92102 (619) 232-7406	1, 4
TAOA-SD	Augmented Services Program (ASP)	Nelson-Haven	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	Nelson-Haven Board and Care 1268 22nd St. San Diego, CA 92102 (619) 233-0525	1, 4
TAOA-SD	Augmented Services Program (ASP)	Orlando Residential Care	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	Orlando Guest Home LLC 297-299 Orlando St. El Cajon, CA 92021 (619) 444-9411	2
TAOA-SD	Augmented Services Program (ASP)	Troy Center for Supportive Living	Augmented Services Program	Maintain or improve client functioning in the community and to prevent or minimize institutionalization	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic B&amp;C level of care</li> </ul>	Volunteers of America Troy Center for Supportive Living 8627 Troy St. Spring Valley, CA 91977 (619) 465-8792	2
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Areta Crowell Clinic	Bio-Psychosocial Rehabilitation Wellness Recovery provides outpatient mental health rehabilitation and recovery services, case management; and long-term vocational support	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults age 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder</li> <li>Services provided at a Bio-Psychosocial Rehabilitation Wellness Recovery center with Supported Housing</li> </ul>	Areta Crowell BPSR Program 1963 4th Ave. San Diego, CA 92101 (619) 233-3432 ext. 1308	1, 4
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Community Wellness Center	Certified Bio-Psychosocial Rehabilitation Wellness Recovery Center that provides outpatient mental health rehabilitation and recovery services, case management; and long-term vocational support	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Outpatient mental health clinic providing Medi-Cal certified treatment, rehabilitation, and recovery services to adults 18 years and older, living in San Diego County who have serious mental illness, including those who may have a co-occurring substance use disorder</li> <li>This clinic offers walk in service during their normal hours of operation</li> </ul>	New Leaf Recovery Center 3539 College Ave. San Diego, CA 92115 (619) 818-1013	4

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Douglas Young BPSR Ctr.	North Central Region Adults/Older Adults Bio-Psychosocial Rehabilitation Wellness Recovery Center	Increase the number of Transition Age Youth with serious mental illness receiving integrated, culturally specific mental health services countywide	Adults/Older Adults who have a serious mental illness, including those with co-occurring substance use disorder, and Medi-Cal eligible or indigent	• Provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, case management; and long-term vocational support for clients 18 years and older with serious mental illness, including those who may have a co-occurring substance use disorder	Community Research Foundation (CRF) - Douglas Young 10717 Camino Ruiz, Suite 207 San Diego, CA 92126 (858) 695-2211	1, 4
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Heartland Center	Provides Adults/Older Adults Bio-Psychosocial Rehabilitation clinical outpatient services that integrate mental health services and rehabilitation treatment and recovery services	Provide outpatient mental health services and AB 109 enhanced mental health outpatient services to persons with very serious mental illness	Adults/older adults with a serious mental illness, including those who may have a co-occurring substance use disorder	• Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder. Includes Probation-funded AB 109 component	Community Research Foundation (CRF) - East Region Heartland Center 1060 Estes St. El Cajon, CA 92020 (619) 440-5133	2
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Jane Westin Wellness & Recovery Center	Walk-in Services - Assessment Center	Provide one time, short-term mental health evaluation, psychiatric consultation, and linkage in the community to assist clients on their path to recovery	Adults 18 years and older who have a serious mental illness including those who may have a co-occurring substance use disorder	• Walk-In access and assessment • Treatment, rehabilitation, and recovery services	Community Research Foundation (CRF) - Jane Westin Wellness & Recovery Center 1568 6th Ave. San Diego, CA 92101 (619) 235-2600 ext. 201	1, 4
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Logan Heights Family Counseling	Provides outpatient, case management, brokerage and vocational support services	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services	Adults/Older Adults individuals who have serious mental illness/co-occurring disorder and are eligible for Medi-Cal or are indigent	• Bio-psychosocial rehabilitation wellness recovery center • Outpatient treatment, case management/brokerage, and peer support • Rehabilitative, recovery and vocational services and supports	Family Health Centers Logan Heights 2204 National Ave. San Diego, CA 92113 (619) 515-2355	1, 4
TAOA-SD	Bio-Psychosocial Rehabilitation (BPSR)	Project Enable Outpatient Program	Provides a Short-Doyle Medi-Cal certified Bio-Psychosocial Rehabilitation Wellness Recovery Center that provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, and case management brokerage	Provide outpatient mental health rehabilitation, recovery services, an urgent walk-in component, and case management brokerage. Transitions Transition Age Youth and coordinates transitional services between its outpatient program and HHSA Children, Youth and Family Mental Health Services and other Transition Age Youth providers	Transition Age Youth, Adults and Older Adults with a serious mental illness, including those who may have a co-occurring substance use disorder; Adults/Older Adults who are low income or Medi-Cal eligible	• Provides outpatient mental health rehabilitation and recovery services, an urgent walk-in component, and case management brokerage • Transitions Transition Age Youth and coordinates transitional services between its outpatient program and HHSA Children, Youth and Family Mental Health Services and other providers	Neighborhood House Association (NHA) - Project Enable 286 Euclid Ave. San Diego, CA 92114 (619) 266-9400	1, 4
TAOA-SD	Client Liaison Services	Liaison Services	Client liaison services aims to increase client participation and involvement in the Behavioral Health Services Adult and Older Adult System of Care through peer advocacy	Develop and coordinate increasing client involvement and partnership in the development of policies, practices and programs to ensure client needs are accommodated	Adults 18 years and older who have a serious mental illness and receive services through Behavioral Health Services	• Peer advocacy • Engagement and education	Recovery Innovations, Inc. 2701 North 16th St. Phoenix, AZ 85006 (602) 650-1212	All
TAOA-SD	Client Operated Peer Support Services	Client Operated Peer Support Services	Client-operated peer support services program that includes countywide peer education, peer advocacy, peer counseling, peer support of client-identified goals with referrals to relevant support agencies	Increase client-driven services to empower people with serious mental illness by decreasing isolation and increasing self-identified valued roles and self-sufficiency	Adults 18 years and older who have a serious mental illness living in San Diego County	• Client-operated peer support services program that includes countywide peer education, peer advocacy, peer counseling, peer support of client-identified goals with referrals to relevant support agencies • Skill development classes to adults with serious mental illness	Recovery Innovations, Inc. 2701 North 16th St. Phoenix, AZ 85006 (602) 636-4400	All
TAOA-SD	Clubhouse	Casa Del Sol Clubhouse	South Region (Southern Area) Clubhouse	Provide member-driven clubhouse services to individuals experiencing and/or recovering from serious mental illness	Adults 18 years and older who have a serious mental illness including those who may have a co-occurring substance use disorder living in San Diego County	• Group counseling • Social support • Employment and education services • Support access to medical, psychiatric, and other services	Community Research Foundation (CRF) - South Bay Casa del Sol Clubhouse 1157 30th St. San Diego, CA 92154 (619) 429-1937	1

## Community Services and Supports (TAOA)



Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	Clubhouse	East Corner Clubhouse	East Region member-operated clubhouse	Provide member-driven clubhouse services to individuals experiencing and/or recovering from serious mental illness	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> </ul>	Community Research Foundation (CRF) - East Corner Clubhouse 1060 Estes St. El Cajon, CA 92020 (619) 631-0441	2
TAOA-SD	Clubhouse	Episcopal Community Services Friend to Friend (F2F) Clubhouse Central	Provides a street outreach and site-based program to engage homeless adults with serious mental illness, including Veterans, who may also have co-occurring substance use disorder	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Homeless Adults/Older Adults who have a serious mental illness	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> <li>Services are in Central Region with an emphasis in downtown San Diego</li> </ul>	Episcopal Community Services Homeless Services Program 2144 El Cajon Blvd. San Diego, CA 92104 (619) 228-2800	4
TAOA-SD	Clubhouse	Escondido Clubhouse	Clubhouse services in the North Inland Region	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> </ul>	North Inland Region Mental Health Systems, Inc. 474 W. Vermont Ave., Suite 105 Escondido, CA 92025 (760) 737-7125	3
TAOA-SD	Clubhouse	Mariposa Clubhouse	Clubhouse services in the North Coastal Region	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Adults 18 years and older who have a serious mental illness living in San Diego County	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> </ul>	North Coastal Region Mental Health Systems, Inc. 2964 Oceanside Blvd., Units E-G Oceanside, CA 92054 (760) 439-2785	5
TAOA-SD	Clubhouse	Neighborhood House Association Friendship Clubhouse	Serial Inebriate Program (SIP) Non-residential substance use disorder treatment and recovery services	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Adults/Older Adults 18 years and older who have a serious mental illness and who are eligible for Medi-Cal funded services or are indigent, including those with co-occurring substance use disorders	<ul style="list-style-type: none"> <li>Provides rehabilitation services to adults/older adults who are low income or Medi-Cal eligible and are diagnosed with a serious mental illness and/or may have a co-occurring substance use disorder</li> <li>Assist clients to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services</li> </ul>	Neighborhood House Association 286 Euclid Ave. San Diego, CA 92114 (619) 266-9400	1, 4
TAOA-SD	Clubhouse	Oasis Clubhouse	Transition Age Youth Member Operated Clubhouse	Member-driven center that assists to achieve goals in areas such as employment, education, social relationships, recreation, health, and housing, and supports access to medical, psychiatric, and other services	Transition Age Youth 16 to 25 years old diagnosed with a serious mental illness who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Provides clubhouse services to transitional-age youth 16 to 25 years old diagnosed with a serious mental illness and/or have a co-occurring substance use disorder</li> </ul>	Pathways Community Services 3330 Market St., Suite C San Diego, CA 92102. (858) 300-0460	All
TAOA-SD	Clubhouse	The Corner Clubhouse (Areta Crowell)	Member-operated clubhouse program in the Central Region	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Adults/Older Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> </ul>	The Corner Clubhouse 2864 University Ave. San Diego, CA 92104 (619) 683-7423	4
TAOA-SD	Clubhouse	The Meeting Place & Warm Line	Mental Health Clubhouse-Supplemental Social Security Income Advocate and Peer Support Line. The program offers a non-crisis phone service seven hours a day, seven days a week that is run by adults for adults who are in recovery from mental illness	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills. The aim of the program is for the support line to be an essential support service for persons recovering from mental illness	Underserved Adults/Older Adults 18 years and older with a serious mental illness including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Provides rehabilitative, recovery, health and vocational services and supports to the target population</li> </ul>	The Meeting Place 2553 & 2555 State St., Suite 101 San Diego, CA 92103 (619) 294-9582	4
TAOA-SD	Clubhouse	Visions Clubhouse	South Region (Northern Area) Clubhouse	Provide member-driven clubhouse services to individuals experiencing and/or recovering from serious mental illness	Adults 18 years and older who have a serious mental illness including those who may have a co-occurring substance use disorder and reside in San Diego County	<ul style="list-style-type: none"> <li>Group counseling</li> <li>Social support</li> <li>Employment and education services</li> <li>Support access to medical, psychiatric, and other services</li> </ul>	Mental Health Association Visions Clubhouse 226 Church Ave. Chula Vista, CA 91911 (619) 420-8603	1

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	Clubhouse - BPSR	BPSR Center (Mid City) BPSR Center (Serra Mesa) EAST WIND	Provides outpatient, case management brokerage, clubhouse and vocational support services	Increase countywide social and community rehabilitation activities and employment services. Increase client's self-sufficiency through development of life skills	Monolingual and/or limited English proficient Asian/Pacific Islander adults who have a serious mental illness	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Mobile outreach</li> <li>• Long-term vocational services, outpatient mental health rehabilitation; recovery services</li> </ul>	Union of Pan Asian Communities (UPAC) - Mid City 5348 University Ave., Suites 101 & 120 San Diego, CA 92105 (619) 229-2999  UPAC Serra Mesa 8745 Aero Dr., Suite 330 San Diego, CA 92123 (858) 268-4933	1, 4
TAOA-SD	Crisis Stabilization - North Inland	Crisis Stabilization Unit	Provides a 24-hour, seven days a week hospital-based Crisis Stabilization Unit in the North Inland Region for adult and older adult Medi-Cal beneficiaries who are residents of San Diego County; who have serious mental illness and who are experiencing a psychiatric emergency, which may also include co-morbid substance use disorder problems	Impact unnecessary and lengthy involuntary inpatient treatment, as well as to promote care in voluntary recovery oriented treatment settings	Voluntary and involuntary adults with a serious mental illness	<ul style="list-style-type: none"> <li>• Provide a twenty-four hour, seven days a week hospital-based Crisis Stabilization Unit (CSU) in the North Inland Region for adult and older adult Medi-Cal beneficiaries who are residents of San Diego County; who have serious mental illness and who are experiencing a psychiatric emergency, which may also include co-morbid substance use disorder induced problems</li> </ul>	Palomar Health 555 E. Valley Pkwy. Escondido, CA 92025 (760) 739-3000	3, 5
TAOA-SD	Crisis Stabilization - North Coastal	Crisis Stabilization Unit	Provides a 24-hour, seven days a week hospital-based Crisis Stabilization Unit in the North Coastal Region for adult and older adult Medi-Cal beneficiaries who are residents of San Diego County; who have serious mental illness and who are experiencing a psychiatric emergency, which may also include co-morbid substance use disorder problems	Impact unnecessary and lengthy involuntary inpatient treatment, as well as to promote care in voluntary recovery oriented treatment settings	Voluntary and involuntary adults with serious mental illness	<ul style="list-style-type: none"> <li>• Provide a twenty-four (24) hour, seven (7) days a week hospital-based Crisis Stabilization Unit in the North Coastal Region for adult and older adult Medi-Cal beneficiaries who are residents of San Diego County; who have serious mental illness and who are experiencing a psychiatric emergency, which may also include co-morbid substance use disorder induced problems</li> </ul>	Tri-City Medical Center* 4002 Vista Way Oceanside, CA 92056 (760) 724-8411	3, 5
*As of August 3, 2018, Tri-City Medical Center discontinued their Crisis Stabilization Unit and associated services. Tri-City Medical Center will continue to provide emergency treatment services as required under the Emergency Medical Treatment & Labor Act (EMTALA).								
TAOA-SD	Family Mental Health Education & Support	Family Mental Health Education & Support	Provides a series of educational classes presented by family members using an established family education curriculum to provide education and support for persons who have relatives (or close friends) with mental illness	Promote integration of family education services. Increase family involvement, coping skills and improve supportive relationships	Family members and friends of persons who have a serious mental illness	<ul style="list-style-type: none"> <li>• Provides a series of educational classes presented primarily by family members of persons with serious mental illness using an established family education curriculum to provide education and support for persons who have relatives or close family friends with mental illness</li> <li>• Increase family member's coping skills and support increased involvement and partnership with the mental health system</li> </ul>	National Alliance on Mental Illness (NAMI), San Diego Family Education Services 5095 Murphy Canyon Rd., Suite 125 San Diego, CA 92123 (619) 398-9851	All
TAOA-SD	Home Finder	Homefinder	Housing support for BHS adult clinics	Identify and secure safe and affordable housing	Adults 18 years and older who are enrolled in BHS programs with serious mental illness who are homeless or at risk	<ul style="list-style-type: none"> <li>• Support identifying and securing safe and affordable housing (both single and shared occupancy).</li> <li>• Create and update a centralized hub for housing resources and roommate matching services</li> <li>• Provides flex funds to support resident retention.</li> <li>• Housing resources and education to clients, staff, and landlords regarding affordable housing for people with serious mental illness</li> </ul>	Alpha Project for the Homeless 3860 Calle Fortunada San Diego, CA 92113 (619) 542-1877	1, 4
TAOA-SD	In-Home Outreach Teams (IHOT)	In-Home Outreach Team IHOT Central/East/South	Mobile In-Home Outreach Teams in the South Regions	Reduce the effects of untreated mental illness in individuals with serious mental illness and their families, and to increase family member satisfaction with the mental health system of care	Adults/Older Adults reluctant to seek treatment	<ul style="list-style-type: none"> <li>• In Home Mobile Outreach for Adults/Older Adults with a serious mental illness</li> </ul>	Telecare Corporation - IHOT 1080 Marina Village Pkwy., Suite 100 Alameda, CA 94501 (619) 961-2120	1, 2, 4

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	In-Home Outreach Teams (IHOT)	In-Home Outreach Team IHOT - North Inland, North Central	Mobile In-Home Outreach Teams Outreach and Linkage North Coastal, North Inland, North Central	Reduce the effects of untreated mental illness in individuals with serious mental illness and their families, and to increase family member satisfaction with the mental health system of care	Adults/Older Adults reluctant to seek treatment	• In Home Mobile Outreach for Adults/Older Adults with a serious mental illness	Mental Health Systems - IHOT North Coastal, North Inland, North Central 365 Rancho Santa Fe Rd., Suite 100 San Marcos, CA 92078 (760) 591-0100	5
TAOA-SD	In-Home Outreach Teams (IHOT)	UCSD IHOT and AOT Service Evaluation	Conduct outcome and program evaluation of In-Home Outreach Teams and Assisted Outpatient Treatment (AOT) services by: 1) Conducting client, family and staff focus groups 2) Evaluating program and outcome data 3) Preparing and submitting reports of findings and recommendations	Provide outcome and program evaluations of In-Home Outreach Teams and Assisted Outpatient Treatment services	Clients of the IHOT and AOT programs	• Data analysis/ evaluation of serviced provided by In Home Outreach Teams and Assisted Outpatient Treatment	Regents of the University of California 9500 Gilman Dr. La Jolla, CA 92093 (619) 619-471 ext. 9396	All
TAOA-SD	Inpatient and Residential Advocacy Services	Patient Advocacy Services	Patient Advocacy Services for mental health clients will be expanded to County-identified Skilled Nursing Facilities	Provide on-going support/advocacy services and training to staff and residents at County-identified Board and Care facilities. Expands services for County-Appointed Patient Advocate	Children, Transition Age Youth, Adults/Older Adults	• Provides inpatient advocacy services for adults and children/adolescents receiving mental health services in any covered 24-hour facility • Provides client representation at legal proceedings where denial of client rights are concerned • Handles client complaints and grievances for clients in these facilities	Jewish Family Service 8788 Balboa Ave. San Diego, CA 92123 (619) 282-1134	All
TAOA-SD	Justice System Discharge Planning	Project In-Reach (AKA Project Enable)	Provides in-reach, engagement; education; peer support; follow-up after release from detention facilities and linkages to services that improve participant's quality of life	Reduce recidivism, diminish impact of untreated health, mental health and/or substance use issues, prepare for re-entry into the community, and ensure successful linkage between in-jail programs and community aftercare	At-risk African-American and Latino adults (1170/re-alignment population) or Transition Age Youth incarcerated at designated facilities, with an additional focus on inmates with serious mental illness	• Program provides discharge planning and short-term transition services for clients who are incarcerated and identified to have a serious mental illness to assist in connecting clients with community-based treatment once released	Neighborhood House Association (NHA) Project In-Reach 286 Euclid Ave., Suite 102 San Diego, CA 92114 (619) 266-9400	All
TAOA-SD	Mental Health Advocacy Services	CCHEA	Mental Health Advocacy Services	Improved access to services	Eligible clients of Consumer Center for Health Education and Advocacy	* Mental Health Advocacy	Legal Aid 110 South Euclid Ave. San Diego, CA 92114 (877) 734-3258	All
TAOA-SD	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Serial Inebriate Program (SIP)	Mental Health Systems, Inc. Serial Inebriate Program (SIP)	Serial Inebriate Program Non-residential substance use disorder treatment and recovery services	Support integrated treatment of chronic serial inebriants. Stabilization, recovery and reducing stigma associated with mental health concerns and provides additional support or referrals	Adults/Older Adults who may have a co-occurring mental health disorder and chronic inebriants referred by San Diego Police Department SIP Liaison Officer; working with Homeless Outreach Team	• Non-residential substance use disorder treatment and recovery service center focus of court sentenced chronic public inebriates as an alternative to custody • Individual and group counseling, case management, housing and linkages to other relevant services	Mental Health Systems, Inc. (MHS) SIP Program 3340 Kemper St. San Diego, CA 92118 (619) 523-8121	4

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	North Inland Mental Health Center	North Inland Mental Health Center	Outpatient mental health and rehabilitation and recovery, crisis walk in, peer support, homeless outreach, case management and long term vocational support	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services	Adults 18 years and older	<ul style="list-style-type: none"> <li>Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults 18 years and older who have serious mental illness, including those who may have a co-occurring substance use disorder</li> </ul>	<p>Mental Health Systems, Inc. (MHS) North Inland Mental Health Center 125 W. Mission Ave. Escondido, CA 92025 (760) 747-3424</p> <p>MHS Kinesis North WRC 474 W. Vermont Ave. Escondido, CA 92025 (760) 480-2255</p> <p>Kinesis North WRC- Ramona 1521 Main St. Ramona, CA 92065 (760) 736-2429</p> <p>MHS-WRC with MHSa and Satellite North Inland 474 West Vermont Ave., Suite 101 Escondido, CA 92025 (760) 480-2255</p>	3
TAOA-SD	Public Defender - Behavioral Health Assessor	Public Defender Discharge	Licensed mental health clinicians will provide discharge planning, care coordination, referral and linkage, and short term case management to persons with a serious mental illness who have been referred by the Court for services	Public Defender Treatment Unit will reduce untreated mental illness by ensuring persons are connected to system of care	Adults 18 years and older with a serious mental illness who are incarcerated or Transition Age Youth at designated detention facilities who will be released in San Diego County	<ul style="list-style-type: none"> <li>Discharge planning</li> <li>Care coordination</li> <li>Referral and linkage</li> <li>Short term case management</li> </ul>	Public Defender 450 B St., Ste 1100 San Diego, CA 92101	All
TAOA-SD	San Diego Employment Solutions	San Diego Employment Solutions	Supported employment services and opportunities for Transition Age Youth, Adults and Older Adults with serious mental illness	Increase competitive employment of adults 18 and older who have a serious mental illness and who want to become competitively employed	Adults 18 years and older who have a serious mental illness and need assistance with employment	<ul style="list-style-type: none"> <li>Supportive employment program that provides an array of job opportunities to help adults with serious mental illness obtain competitive employment</li> <li>Use a comprehensive approach that is community-based, client and family-driven, and culturally competent</li> </ul>	Mental Health Systems, Inc. (MHS) Employment Solutions 10981 San Diego Mission Rd. # 100 San Diego, CA 92108 (619) 521-9569	4
TAOA-SD	San Diego Housing Commission	TBD	New Housing Coordinators for San Diego Housing Commission (Access to 100 Vouchers)	Provide housing	Adults 18 years and older who have a serious mental illness	<ul style="list-style-type: none"> <li>Housing Vouchers</li> </ul>	San Diego Housing Commission 1122 Broadway San Diego, CA 92101 (619) 231-9400	4
TAOA-SD	Short Term Acute Residential Treatment (START)	START Vista Balboa, New Vistas, Halcyon, Crisis Center, Turning Point, Jary Barreto, Isis Crisis Center	Mental Health Short Term Acute Residential Treatment	Provide urgent services in North Coastal, Central, East and South Regions of San Diego to meet the community-identified needs	Voluntary adults 18 years and older who may have a serious mental illness and who may have a co-occurring substance use disorder that are experiencing a mental health crisis, in need of intensive, non-hospital intervention	<ul style="list-style-type: none"> <li>24-hour, 7-day a week, 365 day a year crisis residential service as an alternative to hospitalization or step down from acute in-patient care within a hospital for adults with acute and serious mental illness, including those who may have a co-occurring substance use disorders, and are residents of San Diego County</li> </ul>	<p>Community Research Foundation (CRF) Vista Balboa (619) 233-4399</p> <p>CRF New Vistas Crisis Center (619) 239-4663</p> <p>CRF Halcyon Crisis Center (619) 579-8685</p> <p>CRF Turning Point (760) 439-2800</p> <p>CRF Jary Barreto Crisis Center (619) 232-7048</p> <p>CRF Isis Crisis Center (619)-575-4687</p>	All

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-SD	Short-Term Bridge Housing (formerly Emergency Shelter Beds - ESB)	Urban Street Angels (Transitional Shelter Beds for Transition Age Youth)	Supplemental housing for Transitional Age Youth in an independent living environment	The provision of housing and support services to homeless mentally ill Transition Age Youth by providing accessible short-term and transitional beds for identified clients	Transitional Age Youth, 16 to 25 years of age, who have a serious emotional disturbance or a serious mental illness who may have a co-occurring mental illness	<ul style="list-style-type: none"> <li>Emergency shelter and transitional beds</li> <li>Case Management</li> </ul>	Urban Street Angels, Inc. 3090 Polk Ave. San Diego, CA 92104 (619) 415-6616  Shelter Sites: 5308 Churchward St. San Diego, CA 92114 (male house)  4634 Bancroft St. San Diego, CA 92116 (female house)	4
TAOA-SD	Short-Term Bridge Housing (formerly Emergency Shelter Beds - ESB)	Interfaith Community Services	Emergency shelter services for Adults with serious mental illness	Increase client-driven services to empower people with serious mental illness by decreasing isolation and increasing self-identified valued roles and self-sufficiency	Transitional Age Youth, 16 to 25 years of age, who have a serious emotional disturbance or a serious mental illness who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Shelter and food in a residential setting that has staff available during all operating hours</li> <li>Safe and sanitary quarters on a nightly basis</li> <li>Coordinate Peer Support Services</li> </ul>	Interfaith Community Services 550 W. Washington St., Suite B Escondido, CA 92025 (760) 489-6380	4
TAOA-SD	Short-Term Bridge Housing (formerly Emergency Shelter Beds - ESB)	Ruby's House Independent Living	Emergency shelter services for mentally ill adults (Females)	Increase client-driven services to empower people with serious mental illness by decreasing isolation and increasing self-identified valued roles and self-sufficiency	Transitional Age Youth, 16 to 25 years of age, who have a serious emotional disturbance or a serious mental illness who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Provide shelter and food in a residential setting that has staff available during all operating hours</li> <li>Provide safe and sanitary quarters on a nightly basis and in a location acceptable to the County</li> <li>Coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services</li> </ul>	Ruby's House Independent Living Facility 1702 Republic St. San Diego, CA 92114 (619) 756-7211	2
TAOA-SD	Short-Term Bridge Housing (formerly Emergency Shelter Beds - ESB)	The Broadway Home	Emergency shelter services for Adults with serious mental illness	Increase client-driven services to empower people with serious mental illness by decreasing isolation and increasing self-identified valued roles and self-sufficiency	Transitional Age Youth, 16 to 25 years of age, who have a serious emotional disturbance or a serious mental illness who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Provides shelter and food in a residential setting that has staff available during all operating hours</li> <li>Provides safe and sanitary quarters on a nightly basis and in a location acceptable to the County, work with, and coordinate services with designated County-contracted Peer Support Services program to promote delivery of peer support services</li> </ul>	The Broadway Home 2445 Broadway San Diego, CA 92102 (619) 232-7406	4
TAOA-SD	Short-Term Bridge Housing (formerly Emergency Shelter Beds - ESB)	United Homes	Emergency Shelter Services for Adults with serious mental illness	Increase client-driven services to empower people with serious mental illness by decreasing isolation and increasing self-identified valued roles and self-sufficiency	Transitional Age Youth, 16 to 25 years of age, who have a serious emotional disturbance or a serious mental illness who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Provides additional services to people with serious and prolonged mental illness in licensed residential care facilities (also known as B&amp;C facilities)</li> <li>Identified eligible persons shall receive additional services from these B&amp;C facilities beyond the basic level of care</li> </ul>	United Homes-Emergency Shelter Beds 336 South Horne St. Oceanside, CA 92054 (760) 612-5980	5
TAOA-SD	Telemedicine	Exodus Recovery, Inc.	Telepsych Hub Telemedicine Expansion - On Demand	Outpatient psychiatric prescriber services for children, and adult mental health consumers utilizing Telehealth practices and technology	Exodus Clients	<ul style="list-style-type: none"> <li>Telehealth prescriber services</li> </ul>	Exodus Recovery, Inc. 2950 El Cajon Blvd. San Diego, CA 92104 (619) 528-1752	All
TAOA-SD	Tenant Support Services	TBD	Project One for All (POFA) Outpatient Hub for 357 Clients (Tenant Peer Support Services)	TBD	TBD	TBD	TBD	4
TAOA-SD	Walk-In Assessment Center	Exodus Recovery, Inc.	Walk-in services assessment center	Increase access to mental health services and overcome barriers such as language, wait times, lack of knowledge or awareness of available services	Transition Age Youth, Adults/Older Adults who have serious mental illness, including those who may have a co-occurring substance use disorder	<ul style="list-style-type: none"> <li>Walk-In treatment center</li> <li>Rehabilitation and recovery services</li> </ul>	North County Walk In Assessment Center 1520 South Escondido Blvd. Escondido, CA 92025 (760) 871-2020  Vista Walk In Assessment Center 524 & 500 W. Vista Way Vista, CA 92083 (760) 758-1150	3, 5

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
<b>TAOA-SD/CY-SD</b>	Supplemental Security Income (SSI) Advocacy Services	Supplemental Security Income (SSI) Advocacy Services	Supplemental Security Income Advocacy services. Responsible for the submission of applications to the Social Security Administration and further follow-up as needed	Expedite awards, provide training and consultation to designated Clubhouse advocates, and provide outreach and education to child focused programs	Consumers who are recipients of General Relief, Cash Assistance Program for Indigents, County Medical Services and mental health consumers ( children and adults) of BHS	<ul style="list-style-type: none"> <li>Supplemental Security Income Advocacy</li> <li>Collaborative advocacy with designated Clubhouse staff</li> <li>Outreach, education, consultations</li> <li>Application processing</li> </ul>	Legal Aid 110 South Euclid Ave. San Diego, CA 92114 (877) 734-3258	All
<b>TAOA-OE</b>	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	Substance Use Disorder Recovery Center	Non-residential substance use disorder treatment and recovery for adults and Transition Age Youth	Support integrated treatment of co-occurring disorder issues for those enrolled in substance use disorder treatment. Reduce stigma associated with mental health concerns and provide additional support or referrals according to needed	Adults 18 years and older who are Asian and Pacific Islander	<ul style="list-style-type: none"> <li>Non-residential substance use disorder treatment</li> <li>Family education</li> </ul>	UPAC 3288 El Cajon Blvd., Suites 3,6,10,11,12 & 13 San Diego, CA 92104 (619) 521-5720	4
<b>TAOA-OE</b>	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	East Regional Recovery Center	Non-residential substance use disorder treatment and recovery service center for adults 18 years and older with substance use disorder including those who may have a co-occurring mental health disorder	Assist individuals to become and remain free of substance use disorder problems addressing both disorders for adults experiencing co-occurring substance use disorder and mental health problems	Adults 18 years and older with substance use disorder problems, including those who may have co-occurring mental health disorder	<ul style="list-style-type: none"> <li>Non-residential substance use disorder treatment rehabilitation services</li> <li>Treatment and recovery service center for substance use disorder clients who may also have co-occurring mental health disorders</li> </ul>	McAlister Institute for Treatment and Education East Regional Recovery 1365 North Johnson Ave. El Cajon, CA 92020 (619) 440-4801	2
<b>TAOA-OE</b>	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	North Coastal Regional Recovery Center	Non-residential substance use disorder treatment and recovery service center for adults 18 years and older with substance use disorder including those who may have a co-occurring mental health disorder	Assist individuals to become and remain free of substance use disorder. For clients with co-occurring disorders, the goal is to ensure that adults experiencing co-occurring substance use disorder and mental health problems receive services that comprehensively address both disorders	Adults 18 years and older with substance use disorder problems, including those who may have co-occurring mental health disorder	<ul style="list-style-type: none"> <li>Evidence-based treatment and recovery service approaches that incorporate both 12-step models (e.g., AA, NA) and non-12-step models (e.g., SMART Recovery, Rational Recovery, Secular Organizations for Sobriety)</li> <li>Provide PC 1000 (Deferred Entry of Judgment) drug diversion services to adults</li> </ul>	McAlister Institute for Treatment and Education 2821 Oceanside Blvd. Oceanside, CA 92054 (760) 721-2781	5
<b>TAOA-OE</b>	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	South Regional Recovery Center	Non-residential substance use disorder treatment and recovery service center for adults 18 years and older with substance use disorder, including those who may have a co-occurring mental health disorder. Incorporating evidence-based treatment and recovery services	Ensure that adults experiencing co-occurring substance use disorder and mental health problems receive services that comprehensively address both disorders, so the individual may achieve a substance use disorder free lifestyle	Adults 18 years and older with substance use disorder, including those who may have co-occurring mental health disorder	<ul style="list-style-type: none"> <li>Non-residential substance use disorder treatment and recovery services to Transition Age Youth, adults and older adults with substance use disorder-induced problems, including co-occurring mental health disorders</li> <li>Services incorporate evidence-based treatment and recovery service approaches that incorporate both 12-step models (e.g., AA, NA) and non-12-step models (e.g., SMART Recovery, Rational Recovery, and Secular Organizations for Sobriety). Also, PC 1000 (Deferred Entry of Judgment) drug diversion services to adults</li> </ul>	McAlister Institute for Treatment and Education South Regional Recovery Center 1180 Third Ave., Suite C-3 Chula Vista, CA 91911 (619) 691-8164	1
<b>TAOA-OE</b>	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	North Inland RRC	Non-residential substance use disorder treatment and recovery service center for adults 18 years and older with substance use disorder, including those who may have a co-occurring mental health disorder. Incorporating evidence-based treatment and recovery services	Ensure that adults experiencing co-occurring substance use disorder and mental health problems receive services that comprehensively address both disorders, so the individual may achieve a substance use disorder free lifestyle	Adults 18 years and older with substance use disorder, including those who may have co-occurring mental health disorder	<ul style="list-style-type: none"> <li>Non-residential substance use disorder treatment and recovery services to Transition Age Youth, adults and older adults with substance use disorder-induced problems, including co-occurring mental health disorders</li> <li>Services incorporate evidence-based treatment and recovery service approaches that incorporate both 12-step models (e.g., AA, NA) and non-12-step models (e.g., SMART Recovery, Rational Recovery, and Secular Organizations for Sobriety). Also, PC 1000 (Deferred Entry of Judgment) drug diversion services to adults</li> </ul>	McAlister Institute for Treatment and Education South Regional Recovery Center 200 East Washington Ave., Suite 100 Escondido, CA 92025 (760) 741-7708	5

## Community Services and Supports (TAOA)

Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
TAOA-OE	Non-Residential Substance Use Disorder (SUD) Treatment & Recovery Services - Adult	Mid-Coast Regional Recovery	Non-residential substance use disorder treatment and recovery service center for adults 18 years and older with substance use disorder, including those who may have a co-occurring mental health disorder. Incorporating evidence-based treatment and recovery services	Ensure that adults experiencing co-occurring substance use disorder and mental health problems receive services that comprehensively address both disorders, so the individual may achieve a substance use disorder free lifestyle	Adults 18 years and older with substance use disorder, including those who may have co-occurring mental health disorder	<ul style="list-style-type: none"> <li>• Non-residential substance use disorder treatment and recovery services to Transition Age Youth, adults and older adults with substance use disorder-induced problems, including co-occurring mental health disorders</li> <li>• Services incorporate evidence-based treatment and recovery service approaches that incorporate both 12-step models (e.g., AA, NA) and non-12-step models (e.g., SMART Recovery, Rational Recovery, and Secular Organizations for Sobriety). Also, PC 1000 (Deferred Entry of Judgment) drug diversion services to adults</li> </ul>	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5100	4

## Community Services and Supports (TAOA)



Work Plan	RER Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
ALL-OE	Behavioral Health Services - Victims of Trauma and Torture	Survivors of Torture International	Outpatient mental health services to Adults/Older Adults who are victims of trauma and torture with serious mental illness and children who suffer from a severe emotional disturbance	Improve access to mental health services, culture specific, outreach and education to persons with a serious mental illness or emotional disturbance who have been victims of torture and provide referrals for victims of trauma and torture who are indigent and do not meet medical necessity	Transition Age Youth, Adults/Older Adults with serious mental illness who are victims of trauma and torture	<ul style="list-style-type: none"> <li>Bio-psychosocial rehabilitation services recovery</li> <li>Strength based, client and family driven and culturally competent programs</li> </ul>	Survivors of Torture International Confidential location for office (619) 278-2400	All
ALL-OE	Behavioral Health Services and Primary Care Integration Services	Mental Health and Primary Care Services Integration Services	Provides services and treatment to adult patients with behavioral health problems through the Enhanced Screening, Brief Intervention and Referral to Treatment model	Provide effective, evidence-based treatment for behavioral health interventions in a primary care setting	Adults 18 to 59 years	<ul style="list-style-type: none"> <li>Mental health assessment</li> <li>Dual diagnosis screening information</li> <li>Brief mental health services</li> <li>Linkages to services as needed</li> </ul>	Community Clinic Health Network 7535 Metropolitan Dr. San Diego, CA 92108 (619) 542-4300	All
ALL-OE	Behavioral Health Services for Deaf & Hard of Hearing	Deaf Community Services	Adult outpatient mental health clinic provides video, secure email, and phone consultation in a mental health walk-in outpatient clinic within San Diego County	Assist clients who are deaf and hard of hearing to achieve a more adaptive level of functioning	Children, Transition Age Youth, Adults/Older Adults who are deaf or hard of hearing and who have a serious mental illness or substance use disorder	<ul style="list-style-type: none"> <li>Outpatient mental health services</li> <li>Case management</li> <li>Integrated substance use disorder treatment and rehabilitation</li> </ul>	Deaf Community Services of San Diego Inc. 1545 Hotel Circle S., Suite 300 San Diego, CA 92108 (619) 398-2437	All
ALL-OE	Clubhouse - Deaf or Hard of Hearing	Deaf Community Services Clubhouse	Recovery and skill center/clubhouse for the Deaf and Hard of Hearing	Assist clients who are deaf and hard of hearing to achieve a more adaptive level of functioning	Transition Age Youth, Adults/Older Adults, who are deaf or hard-of-hearing who have or are at risk of a serious mental illness or co-occurring disorder	<ul style="list-style-type: none"> <li>Member-operated recovery and skill development clubhouse program</li> <li>Services include social skill development, rehabilitative, recovery, vocational and peer support</li> </ul>	Deaf Community Services of San Diego Inc. 1545 Hotel Circle S., Suite 300 San Diego, CA 92108 (619) 398-2437	All
ALL-OE	Psychiatric and Addiction Consultation and Family Support Services	Psychiatric and Addiction Consultation and Family Support Services SmartCare	Provides Psychiatric and Addiction Consultation and Family Support Services for primary care, pediatric and obstetric providers who serve patients with Medi-Cal or who are uninsured, throughout San Diego County, Transition Age Youth, Adults/Older Adults	Improve the confidence, competence, and capacity of primary care pediatrics, and obstetricians in treating behavioral health conditions; increase identification of behavioral health issues, including suicide risk; provide education, referrals, and linkages to support families	Children, Transition Age Youth, Adults/Older Adults	<ul style="list-style-type: none"> <li>Psychiatric and addiction consultation</li> <li>Client education, referral, and linkage to services</li> </ul>	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5100	All
ALL-SD	Chaldean and Middle-Eastern Social Services	Chaldean and Middle-Eastern Social Services	Outpatient mental health clinic provides treatment, rehabilitation, and recovery services to adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	Provide culturally competent treatment, services and referrals for individuals of Middle Eastern descent who experience mental health issues or a serious mental illness	Adults 18 years and older and eligible for Medi-Cal funded services	<ul style="list-style-type: none"> <li>Outpatient mental health clinic which provides treatment, rehabilitation, and recovery services</li> <li>Referrals and linkage support</li> </ul>	Chaldean and Middle-Eastern Social Services 436 S. Magnolia Ave., Suite 201 El Cajon, CA 92020 (619) 401-7410	All
ALL-SD	Psychiatric Emergency Response Team (PERT)	Psychiatric Emergency Response Team	Connects law enforcement officers with psychiatric emergency clinicians to serve children and adults throughout the County	Improve collaboration between the mental health and law enforcement systems with the goal of more humane and effective handling of incidents involving law enforcement officers and mentally ill and developmentally disabled individuals	Children, Transition Age Youth, Adults/Older Adults, with a focus on veterans, homeless and the Native American community	<ul style="list-style-type: none"> <li>Case coordination</li> <li>Linkage and limited crisis intervention services</li> <li>Training for law enforcement personnel</li> </ul>	Community Research Foundation 8775 Aero Dr. San Diego, CA 92123 (858) 836-1090	All

## Community Services and Supports (ALL)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
CO-02	Adult Drug Court Treatment and Testing	Collaborative Drug Court - South	Provides intensive treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems	Support the target population in their efforts to become and remain free from substance use disorder, provide mental health screening and referrals, screen for mental health concerns, and reduce stigma associated with mental health issues	Non-violent male and female offenders, with a history of substance use disorder and co-occurring disorders, who have been referred to treatment by the Adult Drug Court team and accepted for intake in an environment free of substance use disorder	<ul style="list-style-type: none"> <li>Non-residential Substance Use Disorder (SUD) treatment, recovery, and ancillary services</li> <li>Outpatient Drug-Free treatment and intensive Day Care Habilitative services</li> <li>Mental health screening</li> </ul>	Mental Health Systems Inc. (MHS) San Diego Center For Change 3340 Kemper St., Suite 103 San Diego, CA 92110 (619) 758-1434	1, 4
CO-02	Adult Drug Court Treatment and Testing	Adult Drug Court - North	Provides intensive treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems	Support the target population in their efforts to become and remain free from substance use disorder, provide mental health screening and referrals, screen for mental health concerns, and reduce stigma associated with mental health issues	Non-violent male and female offenders, with a history of substance use disorder and co-occurring disorders, who have been referred to treatment by the Adult Drug Court team and accepted for intake in an environment free of substance use disorder	<ul style="list-style-type: none"> <li>Non-residential treatment, recovery, and ancillary services</li> <li>Outpatient Drug-Free treatment and intensive Day Care Habilitative services</li> <li>Mental health screening</li> </ul>	Mental Health Systems Inc. (MHS) North County Center For Change 504 W. Vista Way Vista, CA 92083 (760) 940-1836	2, 3, 5
CO-02	Adult Drug Court Treatment and Testing	Adult Drug Court - East Case Management	Provides intensive treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems	Support the target population in their efforts to become and remain free from substance use disorder, provide mental health screening and referrals, screen for mental health concerns, and reduce stigma associated with mental health issues	Non-violent male and female offenders, with a history of substance use disorder and co-occurring disorders, who have been referred to treatment by the Adult Drug Court team and accepted for intake in an environment free of substance use disorder	<ul style="list-style-type: none"> <li>Non-residential treatment, recovery, and ancillary services</li> <li>Outpatient Drug-Free treatment and intensive Day Care Habilitative service in an environment free of substance use disorder</li> <li>Mental health screening</li> </ul>	Mental Health Systems Inc. (MHS) East County Center For Change 545 N. Magnolia Ave. El Cajon, CA 92020 (619) 579-0947	2
CO-02	Adult Drug Court Treatment and Testing	Adult Drug Court - Central Case Management	Provides intensive treatment services to offenders with long histories of drug use and criminal justice contacts, previous treatment failures, and high rates of health and social problems	Support the target population in their efforts to become and remain free from substance use disorder, provide mental health screening and referrals, screen for mental health concerns, and reduce stigma associated with mental health issues	Non-violent male and female offenders, with a history of substance use disorder and co-occurring disorders, who have been referred to treatment by the Adult Drug Court team and accepted for intake in an environment free of substance use disorder	<ul style="list-style-type: none"> <li>Non-residential treatment, recovery, and ancillary services</li> <li>Outpatient Drug-Free treatment and intensive Day Care Habilitative services</li> <li>Mental health screening</li> </ul>	Mental Health Systems Inc. (MHS) San Diego Center For Change 3340 Kemper St., Suite 103 San Diego, CA 92110 (619) 758-1433	4
PS-01	Breaking Down Barriers (BDB) Initiative	Breaking Down Barriers (African American Fathers/Caregiver - Southeast - Father2Child	Conducts outreach and engagement to underserved groups throughout the county. Father2Child is a parenting program for African American fathers/caregivers in southeastern San Diego	Reduce mental health stigma to culturally diverse, unserved and underserved populations	Unserved and underserved populations; Latino; Native American; African; Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ); African-American	<ul style="list-style-type: none"> <li>Outreach and education to reduce mental health stigma to culturally diverse, unserved and underserved populations</li> <li>Collaboration with community based organizations to identify and utilize "cultural brokers" in community of color and non-ethnic groups</li> </ul>	Mental Health Association of San Diego County 4069 30th St. San Diego, CA 92104 (619) 543-0412 ext.102	All
OA-06	Caregiver Support for Alzheimer & Dementia Patients	Caregivers of Alzheimer's Disease and Other Dementia Clients Support Services	Provides caregiver education, training, and early intervention services to prevent or decrease symptoms of depression and other mental health issues among caregivers	Reduce incidence of mental health concerns in caregivers of Alzheimer's patients. Improve the quality of well-being for caregivers and families. Provides services to an underserved/unserved population	Adult Caregivers 18 years and older	<ul style="list-style-type: none"> <li>Outreach</li> <li>Information dissemination</li> <li>Early intervention</li> <li>Education</li> </ul>	Southern Caregiver Resource Center 3675 Ruffin Rd. San Diego, CA 92123 (858) 268-4432	All
DV-04	Community Services for Families - CWS	CSF Central & North Central Regions	Provides family preservation, family support, and family reunification services to children and families in the CWS system	Establish a community safety net to ensure the safety and wellbeing of children and their families	Children 0 to 17 years old and their families at a high risk of child abuse and neglect	<ul style="list-style-type: none"> <li>Case management</li> <li>In-Home Parent Education</li> <li>Safe Care</li> <li>Systematic Training for Effective Parenting</li> <li>Parent Partners</li> </ul>	Social Advocates for Youth 8755 Aero Dr., Suite 100 San Diego, CA 92123 (858) 565-4148	4

## Prevention and Early Intervention (PEI)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
DV-04	Community Services for Families - CWS	CSF East Region	Provides family preservation, family support, and family reunification services to children and families in the CWS system	Establish a community safety net to ensure the safety and wellbeing of children and their families	Children 0 to 17 years old and their families at a high risk of child abuse and neglect	<ul style="list-style-type: none"> <li>Case management</li> <li>In-Home Parent Education</li> <li>Safe Care</li> <li>Systematic Training for Effective Parenting</li> <li>Parent Partners</li> </ul>	Home Start 5005 Texas St., Suite 203 San Diego, CA 92108 (619) 692-0727	2
DV-04	Community Services for Families - CWS	CSF - North Coastal/North Inland	Provides family preservation, family support, and family reunification services to children and families in the CWS system	Establish a community safety net to ensure the safety and wellbeing of children and their families	Children 0 to 17 years old and their families at a high risk of child abuse and neglect	<ul style="list-style-type: none"> <li>Case management</li> <li>In-Home Parent Education</li> <li>Safe Care</li> <li>Systematic Training for Effective Parenting</li> <li>Parent Partners</li> </ul>	North County Lifeline 707 Oceanside Blvd. Oceanside, CA 92054 (760) 842-6250	3, 5
DV-04	Community Services for Families - CWS	CSF - South Region	Provides family preservation, family support, and family reunification services to children and families in the CWS system	Establish a community safety net to ensure the safety and wellbeing of children and their families	Children 0 to 17 years old and their families at a high risk of child abuse and neglect	<ul style="list-style-type: none"> <li>Case management</li> <li>In-home parent education</li> <li>Safe Care</li> <li>Systematic Training for Effective Parenting</li> <li>Parent Partners</li> </ul>	South Bay Community Services 430 F St. Chula Vista, CA 91910 (619) 420-3620	1
DV-03	Community Violence Services (South - Alliance for Community Empowerment)	Alliance for Community Empowerment	Provides trauma informed, community centered, family driven and evidenced based Community Violence Response services. Central Region, but may serve clients outside the region Middle school aged boys and girls affected by violence	Increase in resilience; improvement in parenting knowledge; increases problem-solving and coping skills; reduces stigma and suicidal risk factors; reduces psycho-social impact of trauma	Middle school-age youth	<ul style="list-style-type: none"> <li>Direct counseling, individual, and group interventions</li> <li>Outreach, engagement, community education</li> </ul>	Union of Pan Asian Communities (UPAC) 5348 University Ave., Suites 101 and 102 San Diego, CA 92105 (619) 232-6454	4
FB-01	Early Intervention for Prevention of Psychosis (TAY & Children)	Kickstart	Provides Prevention and Early Intervention (PEI) services for persons 10-25 years old who have emerging 'prodromal' symptoms of psychosis	Reduce incidence and severity of mental illness and increase awareness and usage of services	Countywide youth 10-25 years old in San Diego County and their families & substantial public component on psychosis	<ul style="list-style-type: none"> <li>Prevention through public education</li> <li>Early intervention, through screening potentially at risk youth</li> <li>Intensive treatment for youth who are identified as at-risk and their families</li> </ul>	Pathways Community Services, LLC 4281 Katella Ave., Suite 201 Los Alamitos, CA 90720 (562) 467-5532  6160 Mission Gorge Rd., Suite 400 San Diego, CA 92120 (858) 637-3030	All
OA-01	Elder Multicultural Access & Support Services (EMASS)	Elder Multicultural Access & Support Services (EMASS)	Provides outreach and support to older adults, especially non-Caucasian/ non-English speaking	Reduce ethnic disparities in service access and use. Increases access to care	Multicultural Seniors, refugees, 60 years and older who are at risk of developing mental health problems	<ul style="list-style-type: none"> <li>Outreach and education</li> <li>Referral and linkage</li> <li>Benefits advocacy</li> <li>Peer counseling</li> <li>Transportation services</li> <li>Home and community based services</li> </ul>	Union of Pan Asian Communities (UPAC) 9360 Activity Rd., Suite B San Diego, CA 92126 (619) 238-1783 ext.30	All
PS-01	Family Peer Support Program	Family Peer Support Program (In Our Own Voice & Friends in the Lobby)	Provides an educational series, where community speakers share their personal stories about living with mental illness and achieving recovery. Written information on mental health and resources will be provided to families and friends whose loved one is hospitalized with a mental health issue	Provide support and increase knowledge of mental illness and related issues. Reduces stigma and harmful outcomes	Family members and friends of psychiatric inpatients	<ul style="list-style-type: none"> <li>Resources and support to family and friends visiting loved ones in psychiatric inpatient units in San Diego area</li> <li>Public education</li> </ul>	National Alliance on Mental Illness (NAMI), San Diego 5095 Murphy Canyon Rd., Suite 320 San Diego, CA 92123 (858) 634-6597	All
OA-02	Home Based Services (Older Adults)	Positive Solutions	Provides outreach, and prevention and early intervention services for homebound and socially isolated older adults by using Program to Encourage Active and Rewarding Lives (PEARLS) model	Increase knowledge of signs/symptoms of depression and suicide risk for those who live/work with older adults. Reduces stigma associated with mental health concerns and disparities in access to services	Homebound older adults 60 years and older who are at risk for depression or suicide	<ul style="list-style-type: none"> <li>Screening</li> <li>Assessment</li> <li>Brief intervention (PEARLS and/or Psycho-education)</li> <li>Referral and linkage</li> <li>Follow-up care</li> </ul>	Union of Pan Asian Communities 9360 Activity Rd., Suite B San Diego, CA 92126 (619) 238-1783 ext.30	1, 4, 5

## Prevention and Early Intervention (PEI)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
RE-01	Independent Living Association (ILA)	CHIP Independent Living Association (ILA)	Creates an Independent Living Facility Association with voluntary membership	Promote the highest quality home environments for adults with severe mental illness and other disabling health conditions. Serve residents that do not need medication oversight, are able to function without supervision, and live independently	Member operators, individuals, families, discharge planners and care coordination who are seeking quality housing resources countywide	<ul style="list-style-type: none"> <li>• Education and training to member operators and residents.</li> <li>• Website listings</li> <li>• Resources to support clients</li> <li>• Resources to develop their business</li> <li>• Marketing tools</li> <li>• Advocacy support</li> </ul>	Community Health Improvement Partners 5095 Murphy Canyon Rd., Suite 105 San Diego, CA 92123 (858) 609-7974	All
PS-01	Inreach Services	Neighborhood House Association	Bio-Psychosocial Rehabilitation - Central Region Inreach - Outreach (Project Enable)	Transitional services	At risk African-American and Latino citizens who are incarcerated adults or Transition Age Youth at designated detention facilities and will be released in San Diego County	<ul style="list-style-type: none"> <li>• Advocacy, assessment, engagement, and resource connection</li> </ul>	Neighborhood House Association 5660 Copley Dr. San Diego, CA 92114 (619) 244-8241	All
CO-03	Integrated Peer & Family Engagement Program - Next Steps	Next Steps	Provides comprehensive, peer-based care coordination, brief treatment and system navigation to adults with mental health and /or substance use disorder	Provide mental health screening and services to adults 18 years and older, including transition age youth and older adults with substance use disorder	Adults 18 years and older	<ul style="list-style-type: none"> <li>• On call either in person or via mobile devices</li> <li>• Screening tool for mental health and substance use disorder</li> </ul>	National Alliance on Mental Illness (NAMI), San Diego 5095 Murphy Canyon Rd. Suite 320 San Diego, CA 92123 (858) 643-6580	All
PS-01	Mental Health First Aid	Mental Health First Aid	Mental Health First Aid is a public education program designed to give residents the skills to help someone who is developing a mental health problem or experiencing a mental health crisis	Provide county-wide community- based mental health literacy education and training services	Adults/Older Adults who work with youth	<ul style="list-style-type: none"> <li>• Interactive class that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders</li> </ul>	Mental Health America of San Diego County 4069 30th St. San Diego, CA 92104 (619) 543-0412	All
NA-01	Native American Prevention and Early Intervention	Indian Health Council, Inc.	Prevention and Early Intervention and substance use disorder treatment services to Native Americans	Increase community involvement and education through services designed and delivered by Native American communities	American Indians; Alaska Natives; tribal members of South and East Region tribes; and qualified family members residing on reservations; All age groups; North Region of San Diego County	<ul style="list-style-type: none"> <li>• Prevention and early intervention and substance use disorder treatment services</li> <li>• Child abuse prevention case management to Native Americans in North County</li> </ul>	Indian Health Council 50100 Golsh Rd. Valley Center, CA 92082 (760) 749-1410	5
NA-01	Native American Prevention and Early Intervention	San Diego American Indian Health Center	Provides PEI services for Native American Indian/Alaska Native urban youth	Increase community involvement and education through services designed and delivered by Native American communities	At risk and high risk urban American Indian and Alaska Natives children and Transitional Age Youth	<ul style="list-style-type: none"> <li>• Specialized culturally appropriate prevention and early intervention services to Native American Indian/Alaska Native urban youth and their families who are participants at the Youth Center</li> </ul>	San Diego American Indian Health Center 2602 1st Ave., Suite 105 San Diego, CA 92103 (619) 234-1525	4
NA-01	Native American Prevention and Early Intervention	Southern Indian Health Council, Inc.	Provides PEI and substance use disorder treatment services for Native Americans	Increase community involvement and education through services designed and delivered by Native American communities	American Indians; Alaska Natives; tribal members of South and East Region tribes; and qualified family members residing on reservations; All age groups; South and East regions of San Diego County	<ul style="list-style-type: none"> <li>• Prevention and early intervention and substance use disorder treatment services</li> <li>• Child abuse prevention case management to Native Americans in South and East County</li> </ul>	Southern Indian Health Council, Inc. 4058 Willows Rd. Alpine, CA 91901 (619) 445-1188	2
EC-01	Positive Parenting Program (Triple P)	Positive Parenting Program (Triple P)	Provides mental health prevention and early intervention services for parents using the Positive Parenting Program (Triple P) education curriculum	Specialized culturally and developmentally appropriate mental health PEI services to promote social and emotional wellness for children and their families	Countywide parents and families; parents and Guardians of children enrolled in Head Start, Early Head Start, Elementary School and Community Center locations	<ul style="list-style-type: none"> <li>• Free parenting workshops</li> <li>• Early intervention services</li> <li>• Referrals and linkage</li> </ul>	Jewish Family Service 8804 Balboa Ave. San Diego, CA 92123 (858) 637-3000 ext. 3006	All

## Prevention and Early Intervention (PEI)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
RC-01	Rural Integrated Behavioral Health & Primary Care Services	Integrated Behavioral Health and Primary Care Services in Rural Communities	Provides Rural Integrated Behavioral Health and Primary Care Services for prevention and early intervention services	Increase access to and usage of services	Children, Transition Age Youth, Adults/Older Adults	<ul style="list-style-type: none"> <li>Assessment</li> <li>Brief intervention</li> <li>Education</li> <li>Mobile outreach</li> </ul>	Vista Hill Foundation 8910 Clairemont Mesa Blvd. San Diego, CA 92123 (858) 514-5122	All
SA-01	School Based PEI - N. Inland	Vista Hill - School Based PEI North Inland	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	Vista Hill Foundation 1029 N. Broadway Escondido, CA 92026 (760) 489-4126	5
SA-01	School Based PEI - South	South Bay Community Services - School Based PEI South	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	South Bay Community Services 430 F St. Chula Vista, CA 91910 (619) 420-3620	1
SA-01	School Based Prevention and Early Intervention	San Diego Unified School District - School Based PEI Central and North Central	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	San Diego Unified School District 4487 Oregon St. San Diego, CA 92116 (619) 362-4300	3, 4
SA-01	School Based Prevention and Early Intervention	San Diego Unified School District - School Based PEI Central and Southeastern	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	San Diego Unified School District 4487 Oregon St. San Diego, CA 92116 (619) 362-4301	4
SA-01	School Based Prevention and Early Intervention	San Diego Youth Services - School Based PEI East	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools. Refugee children pre-school through 3rd grade who struggle with transitioning and would benefit from small groups	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> <li>assimilation groups for refugee children/parents.</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	San Diego Youth Services 3845 Spring Dr. Spring Valley, CA 91977 (619) 258-6877	2
SA-01	School Based Prevention and Early Intervention	Palomar Family Counseling - School Based PEI North Coastal Region	Early intervention services utilizing a family focused approach and evidenced based curriculum to provide social-emotional groups to parents and children as well as identified classrooms in designated public schools	Improve children's school success, reduce parental stress, reduce family isolation and stigma associated with seeking behavioral health services	Pre-school through 3rd grade at risk children who struggle emotionally and behaviorally at designated public schools	<ul style="list-style-type: none"> <li>Screening</li> <li>Child skill groups</li> <li>Parent skill groups</li> <li>Classroom skill lessons</li> <li>Community linkage/referrals</li> <li>Outreach and engagement</li> </ul>	Palomar Family Counseling Services 1002 East Grand Ave. Escondido, CA 92025 (760) 741-2660	3

## Prevention and Early Intervention (PEI)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
<b>SA-02</b>	School Based Suicide Prevention & Early Intervention (Children's)	HERE Now	Provides school based suicide prevention education and intervention services to middle school, high school, and Transition Age Youth	Reduce suicides and the negative impact of suicide in schools. Increases education of education community and families	Middle school, high school, and Transition Age Youth	<ul style="list-style-type: none"> <li>• Education and outreach</li> <li>• Screening</li> <li>• Crisis response training</li> <li>• Short-term early intervention</li> <li>• Referrals</li> </ul>	San Diego Youth Services 3255 Wing St. San Diego, CA 92110 (619) 221-8600	All
<b>PS-01</b>	Suicide Prevention & Stigma Reduction Media Campaign - It's Up To Us	Suicide Prevention & Stigma Reduction Media Campaign	Countywide media campaign geared towards suicide prevention and stigma discrimination, a suicide prevention action council to increase public awareness	Prevent suicide and reduce stigma and discrimination experienced by individuals with mental illness and their families. Increases awareness of available mental health services	Countywide individuals with mental illness; families of individuals with mental illness; general public	<ul style="list-style-type: none"> <li>• Public media campaign to education and promote mental health awareness</li> <li>• Print, radio, and TV ads</li> <li>• Printed materials</li> </ul>	Civilian Inc. 2468 Historic Decatur Rd., Suite 250 San Diego, CA 92106 (619) 243-2290	All
<b>PS-01</b>	Suicide Prevention Action Plan	Suicide Prevention Action Plan	Provides facilitation of the San Diego Suicide Prevention Council to increase public awareness and understanding of suicide prevention strategies	Provide support and increase knowledge of mental illness and related issues. Reduces stigma and harmful outcomes	General population, mental health service consumers, local planners, and mental health organizations	<ul style="list-style-type: none"> <li>• Suicide prevention action plan for understanding and awareness</li> <li>• Implement prevention initiatives</li> </ul>	Community Health Improvement Partners 5095 Murphy Canyon Rd., Suite 105 San Diego, CA 92123 (858) 609-7974	All
<b>PS-01</b>	Supported Employment Technical Consultant Services	Supported Employment Technical Consultant Services	Provides technical expertise and consultation on county-wide employment development, partnership, engagement, and funding opportunities for adults with serious mental illness. Services are coordinated and integrated through BHS to develop new employment resources	Employment is an essential element of comprehensive mental health services for adults with serious mental illness. Supported Employment is a key strategy for meeting both the employment and service needs of adults with serious mental illness and the MHSA target populations. These services improves access to employment opportunities	Service providers, employers, agencies, government organizations, and other stakeholders	<ul style="list-style-type: none"> <li>• Promote employment opportunities for adults with serious mental illness</li> </ul>	San Diego Workforce Partnership, Inc. 3910 University Ave., Suite 400 San Diego, CA 92105 (619) 228-2952	All
<b>VF-01</b>	Veterans & Family Outreach Education-	Courage to Call	Provides confidential, peer- staffed outreach, education, referral and support services to the Veteran community & families and its service providers	Increase awareness of the prevalence of mental illness in this community. Reduces mental health risk factors or stressors. Improves access to mental health and PEI services, information and support	Veterans, active duty military, Reservists, National Guard, and family members	<ul style="list-style-type: none"> <li>• Education</li> <li>• Peer counseling</li> <li>• Linkage to mental health services</li> <li>• Mental health information</li> <li>• Support hotline</li> </ul>	Mental Health Systems, Inc. (MHS) 9445 Farnham St., Suite 100 San Diego, CA 02123 (858) 636-3604	All

## Prevention and Early Intervention (PEI)

Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
INN-13	Faith Based Initiative	Faith-Based Initiative Community Education Task Order 2a - Com. Ed	Provides faith-based mental health community education in North Inland Region	Collaborate and participate with identified Faith Based and Behavioral Health Champions from Faith Based Academies. To facilitate community education presentations to faith communities and behavioral health providers with HHSA North Inland Region	Faith leaders, behavioral health providers, and members of congregations and community	• Community education	National Alliance on Mental Illness (NAMI), San Diego 5095 Murphy Canyon Rd., Suite 320 San Diego, CA 92123 (858) 634-6580	2, 3, 5
INN-13	Faith Based Initiative	Faith-Based Initiative Community Education - Task Order 2b - Com. Ed	Provides outreach, engagement, training and community education	Collaborate and participate with identified Faith Based and Behavioral Health Champions from Faith-Based Academies. Facilitates community education presentations to faith communities and behavioral health providers with HHSA Central Region	Children, Transition Age Youth, Adults/ Older Adults in Central Region	• Outreach, engagement and training • Community Education	Total Deliverance Worship PO Box 1698 Spring Valley, CA 91979 (619) 670-6208	1, 2, 4
INN-13	Faith Based Initiative	Faith-Based Initiative Faith Based Academy - Task Order 1a - North Inland	Design, develop, and implement a Faith Based Academy	Develop an educational curriculum and joint training that includes material to address faith/spirituality principles and values, wellness, mental health conditions, and resource information to faith communities and behavioral health providers in the North Inland Region	Faith leaders, behavioral health providers, and members of congregations and community	• Education and Training	Interfaith Community Services 550 West Washington Ave. Escondido, CA 92025 (760) 489-6380	2, 3, 4, 5
INN-13	Faith Based Initiative	Faith Based Initiative Task Order 3b - Crisis Response (Central)	Pairs a licensed or license eligible mental health clinician/registered intern with faith based clergy to respond to individual and family crisis situations including, but not limited to, suicides, homicides, and domestic violence.	Provide support during crises, assess and de-escalate serious situations, and provide linkage and referrals to community behavioral health providers for ongoing care	Children, Transition Age Youth, Adults/ Older Adults with a focus on African-American and Latino communities.	• Crisis intervention • Linkage and referrals	Total Deliverance Worship Center 7373 University Ave., Suite 201 La Mesa CA 91942 (619) 670-6208	4
INN-13	Faith Based Initiative	Faith-Based Initiative Wellness and Health Inreach Ministry Task Order 4b - W&H Ministry (Central)	Implement a Wellness and Mental Health In-reach Ministry that focuses on Adults diagnosed with a serious mental illness while in jail	Provide a jail In-reach program for adults with a serious mental illness that includes spiritual support, mental and physical health wellness, counseling on untreated mental illness and co-occurring disorders, linkage to resources for and assistance with re-integration back into the community, and support services consistent with pastoral counseling and the individual's faith of choice	Incarcerated adults 18 years and older diagnosed with a serious mental illness in the Central Region	• Mental health and co-occurring disorders support and counseling. • Spiritual support • Community reintegration	Training Center Ephesians 525 Grand Ave. Spring Valley, CA 91977 (619) 327-5400	1, 2, 4
INN-13	Faith Based Initiative	Faith-Based Initiative Wellness and Health Inreach Ministry Task Order 4a - W&H Ministry (North)	Implement a Wellness and Mental Health In-reach Ministry that focuses on Adults diagnosed with a serious mental illness while in jail	Provide a jail In-reach program for adults with a Serious Mental Illness that includes spiritual support, mental and physical health wellness, counseling on untreated mental illness and co-occurring disorders, linkage to resources for and assistance with re-integration back into the community, and support services consistent with pastoral counseling and the individual's faith of choice	Incarcerated adults 18 years and older diagnosed with a serious mental illness in the North Region	• Mental health and co-occurring disorders support and counseling. • Spiritual support • Community reintegration	Training Center Ephesians 525 Grand Ave. Spring Valley, CA 91977 (619) 327-5400	2, 3, 4, 5
INN-22	Med Clinics	Center for Child and Youth Psychiatry (CCYP)	Provides ongoing medication management for children and youth with complex psychiatric pharmacological needs	Promote stabilization by providing accessible follow up for complex psychiatric pharmacological needs	Children and youth up to age 21	• Medication management • Psychiatric consultation • Outreach and engagement • Psycho-educational seminars and groups for families	New Alternatives (Location TBD)	All
INN-17	Mobile Hoarding Intervention Program	Cognitive Rehabilitation and Exposure Sorting Therapy (CREST) mobile hoarding units (formerly IMHIP)	Diminishes long term hoarding behaviors in Older Adults	Improve health, safety, quality of life, and housing stability through provision of comprehensive hoarding treatment	Older Adults 60 years and older with hoarding disorder and a serious mental illness in the Central, South, and North regions	• Community outreach and engagement • In-home therapy • Family support	Regents of the University of California, UCSD 200 West Arbor Dr. San Diego, CA 92103 (619) 471-9396	All

## Innovation (INN)



Work Plan	RER Revised Program Name	Program Name	Program Description	Program Goal	Population Focus	Services Offered	Contact Information	Districts
INN-15	Peer Assisted Transitions	Peer Assisted Transition	Provides peer specialist coaching, incorporating shared decision-making and active social supports. Services will be focused on those persons who, in addition to needing to use hospital and/or crisis house services, have a limited social support network and are most likely to not be effectively connected with relevant services	Increase depth and breadth of services to persons diagnosed with serious mental illness who use acute, crisis-oriented mental health services but are not effectively connected with community resources through the provision of peer specialist coaching incorporating shared decision-making and active social supports	Transition Age Youth, Adults/Older Adults in Central, North Coastal & North Inland regions	<ul style="list-style-type: none"> <li>• Peer specialist coaching</li> <li>• Connecting to relevant services</li> </ul>	National Alliance on Mental Illness (NAMI), San Diego 5095 Murphy Canyon Rd., Suite 320 San Diego, CA 92123 (858) 634-6586	All
INN-18	Peripartum Program	TBD	Identifies at-risk peripartum women for engagement and provides services for women and spouses	Reduce incidence and impact of postpartum depression	Peripartum women and partners, especially in communities at-risk of trauma	<ul style="list-style-type: none"> <li>• Outreach and engagement through public health nurses</li> <li>• Interventions to prevent and treat postpartum depression</li> </ul>	Pending Mental Health Services Oversight and Advisory Commission (MHSOAC) approval	All
INN-14	Ramp Up to Work	Supported Employment Initiative - Ramp Up 2 Work	Engages and retains employment opportunities for Transition Age Youth and Adults/ Older Adults with serious mental illness in the behavioral health system through an enhanced array of supported and competitive employment options	Expand employment opportunities for Transition Age Youth and Adults/Older Adults with a serious mental illness and to promote self-determination and empowerment. The program helps clients overcome barriers to employment	Transition Age Youth, Adults/Older Adults who have a serious mental illness	<ul style="list-style-type: none"> <li>• Client functional assessment</li> <li>• Employment readiness assessment</li> <li>• Job coaches</li> <li>• Computer skills support</li> </ul>	Union of Pan Asian Communities (UPAC) 1031 25th St. San Diego, CA 92102 (619) 232-6454	All
INN-21	ReST Recuperative Housing	Recuperative Services Treatment (ReST)	Provides post-institutionalization recuperative residential services, includes wrap-around services, case management, and permanent housing help	Prevent re-institutionalization and homelessness; encourages successful re-integration following institutionalization	Transition Age Youth	<ul style="list-style-type: none"> <li>• Wrap-around services</li> <li>• Case management</li> <li>• Voluntary residential services</li> <li>• Employment and permanent housing support</li> </ul>	Program approved May 25, 2017; Request for Proposals (RFP) Pending.	1, 2, 4
INN-20	ROAM Mobile Services	Roaming Outpatient Access Mobile Services (ROAM) - Indian Health Council	Mobile clinics provide culturally appropriate mental health services in rural areas	Increase access to and usage of mental health services through deployment of cultural brokers in mobile clinics on tribal lands	Native Americans in rural areas of San Diego County in the North Inland Regions	<ul style="list-style-type: none"> <li>• Outreach and engagement</li> <li>• Telemedicine</li> <li>• Counseling and clinic services</li> <li>• Telemedicine</li> <li>• Traditional interventions via cultural brokers</li> </ul>	Indian Health Council, Inc. 50100 Golsh Rd. Valley Center, CA 92082 (760) 749-1410	2, 5
INN-20	ROAM Mobile Services	Roaming Outpatient Access Mobile Services (ROAM) - Southern Indian Health Council	Mobile clinics provide culturally appropriate mental health services in rural areas	Increase access to and usage of mental health services through deployment of cultural brokers in mobile clinics on tribal lands	Native Americans in rural areas of San Diego County in the East Regions	<ul style="list-style-type: none"> <li>• Outreach and engagement</li> <li>• Telemedicine</li> <li>• Counseling and clinic services</li> <li>• Telemedicine</li> <li>• Traditional interventions via cultural brokers</li> </ul>	Southern Indian Health Council, Inc. 4058 Willows Rd. Alpine, CA 91901 (619) 445-1188	2
INN-19	Telemental Health	TBD	Provides post psychiatric emergency services follow-up treatment and stabilization via electronic devices for tele-therapy	Prevent re-hospitalization and psychiatric emergency services with follow up mental health services for successful connection to mental health treatment following a psychiatric emergency	Children, Transition Age Youth, Adults/ Older Adults	<ul style="list-style-type: none"> <li>• Follow-up mental health treatment and stabilization via tele-therapy</li> <li>• Case Management</li> <li>• Access to tele-therapy platform for treatment and resources</li> <li>• Outreach and engagement</li> </ul>	Program approved Oct 26, 2017 Procurement Pending	All
INN-16	Urban Beats	Urban Beats	Provides an artistic expression that includes the use of multiple models of artistic expression including visual arts, spoken word, music, videos, and performances and social media created and developed by Transition Age Youth	Increase the engagement and retention rates in mental health treatment of serious emotional disturbance and serious mental illness and at risk Transition Age Youth by incorporating a Transition Age Youth focused recovery message into an artistic expression and social marketing	Transition Age Youth who are clients of the mental health system with serious emotional disturbance/serious mental illness or at-risk of mental health challenges	<ul style="list-style-type: none"> <li>• Develop youth leaders within Transition Age Youth community</li> <li>• Increase access to services</li> <li>• Whole health and prevention services</li> </ul>	Pathways Community Services 3330 Market St. San Diego, CA 92101 (858) 227-9051	1, 2, 4

## Innovation (INN)

Work Plan	RER Revised Program Name	Program	Program Name & Contract Agency	Program Description	Contract Information	Districts
<b>WET-02</b>	Training and Technical Assistance	Training and Technical Assistance (Big Why Conference, We Can't Wait Conference)	Regional Training Center (RTC)	Provide administrative and fiscal training support services to County of San Diego Health and Human Services, Behavioral Health Services (BHS) in the provision of training, conferences and consultants. RTC shall contact trainers/consultants, develop and execute training contracts between RTC and trainers/consultants, coordinate with BHS staff, facilitate payments to trainers/consultants and all approved ancillary training costs	Regional Training Center 6155 Cornerstone Ct., Suite 130 San Diego, CA 92121 (858) 550-0040	All
<b>WET-02</b>	Cultural Competency Academy	Cultural Competency Academy	TBD	The Cultural Competency Academy will provide awareness, knowledge, and skill based trainings that focus on clinical and recovery interventions for multicultural populations while ensuring that all trainings focus on being trauma informed from environmental to clinical applications	TBD	All
<b>WET-02</b>	Behavioral Health Training Curriculum	Behavioral Health Training Academy	BHETA	MHSA, Workforce Education and Training: Training and Technical Assistance. Includes Justice Involved Training Academy; CYF Outcomes coordination of the Child and Adolescent Needs and Strengths outcomes measure; and Drug Medi-Cal, Organized Delivery System	San Diego State University Research Foundation 5250 Campanile Dr. San Diego CA 92182 (619) 594-1900	All
<b>WET-03</b>	Public Mental Health Academy	Public Mental Health Academy - Academic Counselor	San Diego Community College District	Provide an academic counselor to support student success in the community based public mental health certificate program. This certificate program assists individuals in obtaining educational qualifications for current and future behavioral health employment opportunities. The certificate program provides options for individuals to be matriculated into an Associates and/or Bachelor Degree program to assist in the career pathway continuum	San Diego Community College District 3375 Camino Del Rio South San Diego, CA 92108 (619) 388-6555	All
<b>WET-03</b>	Consumer and Family Academy	RI International	Consumer/Family Academy, TAY/Adult/Older Adult Peer Specialist Training	Provide recovery-oriented, Peer Specialist training to adults 18 years and older to prepare them to work in the County of San Diego's public behavioral health system. Using the training participants' personal recovery experiences as a foundation to prepare participants to work as partners at the practice, program and policy levels. Additional training will be provided to behavioral health providers to facilitate the best use of the unique skills Peer Specialist staff	Recovery Innovations, Inc. 2701 North 16th St., Suite 316 Phoenix, AZ 85006 (602) 650-1212	All
<b>WET-04</b>	Community Psychiatry Fellowship	Residency, Internship Programs; Community Psychiatry Fellowship	Regents of the University of California, UCSD Community Psychiatry Fellowships	Programs are for physicians- one for adult psychiatry residents and fellows and the second for child and adolescent psychiatry residents and fellows. Programs foster the development of leaders in Community Psychiatry and provide exposure to the unique challenges and opportunities, targeted approaches to ethnically and linguistically diverse populations	Regents of the University of California, UCSD 200 West Arbor Dr. San Diego, CA 92103 (619) 471-9396	All

## Workforce Education and Training (WET)

Work Plan	RER Revised Program Name	Program Name	Program Description	Population Focus	Services Offered	Contact Information	Districts
SD-9	BHS Financial Management System	Financial Management System	The Financial Management System will ensure operational efficiency and cost effectiveness in mental health administration by creating a centralized financial system capable of day-to-day budget management, year-to-date revenue and expenditure monitoring, contract tracking and business analytics tools, including standard reporting, dashboards and queries	The business areas and programs served including the following: Registration/ Administration; Service Recording; Electronic Health Record; Medi-Cal Billing; Other Billing; Managed Care Functionality	• This system will streamline financial data collection and reporting, including potentially assisting with the annual Mental Health Services Act Revenue & Expenditure Report (RER), maintain the integrity of data with system securities and prevent duplication of effort to ensure resources are fully maximized	County Information Technology Behavioral Health Services 3255 Camino del Rio South. San Diego, CA 92120 (619) 563-2700	All
SD-8	Data Exchange (Interoperability)	Connect Well San Diego	Program identifies opportunities to aggregate data across the continuum of care from disparate systems, creating a longitudinal patient record containing information that supports programs such as decision support, quality measurement, and analytics for population management. The Connect Well platform will be developed to create a Health Information Exchange to provide the means for this interoperability project	The primary users of the system will include County of San Diego employees, contracted service providers and the contracted Administrative Services Organization	• Creates a secure platform where System Users can work together across programs to serve a particular customer • Allows System Users to search for County and partner service providers – and even filter by language, location, etc. • Using modern technology to share information will help staff improve their ability to provide person-centered service	TBD	All
SD-6	Management Information System (MIS) Expansion	Road Map into the Millennium	This project replaces the core information system used by virtually all providers in the extended system of care, including all clinical and billing information. The new Practice Management and Managed Care System replaces in their entirety the legacy applications that were in use	The main users of the system will be County of San Diego employees, County Service Providers, Administrative Support Organizations (ASO's) and Fee For Service Providers	• InSyst application – supported by Echo Management, Inc. and resides on VAX hardware. It is a client and service tracking and billing application that is used by the County of San Diego and contract mental health providers to coordinate client care, perform required State reporting requirements and bill Medi-Cal and other payers; eCura application – supported by InfoMC and used for Managed Care. The end users are United Behavioral Health Administrative Services Organization employees	Cerner Corporation 2800 Rockcreek Pkwy. North Kansas City, MO 64117 (816) 201-1989	All
SD-3	Personal Health Record	Personal Health Record	The Personal Health Record embedded in the IntelliChart Patient Portal enables patients to both securely view and update their records in a timely manner	Children, Transition Age Youth, Adults/Older Adults	• PHR is constructed from patients existing behavioral health medical record. IntelliChart provides and supports mobile apps that enable patients to make appointments, view lab results, and securely communicate with their healthcare providers conveniently using mobile technology	Cerner Corporation 2800 Rockcreek Pkwy. North Kansas City, MO 64117 (816) 201-1989	All
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at Heartland Bio- Psychosocial Rehabilitation WRC	Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder. Includes Probation-funded AB 109 component	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	Community Research Foundation Heartland Center 460 N. Magnolia Ave. El Cajon, CA 92020 (619) 440-5133	2
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at South Region Biopsychosocial Rehabilitation Wellness Recovery Center	Adults 18 years and older who have a serious mental illness, including those who may have a co- occurring substance use disorder. Transition Age Youth population and Probation-funded AB109 component	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, recovery, and SBCM services to adults 18 years and older Transition Age Youth & AB109 who have serious mental illness, including those who may have a co-occurring substance use disorder	Community Research Foundation, Maria Sardiñas Wellness & Recovery Center 1465 30th St., Suite K San Diego, CA 92154 (619) 428-1000	1

## Technological Needs (TN)

Work Plan	RER Revised Program Name	Program Name	Program Description	Population Focus	Services Offered	Contact Information	Districts
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder, Transition Age Youth, AB109	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, recovery, and SBCM services to adults 18 years and older	Community Research Foundation South Bay Guidance Wellness and Recovery Center 835 3rd Ave., Suite C Chula Vista, CA 91911 (619) 427-4661	1
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at Union of Pan Asian Communities	Monolingual and/or limited English proficient Asian/Pacific Islander adults 18 years and older with a serious mental illness who may have a co-occurring substance use disorder	• Clinic services supported: Outpatient case management, vocational support services for indigent clients with a serious mental illness	Union of Pan Asian Communities Mid-City 5348 University Ave., Suites 101 & 120 San Diego, CA 92105 (619) 229-2999  Serra Mesa 8745 Aero Dr., Suite 330 San Diego, CA 92123 (619) 268-0244	1, 4
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at North Central Region Adult/Older Adult Bio-Psychosocial Rehabilitation Wellness Recovery Center	Children, Transition Age Youth, Adults/Older Adults	• Clinic services supported: Outpatient mental health rehabilitation and recovery services, an urgent walk-in component, case management; and long-term vocational support	Community Research Foundation Douglas Young Center 10717 Camino Ruiz, Suite 207 San Diego, CA 92126 (858) 695-2211	3, 4
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at Project Enable	Transition Age Youth, Adults/Older Adults, including those who may have a co-occurring substance use disorder	• Clinic services supported: Stabilization and recovery services with the expectation that with treatment, clients will effectively recover and graduate from the program	Neighborhood House Association 286 Euclid Ave., Suite 102 San Diego, CA 92114 (619) 266-9400	All
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Transition Age Youth, Adults/Older Adults, including those who may have a co-occurring substance use disorder	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services	Southeast Mental Health Center 3177 Ocean View Blvd. San Diego, CA 92113 (619) 595-4400	1, 4

## Technological Needs (TN)

Work Plan	RER Revised Program Name	Program Name	Program Description	Population Focus	Services Offered	Contact Information	Districts
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Transition Age Youth, Adults/Older Adults, including those who may have a co-occurring substance use disorder	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults 18 years and older	Mental Health Systems, Inc. North Inland Mental Health Center 125 W. Mission Ave., Suite 103 Escondido, CA 92025 (760) 747-3424  Kinesis Wellness & Recovery Center 474 W. Vermont Ave., Suite 101 Escondido, CA 92025 (760) 480-2255  Fallbrook Satellite 1328 S. Mission Rd. Fallbrook, CA 92028 (760) 451-4720  Ramona Satellite 1521 Main St. Ramona, CA 92065 (760) 736-2429	3, 5
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Transition Age Youth, Adults/Older Adults, including those who may have a co-occurring substance use disorder	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services to adults 18 years and older	Mental Health Systems, Inc. North Coastal Mental Health Center 1701 Mission Ave. Oceanside, CA 92058 (760) 967-4475  Vista 550 West Vista Way, Suite 407 Vista, CA 92083 (760) 758-1092	4
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Children, Transition Age Youth, Adults/Older Adults who are deaf or hard of hearing and who have a serious mental illness or substance use disorder	• Clinic services supported: Outpatient mental health services, case management, and substance use disorder services are provided for deaf and hard of hearing adults	Deaf Community Services of San Diego Inc. 1545 Hotel Circle S., Suite 300 San Diego, CA 92108 (619) 398-2437	All
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an outpatient psychiatric medication services clinic	Children, Transition Age Youth, Adults/Older Adults	• Clinic services supported: Outpatient psychiatric medication services to consumers utilizing Telehealth practices and technology	Exodus Recovery, Inc. 524 W. Vista Way Vista, CA 92083 (760) 758-1150  1520 S. Escondido Blvd. Escondido, CA 92025 (760) 871-2020	3, 5
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Adults 18 years and older who have a serious mental illness	• Clinic services supported: Walk-in outpatient mental health assessments and psychiatric consultation, medication management services; crisis intervention, and case management brokerage	Community Research Foundation, Jane Westin Wellness & Recovery 1045 9th Ave. San Diego, CA 92101 (619) 235-2600	1, 4

## Technological Needs (TN)

Work Plan	RER Revised Program Name	Program Name	Program Description	Population Focus	Services Offered	Contact Information	Districts
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Adults 18 years and older who have a serious mental illness, including those who may have a co-occurring substance use disorder	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services	East County Mental Health Center 1000 Broadway, Suite 210 El Cajon, CA 92021 (619) 401-5500	2
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at an adult outpatient mental health clinic, including video, secure email, and phone consultation	Adults 18 years and older who have a serious mental illness	• Clinic services supported: Outpatient mental health clinic providing treatment, rehabilitation, and recovery services, including those who may have a co-occurring substance use disorder	North Central Mental Health Clinic 1250 Morena Blvd. San Diego, CA 92110 (619) 692-8750	4
SD-5	Telemedicine	Community Research Foundation-Crossroads	Provides technological support for telemedicine for youth and children receiving outpatient mental health services	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	Utilizing telemedicine for psychiatry services by offering: • Video Conferencing • Secure email • Phone consultation	Community Research Foundation Crossroads Family Center 1679 E. Main St., Suite 102 El Cajon, CA 92021 (619) 441-1907	2
SD-5	Telemedicine	Community Research Foundation-Douglas Young	Provides technological support for telemedicine at Douglas Young Youth and Family Services Outpatient Children's Mental Health Services	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	Utilizing telemedicine for psychiatry services by offering: • Video Conferencing • Secure email • Phone consultation	Community Research Foundation 1202 Morena Blvd., Suite 300 San Diego, CA 92110 (619) 275-0822	3, 4
SD-5	Telemedicine	Community Research Foundation-Nueva Vista	Provides technological support for telemedicine for youth and children receiving outpatient mental health services	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	Utilizing telemedicine for psychiatry services by offering: • Video Conferencing • Secure email • Phone consultation	Community Research Foundation Nueva Vista Family Services 1161 Bay Blvd., Suite B Chula Vista, CA 91911 (619) 585-7686	1
SD-5	Telemedicine	Community Research Foundation-Mobile Adolescent Service Team (MAST)	Provides technological support for telemedicine for youth and children receiving outpatient mental health services	Children and youth up to age 21 who meet medical necessity and serious emotional disturbance criteria	Utilizing telemedicine for psychiatry services by offering: • Video Conferencing • Secure email • Phone consultation	Community Research Foundation Mobile Adolescent Services Team 1202 Morena Blvd., Suite 100 San Diego, CA 92110 (619) 398-3261	All

## Technological Needs (TN)

Work Plan	RER Revised Program Name	Program Name	Program Description	Population Focus	Services Offered	Contact Information	Districts
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at short-term, acute residential treatment clinics	Voluntary adults who have a serious mental illness, including those who may have a co-occurring substance use disorder, are experiencing a mental health crisis and in need of intensive, non-hospital intervention	• Clinic services supported: 24-hour, 7-day a week 365 day a year crisis residential service as an alternative to hospitalization or step down from acute in-patient care within a hospital for adults with acute and serious mental illness, including those who may have a co-occurring substance use conditions, and are residents of San Diego County	Vista Balboa 545 Laurel Ave. San Diego, CA 92101 (619) 233-4399  New Vistas 734 10th Ave. San Diego, CA 92101 (619) 239-4663  Halcyon 1664 Broadway El Cajon, CA 92021 (619) 579-8685  Turning Point 1738 S. Tremont St. Oceanside, CA 92054 (760) 439-2800  Jary Barreto 2865 Logan Ave. San Diego, CA 92113 (619) 232-4357  Del Sur (formerly Isis) 892 27th St. San Diego, CA 92154 (619) 575-4687	All
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at Areta Crowell	Adults 18 years and older who have a serious mental illness	• Clinic services supported: Outpatient mental health rehabilitation and recovery services, case management; and long-term vocational support, including those who may have a co-occurring substance use disorder	Community Research Foundation Areta Crowell Center 1963 4th Ave. San Diego, CA 92101 (619) 233-3432	1, 4
SD-5	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at North Inland Crisis Residential	Voluntary adults 18 years and older with acute and a serious mental illness including those who may have a co-occurring substance use disorder and are residents of San Diego County	• Clinic services supported: Crisis residential services as an alternative to hospitalization or step down from acute in-patient care within a hospital, including those who may have a co-occurring substance use conditions	Community Research Foundation 490 N. Grape St. Escondido, CA 92025 (760) 975-9939	All
SD-6	Telemedicine	Telepsychiatry	Provides technological support for telemedicine at Esperanza Center	Voluntary adults 18 years and older with acute and a serious mental illness including those who may have a co-occurring substance use disorder and are residents of San Diego County	• Clinic services supported: Crisis residential services as an alternative to hospitalization or step down from acute in-patient care within a hospital, including those who may have a co-occurring substance use conditions	Community Research Foundation 490 N. Grape St. Escondido, CA 92025 (760) 975-9940	4

## Technological Needs (TN)



# **APPENDIX D**

## **HHSA Ten Year Roadmap Behavioral Health Services**

# HHSA TEN YEAR ROADMAP BEHAVIORAL HEALTH SERVICES



In July 2016, Health and Human Services Agency (HHSA)/Behavioral Health Services (BHS) presented the Ten Year Roadmap – a major endeavor which seeks to address the most serious behavioral health issues affecting San Diego County over the next ten years. The goal of the Roadmap is to guide BHS planning to provide quality behavioral health services and to empower individuals with behavioral health needs to live healthy, safe and thriving lives. The Roadmap is a dynamic, living document, updated annually to incorporate new priorities from our community partners and HHSA/BHS leadership.

OUR VISION, MISSION AND VALUES	OUR GUIDING PRINCIPLES	OUR COMMITMENT
<p><b>Vision:</b> <i>Live Well San Diego</i> – A region that is Building Better Health, Living Safely and Thriving</p> <p><b>Mission:</b> To efficiently provide public services that build strong and sustainable communities</p> <p><b>Values:</b> Integrity – Stewardship – Commitment</p>	<p>Promote Recovery, Resiliency, Discovery and Well-Being; Provide Trauma-Informed and Culturally Competent Services; Collaborate with Partners, Stakeholders and the Community; Maximize Funding; Make Data Driven Decisions; Ensure Regulatory Compliance; Utilize Evidence Based/Informed Practices; Embrace Diversity and Inclusion</p>	<p>Work in partnership with our communities to provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

The table below outlines the **12 Priorities** for Year Two (Fiscal Year 2017-18) which are listed in alphabetical order. Each **Priority** is guided by a **Ten Year Vision** with clear **Strategies** that outline our efforts to accomplish that Vision.

BHS TEN YEAR ROADMAP PRIORITIES * VISION STATEMENTS * STRATEGIES <i>Fiscal Years 2016-2026</i>	
<p><b>Aging Population</b></p> <ul style="list-style-type: none"> <li>○ Vulnerable older adults with serious mental illness receive integrated, geographically accessible, age-appropriate services to address their complex needs. <ul style="list-style-type: none"> <li>◆ Support caregivers in their role and prevent the onset or progression of their mental health conditions by educating and connecting them to resources.</li> <li>◆ Continue and expand training of geriatric specialist staff to include early identification of cognitive deficits in older adults receiving treatment in mental health programs.</li> </ul> </li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>○ Persons with serious mental health and/or substance use disorders have all needs met in a timely manner through an integrated continuum of care. <ul style="list-style-type: none"> <li>◆ Apply whole person-centered principles to intensify and further develop care coordination models that are tailored to the needs and level of care for the individual.</li> <li>◆ Promote integration of Whole Person Wellness by advancing relationships with the community to support health, housing and human services, including private, public, family, consumer and education partners.</li> <li>◆ Utilize and broaden the use of various IT systems, including ConnectWellSD and San Diego Health Connect, to promote care coordination and to offer those in need of services innovative platforms including digital solutions.</li> </ul> </li> </ul>	<p><b>Children and Youth Population</b></p> <ul style="list-style-type: none"> <li>○ Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families. <ul style="list-style-type: none"> <li>◆ Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.</li> <li>◆ Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.</li> <li>◆ Strengthen partnerships with children/youth's circle of influence to create a supportive environment.</li> </ul> </li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>○ All persons experiencing a psychiatric emergency have access to timely and appropriate services to ensure their safety and that of the community. <ul style="list-style-type: none"> <li>◆ Develop a service model that ensures timely, trauma-informed, culturally-competent crisis intervention services while considering the unique needs across the lifespan.</li> <li>◆ Utilize community-based, peer-driven and family-informed crisis intervention models to reduce the reliance on law enforcement intervention and emergency department utilization.</li> <li>◆ Ensure all crisis centers can serve as a point of entry in the full continuum of care.</li> </ul> </li> </ul> <div> <p><b>Priority</b></p> <ul style="list-style-type: none"> <li>○ Ten Year Vision</li> <li>◆ Strategy</li> </ul> </div>

*Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.*

# HHSA TEN YEAR ROADMAP

## BEHAVIORAL HEALTH SERVICES



### Homeless Population

- All persons with serious mental health and/or substance use disorders who are experiencing homelessness have treatment and housing to support their recovery.
- ◆ Ensure the appropriate level of care for persons experiencing homelessness and implement an array of housing options that promote community integration.
- ◆ Work in partnership with housing authorities and developers to acquire permanent supportive housing.
- ◆ Reduce stigma through education, as well as incentivize and collaborate with landlords to increase housing inventory.

### Justice-Involved Population

- Persons with serious mental illness or substance use disorders who are justice-involved have access to integrated treatment and supportive services to increase public safety and reduce recidivism.
- ◆ Increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care.
- ◆ Deliver best practice services demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community.
- ◆ Evaluate impact and pursue process improvement using standard data and definitions to improve outcomes and support recovery.

### Long-Term Care

- Persons receiving treatment for serious mental illness in long-term care settings successfully reintegrate into the community.
- ◆ Support recovery in the least restrictive level of care.
- ◆ Strengthen existing transitional step-down care to maximize the individual's reintegration into the community.
- ◆ Evaluate and develop preventative treatment and housing strategies to minimize the need for long-term care.

### Organized Delivery System for Substance Use Disorders

- An integrated, whole person system of care that utilizes best practices based on an individual's specific needs and within the appropriate level of care to promote successful recovery.
- ◆ Support those on the recovery journey by implementing best practices to increase access, ensure treatment effectiveness and improve outcomes.
- ◆ Promote a culture of acceptance for persons needing services.
- ◆ Advocate for federal legislative change to allow for appropriate, timely sharing of vital health information to optimize quality care.

### Prevention

- All persons are connected within their community and empowered to take action before there is a need.
- ◆ Pursue policy and community change to ensure all persons live in an environment free of substance use harm.
- ◆ Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health and/or substance use issues.
- ◆ Foster communities free of stigma in which persons affected by mental health and/or substance use issues are able and willing to seek services.

### Suicide Prevention

- There are zero suicides in San Diego County.
- ◆ Foster an ongoing expectation of organizations to implement zero suicide strategies.
- ◆ Advance goals consistent with the recommendations from the San Diego County Zero Suicide Strategic Plan.
- ◆ Leverage innovative methods to measure the impact of prevention and intervention strategies.

### Unserved and Underserved Populations

- Diverse unserved and underserved communities are aware, empowered and able to access services appropriate to their unique needs.
- ◆ Recognize the impact of social determinants of health, disproportionality and health disparities to align prevention and systems of care strategies.
- ◆ Foster an inclusive, accepting and culturally-competent environment that celebrates diversity.
- ◆ Offer culturally relevant and accessible services to address the needs of diverse populations.

### Workforce

- Our system of care has a skilled, adaptive and diverse workforce that meets the needs of those we serve.
- ◆ Advocate for policies and processes that establish innovative recruitment, hiring and retention of a skilled and diverse workforce.
- ◆ Pursue team based care and innovative workforce solutions to increase access, improve outcomes and increase efficiency.
- ◆ Develop a career ladder for assisting individuals with lived experience in competitive employment as well as designated peer positions.

#### Priority

- Ten Year Vision
- ◆ Strategy

The Ten Year Roadmap can be found on the Behavioral Health Services Network of Care: [www.sandiego.networkofcare.org/mh](http://www.sandiego.networkofcare.org/mh) (click on **Ten Year Roadmap**)

Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.

# **APPENDIX E**

## **MHSA Justice-Involved Programs**

Population Served	MHSA Justice Involved Programs Program Name and Description	FY 2018-19 MHSA Annual Update Funding*	MHSA Component
All Ages	The <b>Psychiatric Emergency Response Team (PERT)</b> provides mental health consultation, case coordination, linkage and limited crisis intervention services for individuals with mental illness who come in contact with law enforcement officers.	\$ 8,405,975	CSS
Youth	The <b>Bridgeways</b> program is a newly redesigned juvenile justice program that provides comprehensive services to address the behavioral health needs of justice involved youth or youth at risk of justice involvement. The program provides outpatient clinical services, field supportive services, and institutional services with the primary goal of establishing a unified continuum of care that allows for coordination of services within and outside the detention facilities.	\$ 782,509	CSS
Youth	This program funds Probation Officer staff costs to oversee the administration and scoring of the <b>Massachusetts Youth Screening Instrument Second Version (MAYSI-2)</b> . The MAYSI-2 is a brief screening instrument (52 questions) designed to identify potential mental health needs of adolescents involved in the juvenile justice system.	\$ 140,000	CSS
Youth	The <b>County of San Diego Juvenile Forensics</b> team provides mental health and case management services to children and youth in juvenile detention facilities to ensure they are able to successfully reintegrate into the community and to reduce recidivism.	\$ 1,100,000	CSS
Youth	The <b>Stabilization Treatment and Transition (STAT) Probation After-Hours</b> program funds Probation Officer positions, offering individual, group and family treatment for youth in juvenile detention facilities.	\$ 278,554	CSS
Youth	<b>Mobile Adolescent Service Team (MAST)</b> is an outpatient treatment program that serves children and youth in the community who are involved with the justice system. The program enhancement allows for increased psychiatry coverage.	\$ 1,404,058	CSS
Youth	<b>Outpatient Perinatal Recovery Centers</b> are adding more mental health clinicians who provide co-occurring disorder identification and intervention. These women, who are generally involved in Drug Dependency Court, often come to treatment with their young children that also receive supportive mental health services through a mental health clinician that works with the caregiver and child.	\$ 1,235,400	CSS
Youth	<b>Juvenile Court Clinic</b> provides assessment, medication management services and case management for juveniles involved in the Court system.	\$ 847,000	CSS
Transitional Age Youth	The <b>Full Service Partnership (FSP) and Assertive Community Treatment (ACT) program for Transition Age Youth (TAY)</b> provides services to TAY who are homeless, may have been referred by jail services, have a serious mental illness (SMI), and who may also have a co-occurring substance use disorder.	\$ 5,454,781	CSS
Adults	The <b>Justice Integrated Full Service Partnership (FSP) and Assertive Community Treatment (ACT)</b> program provides services to homeless adults with a SMI who may also have a co-occurring substance use disorder. Clients served are system involved and have received mental health services while in detention. An array of housing options is provided to enrolled clients. Includes new program rows added to Center Star.	\$ 6,420,167	CSS
Adults	The <b>Full Service Partnership (FSP) Assertive Community Treatment (ACT) for Persons with High Service Usage and Persons on Probation</b> program provides multidisciplinary, wraparound treatment and rehabilitation services, along with housing.	\$ 3,055,060	CSS
Adults	The <b>Collaborative Behavioral Health Court and Assertive Community Treatment</b> program focuses on adults in the Central Region who are referred by the Court for services as an alternative to custody.	\$ 1,760,000	CSS
Adults	The <b>Public Defender Discharge and Short Term Case Management Service</b> adds two licensed mental health clinicians to provide discharge planning, care coordination, referral and linkage, and short term case management for persons with SMI who have been referred by the Court for services.	\$ 207,944	CSS
Adults	<b>Justice System Discharge Planning</b> , or Project Enable, provides in-reach services to assist with discharge planning and short-term transition services for clients who are in jail and identified to have SMI, to assist in connecting clients with community-based treatment once released.	\$ 420,000	CSS
Adults	<b>Probation Officers for BH Court and FSPs</b> are dedicated to specific Assertive Community Treatment teams to provide support and case management of individuals with SMI who are on probation.	\$ 901,690	CSS
Adults	The <b>Behavior Health Assessor</b> is a pilot program for the Lemon Grove Family Resource Center that provides screening, assessment and linkage for mental health and/or drug and alcohol issues for offenders prior to and/or following release to determine need and level of care.	\$ 311,500	CSS
Adults	The <b>BH Assessor</b> is a pilot program for Courts in South and Central Regions that provides screening, assessment and linkage for mental health and/or drug and alcohol issues for offenders prior to and/or following release to determine need and level of care.	\$ 435,000	CSS
Adults	<b>Drug Court/Reentry Court</b> is an outpatient substance use disorder (SUD) treatment, case management and drug testing program services to serve adult offenders who have been referred to Re-Entry Court Services Program.	\$ 160,000	PEI
Adults / Transition Age Youth	<b>Inreach Services</b> are provided primarily to African-American and Latino adults and TAY who are incarcerated at designated detention facilities and will be released in San Diego County, including in-reach, engagement, education, peer support, follow-up after release and linkages to services to improve their quality of life and diminish recidivism.	\$ 350,000	PEI
Adults	The <b>Veterans &amp; Family Outreach Education</b> program, or Courage to Call, is a veteran peer-to-peer support program staffed by veteran peers. The program provides countywide outreach and education to address the mental health conditions that impact veterans, active duty military, reservists, National Guard, and their families (VMRGF), and provides training to service providers of the VMRGF community. This program includes navigator assistance in Veterans' Court for those involved with the justice system.	\$ 1,000,000	PEI
Adults	The <b>Faith Based - Wellness Ministry</b> program focuses on adults diagnosed with SMI while in jail and also engages individuals with schizophrenia or bipolar disorders to provide spiritual support, mental health and physical health wellness education, and linkages to community-based resources for reintegration into the community.	\$ 266,666	INN
<b>Grand Total</b>		<b>\$ 34,936,304</b>	

\*Represents total BHS funding allocated to the program, including MHSA, Medi-Cal and Realignment. It does not include funding from other departments (if applicable).

Programs may also serve non-justice system involved clients.

Programs for the general population that also serve justice system involved clients are not included in these totals.

4/24/2018

# APPENDIX 7

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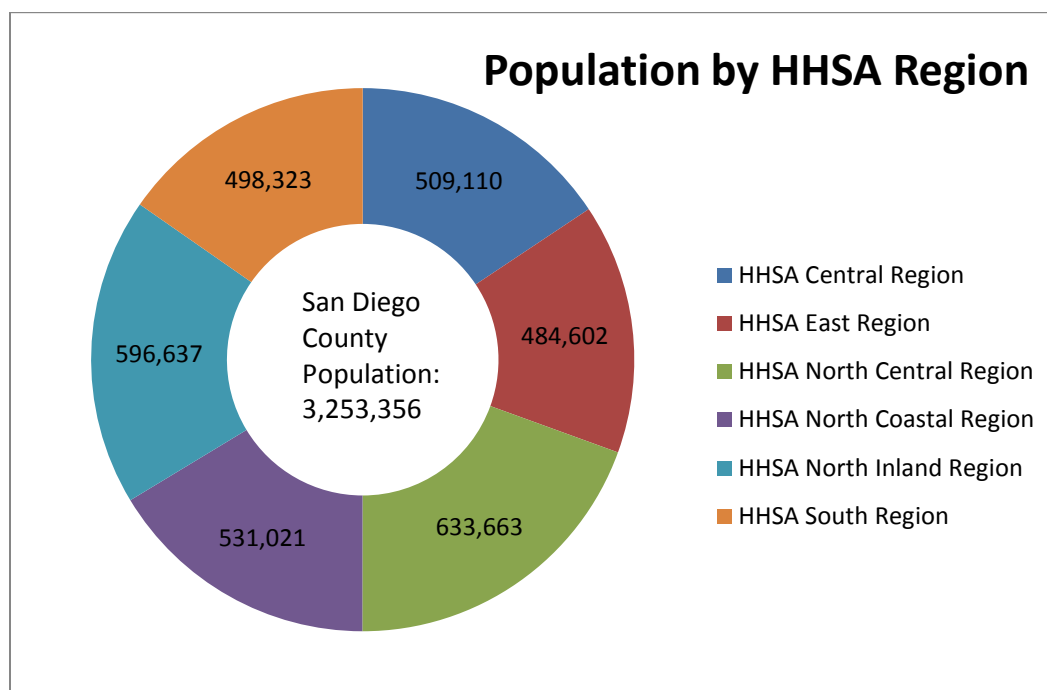


LIVEWELLSD.ORG

# County of San Diego Demographics

Source: HHSA Office of Business Intelligence

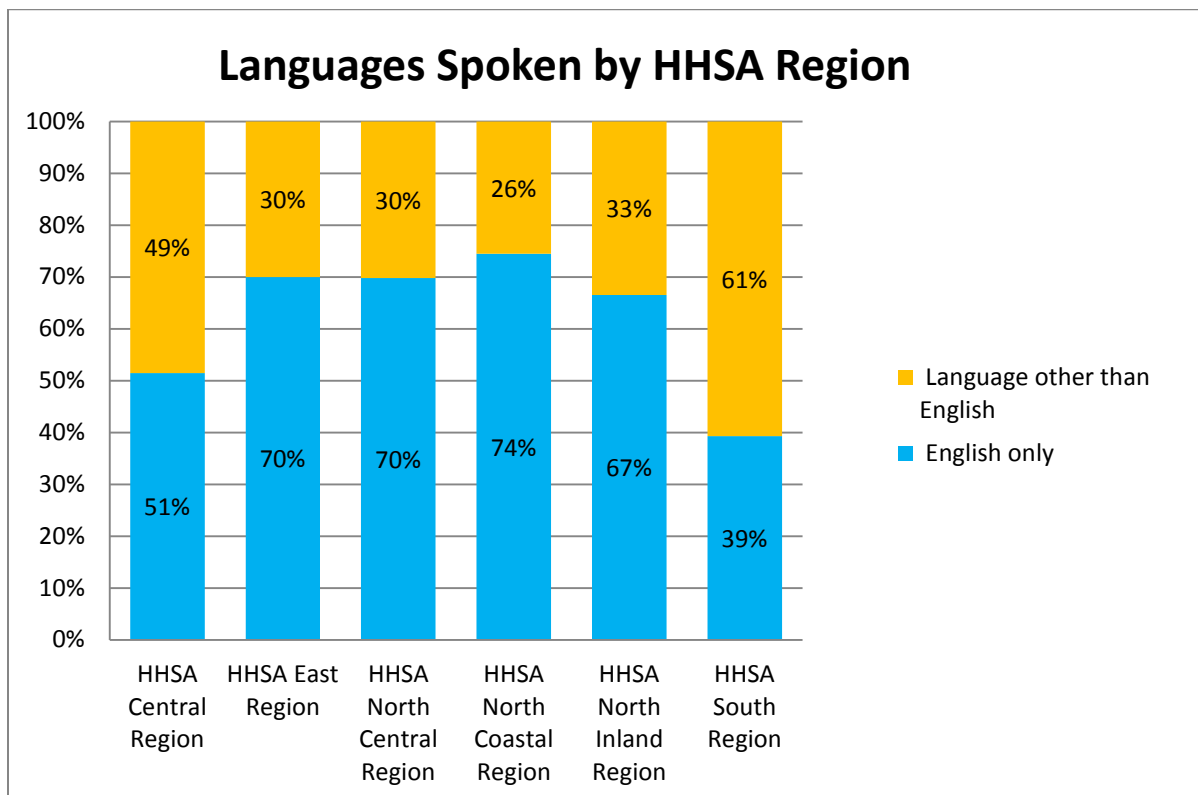
San Diego County	3,253,356	100%
HHSA Central Region	509,110	16%
HHSA East Region	484,602	15%
HHSA North Central Region	633,663	19%
HHSA North Coastal Region	531,021	16%
HHSA North Inland Region	596,637	18%
HHSA South Region	498,323	15%



San Diego County	Not Hispanic or Latino	White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races:	Hispanic or Latino
HHSA Central Region	290,499	150,434	56,193	1,297	65,600	2,429	605	13,941	218,611
HHSA East Region	352,152	277,696	27,723	2,646	20,641	3,649	1,136	18,661	132,450
HHSA North Central Region	532,962	361,985	21,687	1,684	120,097	2,216	1,310	23,983	100,701
HHSA North Coastal Region	381,557	314,572	17,019	1,777	30,765	2,103	922	14,399	149,464
HHSA North Inland Region	422,823	318,043	11,827	3,687	67,728	1,416	820	19,302	173,814
HHSA South Region	197,044	96,974	19,802	742	64,221	2,230	750	12,325	301,279



Language by HHSA Region			
GEOGRAPHICAL AREA	Population 5 years and over	Population 5 years and over - English only	Population 5 years and over - Language other than English
San Diego County	3,041,562	1,899,704	1,141,858
HHSA Central Region	476,601	245,347	231,254
HHSA East Region	453,681	317,477	136,204
HHSA North Central Region	596,959	416,679	180,280
HHSA North Coastal Region	494,691	368,394	126,297
HHSA North Inland Region	555,151	369,338	185,813
HHSA South Region	464,479	182,469	282,010
GEOGRAPHICAL AREA	Population 5 years and over	English only	Language other than English
HHSA Central Region	100%	51%	49%
HHSA East Region	100%	70%	30%
HHSA North Central Region	100%	70%	30%
HHSA North Coastal Region	100%	74%	26%
HHSA North Inland Region	100%	67%	33%
HHSA South Region	100%	39%	61%

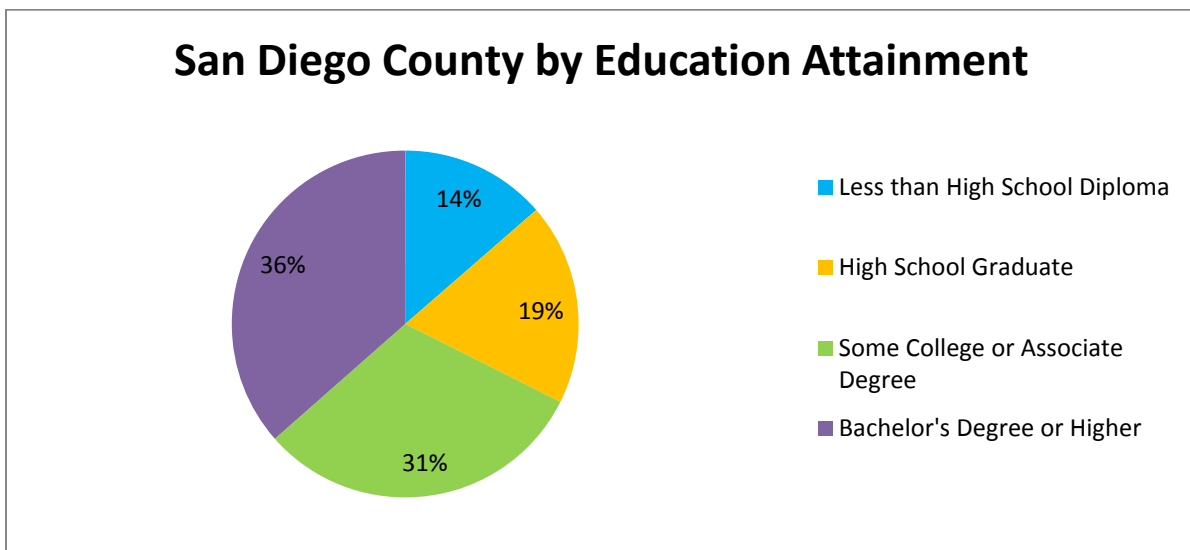
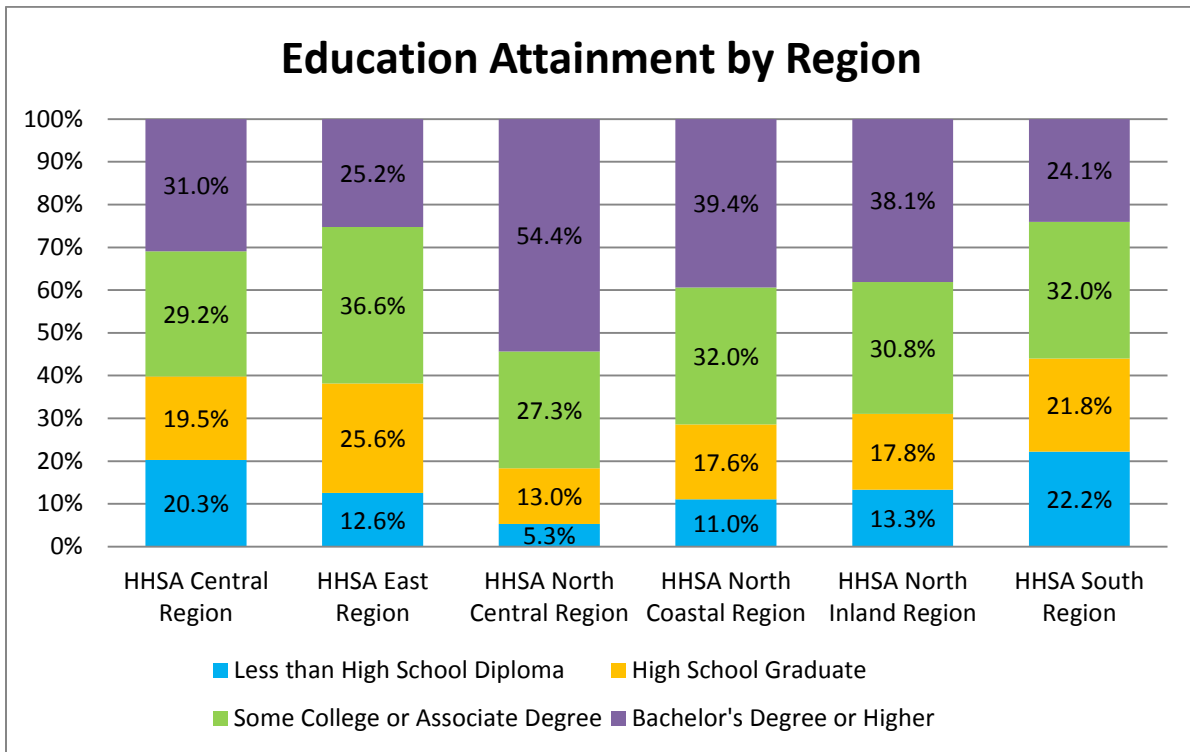


### Education Attainment by Region

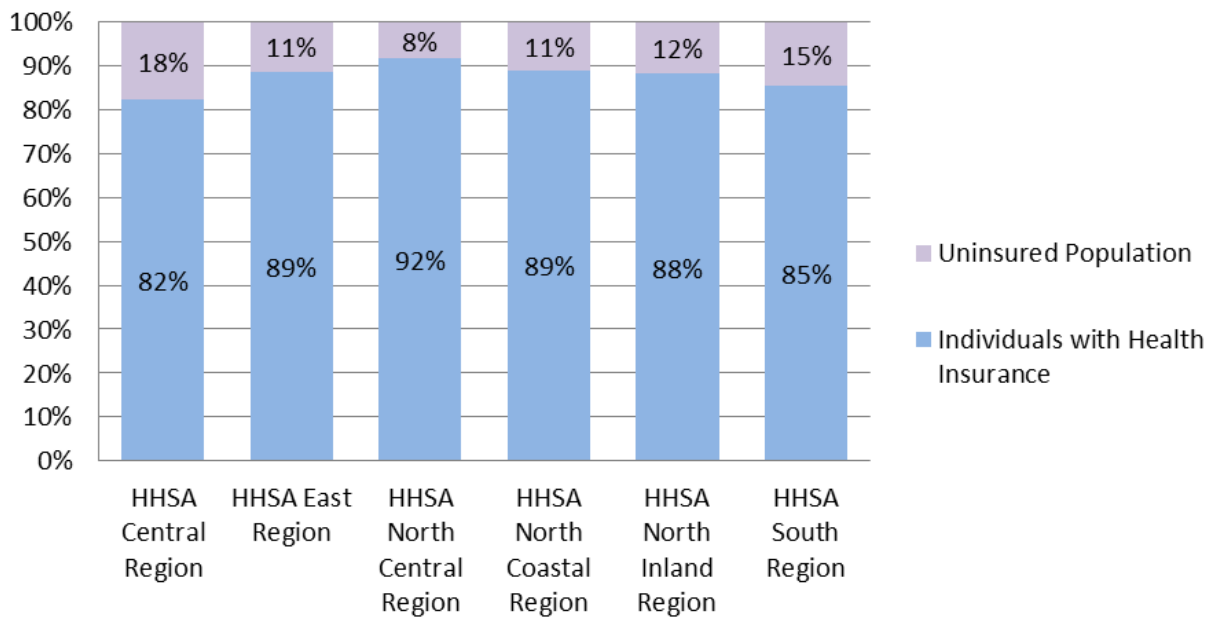
GEOGRAPHICAL AREA	Population 25 and Older	Less than High School Diploma	High School Graduate	Some College or Associate Degree	Bachelor's Degree or Higher
San Diego County		293,959	406,630	672,249	788,922
HHSA Central Region	337,185	68,477	65,713	98,608	104,387
HHSA East Region	326,362	40,962	83,508	119,532	82,360
HHSA North Central Region	436,714	23,155	56,818	119,313	237,428
HHSA North Coastal Region	348,520	38,505	61,220	111,469	137,326
HHSA North Inland Region	397,764	52,863	70,764	122,578	151,559
HHSA South Region	315,215	69,997	68,607	100,749	75,862

### Education Attainment by Region, Percent

GEOGRAPHICAL AREA	Population 25 and Older	Less than High School Diploma	High School Graduate	Some College or Associate Degree	Bachelor's Degree or Higher
HHSA Central Region	100%	20.3%	19.5%	29.2%	31.0%
HHSA East Region	100%	12.6%	25.6%	36.6%	25.2%
HHSA North Central Region	100%	5.3%	13.0%	27.3%	54.4%
HHSA North Coastal Region	100%	11.0%	17.6%	32.0%	39.4%
HHSA North Inland Region	100%	13.3%	17.8%	30.8%	38.1%
HHSA South Region	100%	22.2%	21.8%	32.0%	24.1%



## Health Insurance Population in San Diego



# APPENDIX G

## MHSA Issue Resolution Process

## **Mental Health Services Act (MHSA) Issue Resolution Process**

### **Revised June 29, 2018**

#### **Purpose:**

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

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

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

BHS is committed to:

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

Types of MHSA Issues to be Resolved in this Process:

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

**Process:**

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

**Consumer and Family Liaisons:**

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Email: [CYFliaison@namisd.org](mailto:CYFliaison@namisd.org) or  
<https://namisandiego.org/cyf-liaison>



# **APPENDIX H**

## **County of San Diego Health and Human Services Agency Behavioral Health Services Community Engagement Report 2017**

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



## COMMUNITY ENGAGEMENT REPORT 2017



**County of San Diego  
Health and Human Services Agency  
Behavioral Health Services  
Community Engagement Report - 2017**

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## I. Executive Summary

San Diego County is home to more than 3.3 million Californians, of which more than 700,000 are Medi-Cal beneficiaries. The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS), provides behavioral health services and programs to more than 70,000 individuals each year through 11 County of San Diego operated programs, more than 300 contracted programs, and 800 fee-for-service providers.

Each year, BHS engages the community through a series of in-person forums and focus groups, this year adding two tele-town hall options to solicit feedback on programs and services. This year, the community engagement and feedback process sought to understand the value of behavioral health services to the local community and to recognize how BHS can improve how they deliver services to better serve that community.

Harbage Consulting was contracted to develop and implement the 2017 BHS community engagement strategy. Harbage Consulting conducted two in-person community forums, one community tele-town hall, three population-specific focus groups, one innovative population-specific tele-conference focus group, and one frontline worker tele-town hall in August and September 2017. Additionally, BHS identified five specific populations for targeted engagement: Clubhouse members, homeless Clubhouse members, justice-involved individuals, justice partners, and frontline staff. Altogether, feedback was collected from nearly 400 San Diego County residents, including consumers, caregivers, providers, justice partners, frontline staff, community members, and other stakeholders.

Results from the 2017 community engagement process indicated that BHS programs and services demonstrably improve and save lives. Community members, providers, and clients agreed that BHS should increase investment in existing programs and services to grow and enhance them, in lieu of funding new and untested programs.

Aside from focusing resources on enhancing existing programs, feedback indicated that individuals who are eligible for behavioral health services need more resources dedicated to service navigation. Many discussions focused on simplifying eligibility to reduce barriers to accessing services and ensuring that there truly is a “no wrong door” approach to getting care. Participants were frustrated that the system designed to treat individuals with complex behavioral health diagnoses (which often include acute and urgent episodes) is so complicated—with wait lists requiring extensive follow-through on behalf of the impacted individual. Participants believed that system simplification, improved care coordination, an increase in case managers and staffing resources, and accurate and accessible resources describing the services and how to access them would be helpful in alleviating some of these issues.

Additionally, feedback showed that the care BHS provides needs to be culturally competent, delivered in the local community, and should include peer workers. From the feedback, the definition of high value care may be summarized as follows: San Diego residents want and need to feel comfortable reaching out for help, and to connect with someone who understands their community, culture, language, and lived experiences.

## II. Process and Methodology

The goal of the community engagement process was to answer the question of how the San Diego County community **values** behavioral health services and the **impact** those services have on consumers, as well as moving the community towards the goals of [Live Well San Diego](#). This strategy will inform BHS in making decisions on how to balance priorities on behalf of their consumers.

The approach used multiple innovative modalities to reach the general community, as well as targeted populations. Harbage Consulting was contracted to design and implement a countywide process to engage the community and collect their feedback.

### A. Defining the Value of Behavioral Health Services

How does the community value their behavioral health services? What impact do those services have on consumers? How do services move the community toward the goals of *Live Well San Diego*? The goal was to get answers to these questions.

Given the diversity of populations, engagement events, and modalities, different groups were asked slightly different questions. The overall goal of each set of questions, particularly for consumers and community stakeholders, was to find answers to the following questions:

1. *How can we connect individuals to care?* How are consumers finding services? What barriers exist to care? How can BHS help overcome those barriers?
2. *How can we keep individuals connected to care?* How can BHS deliver services in the way that works best for consumers? What about those services makes consumers want to continue to work towards their mental health and substance use disorder treatment goals? What supports do consumers need?
3. *What is the value of services for individuals receiving care?* How are clients experiencing services? What impact are services having on their lives?
4. *How should BHS plan and budget for behavioral health services?* What are the goals that BHS should seek to achieve in delivering behavioral health services? What outcomes should BHS prioritize in planning and budgeting?

### B. Community Engagement Process

Harbage Consulting used a variety of methods to reach consumers, caregivers, providers, advocates, stakeholders, as well as everyday San Diego County residents, and engage them in the community feedback process.

Engaging a new and diverse set of stakeholders was a priority. To ensure BHS reached a wide variety of stakeholders in the community feedback process, Harbage Consulting relied on our deep connections to the behavioral health community and community organizations to conduct



outreach. Additionally, BHS identified targeted populations and audiences who had not traditionally participated in past community engagement processes from whom they wished to hear. Harbage Consulting researched agencies and organizations that served these populations and welcomed them to the community engagement process and opportunities.

Using an outreach list with over 100 diverse organizations and agencies, outreach staff contacted organizations beginning in July, 2017, one month before the community forums. Outreach staff emailed each organization and set up phone meetings with about one-third of the organizations on the list. During the phone meetings, Harbage Consulting staff shared information about the various feedback opportunities and asked for their help in distributing the information to their constituencies. Harbage Consulting staff followed up regularly with email announcements to keep them informed of new information and resources.

Additionally, the community forums were widely advertised in local newspapers, on the radio, on social media, and in the community through fliers, community calendars, and announcements at events throughout the behavioral health community. Behavioral Health Services also sent out announcements through its listserv of contractors and providers.

#### *Online Resource Hub*

To ensure easy access to the feedback opportunities, Harbage Consulting created an online resource hub at [www.SDLetsTalkBHS.org](http://www.SDLetsTalkBHS.org). (See *Figure 1*) This webpage included logistical information about the community forums and tele-town hall, a link to register for each event, and a flyer that could be downloaded, printed, and shared.

*Figure 1:* [www.SDLetsTalkBHS.org](http://www.SDLetsTalkBHS.org) Screenshot



### Social Media Resources

When possible, the Harbage Consulting outreach staff leveraged the social media channels of BHS and community organizations to reach a broad set of stakeholders in the community feedback process. To this end, staff created a Community Engagement Social Media Kit that included an image and sample text organizations could use to post on their social media channels. Approximately 10 organizations, including BHS, shared information about the community forums through social media channels, such as Facebook and Twitter. (See *Figure 2*)

Figure 2: Social Media Samples



### Language Access

Nearly 40 percent of San Diego County residents speak a language other than English at home, according to the [U.S. Census](#). Recognizing the importance of engaging communities whose primary language is not English, Harbage Consulting ensured all materials were translated into the five threshold languages determined by BHS: English, Spanish, Arabic, Vietnamese, and Tagalog. Translated materials included:

- Separate webpages in each language on the resource hub that included logistical information about the community forums, a link to register for each event, and a resource flyer;
- Community forum agendas; and
- Community forum feedback surveys.

Community forum advertisements were also placed in newspapers that catered to Spanish and Tagalog speakers and a newspaper catering to the African-American Community. Each community forum also offered on-site interpreters for Spanish, Arabic, Vietnamese, Tagalog, and American Sign Language.

Harbage Consulting made available translated Community Engagement Social Media Kits, but did not receive any requests.

## C. Community Feedback Methodology

This year's process continued BHS' historical commitment to creating open forums for community feedback that include consumers, caregivers, providers, stakeholders, as well as everyday San Diego County residents. To gather feedback from a range of audiences, Harbage Consulting planned two large community forums and a tele-town hall, all of which were open to all community members.

### *Community Forums*

Two in-person community forums were held, one on August 10, 2017, in North County with 63 participants, and one on August 29, 2017, in Central San Diego with 157 participants.

At each forum, small groups of 8 to 10 participated in roundtable formats with trained moderators to provide their perspectives on the following three questions:

1. Why do you think someone might not be getting the care they need for mental health or substance use disorders?
2. In what ways could BHS better support you or others in getting care for mental health and substance use disorders?
3. There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?

For each question, a set of response options were provided for the group to rank in order of most important to least important, see *Appendix A* for the full set of questions and responses. The participants had about twenty minutes to discuss the question and the proposed answers before ranking them. The goal of the discussion was for the group to come to a consensus on the ranking of the answers for each question. In addition to recording how the group ranked the answers for each question, the moderators took detailed notes on the discussion to inform this report. After each question discussion, each table reported to the whole group on their top answer and rationale.

Attendees were able to submit comments on any issues not covered by the questions and answers through "parking lot" posters posted along the walls in each venue. Parking lot responses can be found in *Appendix H*.



### *Community Tele-Town Hall*

For the first time, BHS hosted a tele-town hall to collect community feedback. This proved to be an innovative way to collect feedback, required minimal effort, and it created the opportunity for participants to ask questions, provide feedback, and join in live discussions via telephone.

Participants were recruited two ways: through the outreach methods described above and through random dialing of a San Diego resident call list. The tele-town hall vendor made 6,266 outbound calls to San Diego County residents, and 451 people answered the phone. There were as many as 271 people participating in the tele-town hall at one time, and more than 40 people participated in the call until the very end. Individuals who participated in the tele-town hall and who filled out a satisfaction survey received a \$5 gift card.

Tele-town hall participants were polled on their top answer to three questions:

1. Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders?
2. How can BHS better support San Diego County residents in getting care for mental health and substance use disorders?
3. There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?

The parameters of the tele-town hall software allowed for up to five response options for each question, so the response options from the in-person community forums were condensed as needed. The tele-town hall questions and response options can be found in *Appendix B*.

Following each question, the results of the poll were announced and participants were invited to give verbal feedback or ask questions in a moderated discussion. Both the poll results and discussion comments were recorded for use in this report.

### **Targeted Population Feedback Methodology**

Five populations for target engagement were identified by BHS. A unique engagement process and set of questions were developed specifically for each group:

- Clubhouse Members
- Homeless Clubhouse Members
- Justice-Involved Individuals
- Justice Partners
- Frontline Staff

#### *Clubhouse Members*

There are 14 Clubhouses located throughout San Diego County offering a variety of services to support individuals in recovery from a mental health issue or substance use disorder. The

Clubhouses are operated by contracted entities and each serves a slightly different population. The exact services and programs vary by clubhouse and generally include classes to help with skill development, access to counseling or other behavioral health care, and peer supports.

Ten of the Clubhouses (*Appendix C*) participated in an innovative 90-minute tele-conference focus group. Each Clubhouse recruited up to 10 members to participate, as well as staff to help facilitate the conversations. In four Clubhouses, Harbage Consulting staff served as in-person facilitators, and in six Clubhouses, Harbage Consulting staff served as phone moderators supporting in-person Clubhouse staff facilitators. Clubhouse members received a \$5 gift card for participating in the focus group.

The group considered the following overall themes about their individual and community experience:

- How did Clubhouse members get connected to the Clubhouses?
- Why do they keep coming back?
- How have Clubhouse services impacted their lives?
- What is their advice to BHS in planning and budgeting for behavioral health services?

Each Clubhouse discussed a series of discrete questions as a small group, and then was joined back to the broader group of all the participating Clubhouses to report back on their answers. Note-takers ensured the full conversation was captured to be reflected in this report.

More information on the Clubhouse focus group process can be found in *Appendix C*.

### *Homeless Clubhouse Members*

San Diego County has several facilities providing behavioral health services to individuals who are homeless or have unstable housing, including the Episcopal Community Services Friend to Friend Clubhouse (F2F). The F2F Clubhouse provides non-residential outreach, engagement, and intensive case management to homeless adults with serious mental health diagnoses, as well as to those with co-occurring substance use disorders (SUDs). It is F2F's goal to help those who are interested improve their social and vocational skills. While not providing medical services, F2F case workers help clients connect with needed services.

To gather input from individuals served by F2F, program staff recruited nine members to participate in a 90-minute focus group. Participants included two women and seven men, and their length of time receiving BHS services ranged from less than one month to more than 10 years, with most participants having been involved with the program around one to two years.

Like the other Clubhouse focus group participants, this group considered questions relating to the overall themes around the community input process:

- How did Clubhouse members get connected to the Clubhouses?
- Why do they keep coming back?
- How have Clubhouse services impacted their lives?

- What is their advice to BHS in planning and budgeting for behavioral health services?

More information on the homeless Clubhouse focus group process can be found in *Appendix D*.

### *Justice-Involved Individuals*

Many individuals with serious mental illnesses or substance use disorders are likely to rely both on BHS programs to help manage those conditions and have contact with the justice system. Given this correlation, Harbage Consulting conducted a focus group for 10 justice-involved adults receiving a variety of outpatient services from organizations in San Diego County, including Exodus, Telecare, and Center Star. Several participants live in sober-living centers.

- *Exodus* provides two types of programs in San Diego County for individuals with behavioral health needs who are justice-involved or at risk of becoming involved in the justice system:
  - AB 109 Program: Individuals who are under Post Release Community Supervision (PRCS) and Mandatory Supervision receive individualized care plans and case management to ensure they receive appropriate behavioral health and other supportive services.
  - Project Connect: Individuals with intellectual and developmental disabilities who are actively being served by the San Diego Regional Center are provided with individual and group counseling. Project connect teams ensure that participants are connected to the necessary support services and are in compliance with mental health care and criminal justice mandates.
- *Telecare* has two programs that serve individuals who are involved, have been involved in, or are transitioning out of the justice system.
  - CORE SD: Corrections Outpatient Recovery Enhancement program serves residents who are currently on parole and referred by the California Department of Corrections and Rehabilitation. Individuals can access a wide variety of support services, such as case management, employment services, and treatment.
  - Behavioral Health Collaborative Court: Uses a multidisciplinary team and partnerships within the community to provide individuals with an individualized recovery plan. Individuals receive proper training to help them manage their conditions more effectively and achieve their goals.
- *Center Star* provides individuals who are referred through hospitals, jails, and drug courts with all-inclusive case management and outpatient rehabilitation services. Treatments are community-based and designed to meet the unique needs of each individual.

The 90-minute focus group participants included five women and five men receiving services from these programs. Their length of time receiving BHS services ranged from less than six months to 10 years. Topics included transitions from custody to the community, as well as how

the programs have impacted participants' lives and what advice they would give BHS in planning and budgeting. Participants received a \$10 gift card as an incentive.

More information on the justice-individuals focus group process can be found in *Appendix E*.

### *Justice Partners*

For several years, BHS has been working closely with justice agencies to improve coordination and communication in serving the justice-involved population, including through the Health and Justice Integration Committee. As a part of the community engagement process, a special meeting of this Committee was organized, including broader participation of frontline staff, to have a focused discussion on identifying gaps in the current transition from custody to community services and strategies to address those gaps.

Thirteen participants gathered representing [City of San Diego City Attorney](#), [San Diego County Public Defender Office](#), [Health and Human Services Agency](#), [Neighborhood Justice and Collaborative Courts Unit](#), [Probation Department](#), [Public Safety Group](#) and the [San Diego County Sheriff's Department](#).

More information on the Justice Partners engagement process can be found in *Appendix F*.

### *Frontline Staff*

A tele-town hall format was used to gather feedback from the frontline staff that are either providing or supporting behavioral health services as a contractor of BHS. Unlike the questions for the community and other targeted populations, the questions for frontline staff were designed to better understand workforce satisfaction and engagement. Staff were asked eight polling questions (not including demographics) and three discussion questions.

An email invitation was sent to staff with information on how to register for and join the tele-town hall. The call was to include both polling and discussion questions. (See *Appendix G*)

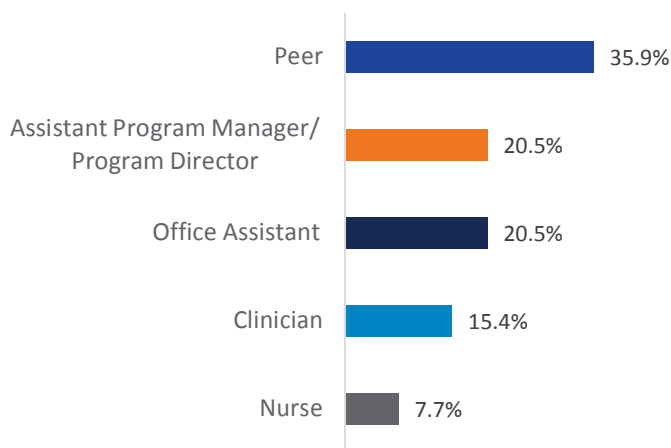
Forty-two frontline staff joined the September 12, 2017, tele-town hall. Unfortunately, seven questions into the 13-question call, the conference call vendor's system experienced a system-wide outage and the call could not be completed. Every staff member who registered for that first call was re-registered for a follow-up call on September 21, 2017 and contacted via email. The follow-up call completed the five remaining polling and two remaining discussion questions, as well as duplicating three polling questions and one discussion question asked on the first call. Two polling questions were repeated in order to assess the demographics of the call (job titles and length on job), and the third repeated polling question was used to re-orient participants to the repeated discussion question, both focusing on the most challenging parts of staffs' jobs. Fourteen front line staff participated in the follow-up call, including 11 individuals who had participated in the first call.

The responses for both calls are combined in this discussion of the results, and responses are available separately for each call in *Appendix G*. However, the need for two calls, due to the

vendor system outage, resulted in several data limitations worth noting. The first is the significant level of attrition between the first and follow-up calls. While the total number of participants on both calls was relatively low, there was a 74 percent decline in the number of participants between the original tele-town hall and the rescheduled meeting. Additionally, due to software limitations, Harbage Consulting is unable to fully, and confidently, understand the extent to which participants of the first call may have also participated in the second. Harbage Consulting is also unclear whether staff who participated in both calls may have changed their responses between the first and second. As such, the findings from this tele-town hall should be interpreted with caution, and results are not likely generalizable.

Participants were well distributed across different jobs, with most identifying as peer workers (35.9 percent), and similar numbers of participants serving in administrative leadership or support roles (20.5 percent for each), or as a clinician or nurse (23.1 percent), *see Figure 3*.

**Figure 3: Frontline Staff Tele-Town Hall Participant Job Titles**



*9/12 and 9/21 call data; 39 of 45 participants responded, including BHS and HC staff.*

Most participants had been on the job less than three years (64.1 percent).

More information on the frontline staff engagement process can be found in *Appendix G*.

### III. Community Feedback

In all three community input sessions – the two in-person forums and the tele-town hall participants were asked questions around three themes:

1. *Connecting to Care*: How are San Diego County residents finding the behavioral health services they need? Why might they not find or connect to those services? Stigma, including shame and cultural competency issues, and a lack of awareness of what is available were the top reasons community members identified as barriers to care.
2. *Staying in Care*: Community members were asked about *how* BHS could support individuals receiving services, ensuring that those individuals can stay in care and continue to receive needed services.
3. *Planning and Budgeting Considerations*: Community members were asked what BHS should consider when budgeting for behavioral health services. Timeliness of services, availability of peer support, and availability of all various medical and social services people need were the top priorities.

#### *A Note About Interpreting Community Forum Data*

For each question, participants sitting in small groups at tables were asked to rank response options from highest (one) to lowest (eight, five, or seven). Thus, a more favorable ranked answer would have a lower numerical score. Each table's rankings were combined into a weighted ranking. The figures presented below show the response option weighted rankings from the most favorable ranked (at top) to the least favorable ranked (at bottom).

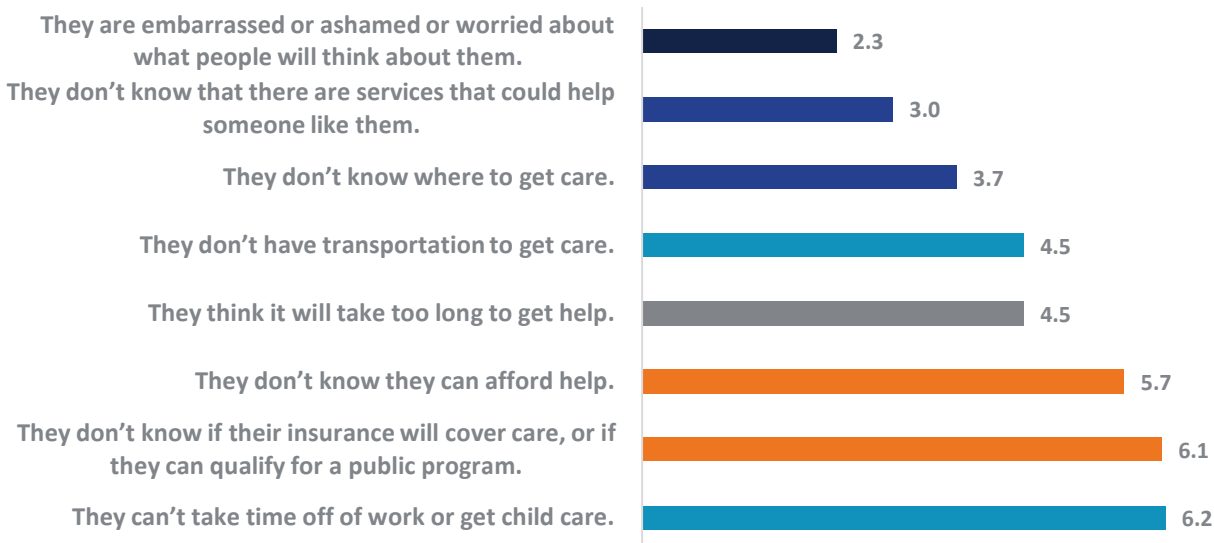
#### A. Connecting to Care

Question One: "Why do you think someone might not be getting the care they need for mental health or substance use disorders?"

At the forums, community members were asked to rank and discuss eight potential barriers to care for individuals in need of mental health or substance use disorders in small groups; the weighted rankings are displayed in *Figure 4*. The answer most commonly ranked as most likely was "They are embarrassed or ashamed or worried about what people will think about them."

Figure 4: Community Forum Weighted Rankings Question One

Why do you think someone might not be getting the care they need for mental health or substance use disorders? Rank in order from 1 to 8 where 1 is most likely and 8 is least likely.



Due to software limitations, tele-town hall participants were asked to select one of four options to the same question. Most participants chose “*They don't know where to get care or that there are services that could help someone like them*” – a combination of the second and third most likely answers at the community forums. (See Figure 5)

Figure 5: Community Tele-Town Hall Question One

Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders? There are four options, please select one choice.



Represents 25 responses.

### Stigma and Cultural Competency

Most participants at both community forums identified the top barrier keeping individuals from getting the care they need for their mental health or substance use disorder as *being embarrassed, ashamed, or worried about what others would think*. A higher percentage of

tables ranked this as the top issue at the Vista forum than at the San Diego forum (see *Appendix A* for more detail on the Vista and San Diego forums).

*“We need to focus on **reducing stigma and fear**, the fear to motivate to seek services. Mental health can too often be seen as weakness.”*

*– Central San Diego Forum Participant*

*“Whether someone accesses care depends on the culture: maybe the care is not culturally-appropriate or it is not part of culture to seek care or help.”*

*– Central San Diego Forum Participant*

In the table discussions, many participants expanded on this theme. Participants identified culture as being a key part of this barrier and noted some cultural communities have less awareness or acceptance of behavioral health issues, which increase barriers to care. One way participants suggested BHS could combat this barrier was by ensuring that services are provided in local communities by members of those communities, making it more comfortable for individuals facing these barriers to seek care.

*“People want to **feel like they have a connection**, a familiarity with providers and staff; putting services in communities where there is stigma can help address that problem and reduce stigma.” – Central San Diego Forum Participant*

Participants also connected this concept of stigma to real-world consequences. For example, participants noted that undocumented individuals in some communities may fear seeking help if they believe it may increase their deportation risk. Participants also discussed that some individuals may fear that seeking help for their mental health or substance use disorder will have negative impacts on their job, lead to being fired, or trigger Child Welfare Services and impact their ability to care for their children.

*“People are fearful of being punished for seeking help – for example being deported, fired, etc.” – Vista Forum Participant*

### *Awareness*

After stigma, most community forum participants identified *barriers related to not knowing what services are available* as the most likely to keep individuals from connecting to care. This was the top barrier identified by tele-town hall participants. Forum participants specifically discussed not knowing that there are services available, for someone like themselves, or not knowing where to receive services. Participants identified a continuum of barriers to services, from individuals not understanding that they have a behavioral health issue that can be treated to not being ready to seek treatment for their issues.

*“They may not be educated and be knowledgeable enough to recognize the symptoms they are having are related to mental health disorders and issues.”*

*– Vista Forum Participant*



In other discussions, participants flagged that the 211 system [a system that connects individuals to essential community services] and existing outreach efforts may not be sufficient. Participants suggested that websites and brochures be made more user-friendly and that public information be regularly updated.

*“The County should create **a no wrong door policy**, a hub where people can walk in and receive services in their neighborhood.” – Central San Diego Forum Participant*

Many participants suggested that individuals may not know where to start in accessing programs and services, with one participant recommending that “no-wrong-door” policies could help address this barrier, such that once an individual tries to access services, they receive assistance finding the right program.

### *Navigating the System*

Once an individual has determined they need to access services, barriers continue. Participants at the forums identified transportation issues and wait times as the next most likely barriers to care.

Examples provided by participants included the challenges around public transportation. One participant suggested that an individual would need to be highly motivated to take five bus lines to get to treatment, while also dealing with their mental health or substance use disorder and any other issues in their lives. The participant added that if the individual then had to be put on a wait list that required making repeat phone calls or returning to the service center, the barrier to care may become insurmountable.

*“When they are in crisis mode, they’re not going to [navigate a frustrating process] because they are barely holding on.” – Central San Diego Forum Participant*

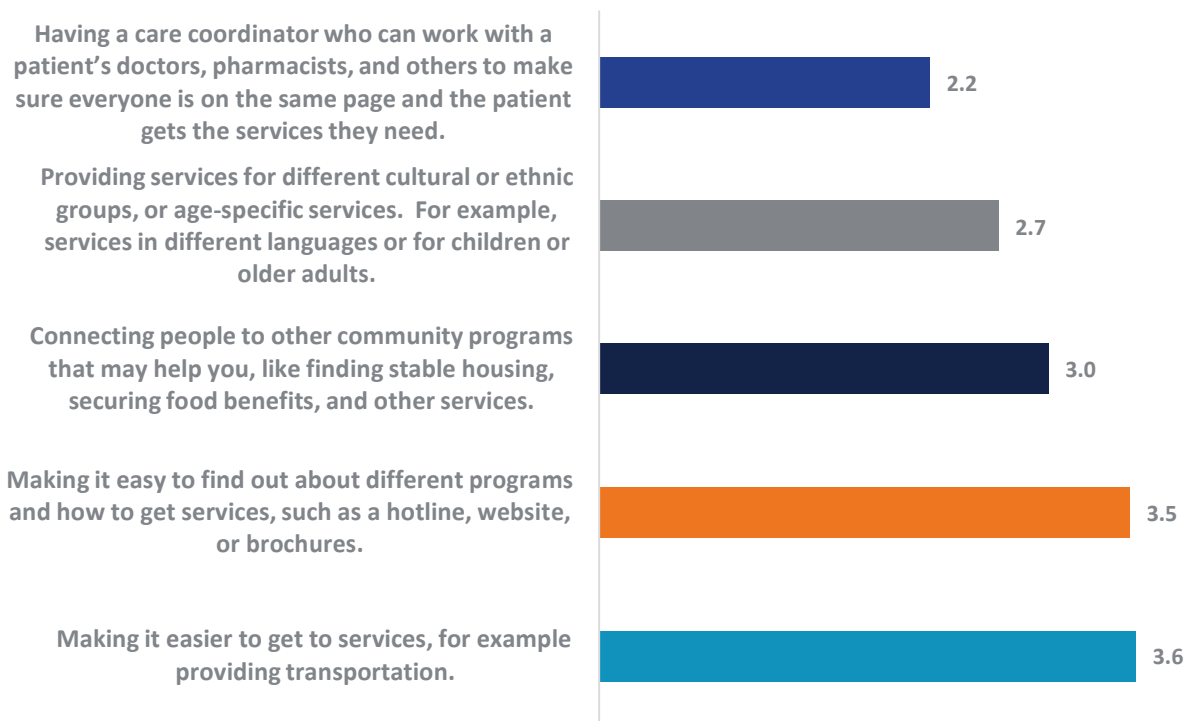
## **B. Staying in Care**

Question Two: “In what ways could BHS better support you or others in getting care for mental health and substance use disorders?”

Community members were asked to rank and discuss five different ways BHS could provide services that might help individuals stay in the care they need for their mental health or substance use disorder. *Care coordination* was the response identified as most helpful, followed by *providing culturally-competent or age-appropriate services*. (See Figure 6)

Figure 6: Community Forum Weighted Rankings Question Two

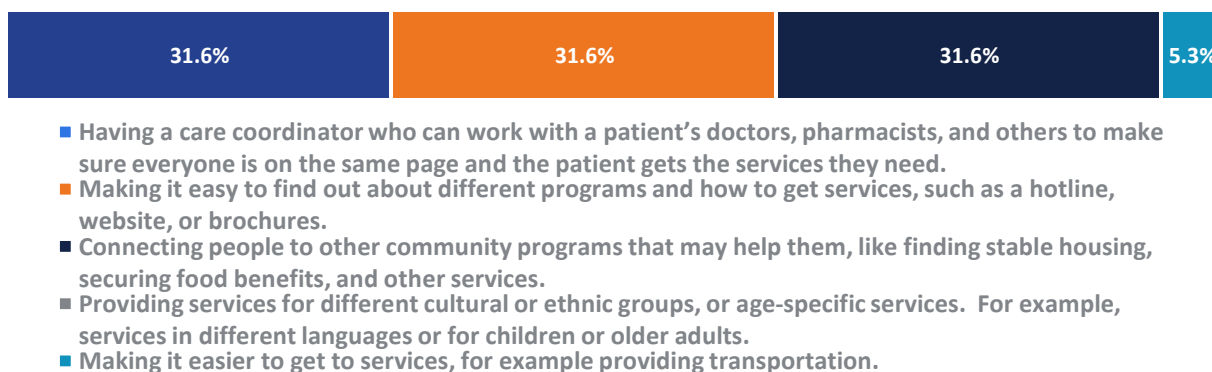
*In what ways could BHS better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful.*



Tele-town hall participants were asked to choose one of five answers to the same question about BHS support. Three answers tied for the top choice: care coordination, more education/information about services, and building connections to other community programs. (See Figure 7)

Figure 7: Community Tele-Town Hall Question Two

*How can BHS better support San Diego County residents in getting care for mental health and substance use disorders? There are 5 options, please select one choice.*



Represents 19 responses.

### Care Coordination

Among community forum participants, care coordination was the top service reported to help individuals stay connected to care, and was tied for first among tele-town hall participants. This is closely tied to some of the top barriers to care – the frustration and difficulty in identifying available services and then accessing them. Participants also identified the additional challenges behavioral health clients may face in staying connected to care, due to their diagnoses. They suggested that BHS could play a more active role in ensuring that clients adhere to their treatments and follow-through on their programs.

*“Clients give up because they [go] place to place not knowing what they qualify for.”  
– Vista Forum Participant*

During the discussion, participants raised the issue that care coordinators could only facilitate this improved access if they were adequately funded with reasonably-sized caseloads. Participants also suggested that care coordinators or case managers with lived-experience would better be able to relate to their clients, and that they should be trained to help motivate clients to engage in services.

*“Care coordinators play a vital role for people who don't know how to navigate the system and access services. They are more than just case managers. They are like **a hub in communication**, one contact person, for a person to access health care, providing client-centered care. They would serve a very beneficial role for people who need behavioral health services because **many people fall through the cracks** and get lost in the system.” – Central San Diego Forum Participant*

### Culturally Competent Services

Community forum participants expressed the importance of tailoring services to the population. Beyond cultural competency, this included offering services in multiple languages, targeting different populations such as refugees, transition age youth, justice-involved, the undocumented, and the homeless. A clear finding is that providing services in San Diego’s diverse communities that reflect the needs and preferences of those communities is a way to both connect individuals to care and help keep them in behavioral health programs.

*“If you want to reach the community, be **IN** the community.”  
– Central San Diego Forum Participant*

*“People feel more comfortable when they receive services in their own language and with **health care providers who understand their culture**.”  
– Central San Diego Forum Participant*

Participants also discussed how many populations in San Diego County, such as refugees, in need of behavioral health services could benefit from trauma-informed care principles.

Interestingly, no participant in the tele-town hall selected the provision of culturally-competent services as the top way BHS could assist residents in getting the behavioral health services they need. However, discussion feedback suggests that participants viewed cultural competency as an inherent and critical element of their selected response option.

### *Connecting to Other Community Services*

The third highest-ranked answer at the community forums on how to keep individuals connected to care was to *help connect individuals to community programs*. This answer was also selected by nearly a third of tele-town hall participants.

*“Clients need to feel secure and have some sort of stability and a good foundation, before seeking help for mental health.” – Central San Diego Forum Participant*

*“People cannot focus on behavioral health services without finding food first. They need to satisfy those needs first.” – Central San Diego Forum Participant*

A common theme in discussions at the forums and on the tele-town hall was the difficulty individuals faced in dealing with their behavioral health issues if they had unmet basic needs like housing, food, or transportation.

*“If their housing situation is stressful or makes them unhappy, it impacts them, **makes it harder to get or continue care.**” – Vista Forum Participant*

Participants discussed several ways BHS could continue to work on this issue. For example, participants suggested that BHS could make sure their providers know what other social service programs are available and how to refer their clients or make warm hand-offs for services, to the extent they are not already doing so. Participants expressed a desire for BHS to invest in other ways to ensure that their clients understand what programs are available and how to navigate those resources, which could help reduce barriers and enable them to focus on their behavioral health needs.

## **C. Planning and Budgeting Considerations**

**Question Three:** “There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?”

Community forum participants were asked to rank and discuss seven considerations in planning and budgeting for behavioral health services in San Diego County. Getting people who need help, the right kind of help in a timely manner, was the clear top choice at both forums and the tele-town hall. (See *Figures 8 and 9*, respectively)

Figure 8: Community Forum Weighted Rankings Question Three

*There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? Rank in order of importance where 1 is most important and 7 is least important.*

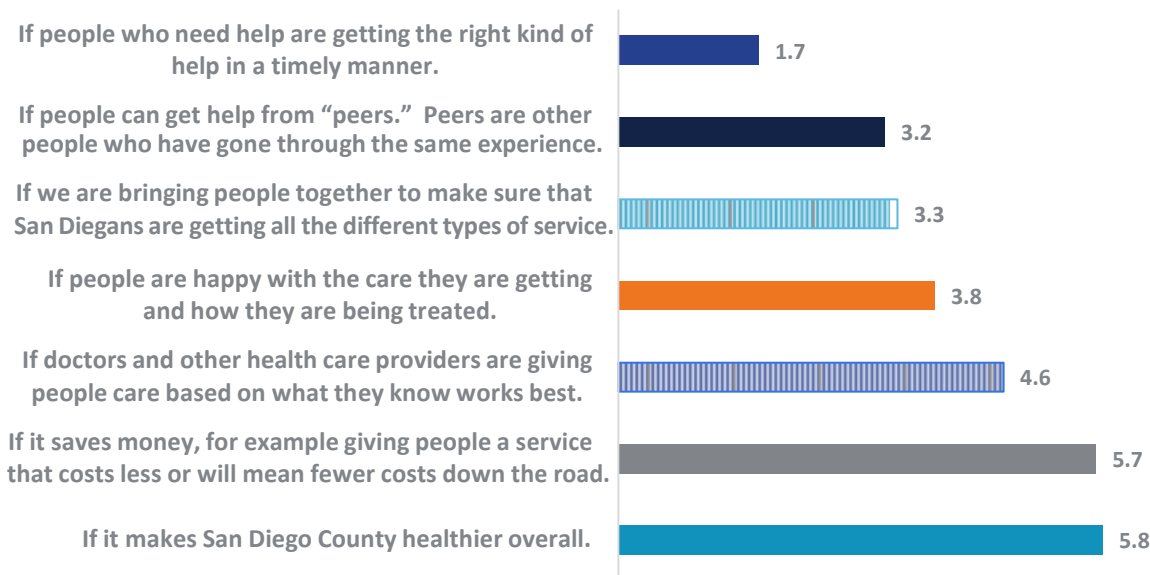
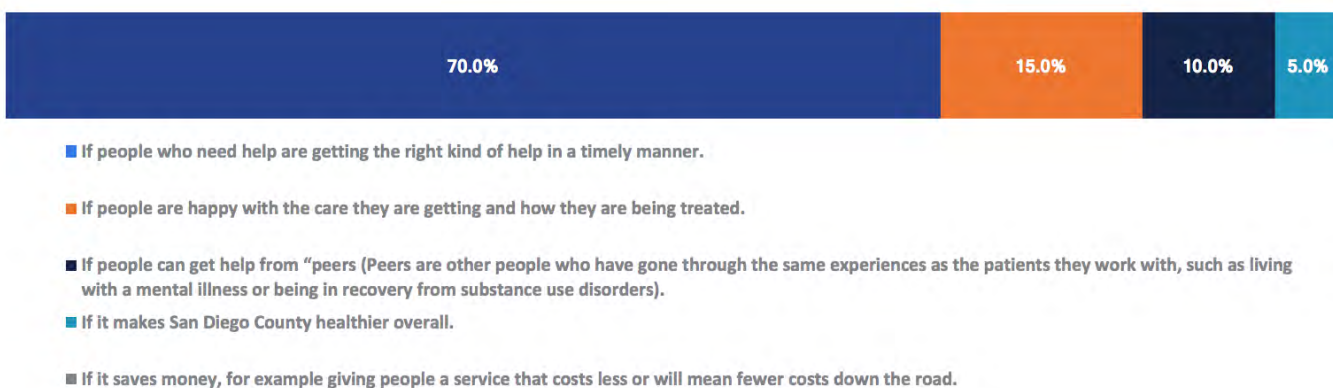


Figure 9: Community Tele-Town Hall Question Three

*There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? There are 5 options, please select one choice.*



Represents 20 responses.

### Access to Care

By far, the top issue community members wanted BHS to consider in planning and budgeting is *timely access to services*. This was reflected in participant discussions, as community members shared frustration with resource shortages and waiting lists for many programs.

*“Access should be the County's number one question and priority, but programs need more staff to provide good services and timely access.” – Vista Forum Participant*

Generally, San Diego County residents reported high levels of satisfaction with the existing behavioral health services. Consumers noted that they like the programs, and providers believe they are delivering needed services. The challenge most often reported was with capacity – with making sure that programs and services are available to the individuals who could benefit. Clients reported knowing staff at their programs were overworked and struggled to keep up. Frontline staff also reported a high volume of paperwork that took them away from clients, and the providers at community forums expressed frustration at not having the resources to serve everyone who needed their services.

This also echoes feedback in support of coordination and improving connections between existing programs and services. Enhancing the existing infrastructure serving San Diego County was a top priority expressed during the community feedback process.

#### *Peer Support*

Peer support was another strong priority for both the community feedback and targeted populations. Individuals and communities appreciate, and are more comfortable, receiving services from others with shared experiences and cultural backgrounds.

*“Peers and others bring people together. Peers need more value [in the system], they are underutilized and cost-effective.” – Central San Diego Forum Participant*

#### *Connecting Services*

Many tables identified this option as being important for BHS planning and budgeting, citing earlier conversations about the importance of care coordination; the importance of providing transportation, child care, and other supports; and the importance of individuals having their basic needs like food and housing met before they can focus on their behavioral health issues. Connecting these services for individuals, making it easy for them to navigate and access the system, was strongly valued by the community.

*“There are already so many resources-- we need to tap into them better. **Programs are just siloed** due to funding.” – Vista Forum Participant*

#### *Patient Satisfaction*

Overall, many of the forum and tele-town hall participants recommended ways to make the system work better for the people it was serving – improving access to services, ensuring culturally competent services are provided in local communities, and assisting with care coordination and connections to other community resources. While some participants flagged that clients can sometimes be difficult and hard to please, there was also recognition that some of that stemmed from frustrations with the current system. Additionally, there was recognition that for behavioral health services to be effective and have an impact on people's lives, individuals must be ready and willing.

*It is important that people are happy and ENGAGED (as the caveat) in being treated in their healthcare, then this is the way the budgeting should be decided as no matter how much money is saved or the other options, if people are not ENGAGED, motivated, and happy to receive care the rest falls apart as the services are not being rendered and patients are left untreated or partially treated which is not effective.*

*– Vista Forum Participant*

## **D. Value and Impact: Key Takeaways**

The aim of this community input process was to help BHS better understand the value and impact of their services, and to identify ways they could improve service provision to better serve their communities. Some clear themes and recommendations emerged to help guide BHS in their planning and budgeting processes.

### *Care Coordination and Navigation*

Individuals reported having a hard time understanding if they qualify for services and programs. Providers reported wait lists and difficulties for individuals to access services in timely ways. The focus should be on how BHS could better help individuals, who are ready to address a mental health or substance use disorder, understand what services are available, how they can access those services, and then how to access the other community resources like food, housing, and transportation that will help them be stable enough to stay in care.

The focus should also be on improving a “no wrong door” policy among the BHS’s many providers, helping educate their networks about available services and programs. This can help lift the burden of navigating the system from the individual consumer and make sure they connect with the right care, no matter where they turn.

### *Cultural Competency and Peer Workers*

From breaking down stigma and other cultural barriers, to creating an environment where individuals feel comfortable tackling their behavioral health issues, addressing cultural competency, leveraging peer workers, and placing services in local communities were persistent themes. Delivering services in this way can maximize value and impact for the people they serve. For example, BHS could focus on identifying individuals receiving services who may be good ambassadors for their programs, or identify ways to hire individuals from diverse backgrounds who speak the languages of the communities they will serve.

### *Education and Outreach*

A corollary to both improving care coordination and cultural competency is to ensure that San Diego residents are aware of the programs that are available and that there is help in navigating the system, and aware they can receive services in their language, or in their community. Continuing this education and outreach to normalize behavioral health issues in diverse communities can help address disparities and connect more individuals to care.

## IV. Targeted Populations Feedback

### A. Clubhouse Members

Ten Clubhouses gathered up to 10 members each to participate in an innovative tele-conference focus group to gather feedback on how members are experiencing Clubhouse services and how the value and impact of those services could be improved.

#### *Connecting to Care*

Clubhouse members reported two main avenues of identifying Clubhouse services: referrals from other service or care providers, and personal referrals.

- *Provider Referrals:* The types of organizations or providers who were most likely to refer individuals to the Clubhouses were often other BHS programs such as Exodus, Catalyst, and Telecare. But, many individuals also reported receiving information about the Clubhouses from their psychologist (or psychiatrist) during a hospital stay or from an outpatient clinic.
- *Personal Referrals:* Individuals also found out about the Clubhouses from friends and family members, and those friends and family members were often Clubhouse members themselves.

A small number of individuals reported actively seeking out services and finding the Clubhouse through either 211 or a resource list.

#### *Value of Care*

Focus group participants overwhelmingly reported finding a great deal of value in the Clubhouses. When asked what was most helpful about being a Clubhouse member, the most common responses were: 1) having a sense of community; 2) classes and skill development; and 3) finding confidence and a sense of purpose.

*“This place gives me a lot of hope.” – Escondido Member*

*“I have a place for healing, learning, and growth. It helps to reduce my symptoms and I have people to relate to and communicate with.” – East Corner Member*

*“Go to the clubhouse. You’ll start to feel better. They understand you and give you skills that help and meet people and staff that help you out so you get better.” – Casa Del Sol Member*

*“I really like the GED classes here – I feel like I’m actually accomplishing something.”  
– Casa Del Sol Member*

*“I like volunteering and having a purpose. I feel useful instead of useless.” – Escondido Member*



- *Sense of Community:* There were several different elements associated with the sense of community that Clubhouse members reported as being most helpful. Many appreciated having a place to go and no longer feeling alone and isolated at home. At the Clubhouses, members appreciated the opportunity to socialize, particularly among others with shared experiences, and feeling accepted and not stigmatized. In turn, having this community and friendship helps members with their underlying issues, as members reported being less depressed, less anxious, and more likely to maintain recovery.

*“The Clubhouse provides resources that help give me a safe space when my family doesn’t understand what I’m going through. This place helps me to better my coping skills when dealing with family.” – Escondido Member*

In addition to helping members develop a sense of community within the Clubhouse, the Clubhouse services helped members increase their connections with their own families and communities. Members reported learning communication and social skills that helped them interact with their friends and family members, including increased confidence in being able to communicate about their behavioral health challenges.

Members of the East Wind Clubhouse, many of whom are immigrants, reported a particularly significant sense of community building through their program, in some ways “recreating” the community they had left behind when immigrating to the United States. This, in turn, has helped them transition into their new communities and be less fearful of interacting with strangers and neighbors in their communities.

- *Classes and Skill Development:* The tangible benefits of the Clubhouses are also important to members, who cited classes including cooking, citizenship, computers, job skills, English as a Second Language (ESL), and general education diploma (GED).

*“The classes I take here have helped me deal with and cope with suicidal thoughts. I’m less depressed.” – Casa Del Sol Member*

Additionally, members reported that classes helped them directly work on the behavioral health issues that brought them to the Clubhouses, for example, learning to manage their depression or schizophrenia, or classes on substance use disorder recovery.

- *Confidence and Sense of Purpose:*

Many members reported significant changes in their self-esteem and confidence due to the Clubhouses. Several members reported the value of being able to improve their lives, including classes and volunteering, as being helpful. Members reported that having a specific role and responsibilities helps connect them to the Clubhouses, improving their self-esteem, and helping reduce anxiety.

*“Overall, my confidence is higher. I’m out of my comfort zone. I’m expanding my boundaries each day, each month, I **gain more confidence**.” – East Corner Member*

Feeling less alone and having connections to others with a shared experience also helped members deal with their behavioral health issues. Others reported learning patience, coping skills, and ways to deal with stress as improving their confidence and ability to achieve their goals. Exercise and wellness programs helped members live more healthfully.

*“My lifestyle has changed a lot. I struggled with self-esteem and how to spend my time. I was kinda lost. I started coming here and taking classes and I found that it was useful and valuable to me. It gave me a **sense of purpose and direction** and a place to go.”  
– Corner Member*

*“The Clubhouse can give you purpose and direction.” – Escondido Member*

These methods of building confidence within the Clubhouse have translated to members having more confidence outside the Clubhouse, helping members go back to work and live more actively in the community.

### *Missing Services & Supports*

While members were overwhelmingly positive about the services they were currently receiving, there were consistent themes in the ways members reported BHS could invest in and improve Clubhouses. Largely, members were looking for investment in the existing infrastructure and services, as well as increased connections between existing services and programs.

- *Invest in Infrastructure:* Members were interested in both expanding offerings at their Clubhouse, and expanding access to these offerings – primarily through transportation supports. For example, members wanted more class offerings and better supplies. More wellness programs and healthier food was another common request. Longer hours and more staff were also mentioned. Transportation to help members get to the Clubhouses was another common issue, particularly at Clubhouses where transportation was not, or no longer, offered.

Both Clubhouse members and staff reported that job opportunities for members were in demand, and that while the Clubhouses run transitional employment programs, the pipeline doesn’t extend into available BHS or County of San Diego jobs.

- *Connect Services:* Many Clubhouse members reported needing and accessing services beyond the Clubhouses themselves, and wished the Clubhouses could serve as a “one-stop-shop” to help them apply for social security income (SSI) or Section 8, and then navigate the eligibility for those programs. Having help from a case manager or legal aid was a similar request.

### *Value and Impact: Key Takeaways*

The Clubhouses are a highly valued program, and are helping San Diego County residents with behavioral health needs both address those needs and live more fulfilled, healthy lives in the community. The following priorities should be considered by BHS when thinking about planning and budgeting considerations:

- *Build Connections:* Stronger connections between Clubhouses and existing community resources, such as housing, employment, and food/nutrition, could make it easier for members to access the supports they need.
- *Increase Resources:* Consider ways to increase resources to support the existing Clubhouse infrastructure, either through expanded class offerings, meals, transportation, or longer hours.

## B. Homeless Clubhouse Members

Nine members of the Friend to Friend (F2F) Clubhouse participated in a 90-minute focus group to gather feedback on how members are experiencing Clubhouse services, and how the value and impact of those could be improved. These participants were homeless.

### *Connecting to and Staying in Care*

Participants reported three primary ways that they learned about available behavioral health services: outreach workers, referrals from existing services, and from other homeless San Diego County residents.

- *Outreach Workers:* Several participants shared stories of having been approached by street outreach workers who help connect them with available services, and all participants agreed that this was an important way to identify and connect with homeless individuals in need.
- *Referrals:* Connecting with one service is often an opening to connections to other services. Participants shared that they had learned about F2F from case workers or other staff at shelters or other living facilities. They suggested that BHS invest in more education to ensure that all frontline staff is familiar with the kinds of programs and services available, as well as their eligibility rules, to connect individuals to supports.
- *Peers:* Several group participants volunteered at the Clubhouse in their free time, and reported working to educate their peers about the available programs and services. Other participants echoed the efficacy of this approach, particularly as homeless individuals may be more likely to trust peers and others with similar lived experiences.

### *Value of Care*

Participants overwhelmingly agreed that F2F is valuable. In particular, they found value in the emotional support and educational and life skills they have access to through F2F.

- *Provide Emotional Support:* Participants noted that F2F made them feel welcomed, safe, respected, and closer to their families. One said that calling F2F “saved my life.” The absence of judgement on the part of staff and peers and the feeling that everyone at F2F is “trying to do the same thing you’re trying to do” and that they “got your back” were noted as reasons why participants continue to go to F2F. Another credited F2F with giving him a reason to stay sober. Several participants agreed that F2F helped them connect with family members. Overall, having F2F as a reliable resource made participants feel capable of recovery.

*“It’s my **safe place**—it gives me armor for the rest of the day.”*

*“F2F makes me **feel wanted**, gives me friends and family.”*

*“They welcome you in, even if you’re dirty.”*

*“Without F2F I’d be on the bottle. Still couch surfing, doing drugs. I go to F2F everyday so I don’t go back down the road.”*

- **Help Build Educational and Life Skills:** Participants found the skills they learned through F2F, such as how to use the internet, how to find housing, how to search and apply for jobs, and how to find a counselor, vital to their overall health. One participant noted that classes on developing and maintaining healthy relationships and yoga helped him to “keep [his] mind straight.”

### *Missing Services & Supports*

Participants largely reported that they believed there was a wide range of programs and services for homeless San Diego County residents, but believed there are still challenges in the system including: accessibility, availability of appropriate services and resources, and an understanding of the homeless population.

- **Help with Navigation:** Participants reported difficulty in navigating the system, identifying what services were available, and then getting connected. One participant said, “getting information about the services is the hardest part,” noting that a homeless man sat right out front of a F2F building without ever realizing the services that were available to him inside. There was awareness that case managers in the system have large caseloads and workloads, but there was still some frustration that this makes getting information difficult. One participant said that accessing services is “almost like a scavenger hunt.” Connecting clients to services could be facilitated by more outreach workers on the streets, building trust with homeless, and being more direct in advertising the services as being specifically for the homeless.

*“[Accessing services] is almost like a scavenger hunt.”*

- **Expand Availability:** While participants like the services they were receiving from F2F, multiple noted a lack or shortage of both mental health and medication counseling services.

*“It takes more than being ready to get help, the help has to be there.”*

- **Promote Peer Workers and In-Community Services:** Participants felt that outreach workers should be peers who have benefited from the program they are promoting. One participant said (other participants elaborated on this) that hearing about the program from a police officer is not helpful, and that “Case managers need to walk a mile in the homeless shoes.”

*“It would be great to have someone from the program come out and promote it as someone who has used the services. **Peer connection is important.** You lose people if the outreach person hasn’t had the experience. When you sit in a group of 20 with people who have been in the trenches and hear their voice and their story, you get so much more out of it.”*

Participants wanted outreach workers and other staff to understand their perspective—that “there is a sense of freedom to being homeless” and that structure, such as living in transitional housing in a small apartment with a roommate, can be stifling and less attractive than staying homeless. Some suggested bringing all services to clients on the street or having all services (beds, showers, medical, social service benefits, therapy, and medication management) in one place that they could visit regularly. Others wanted transitional housing that was less structured to help them acclimate to a housed lifestyle.

#### *Value and Impact: Key Takeaways*

Participants noted that these clubhouses were life changing, and in some cases lifesaving. The compassion and respect participants receive from staff at F2F keeps them coming back, and helps those with SUDs stay sober. The following priorities should be considered by BHS when thinking about planning and budgeting considerations:

- *Hire Peer Outreach and Case Management Staff:* Participants were vocal about how important it was for them to be referred to the program by peers and for case managers and other staff to understand their perspective and what they have been through.
- *Increase linkages to counseling services:* Participants seem to be getting the skill-based and social supports they need from F2F but asked for more medication and mental health counseling. While F2F case workers can make these linkages, participants reported lack of consistent availability.
- *Identify Creative Housing Solutions:* Some participants want to get off wait lists and into housing, others find the housing requirements to be too restrictive, and some would like services included in housing (such as access to showers, bathrooms, clean clothes, and a warm place to sleep) to be available to them on the streets. BHS should explore more flexible transitional housing and ways to provide increased services to those on the streets who are unable or unwilling to get into housing.

## C. Justice-Involved Individuals

Ten individuals with experience in the justice system and receiving services from BHS participated in a 90-minute focus group to gather feedback on how they are transitioning to the community, how they are receiving those services, and how the value and impact of services could be improved.

### *Value of Services*

Participants clearly valued the services they receive and the positive impact they have on their lives. Specifically, they valued their strong relationships with program staff that have helped them to:

- ***Navigate Medical and Social Services:*** Participants noted that program staff helped them to make lists of appointments, both for medical care and to access social services, even transporting them to the appointments, if needed. Because of this help, participants noted that they were able to keep on track with medications, access transportation vouchers, renew identification cards, and apply for General Relief funds.

*“[Telecare Staff] helped me and encouraged me. They helped me with my appointments and made sure I kept them” - Telecare Client*

- ***Connect Back to the Community:*** Some participants noted that the programs and program staff, specifically, have helped them to connect with old family and friends and reintegrate into their communities.

*“[Telecare Staff] helped me get back in touch with my daughters and grandsons. It helped me to get that relationship back.” - Telecare Client*

*“I finally feel like I can tell the truth and go back to my family [in Tennessee] for the first time since Hurricane Katrina” – Exodus Client*

- ***Find Housing and Establish Independence:*** Many participants were happy that the programs helped them connect to housing, though they did see room for improvement. Through the programs, some participants have been able to transition from group living situations to living independently.

*“[Center Star] moved me into the independent living that I wanted. I got to move in with my friend. Now I finally found an apartment of my own” – Center Star Client*

*“Center Star offers permanent housing. Living on SSI with the housing crisis in San Diego—Center Star offers stability” – Center Star Client*

- *Find Value and Confidence in Themselves:* The clearest theme among participants was that these programs helped them to find value in themselves, and feel more confident in their recovery.

*I feel better about myself. Before Telecare I didn't feel anything, I didn't like myself. Today I have a future, I have a goal, and I am looking forward to it.”- Telecare Client*

*“I’m succeeding. I know I need to make healthy decisions. Knowing that I will have my freedom back [after probation] is exciting” – Unknown Program Client*

### *Missing Services & Supports*

The top issue reported wasn't directly related to behavioral health services. Rather, it was housing and the lack of affordable options, as well as the stress of being in an unsafe or uncomfortable housing environment. While, as mentioned above, some found housing to be a highlight of Center Star, others found the housing they received to be detrimental to their recovery. Having roommates, in particular, made some participants feel unsafe, at risk of contracting diseases, and/or at risk of relapsing.

*“My roommate is unhealthy for me, causing me to want to relapse. She is negative, I am positive. She’s lazy, I’m not. We’re both depressed, but live differently.”- Exodus Client*

*“Housing vouchers are too little—only enough for a drug-infested place. I found my own place. Credit checks are prohibitive. More help finding a place would be helpful.”  
– Center Star Client*

Additionally, those who received housing said that housing alone was not sufficient in meeting their basic needs. A few participants mentioned that it would have been helpful to also be supplied with basic needs such as food, blankets, and basic housing supplies. While some received help with these items upon being placed in housing, others did not, leaving them to wonder why there was an inconsistency in how people were treated.

*“When I was taken to my first house all we had was our food. Staff should ask- do you have food? Do you have blankets? Do you have stuff to cook with? They ended up helping my roommate [purchase items] but not me. It seems like a curse to be high functioning” – Center Star Client*

Aside from housing, access to other services and an understanding of what services they are eligible for were issues participants noted. For example, participants noted that lack of accessible transportation makes it difficult to pick-up medications and get to doctor's appointments.

*“It’s hard to get medications. I can’t get there. Transportation to pick people up and get their meds [would be helpful]. Give them a bus pass.” – Telecare Client*



Additionally, participants thought it would be helpful to better understand what services they are eligible for and which services they are not. This would make the system easier to navigate.

*“Don’t have services listed that are only for certain clients.” – Center Star Client*

Participants also seemed to understand that the programs are short staffed. They felt the stress of overworked staff, and felt that it prevented efficient communication and care coordination services. Some participants felt that their calls were not returned in a timely fashion, due to staffing issues.

*“We shouldn’t have to feel the stress of staff turnover. Programs should keep us in the loop. **Calls should be answered in a timely fashion, like three to five days.**”  
– Center Star Client*

*“I wish that if I called them they called me back. Communication is dropped a lot. Need follow through with communication” – Center Star Client*

Lastly, participants felt that it is important they receive follow-up after being placed in housing or transitioning out of the programs.

#### *Value and Impact: Key Takeaways*

Participants clearly value the services they receive and the support to get a second chance. The following priorities should be considered when thinking about planning and budgeting:

- *Empathetic Case Managers:* Participants highly valued their relationships with case managers. Trust and follow through is particularly important.

*“I have trust issues but they came through. **They gave me something I could believe in.**”  
– Telecare Client*

- *Increased Staffing Resources and Improved Communication:* Participants do not like feeling like they are a burden on program staff. Those that had complaints about services focused mostly on unreturned phone calls that prevented them from getting the services that they needed. Increased staffing could alleviate this issue.

*“It’s a good program, but I kept saying there was a problem, and they wouldn’t call me back” – Center Star Client*

- *Continued Care Coordination:* Participants would like help understanding what services are available to them and what they specifically qualify for. They appreciate the help they receive in making and getting to appointments and getting their medications, and find it vital to their success in the programs.

*“Telecare has helped me a lot with my meds. It’s helped me do things I couldn’t do when living on the streets” – Telecare Client*

- *Increased housing and resources to meet basic needs:* Participants that did not receive help with transportation, food, and other basic needs found it hard to also focus on treating their behavioral health issue(s). Access to transportation vouchers, more help accessing General Relief, and prioritizing finding safe, affordable housing, would help them to focus on improving their health.

*“[Getting] SSI, housing makes you feel more responsible. Like you’re actually getting somewhere in life. Makes you motivated to do better” – Telecare Client*

## D. Justice Partners

Justice partners representing multiple behavioral health services and justice system agencies and coalitions gathered for a 90-minute discussion on the following question:

How might we design a comprehensive warm hand-off from custody to services in the community to improve engagement in services?

### *Scope of the Challenge*

Participants described the volume of individuals moving through San Diego County's justice system, with approximately 80,000 bookings per year. A third of the current population in custody receives care for mental health needs. According to participants, approximately 70 to 80 percent of individuals in jail have substance use disorder needs.

### *Successes*

Participants reported that there are many parts of the system that are working well in serving this population; efforts are underway to strengthen these areas.

For example, the Mandatory Supervision process efficiently connects individuals to services.

The Community Transition Center connects individuals on Post-Release Community Supervision to behavioral health and other community services. The Community Resource Directory is an online tool to help refer and connect individuals with services. Other efforts underway to support transitions include efforts to share criminal justice and health data across systems. There are a number of programs that are developing models on how best to provide navigation services, including HHSA's Whole Person Wellness.

### *Challenges*

There were a number of challenges identified to supporting transitions from custody to community services, including:

- *Eligibility for Services:* Individuals may not be linked to county services if they are not identified as seriously mentally ill at key transition points, such as the time they are leaving custody. These individuals may have been temporarily stabilized in custody but do need a very high level of care.
- *Insufficient Resources:* There isn't always a treatment bed or an opening in program when an Individual needs these services and is ready to engage in treatment.
- *Fragmented Services:* Many behavioral health services have different procedures for

getting in the program or on a wait-list, such as requiring individuals to show up at a certain time once a week or making repeated phone calls until a spot opens up. Justice-involved individuals may lack the skills, persistence, or assistance to navigate these challenges.

### *Potential Strategies to Improve Transitions*

- *Education Efforts:* Participants suggested that increasing awareness about the types of programs and services available might help. For example, posting educational materials or creating a “resource center” at the courts as individuals are entering the justice system, or expanding access to information about services to individuals who are currently in custody.
- *Expand In-Reach Services:* Participants noted that in-reach programs, operating in custody, are an effective way to connect individuals. Expanding the use of peers with behavioral health experience, and possibly with lived experience in criminal justice, helps to connect and motivate justice-involved individuals.
- *Develop a One-Stop-Shop:* Participants acknowledged that while intensive case management was the best way to support transitions, it would be difficult or impossible to provide this service to every individual going through the justice system. However, the current system is very fragmented with multiple individuals and case managers competing for a limited number of beds or spots in programs. Often, getting into a program can be the result of having a motivated and educated advocate and not necessarily the result of need. Centralizing access to services could create a fairer system, but would need to ensure that individuals are assessed and connected to the program that is the best fit.

One example discussed by participants was to have resources available to individuals as they are leaving custody, much like what’s available in Los Angeles County. For example, co-locating services at a resource center where individuals leaving custody could learn about how to get a new identification card from the Department of Motor Vehicles, how to apply for Medi-Cal or housing resources, as well as how to find and apply for behavioral health services, might lead to smoother transitions without requiring an investment in navigation services.

- *Community Resource Directory:* Participants acknowledged efforts currently underway to connect the Community Resource Directory (CRD) to *ConnectWellSD* and create a universal system of resources. Participants suggested that expanding access to the CRD in the short-term could be a good intermediate step while the database system remains under development.
- *Continue to Improve Data & Communications:* Barriers to data sharing also create inefficiencies in the system, and participants recommended the County of San

Diego continue to work through those legal and regulatory issues. For example, there are currently at least three different electronic health record systems being used across the county, creating interoperability challenges.

- *Expand Use of Cognitive Behavioral Therapy (CBT):* CBT and criminogenic treatment could be incorporated into more or all existing behavioral health services. This type of treatment has shown to be effective, and if providers can provide this treatment to any individual who needs it BHS could create more “no wrong doors” for the justice-involved population.

## E. Frontline Staff

A tele-town hall format was used to better understand workforce satisfaction and engagement among frontline staff who are either providing or supporting behavioral health services as a contractor for BHS.

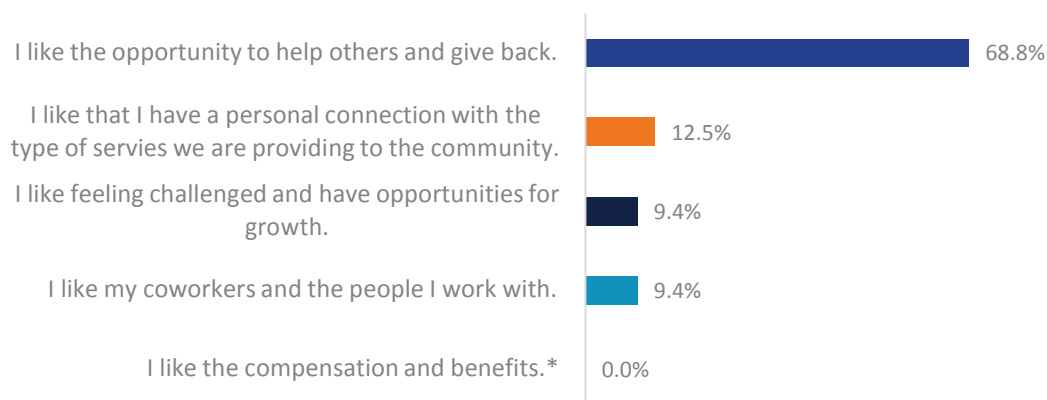
### *Giving Back is Rewarding*

Both through the tele-town hall polling and open discussion, staff reported finding their work, and the ability to give back and make a difference, rewarding.

More than two-thirds (69.8 percent) of tele-town hall participants reported that the opportunity to *help others and give back* was the best part of their jobs. Nearly equal numbers of the remaining respondents reported that the best part of their job was *having a personal connection with the type of services they are providing to the community* (12.5 percent); *liking their coworkers* (9.4 percent); or *feeling challenged and having opportunities for growth* (9.4 percent). This indicates that staff has an emotional connection with their work. (See Figure 10)

Figure 10: Frontline Staff Tele-Town Hall Question 3

*What do you like best about your job? There are 5 options, please select one.*



\*Wages, health care, retiree benefits, paid leave, flex time, etc.  
9/12 call data; 32 of 36 participants responded, including BHS and HC staff.

During the discussion, staff reported how rewarding it was to see their clients achieve their goals, work toward resiliency, and integrate into the community. Staff reported that they like working with leadership and their coworkers as a team, and finding creative solutions to helping their clients.

***"It's rewarding working with the mentally ill and homeless population. Seeing the client's faces when they're meeting their goals and connecting back to the community and feeling more independent and not having to depend on others." – Housing Specialist***

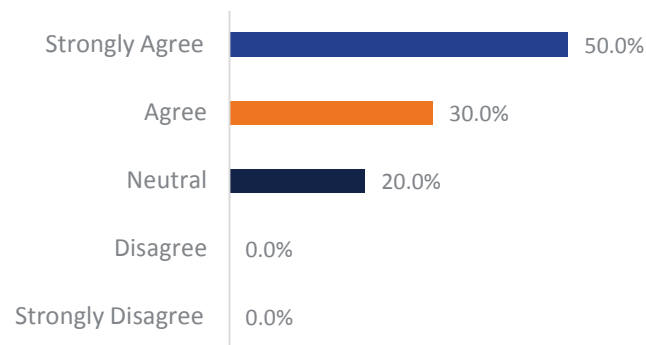
*“I help parents be the best parents they can be. **We don’t judge them, we support them** and we help them with no strings attached.” – Vista Hill staff*

*“**It’s personal for me.** I can relate to the families that we serve.” – Grief Counselor*

In the follow-up call, staff validated the sentiment shared that they find their jobs rewarding, with 80 percent of respondents saying they agreed or strongly agreed with that statement. (See *Figure 11*)

*Figure 11: Frontline Staff Tele-Town Hall Question 8e*

*Do you agree or disagree with the statement: “I find my job rewarding.” There are five options from strongly agree to neutral to strongly disagree, please select one.*



*9/21/17 call data; 10 of 13 participants responded, including BHS and HC staff.*

### *Challenges and Opportunities*

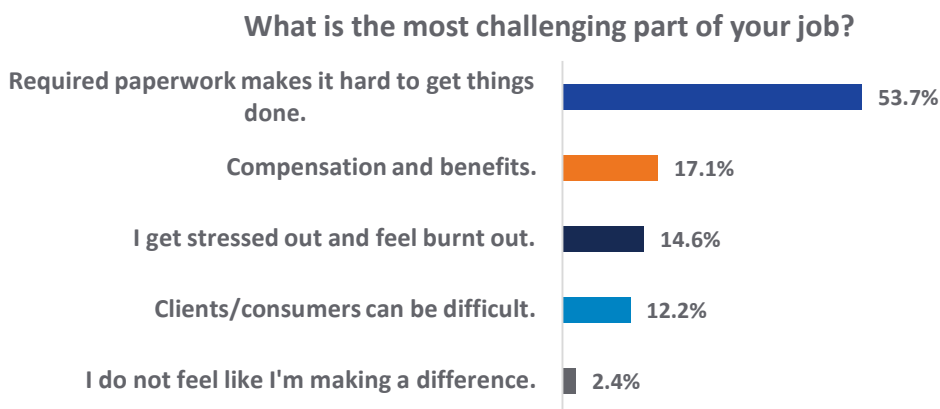
The first tele-town hall was interrupted during the discussion around what staff found most challenging about their jobs, just following the “challenges” poll question. Thus, the “challenges” poll question was repeated for the follow-up call to create continuity leading into the discussion question. This is the only question for which this was done. The responses for both calls are combined here (including some duplication from participants responding in both calls), but responses are available separately in *Appendix G*.

Just over half of respondents (53.7 percent) identified paperwork as the main challenge in their jobs, and several followed up in the discussion section with anecdotes and other feedback about the amount of time they spend on paperwork, instead of clients.

While just 17.1 percent of respondents identified wages and compensation, the discussion identified disconnect between wages and the cost of living in San Diego County, a challenge to keeping qualified staff. (See *Figure 12*)

Figure 12: Frontline Staff Tele-Town Hall Question 6

What is the most challenging part of your job? There are five options, please select one.



9/12 & 9/21 call data; 41 of 50 (duplicated) participants responded, including BHS and HC staff.

*“When I meet anyone on the street, I have to enter data and paperwork in multiple places. I don’t get to spend as much time working directly with youth on the street, connecting them to services, etc. I have to spend as much as 25 percent of my time on paperwork.” – Youth Outreach Worker*

#### Workforce Satisfaction, Supports, & Compensation

Tele-town hall participants were asked a series of questions around their satisfaction with the mechanics of their positions: compensation, benefits, work-life balance, training, and similar topics.

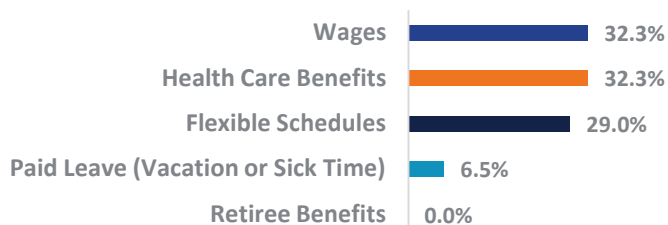
Participants were asked which type of compensation they found most valuable, and most participants selected one of three options: wages (32.3 percent), health care benefits (32.3 percent), and flexible schedules (29.0 percent).

No participants selected retiree benefits as most valuable, and few selected paid leave. It may be worth exploring whether this reflects dissatisfaction with these benefits currently, or if this simply reflects a preference for other types of compensation. (See Figure 13)



Figure 13: Frontline Staff Tele-Town Hall Question 5

*Which type of compensation or benefits are most valuable to you? There are five options, please select one.*



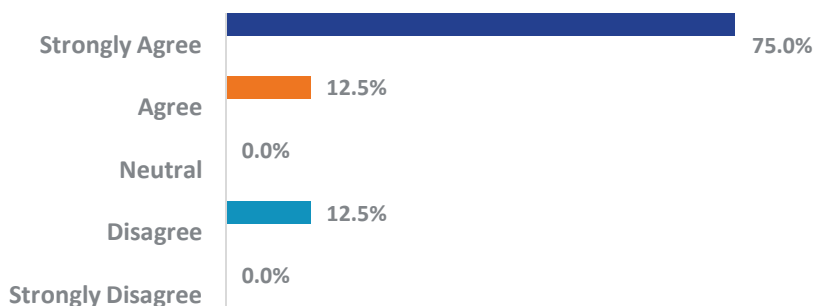
9/12 call data; 31 of 38 participants responded, including BHS and HC staff.

The following questions were asked of the smaller audience on the second call, but reflect some positive feedback on how frontline staff is experiencing their jobs, including: opportunities for training; work-life balance; knowing where to go for help with problems; and feeling safe in the workplace. While the numbers of individuals disagreeing with these issues was small, it does reflect areas where BHS may want to do more outreach to better understand frontline staff experiences, particularly in the areas of safety and work-life balance.

Most participants (87.5 percent) agreed, or strongly agreed, that they have adequate training or opportunities for training. Despite this, in the discussion period one participant identified training in leadership and team-building as one area where staff could receive more support. (See Figure 14)

Figure 14: Frontline Staff Tele-Town Hall Question 8d

*Do you agree or disagree with the statement: "I have adequate training or opportunities for training." There are five options from strongly agree to neutral to strongly disagree, please select one.*

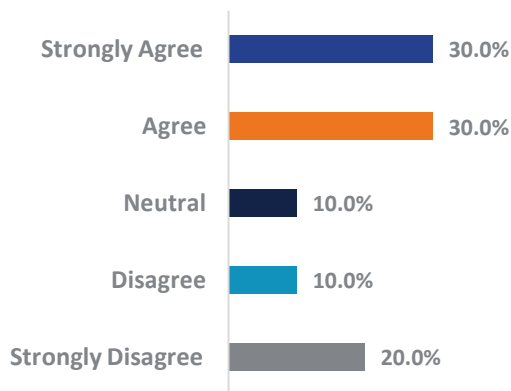


9/21 call data; 8 of 13 participants responded, including BHS and HC staff.

While 60 percent of participants agreed, or strongly agreed, that they have work-life balance, 30 percent of participants disagreed, or strongly disagreed, with 20 percent strongly disagreeing. This is an area BHS may want to explore more, particularly when paired with the finding that a high proportion of employees value flexible schedules (29 percent), which may be more conducive to better work-life balance. (See Figure 15)

Figure 15: Frontline Staff Tele-Town Hall Question 8a

*Do you agree or disagree with the statement: “I have work-life balance.” There are five options from strongly agree to neutral to strongly disagree, please select one.*

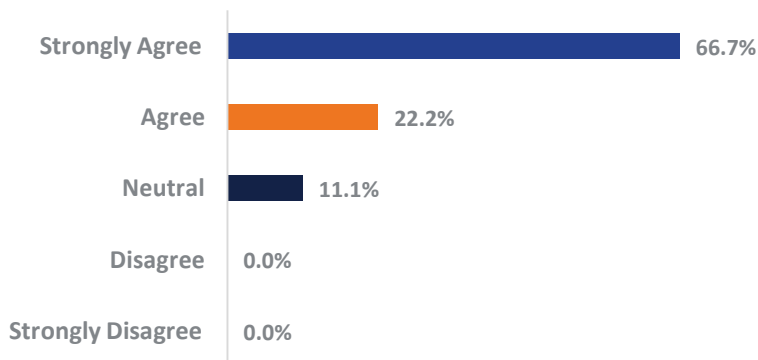


9/21 call data; 10 of 13 participants responded, including BHS and HC staff.

Most participants reported knowing who to ask for help with a problem or challenge (88.9 percent), and no participants reported not knowing who to ask for help. Despite the small sample size of this survey, this indicates that staff experience support from their organization, or supervisors or others, in navigating challenges in the workplace. (See Figure 16)

Figure 16: Frontline Staff Tele-Town Hall Question 8b

*Do you agree or disagree with the statement: “When I have a problem or challenge, I know who I can ask for help.” There are five options from strongly agree to neutral to strongly disagree, please select one.*

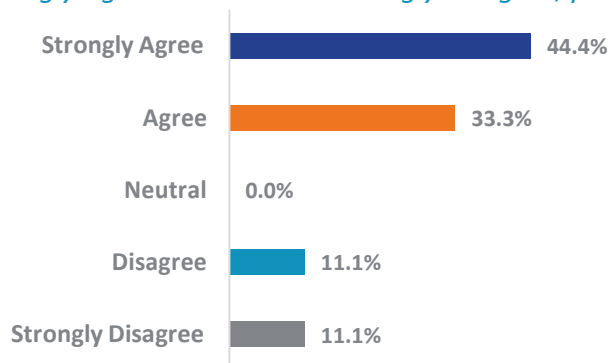


9/21 call data; 9 of 13 participants responded, including BHS and HC staff.

While the vast majority of participants agreed or strongly agreed that they felt safe in their work environment (77.8 percent), several participants either disagreed or strongly disagreed with that statement (22.2 percent). This is an issue that BHS should continue to explore with staff. (See Figure 17)

Figure 17: Frontline Staff Tele-Town Hall Question 8c

*Do you agree or disagree with the statement: “I feel safe in my work environment.” There are five options from strongly agree to neutral to strongly disagree, please select one.*



*9/21 call data; 9 of 13 participants responded, including BHS and HC staff.*

#### *Workplace Satisfaction and Engagement: Key Takeaways*

Frontline staff generally find their jobs rewarding, and appreciate the opportunities to give back and feel personally invested in the work they are doing and the clients they are serving.

However, paperwork and administrative burdens are the largest identified challenges for staff. Current administrative requirements should be reviewed to find areas to streamline or reduce that burden. For example, creating streamlined and consistent reporting across contracted partners.

Additionally, BHS should continue to explore several key areas regarding contractor provider staff, including work-life balance and ensuring workplace safety.

## **V. Conclusion**

Throughout the 2017 community engagement process, BHS and Harbage Consulting were able to connect with nearly 400 San Diego County residents, including consumers, caregivers, providers, justice partners, frontline staff, community members, and other stakeholders. Data from forums, focus groups, and tele-conferences demonstrate that San Diego County residents are generally happy with the services available from BHS. This report documents the value and impact of these services, and provides detailed data from participants regarding the importance of improving service accessibility; focusing on cultural competency and peer workers; enhancing service coordination and navigation tools; and prioritizing existing services and workforce development when making budgeting decisions.

## Appendix A: Community Forums

### A. Questions and Format

Two in-person community forums were held in San Diego County, one on August 10 in North County with 63 participants and one on August 29 in Central San Diego with 157 participants who were recruited through community outreach methods, including newspaper announcements, community calendars, flyers, and leveraging stakeholder communications.

Each community forum was a 90-minute event, with participants seated at tables of 8 to 10 people with trained moderators. County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) Director Alfredo Aguirre opened the events with a brief introduction. Then, each table had three 20-minute discussions focused on a series of three questions. Each question had a set of proposed response options. The goal of the discussions was to rank the proposed answers as well as to provide additional input on the questions and proposed answers. Following each question discussion, the facilitator hosted a round robin on the topic, allowing each table to share their input in their own words.

Additionally, large posters were hung around the community forum space to allow participants to record “parking lot” issues that came up during the discussions. This allowed participants to provide feedback to BHS outside the structured question and answer discussion format, that feedback is available in *Appendix H*.

These are the questions and response options discussed at the community forums:

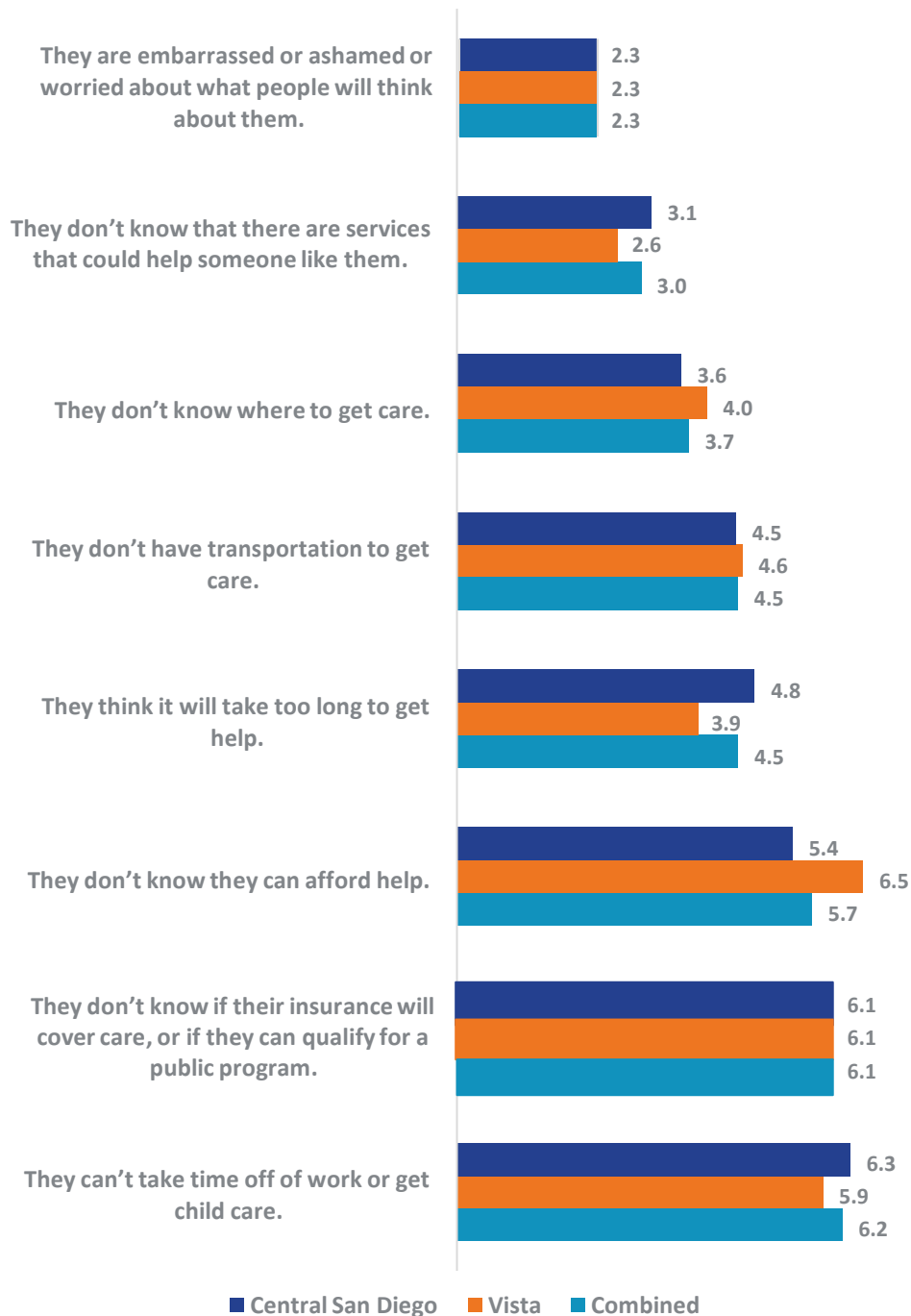
1. Why do you think someone might not be getting the care they need for mental health or substance use disorders? *Rank in order from 1 to 8 where 1 is most likely and 8 is least likely.*
  - They don’t know they can afford help.
  - They don’t know if their insurance will cover care, or if they can qualify for a public program.
  - They don’t know that there are services that could help someone like them.
  - They are embarrassed or ashamed or worried about what people will think about them.
  - They think it will take too long to get help.
  - They don’t have transportation to get care.
  - They don’t know where to get care.
  - They can’t take time off of work or get child care.
2. In what ways could the BHS better support you or others in getting care for mental health and substance use disorders? *Rank in order of importance where 1 is most helpful and 5 is least helpful.*
  - Having a care coordinator who can work with a patient’s doctors, pharmacists, and others to make sure everyone is on the same page and the patient gets the services they need.

- Making it easy to find out about different programs and how to get services, such as a hotline, website, or brochures.
  - Providing services for different cultural or ethnic groups, or age-specific services. For example, services in different languages or for children or older adults.
  - Making it easier to get to services, for example providing transportation.
  - Connecting people to other community programs that may help you, like finding stable housing, securing food benefits, and other services.
3. There are many needs and issues that BHS must balance when they are creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? *Rank in order of importance where 1 is most important and 7 is least important.*
- If people are happy with the care they are getting and how they are being treated.
  - If people can get help from “peers.” Peers are other people who have gone through the same experiences as the patients they work with, such as living with a mental illness or being in recovery from substance use disorders.
  - If it makes San Diego County healthier overall.
  - If people who need help are getting the right kind of help in a timely manner.
  - If doctors and other health care providers are giving people care based on what they know works best.
  - If we are bringing people together to make sure that of San Diego County residents are getting all the different types of help they need.
  - If it saves money, for example giving people a service that costs less or will mean fewer costs down the road.

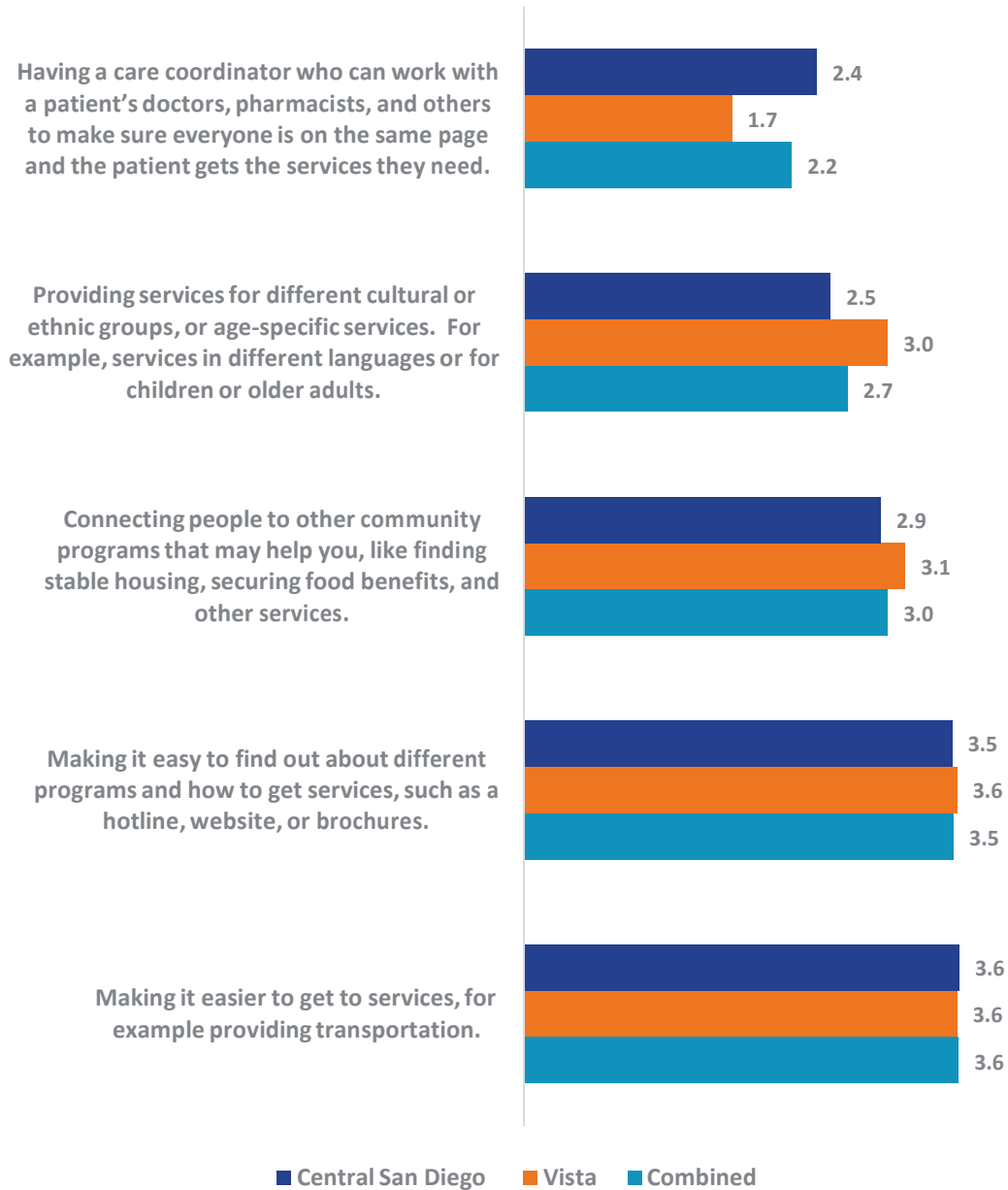
## B. Community Forum Feedback Data

Participants in groups were asked to rank answers where one was the highest, “best,” score, thus these graphs show the weighted rankings from highest to lowest.

1. *Why do you think someone might not be getting the care they need for mental health or substance use disorders? Rank in order from 1 to 8 where 1 is most likely and 8 is least likely. (Weighted rankings displayed.)*

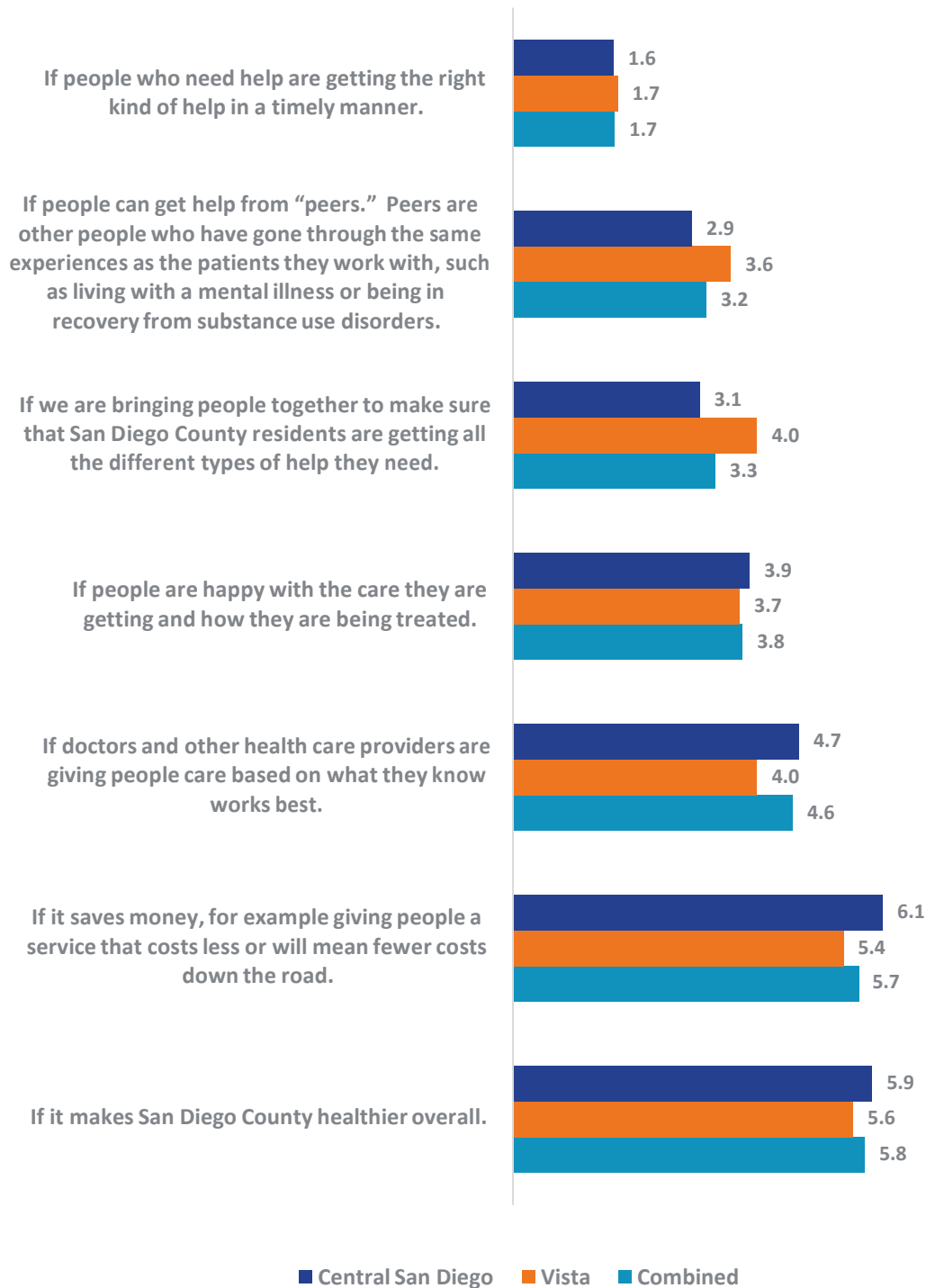


2. In what ways could the County better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful. (Weighted rankings displayed.)





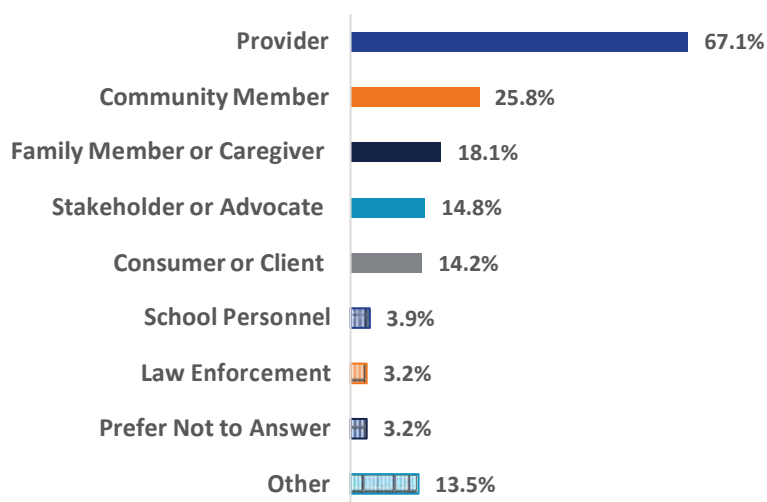
3. *In what ways could the County better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful. (Weighted rankings displayed.)*



## C. Participants

There were 220 participants at both community forums combined and 155 participants filled out a post-forum satisfaction survey, a 70.5 percent completion rate. At the Vista community forum, 53 of the 63 participants completed a survey, an 84.1 percent completion rate. At the Central San Diego Forum, 102 out of 157 participants completed a survey, a 65 percent completion rate. The data for both forums are combined in the figures below. Some charts may not add to 100%.

### 1. Group Identification



Other includes: County staff and contractors, community-based organizations, peer workers, faith-based groups and insurers.

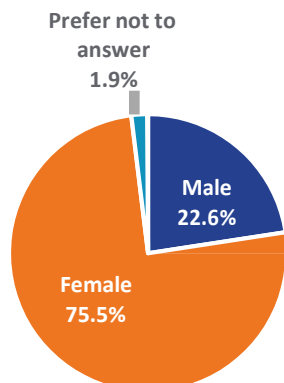
### 2. Zip code

Zip code	Count	Zip code	Count
91910	5	92083	1
91913	2	92084	8
91915	2	92093	1
91921	1	92101	1
91941	3	92102	3
91942	5	92103	3
91945	3	92104	6
91950	3	92105	5
91977	6	92107	1
92008	3	92108	4
92009	1	92110	2
92019	3	92111	2
92020	1	92113	4
92021	2	92114	6
92025	4	92115	4
92026	1	92116	1
92027	3	92117	2
92037	2	92119	4
92054	2	92120	3
92056	4	92121	1
92057	1	92123	4
92058	1	92124	1
92061	1	92126	1
92064	2	92127	1
92065	1	92128	2
92069	1	92129	1
92071	1	92130	2
92075	1	92131	1
92078	4	92154	2
92081	2	92173	1
92082	1	Skip	4

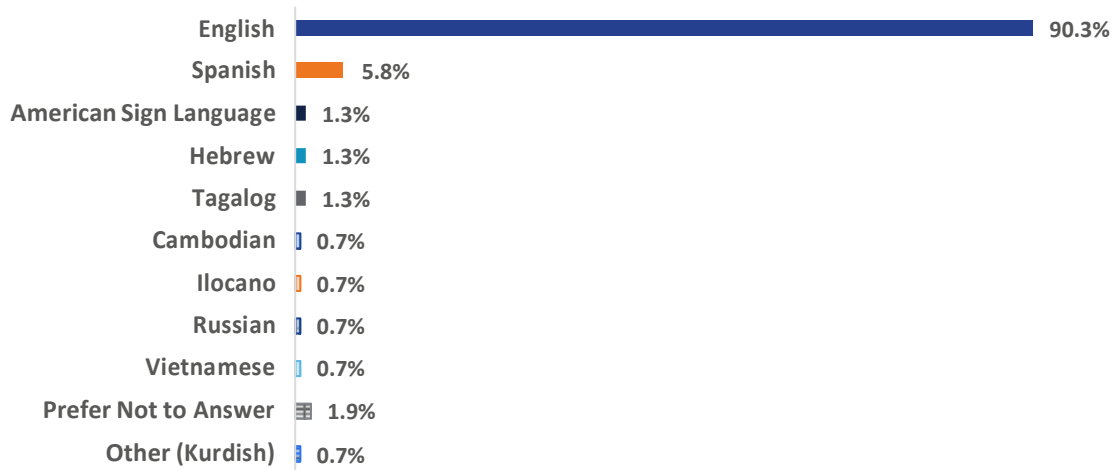
### 3. Age

Age Range	39 to 69 years old
Average Age	55 years old
Median Age	58 years old

### 4. Gender

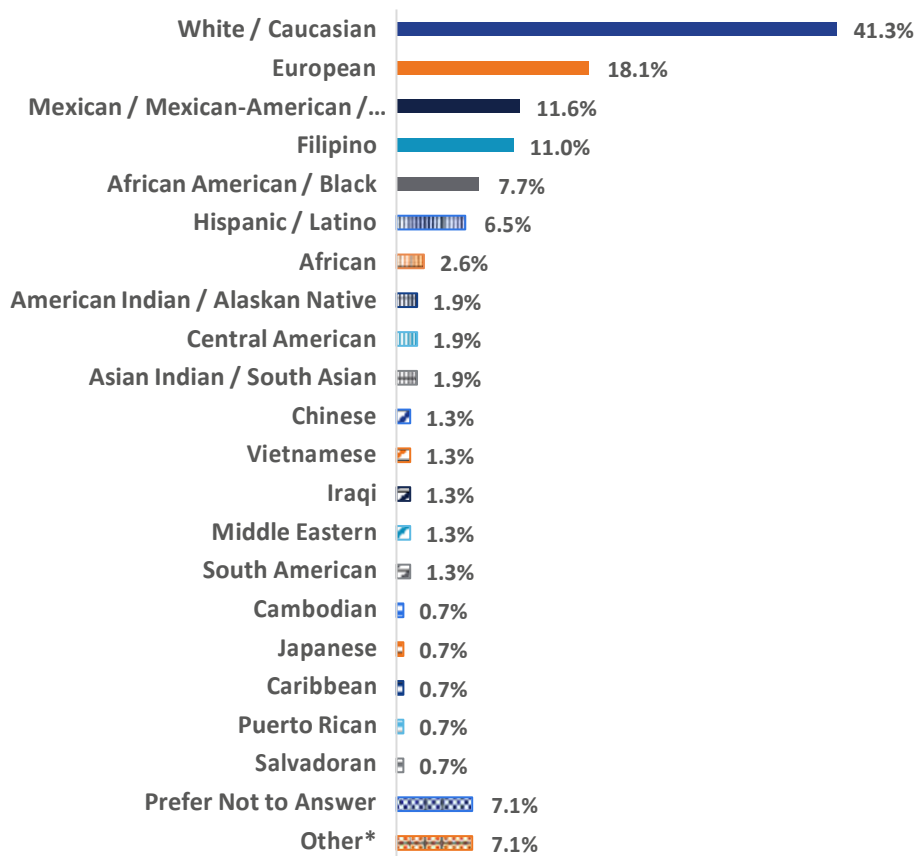


## 5. Language



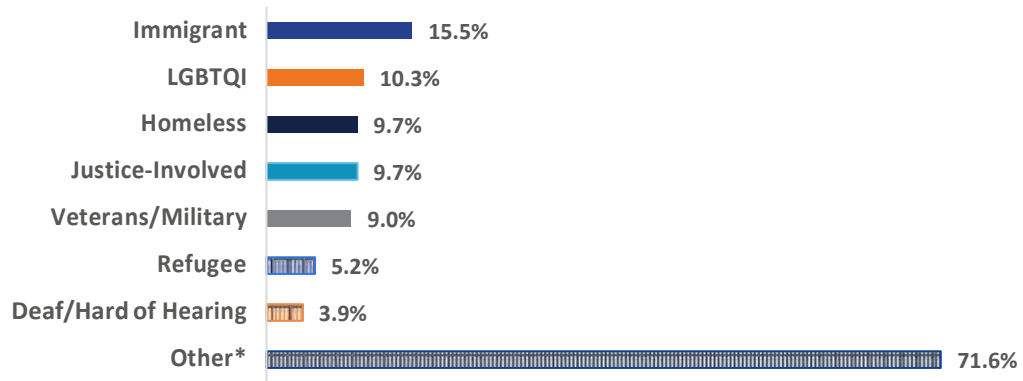
Unrepresented languages: Arabic, Armenian, Cantonese, Farsi, French, Hmong, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Samoan, Thai, and Turkish.

## 6. Race/Ethnicity



Unrepresented races/ethnicities: Hmong, Korean, Laotian, Mien, Pacific Islander, Native Hawaiian, Samoan, Chaldean, Cuban, Dominican.

## 7. Special Populations



*\*Other/Prefer not to answer/None of the above*

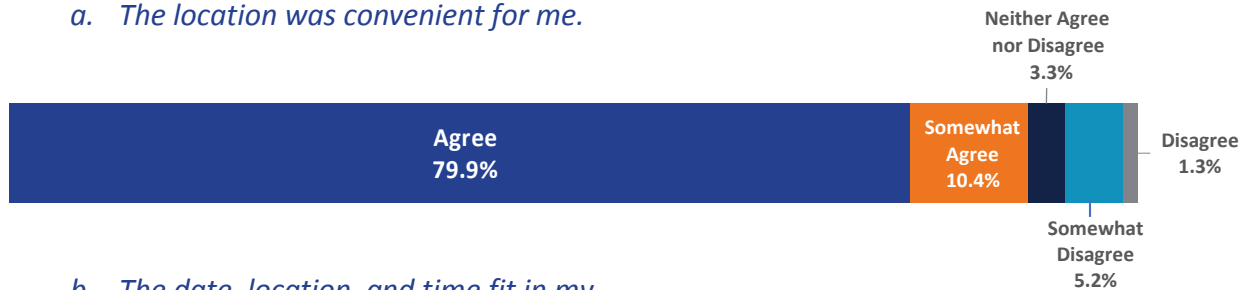
## C. Community Forum Evaluations

1. Overall, how would you rate the focus group?

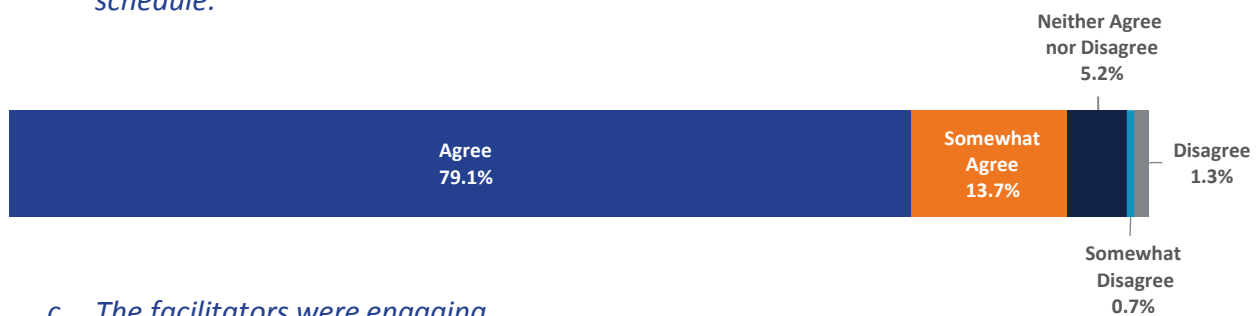


2. How would you rate the focus group?

a. The location was convenient for me.



b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.



d. The format of the forum allowed me to share my honest feedback.



3. *How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?*



4. *How can we improve our community engagement process?*

- On-going daily basis feedback opportunities via internet/social media forum.
- Allow more write in options for questions and answers and eliminate the directed answers. The provided answers were limiting and didn't fully represent the ideas/feedback/concerns.
- Provide questions prior to forum to allow providers to discuss with clients.

## Appendix B: Community Tele-Town Hall

### A. Questions and Format

Participants were recruited both through community outreach methods, including newspaper announcements, community calendars, flyers, and leveraging stakeholder communications, as well through cold/anonymous outbound calls using voter data based on San Diego County zip codes. Participants were eligible for a \$5 gift card if they participated in the call until the end, provided their email address, and then filled out a post-tele-town hall satisfaction survey.

The tele-town hall was a 45-minute call. After a brief opening presentation by County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) Director Alfredo Aguirre, participants were asked the following series of polling questions, similar to those discussed at the in-person community forums. Following each poll question, the moderator announced the results and then led a discussion on the topic, allowing participants to share their input in their own words and ask questions.

1. Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders? *There are four options. Please listen to all the options, then make your choice.*
  - **Press 1:** They don't know if they can afford help or if their insurance will cover that care.
  - **Press 2:** They don't know where to get care or that there are services that could help someone like them.
  - **Press 3:** They are embarrassed, ashamed, and/or worried about what people will think about them.
  - **Press 4:** They don't have transportation, child care, and/ or can't take time off work.
2. How can BHS better support San Diego County residents in getting care for mental health and substance use disorders? *There are five options. Please listen to all the options, then make your choice.*
  - **Press 1:** Having a care coordinator who can work with a patient's doctors, pharmacists, and others to make sure everyone is on the same page and the patient gets the services they need.
  - **Press 2:** Making it easy to find out about different programs and how to get services, such as a hotline, website, or brochures.
  - **Press 3:** Providing services for different cultural or ethnic groups, or age-specific services. For example, services in different languages or for children or older adults.
  - **Press 4:** Making it easier to get to services, for example providing transportation.
  - **Press 5:** Connecting people to other community programs that may help them, like finding stable housing, securing food benefits, and other services.

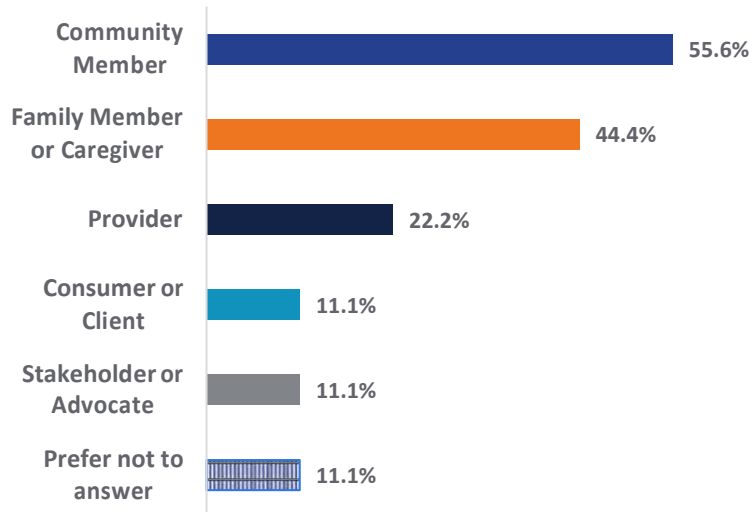
3. There are many needs BHS must balance when they are creating a plan and budget for serving the community. What do you think are the most important things for them to consider? *There are five options. Please listen to all the options, then make your choice.*

- **Press 1:** If people are happy with the care they are getting and how they are being treated.
- **Press 2:** If people can get help from “peers (Peers are other people who have gone through the same experiences as the patients they work with, such as living with a mental illness or being in recovery from substance use disorders).
- **Press 3:** If it makes San Diego County healthier overall.
- **Press 4:** If people who need help are getting the right kind of help in a timely manner.
- **Press 5:** If it saves money, for example giving people a service that costs less or will mean fewer costs down the road.



## B. Participants

### 1. Group Identification



Unrepresented Groups: Law Enforcement, School Personnel

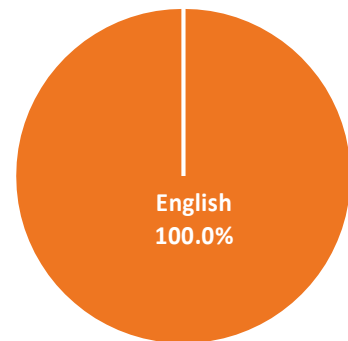
### 2. Zip code

Zip Code	Count
92118	1
92117	1
92071	1
92065	1
92021	2
92020	1
92019	1
91941	1

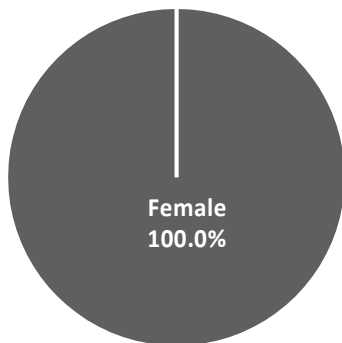
### 3. Age Range

Age Range	39-69 years old
Average Age	54.8 years old
Median Age	58 years old

### 4. Languages



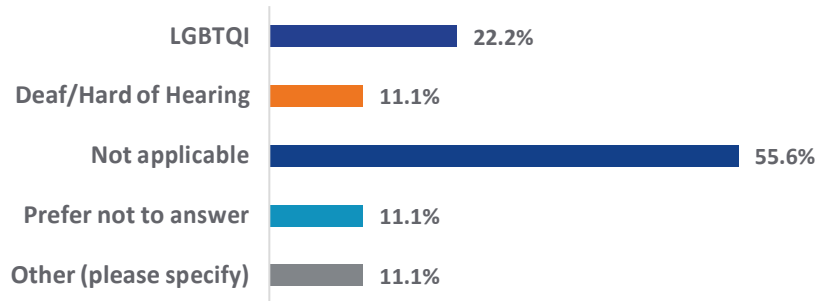
### 5. Gender



### 6. Race/Ethnicity



## 7. Special Groups



*Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Homeless, Justice-Involved*

*Some charts may not add to 100%.*

## C. Community Tele-Town Hall Evaluation

1. Overall, how would you rate the tele-town hall?



2. How would you rate the tele-town hall format?

a. The date and time fit in my schedule.



b. The facilitators were engaging.



c. The format of the forum allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?



4. How can we improve our community engagement process?

- Visuals of the questions and answers would be helpful.
- Having the survey online instead.
- Longer and more comprehensive surveys/discussions.

## Appendix C: Clubhouse Members Focus Group

### A. Questions and Format

There are 14 Clubhouses located throughout San Diego County offering a variety of services to support individuals in recovery from a mental health issue or substance use disorder. The Clubhouses are operated by contracted entities, and each serves a slightly different population. The exact services and programs vary by clubhouse, but largely include classes to help with skill development, access to counseling or other behavioral health care, and peer supports.

Ten of the Clubhouses participated in an innovative 90-minute tele-conference focus group.

Clubhouse	Key Services
<b>Central Region</b>	
Corner (Community Research Foundation) <i>Population: Client Directed Clubhouse</i>	<ul style="list-style-type: none"> <li>• Vocational: pre-vocational training, computer clinic</li> <li>• Educational: GED tutoring, community resource library, job development support</li> <li>• Social: holiday celebrations, social events, dances, special events</li> </ul>
NH Friendship (Neighborhood House Association) <i>Population: Adults</i>	<ul style="list-style-type: none"> <li>• Health and Wellness classes and activities</li> <li>• Self-help groups</li> <li>• Recovery groups and classes</li> <li>• Recreational and entertainment activities, including arts and crafts, community garden, life skills classes, computer literacy classes</li> <li>• Peer support and advocacy</li> <li>• Vocational and employment support</li> <li>• In-house and community volunteering</li> <li>• Referrals</li> </ul>
The Meeting Place <i>Population: Adults</i>	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Education</li> <li>• Recreation</li> <li>• Health and Wellness</li> <li>• Other Support (i.e. housing, filing for SSI, daily living skills, personal finances, and advocacy)</li> </ul>
<b>North Central Region</b>	
East Wind (Union of Pan Asian Communities) <i>Population: Primarily Asian-American communities, including immigrants</i>	<ul style="list-style-type: none"> <li>• Physical health, mental health wellness and nutrition education</li> <li>• Traditional arts, knitting, crocheting, mixed media art classes</li> <li>• Music therapy</li> <li>• ESL classes, Citizenship classes, food handlers classes</li> <li>• Computer classes</li> <li>• Support groups</li> </ul>

	<ul style="list-style-type: none"> <li>• Medical Health Resources</li> <li>• Employment support and readiness, resume building, interview process practice and job search</li> </ul>
Oasis (Pathways) <i>Populations: 16-25 years old</i>	<ul style="list-style-type: none"> <li>• Life skills training</li> <li>• Member run Oasis council</li> <li>• Educational assistance</li> <li>• Job skills and development</li> <li>• Peer mentoring and support</li> <li>• Volunteer opportunities</li> <li>• Community integration services</li> <li>• Social and recreational activities</li> <li>• Mental health support and linkage</li> <li>• Recovery groups</li> <li>• Community service opportunities</li> <li>• Transportation assistance</li> </ul>
<b>South Region</b>	
Casa Del Sol (Community Research Foundation) <i>Population:</i> <i>Client Directed Clubhouse</i>	<ul style="list-style-type: none"> <li>• Vocational: pre-vocational training, computer clinic</li> <li>• Educational: GED tutoring, community resource library, job development support</li> <li>• Social: holiday celebrations, social events, dances, special events</li> </ul>
Visions (Mental Health America of San Diego County) <i>Population: 18+</i>	<ul style="list-style-type: none"> <li>• Self-help support groups</li> <li>• Life skills, social activities, vocational and pre-vocational training, psycho-social rehabilitation</li> </ul>
<b>East Region</b>	
East Corner (Community Research Foundation) <i>Population:</i> <i>Client Directed Clubhouse</i>	<ul style="list-style-type: none"> <li>• Vocational: pre-vocational training, computer clinic</li> <li>• Educational: GED tutoring, community resource library, job development support</li> <li>• Social: holiday celebrations, social events, dances, special events</li> </ul>
<b>North Coastal Region</b>	
Mariposa (Mental Health Systems) <i>Population: 18+</i>	<ul style="list-style-type: none"> <li>• Assisting with educational goals</li> <li>• Supporting vocational goals</li> <li>• Affording wellness education</li> <li>• Providing mentorship</li> <li>• Creating social activities</li> <li>• Offering social security advocacy</li> </ul>
<b>North Inland Region</b>	
Escondido (Mental Health Systems) <i>Population: 18+</i>	<ul style="list-style-type: none"> <li>• Assisting with educational goals</li> <li>• Supporting vocational goals</li> <li>• Affording wellness education</li> <li>• Providing mentorship</li> <li>• Creating social activities</li> <li>• Offering Social Security Advocacy</li> </ul>

Each Clubhouse recruited up to 10 members to participate, as well as staff to help facilitate the conversations. In four Clubhouses, Harbage Consulting staff served as in-person facilitators, and in six Clubhouses, Harbage Consulting staff served as phone moderators supporting in-person Clubhouse staff facilitators.

Each Clubhouse discussed a series of discrete questions as a small group, and then was joined back to the broader group of all the participating Clubhouses to report back on their answers.

The Clubhouse focus group covered the following questions.

### *Introductions*

1. How long in San Diego?
2. How long have you been receiving services from this Clubhouse?

### *History/Service Utilization*

3. How did you find out about the services you are receiving at this Clubhouse?
4. What services do you find most helpful?
5. What additional services or support do you need at this time?

*Round robin report out.*

### *Specific Service Experience & Value*

6. What has changed in your life since you started receiving services from this Clubhouse?
7. Since you've started coming here, has it helped increase your connection with your community? Or your family? Is there more that could be done at this Clubhouse to build those connections?

*Round robin report out.*

### *Informing County Decision Making*

As you may or may not know, the services you receive here are provided by the County of San Diego, BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

8. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego County?

*Round robin report out.*

*Wrap-up (5 minutes)*

Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

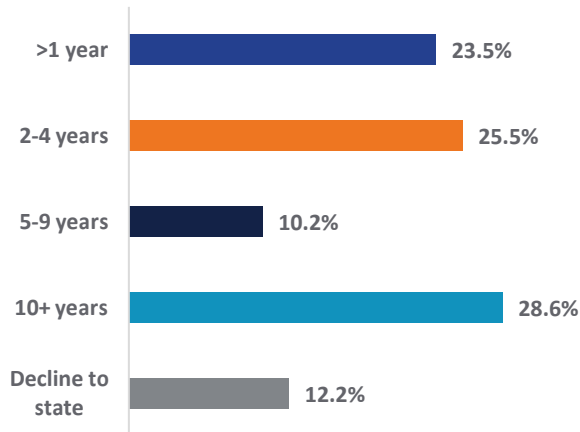
9. Please read what you wrote.

10. Last question – is there anything else you want us to know?

## B. Participants

The ten Clubhouses recruited up to ten members per site, and submitted 98 post-focus group satisfaction surveys. Some charts may not add to 100%.

### 1. Length of Time in Program/Receiving Services



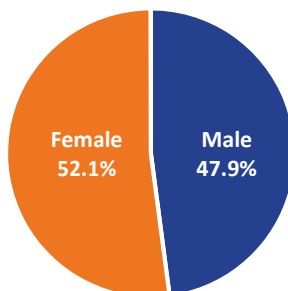
### 2. Zip code

Zip Code	Count	Zipcode	Count
91254	1	92104	5
91910	8	92105	2
91911	3	92110	1
91912	1	92111	16
91941	1	92113	6
91942	1	92114	1
91945	2	92115	1
91978	1	92116	1
92018	1	92120	1
92020	4	92123	3
92021	4	92124	1
92025	4	92126	1
92027	3	92129	1
92028	1	92139	1
92054	2	92154	7
92064	1	92173	1
92071	1	92192	1
92101	3		
92102	4		

### 3. Age

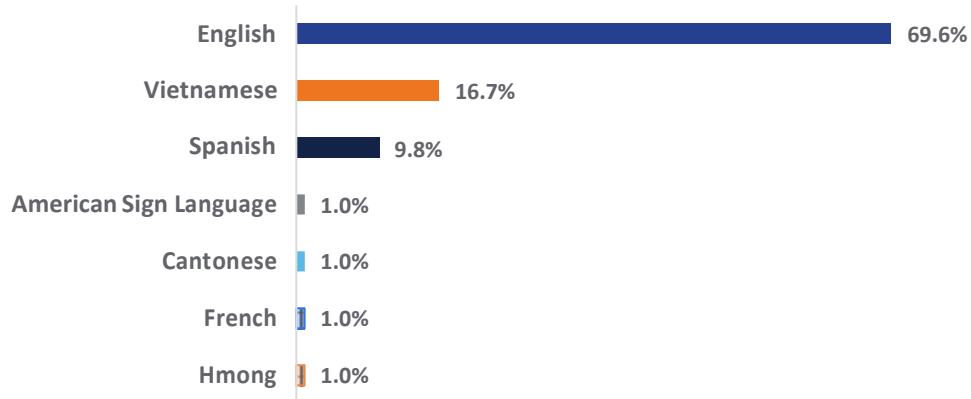
Age Range	19-82 years old
Average Age	50.6 years old
Median Age	54 years old

### 4. Gender



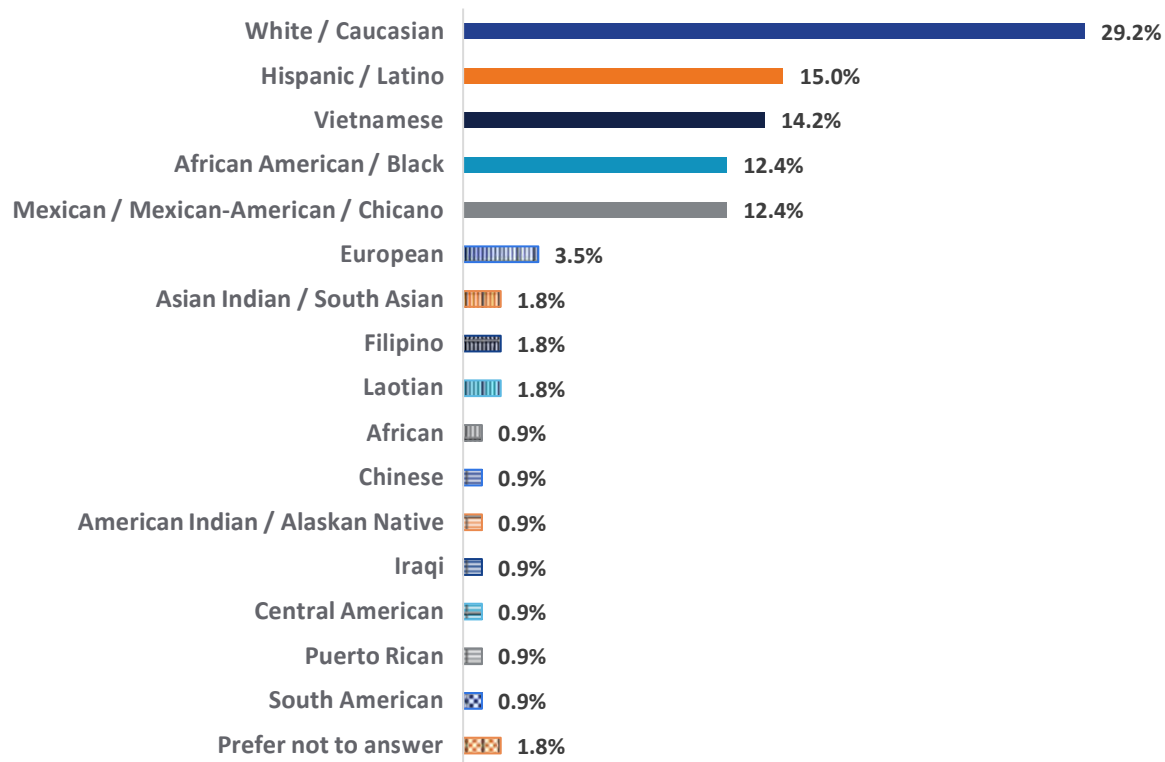


## 5. Language



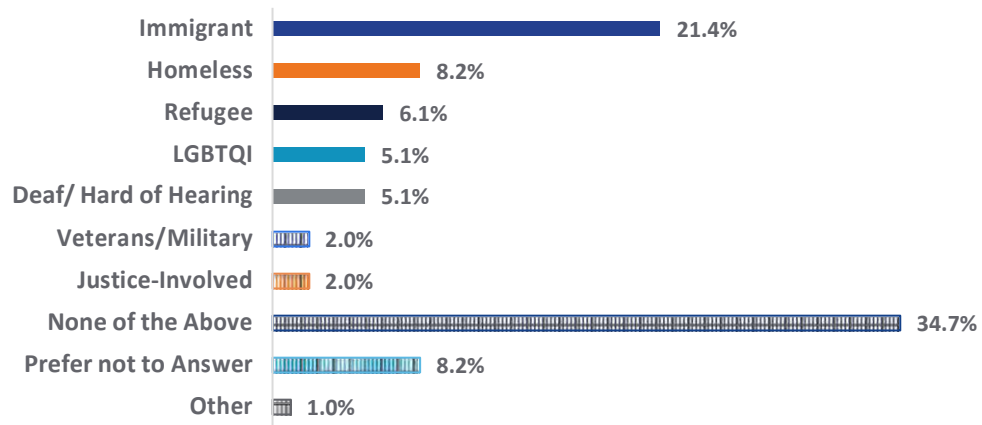
Unrepresented Languages: Arabic, Armenian, Cambodian, Farsi, Hebrew, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, Turkish

## 6. Race/Ethnicity



Unrepresented Races/Ethnicities: Cambodian, Hmong, Japanese, Korean, Mien, Pacific Islander, Native Hawaiian,

## 7. Special Populations



## C. Clubhouse Members Focus Group Evaluation

1. Overall, how would you rate the focus group?

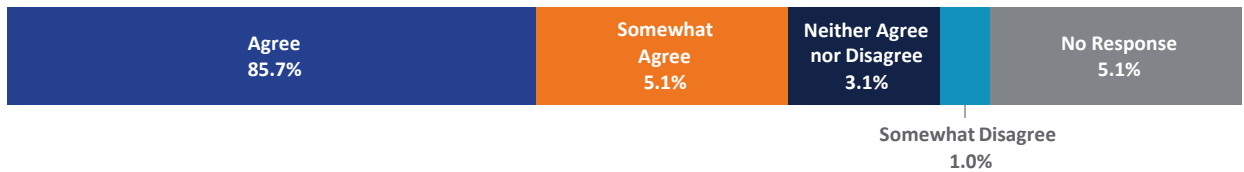


2. How would you rate the focus group?

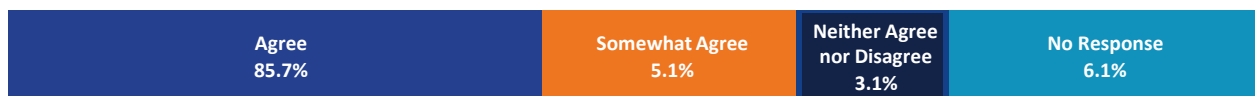
a. The location was convenient for me.



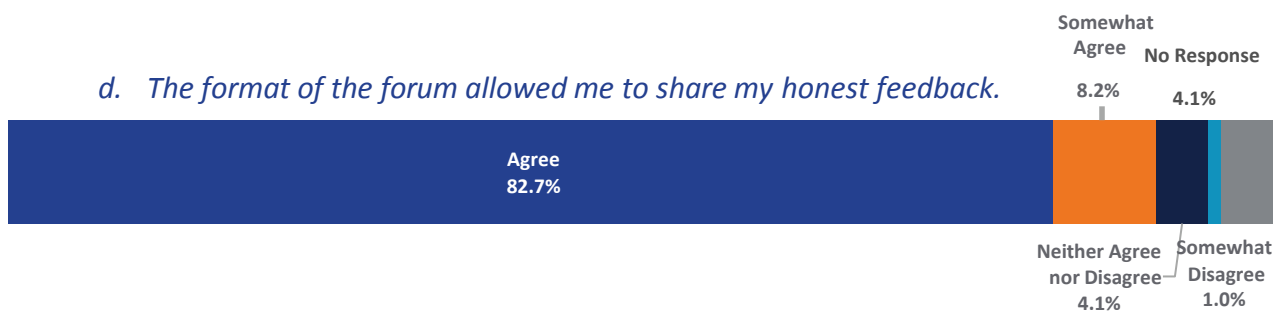
b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.



d. The format of the forum allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?



4. *How can we improve our community engagement process?*

- Continue to reach out; keep the doors open.
- Better use of technology (i.e. online access to give input/wifi at clubhouse).
- More financial support for the county.
- Facilities improvements.

## Appendix D: Homeless Clubhouse Members

### A. Questions and Format

The County of San Diego has several facilities providing behavioral health services to individuals who are homeless or have unstable housing, including the Episcopal Community Services Friend to Friend Clubhouse (F2F). The F2F Clubhouse provides non-residential outreach, engagement, and intensive case management to homeless adults with a serious mental health condition diagnoses as well as to those with co-occurring substance use disorders (SUDs). It is F2F's goal to help those who are interested improve their social and vocational skills. While not providing medical services, F2F case workers help clients connect with needed services.

To gather input from individuals served by F2F, program staff recruited nine members to participate in a 90-minute focus group. Participants included two women and seven men, and their length of time receiving county services ranged from less than a month to more than 10 years, with most participants having been involved with the program around one to two years.

The homeless Clubhouse focus group covered the following questions.

#### *Introductions*

1. How long in San Diego; how long have you been homeless?
2. Which program(s) do you receive services from and how long?

#### *History/Service Utilization*

3. How did you find out about the services you are receiving?
4. What kind of services are you receiving right now at your program?
5. What additional services or support do you need at this time?

#### *Specific Service Experience & Value*

6. If you were talking to a friend, how would you describe the services you are receiving?
7. What services do you find the most helpful?
8. What has changed in your life since you started receiving services?
9. Is there anything you need that is missing from the program that would be helpful to you?
10. Since you started coming here, has it helped increase your connection with your community? Or your family? Is there more that could be done by the County or by your program to build those connections?

### *Informing County Decision Making*

As you may or may not know, the services you receive here are provided by BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

11. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego County?

### *Wrap-up (5 minutes)*

Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

12. Please read what you wrote.
13. Last question – is there anything else you want us to know?

## B. Participants

Of the nine participants in the homeless Clubhouse focus group, eight filled out the post-focus group satisfaction surveys, an 88.9 percent response rate. Some charts may not add to 100%.

### 1. Length of Time in Program or Receiving Services.

Length of Time	Number of Participants
1 to 3 months	2
1 to 2 years	2
10 or more years	3
Other (Response = "years")	1

### 2. Programs

- Friend to Friend
- Family Health Centers
- Joshua House, St. Vincent's
- Smart Program Sober Living
- Narcotics Anonymous
- Alcoholics Anonymous

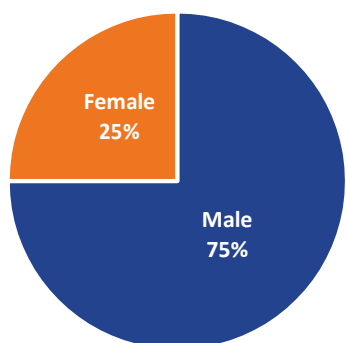
### 3. Zip Codes

Zip code	Number of Participants
92101	3
92104	2
92105	1
92021	1

### 4. Age

Age Range	38 to 64 years old
Average Age	53 years old
Median Age	55 years old

### 5. Gender

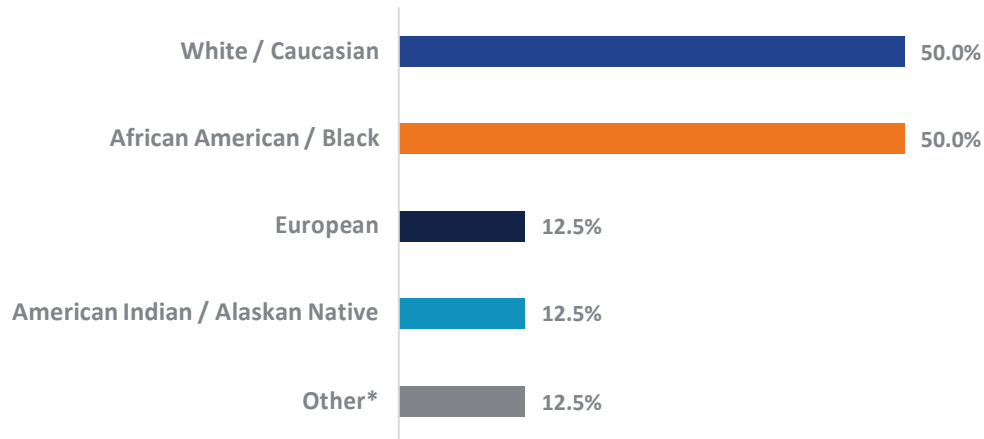


### 6. Language

English	100%
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*Unrepresented Languages: American Sign Language, Arabic, Armenian, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai,*

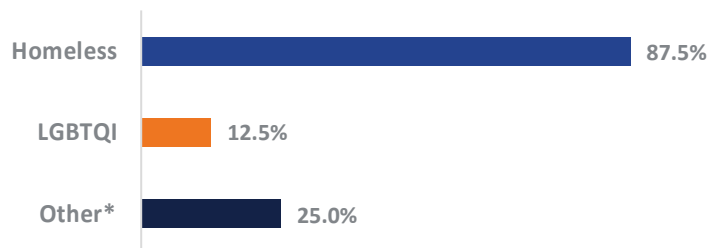
## 7. Race/Ethnicity



*Unrepresented Races/Ethnicities: African, Asian Indian/South Asian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, Chaldean, Iraqi, Middle Eastern, Hispanic/Latino, Caribbean, Central American, Cuban, Dominican, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadoran, South American*

*\*Response = "Mexican Mixed"*

## 8. Special Groups



*Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Deaf/Hard of Hearing, Justice-involved, None of the above, Prefer not to answer.*

*\*Response = "church" and "was homeless"*



## C. Homeless Clubhouse Members Focus Group Evaluation

1. Overall, how would you rate the focus group?



2. How would you rate the focus group?

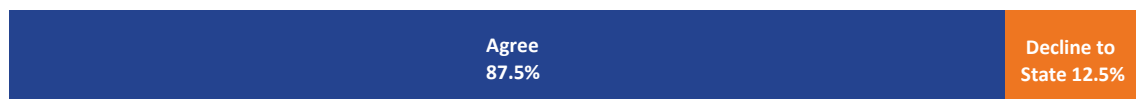
a. The location was convenient for me.



b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.



d. The focus group allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in a focus group to a friend?



*4. How can we improve how we are getting input from the community?*

- Keep doing what you are doing.
- Continue word of mouth.
- I feel the group was great just the way it went.
- You are fine.
- Media input addressing homeless.
- Community outreach.
- More groups.

## Appendix E: Justice-Involved Individuals

Many individuals with serious mental illnesses or substance use disorders are likely to both rely on County-provided services for those conditions as well as have contact with the justice system. Given this correlation, Harbage Consulting conducted a focus group for 10 justice-involved adults receiving a variety of outpatient services from organizations in San Diego County including Exodus, Telecare, and Center Star. Several participants were living in sober living centers.

- *Exodus* provides two types of programs in San Diego County for individuals with behavioral health needs who are justice-involved or at risk of becoming involved in the justice system:
  - AB 109 Program: Individuals who are under Post Release Community Supervision (PRCS) and Mandatory Supervision receive individualized care plans and case management to ensure they receive appropriate behavioral health and other supportive services.
  - Project Connect: Individuals with intellectual and developmental disabilities who are actively being served by the San Diego Regional Center are provided with individual and group counseling. Project connect teams ensure that participants are connected to the necessary support services and are in compliance with mental health care and criminal justice mandates.
- *Telecare* has two programs that serve individuals who are involved, have been involved in, or are transitioning out of the justice system.
  - CORE SD: Corrections Outpatient Recovery Enhancement program serves residents who are currently on parole and referred by the California Department of Corrections and Rehabilitation. Individuals can access a wide variety of support services such as case management, employment services, and treatment.
  - Behavioral Health Collaborative Court: Uses a multidisciplinary team and partnerships within the community to provide individuals with an individualized recovery plan. Individuals receive proper training to help them manage their conditions more effectively and achieve their goals.
- *Center Star* provides individuals who are referred through hospitals, jails, and drug courts with all-inclusive case management and outpatient rehabilitation services. Treatments are community-based and designed to meet the unique needs of each individual.

The 90-minute focus group participants included five women and five men receiving services from these programs, and their length of time receiving county services ranged from less than six months to between two and 10 years. Topics included transitions from custody to the community, as well as how the programs have impacted participants' lives and what advice they would give the BHS in planning and budgeting. Participants received a \$10 gift card as an incentive.

The Clubhouse focus group covered the following questions.

### *Introductions*

1. How long in San Diego?
2. Which program(s) do you receive services from and how long?

### *History/Service Utilization*

3. What kind of services are you receiving right now at your program?
4. Can you tell me about a time you had a helpful interaction with a mental health or substance use disorder provider in the last year?
5. What additional services or support do you need at this time?

### *Specific Service Experience & Value*

6. Did you receive services while you were in custody or jail – any services that helped you transition back to the community?
7. Let's talk about when you were released from custody: did you have your ID, a place to live, someone to help you? If you take prescription medication were you able to easily access them? What kind of challenges did that create for your ability to deal with a mental health or substance use disorder?
8. How did you find out about the services you are receiving now?
9. How would you describe to a friend the services you receive?
10. What services do you find helpful? What keeps you coming back, keeps you attached to these services?
11. What has changed in your life since you started receiving services?
12. Is anything missing that you need?
13. Since you've transitioned back into the community, have the behavioral health treatment services you've received helped increase your connection with your community? Or your family? Is there more that could be done to build those connections?

### *Informing County Decision Making*

As you may or may not know, the services you receive here are provided by BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

14. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego?

*Wrap-up (5 minutes)*

Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

15. Please read what you wrote.
16. Last question – is there anything else you want us to know?

## B. Participants

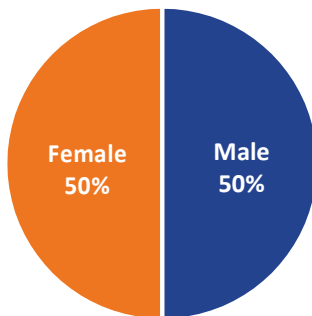
### 1. Length of Time in Program or Receiving Services

Length of Time	Number of Participants
Less than a year	6
2 to 4 years	1
9 to 10 years	2
Other (Response: years)	1

### 3. Zip Codes

Zip code	Number of Participants
92015	3
92103	1
92104	2
92105	3
92113	1

### 5. Gender



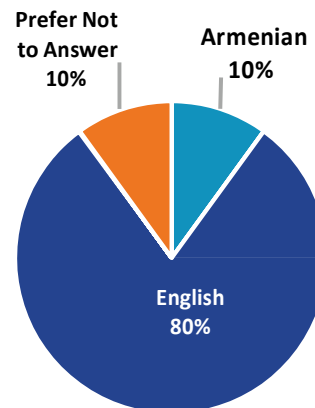
### 2. Programs

- Friend to Friend
- Family Health Centers
- Joshua House, St. Vincent's
- Smart Program Sober Living
- Narcotics Anonymous
- Alcoholics Anonymous

### 4. Age

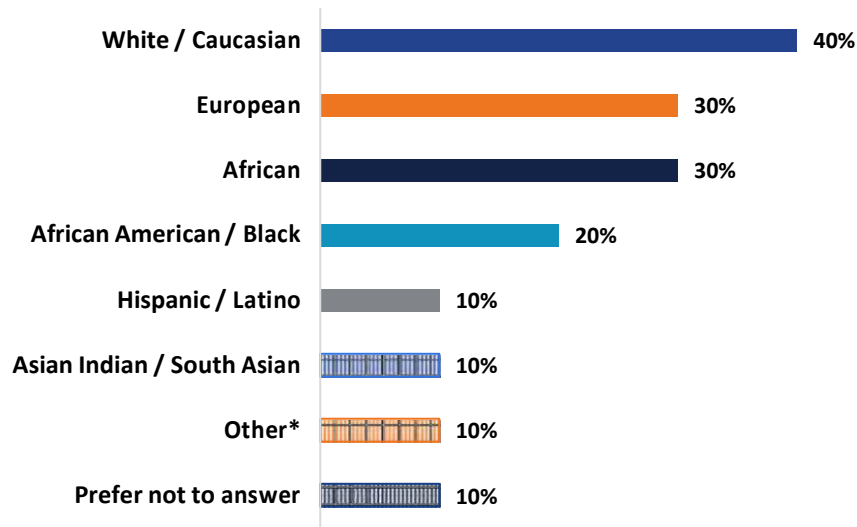
Age Range	15 to 67 years old
Average Age	44 years old
Median Age	47 years old

### 6. Language



Unrepresented Languages: American Sign Language, Arabic, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai, Turkish, Vietnamese.

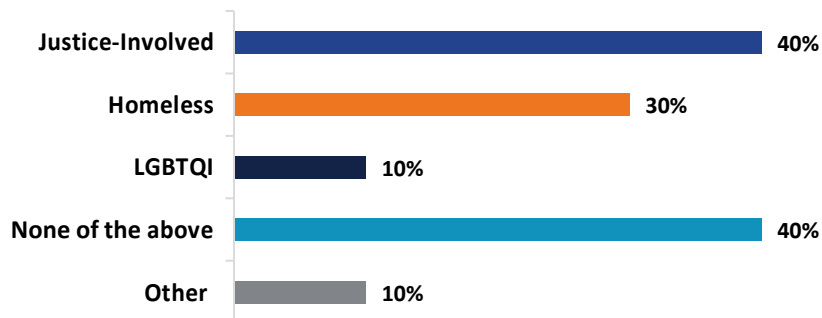
## 7. Race/Ethnicity



Unrepresented Races/Ethnicities: Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, American Indian/Alaskan Native, Chaldean, Iraqi, Middle Eastern, Caribbean, Central American, Cuban, Dominican, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadorean, South American, Prefer not to answer.

\*Write-in Response: "Multiracial"

## 8. Special Groups

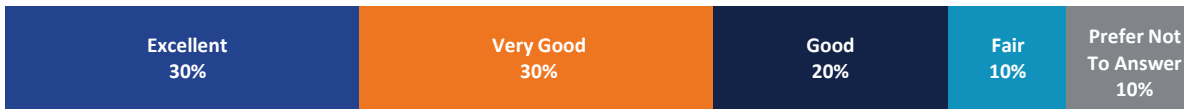


Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Deaf/Hard of Hearing, Prefer not to answer.

Some charts may not add to 100%

## C. Justice-Involved Individuals Focus Group Evaluation

1. Overall, how would you rate the focus group?



2. How would you rate the focus group?

a. The location was convenient for me.



b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.



d. The focus group allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in a focus group to a friend?





*4. How can we improve how we are getting input from the community?*

- Try reaching out more and more to them.
- More groups.
- Listen.
- A concert.
- Just set out and talk.
- Ask.

## Appendix F: Justice Partners

### A. Questions and Format

The County of San Diego Health and Human Services Agency (HHS) has been working closely with justice agencies to improve coordination and communication in serving the justice-involved population. As a part of the community engagement process, partners were convened including frontline staff, to have a focused discussion on identifying gaps in the current transition from custody to community services, and strategies to address those gaps.

Thirteen participants gathered representing the San Diego County Sheriff's Department, the District Attorney's Office, the City of San Diego City Attorney, the Public Defender Office, the Probation Department, and the Health and Human Services Agency.

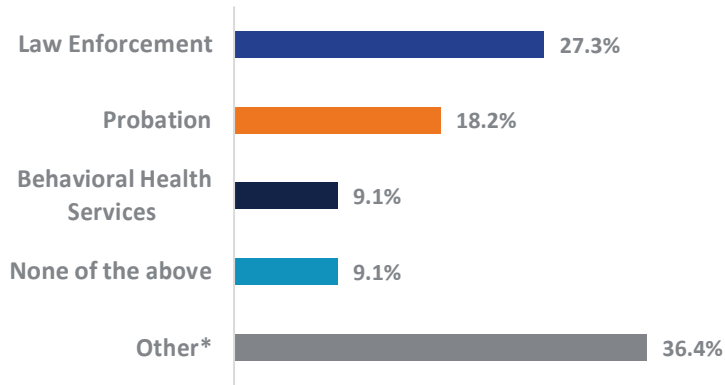
Justice partners representing multiple behavioral health services and justice system agencies and coalitions gathered for a 90-minute discussion on the following question:

How might we design a comprehensive warm hand-off from custody to services in the community to improve engagement in services?

## B. Participants

Some charts may not add to 100%.

### 1. Group Identification



Unrepresented : Behavioral Health or Health Care Provider, Community Organizations

\*2 Public Defenders and 2 HHSA

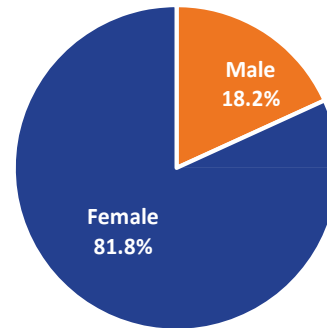
### 2. Zip Code

Zip Code	Count
92130	1
92120	2
92117	1
92116	1
92115	1
92108	1
92101	1
92071	1
92008	1
91942	1

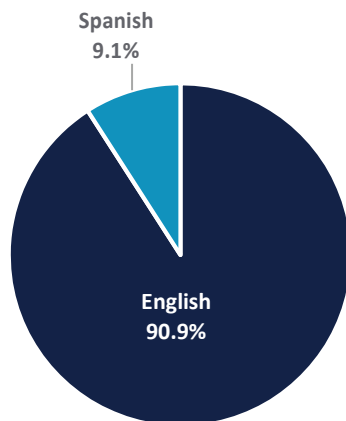
### 3. Age

Age Range	32-56 years old
Average Age	44.8 years old
Median Age	46 years old

### 4. Gender

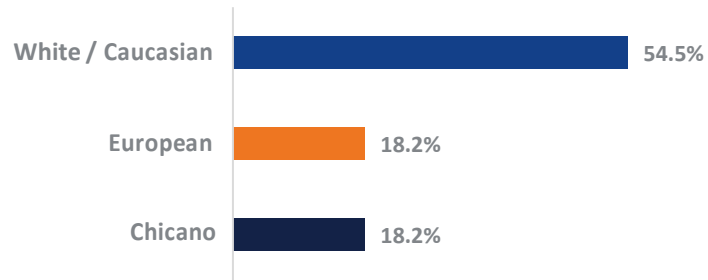


### 5. Language



Unrepresented languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, Turkish, and Vietnamese.

## 6. Race/Ethnicity



*Unrepresented Races/Ethnicities: African American/Black, Cambodian, Chinese, Filipino, Hmong., Japanese, Korean, Laotian, Mien, Vietnamese, Native Hawaiian, Samoan, Chaldean, Iraqi, Middle Eastern, Caribbean, Central American, Cuban, Dominican, Puerto Rican, Salvadoran, South American.*

## C. Justice Partners Focused Discussion Evaluation

1. Overall, how would you rate the focus group?



2. How would you rate the focus group?

a. The location was convenient for me.



b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.



d. The focus group allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in a focus group to a friend?



*4. How can we improve how we are getting input from the community?*

- Getting the agenda beforehand to bring ideas.
- Better explanation as to direct goals and context of purpose of forums.
- Going to providers and providing focus groups with clients and service providers.
- Gather suggestions for forum topics.
- More communication, bridging gap between agencies, connecting with vulnerable populations in custody and linking them to services.

## Appendix G: Frontline Staff

### A. Questions and Format

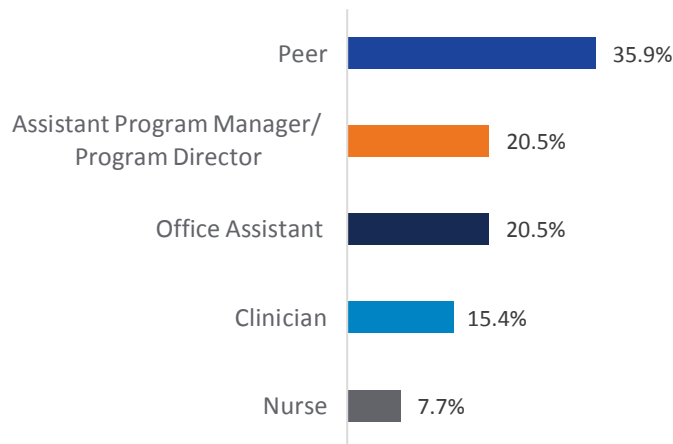
A tele-town hall format was used to gather feedback from the frontline staff who are either providing or supporting behavioral health services on behalf of the County of San Diego. Unlike the questions for the community and other targeted populations, the questions for frontline staff were designed to better understand workforce satisfaction and engagement. Staff were asked eight polling questions (not including demographics) and three discussion questions.

Behavioral Health Services invited staff from more than 300 contracted services to join the tele-town hall by an email invitation, and staff then registered for the call. The call was to include both polling and discussion questions (*See Appendix G*).

Forty-two frontline staff joined the September 12, 2017 tele-town hall. Unfortunately, seven questions into the 13-question call, the conference call vendor's system experienced a system-wide outage, and the call could not be completed. Every staff member who registered for that first call was re-registered for a follow-up call on September 21, 2017, and contacted via email. The follow-up call completed the five remaining polling and two remaining discussion questions as well as duplicating three polling questions and one discussion question asked on the first call. Two polling questions were repeated in order to assess the demographics of the call (job titles and length on job) and the third repeated polling question was used to re-orient participants to the repeated discussion question, both focusing on the most challenging parts of staffs' jobs. Fourteen of frontline staff participated in the follow-up call, including 11 individuals who had participated in the first call.

The responses for both calls are combined in this discussion of the results, and responses are available separately for each call in *Appendix G*. However, the need for two calls due to the vendor's system outage resulted in several data limitations worth noting. The first is the significant level of attrition between the first and follow-up calls. While the total number of participants on both calls was relatively low, there was a 74 percent decline in the number of participants between the original tele-town hall and the rescheduled meeting. Additionally, due to software limitations, Harbage Consulting is unable to fully, and confidently understand the extent to which participants of the first call may have also participated in the second. Harbage Consulting is also unclear whether staff who participated in both calls may have changed their responses between the first and second. As such, the findings from this tele-town hall should be interpreted with caution, and results are not likely generalizable.

Participants were well distributed across different jobs, with most identifying as peer workers (35.9 percent), and similar numbers of participants serving in administrative leadership or support roles (20.5 percent for each) or as a clinician or nurse (23.1 percent).



*9/12 and 9/21 call data; 39 of 45 participants responded, including BHS and HC staff.*

Most participants had been on the job less than three years (64.1 percent).

Below are the questions asked in the frontline staff tele-town halls, with the call dates noted:

1. *Poll (9/12 and 9/21):* What best describes your job title? Choose one option.
  - a. Office Assistant
  - b. Peer
  - c. Clinician
  - d. Assistant Program Manager/Program Director
  - e. Nurse
2. *Poll (9/12 and 9/21):* How long have you been at your job?
  - a. Up to one year
  - b. Up to three years
  - c. Up to five years
  - d. Up to 10 years
  - e. More than 10 years
3. *Poll (9/12):* What do you like best about your job? Choose one option.
  - a. I like the opportunity to help others/give back
  - b. I like my coworkers and the people I work with
  - c. I like feeling challenged and have opportunities for growth
  - d. I like that I have a personal connection with the type of services we are providing to the community
  - e. I like the compensation and benefits. (wages, health care, retiree benefits, paid leave, flex time)
4. *Discussion (9/12):* Does anyone want to share the parts of their job they like best?

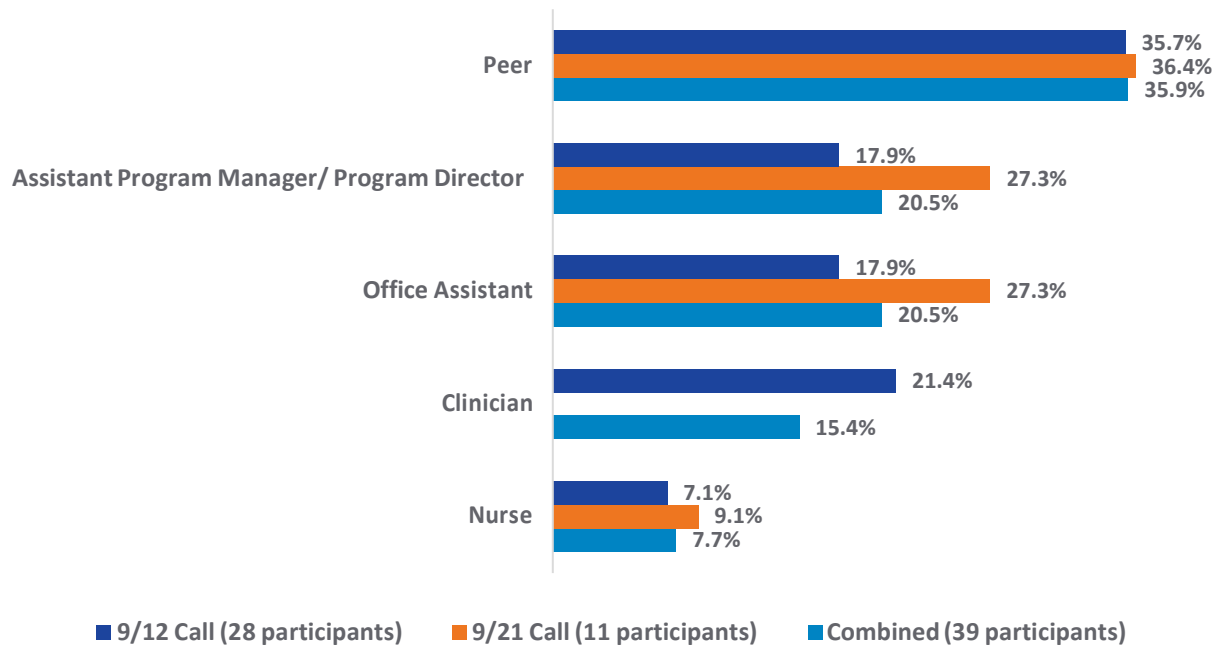


5. *Poll (9/12)*: Which compensation or benefits are the most valuable to you? Choose one option.
  - a. Wages
  - b. Health care benefits
  - c. Retiree benefits
  - d. Paid leave, like vacation time or sick days
6. *Poll (9/12 and 9/21)*: What is the most challenging part of your job? Choose one option.
  - a. Clients/consumers can be difficult
  - b. I do not feel like I'm making a difference
  - c. Required paperwork makes it hard to get things done
  - d. I get stressed out and feel burnt out
  - e. Compensation and benefits
7. *Discussion (9/12 and 9/21)*: Does anyone want to share the parts of their job they find most challenging?
8. *(9/21)* We're going to do some ranking polls using a 5-point scale. 5 means you strongly agree, 3 is neutral, 1 is strongly disagree. Select one option.
  - a. *Poll*: I have good work-life balance.
  - b. *Poll*: When I have a problem or a challenge, I know who I can ask for help.
  - c. *Poll*: I feel safe in my work environment.
  - d. *Poll*: I have adequate training or opportunities for training.
  - e. *Poll*: I find my job rewarding.
9. *Discussion (9/21)*: What would make you feel more supported at work (not related to compensation, benefits, or work schedule)?

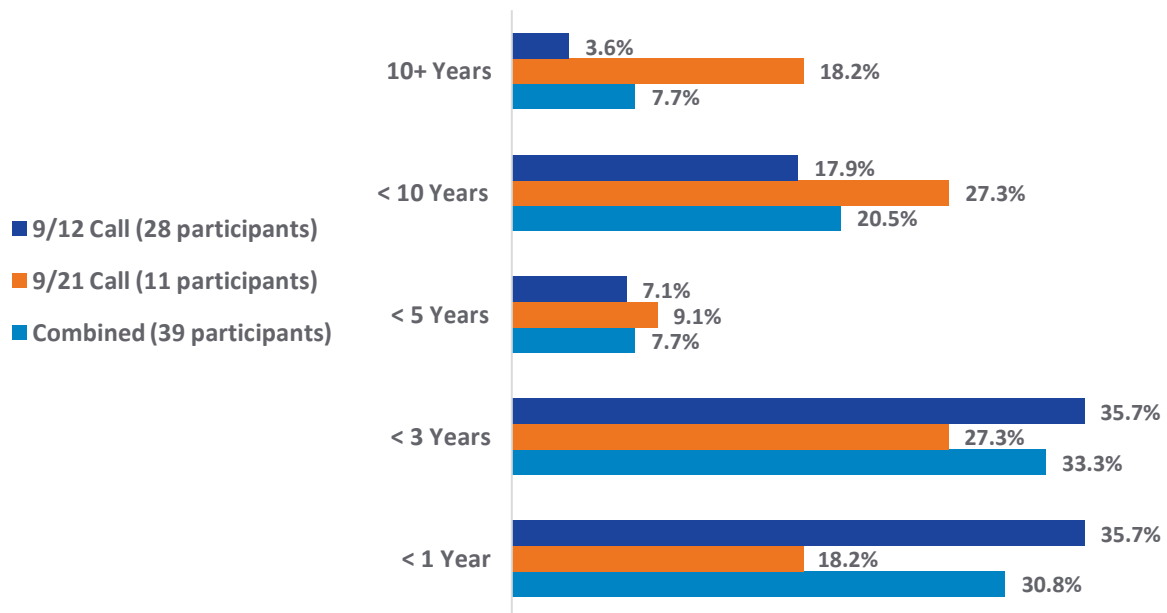
## B. Frontline Staff Tele-Town Hall Data

Some participant data were collected during the tele-town halls. These data are shown here to allow a comparison of the participants at the first and second town halls. Some charts may not add to 100%.

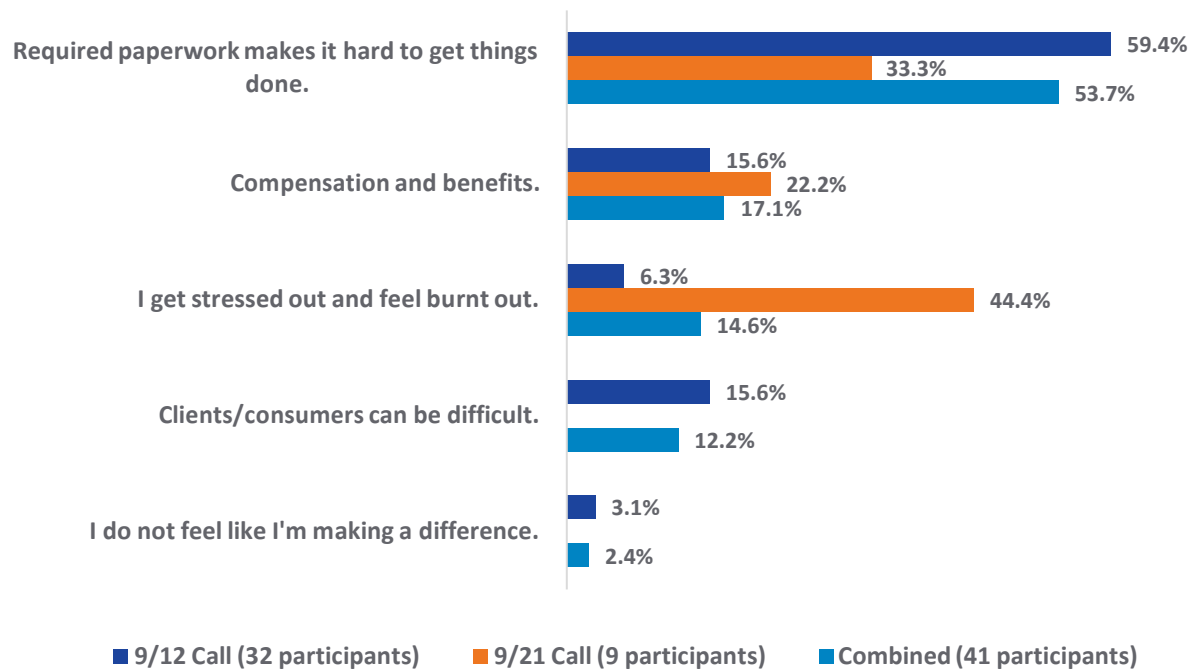
### 1. Participant Job Titles (Frontline Staff Tele-Town Hall Question 1)



### 2. Length of Time at Job (Frontline Staff Tele-Town Hall Question 2)



3. "What is the most challenging part of your job?" (Frontline Staff Tele-Town Hall Question 6)



## C. Participants

Of the 45 total tele-town hall participants, ten participants completed the online tele-town hall satisfaction surveys, a 22 percent response rate. Of the surveys received, half of respondents reported that they participated in the first tele-town hall and half of respondents reported participation in both tele-town halls. Some charts may not add to 100%.

The following data reflect the 10 tele-town hall participants who completed online surveys.

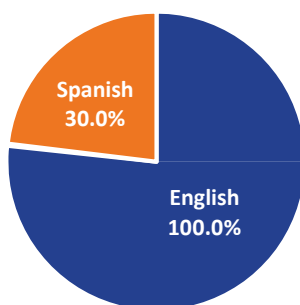
### 1. Age

Age Range	27-99 years old
Average Age	47 years old
Median Age	40 years old

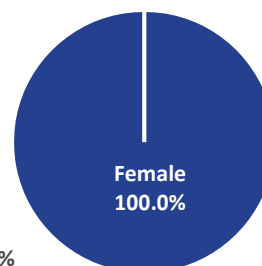
### 2. Zip Code

Zip Code	Count
92113	1
92106	1
92105	1
92103	1
92102	1
92056	1
92029	1
91977	1
91906	1

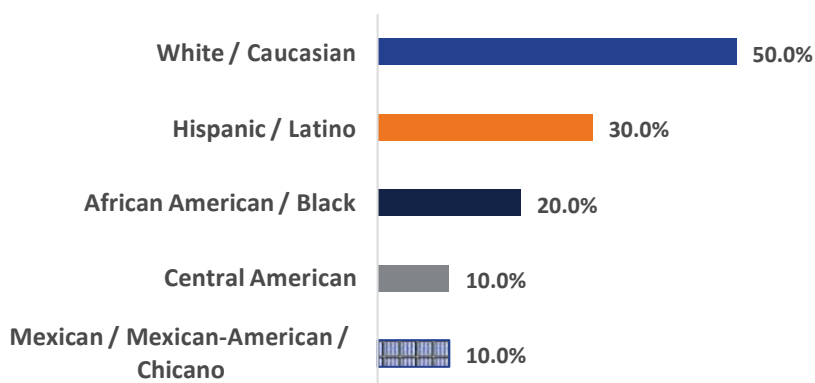
### 3. Languages



### 4. Gender

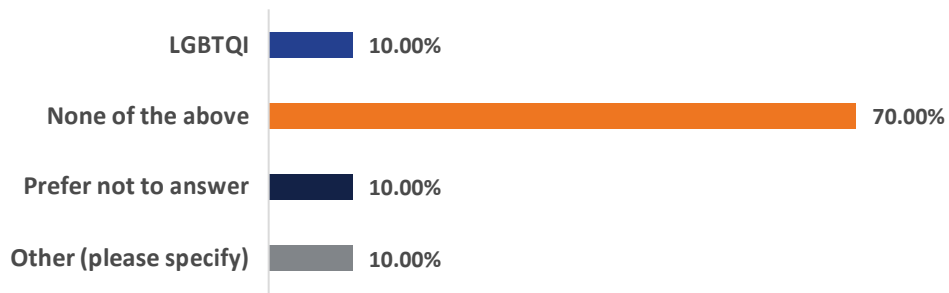


### 5. Race/Ethnicity



*Unrepresented Races/ Ethnicities: African, Asian Indian/ South Asian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, American Indian/Alaskan Native, Chaldean, European, Iraqi, Middle Eastern, Caribbean, Cuban, Dominican, Puerto Rican, Salvadoran, South American*

## 6. Special Populations



*Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Homeless, Deaf/Hard of Hearing, Justice Involved*

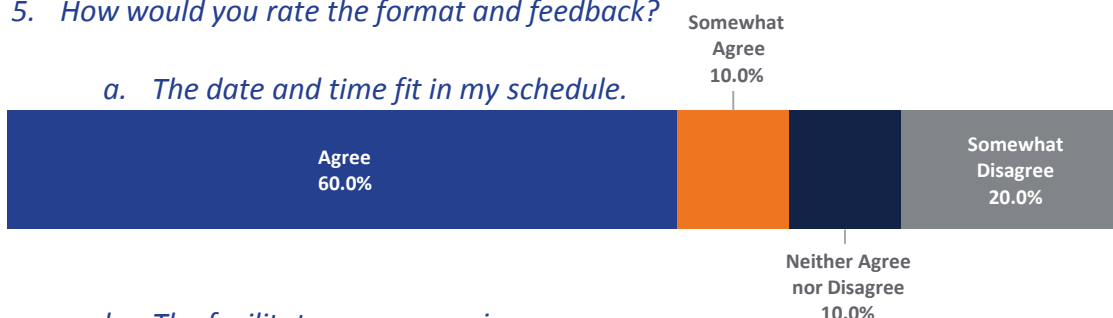
## D. Frontline Staff Tele-Town Hall Evaluation

2. Overall, how would you rate the tele-town hall?



5. How would you rate the format and feedback?

a. The date and time fit in my schedule.



b. The facilitators are engaging.



c. The format of the forum allowed me to share my honest feedback.



6. How likely is it that you would recommend participating in this type of community event to a friend, family member, or colleague?



7. How can we improve our staff engagement process?

- Better software.
- Just work on tech issues.
- Staff engagement was good.
- I think it went very well.
- For me, knowing there are others participating would give me confidence that not only my voice was heard and perhaps the results would have a greater impact. "We have x participants today or welcome everyone or all of you", etc. If that language was used, I missed it.

## Appendix H: Parking Lot

At each community forum, participants had the opportunity to put “parking lot” issues up on poster boards displayed around each venue. Parking lot issues included anything participants thought was important for the County of San Diego to know or consider in their planning and budgeting processes but which was outside the scope of the topics and questions under discussion in the forums. Those issues have been compiled here by theme. Multiple mentions of an issue are noted. *Comments are transcribed verbatim.*

### A. Central San Diego Community Forum

Funding	<ol style="list-style-type: none"><li>1. Put more money into effective programs. (i.e. I got well in Scripps Mercy Behavioral Health Outpatient and they had to close due to lack of funding!)</li><li>2. Board of Supervisors earmarking county taxes to support BHS/mental health services</li><li>3. Increase funding for 0-5 years old</li></ol>
Services	<ol style="list-style-type: none"><li>1. Prevention/Early Intervention (2 mentions)</li><li>2. Recovery Oriented vs. “Revolving Door” cycle</li><li>3. Safe services for undocumented</li><li>4. Major need for 0-5, especially with First 5 in decline. Need to reduce pre-school/ childhood suspension and expulsion</li><li>5. Shortages of available services vs. need</li><li>6. Need for more outreach services</li><li>7. Use of evidence-based models and practices</li><li>8. Supported employment</li><li>9. Need mandated treatment services</li><li>10. Program capacity (waitlists, staff/program resources)</li><li>11. Co-occurring clients need to be treated at the same time</li><li>12. Transportation (2 mentions)<ol style="list-style-type: none"><li>a. Bus tokens, more funding for public transportation (including Uber, etc.)</li><li>b. Transportation</li></ol></li><li>13. Professional development—scholarships and continuing education</li><li>14. Family Services (4 mentions)<ol style="list-style-type: none"><li>a. Full family interventions providing family services for all affected by trauma</li><li>b. Supportive services for CWS involved families (3 mentions)</li><li>c. Need to support military families’ transition into new schools when kids have behavior concerns</li></ol></li></ol>

	<ul style="list-style-type: none"> <li>d. Need to take a whole family approach – caregivers of children with behavior challenges need support and children of parents with behavior challenges need intervention too</li> </ul> <p>15. Peer support groups (amongst themselves)</p> <p>16. Wrap-around services (3 mentions)</p> <ul style="list-style-type: none"> <li>a. More wrap-around services available at program sites, all inclusive</li> <li>b. True WRAP services (current services, transportation, housing, etc.)</li> <li>c. Need wrap-around services that meet needs of teens, especially access to OZ short term residential treatment</li> </ul> <p>17. Need to support inclusion for children with behavior needs in out-of-school-time care</p>
Housing	<p>1. Housing (3 mentions)</p> <ul style="list-style-type: none"> <li>a. Affordable in all areas of county. More homeless services in East County</li> <li>b. Various challenges</li> <li>c. Supportive/transitional housing</li> </ul> <p>2. Housing for families with children (4 mentions)</p> <ul style="list-style-type: none"> <li>a. Especially for fathers in reunification through CWS</li> <li>b. Especially for families with various challenges (MH, reunification, sober living, youth allowed)</li> </ul>
Staffing	<p>1. Having care coordination with caseloads that are manageable</p> <p>2. Higher pay (8 mentions)</p> <ul style="list-style-type: none"> <li>a. High pay for staff so that they stay longer and provide better quality care and services</li> <li>b. High pay level for AOD counselors and mental health counselor in AOD program</li> <li>c. Peer support specialists- high wages</li> <li>d. Higher wages for all staff to increase continuity of care</li> <li>e. Higher salaries for service providers</li> <li>f. Higher pay for staff- obtain/sustain/maintain</li> <li>g. Higher compensation for staff which will allow them to stay employed at the company longer – decreasing how often clients need to “start over” building rapport with the staff/ salaries in social service increase. More money = more retention</li> <li>h. Allocations for budget</li> </ul> <p>3. Hospital social workers do not know how to apply for social security funding (claims)</p>
Other	<p>1. Lack of enforcement</p> <p>2. County conservator does not use legal aid to appeal SSI denial</p> <p>3. Being mindful of holding community events during holidays</p>



	<ul style="list-style-type: none"> <li>4. Bureaucracy – Greed</li> <li>5. Research project to track number of mental health (co-occurring) cases using the Public Defender’s Office because behavioral health system is broken</li> <li>6. Schools are a closed system – need to get info in to students</li> <li>7. Some clients do not access services due to readiness to change</li> </ul>
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## B. Vista Community Forum

Funding	<ol style="list-style-type: none"> <li>1. Funding services in a sustainable and long term way</li> <li>2. Funding</li> </ol>
Reasons Individuals Don't Get Care	<ol style="list-style-type: none"> <li>3. Language and cultural barriers, hours of operation, denial of need, rural community versus urban/suburban, housing, TAY services</li> <li>4. Unaware of mental health diagnosis and/or risk factors/symptoms. Addressing/understanding co-occurring SUD with SMI and MI</li> <li>5. They don't think they have a problem</li> <li>6. Symptoms of MI are too vague for people to be aware of their risk/diagnosis</li> <li>7. Ask these questions directly to client</li> <li>8. Needing more help with organization</li> <li>9. Fear of immigration status</li> <li>10. Eligibility criteria</li> </ol>
Services	<ol style="list-style-type: none"> <li>1. Outreach and engagement of mentally ill people and their families</li> <li>2. Engage patients using MI (Motivational Interviewing) to motivate, build confidence, and engage them in their own health solutions. And then coordinate care.</li> <li>3. More psych beds for pediatric care</li> <li>4. Language access</li> <li>5. Cultural competency</li> <li>6. Housing (2 mentions)</li> </ol>
Staff/Resources	<ol style="list-style-type: none"> <li>1. Retention of experienced staff</li> <li>2. Capacity (program/staff work load, residential beds and esp. detox, housing)</li> <li>3. Use resources already have more collaboratively, easiest for clients, share space, personnel, etc. to best match client need</li> </ol>
Other	<ol style="list-style-type: none"> <li>1. Using successful models of how to improve (Jewish Family Service, Alliance for African Assistance)</li> </ol>

# **APPENDIX I**

## **Full Service Partnerships Outcomes Report FY 2016-17 Children, Youth & Families FSP Summary**

# Full Service Partnerships OUTCOMES REPORT

## Children, Youth & Families FSP Summary

**FY 2016-17**

### What Is This?

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

### Why Is This Important?

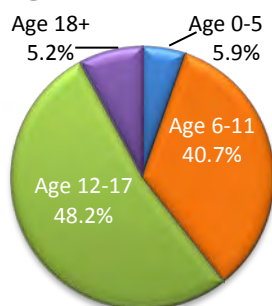
FSP programs support individuals and families, using a “whatever it takes” approach to establish stability and maintain engagement. The programs build on client strengths and assist in the development of abilities and skills so clients can become and remain successful. They help clients reach identified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

### Who Are We Serving?

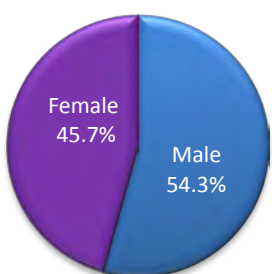
In Fiscal Year (FY) 2016-17, a total of 6,522 unduplicated clients received services through 26 FSP programs, a 79% increase from 3,648 FSP clients served in 18 FSP programs in FY 2015-16.

## FSP Client Demographics and Diagnoses (N = 6,522)

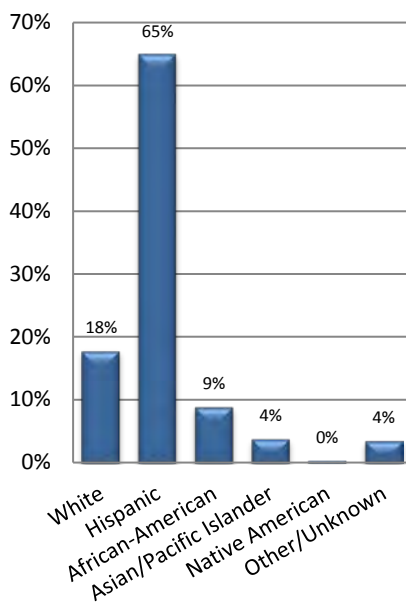
### AGE



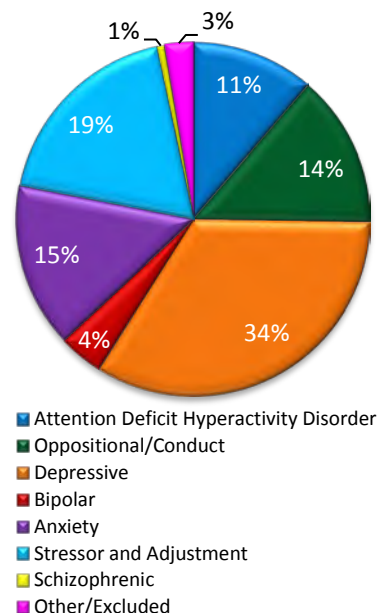
### GENDER



### RACE/ETHNICITY



### PRIMARY DIAGNOSIS

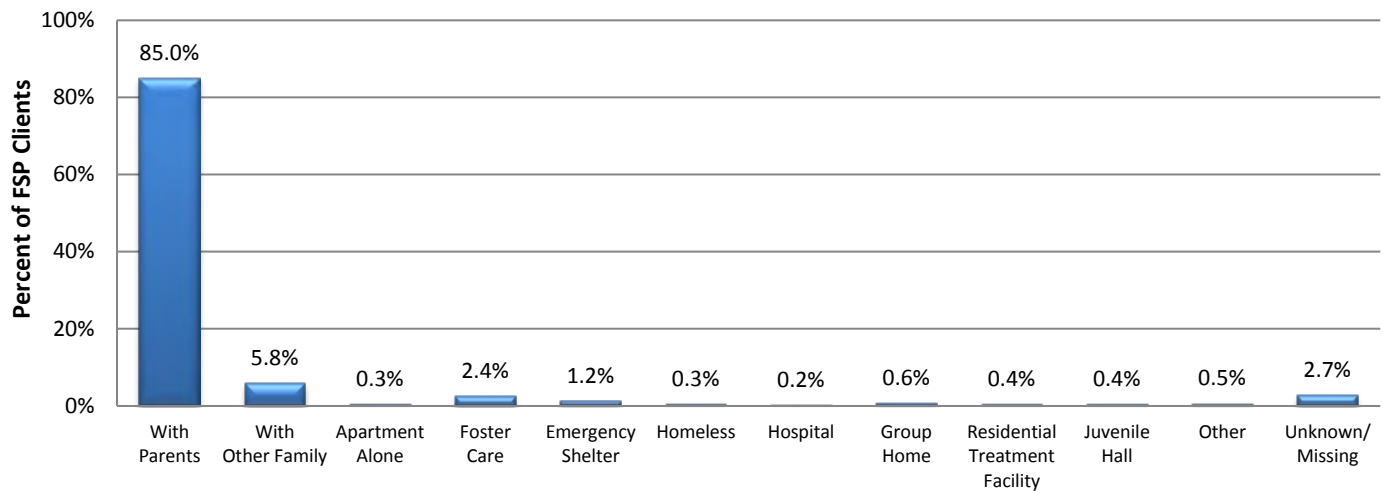


## Who Are We Serving?

FSP providers collected client and outcomes data using the California Department of Health Care Services (DHCS) Data Collection & Reporting System (DCR). Residential status and risk factors were entered for new clients to FSP programs in FY 2016-17. Referral sources were also entered; FSP referrals in order of frequency were as follows: school system (38%), family member (20%), primary care physician (12%), self-referral (7%), mental health facility (7%), social service agency (4%), other county agency (4%), Juvenile Hall (2%), acute psychiatric facility (1%), friend (1%), emergency room (1%), homeless shelter (<1%), , faith-based organization (<1%), or substance abuse facility (<1%). The remaining 3% were referred by an unknown or unspecified source.

### Residential Status at Intake (n = 4,321)\*

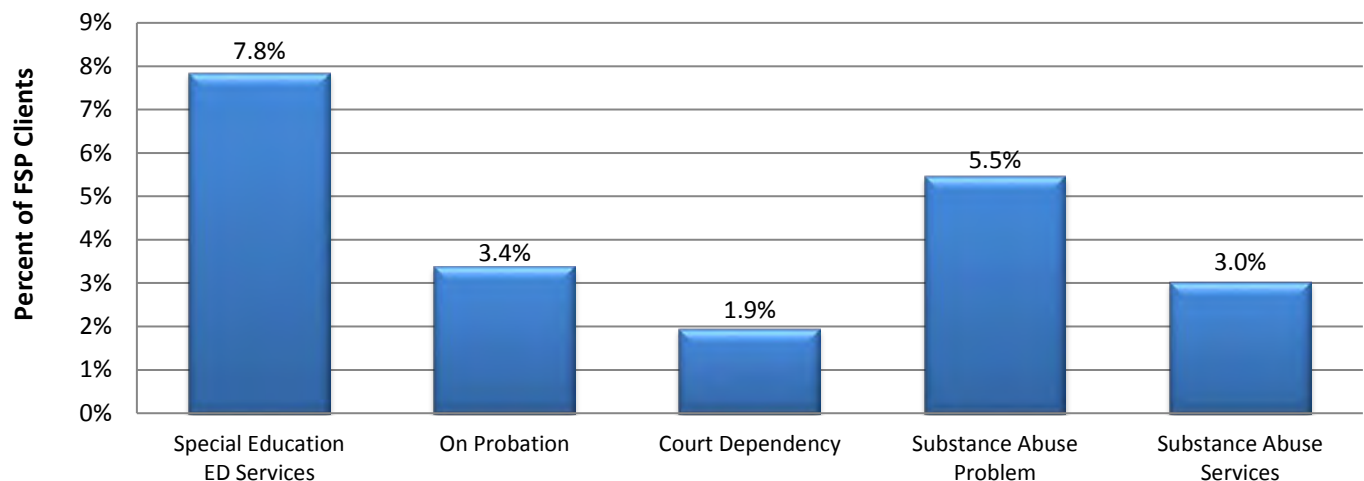
The majority of youth entering FSP programs were living with their parents.



\*Clients with intake assessment in the DCR within FY 2016-17.

### Risk Factors at Intake (n = 4,321)\*

The most prevalent risk factor for more intensive service use among youth entering FSP programs was related to Special Education—Emotionally Disturbed (ED) Services. 3,566 (83%) of clients had no risk factors identified at intake. Clients with identified risk factors may have had more than one risk factor endorsed.



\*Clients with intake assessment in the DCR within FY 2016-17.

## Who Are We Serving (continued)?

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

### Forensic Services

In FY 2016-17, a total of 11 FSP clients had an arrest recorded in the DCR.

### Inpatient and Emergency Services

Of the 6,522 unduplicated clients who received services from an FSP program in FY 2016-17, 166 (2.5%) had at least one inpatient (IP) episode and 168 (2.6%) had at least one Emergency Screening Unit (ESU) visit during the treatment episode.

## Are Children Getting Better?

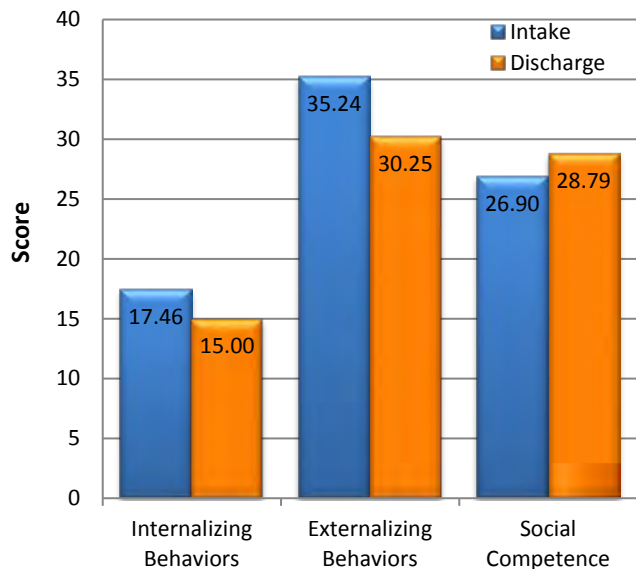
FSP providers collected outcomes data with the Child and Adolescent Measurement System (CAMS) and the Children's Functional Assessment Rating Scale (CFARS). Scores were analyzed for youth discharged from FSP services in FY 2016-17, who were in services at least three weeks (CFARS) or two months (CAMS) and had a maximum of two years between intake and discharge assessment, and who had both intake and discharge scores for all measure domains. Additionally, Personal Experience Screening Questionnaire (PESQ) scores were analyzed for youth discharged from FSP programs augmented with a Substance Use Disorder (SUD) component in FY 2016-17, who were in services for at least one month.

### FSP CAMS Scores

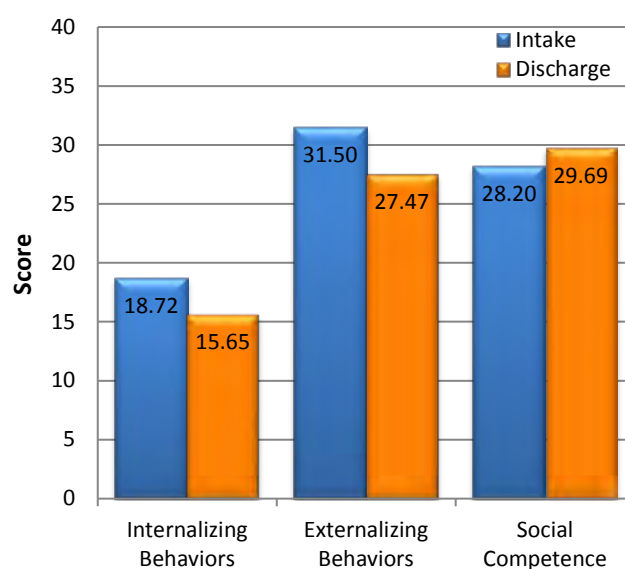
The CAMS measures a child's social competency, behavior and emotional problems; it is administered to all caregivers, and to youth ages 11 and older. A *decrease* on the Internalizing (e.g., depressive or anxiety disorders) and/or Externalizing (e.g., ADHD or oppositional disorders) CAMS score is considered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

These CAMS results (n = 1,859 Parent/Caregiver CAMS; n = 1,119 Youth CAMS) revealed improvement in youth behavior and emotional problems following receipt of FSP services.

#### FSP Parent/Caregiver CAMS (n = 1,859)



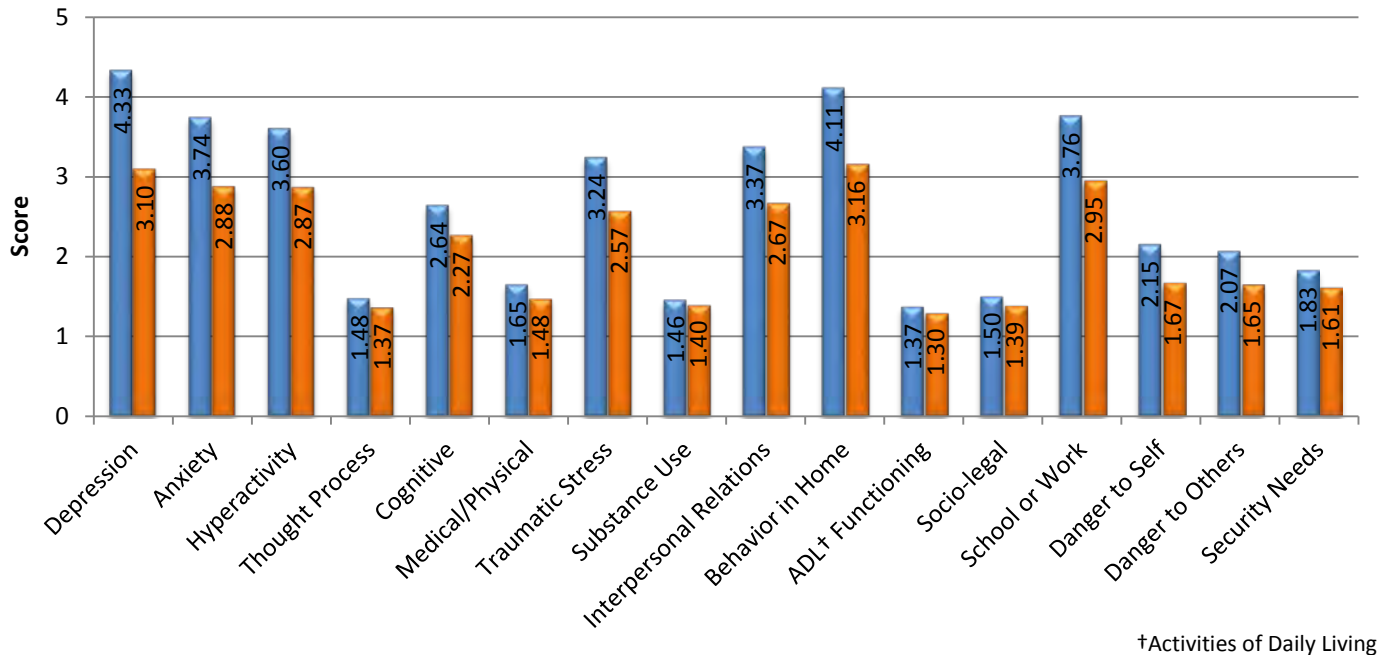
#### FSP Youth CAMS (n = 1,119)



## Are Children Getting Better?

### FSP CFARS Scores (n = 3,591)

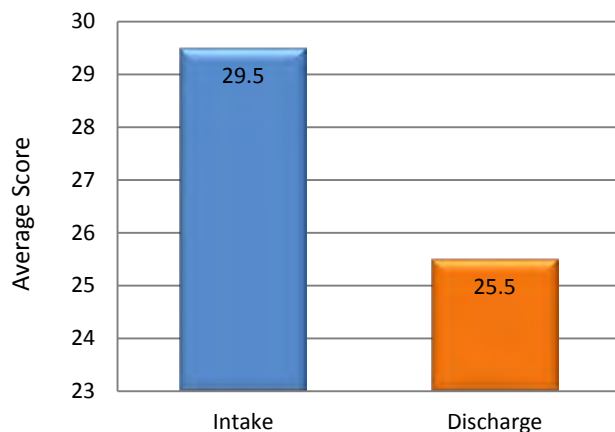
The CFARS measures level of functioning on a scale of 1 to 9 and is completed by the client's clinician. A *decrease* on any CFARS item score is considered an improvement. CFARS data were available on 3,591 FSP clients in FY 2016-17 and revealed improvement in youth symptoms and behavior following receipt of FSP services.



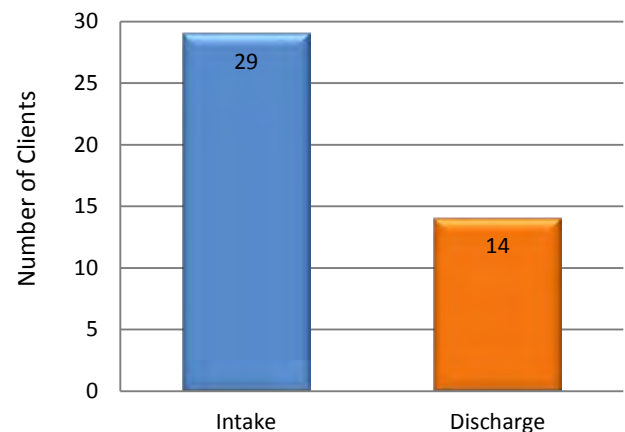
### FSP PESQ Scores

The PESQ measures potential substance abuse problems and is administered to youth ages 12-18 by their Alcohol and Drug (AD) counselor; the PESQ is only administered at FSP programs which are augmented with a dedicated AD counselor. Scores are measured in two ways: 1) the Problem Severity scale, and 2) the total number of clients above the clinical cutpoint. For clients, a *decrease* on the Problem Severity scale is considered an improvement. For programs, a *decrease* in the number of clients scoring above the clinical cutpoint at discharge is considered an improvement. PESQ data were available for 84 discharged clients in FY 2016-17.

#### PESQ Severity Scale (n = 84)



#### PESQ Clinical Cutpoint

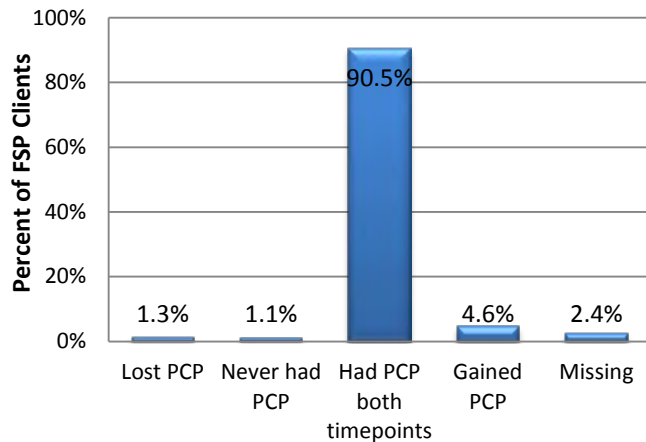


## Are Children Getting Better?

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

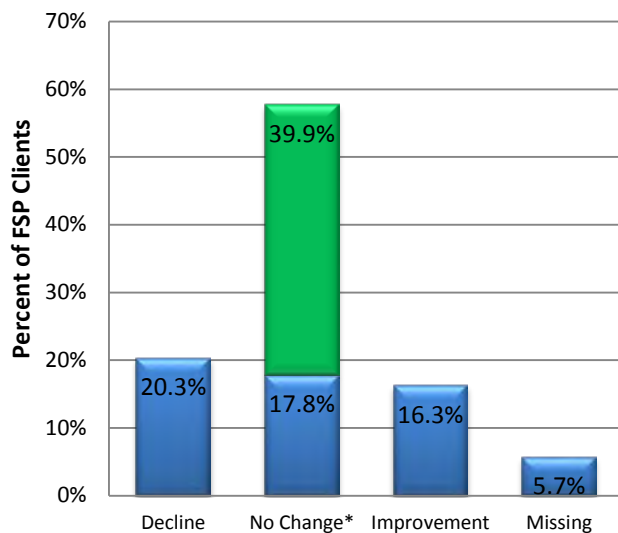
### Primary Care Physician (PCP) Status (n = 3,569)

91% of FSP clients had and maintained a PCP.



### School Attendance (n = 3,569)

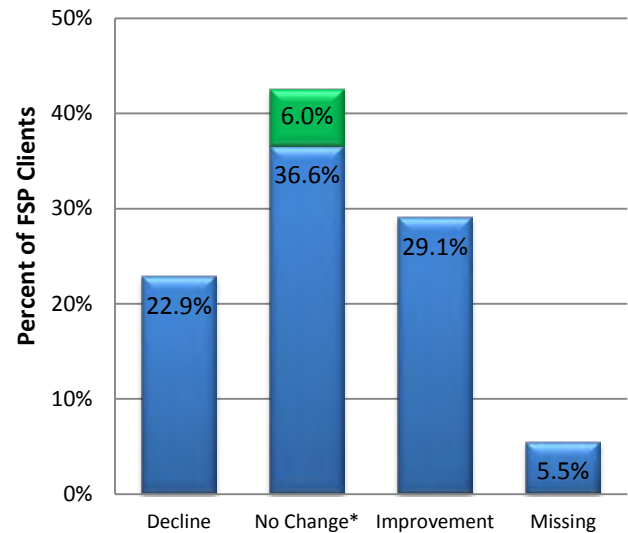
56% of FSP clients either improved (16%) or maintained excellent (40%) school attendance at follow-up assessment as compared to intake.



*\*Of the 58% of clients for whom no change was noted, 40% (green portion of bar) had consistently excellent attendance (intake and discharge assessments indicated the most positive category for school attendance).*

### Academic Performance (n = 3,569)

35% of FSP clients either improved (29%) or maintained excellent (6%) grades at follow-up assessment as compared to intake.



*\*Of the 43% of clients for whom no change was noted, 6% (green portion of bar) had consistently excellent grades (intake and discharge assessments indicated the most positive category for school grades).*



## What Does This Mean?

- County of San Diego Children, Youth & Families Behavioral Health Services FSP programs have continued to enroll more clients.
- Children and youth who receive treatment in FSP programs showed improvement in their mental health symptoms, according to client, parent, and clinician report.
- Treatment of youth by AD counselors at enhanced FSP programs was effective. On average, the severity of a client's problems decreased from intake to discharge. Furthermore, when comparing intake to discharge, there was a large reduction in the number of clients who scored above the clinical cutpoint on the PESQ.
- The majority of youth FSP clients had and maintained a PCP during their tenure in FSP programs.
- More than half of youth FSP clients improved or maintained excellent school attendance. Approximately one-third of youth FSP clients improved or maintained excellent grades. FSP programs should continue to work with schools to ensure their clients' mental health challenges do not inhibit their academic success.

## Next Steps

- Nine additional FSP programs are being added to the CYF System of Care beginning FY 2017-18.

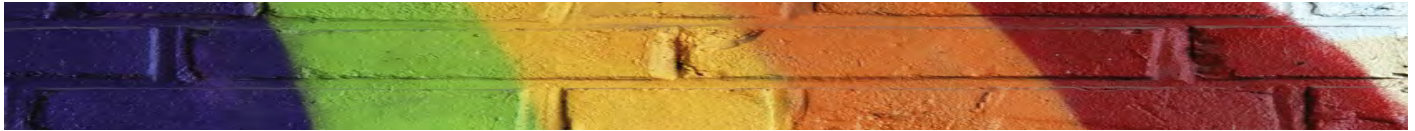


*The Child & Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University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

For more information on *Live Well San Diego*, please visit [www.LiveWellSD.org](http://www.LiveWellSD.org)

# APPENDIX J

## Annual Systemwide ACT Report FY 2016-17



## Annual Systemwide ACT Report Fiscal Year 2016-17

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

County of San Diego Full Service Partnership (FSP) programs use a “whatever it takes” model that comprehensively addresses individual and family needs, fosters strong connections to community resources, and focuses on resilience and recovery to help individuals achieve their mental health treatment goals. Targeted to help those clients with the most serious mental health needs, services are intensive, highly individualized, and focused on helping clients achieve long-lasting success and independence.

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

Clients receive services in their homes, at their workplace,

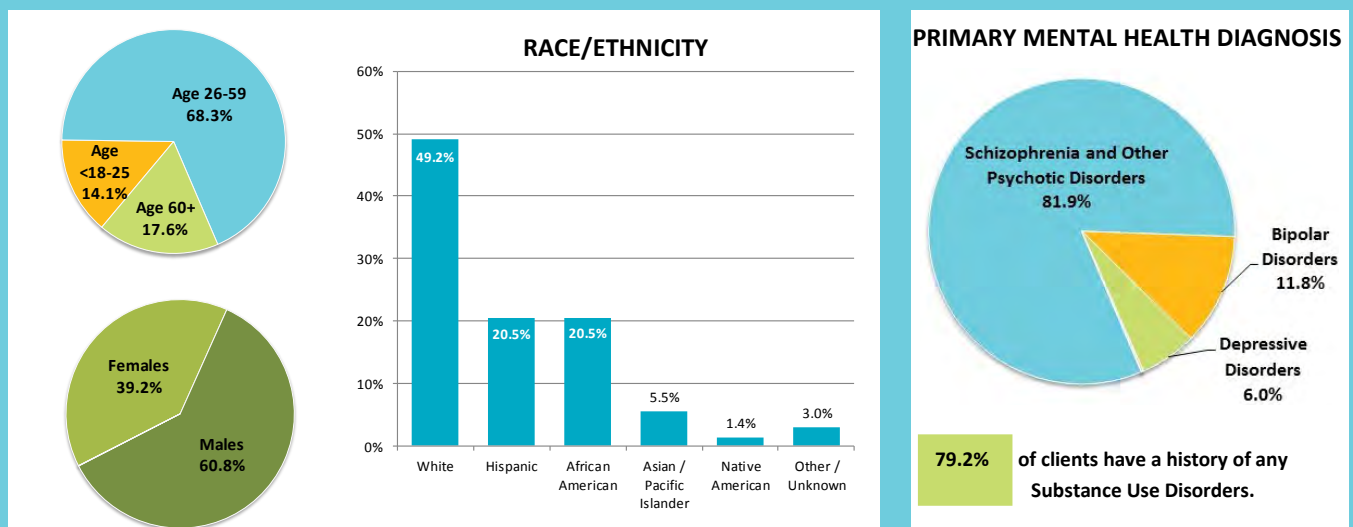


or in other settings in the community they identify as the most beneficial to them or most needed. Crisis intervention services are available 24 hours a day, 7 days a week.

Drawing from a variety of sources, this report presents a system-level overview of service use and recovery-oriented treatment outcomes for individuals who received FSP services across 27 ACT teams during Fiscal Year (FY) 2016-17.

Demographic data and information about the use of inpatient and emergency psychiatric services come from the County of San Diego CCBH data system. Data on basic needs (Housing, Employment, Education, Access to Primary Care Physician), emergency service use and placements in restrictive and acute medical settings are drawn from the Department of Health Care Services (DHCS) Data Collection and Reporting (DCR) System used by all FSPs. Recovery outcomes and progress toward recovery data presented are from County of San Diego's Mental Health Outcomes Management System (mHOMS).

## 2,288 FSP ACT Clients Served in FY 2016-17 — Demographics and Diagnoses

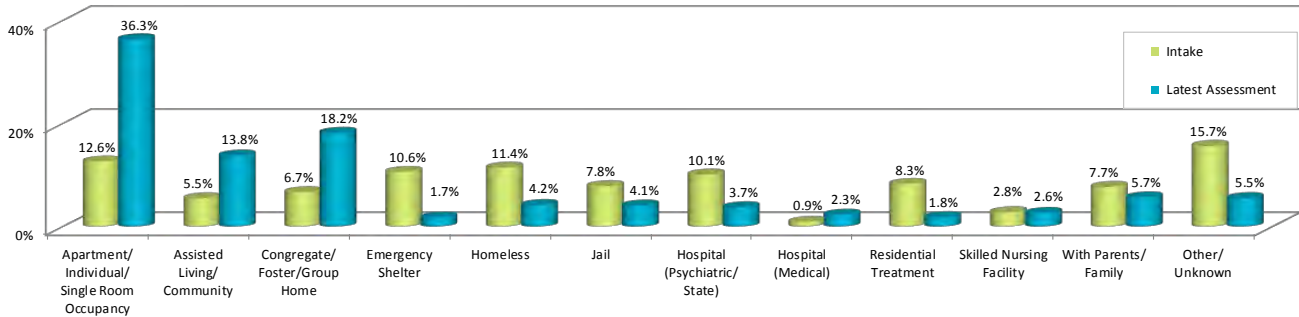


The following programs' data are included in this report (program name and subunit): CRF Adelante (4341), CRF Downtown IMPACT (3241, 3244, 3245), CRF IMPACT (3401, 3404), CRF Senior IMPACT (3481, 3482), MHS Action Central (4241, 4242), MHS Action East (4251), MHS Center Star (3411, 3413, 3414), MHS City Star (4221), MHS North Star (3361, 3364), MHS North Coastal (4351), Pathways Catalyst (4261, 4264) Telecare Gateway to Recovery (3312), Telecare Project 25 (3315), Telecare LTC (3331), Telecare MH Collaborative Court (4201, 4203), Telecare Assisted Outpatient Treatment (4211) and Telecare PROPS AB109 (4192).

## MEETING FSP ACT CLIENTS' BASIC NEEDS

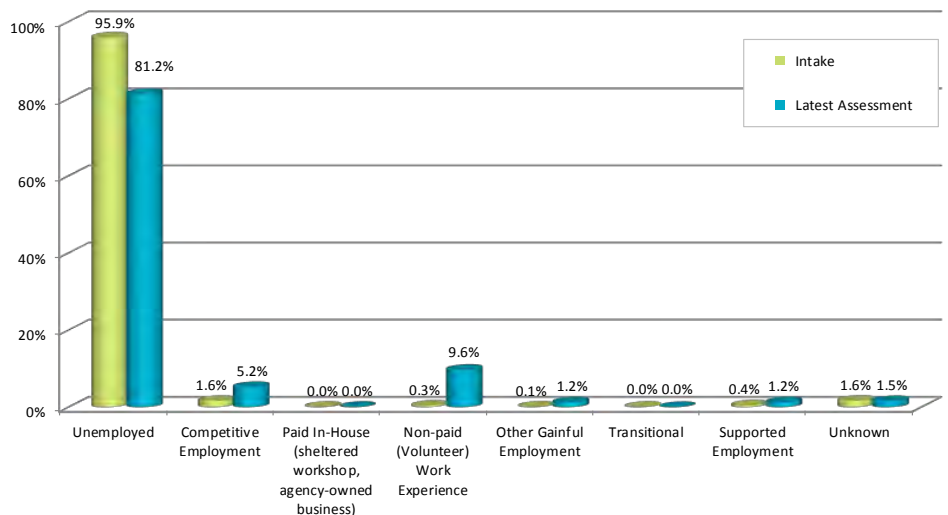
In FY 2016-17, FSP clients showed progress in several areas of basic needs. Significant improvements were seen in reduction of homelessness (11.4% at intake vs. 4.2% latest assessment) and housing in Emergency Shelters (10.6% at intake vs. 1.7% latest assessment). There were notable increases for housing in Apartment/Individual/Single Room Occupancy (23.7%) settings, Congregate/Foster/Group Homes (11.5%), and Assisted Living/Community settings (8.3%). Housing is often a primary goal for many FSP clients.

### HOUSING



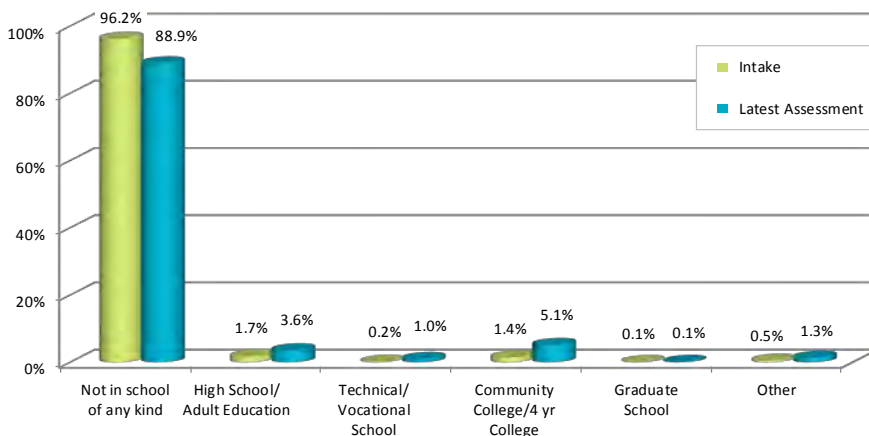
For some clients, involvement in meaningful occupational activities is an important part of recovery. FSPs can help connect clients to a variety of employment opportunities ranging from volunteer work experience, to supported employment in sheltered workshops, to competitive, paid work. While most clients remained unemployed (81.2%), there was an improvement from intake to latest assessment with some clients moving from unemployed to other occupational statuses. The biggest gains were seen in movement into non-paid (volunteer) work experience (from 0.3% to 9.6%) and competitive employment (from 1.6% to 5.2%).

### EMPLOYMENT



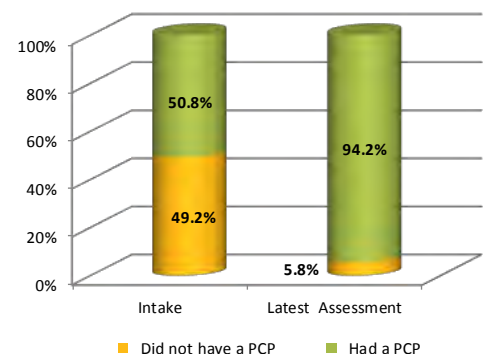
Education is a goal for some, but not all, people who received services. At intake, 3.8% of clients were enrolled in educational settings vs. 11.1% at the latest assessment.

### EDUCATION



At the time of FSP enrollment, 50.8% of people reported having access to a primary care physician (PCP), while 94.2% of clients reported having a PCP at the time of their latest assessment.

### CLIENTS WITH A PRIMARY CARE PHYSICIAN



Data source for all charts on this page: DHCS DCR 12/15/2017 download; Active clients in any period of FY 2016-17, N=2,083; Education percentages exclude missing data for 127 clients at intake and 116 clients at time of latest assessment. Clients may have more than one Employment or Education setting, so percentages in these categories may not total 100%.

## CHANGES IN SERVICE USE AND SETTING

The “whatever it takes” model of care provided by FSP ACT programs aims to help people avoid the need for emergency care, such as Crisis Stabilization (CS) and Crisis Outpatient (CO), Psychiatric Emergency Response Team (PERT), Crisis Residential (CR) and Psychiatric Hospital. Overall, the number of these services used in FY 2016-17 decreased by 42.7% from pre to post. Similarly, the number of individuals using these types of services decreased by 38.8% from pre to post in FY 2016-17. CS and CO service type categories were established during FY 2015-16. Since these are new service categories, the increases in both the number of CO and CS used and the number of clients using these services is as expected. The mean number of service used per client decreased the most for Crisis Residential (25.9%) from pre and post.

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

Type of Emergency Service	# OF SERVICES			# OF CLIENTS			MEAN # OF SERVICES PER CLIENT		
	PRE	POST	% CHANGE	PRE	POST	% CHANGE	PRE	POST	% CHANGE**
CS	92	278 ▲	202.17%	51	166 ▲	225.49%	1.80	1.67 ▼	-7.22%
CO	155	351 ▲	126.45%	63	175 ▲	177.78%	2.46	2.01 ▼	-18.29%
PERT	605	405 ▼	-33.06%	361	261 ▼	-27.70%	1.68	1.55 ▼	-7.74%
Crisis Residential	706	132 ▼	-81.30%	374	94 ▼	-74.87%	1.89	1.40 ▼	-25.93%
Psychiatric Hospital	1708	704 ▼	-58.78%	596	300 ▼	-49.66%	2.87	2.35 ▼	-18.12%
<b>Overall</b>	<b>3,266</b>	<b>1870 ▼</b>	<b>-42.74%</b>	<b>812</b>	<b>497 ▼</b>	<b>-38.79%</b>	<b>4.02</b>	<b>3.76 ▼</b>	<b>-6.47%</b>

\*The overall numbers of clients PRE (n=812) and POST (n=497) indicate unique clients, many of whom used multiple, and/or various types of services, while some clients used no emergency services.

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

PRE period data encompass the 12 months prior to each client's FSP enrollment and are from CCBH 10/2016 and InSyst 10/2009 downloads; FY 2016-17 California Department of Mental Health Data Collection and Reporting System (DCR) data from 12/15/2017 download used to identify active clients and for POST period data.

Clients in this analysis (n=1,457) had an enrollment date ≤ 7/1/2016 and Discontinued date (if inactive) > 7/1/2016. Data may include people who were discharged from FSP during the Fiscal Year but who continued to receive services.

In FY 2016-17, there was an overall decrease in the mean number of days per individual spent in restrictive settings, including jail/prison, State Psychiatric Hospital, and Long-Term Care. The residential status of individuals receiving FSP services is changed to “Acute Medical Hospital” when admission to a medical hospital setting occurs for a physical health reason, such as surgery, pregnancy/birth, cancer, or other illnesses requiring Hospice or hospital-based medical care. The data on placement in acute medical settings are considered separately in the table below.

- Overall, both the number of days spent in restrictive settings and the number of people in placement decreased from pre to post (by 72.5% and 57.4%, respectively).
- The largest decrease in the number of people in placement was for State Hospital, with an 90% decrease from pre to post.
- Both the number of days and number of individuals in acute medical settings increased from pre to post (by 160.8% and 76.8%, respectively), suggesting that clients' access to medical treatment increased after FSP enrollment.
- Overall, the mean number of days per individual in restrictive settings decreased by 35.3% from pre to post while the overall mean number of days per person in medical settings increased by 47.6%.

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

Type of setting	# OF DAYS			# OF CLIENTS			MEAN # OF DAYS PER CLIENT		
	PRE	POST	% CHANGE	PRE	POST	% CHANGE	PRE	POST	% CHANGE**
Jail/Prison	25,616	13,536 ▼	-47.16%	281	161 ▼	-42.70%	91.16	84.07 ▼	-7.77%
State Hospital	5,320	67 ▼	-98.74%	40	4 ▼	-90.00%	133.00	16.75 ▼	-87.41%
Long-Term Care	61,691	11,910 ▼	-80.69%	223	58 ▼	-73.99%	276.64	205.34 ▼	-25.77%
<b>Overall</b>	<b>92,627</b>	<b>25,513 ▼</b>	<b>-72.46%</b>	<b>512</b>	<b>218 ▼</b>	<b>-57.42%</b>	<b>180.91</b>	<b>117.03 ▼</b>	<b>-35.31%</b>

Acute Medical Hospital	2,983	7,780 ▲	160.81%	142	251 ▲	76.76%	21.01	30.10 ▲	47.55%
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\*The overall numbers of clients PRE (n=512) and POST (n=218) indicate unique clients, who may have been placed in multiple, and/or various types of settings, while some clients used no services.

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

Data source: DHCS DCR 12/15/2017 download; 12 month pre-enrollment DCR data rely on client self-report.

Clients in this analysis (n=1,457): had an Enrollment date ≤ 7/1/2016 and Discontinued date (if inactive) > 7/1/2016; Clients had to be active throughout the FY to be included.



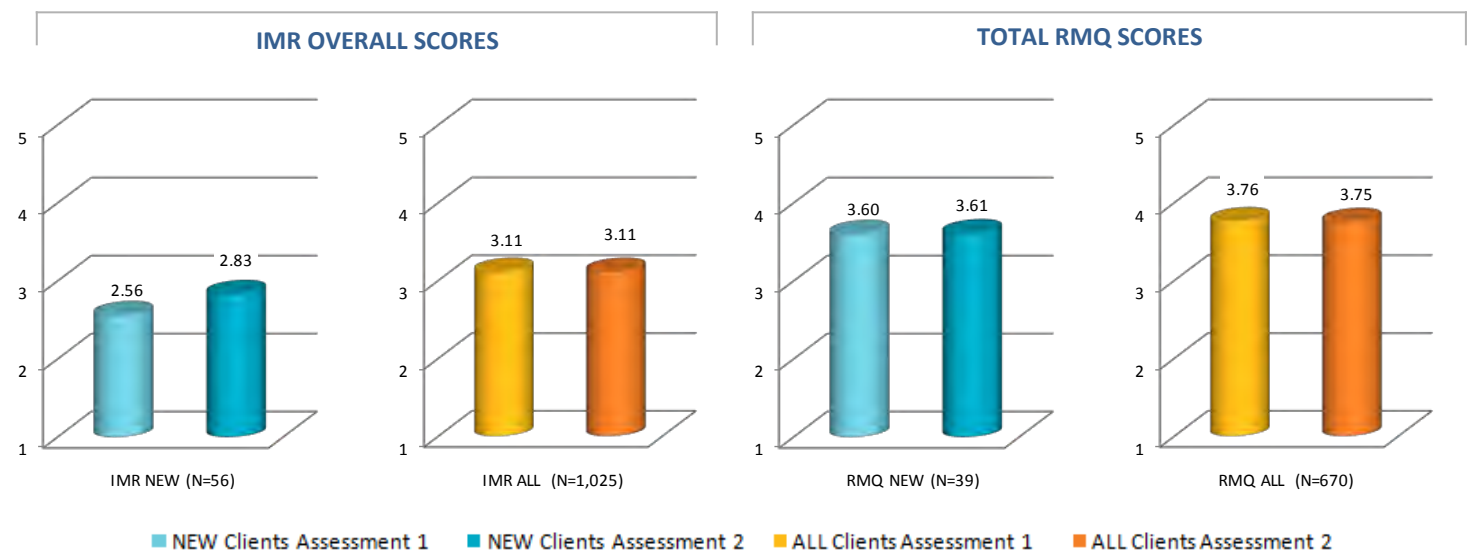
## MEASURING PROGRESS TOWARDS RECOVERY

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

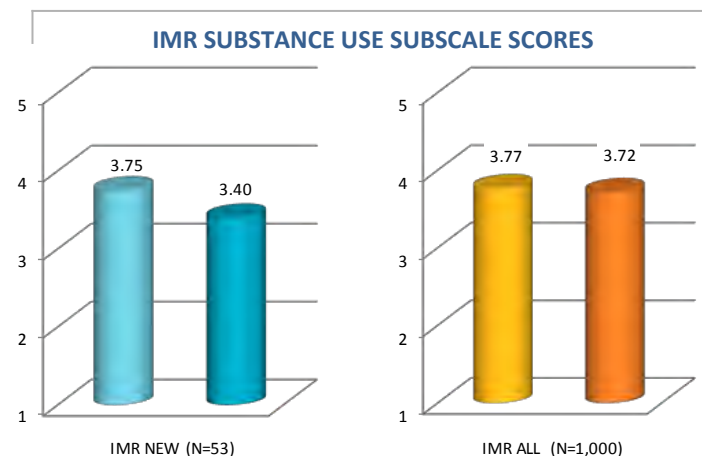
FSP ACT program clients' progress toward recovery is measured using two different instruments—the Illness Management and Recovery Scale (IMR) and the Recovery Markers Questionnaire (RMQ). Clinicians use the IMR scale to rate their clients' progress towards recovery, including impact of substance use on functioning. The IMR has 15 individually scored items; scores can also be represented as an overall scores and by subscale. Individuals receiving services use the 24-item RMQ scale to rate their own progress towards recovery. Mean IMR and RMQ assessment scores range from 1-5. Higher ratings on both the IMR and the RMQ indicate greater recovery.

The IMR and RMQ scores displayed in the charts below compare scores of “NEW” clients to those of “ALL” clients. NEW clients are those who started receiving services in 2016 or later, who had two IMR/RMQ assessments during FY 2016-17 (Assessments 1 and 2), and whose first service date was within 30 days of their first IMR assessment. ALL clients includes every individual who had two IMR/RMQ assessments during FY 2016-17 (Assessments 1 and 2), regardless of how long they have received FSP services. Scores for NEW clients more directly demonstrate the effect of FSP services on outcomes because ALL clients includes those people who may have been receiving services for long periods of time, starting before the implementation of FSP programs.

NEW clients' IMR scores at intake were lower than ALL clients' scores but NEW clients achieved greater gains between intake and latest assessment while ALL clients' scores remained stable. Both NEW and ALL clients' RMQ scores were higher than their IMR scores, indicating that both NEW and ALL clients tend to rate their progress higher than clinicians do. RMQ scores for NEW clients and ALL clients remained fairly stable between Assessment 1 and Assessment 2.



### Examining Impact of Substance Use on Functioning — Progress between Assessment 1 and Latest IMR Assessment

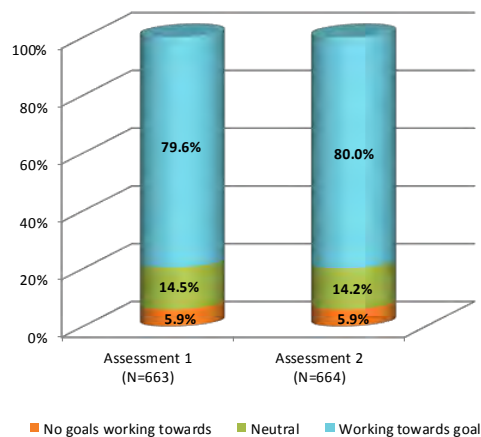


Two questions on the IMR assessment asks clinicians to rate how much alcohol and/or drug use is impairing their clients' functioning.

For both NEW and ALL clients, average IMR Substance Use subscale scores were relatively high, indicating that the majority of ACT clients may experience minimal or low impairment in functioning due to alcohol or drug use. IMR Substance Use subscale scores decreased for both NEW and ALL clients between Assessment 1 and Assessment 2, suggesting that clients experienced more functional impairment due to substance use. It is possible that as clients build relationships and trust with their ACT team, they are more likely to disclose any substance use concerns, which could account for the increase in scores at the follow-up assessment.

Data source for all charts on this page: mHOMS FY 2016-17; Data include all mHOMS entries as of 12/15/2017 for clients who received services in FSP ACT Model Programs, finished IMR/RMQ Assessment 2 during FY 2016-17, and who had paired IMR/RMQ assessments within 4-

## HAVING PERSONAL GOALS

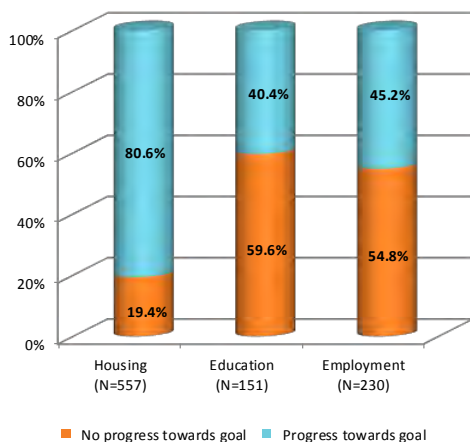


### Clients Who Reported Having Personal Goals on the RMQ — Change between first at Latest RMQ Assessment

One of the questions in their RMQ assessment asks clients whether they have goals which they are working towards achieving. The chart on the left shows the percentage of clients who "Agreed or Strongly Agreed" with the statement in their RMQ assessment, as well as the percentage who felt "Neutral" or "Disagree or Strongly Disagree" that they have goals which they are working towards.

At their first assessment, the majority of clients (79.6%) shared that they have goals which they are working to achieve. Approximately one-quarter of clients did not agree nor disagree with the statement regarding having goals at both assessment periods. Very few clients reported that they do not have goals (5.9%).

## PROGRESS TOWARDS KEY TREATMENT GOALS

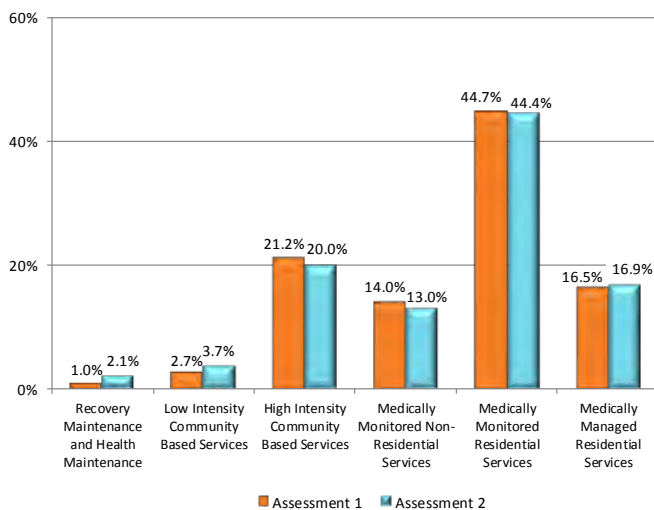


### Clients Whose Treatment Plan Includes Key Progress Goals — Progress at Latest IMR Assessment

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

Of those individuals with a housing goal on their treatment plan, 80.6% demonstrated progress toward the goal, while 19.4% did not. Of those with an education goal on their treatment plan, 40.4% demonstrated progress, while 59.6% did not demonstrate progress. Of those individuals with an employment goal on their treatment plan, 45.2% demonstrated progress toward the goal, while 54.8% did not.

## LEVEL OF CARE



### Progress at Latest LOCUS Assessment

The Level of Care Utilization System (LOCUS) is a short assessment of a client's current level of care needs, completed by clinicians, and provides a system for assessment of service needs for adults with mental illness based on six evaluation parameters. The six evaluation parameters include: (1) risk of harm; (2) functional status; (3) medical, addictive and psychiatric co-morbidity; (4) recovery environment; (5) treatment and recovery history; and (6) engagement and recovery status. In the LOCUS system, levels of care are best conceived of as levels of resource intensity.

At the first assessment, the majority of clinicians (44.7%) recommended "medically monitored residential services" (level five resource intensity) for clients. The second most commonly recommended service level at Assessment 1 was "high intensity community-based services" (21.2%). At the most recent assessment, increases were seen in the percentage of clients recommended for lower resource intensity (levels one and two). There was also a slight increase in the percentage of clients recommended for the highest level of intensity, "medically managed residential services."

Data source for all charts on this page: mHOMS FY 2016-17; Data include all mHOMS entries as of 12/15/2017 for ALL clients who received services in FSP ACT Model Programs and completed Assessment 2 during FY 2016-17.

## KEY FINDINGS AND DISCUSSION

With the addition of several new FSP ACT programs in San Diego County during the recent years, including Project One for All (POFA), there has been further interest in the impact of FSP ACT programs on clients' service use and outcomes. The current ACT systemwide report expands previous reporting (which focused exclusively on FSP ACT teams with MHSA housing funds), to include all FSP ACT programs, regardless of whether they included a housing component. With this change, it is not possible to make accurate comparisons between service utilization and outcomes during FY 2016-17 and previous years. We will be able to provide trend comparisons in future reporting.

The population that the FSP ACT model primarily aims to serve are homeless persons with serious mental illness (SMI). As of 2017, 39% of the unsheltered homeless population in San Diego County identified as having mental health issues (an increase from 14% in 2016).<sup>1</sup> The majority of FSP ACT clients had Schizophrenia and Other Psychotic Disorders (81.9%) or Bipolar Disorders (11.8%).

In FY 2016-17, the majority of FSP ACT clients were male (60.8%), between the ages of 26-59 (68.3%), and identified as White (49.2%). The percentage of FSP ACT clients who identified as Hispanic (20.5%) or African American (20.5%) was fairly consistent with the percentages among the unsheltered homeless population in San Diego County.<sup>1</sup>

In FY 2016-17, FSP ACT clients showed progress in several areas of basic needs, such as housing, employment and education. Housing is often a primary goal for many FSP clients at an ACT program. Significant improvements were seen in reduction of homelessness (11.4% at intake vs. 4.2% latest assessment) and housing in Emergency Shelters (10.6% at intake vs. 1.7% latest assessment). There were also notable increases for housing in Apartment/Individual/Single Room Occupancy (23.7%) settings, and Congregate/Foster/Group Homes (11.5%).

Nearly all ACT clients were unemployed at intake, but this rate decreased by 14.7% with the involvement of the ACT teams in FY 2016-17. While not a goal for all FSP ACT clients, improvement was seen in the rate of those in an education setting from intake to latest. Specifically, the greatest increases were seen in enrollment in community college or a four-year college (from 1.4% to 5.1%), and high school or adult education (1.7% to 3.6%).

Outpatient care is associated with reductions in cost of inpatient and emergency services. In FY 2016-17, Inpatient, Crisis Residential and PERT service use decreased from intake to the latest assessment. Use of Crisis Stabilization and Crisis Outpatient services increased considerably during FY 2016-17. CO and CS

services were reported as EPU services prior to FY2015-16, so unlike the other emergency services, both pre and post utilization occurred during FY 2016-17. This may have contributed to the observed increase in both the number of clients using CS and CO services and the number of services used during FY 2016-17. Despite these increases, the mean number of emergency services used per client decreased for all emergency service types.

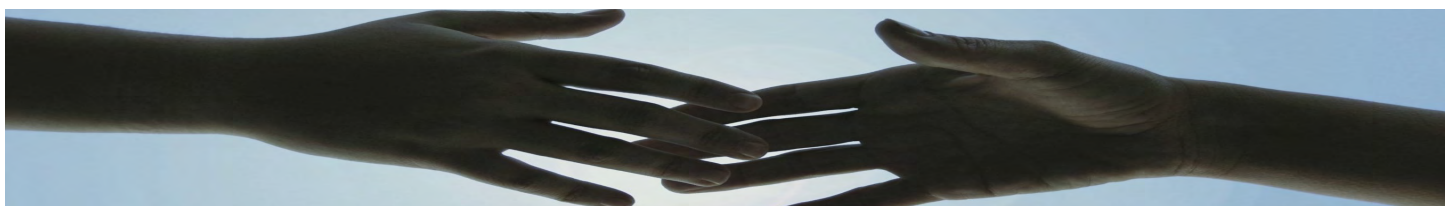
Overall, placements in restrictive and acute medical settings decreased from intake to latest assessment. Both the number of days spent in restrictive settings and the number of people in placement decreased during FY 2016-17 (by 72.5% and 57.4%, respectively). Both the number of days and number of individuals in acute medical settings increased, suggesting that clients' access to medical treatment increased after FSP ACT enrollment.

NEW clients' IMR and RMQ scores at intake were lower than ALL clients' scores, but this trend is expected, as clients new to services may be in crisis or experiencing greater symptom distress than clients who have been receiving services for several months or years. NEW clients achieved greater gains in recovery progress between intake and latest IMR assessments. Similarly, clients' perception of their recovery progress remained fairly stable for both NEW and ALL clients'.

For both NEW and ALL clients, average IMR Substance Use subscale scores were relatively high, and decreased between the two assessment periods. This finding is interesting, as the majority of ACT clients (79.2%) had a history of substance use disorders (as reported in CCBH). There are several interpretations of these results. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks or relapse. It is possible that as clients build relationships and trust with their ACT team, they are more likely to disclose any substance use concerns, or particularly for NEW clients in crisis, substance use may not be the primary reason for seeking treatment.

In FY 2016-17, the majority of clinicians' recommended higher intensity services and resources for clients, which would be expected for clients receiving ACT services. At the most recent assessment, there was a 2.1% increase in the percentage of clients recommended for lower resource intensity (levels one and two).

Overall, improvements were observed in several key outcomes of interest in FY 2016-17, demonstrating the positive effect of FSP ACT services on the lives of clients.



<sup>1</sup> <http://www.rtfhsd.org/wp-content/uploads/2017/07/comp-report-final.pdf>



# **APPENDIX K**

## **Child & Adult PEI Programs Systemwide Summary FY 2016-17**

# CHILD & ADULT PEI PROGRAMS

## SYSTEMWIDE SUMMARY

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

FISCAL YEAR 2016 – 2017 ANNUAL REPORT



The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funding gives counties a unique opportunity to implement programs to help prevent the onset of mental illness or to provide early intervention to decrease severity. The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) funds contractors for PEI programs for adults and older adults, youth, and transition age youth (TAY). Program goals vary widely, from reducing the stigma associated with mental illness to preventing youth suicide. Each contractor collects information on the demographics of their participants and their satisfaction with the services provided for both active and outreach participants. **Active participants** include people who are enrolled in a PEI program and/or are receiving services at a PEI program. **Outreach participants** include people who are touched by the program via outreach efforts, including but not limited to: presentations, community events, and fairs.

### DATA: Child and Adult PEI Programs

REPORT PERIOD: 7/1/2016-6/30/2017

NUMBER OF ACTIVE PARTICIPANTS WITH DATA IN FY 2016-17: 25,348 (Unduplicated)\*†‡

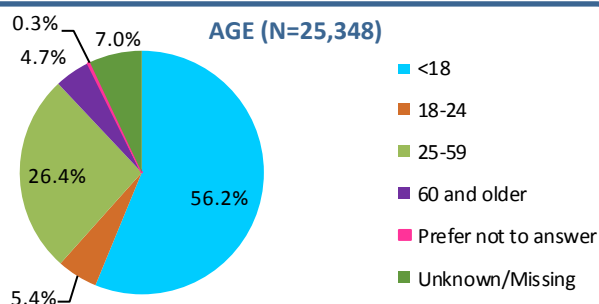
NUMBER OF OUTREACH PARTICIPANTS WITH DATA IN FY 2016-17: 9,323 (Unduplicated)\*†‡

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

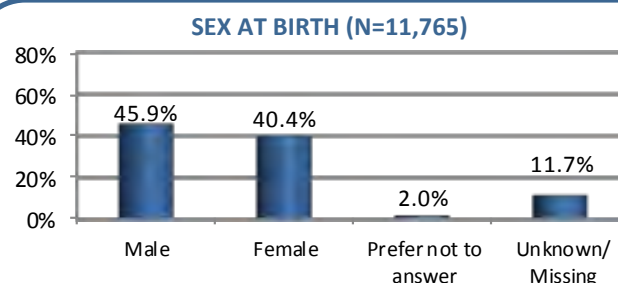
†All known duplicates are excluded from this count; however, unduplicated status cannot be verified among programs that do not issue client identification numbers.

‡Total number of PEI participants lower than past fiscal year due to restructuring of school-based programs.

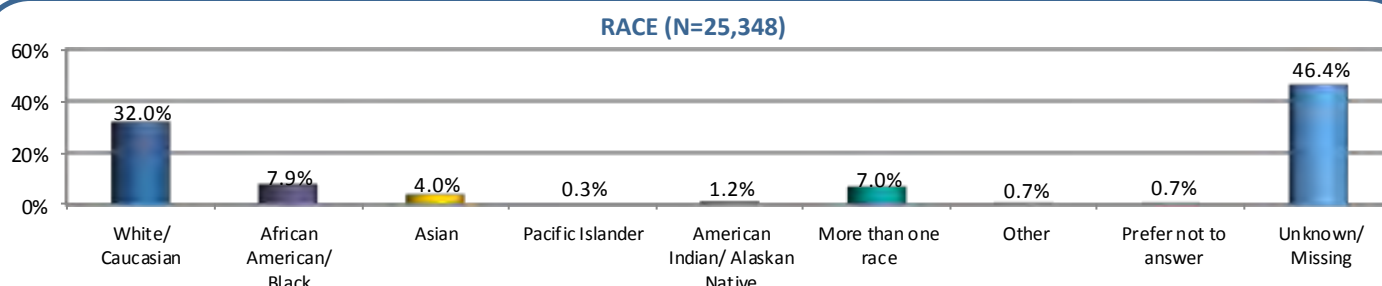
### ACTIVE PARTICIPANT SYSTEMWIDE DEMOGRAPHICS



More than half of the participants were under the age of 18 and 26% were between the ages of 25-59.



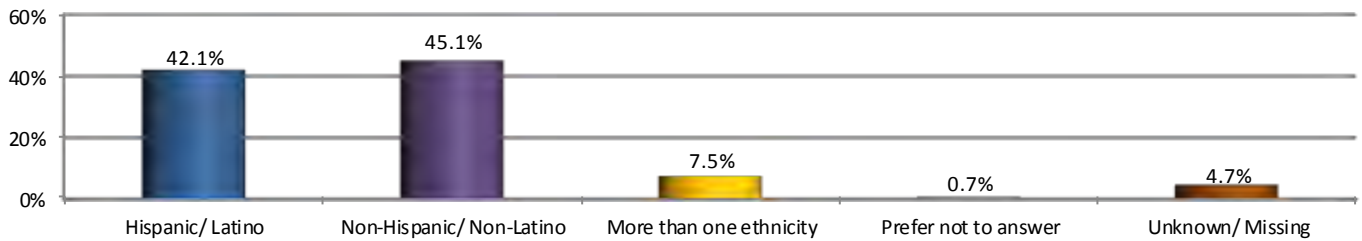
Forty-six percent of participants who received services identified their sex at birth as male.



Thirty-two percent of participants who received services identified their racial background as White/Caucasian. Seven percent of participants identified as having more than one racial background. The percentage of unknown/missing includes clients who selected Hispanic/Latino and did not indicate a racial category.

## ACTIVE PARTICIPANT SYSTEMWIDE DEMOGRAPHICS

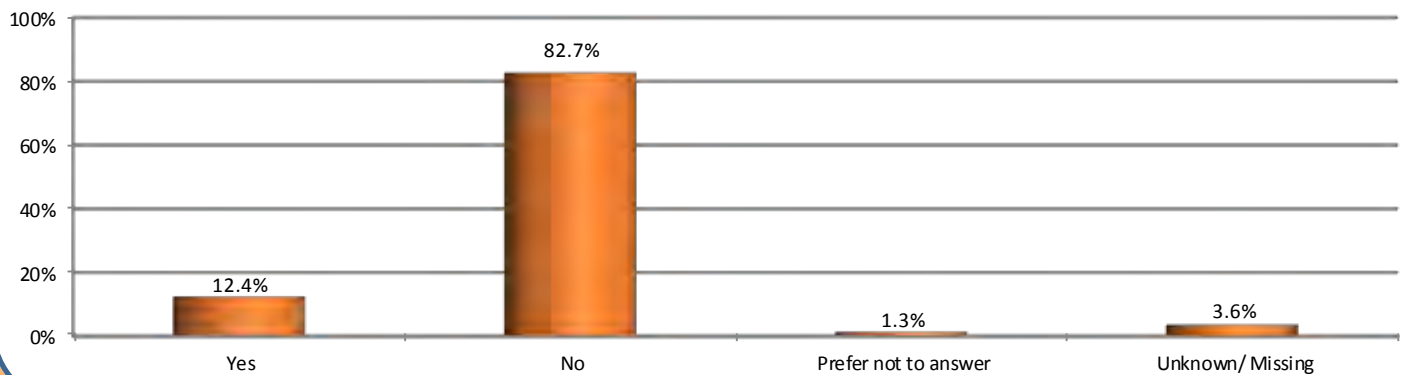
ETHNICITY (N=25,402)



Forty-five percent of participants who received services identified their ethnic background as non-Hispanic/ non-Latino. Forty-two percent of participants identified their ethnic background as Hispanic/Latino. See Appendix A for supplemental data on participant ethnicity.

## MILITARY SERVICE

VETERAN STATUS (N=11,765)



Information on veteran status indicated 12.4% had served in the military.

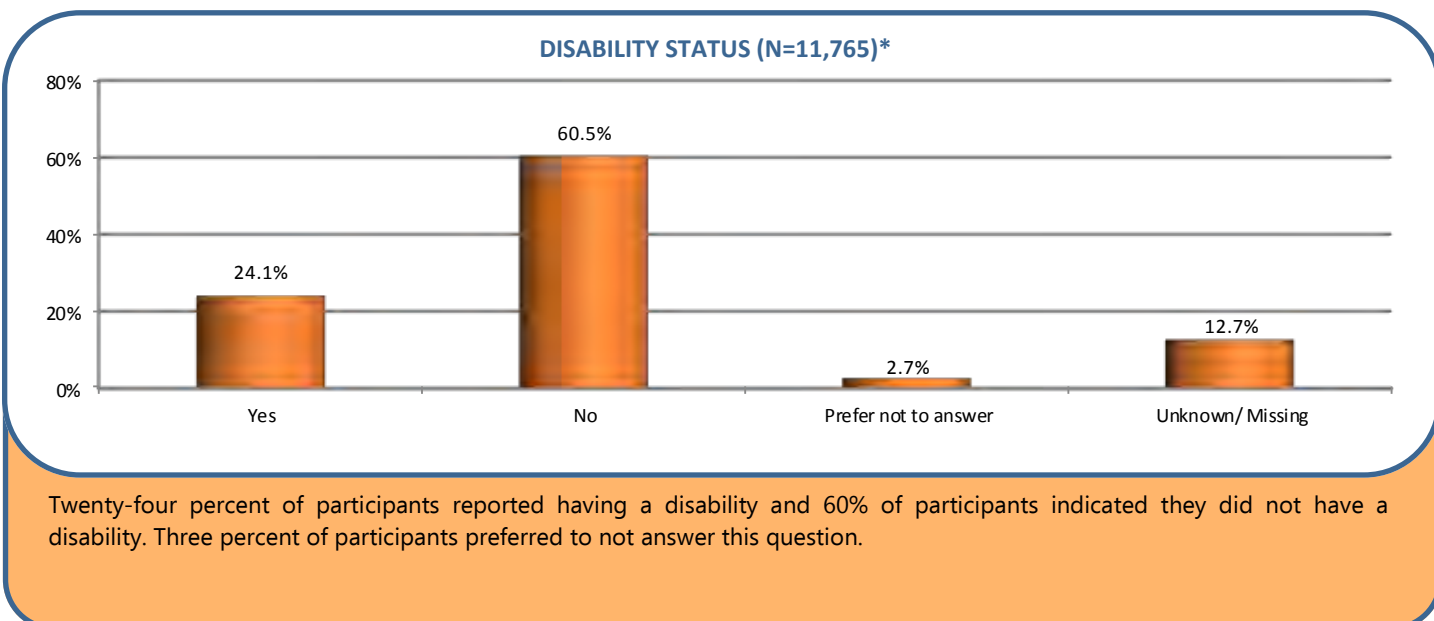
MILITARY STATUS (N=24,694)



Eighty-five percent of participants had never served in the military while 5% of participants indicated they are currently serving in the military and 6% indicated they had previously served in the military.

## ACTIVE PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

### DISABILITY STATUS



*\*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.*

DISABILITY RESPONSES (N=11,765)*†	Count	%
Difficulty seeing	721	6.1
Difficulty hearing or having speech understood	288	2.4
Learning disability	418	3.6
Developmental disability	86	0.7
Physical/ mobility disability	708	6.0
Chronic health condition/ chronic pain	842	7.2
Dementia	33	0.3
Other communication disability	92	0.8
Other mental disability not related to mental illness	403	3.4
Other disability	633	5.4
No disability	7,230	61.5
Prefer not to answer	317	2.7
Unknown/ Missing	1,489	12.7

The percentages calculated are based on total participants. Among the disability responses, 7,230 (61.5%) indicated no disability. Seven percent of the participants indicated having a chronic health/chronic pain condition while 6% of participants indicated having difficulty seeing.

*\*Participants can report having more than one disability so percentages may add up to more than 100%.*

*†A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.*

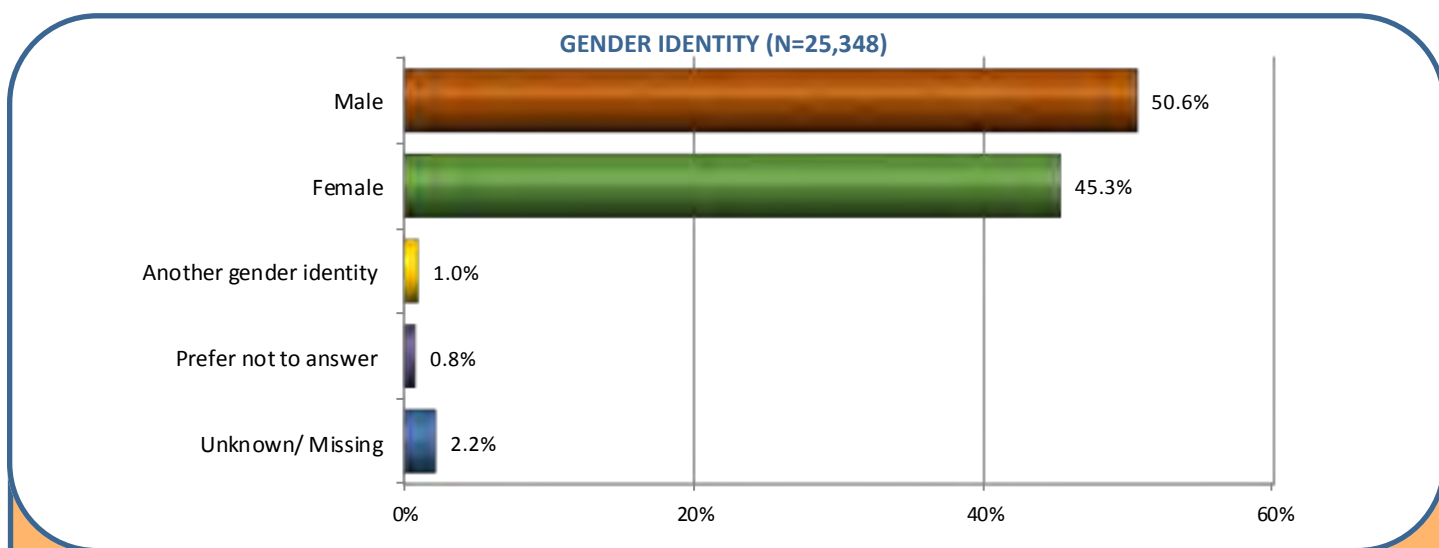
## ACTIVE PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

### PARTICIPANT LANGUAGE

PRIMARY LANGUAGE (N=12,419)	N	%	PRIMARY LANGUAGE (N=12,419)	N	%
English	8,617	69.4	Italian	0	0.0
Spanish	2,523	20.3	Japanese	1	0.0
Armenian	29	0.2	Lao	2	0.0
Arabic	81	0.7	Mien	0	0.0
Cantonese	2	0.0	Polish	1	0.0
Farsi	13	0.1	Portuguese	1	0.0
Khmer	1	0.0	Tagalog	7	0.1
Korean	0	0.0	Thai	0	0.0
Mandarin	3	0.0	Turkish	1	0.0
Russian	5	0.0	Vietnamese	11	0.1
Samoan	6	0.0	Other Chinese Dialects	0	0.0
Tongan	0	0.0	Other Non-English	0	0.0
American Sign Language	4	0.0	Other Sign Language	0	0.0
French	5	0.0	Other	445	3.6
Hebrew	0	0.0	Prefer not to answer	98	0.8
Hmong	1	0.0	Unknown/Missing	559	4.5
Ilocano	3	0.0	Total	12,419	100.0

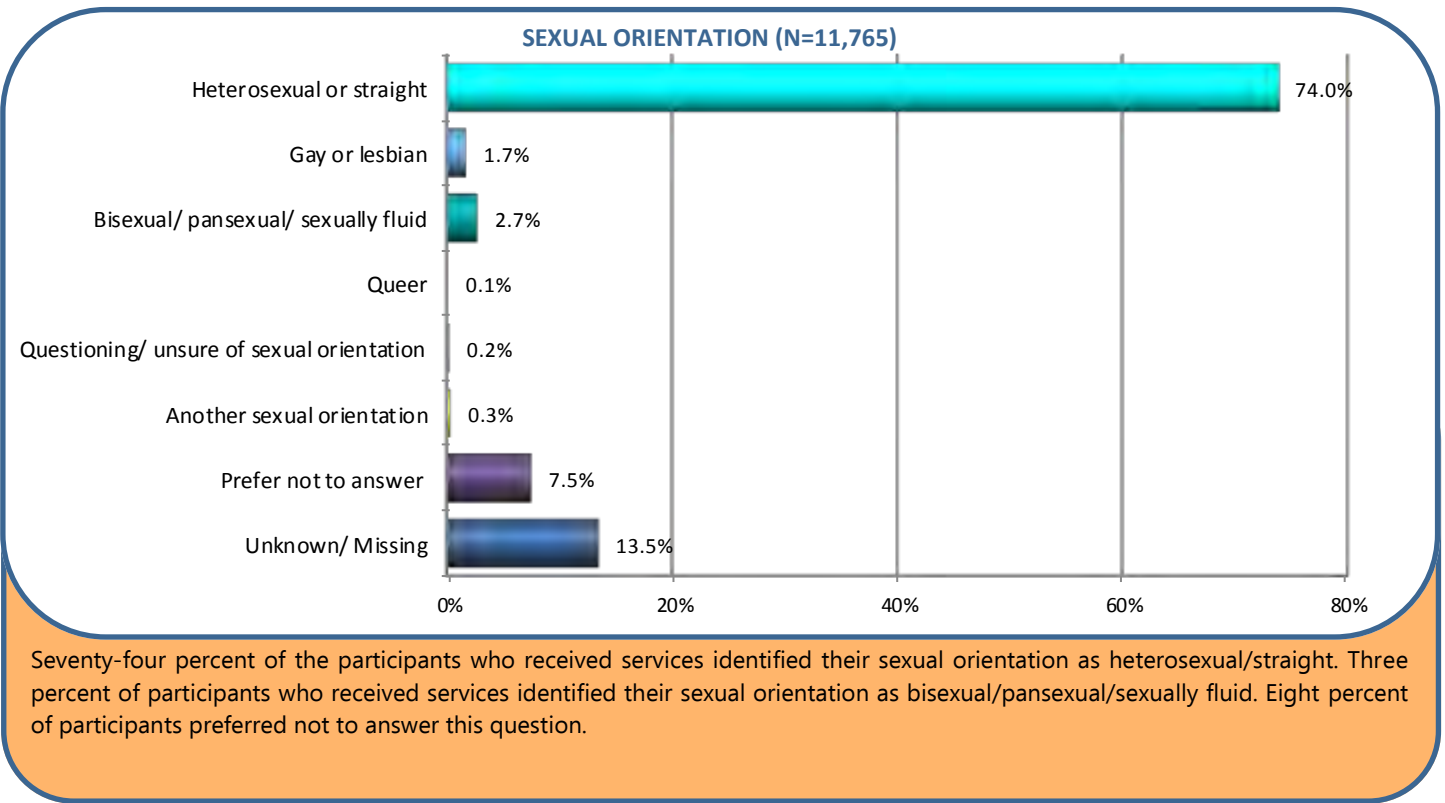
Sixty-nine percent of the participants who received services identified their primary language as English. Twenty percent of participants who received services identified their primary language as Spanish.

### GENDER IDENTITY AND SEXUALITY

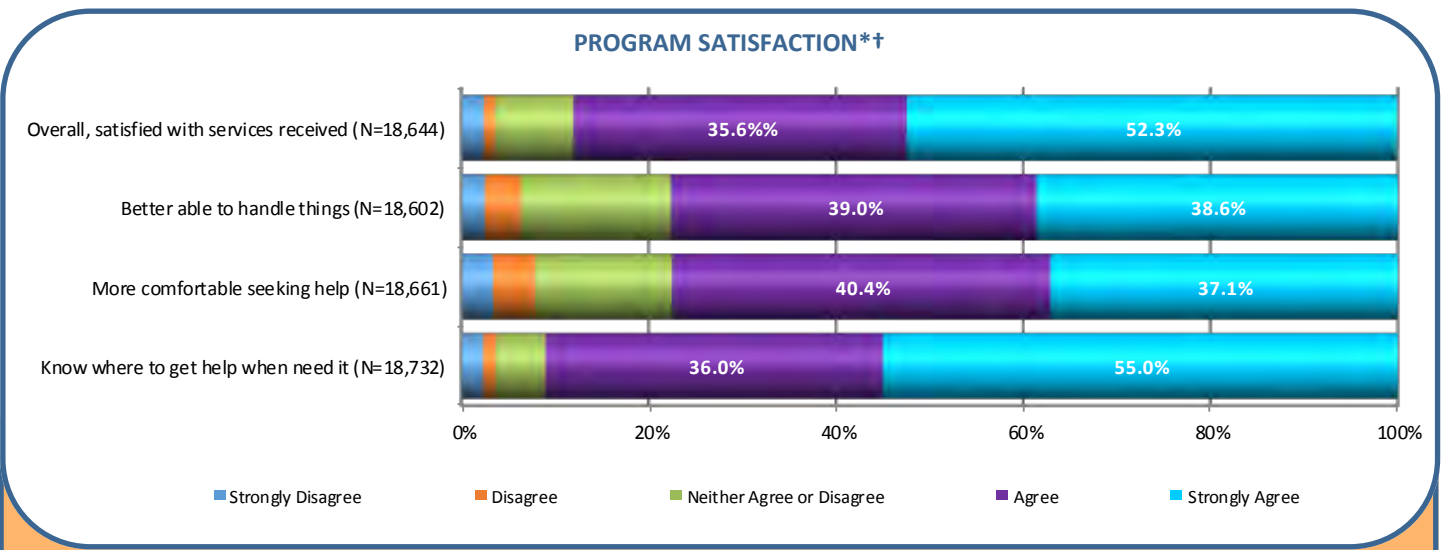


Fifty-one percent of the participants who received services identified as male. Forty-five percent of participants who received services identified as female.

## ACTIVE PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED



## ACTIVE PARTICIPANT SYSTEMWIDE PROGRAM SATISFACTION



For each satisfaction question, responses were obtained from approximately 74% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 88% of the participants who responded were satisfied with the services they received.

\*Satisfaction data not available for all participants.

†Satisfaction data includes duplicate participants.

## OUTREACH PARTICIPANT SYSTEMWIDE

While **active participants** include people who are enrolled in a PEI program and/or are receiving services at a PEI program, **outreach participants** include people who are touched by the program via outreach efforts, including but not limited to: presentations, community events, and fairs.



**DATA: Child and Adult PEI Programs**

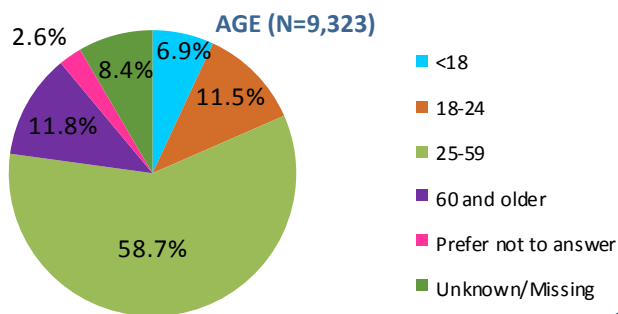
**REPORT PERIOD: 7/1/2016-6/30/2017**

**NUMBER OF OUTREACH PARTICIPANTS WITH DATA IN FY 2016-17: 9,323 (Unduplicated)\*†**

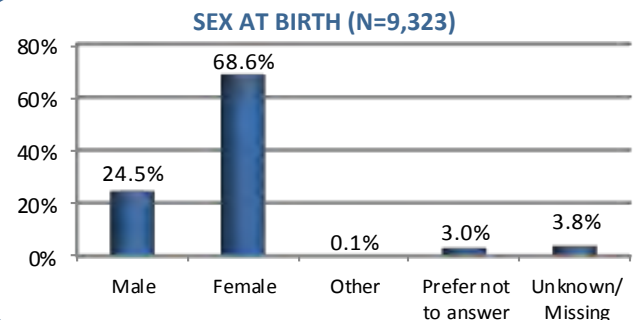
*\*Data for all students participating in the HERE Now Suicide Prevention program were calculated from a representative sample of students who provided demographic and satisfaction information.*

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

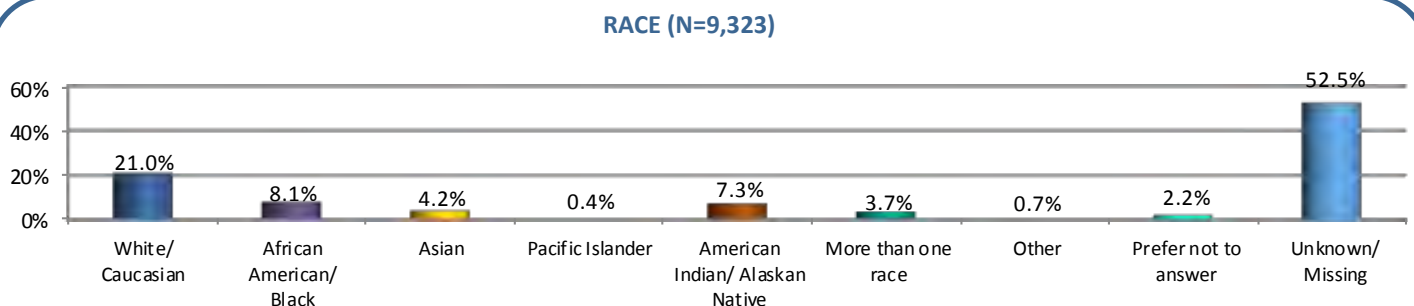
## OUTREACH PARTICIPANT SYSTEMWIDE DEMOGRAPHICS



Fifty-nine percent of participants were between the ages of 25-59 and 12% were ages 60 and older.



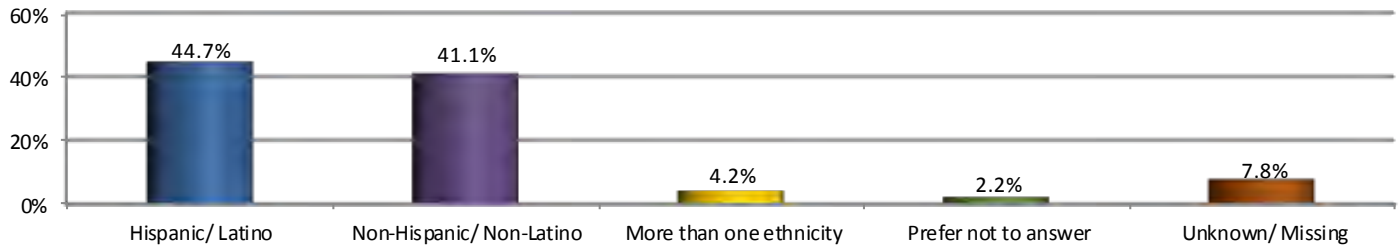
Sixty-nine percent of participants who received services identified their sex at birth as female.



Twenty-one percent of participants who received services identified their racial background as White. Eight percent of participants identified their racial background as African American/Black. The percentage of unknown/missing includes clients who only endorsed being Hispanic/Latino and did not indicate a racial category.

## OUTREACH PARTICIPANT SYSTEMWIDE DEMOGRAPHICS- CONTINUED

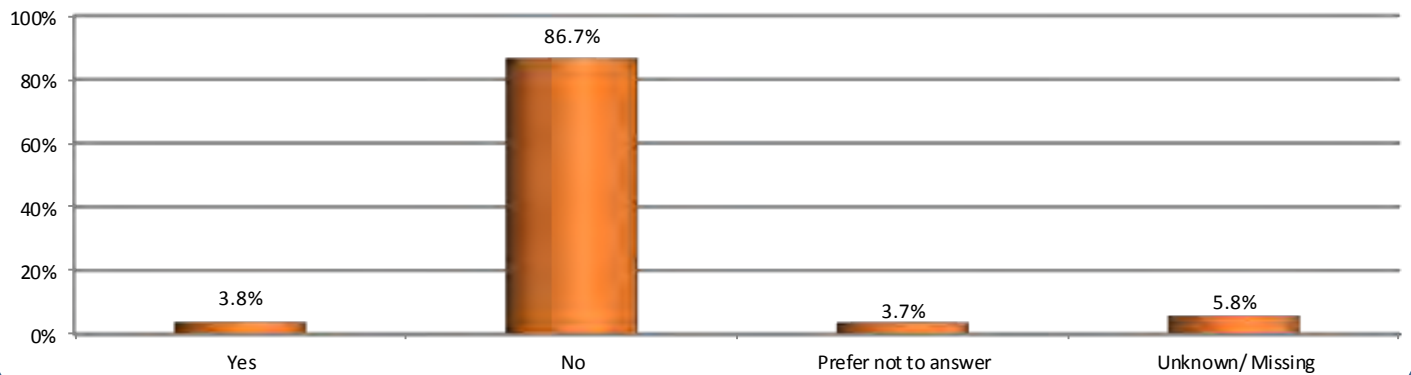
ETHNICITY (N=9,323)



Forty-five percent of participants who received services identified their ethnic background as Hispanic/Latino. Forty-one percent of participants identified their ethnic background as non-Hispanic/ non-Latino. See Appendix B for supplemental data on participant ethnicity.

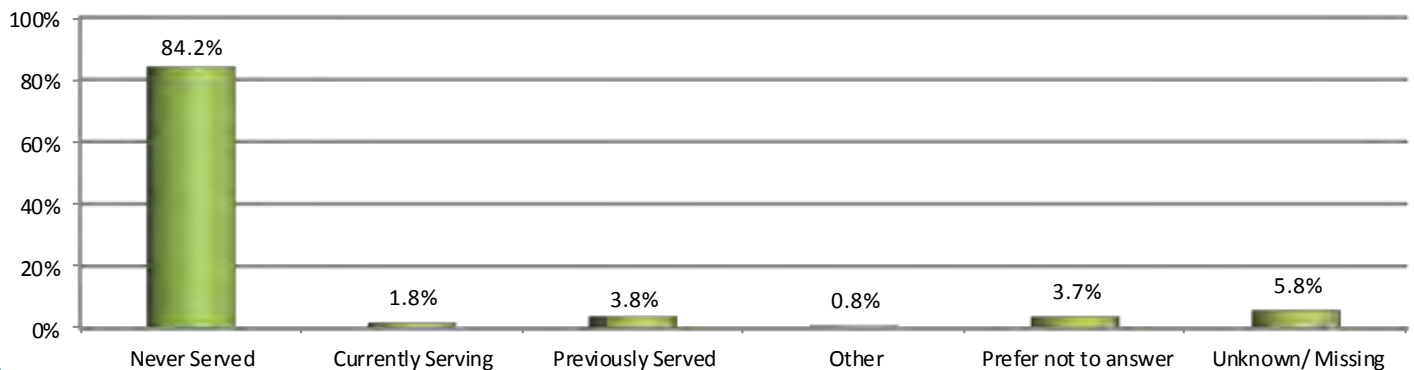
## MILITARY SERVICE

VETERAN STATUS (N=9,323)



Information on veteran status indicated 3.8% of participants had served in the military.

MILITARY STATUS (N=9,323)

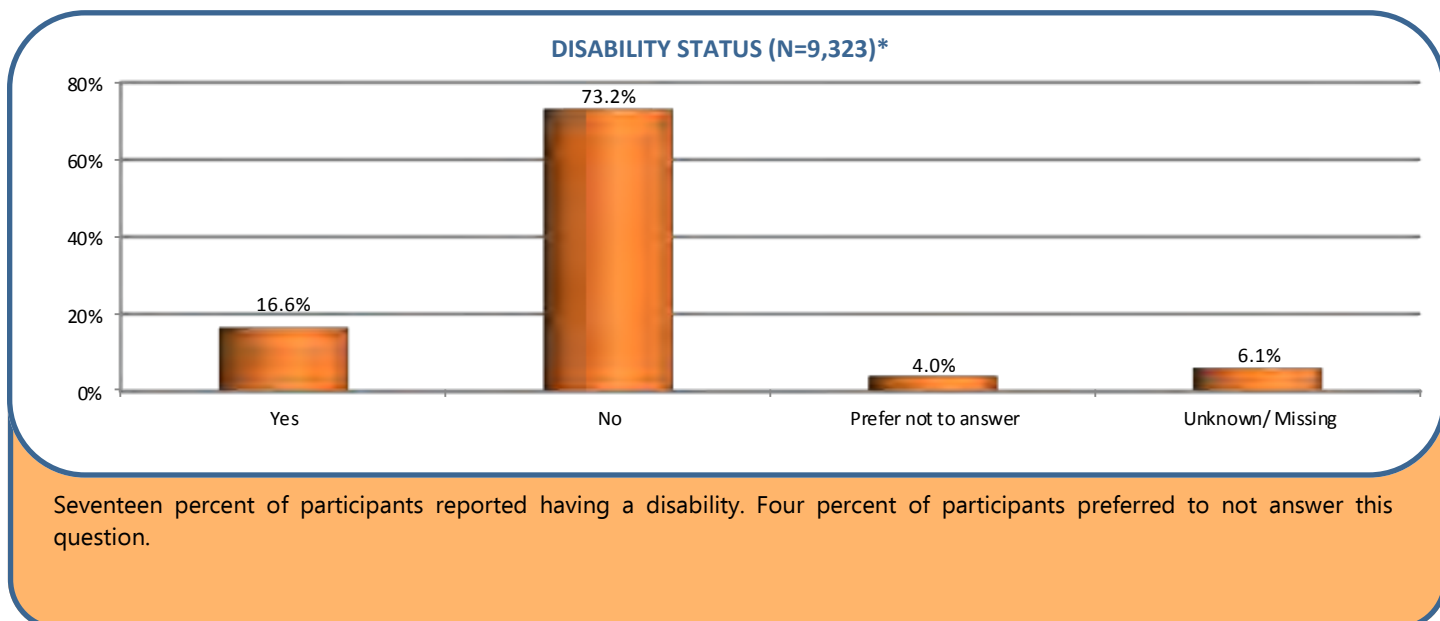


Eighty-four percent of participants had never served in the military while 2% of participants indicated they are currently serving in the military and 4% indicated they had previously served in the military.



## OUTREACH PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

### DISABILITY STATUS



\*A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

DISABILITY RESPONSES (N=9,323)*†	Count	%
Difficulty seeing	337	3.6
Difficulty hearing or having speech understood	185	2.0
Learning disability	211	2.3
Developmental disability	64	0.7
Physical/ mobility disability	272	2.9
Chronic health condition/ chronic pain	497	5.3
Dementia	41	0.4
Other communication disability	40	0.4
Other mental disability not related to mental illness	144	1.5
Other disability	284	3.0
No disability	6,907	74.1
Prefer not to answer	383	4.1
Unknown/ Missing	569	6.1

The percentages calculated are based on total participants. Among the disability responses, 6,907 (74.1%) indicated no disability. Five percent of the participants indicated having a chronic health/chronic pain condition while 3% of participants indicated having difficulty seeing.

\*Participants can report having more than one disability so percentages may add up to more than 100%.

†A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a serious mental illness.

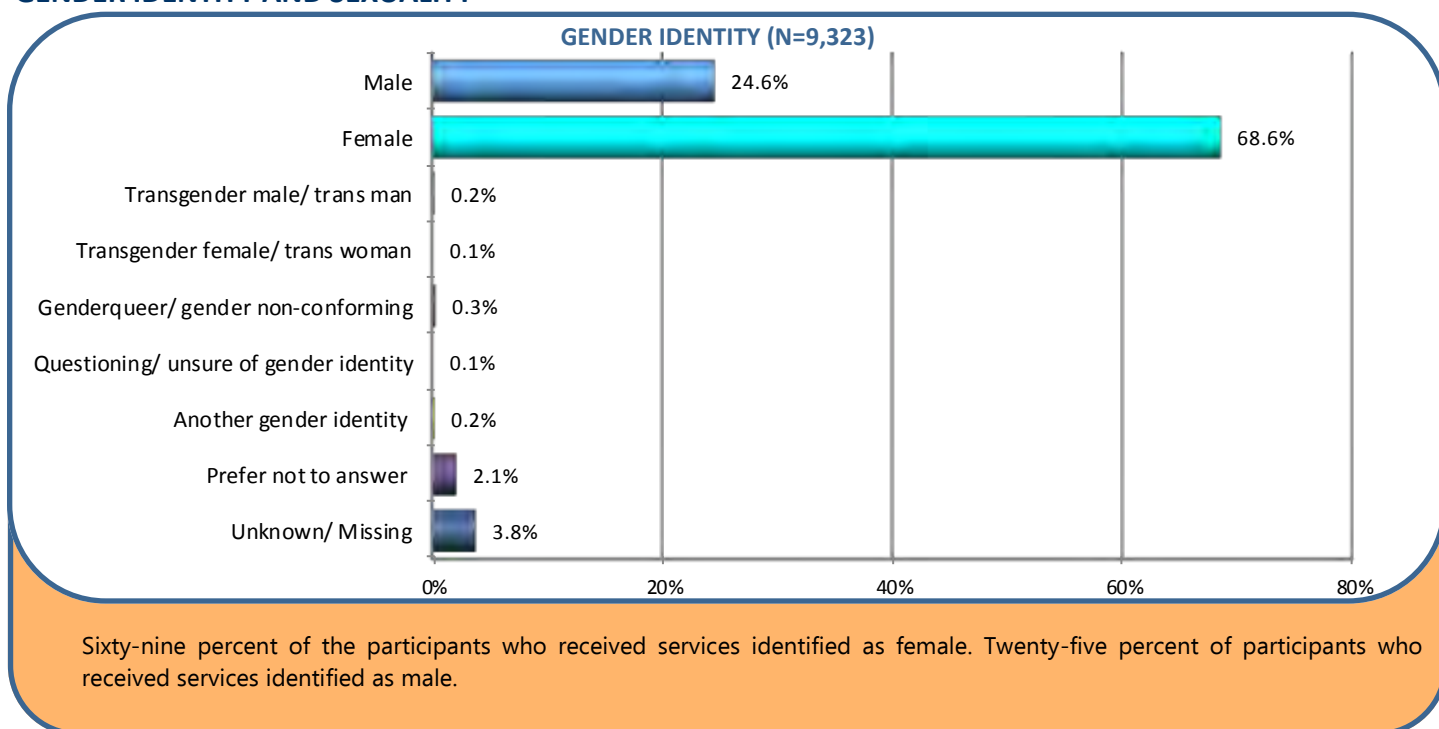
## OUTREACH PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

### PARTICIPANT LANGUAGE

PRIMARY LANGUAGE (N=9,323)	N	%	PRIMARY LANGUAGE (N=9,323)	N	%
English	4,779	51.3	Italian	5	0.1
Spanish	3,348	35.9	Japanese	0	0.0
Armenian	21	0.2	Lao	2	0.0
Arabic	52	0.6	Mien	0	0.0
Cantonese	5	0.1	Polish	2	0.0
Farsi	10	0.1	Portuguese	0	0.0
Khmer	1	0.0	Tagalog	14	0.2
Korean	2	0.0	Thai	1	0.0
Mandarin	6	0.1	Turkish	2	0.0
Russian	8	0.1	Vietnamese	27	0.3
Samoan	8	0.1	Other Chinese Dialects	0	0.0
Tongan	0	0.0	Other Non-English	1	0.0
American Sign Language	13	0.1	Other Sign Language	0	0.0
French	1	0.0	Other	561	6.0
Hebrew	2	0.0	Prefer not to answer	134	1.4
Hmong	0	0.0	Unknown/Missing	317	3.4
Ilocano	1	0.0	Total	9,323	100.0

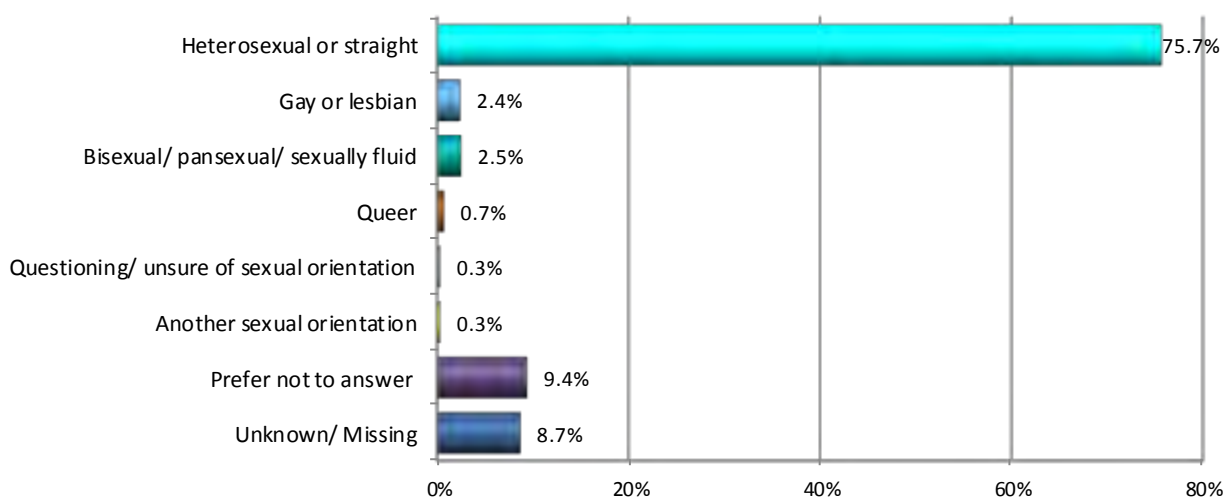
Fifty-one percent of the participants who received services identified their primary language as English. Thirty-six percent of participants who received services identified their primary language as Spanish.

### GENDER IDENTITY AND SEXUALITY



## OUTREACH PARTICIPANT SYSTEMWIDE DEMOGRAPHICS - CONTINUED

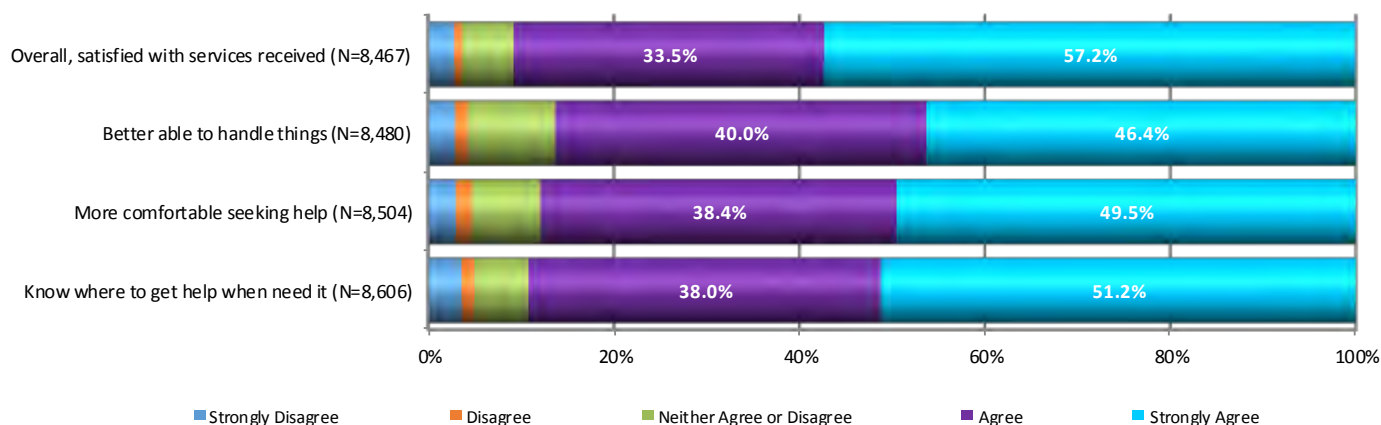
### SEXUAL ORIENTATION (N=9,323)



Seventy-six percent of the participants who received services identified their sexual orientation as heterosexual/straight. Three percent of participants who received services identified their sexual orientation as bisexual/pansexual/sexually fluid. Nine percent of participants preferred not to answer this question.

## OUTREACH PARTICIPANT SYSTEMWIDE PROGRAM SATISFACTION

### PROGRAM SATISFACTION\*†



For each satisfaction question, responses were obtained from approximately 91% of the participants. Of these participants, most agreed that they were better able to handle things and solve problems as a result of the program. Most also said that they knew where to get help when they needed it, and that they felt more comfortable seeking help now. Overall, 91% of the participants who responded were satisfied with the services they received.

\*Satisfaction data not available for all participants.

†Satisfaction data includes duplicate participants.

## CHILD AND ADULT PARTICIPANT SYSTEMWIDE REFERRAL TRACKING SUMMARY

In FY 2016-17, County of San Diego Behavioral Health Services (BHS) implemented a referral tracking procedure in order to collect data on referrals made by PEI programs and successful links to services.

Referral tracking data was collected for 11,165 active participants. A total of 3,564 active participants received a mental health referral and 1,466 active participants were linked to services as a result of those referrals (Linkage Rate = 41.1%). Average time between referral and linkage to services amounted to 64.4 days.

Referral tracking data was provided for 2,094 outreach participants. A total of 638 outreach participants received a mental health referral and 325 outreach participants were linked to services as a result of those referrals (Linkage rate = 50.9%). Average time between referral and linkage to services amounted to 55.5 days.

*\*Referral data not available for all programs.*

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

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



## APPENDIX A

ACTIVE PARTICIPANT ETHNICITY		
	N	Percent
<b>Hispanic or Latino</b>	<b>10,689</b>	<b>42.2%</b>
Caribbean	57	0.2%
Central American	41	0.2%
Cuban	100	0.4%
Dominican	71	0.3%
Mexican/ Mexican-American/Chicano	7,896	31.2%
Puerto Rican	341	1.3%
Salvadoran	90	0.4%
South American	30	0.1%
Other Hispanic/ Latino	878	3.5%
<b>Non-Hispanic</b>	<b>11,464</b>	<b>45.2%</b>
African	91	0.4%
Other African American/African/Black	131	0.5%
Asian Indian/ South Asian	7	0.0%
Cambodian	15	0.1%
Chinese	45	0.2%
Filipino	284	1.1%
Hmong	3	0.0%
Japanese	38	0.1%
Korean	9	0.0%
Laotian	24	0.1%
Vietnamese	69	0.3%
Other Asian	39	0.2%
Native Hawaiian	36	0.1%
Samoan	24	0.1%
Other Pacific Islander	41	0.2%
Other American Indian	118	0.5%
Chaldean	119	0.5%
European	67	0.3%
Eastern European	178	0.7%
Iraqi	141	0.6%
Middle Eastern	53	0.2%
Other White	259	1.0%
Non Hispanic Non Latino Other	3,407	13.4%
<b>More than one ethnicity</b>	<b>1,892</b>	<b>7.5%</b>
<b>Prefer not to answer</b>	<b>171</b>	<b>0.7%</b>
<b>Missing</b>	<b>1,132</b>	<b>4.5%</b>
<b>Total</b>	<b>25,348</b>	<b>100.0%</b>

## APPENDIX B

OUTREACH PARTICIPANT ETHNICITY		
	N	Percent
<b>Hispanic or Latino</b>	<b>4,169</b>	<b>44.7%</b>
Caribbean	19	0.2%
Central American	42	0.5%
Cuban	12	0.1%
Dominican	12	0.1%
Mexican/ Mexican-American/Chicano	2,505	26.9%
Puerto Rican	39	0.4%
Salvadoran	22	0.2%
South American	43	0.5%
Other Hispanic/ Latino	180	1.9%
<b>Non-Hispanic</b>	<b>3,835</b>	<b>41.1%</b>
African	142	1.5%
Other African American/African/Black	113	1.2%
Asian Indian/ South Asian	33	0.4%
Cambodian	12	0.1%
Chinese	85	0.9%
Filipino	183	2.0%
Japanese	31	0.3%
Korean	21	0.2%
Laotian	18	0.2%
Vietnamese	73	0.8%
Other Asian	26	0.3%
Native Hawaiian	20	0.2%
Samoan	14	0.2%
Other Pacific Islander	15	0.2%
Other American Indian	126	1.4%
Chaldean	197	2.1%
European	143	1.5%
Eastern European	230	2.5%
Iraqi	218	2.3%
Middle Eastern	75	0.8%
Other White	159	1.7%
Non Hispanic Non Latino Other	1,655	17.8%
<b>More than one ethnicity</b>	<b>388</b>	<b>4.2%</b>
<b>Prefer not to answer</b>	<b>203</b>	<b>2.2%</b>
<b>Missing</b>	<b>728</b>	<b>7.8%</b>
<b>Total</b>	<b>9,323</b>	<b>100.0%</b>

# **APPENDIX L**

**CSS Annual Report  
FY 2016-17**

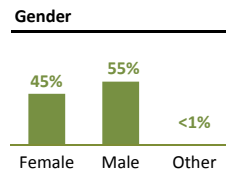
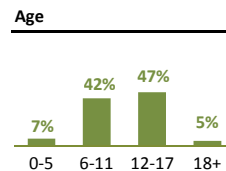
## County of San Diego Behavioral Health Services

## MHSA CSS Programs

## CY - Full Service Partnership (CY-FSP; n=5,949)

Living Situation	%
House or Apartment	91%
Correctional Facility	2%
Foster Home	2%
Group Home	1%
Residential Trmt Ctr	<1%
Children's Shelter	<1%
Homeless	3%
Other/Unknown	1%

Race/Ethnicity	%
White	17%
Hispanic	66%
African American	9%
Asian/Pacific Islander	4%
Native American	<1%
Other	3%



Language	%
English	78%
Spanish	20%
Arabic	<1%
Vietnamese	<1%
Tagalog	<1%
Farsi	<1%
Other/Unknown	<1%

Diagnosis	%
ADHD	11%
Oppositional/Conduct	15%
Depressive disorders	34%
Bipolar disorders	4%
Anxiety disorders	14%
Stressor/Adjustment	19%
Schizophrenic	1%
Other/Excluded	3%

CY-FSP  
23%  
(5,949)

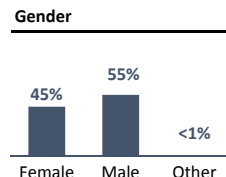
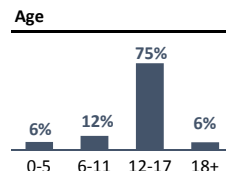
CY-OE  
<1%  
(78)

Total CSS Clients  
(unduplicated)  
N = 25,334

## CY - System Development (CY-SD; n=2,078)

Living Situation	%
House or Apartment	63%
Correctional Facility	28%
Foster Home	1%
Group Home	2%
Residential Trmt Ctr	2%
Children's Shelter	1%
Homeless	1%
Other/Unknown	2%

Race/Ethnicity	%
White	20%
Hispanic	61%
African American	14%
Asian/Pacific Islander	3%
Native American	<1%
Other	2%



Language	%
English	88%
Spanish	11%
Arabic	<1%
Vietnamese	0%
Tagalog	<1%
Farsi	<1%
Other/Unknown	1%

Diagnosis	%
ADHD	7%
Oppositional/Conduct	14%
Depressive disorders	37%
Bipolar disorders	6%
Anxiety disorders	6%
Stressor/Adjustment	22%
Schizophrenic	2%
Other/Excluded	5%

CY-SD  
8%  
(2,078)

ALL-OE  
1%  
(213)

## CY - Outreach and Engagement (CY-OE; n=78)

Race/Ethnicity	%
White	1%
Hispanic	97%
African American	1%
Asian/Pacific Islander	0%
Native American	<1%
Other	0%

Diagnosis	%
ADHD	0%
Oppositional/Conduct	51%
Depressive disorders	0%
Bipolar disorders	3%
Anxiety disorders	1%
Stressor/Adjustment	9%
Schizophrenic	0%
Other/Excluded	36%

Living Situation	%
House or Apartment	100%
Correctional Facility	0%
Foster Home	0%
Group Home	0%
Residential Trmt Ctr	0%
Children's Shelter	0%
Homeless	0%
Other/Unknown	0%

Language	%
English	37%
Spanish	63%
Arabic	0%
Vietnamese	0%
Tagalog	0%
Farsi	0%
Other/Unknown	0%

## All CSS - Outreach and Engagement\* (ALL-OE; n=213)

Race/Ethnicity	%
White	25%
Hispanic	28%
African American	5%
Asian/Pacific Islander	4%
Native American	1%
Other	38%

Diagnosis	%
Depressive disorders	39%
Bipolar disorders	6%
Anxiety disorders	10%
Stressor/Adjustment	34%
Schizophrenic	6%
ADHD	<1%
Oppositional/Conduct	<1%
Other/Excluded	<1%

Living Situation	%
Lives Independently	91%
Justice Related	0%
Board & Care	3%
Institutional	0%
Foster Home	0%
Group Home	0%
Residential Trmt Ctr	0%
Children's Shelter	<1%
Homeless	4%
Other/Unknown	1%

Language	%
English	15%
Spanish	13%
Arabic	18%
Vietnamese	0%
Tagalog	0%
Farsi	7%
Other/Unknown	46%

\*Clients may be duplicated

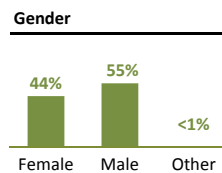
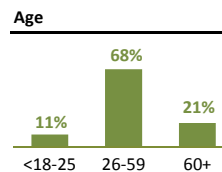
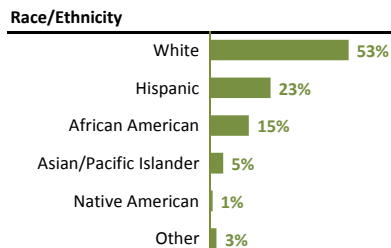


## County of San Diego Behavioral Health Services

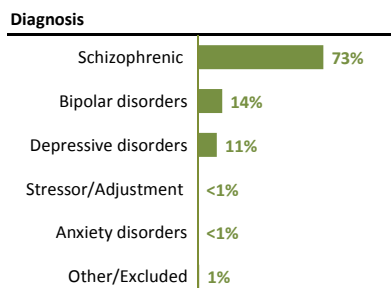
## MHSA CSS Programs

## TAOA - Full Service Partnership (TAOA-FSP; n=4,114)

Living Situation	%
Lives Independently	54%
Board & Care	16%
Justice Related	1%
Homeless	15%
Institutional	11%
Other/Unknown	3%



Language	%
English	92%
Spanish	5%
Arabic	<1%
Vietnamese	<1%
Tagalog	<1%
Farsi	<1%
Other/Unknown	2%

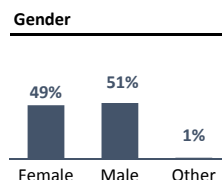
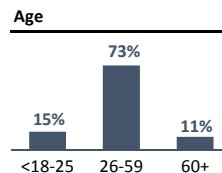
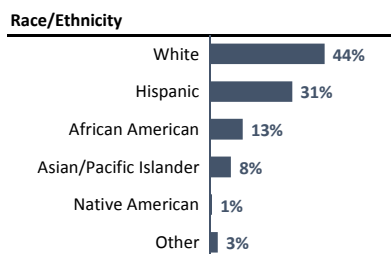


TAOA-FSP  
**16%**  
 (4,114)

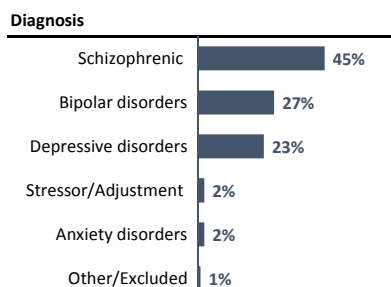
Total CSS Clients  
 (unduplicated)  
 N = 25,334

## TAOA - System Development (TAOA-SD; n=14,304)

Living Situation	%
Lives Independently	63%
Board & Care	8%
Justice Related	1%
Homeless	17%
Institutional	1%
Other/Unknown	11%

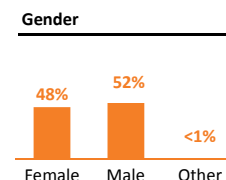
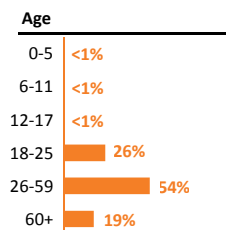


Language	%
English	80%
Spanish	7%
Arabic	1%
Vietnamese	2%
Tagalog	<1%
Farsi	<1%
Other/Unknown	10%

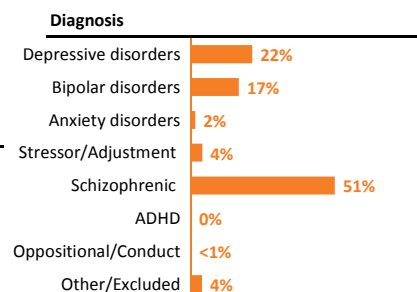
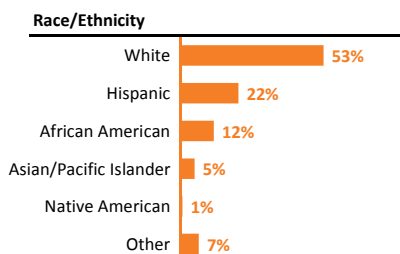


TAOA-SD  
**56%**  
 (14,304)

ALL-SD  
**26%**  
 (6,679)



## All CSS - System Development† (ALL-SD; n=6,679)



Living Situation	%
Lives Independently	69%
Justice Related	1%
Board & Care	5%
Institutional	2%
Foster Home	0%
Group Home	0%
Residential Trmt Ctr	0%
Children's Shelter	0%
Homeless	20%
Other/Unknown	3%

Language	%
English	90%
Spanish	4%
Arabic	4%
Vietnamese	<1%
Tagalog	<1%
Farsi	<1%
Other/Unknown	2%

†Clients may be duplicated

# **APPENDIX M**

## **Mental Health Services Act 2108 Reversion Spending Plan Innovation and Capital Facilities and Technological Needs Components**

# **Mental Health Services Act (MHSA) Innovation Reversion Spending Plan**

## **Behavioral Health Services**

6/29/2018



**LIVEWELLSD.ORG**

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## INTRODUCTION

Pursuant to AB 114 (Chapter 38, Statutes of 2017) and the Department of Health Care Services (DHCS) Information Notice 17-059, each County must prepare and publically post a plan for Mental Health Services Act (MHSA) funding subject to reversion from Fiscal Years (FYs) 2005-06 through 2014-15. The following plan is prepared by the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) in compliance with the AB 114 requirements.

Chartered in 2017, AB 114 requires counties to prepare and publically post a plan for MHSA funding from FYs 2005-06 through 2014-15 that are subject to reversion to the State. DHCS has determined that \$7,223,768 of Innovation funds were subject to reversion as of July 1, 2017 (see attached chart). The following is a plan that describes how these funds have been allocated for Innovation projects within San Diego County to be spent by June 30, 2020, meeting the regulatory requirements of AB 114.

Using a “First in – First out” accounting method, BHS has allocated the total of \$7,223,768 of AB 114 funds for FY 2018-19 for nine Innovation projects already approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and one proposed project that will be proposed to the MHSOAC, as described within this report. All projects were developed in collaboration with stakeholder-led councils and attendees at community engagement forums held annually.

## INNOVATION FUNDS SUBJECT TO REVERSION

<i>INN Funds Identified as Subject to Reversion by Fiscal Year</i>	<i>Estimated INN Reversion Amount</i>
FY 2008-09	\$4,737,844
FY 2009-10	\$1,607,696
FY 2010-11	\$ 878,228
<b>Total INN Funds Subject to Reversion</b>	<b>\$ 7,223,768</b>

## INNOVATION REVERSION PLAN

The County of San Diego is projected to spend all Innovations (INN) funds subject to reversion in FY 2018-19. If funds are not spent in FY 2018-19, the funds will be spent in FY 2019-20.

The estimated total INN budget in FY 2018-19 is substantially higher than the reversion total as determined by DHCS; however, expenses for the INN programs identified below in FYs 2018-19 and 2019-20 will be calculated toward the reversion amount identified above, if needed, to ensure no funds are reverted. This will ensure the County of San Diego is spending all INN funds subject to reversion and allows for flexibility if Innovation programs are delayed due to unforeseen circumstances, do not receive approval by the MHSOAC and/or do not spend the full budget.

<i>Innovation Cycle and Program Name</i>	<i>FY 2018-19 Estimated Budget*</i>	<i>FY 2019-20 Estimated Budget*</i>	<i>Total Estimated INN Budget</i>	<i>Notes</i>
<b><u>INN Programs (Cycle 3)</u></b>				
INN-13 Faith Based Initiative	\$758,969	\$0	\$758,969	INN funding ends FY19/20
INN-14 Ramp Up to Work	\$619,499	\$0	\$619,499	INN funding ends FY19/20
INN-15 Peer Assisted Transitions	\$1,119,896	\$0	\$1,119,896	INN funding ends FY19/20
INN-16 Urban Beats	\$972,170	\$972,170	\$1,944,340	
INN-17 Mobile Hoarding Intervention Program (CREST)	\$1,353,059	\$1,353,059	\$2,706,118	
<b><u>INN Programs (Cycle 4)</u></b>				
INN-18 Peripartum Program**	\$562,581	\$1,071,583	\$1,634,164	Annualized in FY 19/20
INN-19 Telemental Health	\$650,480	\$1,154,889	\$1,805,369	Annualized in FY 19/20
INN-20 ROAM Mobile Services	\$1,894,583	\$1,894,583	\$3,789,166	Program ends FY19/20
INN-21 ReST Recuperative Housing	\$1,407,001	\$1,407,001	\$2,814,002	
INN-22 Medication Clinic	\$1,988,452	\$1,988,452	\$3,976,904	
<b>Total Estimated Innovation Expenditures</b>	<b>\$11,326,690</b>	<b>\$9,841,737</b>	<b>\$21,168,427</b>	
<b>Estimated INN Administration</b>	<b>\$1,699,004</b>	<b>\$1,476,260</b>	<b>\$3,175,264</b>	
<b>Total Estimated INN Expenditures</b>	<b>\$13,025,694</b>	<b>\$11,317,997</b>	<b>\$24,343,691</b>	

\* Includes costs for evaluation services

\*\* Pending approval by the MHSOAC. If approved by the MHSOAC, expenditures for this program will be calculated toward reversion.

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## INNOVATION PROJECTS: CYCLE 3

### INN 13 – FAITH BASED INITIATIVE

**Project Description:** To foster collaboration, this project aims to combine four (4) components into one program. The combined components unique to this adaptation include 1) Collaboration and Partnerships, 2) Community Education, 3) Crisis response and 4) Wellness and Health ministry. These components together will address the needs of the Faith Community as it relates to mental health. During the Innovation Community Planning Process, stakeholders submitted project ideas aligned with the key themes identified during the stakeholder process.

**Primary Purpose:** The approved primary purpose of the Faith-Based Initiative is to increase access to mental health services to underserved groups.

**Qualification as an Innovative Project:** This project is an adaptation combining existing practices into an integrated program.

**Target Population:** Faith-based congregations; peer educators; mobile crisis responders; adults and children; and adults diagnosed with serious mental illness while incarcerated.

**Goals or Objectives of the Project:** To test new methods of to learn if the proposed outreach and engagement approaches increases awareness, knowledge and de-stigmatizes seeking mental health, alcohol and other drug and support services and how to access them.

### INN 14 – RAMP UP 2 WORK

**Project Description:** Ramp Up 2 Work will provide an array of supported employment activities that will include consumer owned small business, and competitive employment and include job preparation and subsidized apprenticeships through the development of partnerships with businesses and employment programs.

**Primary Purpose:** The primary purpose of the program is to increase the quality of services, including better outcomes.

**Qualification as an Innovative Project:** This project is an adaptation of existing practices in the supported employment field.

**Target Population:** Individuals with serious mental illness.

**Goals or Objectives of the Project:** To help individuals achieve employment goals and improve level of functioning.

### INN 15 – PEER ASSISTED TRANSITIONS

**Project Description:** This project employs Peer Specialist Coaches to promote engagement through peer support, use of 'Welcome Home Baskets' and social/recreational activities, and mentoring through shared decision-making strategies. Services will be provided at a variety of

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sites to help identify where the best applicability is, including a primary focus on crisis residential facilities ('crisis houses'), with additional trials at a non-County-operated psychiatric hospital.

**Primary Purpose:** The primary purpose of Peer Assisted Transitions is to increase the quality of services, including better outcomes.

**Qualification as an Innovative Project:** This project is an adaptation of existing practices in the supported employment field.

**Target Population:** Individuals with serious mental illness, particularly those who in addition to needing to use hospital and/or crisis house services have a limited social support network and are most likely to not be effectively connected with relevant services.

**Goals or Objectives of the Project:** To increase the depth and breadth of services to persons diagnosed with serious mental illness that use acute, crisis-oriented mental health services but are not effectively connected with community resources.

### **INN 16 – URBAN BEATS**

**Project Description:** To assist transition age youth in engaging or investing in behavioral health services and/or identifying mental health symptoms and reducing stigma by connecting with through artistic expression. Transition age youth with a serious mental illness and at-risk transition age youth incorporate their message into youth-friendly social media that creatively combines therapeutic, stigma reducing, cultural expression and social justice messaging. Performances are shared with peers.

**Primary Purpose:** The primary purpose of Urban Beats is to increase the quality of mental health services, including better outcomes.

**Qualification as an Innovative Project:** This project is an adaptation to existing similar programs and it is designed to test whether a culturally sensitive program that focuses on engagement via multiple models of artistic expression is successful at engaging transition age youth with a serious mental illness that are currently enrolled in behavioral health programs as well as at-risk transition age youth who may develop behavioral health conditions.

**Target Population:** Transition age youth experiencing serious mental illness or are at-risk of behavioral health conditions.

**Goals or Objectives of the Project:** To test new methods of engagement. The program is intended to engage transition age youth in wellness activities by providing a youth-focused message created and developed by youth. These may include the visual arts, spoken word, videos, and performances.

### **INN 17 – COGNITIVE REHABILITATION EXPOSURE/SORTING THERAPY (CREST)**

**Project Description:** CREST combines an adapted cognitive-behavior-rehabilitation therapy with hands-on training and support. The team consists of specially-trained professionals and peers

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who will also collaborate with the participants other health providers. An aftercare support group helps participants maintain the skills learned. Hoarding is particularly dangerous for older persons, who may have physical and cognitive limitations. Hoarding can present a physical threat due to fires, falling, unsanitary conditions, and inability to prepare food.

**Primary Purpose:** The primary purpose of CREST is to increase the quality of mental health services, including better outcomes.

**Qualification as an Innovative Project:** This project adapts existing practices to a mobile format. It further tests adaptation of the delivery of services in a bilingual/bicultural format.

**Target Population:** Older adults with serious mental illness referred for hoarding behaviors that impact daily living and risk for eviction.

**Goals or Objectives of the Project:** The project seeks to diminish hoarding behaviors long term in older adults with serious mental illness.

## INNOVATION PROJECTS: CYCLE 4

### INN 18 – PERIPARTUM SERVICES

**Project Description:** The project provides screening and identification of mothers in their third trimester of pregnancy through partnerships with two high-volume Welfare-to-Work locations and the Public Health Nurse Family Partnership and Maternal Child Health home visiting program.

**Primary Purpose:** The primary purpose of Peripartum Services is to increase access to mental health services to underserved groups.

**Qualification as an Innovative Project:** By partnering behavioral health staff with existing Agency services, clients that are at increased risk (due to the psychosocial and socioeconomic factors, known risk factors associated with peripartum mood and anxiety problems) will have increased access.

**Target Population:** The target population for this project includes low income pregnant women, their partners, and parents with children up to age one. Particular focus will be placed on underserved populations such as refugee and immigrant families, Latino, and African American families.

**Goals or Objectives of the Project:** To engage and identify peripartum mothers at-risk of depression and anxiety to allow for early and effective treatment.

### INN 19 – TELEMENTAL HEALTH

**Project Description:** Proposal is to initiate services prior to discharge from psychiatric hospital or crisis stabilization unit by an on-site Case Manager who would screen the client for appropriateness and amenability for receiving Telemental Health services. When the client is assessed to be a good fit for the service, the first Telemental Health appointment would be



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scheduled and client coached through the electronic connection. When needed, tablets will be provided. The program would consist of a Program Manager, Case Managers and Telemental Health Therapists.

**Primary Purpose:** The primary purpose of Telemental Health is to increase access to mental health services to underserved groups.

**Qualification as an Innovative Project:** Adapts a new engagement and intervention technology in a high-risk subset population.

**Target Population:** Youth with serious emotional disturbances and adults with serious mental illness have accessed emergency psychiatric services and are unconnected to a mental health treatment provider.

**Goals or Objectives of the Project:** The program would aim to increase access to aftercare treatment for these clients that are at risk to return to psychiatric emergency services.

## **INN 20 – ROAMING OUTPATIENT ACCESS MOBILE (ROAM) SERVICES**

**Project Description:** Two fully mobile mental health clinics will cover two designated regions of San Diego – North Inland and East County regions. Clinical staff per mobile mental health clinic will include clinician, nurse and dual-certified medical doctor as well as cultural broker, peer support specialist and family support specialist. Culturally competent services will be provided to address barriers in access and utilization to services for the diverse and socio-economically disadvantaged, and underserved Native American population.

**Primary Purpose:** The primary purpose of ROAM is to increase access to mental health services to underserved groups.

**Qualification as an Innovative Project:** The project adapts the pre-existing practice of Tulare County by testing mobile mental health clinics to the unique population and geography of San Diego by focusing on Native American individuals across all age groups living on reservation land. The project will also test engagement of cultural brokers as an embedded component of treatment to evaluate its efficacy in engaging and treating local Native American members as well as evaluating the efficacy of incorporating culturally competent services and traditional healing practices in the treatment model. ROAM will include Medication Assisted Treatment services to address individuals with co-occurring disorders.

**Target Population:** The target population will be youth and transition age youth with serious emotional disturbance, families, adults, and older adults with serious mental illness of Native American descent living on the various reservations across San Diego's rural areas.

**Goals or Objectives of the Project:** The ROAM program aims to increase access to mental health services to Native American communities in rural areas through the use of mobile mental health clinics, cultural brokers, and inclusion of traditional complimentary Native American healing practices in the treatment plan.

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## INN 21 – RECUPERATIVE SERVICES TREATMENT (ReST)

**Project Description:** The Recuperative Services Treatment (ReST) Housing program is designed to provide respite mental health care services and housing support in an open housing development or residential site for transition age youth clients with serious mental illness. Individuals will be referred post-discharge from acute, emergency mental health services. Those enrolled in the program will be engaged in recuperative services and connected to appropriate levels of care and housing to support ongoing recovery and wellness. ReST will be an Enhanced Strength Based Case Management program with mental health services.

**Primary Purpose:** The primary purpose of ReST is to increase the access to mental health services to underserved groups.

**Qualification as an Innovative Project:** ReST is an adaptation from the medical field's recuperative care centers that have been shown to reduce readmission to acute care settings.

**Target Population:** Transition age youth (18-25 years old) clients with serious mental illness who: 1) require rehabilitative services (e.g. managing symptoms, learning activities of daily living) post-discharge from acute care settings; 2) are homeless or at-risk of homelessness; 3) are unconnected to mental health treatment; and 4) have repeated utilization of inappropriate levels of care (e.g. acute/emergency care settings or jail in-patient care).

**Goals or Objectives of the Project:** San Diego County proposes to decrease the number of homeless and unconnected transition age youth (18-25 years old) with serious mental illness to prevent these individuals from inappropriately returning to acute, emergency mental health services (e.g. hospitals, emergency departments, crisis homes, Psychiatric Emergency Response Team, and jail mental health services) by providing recuperative and habilitative mental health care support to these individuals in respite housing.

## INN 22 – MEDICATION CLINIC

**Project Description:** A Psychotropic Medication Clinic staffed by expert Child and Adolescent Psychiatrists, Case Manager, Clinicians, Psychiatric Nurse, and a Program manager provides medication support services via traditional face-to-face office visits, tele-psychiatry, as well as be embedded in Developmental Behavioral Pediatrician offices.

**Primary Purpose:** The primary purpose of the Medication Clinic is to increase access to mental health services to underserved groups.

**Qualification as an Innovative Project:** Clinic intends to provide psychiatry services via a variety of modalities (including tele-psychiatry) to support youth who require complex psychotropic medication regimens on an ongoing basis to maintain stability.

**Target Population:** Children and youth with serious emotional disturbances who are stable and have completed their psychotherapy treatment services; Children and youth who are new to San Diego County and are awaiting entry into outpatient programs and are already taking psychotropic medications; and children and youth who are currently being treated for complex

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medical problems and have serious mental health problems, but have no access to a child and adolescent psychiatrist.

**Goals or Objectives of the Project:** For select youth, continuing psychotropic medication is essential to a stable and sustainable wellness, but resources for medication management-only services are limited. Youth with complex psychotropic medication regimens present an even greater challenge for access to services. Recent legislative changes have focused on the importance of careful oversight for the provision of psychotropic medications for Medi-Cal-eligible youth. A dedicated medication clinic will carefully monitor and implement legislative changes.

## **PUBLIC INPUT**

To provide comment on the proposed Innovation Reversion Plan, detailed above, please reply to either 619-584-5063 (Toll Free: 888-977-6763) or email [MHSProp63.HHSA@sdcounty.ca.gov](mailto:MHSProp63.HHSA@sdcounty.ca.gov).

**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, OCTOBER 28, 2014**

**MINUTE ORDER NO. 9**

**SUBJECT: MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN: FISCAL YEAR 2014-15 THROUGH FISCAL YEAR 2016-17 (DISTRICTS: ALL)**

**OVERVIEW:**

California's Proposition 63, the Mental Health Services Act (MHSA), which was approved by California voters in November 2004 and became effective January 1, 2005, provides funding for expansion of mental health services in California. The Act consists of five program components designated by the Act: Community Services and Support, Prevention and Early Intervention, Workforce Education and Training, Innovation, and Capital Facilities and Technological Needs. Pursuant to the Act and California Welfare and Institutions Code Section 5847, county mental health programs are required to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA programs and expenditures.

The County of San Diego is in the process of implementing an integrated MHSA three-year program and expenditure plan for Fiscal Year 2014-15 through Fiscal Year 2016-17. The Plan incorporates all five MHSA components and provides expenditure projects for each component per year. The Plan contains newly proposed Innovation projects and programs identified by stakeholders for consideration, should additional funding become available. The majority of services listed in the Plan are a continuation of programs previously approved by the Board of Supervisors and stakeholders. As required by the MHSA, the Plan requires review and approval by the Board of Supervisors before submitting to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC reviews the Plan and is required to approve the Innovation projects prior to implementation.

Today's action requests the Board of Supervisors to receive and approve the County of San Diego Mental Health Services Act Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17. Today's action will also authorize the Director of Purchasing and Contracting to enter into negotiations for the procurement of contracts for proposed new Innovation projects as well as an evaluation of these projects. These actions support the County's adopted *Live Well San Diego* initiative by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives.

**FISCAL IMPACT:**

Funds for this request are included in the Fiscal Year 2014-15 Operational Plan for the Health and Human Services Agency. If approved, the services represented in this plan will result in current year cost and revenue of \$134,834,208. The funding source is Mental Health Services Act (MHSA). There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT:**

N/A

**RECOMMENDATION:**

**CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17; and authorize the Director of Health and Human Services Agency to submit the Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
2. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue competitive solicitations for proposed new MHSA Innovation funded projects; and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one year with up to four (4) one-year options and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC and availability of funds.
3. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue a competitive solicitation for the evaluation of the proposed new MHSA Innovation funded projects; and upon successful negotiations and determination of a fair and reasonable price, award contract for a term of one year with up to five (5) one-year options and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC and availability of funds.
4. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue competitive solicitations for the future funding priorities already identified in the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17, should funding become available; and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one year with up to four (4) one-year options and an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC, if necessary, and availability of funds.

**ACTION:**

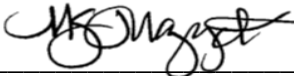
ON MOTION of Supervisor Cox, seconded by Supervisor R. Roberts, the Board took action as recommended, on Consent.

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

State of California)  
County of San Diego) §

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

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By   
Marvice E. Mazyck, Chief Deputy



**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, APRIL 25, 2017**

**MINUTE ORDER NO. 5**

**SUBJECT: MENTAL HEALTH SERVICES ACT – COMPETITIVE SOLICITATIONS AND CONTRACT AUTHORIZATION FOR INNOVATION COMPONENT AND CALMHSA FUND DEVELOPMENT PROJECT (DISTRICTS: ALL)**

**OVERVIEW:**

California's Proposition 63, the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and became effective January 1, 2005, providing funding for expansion of mental health services in California. The MHSA consists of five program components designated by the State: Community Services and Supports, Prevention and Early Intervention, Workforce Education and Training, Capital Facilities and Technological Needs, and Innovation.

**Innovation Component:** The County of San Diego is entering Cycle 4 of the Innovation component of the County's MHSA Plan. The Innovation Program and Expenditure Plan, 2017-18 through 2023-24, includes enhancements and extensions to five of the current Innovation programs (Cycle 3) with an evaluation component previously approved by the Board of Supervisors (Board) on October 28, 2014 (9), and proposals for five new projects to be implemented during Fiscal Years 2017-18 through 2023-24 (Cycle 4), all within the scope of available funding. The proposals have been considered by stakeholders through community engagement forums and the required 30-day public review period. As mandated by the MHSA, the Innovation programs, including changes to previously approved programs, require review and approval by the Board before final approval from the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC is required by statute to review and approve the Innovation projects before a county can begin implementation.

**CalMHSA Fund Development:** The California Mental Health Service Authority (CalMHSA), a joint-powers authority (JPA), was established to expedite implementation and administration of Statewide Prevention and Early Intervention (PEI) projects funded under MHSA. On January 25, 2011 (8), the Board authorized San Diego County's membership in CalMHSA through a Joint Exercise of Powers Agreement (JEPA) in order to jointly develop statewide or regional mental health projects with other counties. To maintain successful PEI projects, CalMHSA is requesting participating counties continue supporting statewide PEI activities through special member fees, including contributing to a three-year effort to secure outside funding to fully implement the next phase of a statewide "Forging California's Culture of Mental Wellness" campaign.

Approval of today's recommended actions authorizes new procurements, and contract amendments to expand and extend MHSA Innovation programs and evaluation for mental health services to children and youth, transition age youth (TAY), adults, and older adults; and authorizes payment to CalMHSA to support fund-development for the statewide Prevention and

Early Intervention campaign. Today's actions support the countywide *Live Well San Diego* vision by enhancing access to services, promoting health and well-being in children, adults and families, and encouraging self-sufficiency, which promotes a healthy, safe and thriving region.

**FISCAL IMPACT:**

Funds for this request will be included in Fiscal Year 2017-19 Operational Plan in the Health and Human Services Agency. If approved, this request will result in costs and revenue of \$4,616,890 in Fiscal Year 2017-18 and \$11,483,328 in Fiscal Year 2018-19. The funding source is the Mental Health Services Act. There will be no change in net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT:**

N/A

**RECOMMENDATION:**

**CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) proposed Innovation Program and Expenditure Plan 2017-18 through 2023-24 (Cycle 3 and Cycle 4); and authorize the Agency Director, Health and Human Services Agency to submit the proposals to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval.
2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the programs and services listed below, which are required to implement the County of San Diego MHSA Innovation (INN) Program and Expenditure Plan, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a period of one year, with up to three and one-half option years and an additional six months if needed; and to amend the contracts as required to reflect changes to services and funding, subject to the approval of the Agency Director, Health and Human Services Agency contingent upon approval by the MHSOAC and the availability of funds.
  - a) INN-18 Peripartum Services
  - b) INN-19 Telemental Health
  - c) INN-20 ROAM Mobile Services
  - d) INN-21 ReST Recuperative Housing
  - e) INN-22 Medication Clinic



3. Authorize the Director, Department of Purchasing and Contracting to amend the contracts listed below extending the contract term to maximize the option years, and to expand services, subject to the availability of funds; and to amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency and contingent upon approval by the MHSOAC.
  - a) INN-11 Caregiver Connection - Rady Children's Hospital (#551349)
  - b) INN-12 Family Therapy Participation - North County Lifeline (#45377), Vista Hill Foundation (#44762), Community Research Foundation (#518750, #518752, #518753) and Family Health Centers (#535558)
  - c) INN-15 Peer Assisted Transitions - National Alliance on Mental Illness, San Diego (#553850)
  - d) INN-16 Urban Beats - Pathways Community Services (#552663)
  - e) INN-17 Crest Mobile Hoarding Units - University of California, San Diego (#552936)
4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to amend contract #551828 with the University of California, San Diego for the provision of Innovation Evaluation Services in order to extend the contract term up to December 31, 2023, with a six month option if needed; and to amend the contract as required to reflect changes to services and funding allocations, subject to the approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC. Waive the advertising requirement of Board Policy A-87.
5. Authorize payment to CalMHSA, utilizing MHSA funds, for a private fund development special member fee for the Statewide Prevention and Early Intervention (PEI) campaign during Fiscal Years 2017-18 through 2019-20.

**ACTION:**

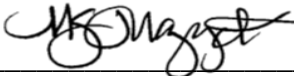
ON MOTION of Supervisor Roberts, seconded by Supervisor Horn, the Board took action as recommended, on Consent.

AYES: Cox, Jacob, Gaspar, Roberts, Horn

State of California)  
County of San Diego) §

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

DAVID HALL  
Clerk of the Board of Supervisors

By   
Marvice E. Mazyck, Chief Deputy



**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, OCTOBER 10, 2017**

**MINUTE ORDER NO. 3**

**SUBJECT: MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND  
EXPENDITURE PLAN: FISCAL YEARS 2017-18 THROUGH 2019-20  
(DISTRICTS: ALL)**

**OVERVIEW**

California's Proposition 63, the Mental Health Services Act (MHSA), was passed by California voters in November 2004 and became effective January 1, 2005. The MHSA provides funding to California counties to address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements to effectively support the public mental health system. MHSA programs provide services for children, youth and families, transition age youth, adults, older adults, and unserved and underserved persons.

The County of San Diego Health and Human Services Agency, Behavioral Health Services has developed an integrated MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20 (MHSA Three-Year Plan) to be approved by the County of San Diego Board of Supervisors (Board). The MHSA Three-Year Plan provides a comprehensive program narrative and proposed expenditures for the five MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). The MHSA Three-Year Plan includes new and enhanced Innovation programs previously approved by the Board on April 25, 2017 (5) as a part of the Innovation Program and Expenditure Plan for Fiscal Years 2017-18 through 2023-24. As mandated by the MHSA, Innovation programs, including changes to previously approved programs, require review and approval by the Board before final approval from the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC is required by statute to review and approve Innovation projects prior to implementation.

Today's recommended actions request the Board to receive and approve the MHSA Three-Year Plan and the County of San Diego MHSA Innovation Program and Expenditure Plan Update. The Innovation enhancements will expand the provision of services included in the MHSA Three-Year Plan to additional regions to better serve constituents and reach unserved and underserved communities. If approved, the Innovation enhancements will require subsequent approval by the MHSOAC.

The approval of today's recommended actions also authorizes the Director of the Department of Purchasing and Contracting to offer competitive procurements and enter into negotiations for contract amendments for mental health services, as identified in the MHSA Three-Year Plan and the MHSA Innovation Program and Expenditure Plan Update, pending approval by the MHSOAC.

Today's actions support the countywide *Live Well San Diego* vision by enhancing access to services, promoting health and well-being in children, adults and families, and encouraging self-sufficiency, which promotes a healthy, safe and thriving region.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (MHSA Three-Year Plan) for Fiscal Years 2017-18 through 2019-20, and authorize the Agency Director, Health and Human Services Agency, to submit the MHSA Three-Year Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
2. Accept and approve the proposed County of San Diego MHSA Innovation Program and Expenditure Plan Update to enhance INN-16 Urban Beats, INN-17 Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units and INN-18 Peripartum Services, and authorize the Agency Director, Health and Human Services Agency, to submit the revised Innovation Plan to the MHSOAC for approval.
3. In accordance with Section 401 et seq. of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the future funding priorities identified in the MHSA Three-Year Plan and MHSA Innovation Program and Expenditure Plan Update and, upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one initial year, with up to four option years and up to an additional six months, if needed, and amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, and contingent upon approval by the MHSOAC, if necessary.
4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to amend contract 551828 with the University of California, San Diego for the provision of Innovation Evaluation Services to reflect changes to services, term of the contract and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency, and contingent upon approval by the MHSOAC. Waive the advertising requirement of Board Policy A-87.

### **FISCAL IMPACT**

Funds for these requests are included in the Fiscal Year 2017-19 Operational Plan in the Health and Human Services Agency. If approved, the services represented in the MHSA Three-Year Plan will result in costs and revenues of up to \$197,523,661 in Fiscal Year 2017-18 and up to \$187,769,099 in Fiscal Year 2018-19. Also, if approved, the MHSA Innovation Program and Expenditure Plan Update will result in additional costs and revenues of up to \$268,849 in Fiscal Year 2017-18 and up to \$1,641,475 in Fiscal Year 2018-19. The funding source is the Mental Health Services Act (MHSA). There will be no change in net General Fund costs and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

### **ACTION:**

ON MOTION of Supervisor Cox, seconded by Supervisor Gaspar, the Board of Supervisors took action as recommended.

AYES: Cox, Jacob, Gaspar, Horn

ABSENT: Roberts

State of California)  
County of San Diego) §

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

DAVID HALL  
Clerk of the Board of Supervisors



**Signed** \_\_\_\_\_  
**by** Marvice Mazyck, Chief Deputy



Mental Health Services  
Oversight & Accountability Commission



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor

VICTOR CARRION, MD

Chair

JOHN BUCK

Vice Chair

Toby Ewing

Executive Director

Alfredo Aguirre, LCSW  
Mental Health Director  
P.O. Box 85524  
San Diego, CA 92186-5524

March, 19, 2015

Dear Mr. Aguirre,

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I congratulate you, your stakeholders, providers and staff on the approval of San Diego Mental Health Services Act (MHSA) Innovation plans which were approved by the MHSOAC on February 26, 2015.

San Diego may now expend \$15,128,913 in Innovation funds for the programs listed below:

**\$1,211,613** to fund Urban Beats  
**\$685,500** to fund Care Giver Connection to Treatment  
**\$1,495,575** to fund Faith-Based Initiative  
**\$3,381,000** to fund Family Therapy Participation Engagement  
**\$1,331,919** to fund Innovative Mobile Hoarding Intervention Program  
**\$3,334,347** to fund Peer-Assisted Transitions  
**\$3,688,959** to fund Ramp Up 2 Work

The MHSOAC looks forward to hearing and learning from you as these landmark Innovation plan are implemented.

Page 2

Feel free to contact Wendy Desormeaux, MHSOAC Staff Mental Health Specialist, at [Wendy.Desormeaux@MHSOAC.ca.gov](mailto:Wendy.Desormeaux@MHSOAC.ca.gov) or by phone at (916) 445-8702, should you have additional questions or require further assistance.

Sincerely,



JOSE OSEGUERA  
Chief of Plan Review and Committee Operations  
Mental Health Services Oversight and Accountability Commission

May 26, 2017

Alfredo Aguirre, Director  
San Diego County Health and Human Services,  
Behavioral Health Services  
P.O. Box 85524  
San Diego, CA 92186-5524

Dear Mr. Aguirre,

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I would like to take this opportunity to thank you, your stakeholders, providers, and staff for your hard work on the San Diego County's Mental Health Services Act (MHSA) Innovation Plan, which was approved by the MHSOAC on May 25, 2017.

The Commission has approved the following three San Diego County's Innovation plans: Innovation (20) Roaming Outpatient Access Mobile (ROAM), for a total of \$8,788,837 over four (4) years and six (6) months; Innovation (21) Recuperative Services Treatment (ReST), for a total of \$6,155,624 over four (4) years and six (6) months; and Innovation (22) Medication Clinic for a total of \$8,836,362 four (4) years and six (6) months.

We look forward to working with you as these projects progress. If you have additional questions or need further assistance, feel free to contact me at 916-445-8696 or [Toby.Ewing@mhsoc.ca.gov](mailto:Toby.Ewing@mhsoc.ca.gov) or you can contact your County Liaison, Greg Tate, at 916-445-8725 or [Greg.Tate@mhsoc.ca.gov](mailto:Greg.Tate@mhsoc.ca.gov).

Sincerely,



Toby Ewing  
Executive Director

Copy: **Adrienne Collins Yancey**, MPH, Mental Health Services Act Coordinator for the County of San Diego





**Mental Health Services  
Oversight & Accountability Commission**



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor

JOHN BOYD, PsyD

Chair

KHATERA ASLAMI-TAMPLEN

Vice Chair

TOBY EWING

Executive Director

June 25, 2018

Alfredo Aguirre, Director  
County of San Diego Health and Human Services  
Behavioral Health Services  
3255 Camino Del Rio South, MS: P-531C  
San Diego, CA 92108

Dear Mr. Aguirre,

We apologize for the delay in sending you this approval letter.

Congratulations, the Commission has approved the extension of the **Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units** innovation plan on **October 26, 2017** for an additional amount of **\$2,913,159** for **two (2) additional years**.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me [sharmil.shah@mhsoac.ca.gov](mailto:sharmil.shah@mhsoac.ca.gov) or your county liaison Jeff Kukral at [Jeffrey.kukral@mhsoac.ca.gov](mailto:Jeffrey.kukral@mhsoac.ca.gov).

Sincerely,

Sharmil Shah, Psy.D  
Chief-Program Operations

Copy: Adrienne Yancey, MHSA Coordinator



**Mental Health Services  
Oversight & Accountability Commission**



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor

JOHN BOYD, PsyD

Chair

KHATERA ASLAMI-TAMPLEN

Vice Chair

TOBY EWING

Executive Director

June 25, 2018

Alfredo Aguirre, Director  
County of San Diego Health and Human Services  
Behavioral Health Services  
3255 Camino Del Rio South, MS: P-531C  
San Diego, CA 92108

Dear Mr. Aguirre,

We apologize for the delay in sending you this approval letter.

Congratulations, the Commission has approved the **Telemental Health** Innovation Plan on **October 26, 2017** in the amount of **\$5,253,376** for **five (5) years**.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me [sharmil.shah@mhsoac.ca.gov](mailto:sharmil.shah@mhsoac.ca.gov) or your county liaison Jeff Kukral at [Jeffrey.kukral@mhsoac.ca.gov](mailto:Jeffrey.kukral@mhsoac.ca.gov).

Sincerely,

Sharmil Shah, Psy.D  
Chief-Program Operations

Copy: Adrienne Yancey, MHSA Coordinator



**Mental Health Services  
Oversight & Accountability Commission**



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor

JOHN BOYD, PsyD

Chair

KHATERA ASLAMI-TAMPLEN

Vice Chair

TOBY EWING

Executive Director

June 25, 2018

Alfredo Aguirre, Director  
County of San Diego Health and Human Services  
Behavioral Health Services  
3255 Camino Del Rio South, MS: P-531C  
San Diego, CA 92108

Dear Mr. Aguirre,

We apologize for the delay in sending you this approval letter.

Congratulations, the Commission has approved the extension of the **Urban Beats** innovation plan on **October 26, 2017** for an additional amount of **\$2,259,447** for **two (2) additional years**.

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me [sharmil.shah@mhsoac.ca.gov](mailto:sharmil.shah@mhsoac.ca.gov) or your county liaison Jeff Kukral at [Jeffrey.kukral@mhsoac.ca.gov](mailto:Jeffrey.kukral@mhsoac.ca.gov).

Sincerely,

Sharmil Shah, Psy.D  
Chief- Program Operations

Copy: Adrienne Yancey, MHSA Coordinator

# **Mental Health Services Act (MHSA) Capital Facilities and Technological (CFTN) Reversion Spending Plan**

## **Behavioral Health Services**

6/29/2018



**LIVEWELLSD.ORG**

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## INTRODUCTION

Pursuant to AB 114 (Chapter 38, Statutes of 2017) and the Department of Health Care Services (DHCS) Information Notice 17-059, each County must prepare and publically post a plan for Mental Health Services Act (MHSA) funding subject to reversion from Fiscal Years (FYs) 2005-06 through 2014-15. The following plan is prepared by the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) in compliance with the AB 114 requirements.

Chartered in 2017, AB 114 requires counties to prepare and publically post a plan for MHSA funding from FYs 2005-06 through 2014-15 that are subject to reversion to the State. DHCS has determined that \$8,782,281 of Capital Facilities and Technological Needs (CFTN) funds were subject to reversion as of July 1, 2017 (see attached chart). The following is a plan that describes how these funds have been allocated for CFTN projects within San Diego County to be spent by June 30, 2020, meeting the regulatory requirements of AB 114.

Using a “First in – First out” accounting method, BHS has allocated the total of \$8,782,281 of AB 114 funds for FYs 2017-18 and 2018-19 for CFTN projects already in progress and included in the MHSA Three Year Program and Expenditure Plan for Fiscal Years (FYs) 2017-18 through 2019-20, as described within this report. All projects were developed in collaboration with stakeholder-led councils and attendees at community engagement forums held annually.

Capital Facilities and Technological Needs (CFTN) funding is used for capital facilities and technological projects to improve mental illness service delivery by expanding capacity and opportunities for accessible community-based services for clients and their families. CFTN funds also promote reduction in disparities in underserved groups. CFTN funds are one-time funds.

Per the original direction of the State Department of Health Care Services (DHCS), CFTN funds were to be spent by June 30, 2018; however, in FY 2017-18, DHCS changed their guidance to state that the funds must be spent by June 30, 2017, or one year earlier than previously directed. This impacted the County of San Diego as a majority of the CFTN projects were already budgeted and in progress through the end of FY 2017-18. The County of San Diego will continue to move forward toward the completion of these CFTN projects, many of which have already used CFTN funds identified as being subject to reversion, as outlined below.

## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS FUNDS SUBJECT TO REVERSION

<i>CFTN Funds Identified as Subject to Reversion by Fiscal Year</i>	<i>Estimated CFTN Reversion Amount</i>
FY 2007-08	\$8,782,281
<b>Total CFTN Funds Subject to Reversion</b>	<b>\$8,782,281</b>

## CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS REVERSION PLAN

A portion of the CFTN funds identified as subject to reversion were spent in FY 2017-18, in accordance with the County of San Diego MHSA Three Year Program and Expenditure Plan for FYs 2017-18 through FY 2019-20. These CFTN expenditures will be included in the FY 17-18 MHSA Revenue and Expenditure Report (RER) once completed. Remaining CFTN funds identified as being subject to reversion are projected to be spent before the end of FY 2018-19; however, if the CFTN funds are not spent in FY 2018-19, the funds will be spent in FY 2019-20.

The estimated CFTN budgets for FYs 2017-18 and 2018-19 total an amount that is substantially higher than the reversion amount of \$8,782,281 as determined by DHCS; however, all expenses for the CFTN programs identified below in FYs 2017-18 and 2018-19 will be calculated toward reversion to ensure no funds are reverted. This will ensure that the County of San Diego spends all CFTN funds subject to reversion and allows for flexibility if CFTN projects are delayed due to unforeseen circumstances and/or do not spend the full budget.

Program Name	FY 2017-18 Estimated Budget*	FY 2018-19 Estimated Budget **	FY 2019-20 Estimated Budget**	Notes
Capital Facilities (CF)				
CF-2 North County Mental Health	\$979,290	\$20,000	\$0	Funds remaining due to project delays in FY 2017-18 are included in FY 2018-19
CF-4 North Inland Crisis Residential	\$706,727	\$20,000	\$0	
CF-5 Emergency Screening Unit (ESU)	\$700,000	\$13,124	\$0	
Technological Needs (TN)				
SD-3 Personal Health Record	\$100,500	\$100,500	\$0	Funds remaining due to project delays in FY 2017-18 are included in FY 2018-19
SD-5 Telemedicine Expansion	\$170,396	\$173,396	\$0	
SD-6 MH MIS Expansion	\$500,000	\$750,000	\$0	
SD-8 Data Exchange	\$4,800,000	\$3,886,120	\$0	
SD-9 Financial Management System	\$1,171,240	\$400,000	\$0	
Total Estimated CFTN Expenditures	\$9,128,153	\$5,363,140	\$0	
Estimated CFTN Administration	\$1,369,223	\$804,471	\$0	
Total Estimated CFTN Expenditures	\$10,497,376	\$6,167,611	\$0	
* The FY 2017-18 budget was approved in the MHSA Three Year Plan for FYs 2017-18 through FY 2019-20. Actual expenditures will be lower than the budgeted amounts due to project delays and will be determined until the FY 2017-18 MHSA Revenue and Expenditure Report (RER) has been completed.				
** The FY 2018-19 CFTN budget is based on the estimated CFTN funds remaining at the end of FY 2017-18, due to project delays, and may change based on the final FY 2017-18 MHSA RER.				
*** If CFTN funds remain at the end of FY 2018-19, they will be used to complete the projects identified above in FY 2019-20.				

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## CAPITAL FACILITIES PROJECTS

Capital Facility funds may be used to acquire, develop, or renovate buildings or to purchase land in anticipation of constructing a building. Expenditures must result in a capital asset which permanently increases the San Diego County infrastructure.

### CF-2 NORTH COUNTY MENTAL HEALTH FACILITY

BHS will finish construction of the Mental Health Center in the North Coastal Region in early FY 2018-19. The facility, co-located with Public Health Services, houses a mental health clinic and clubhouse program, and increases accessibility for persons living in North County. The facility will serve adults and older adults in North Coastal Region. The MHSA CF funds will proportionally fund the MHSA services provided within the facility.

### CF-4 NORTH INLAND CRISIS RESIDENTIAL FACILITY

BHS was awarded a California Health Facility Financing Authority (CHFFA) grant to build the North Inland Crisis Residential facility, a short-term crisis residential facility with 15 beds for adults with SMI and co-occurring disorders. The new facility was built, licensed, and operational in 2016 to increase accessibility to crisis residential services for adults and older adults in the northern regions of San Diego County.

### CF-5 EMERGENCY SCREENING UNIT (ESU) FACILITY

BHS established a crisis stabilization facility in a central location within San Diego County to enhance services for children and youth. The relocated ESU expands capacity by increasing from 4 to 12 crisis stabilization beds. The centralized location of the new facility allows children and youth to have enhanced accessibility to crisis stabilization services from any area of San Diego County.

## TECHNOLOGICAL NEEDS PROJECTS

Technological Needs funds may be used to increase client and family engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent. The programs also modernize and transform clinical and administrative information systems to ensure quality of care, operational efficiency, and cost effectiveness.

### SD-3 PERSONAL HEALTH RECORD

The County of San Diego's current Management Information System, Cerner Community Behavioral Health (CCBH), is an electronic health record and billing application used by staff and contracted providers to coordinate client care, perform required State reporting requirements, and bill Medi-Cal and other payers. The County of San Diego began working to establish a patient portal within CCBH which will allow clients the ability to view their health information, providing ease of access and speedy communication with their provider. In FY 2017-18, the program underwent testing and is expected go live in FY 2018-19.

### SD-5 TELEMEDICINE EXPANSION

Telemedicine provides video, secure email, and phone consultation to improve accessibility of care in underserved and rural areas. It helps maintain technological infrastructure for the mental health system to



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ensure high-quality, cost-effective services, and supports for clients and their families. Telemedicine equipment and service is provided to community-based providers in clinical outpatient, residential, and school-based settings in dozens of different locations.

#### **SD-6 MH MIS EXPANSION**

CCBH, the current application for the electronic health record for mental health services, will be phased out by the year 2024. BHS is in the planning stage of mapping into the upgraded product, Millennium, through engagement of a transition team of subject matter experts. The transition team will provide support and project management to ensure a successful transition from CCBH to Millennium.

#### **SD-8 DATA EXCHANGE**

The interoperability project will aggregate data from various systems to create a comprehensive patient record shared across the continuum of care. It also supports the ConnectWellSD program that is being developed to support the Health Information Exchange (HIE). Interoperability is vital to effective, person-centered because it allows programs to share information so they can better serve customers.

#### **SD-9 FINANCIAL MANAGEMENT SYSTEM**

The BHS financial management system is a cloud-based, multi-dimensional database in which BHS staff will manage the MHSA budget, expenditures and projections to ensure the most effective use of MHSA funds. The software provides business intelligence, performance management and analytics functionality in a centralized platform. The system includes management dashboards, customized reports to show trending in various contracts and funding, and includes various other features. The implementation of the BHS financial management system will strengthen long-term financial planning to ensure sustainability and allow for more effective resource planning. BHS engaged Board Americas, a business intelligence software vendor, to facilitate the design and development of the system in partnership with County staff from the County Technology Office, the County's IT Vendor, the Auditor and Controller, BHS and HHSA Fiscal. The BHS Financial Management System is slated for implementation in FY 2018-19.

### **PUBLIC INPUT**

To provide comment on the proposed Capital Facilities and Technological Needs Reversion Plan, detailed above, please reply to either 619-584-5063 (Toll Free: 888-977-6763) or email [MHSProp63.HHSA@sdcounty.ca.gov](mailto:MHSProp63.HHSA@sdcounty.ca.gov).



**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, OCTOBER 28, 2014**

**MINUTE ORDER NO. 9**

**SUBJECT: MENTAL HEALTH SERVICES ACT THREE-YEAR PROGRAM AND EXPENDITURE PLAN: FISCAL YEAR 2014-15 THROUGH FISCAL YEAR 2016-17 (DISTRICTS: ALL)**

**OVERVIEW:**

California's Proposition 63, the Mental Health Services Act (MHSA), which was approved by California voters in November 2004 and became effective January 1, 2005, provides funding for expansion of mental health services in California. The Act consists of five program components designated by the Act: Community Services and Support, Prevention and Early Intervention, Workforce Education and Training, Innovation, and Capital Facilities and Technological Needs. Pursuant to the Act and California Welfare and Institutions Code Section 5847, county mental health programs are required to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA programs and expenditures.

The County of San Diego is in the process of implementing an integrated MHSA three-year program and expenditure plan for Fiscal Year 2014-15 through Fiscal Year 2016-17. The Plan incorporates all five MHSA components and provides expenditure projects for each component per year. The Plan contains newly proposed Innovation projects and programs identified by stakeholders for consideration, should additional funding become available. The majority of services listed in the Plan are a continuation of programs previously approved by the Board of Supervisors and stakeholders. As required by the MHSA, the Plan requires review and approval by the Board of Supervisors before submitting to the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC reviews the Plan and is required to approve the Innovation projects prior to implementation.

Today's action requests the Board of Supervisors to receive and approve the County of San Diego Mental Health Services Act Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17. Today's action will also authorize the Director of Purchasing and Contracting to enter into negotiations for the procurement of contracts for proposed new Innovation projects as well as an evaluation of these projects. These actions support the County's adopted *Live Well San Diego* initiative by providing necessary resources and services for individuals with behavioral health needs to lead healthy and productive lives.

**FISCAL IMPACT:**

Funds for this request are included in the Fiscal Year 2014-15 Operational Plan for the Health and Human Services Agency. If approved, the services represented in this plan will result in current year cost and revenue of \$134,834,208. The funding source is Mental Health Services Act (MHSA). There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT:**

N/A

**RECOMMENDATION:**

**CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17; and authorize the Director of Health and Human Services Agency to submit the Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
2. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue competitive solicitations for proposed new MHSA Innovation funded projects; and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one year with up to four (4) one-year options and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC and availability of funds.
3. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue a competitive solicitation for the evaluation of the proposed new MHSA Innovation funded projects; and upon successful negotiations and determination of a fair and reasonable price, award contract for a term of one year with up to five (5) one-year options and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC and availability of funds.
4. In accordance with Section 401 et seq. of the County Administrative Code authorize the Director, Department of Purchasing and Contracting to issue competitive solicitations for the future funding priorities already identified in the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan: Fiscal Year 2014-15 through Fiscal Year 2016-17, should funding become available; and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one year with up to four (4) one-year options and an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding, subject to approval of the Director, Health and Human Services Agency and contingent upon approval by the MHSOAC, if necessary, and availability of funds.

**ACTION:**

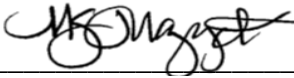
ON MOTION of Supervisor Cox, seconded by Supervisor R. Roberts, the Board took action as recommended, on Consent.

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

State of California)  
County of San Diego) §

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

THOMAS J. PASTUSZKA  
Clerk of the Board of Supervisors

By   
Marvice E. Mazyck, Chief Deputy



**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS  
TUESDAY, OCTOBER 10, 2017**

**MINUTE ORDER NO. 3**

**SUBJECT: MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM AND  
EXPENDITURE PLAN: FISCAL YEARS 2017-18 THROUGH 2019-20  
(DISTRICTS: ALL)**

**OVERVIEW**

California's Proposition 63, the Mental Health Services Act (MHSA), was passed by California voters in November 2004 and became effective January 1, 2005. The MHSA provides funding to California counties to address a broad continuum of prevention, early intervention and service needs, and the necessary infrastructure, technology and training elements to effectively support the public mental health system. MHSA programs provide services for children, youth and families, transition age youth, adults, older adults, and unserved and underserved persons.

The County of San Diego Health and Human Services Agency, Behavioral Health Services has developed an integrated MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2017-18 through 2019-20 (MHSA Three-Year Plan) to be approved by the County of San Diego Board of Supervisors (Board). The MHSA Three-Year Plan provides a comprehensive program narrative and proposed expenditures for the five MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN). The MHSA Three-Year Plan includes new and enhanced Innovation programs previously approved by the Board on April 25, 2017 (5) as a part of the Innovation Program and Expenditure Plan for Fiscal Years 2017-18 through 2023-24. As mandated by the MHSA, Innovation programs, including changes to previously approved programs, require review and approval by the Board before final approval from the California Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC is required by statute to review and approve Innovation projects prior to implementation.

Today's recommended actions request the Board to receive and approve the MHSA Three-Year Plan and the County of San Diego MHSA Innovation Program and Expenditure Plan Update. The Innovation enhancements will expand the provision of services included in the MHSA Three-Year Plan to additional regions to better serve constituents and reach unserved and underserved communities. If approved, the Innovation enhancements will require subsequent approval by the MHSOAC.

The approval of today's recommended actions also authorizes the Director of the Department of Purchasing and Contracting to offer competitive procurements and enter into negotiations for contract amendments for mental health services, as identified in the MHSA Three-Year Plan and the MHSA Innovation Program and Expenditure Plan Update, pending approval by the MHSOAC.

Today's actions support the countywide *Live Well San Diego* vision by enhancing access to services, promoting health and well-being in children, adults and families, and encouraging self-sufficiency, which promotes a healthy, safe and thriving region.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Accept and approve the County of San Diego Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (MHSA Three-Year Plan) for Fiscal Years 2017-18 through 2019-20, and authorize the Agency Director, Health and Human Services Agency, to submit the MHSA Three-Year Plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
2. Accept and approve the proposed County of San Diego MHSA Innovation Program and Expenditure Plan Update to enhance INN-16 Urban Beats, INN-17 Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST) Mobile Hoarding Units and INN-18 Peripartum Services, and authorize the Agency Director, Health and Human Services Agency, to submit the revised Innovation Plan to the MHSOAC for approval.
3. In accordance with Section 401 et seq. of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for the future funding priorities identified in the MHSA Three-Year Plan and MHSA Innovation Program and Expenditure Plan Update and, upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one initial year, with up to four option years and up to an additional six months, if needed, and amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, and contingent upon approval by the MHSOAC, if necessary.
4. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to amend contract 551828 with the University of California, San Diego for the provision of Innovation Evaluation Services to reflect changes to services, term of the contract and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency, and contingent upon approval by the MHSOAC. Waive the advertising requirement of Board Policy A-87.

### **FISCAL IMPACT**

Funds for these requests are included in the Fiscal Year 2017-19 Operational Plan in the Health and Human Services Agency. If approved, the services represented in the MHSA Three-Year Plan will result in costs and revenues of up to \$197,523,661 in Fiscal Year 2017-18 and up to \$187,769,099 in Fiscal Year 2018-19. Also, if approved, the MHSA Innovation Program and Expenditure Plan Update will result in additional costs and revenues of up to \$268,849 in Fiscal Year 2017-18 and up to \$1,641,475 in Fiscal Year 2018-19. The funding source is the Mental Health Services Act (MHSA). There will be no change in net General Fund costs and no additional staff years.

### **BUSINESS IMPACT STATEMENT**

N/A

### **ACTION:**

ON MOTION of Supervisor Cox, seconded by Supervisor Gaspar, the Board of Supervisors took action as recommended.

AYES: Cox, Jacob, Gaspar, Horn

ABSENT: Roberts

State of California)  
County of San Diego) §

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

DAVID HALL  
Clerk of the Board of Supervisors



**Signed** \_\_\_\_\_  
**by** Marvice Mazyck, Chief Deputy

OCTOBER 10, 2017

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# APPENDIX N

## Glossary of Acronyms

## **Glossary of Acronyms**

**ACE – Alliance for Community Empowerment**  
**ACL – Access and Crisis Line**  
**ACT – Assertive Community Treatment**  
**ASP – Augmented Services Program**  
**ASO – Administrative Services Organization**  
**API – Asian/Pacific Islander**  
**AOA – Adults and Older Adults**  
**B&C – Board & Care**  
**BHAB – Behavioral Health Advisory Board**  
**BHETA – Behavioral Health Training Academy**  
**BHS – County of San Diego Health and Human Services Agency, Behavioral Health Services**  
**BPSR – Bio Psycho Social Rehabilitation**  
**CalMHSA – California Mental Health Services Authority**  
**CalWORKs – California Work Opportunity and Responsibility to Kids**  
**CASRC – Child and Adolescent Research Center**  
**CCBH – Cerner Community Behavioral Health**  
**CCRT – Cultural Competency Resource Team**  
**CFTN – Capital Facilities and Technological Needs**  
**CHFFA – California Health Facility Financing Authority**  
**CHW – Community Health Workers**  
**CWS – County of San Diego Health and Human Services Agency, Child Welfare Services**  
**CLAS – Culturally and Linguistically Appropriate Services**  
**CREST – Cognitive Rehabilitative and Exposure Sorting Therapy**  
**CSEC - Commercially Sexually Exploited Children**  
**CPP – Community Planning Process**  
**CSU – Crisis Stabilization Unit**  
**CSS – Community Services and Supports**  
**CYF – Children, Youth and Families**  
**EMASS – Elder Multicultural Access and Support Services**  
**ESU – Emergency Screening Unit**  
**FSP – Full Service Partnership**  
**FY – Fiscal Year**  
**HHSA – County of San Diego Health and Human Services Agency**  
**HCDS – County of San Diego Health and Human Services Agency, Housing and Community Development Services**  
**HOW – Homeless Outreach Workers**  
**HSRC – Health Services Research Center**  
**ICM – Institutional Case Management**  
**IHOT – In-Home Outreach Team**  
**ILA – Independent Living Association**  
**IMAR – Illness Management Recovery**



**INN – Innovation**  
**LGBTQ - Lesbian, Gay, Bisexual, Transgendered and Questioning**  
**MDT – Multidisciplinary Team**  
**MHFA – Mental Health First Aid**  
**MHSA – Mental Health Services Act**  
**MHSOAC – Mental Health Services Oversight and Accountability Commission**  
**MIS – Management Information System**  
**MORS – Milestones of Recovery**  
**NAMI – National Alliance on Mental Illness**  
**NPLH – No Place Like Home**  
**OE – Outreach and Engagement**  
**PEARLS – Program to Encourage Active and Rewarding Lives**  
**PERT – Psychiatric Emergency Response Team**  
**PEI – Prevention and Early Intervention**  
**PIT – Performance Enhancement Team**  
**PSC – Peer Specialist Coaches**  
**POFA – Project One for All**  
**QI – Quality Improvement**  
**REACH – Resources for Enhancing Alzheimer’s Caregiver Health**  
**RER – Revenue and Expenditure Report**  
**ReST- Recuperative Services Treatment**  
**ROAM – Roaming Outpatient Access Mobile Services**  
**RMQ – Recovery Markers Questionnaire**  
**SATS-R – Substance Abuse Treatment Scale, Revised**  
**SBCM – Strengths-Based Case Management**  
**SBIRT – Screening, Brief Intervention and Referral to Treatment**  
**SD – System Development**  
**SDCPH – San Diego County Psychiatric Hospital**  
**SDHC – San Diego Housing Commission**  
**SED – Serious Emotional Disturbance**  
**SIPS – Structured Interview for Prodromal Symptoms**  
**SMI – Serious Mental Illness**  
**SSI - Supplemental Security Income**  
**START – Short-Term Acute Residential Treatment**  
**SUD – Substance Use Disorder**  
**TAOA – Transition Age Youth, Adults and Older Adults**  
**TAY – Transition Age Youth**  
**TN – Technological Needs**  
**UCSD – University of California, San Diego**  
**WET – Workforce Education and Training**  
**WIC – California Welfare and Institutions Code**  
**WRAP – Wellness Recovery Action Plan**

# APPENDIX O

## Glossary of Terms

## Glossary of Terms

**Aftercare:** is a program of outpatient treatment and support services provided for individuals discharged from an institution, such as a hospital or mental health facility, to help maintain improvement, prevent relapse, and aid adjustment of the individual to the community. Aftercare may also refer to inpatient services provided for convalescent patients, such as those who are recovering from surgery.

**Assertive Community Treatment (ACT):** is a team-based treatment model that provides multidisciplinary, flexible treatment and support to people with mental illness 24/7. ACT is based around the idea that people receive better care when their mental health care providers work together. ACT team members help the person address every aspect of their life, whether it is medication, therapy, social support, employment or housing.

**Case Management:** is a range of services provided to assist and support individuals in developing their skills to gain access to needed medical, behavioral health, housing, employment, social, educational, and other services essential to meeting basic human services.

**Cognitive Training:** is a term that reflects the theory that cognitive abilities can be maintained or improved by exercising the brain, in an analogy to the way physical fitness is improved by exercising the body.

**Complex Behavioral Health Conditions:** can include serious mental illness (e.g., schizophrenia, bipolar disorder, or major depressive disorder) or other mental health conditions, with or without co-occurring substance use disorders that, individually or in combination, have an impact on one or more functional abilities. Functional limitations can impede an individual's ability to live independently at home and engage in the community.

**Crisis Intervention:** is the brief 'first-aid' use of psychotherapy or counseling to persons who have undergone a highly disruptive experience, such as an unexpected bereavement or a disaster. Crisis intervention may prevent more serious consequences of the experience, such as posttraumatic stress disorder. It is also a psychological intervention provided on a short-term, emergency basis for individuals experiencing mental health crises, such as an acute psychotic episode or attempted suicide.

**Culturally Appropriate:** community interventions that are defined as meeting each of the following characteristics: (a) The intervention is based on the cultural values of the group, (b) the strategies that make up the intervention reflect the subjective culture (attitudes, expectancies, norms) of the group, and (c) the components that make up the strategies reflect the behavioral preferences and expectations of the group's members.

**Exposure Therapy:** is a form of therapy in which clinicians create a safe environment in which to “expose” individuals to the things they fear and avoid. The exposure to the feared objects, activities or situations in a safe environment helps reduce fear and decrease avoidance.

**Family Engagement:** is a family-centered and strengths-based approach to making decisions, setting goals, and achieving desired outcomes for children and families. It encourages and empowers families to be their own champions, working toward goals that they have helped to develop based on their specific family strengths, resources, and needs.

**Family Groups:** is a therapeutic method that treats a family as a system rather than concentrating on individual family members. The various approaches may be psychodynamic, behavioral, systemic, or structural, but all regard the interpersonal dynamics within the family as more important than individual intrapsychic factors.

**Full Service Partnership (FSP):** is a collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides a full spectrum of community services so that the client can achieve identified goals.

**Hoarding:** is a compulsion that involves the persistent collection of useless or trivial items (e.g., old newspapers, garbage, magazines) and an inability to organize or discard these. The accumulation of items (usually in piles) leads to the obstruction of living space, causing distress or impairing function. Any attempt or encouragement by others to discard hoards causes extreme anxiety.

**Interoperability:** means the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities.

**Milestones of Recovery Scale (MORS):** is an evaluation tool for tracking the process of recovery for individuals with mental illness. MORS is rooted in the principles of psychiatric rehabilitation and defines recovery as a process beyond symptom reduction, client compliance and service utilization. It operates from a perspective that meaningful roles and relationships are the driving forces behind achieving recovery and leading a fuller life.

**Motivational Interviewing:** is a client-centered yet directive approach for facilitating change by helping people to resolve ambivalence and find intrinsic reasons for making needed behavior change. Originally designed for people with substance use disorders, motivational interviewing is now broadly applied in health care, psychotherapy, correctional, and counseling settings. It is particularly applicable when low intrinsic motivation for change is an obstacle. Rather than advocating for and suggesting methods for change, this approach seeks to elicit the client's own goals, values, and motivation for change and to negotiate appropriate methods for achieving it.

**Neuropsychological Testing:** is an evaluation of the presence, nature, and extent of brain damage or dysfunction derived from the results of various neuropsychological tests. It includes any of various clinical instruments for assessing cognitive impairment, including those measuring memory, language, learning, attention, and visuospatial functioning.

**Outreach:** an activity of providing services to any populations who might not otherwise have access to those services. In addition to delivering services, outreach has an educational role, raising the awareness of existing services

**Peer Support:** includes counseling or support by an individual who has experience and/or status equal to that of the client.

**Personal Health Record (PHR):** is an electronic application through which individuals can access, manage and share their health information, and that of others for whom they are authorized, in a private, secure, and confidential environment. A PHR includes health information managed by the individual. The clinician's record of patient encounter, a paper-chart or electronic medical record (EHR) is managed by the clinician and/or health care institution.

**Primary Care:** is the basic or general health care a patient receives when he or she first seeks assistance from a health care system. General practitioners, family practitioners, internists, obstetricians, gynecologists, and pediatricians are known as primary care providers.

**Psychiatric Assessments:** are evaluations based on present problems and symptoms, of an individual's biological, mental, and social functioning, which may or may not result in a diagnosis of a mental illness.

**Screening, Brief Intervention and Referral to Treatment (SBIRT) Model:** is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.

**Serious Emotional Disturbance (SED):** is a condition that affects persons from birth up to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual (DSM) that results in functional impairment, which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

**Serious Mental Illness (SMI):** is a condition that affects persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM that has resulted in serious functional impairment,

which substantially interferes with or limits one or more major life activities such as maintaining interpersonal relationships, activities of daily living, self-care, employment, and recreation.

**Stigma:** includes prejudicial attitudes and discriminating behavior directed towards individuals with mental health problems or the internalizing by the mental health sufferer of their perception of discrimination.

**Strengths Based Approach:** is a specific method of working with and resolving problems experienced by the presenting person. It does not attempt to ignore the problems and difficulties. Rather, it attempts to identify the positive basis of the person's resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems.

**Substance Use Disorder (SUD):** is recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

**Suicide Prevention:** is an umbrella term used for the collective efforts of local community-based organizations, health professionals and related professionals to reduce the incidence of suicide; reduce factors that increase the risk for suicidal thoughts and behaviors; and increase the factors that help strengthen, support, and protect individuals from suicide.

**Supplemental Security Income benefits (SSI):** pays benefits to disabled adults and children who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial limits. Supplemental Security Income (SSI) is a Federal income supplement program funded by general taxes. It is designed to help aged, blind, and disabled people, who have little or no income and provides cash to meet basic needs for food, clothing, and shelter.

**Supportive Housing:** is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities.

**Trauma Informed Care:** is a style of care that accounts for the widespread impact of trauma and the understanding of potential paths for recovery. It includes the recognition of the signs and symptoms of trauma in clients, families, staff, and others. Organizations that are trauma-informed fully integrate knowledge about trauma into policies, procedures, and practices and actively avoid re-traumatization.

**Warning Signs of Suicide:** include behaviors (examples listed below) that may be signs that someone is thinking about suicide.

- Talking about wanting to die or to kill oneself.

- Looking for a way to kill oneself, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live. Talking about feeling trapped or unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

# APPENDIX h



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## MHSA Fiscal Year 2018-19 Annual Update

### 30-Day Public Notice Feedback Log

Received	Comment or Feedback	Disposition
8/27/18	<p>“San Diego County will have spent about \$1.2 billion dollars in Mental Health Services Act (MHSA) funds since this state tax was implemented. Reasonable citizens would ask, what have we gotten for this money? Has treatment for the mentally ill improved in our county?”</p> <ul style="list-style-type: none"> <li>▪ The author cites two state audits that recommended changes in two state agencies to improve oversight of the MHSA.</li> <li>▪ The author lists 17 suggested metrics to measure progress toward the goals of the BHS Ten Year Road Map.</li> <li>▪ The author offers statistics comparing national, state, and local statistics for suicides and unintentional drug/alcohol related deaths.</li> <li>▪ The author supports the Psychiatric Emergency Response Team but expresses that 100% effective treatment would eliminate the need. The author suggests that a medical response is better than a law enforcement response.</li> <li>▪ The author expresses regret for wait times and limited capacity of psychiatric beds.</li> <li>▪ The author cites San Diego’s reputation as a biotech center as an advantage to deal with mental illness.</li> </ul> <p>–Received by letter through email</p>	<ul style="list-style-type: none"> <li>• The California State Auditor report (2017-117) on MHSA notes: “...our review of three local mental health agencies (including County of San Diego) determined that they allocate their MHSA funds appropriately and they generally monitored their MHSA-funded projects effectively.”</li> <li>• Through a contract with the University of California, San Diego, BHS measures hundreds of outcomes to determine program effectiveness. Reports are included in the appendix.</li> <li>• BHS chooses metrics that measure the efficiency and effectiveness of programs. Broader societal metrics may relate to behavioral health issues but are not direct outcome measures of BHS funded programs.</li> <li>• Private insurance pays a similar percentage toward behavioral health care as a whole, as the public-funded programs of BHS which focus exclusively on individuals eligible for Medi-Cal.</li> </ul>
8/29/18	<p>“The CREST Program of UCSD and the County of San Diego is providing a much-needed service to the older population to help them with their clutter and hoarding needs. Now that it is countywide, I think there will be more people that will be able to be helped. Thank you for providing this service.” –Received by online form</p>	Noted.
8/31/18	<p>“Just want to give a shout out to the CREST program. They go above and beyond for their clients, and have prevented homelessness many times! Such an important service for older adults.” –Received by online form</p>	Noted.

## MHSA Fiscal Year 2018-19 Annual Update

### 30-Day Public Notice Feedback Log

8/31/18	"The CREST program for hoarding is so crucial for the county. Hoarding is largely an unaddressed issue and a mental health issue that affects not just the person, but family, neighbors, and entire communities. This program is such an important resource for the community and will save the county time and money in many ways. I know of people who have benefitted from the treatment and this needs to continue and expand." –Received by online	Noted.
8/31/18	"Hoarding Disorder (HD) is a significant community health concern and prevalent mental disorder, affecting approximately 5% of the population. In urban areas especially, cluttered and unsafe homes increase the risk of fires and hazards for the individuals who reside in these homes. For example, falls and other injuries, impaired ability to manage self-care (medical care, medications, etc.), contamination or malnutrition, care of children and the elderly, other functional impairment, unemployment, and homelessness. The research also shows that hoarding symptoms gets worse with age which demonstrates the necessity for addressing these symptoms early on and particularly in the elderly. Because of these and other factors, the treatment of HD should be a priority of all communities, especially dense urban areas such as the San Diego County. The CREST program provides comprehensive care to those with HD, including cutting-edge treatment backed by research, individual case management, support groups, and other services personalized to the needs of each individual. Programs like CREST directly address the safety and well-being of residents, and are essential in maintaining a healthy, productive community." –Received by online form	Noted.
8/31/18	"The UCSD CREST Community Program for Hoarding Disorder has been an asset to San Diego county since its founding. Hoarding Disorder is more common than most people realize and as individuals with it get older, it worsens significantly. The program is a great way to provide individuals with the best treatment possible for a disorder that most clinicians do not specialize in or know much about. Hopefully, the program is able to expand further and assist more people in need of the service." –Received by online form	Noted.
9/1/18	"INN-17 is a much needed program! Glad to see it is planned to have it funded for the foreseeable future." –Received by online form	Noted.
9/2/18	"This program helps our citizens so much! It has a clear, efficient, and effective method for treatment and is dedicated to improving a participant's life." –Received by online form	Noted.
9/4/18	"Older adult hoarding program is so important for San Diego!" –Received by online form	Noted.
9/4/18	"CREST program for seniors really should be across the entire County. Awesome that it has expanded." –Received by online form	Noted.

## MHSA Fiscal Year 2018-19 Annual Update

### 30-Day Public Notice Feedback Log

9/4/18	"The INN-17 CREST community program provides a much-needed service to older adults with hoarding disorder in the San Diego region. There is significant risk of homelessness faced by individuals with hoarding disorder and a lack of available treatment options, which contributes to the number of individuals living on the street, adding to an ever-increasing population of homeless individuals in San Diego. With treatment, there is the possibility of long term housing safety, improved mental health, and reduced health care costs. The CREST program expansion will help to provide these benefits across all of San Diego County." –Received by online form	Noted.
9/5/18	"We support the increase in FY 18-19 funding for CSS services and greatly appreciate the increased emphasis on Justice Involved programming. We also appreciated the careful stakeholder process managed by Harbage, including client and staff forums. We wanted to comment on the investment in FSP services, and the cost per client noted on page 25 of the report. The average funding per client for Adult FSP's at \$18,168 and for Older Adults at \$8,278 is significantly below other counties across the state and is having a detrimental impact on staff wages and the ability to recruit and retain staff. As you know, stable engaged staff are the key to providing effective service over time. We urge you to conduct a comparative analysis of other counties' funding of FSP services and consider further increasing your investment in these critical safety net services." –Received by online form	BHS continues to evaluate our systems costs for Fiscal Year 2018-19, CSS programs were budgeted at \$152,463,567, an 11.43% increase from the Three-Year Plan projection of \$136,822,442. When inclusive of non-MHSA funding also such as Realignment and Medi-Cal FFP, the budget for CSS programs totals \$235,173,356.
9/5/18	"I am happy that the county is continuing to support the CREST program for Hoarding disorder treatment. It is a fabulous program and will be a great countywide resource!" –Received by online form	Noted.
9/6/18	Expressed support for expanding the CREST program for Hoarding Disorder to all ages. –BHAB member at Public Hearing	Noted.
9/6/18	Expressed support for expanding the services of the Criminally Sexually Exploited Children program to include boys. –BHAB member at Public Hearing	Noted.
	Suggested program for one-time cash assistance to prevent evictions and subsequent homelessness. –BHAB member at Public Hearing	ACT programs currently allow flexible funds and incentives.
9/6/18	Recounted personal experience and expressed perspective that overcoming stigma and recovery are possible. –Community member at Public Hearing	Noted.