PROP 63 PROGRAMS

By Populations

May 2015

Source: NAMI list of Prop 63 programs November 2014

WELLNESS • RECOVERY • RESILIENCE

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Homeless

Alameda County

Homeless Outreach & Stabilization Team
Multidisciplinary team engages homeless adults and links them to a range of services with a focus on community services, peer support and the means to obtain and maintain housing (CSS - FSP).

North County Senior Homeless Program
Multidisciplinary team engages homeless seniors and provides housing with community supports. Provides links for family members and offers peer support (CSS – FSP).

Support Housing for Transition-Age Youth
Provides permanent supportive housing for youth who are homeless, aged out of foster care, leaving the justice system or residential treatment (CSS – FSP).

Greater Hope Project – Tri-City Coalition
Adds housing, personal service coordination and medication capacity to existing mobile homeless outreach provider in South and East County (CSS-FSP).

Choices for Community Living/Recovery Education Centers
Integrates supportive housing, supportive employment, peer counseling and case management to enable clients to graduate from Service Teams system (CSS-FSP).

Transition to Independence
Provides services to transition-age youth who are homeless, leaving foster care or criminal justice system through a multidisciplinary Transition to Independence (TIP) team (CSS – FSP).

Berkeley City

TAY-Adult & Older Adult FSP
Provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. Priority populations include transition-age youth, older adults, and individuals in unserved and underserved ethnic communities (CSS – FSP).

Housing Support
Provides housing retention for homeless and at risk TAY, adults and older adults through dedicated support to consumers, staff, landlords, and housing-related social services (CSS – OESD).

Homeless Outreach Program
This new program will increase access to available resources for homeless individuals in Berkeley and Albany. Those in need will be outreached to and provided supported referrals to area programs and services including education, crisis intervention, short-term counseling, and referrals. (PEI).

Butte County
Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH)
Provides intensive services to individuals who are homeless or at risk of homelessness due to a severe and persistent mental illness. Individuals are linked to the Housing Authority of Butte County, Department of Rehabilitation (DOR), Veterans Services, Legal Aid, Social Security Administration, and other needed services (CSS-OESD).
Master Leasing
Provides site control and guaranteed permanent housing for our consumers. Northern Valley Catholic Social Services (NVCSS) and Youth for Change, Inc. (YFC) manage and offer this service to individuals who are homeless or at risk of homelessness. BCDBH provides case management for tenants (CSS – OESD).

6th Street Center
Open to homeless youth, or those at risk of homelessness. Services include basic needs (laundry facilities, showers, and afternoon meals), education support, employment development, family reunification assistance, and referral to community services. 6th Street Center is a program of Youth for Change, Inc. (CSS – OESD)

Housing Development Program
The MHSA Housing Development Program will provide approximately 14 units of permanent, affordable, supportive housing to individuals with Mental Health disabilities who are homeless or at risk of homelessness. The housing units will be linked with on-site or off-site supportive services that help tenants to retain their housing and consumers to become more self-sufficient and live as independently as possible. The housing program serves adults, older adults, transitional age youth, and all races/ethnicities and genders (CSS – OESD).

Calaveras County
Supportive Housing Services
*Once our permanent supportive housing project is complete (an owner is identified and a property is purchased), the department will provide whatever support tenants need to be successfully independent, such as furniture or grocery shopping, cell phones, or money management assistance. *Permanent Supportive Housing CalHFA/Developer; CSS housing*

funds were allocated to CalHFA, a third-party "lender" who will disburse funds to a developer for 4-6 units of permanent supportive housing on the county's' behalf (CSS – OESD).

Contra Costa County

Transition Age Youth (TAY) Full Service Partnerships

Serves transition age youth (TAY) 16--25 with psychiatric disabilities who are homeless or at imminent risk of homelessness, living within the western region of Contra Costa County (West County). A service team conducts outreach and engagement, as well as personal service coordination, which may include educational and vocational supports, wellness and recovery peer programs, substance abuse treatment, and financial counseling, as well as mental health services. Program is a partnership between Fred Finch Youth Center, Greater Richmond Interfaith Program's programs operated for the Contra Costa Youth Continuum of Services (CCYCS) of the County's Homeless Program, and The Latina Center. Outreach is also available in Central Contra Costa County but to a lesser degree (CSS – FSP).

Housing Program

Housing available in this program is intended for Full Service Partners (FSP) receiving services under Work Plans #1 - #3. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the FSP programs. Specific housing elements include new facilities, housing vouchers, and development of new housing options for all groups in the future (CSS-OESD).

El Dorado County

Community System of Care - Outreach and Engagement Services

Services designed to reach at-risk individuals with serious mental illness who may be homeless, isolated, incarcerated or have co-occurring disorders and provide transportation assistance to current clients to continue engagement. (CSS - OESD)

Fresno

MHSA Housing

Permanent supportive housing offering MHSA eligible tenants' studio, 1 and 2 bedroom apartments within a safe, healthy living environment. Renaissance at Trinity provides 15 MHSA one bedroom units. The Parc Grove development provides 5 MHSA (2 and 3 bedroom) units. Renaissance at Alta Monte provides 29 MHSA single room occupancy (SRO) housing units and Renaissance at Santa Clara provide 25 MHSA SRO housing units. In total, 74 MHSA housing units with supportive services are available to assist MHSA tenants in their wellness and recovery, leading towards independence. (CSS).

Imperial County

Community Outreach and Engagement

The Outreach and Engagement Program provides outreach and engagement services to unserved seriously emotionally disturbed and seriously mentally ill individuals in the neighborhoods where they reside, including those who are homeless, in order to reduce the stigma associated with receiving mental health treatment and increase access to mental health services. The program also provides education to the community regarding mental illnesses and

symptoms, early identification of mental illness, and resources to improve access to care through outreach at local schools; homeless shelters; substance abuse treatment facilities and self-help groups; low-income housing; faith-based organizations; and community-based organizations. The program assists individuals in obtaining services from ICBHS by providing information pertaining to programs and services; educating them about the intake assessment process; scheduling intake assessment appointments; and providing transportation to intake assessment appointments when necessary. (CSS - OESD)

Kern County

Adult Transition Team - Full Service Partnership

Serves transition aged youth, adults, and older adults for whom traditional mental health services were ineffective. Consumers often suffer from co-occurring disorders, criminal justice system involvement and are homeless or at risk of homelessness. Provides integrated support services, including mental and physical health, medication management support, vocational/educational, life skills, housing, and social opportunities to improve and expand peer support and personal outcomes and recovery. (CSS - FSP)

Transition Aged Youth - Full Service Partnership

Serves youth ages 17-21 with serious mental illness. Many are recently emancipated from the foster care system and are at risk for hospitalization, incarceration, and homelessness. Uses the Transitions to Independence Process (TIP) evidence-based model, addressing such needs as education, employment, housing, and transition to the community and to the adult mental health system. (CSS - FSP)

Housing Program

The purpose of these projects is to offer affordable housing linked to supportive services needed for MHSA-eligible individuals and their families to live independently. Desert Willow Apartments opened in November 2008, in the City of Ridgecrest. DWA consists of 14 rent-subsidized, one-bedroom apartments, including 3 handicapped units, a two-bedroom manager's residence, a community center and covered patio area built around a central courtyard. Haven Cottages opened in September 2011 in south Bakersfield. Haven Cottage (HC) consists of four single-story buildings built around a central courtyard. Haven Cottages features 23 one-bedroom apartments, including 4 handicapped accessible units, a two-bedroom manager's unit, a laundry room, case management offices, and a group room. The Residences at West Columbus (RWC) is a 56-unit, multi-family housing project which includes 20 rent subsidized, one-bedroom units for transition age youth (TAY) and 36 two-bedroom units for low-income families. The KCMH TAY Team will certify eligible youth (18-24 years old), who have exited the foster care or juvenile justice systems, and also provide treatment and case management on-site. Additionally, a partner agency, Covenant Community Services, will offer tenants a full range of supportive services on site, including linkage with educational and employment resources. (CSS - OESD)

Lake County

Housing Access

Provides resources and linkage to MHSA-subsidized housing for FSP consumers, one-time funding for those consumers at risk of losing their housing or needing assistance getting established in housing, and transitional housing for homeless consumers (CSS – GSD).

Community Outreach and Engagement

Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Capital Facilities

The Bridge Peer Support Center will be renovated to expand capacity to provide existing services with respect to outreach and engagement to homeless adults, including veterans (CFTN).

Los Angeles County

Transition Age Youth (TAY) Project Based Operating Subsidies for Permanent Housing

Housing provides a fundamental level of stability for young people to achieve their goals of wellness, recovery, and eventual self-sufficiency. The lack of safe and affordable housing options is often a profound barrier for SED/SPMI TAY who needs access to these basic supports for recovery. The Project-Based Operational Subsidy funds provide subsidies for Unit-based Permanent Supportive Housing programs and "Youth-Oriented" board and care-type (non-licensed) programs to address the long-term housing needs of SED/SPMI TAY who are eligible for Full Service Partnerships (FSP) and others coming directly from transitional housing programs or directly from foster care or group homes. The Project-Based Operating Subsidy targets youth who, with sufficient support, could live independently in community settings. Supportive mental health and other services will be made available for youth who are:
High-risk (transitioning out of long-term institutional settings)
Moderate-risk (often homeless but are actively engaged on the streets)
Low-risk (generally high-functioning in their recovery and may be working or going to school)
The advantage of these long-term investments is that when a unit is vacated by a youth, the unit remains available for occupancy by other TAY with similar mental health needs. The operational subsidy stays with the unit, not with the individual, and thereby insures a permanent supply of housing for this hard-to-place population. Moreover, the rents remain stable (affordable) over decades since the apartments are not in the competitive private real estate market (CSS – OESD).

Older Adults Full Service Partnerships (FSPs)

Older Adult Full Service Partnership (FSP) are comprehensive, intensive services for persons 60 and above who have been diagnosed with a mental illness and are interested in participating in a program designed to address their emotional, physical and living situation needs. FSP Programs are capable providing an array of services beyond the scope of traditional outpatient services.
Key Components:

• FSP provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above.
• FSP are provided in settings that are often preferred by older adults, for example in the home of the older adult, or in other community settings such as senior centers or senior housing complexes, or primary care settings.
• FSP are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with older adults.
Who is eligible to receive these services?
Older adults, ages 60 and above with a serious and persistent mental illness:
• who are homeless or at serious risk of becoming homeless
• who are being released from jail or at serious risk of going to jail
• who have multiple psychiatric hospitalizations or are in an Institution for Mental Disease (IMD)
• who experience significant factors such as risk of being placed in a Skilled Nursing Facility (SNF), have a co-occurring medical or substance abuse disorders, and are unable to participate in services provided in traditional mental health clinic programs, may be eligible to participate in FSP (CSS – FSP).

Children/TAY Full Services Partnerships (FSPs)
Target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management (CSS – FSP).

Adult/Older Adult Full Service Partnerships
Target population of ages 26 and over who due to their mental illness are at risk of becoming unserved or underserved, being placed out of home, experiencing increased levels of isolation, involved in the criminal justice system, homelessness, and receiving involuntary treatment or hospitalization. Individuals in the FSP receive more frequent counseling services and more intensive case management (CSS – FSP).

Transition Age Youth (TAY) Drop In Centers
Drop-In Centers provide temporary safety and basic supports for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY who are living on the streets or in unstable living situations. Drop-In Centers provide "low-demand, high tolerance" environments in which TAY can make new friends, participate in social activities, access computers, books, music, and games. As the youth is ready, staff persons can connect them to the services and supports they needs in order to work toward stability and recovery. Drop-In Center services include the following: Showers, Meals, Clothing, Computer/Internet Access, DVD and Games, Social Activities, Peer Support Groups, Linkage to Mental Health and Case

Management Services, Linkage to Substance Abuse Treatment Information, Educational Services, Employment Assistance, Housing Assistance and more.(CSS - OESD)

Adult Housing Services
The Adult Housing Services include 14 Countywide Housing Specialists that provide housing placement services primarily to individuals and families that are homeless in their assigned Service Area. (*CSS-OESD)*

Madera County
MHSA Housing Program- Supplemental Assignment Agreement
Housing On June 3, 2010, the Madera County Housing Plan was approved contingent upon the submission of specific project information. There is a collaborative effort for this project between Madera County Behavioral Health and the Housing Authority of the City of Madera. They have joined together to form a non-profit organization named MMHSA Housing, INC. Since the plan was approved, a four bedroom house that will accommodate four consumers in supportive housing in the city of Madera has been purchased and is operational. A four-plex in Chowchilla that accommodates eight consumers has been developed and is operational. We are seeking property and a property manager in the mountain area. (CSS)

Adult/Older Adult FSPs
This program serves target population of ages 26 and over who due to their mental illness are at risk of becoming unserved or underserved, being placed out of home, experiencing increased levels of isolation, involved in the criminal justice system, homelessness, and receiving involuntary treatment or hospitalization. Individuals in the FSP receive more frequent counseling services and more intensive case management. (CSS—FSP)

Marin County
ODYSSEY Program
This multi-disciplinary, multi-agency team provides culturally competent intensive, integrated services to 60 adults with serious mental illness who are homeless or at-risk of homelessness. The program provides comprehensive assessment, individualized client-centered service planning, psychiatric care, intensive case management, supported housing and linkages to all needed services and supports in order to assist participants to achieve their individualized goals, as well as to promote recovery and self-sufficiency, improve the ability to function independently in the community, reduce homelessness, reduce incarceration, and reduce hospitalization (CSS – FSP).
Fireside Apartments
MHSA Housing Program funding was used to leverage a set-aside of 5 furnished housing for seniors in the Fireside Apartments, a 50-unit affordable housing development. The MHSAHP housing serves older adults (62 years and older) who, at the time of assessment for housing services, receive or qualify for Full Service Partnership (FSP) services and are either homeless or at-risk of homelessness. Occupancy is limited to those whose income is 30% or less of the Area Median Income (AMI) for the Marin HUD Fair Market Rent, which corresponds to the

level of support that individuals can expect to receive from Supplemental Security Income or from the State Supplemental Program. (Housing).

HOPE (Helping Older People Excel) Program
This multi-agency, multi-disciplinary team serves 40 older adults, ages 60 and older, who have serious mental illness, and are isolated and at risk of out of home placement, hospitalization or homelessness. By providing a full range of integrated, culturally competent services including outreach, comprehensive assessment, individualized client-centered service planning, psychiatric care, intensive case management, therapy and linkages to needed services and supports, participants are assisted to better control their illness, reach their personal goals, lead more satisfying lives, and avoid higher, more restrictive levels of care (CSS – FSP).

Merced County
Community Assistance Recovery Enterprise (CARE) – Adult and Older Adult Full Service Partnership
CARE implements a 24 hours a day/ 7 days a week intensive case management approach. The multidisciplinary team comprised of case worker, clinicians, substance abuse specialist, housing and employment specialist, nurses, and psychiatrists to assist members with their psychiatric disabilities. The approach emphasis on integrated/wraparound service that follows an ACT (Assertive Community Treatment model). Each case manager carries a caseload of 10 clients with primary goals of reducing hospitalization, reducing incarceration, reducing homelessness and institutionalization and increasing community integration. The program assists members with full service partners in different domains of their lives. These areas include education, family reunification, transitions into lower levels of care, life skills, drug and alcohol support, supplying for SSI, general assistance, spiritual support, legal affairs, access to primary health care are so on. CARE participates in the TAY Subcommittee and has ongoing meetings with TAY clinicians and other TAY providers to identify referrals. In addition CARE works with Spanish speaking clinicians to target individuals that may meet criteria for services (CSS – FSP).

Older Adult System of Care (OASOC)
The Older Adult System of Care focuses on individuals age 60 and over that are unserved, underserved, homeless, or at risk of homelessness, institutionalization or hospitalization. A primary focus of the OASOC is upon the Hispanic population with bilingual (Spanish-English) services provided. Services are provided at all clinic sites by dedicated staff as well as outreach and coordination with the community services, such as primary care, adult peer-support and education. Outreach and engagement services are provided to the home bound seniors and there is continued partnership with Meals on Wheels program to identify, assess and treat unserved seniors in their homes. OASOC continues to participate in the county-wide multidisciplinary team which includes Adult Protective Services, Mercy Medical Center, Public Health and other service providers (CSS – OESD).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY),

adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Mono County

Supported and Transitional Housing

*Provides help with locating and/or securing affordable housing as needed and when possible. (*CSS - OESD)

Monterey County

Homeless Services and Supportive Housing

*Expands existing McHome program serving the homeless mentally ill. Includes outreach and engagement, case management, and supportive housing services at Lupine Gardens. (*CSS - FSP).

Napa County

Hartle Court Permanent Supported-Living Housing Project

After an extensive RFP process, the Mental Health Division awarded CSS Housing funds to Progress Foundation, which has partnered with the Gasser Foundation to finance acquisition and construction of the Hartle Court Housing Project. Comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illnesses and 6 two-bedroom units of transitional housing for homeless transition-aged youth (18 to 26 years) with mental illnesses, the project is currently in the final phases of construction and is located on the south side of the town of Napa on a .68-acre plot next to the existing 59-bed South Napa Homeless Shelter. The land was donated through a 99-year $1 per year lease by the Gasser Foundation. The total value of the project is approximately $4 million with $1,218,600 in CSS Housing funds and an additional $609,300 in CSS Housing funds for operating subsidies (Housing).

Nevada County

Outreach and Engagement (O&E) Services

*Programs to reach, identify and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County. Children's programs and adult programs. Some of these programs include: Supporting SPIRIT Peer Empowerment Center which provides peer counseling, support groups, offers nutritious food and education, and they provide showers, food and clothing to the homeless; provides for a Care Coordinator to help manage the high need population at the health clinic in North San Juan; and funds NAMI peer and family suppor*t and advocacy services *t.* (CSS - OESD).

MHSA Housing
*Nevada County is collaborating with Nevada County Housing Development Corporation (NCHDC). NCHDC has purchased a five bedroom home to provide permanent supportive housing to homeless or individuals at risk of homelessness who are enrolled in a FSP program. Additionally, Nevada County has a contract with NCHDC to have them implement both of our Housing and Urban Development grants, Shelter plus Care and Supportive Housing Program. (*CSS - OESD).

Outreach Services
*Components include Friendly Visitor Program; social outreach program; Latino outreach services; homeless outreach services; forensic liaison outreach program, Wellness Center: Peer Support and Outreach Services. (*PEI).

Orange County
Adult Outreach and Engagement
Outreach and Engagement: Outreach and Engagement services to the un-served and underserved mentally ill adult population, who is homeless or on the verge of becoming homeless. The Children and Transitional Age Youth outreach team engages families with children and the transitional age youth population that are un-served or underserved who suffer from a mental illness with the goal of linking them to appropriate treatment services (CSS – OESD).

Placer County
Whatever it Takes
Serves adults (18-60) with severe mental illnesses (SMI) who are homeless, leaving jail, hospitals or IMDs. Priority is given to unserved or inappropriately served clients who are at risk of psychiatric hospitalization, homelessness, and those ready to exit psychiatric health facilities, psychiatric hospitals, IMDs, or jail (CSS – FSP).

Timberline
Provides shared permanent supportive housing for 5 individuals in a remodeled home in Auburn (Housing).

Peer Supported Transitional Housing
Provides peer-supported transitional housing to resident adults with a mental illness who are not currently receiving mental health services through the County. (INN).

Placer Street Apartments
Provides 6 units of shared housing in two bedroom, two bath units. (Housing).

Plumas County
Sierra House
Maintains support for homeless (and at-risk of) individuals to housing at the Sierra House facility with funds available for 1.5 beds usage and additional funds for services and supports anticipated to be utilized by individuals, previously unserved (CSS – OESD).

Riverside County

Housing

The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing outreach and housing support services to chronically homeless individuals. The MHSA permanent supportive housing program partners with developers and housing providers across the continuum of housing options to promote housing development, improve access to housing, and ensure supportive services are available to serve TAY, adults and older adults throughout the County (CSS).

Sacramento County

Permanent Supportive Housing

Includes three programs: 1) PSH-Guest House is the "front door" and has same-day access to service and limited temporary housing. Services include triage, comprehensive mental health assessments and evaluations, assessments of service needs, medication treatment, linkages to housing, and application for benefits. 2) PSH-New Direction provides permanent supportive housing and an FSP level of mental health services and supports for adults, including older adults, and their families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers in meeting their desired recovery goals. New Direction provides services at two permanent supportive MHSA-financed housing developments, permanent supportive housing within TLCS permanent housing sites, and utilizes community-based housing vouchers and limited subsidies. Additionally, New Direction Palmer Apartments Brief Interim Housing provides services and supports in short-term housing, focuses on rapid access to permanent housing within 30 days once income is secured. Longer term temporary housing is available for individuals awaiting openings in MHSA-financed housing developments. 3) PSH-Pathways program provides permanent supportive housing and an FSP level of mental health services and supports for children, youth, adults, older adults and families. The program provides integrated, comprehensive services utilizing a "whatever it takes" approach to support consumers and their families in meeting their desired recovery goals. Pathways provides services at six permanent supportive MHSA-financed housing developments, community-based housing vouchers and utilizes limited subsidies. (CSS - FSP).

San Bernardino County

Transitional Age Youth (TAY) One Stop Centers

Provide services to transition age youth, ages 16-25 from underserved and unserved ethnic and lower socio-economic populations with alcohol and other drug abuse issues, mental health, homelessness, abuse, non-traditional lifestyles and/or single family issues. TAY services include employment assistance, educational opportunities, shelter bed housing, and psychiatric therapy and counseling, medication supports, groups and activities with the goal of independence. There are four centers located in San Bernardino, Rancho Cucamonga, Victorville and Yucca Valley (CSS – FSP).

Homeless Intensive Case Management and Outreach / Full Service Partnership (FSP)
Provides mental health and shelter services to the adult homeless mentally ill population. The program partners with the homeless mentally ill in transitioning from a homeless state into eventual self-supported or MHSA permanent housing via intensive case management, residential shelter services, assistance in accessing entitlements, and ongoing mental health counseling and other services (CSS – FSP).

<u>San Diego County</u>
Homeless/ Runaway
A team-based approach to "do whatever it takes" to support homeless and runaway children and youth in attaining mental health services. Provide Assertive Outreach, Full Service Partnership (FSP) services and strong connections with community resources. (CSS-FSP)
Integrated Services and Supported Housing
A team-based approach to "do-whatever-it-takes" to support clients in attaining housing and employment. Full Service Partnership (FSP) and housing services are offered. (CSS - FSP).

Justice Integrated Services and Supported Housing
A team-based approach to "do whatever it takes" to support justice system clients in attaining housing and employment Assertive Community Treatment (ACT), Full Service Partnership (FSP) and housing services are offered. (CSS - FSP).

Intensive Case Management
To provide short-term, intensive case management services to help individuals connect with relevant resources, which include housing and employment. (CSS - FSP).

Housing Trust Fund
Increases permanent supportive housing opportunities for clients in the five Full Service Partnership (FSP) Integrated Homeless Programs. (CSS - FSP).

<u>San Francisco County</u>
Emergency Stabilization Housing (50% FSP)
Emergency stabilization units (ESUs) provide short-term housing stability for clients who are homeless or have been discharged from the hospital or jail. The 25 ESUs are located within three single room occupancy (SRO) hotels in San Francisco. The units are available to Full Service Partnership clients, Intensive Case Management clients and Central City Hospitality House. (CSS - OESD)

Housing Placement and Supportive Services (Direct Access to Housing) (25% FSP)
MHSA funding has allowed for Direct Access to Housing to expand capacity to serve MHSA clients with the addition of an Intake Coordinator and a Nurse Practitioner. The Intake Coordinator works to place clients in the setting most appropriate to their needs. (CSS - OESD).

Full Service Partnership Housing Program
Available to Full Service Partnership clients, the FSP Housing Program provides access to emergency stabilization housing, transitional housing for TAY, permanent supportive housing

and other supports designed to help FSP participants gain access to and maintain housing. 71 units currently occupied - 9 new units still in the pipel. (CSS - FSP).

Health Promotion and Early Intervention
Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outreach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: • African American • Asian and Pacific Islander (API) • Native American • Latino/Mayan • Arab Refugees • Homeless Adults • Homeless or System Involved TAY (18-24) • LGBTQ • Socially Isolated Older Adults (PEI).

<u>San Luis Obispo</u>
Adult Full Service Partnership: Homeless
*The team focuses on outreach to unserved, difficult-to-reach homeless population, and seeks to engage clients in health care, mental health treatment, and housing. Program participants are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence. (*CSS-FSP).

Housing
Studios were constructed and continue to be administered by Transitions Mental Health Association. NELSON ST STUDIOS: Studios were constructed and continue to be administered by Transitions Mental Health Association. These five studio units are located in South San Luis Obispo County adjacent to a peer-lead wellness center. The studio apartments provide stable and affordable housing with supports to assist low and very low income clients in promoting whole life wellness. Crisis services are available as needed. NIPOMO ST STUDIOS: This MHSA housing project provides 8 units to serve adults who are homeless or at risk of homelessness and have a diagnosis of severe mental illness, consistent with the CSS Plan and the MHSA definition of target population. Those with co-occurring disorders are also considered for residency in a unit. (CSS).

<u>San Mateo</u>
Full Service Partnerships
FSPs use a "wrap around" approach including: 24/7 response; peer supports; high staff to client ratios for intensive behavioral health treatment including medications; linkage to housing; supported education/ employment; treatment for co-occurring disorders; skills based interventions, among others. FSPs target population: a) high risk children and youth who would otherwise be placed in a group home; b) seriously mentally ill and dually diagnosed adults including those eligible for diversion from criminal justice incarceration, incarcerated individuals, persons placed in locked facilities who can succeed in the community with intensive supports, and individuals whose mental illness results in frequent emergency room visits, hospitalizations, and homelessness; and c) seriously mentally ill older adults at risk of or currently institutionalized who could live in a community setting with intensive supports; they have a high rate of co-occurring medical conditions. San Mateo County provides FSP services for children and youth, transition age youth, adults, and older adults. (CSS - FSP).

MHSA Housing Program
The San Mateo County MHSA Housing Program funds permanent supportive housing for individuals with severe mental illness and that meet the MHSA eligibility criteria as homeless or at-risk of being homeless. The Behavioral Health and Recovery Services Division (BHRS) collaborated with the Department of Housing and the Human Services Agency's Shelter Services Division (HOPE Plan staff) to plan the MHSA Housing program in the County. BHRS worked with MidPen Housing and Mental Health Association (MHA) for the development of the following projects. Services for the MHSA tenants are provided by MHA, Telecare and Caminar: Cedar Street Apartments in Redwood City (14 units) - Approved in 2009 El Camino Apartments in South San Francisco (20 units) - Approved in 2010 Delaware Street Apartments in San Mateo (10 units) - Approved in 2011. (Housing).

Santa Barbara County
Supported Housing
Provides intensive, multidisciplinary services to adults and older adults who require a higher level of care than offered by mental health clinics, but less than that provided by ACT programs. (CSS - FSP).

MHSA Housing
Provides funding for capital costs and operating subsidies to develop permanent supportive housing for persons with serious mental illness who are homeless, or at risk of homelessness. Supports 10 units in the Garden Street Apartments in Santa Barbara, eight units in Homebase on G Street in Lompoc and 12 units in Rancho Hermosa in Santa Maria. Additional housing projects are currently under development. (MHSA Housing).

Santa Clara County
Housing Options Initiative
Helps the MHD and the County directly address the housing needs of consumers through housing development, services, and interagency collaboration. The Office of Housing and Homeless Support Services (OHHSS) was created to oversee MHD's housing development, programs, and services for unserved and underserved consumers of all age groups and their families, particularly those who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse or are involved in the criminal justice system. Using County General Funds, the OHHSS supports the County's effort to address homelessness throughout the County. The goals and strategies of this program intersect and are coordinated with those of agencies addressing homelessness throughout Santa Clara County. (CSS-OESD).

Santa Cruz County
Community Services and Supports: Housing
Offers permanent supportive housing to the target population, with no limit on length of stay. The target population is defined as very low-income adults, or older adults, with serious mental illness, and children with severe emotional disorders and their families who are homeless or at risk for homelessness. Nuevo Sol located in Santa Cruz has 2 units for adults 18 and over who were chronically homeless. These units are accessed through our partnership with Homeless Persons Health Project. Nuevo Sol was the first project in the State to use the Governor's

Homeless Initiative funding, tied to MHSA for services and also the capitalized subsidy reserve. The County has developed housing at Bay Avenue Apartments, Capitola. The Bay Avenue project provides five MHSA units for seniors 60 years and older, at risk of homelessness. "Aptos Blue" opened in February 2014, and it provides five MHSA for adults with mental illness who are homeless, or at risk of homelessness. County staff is developing Lotus Apartments for six transition age youth and adults located mid county. These units will be owned and operated by a local non-profit Encompass in partnership with the County MHSA and a property management agency. All referrals and supports to MHSA housing come from a FSP team. (CSS-Housing)

Shasta County

Shasta Triumph and Recovery (STAR)

Shasta Triumph and Recovery (STAR) is a Full Service Partner program that serves all age groups. The STAR program is an enrollment program that is wellness, recovery, and resiliency based and practices the "whatever it takes" model to provide access to services including supports for housing, employment or employment preparation, medication, transportation, peer relations, social activities, and education for those individuals with severe and persistent mental illness who are at risk of homelessness and/or hospitalization. There is a focus on wellness and recovery using a Wellness Recovery Action Plan (WRAP) jointly developed with the individual involved and any family or support individuals she/he chooses. Another aspect of STAR is an Access Team that evaluates all people who request new services for appropriateness for the STAR program. Those individuals who meet FSP criteria are provided with outreach until they either become an FSP or are transferred to other appropriate programs. (CSS).

Sonoma County

Forensic Assertive Community Treatment Team (FACT)

Provides intensive mental health services to mentally ill offenders through a mental health court in partnership with Buckelew Program, Inc. (CSS-FSP)

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center

The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency. (CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access: Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
- *Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA*
- *Developing and coordinating the Workforce Needs Assessment*
- *Developing and coordinating the WET planning process*
- *Developing and coordinating the WET plan*

• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response. (INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations

• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County

Stanislaus Homeless Outreach Program (SHOP)
Stanislaus Homeless Outreach Program (SHOP) provides services to transitional aged young adults (TAYA), adults, and older adults who have co-occurring issues of mental health and substance abuse. They're also uninsured or underinsured and involved with other agencies. The goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization. The FSP level of care has 4 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), 3) Josie's Telecare Recovery Access Center (Josie's TRAC) and 4) Modesto Recovery Services Trac (MRS TRAC). Full service partnership strategies include integrated, intensive community services and supports with 24/7 availability with a known service provider. SHOP utilizes a "housing first" approach with recovery and client and family-centered focus that inspires hope. (CSS-FSP)

Garden Gate Respite Center
Open 24 hours a day, 7 days a week, Garden Gate Respite Center is a 6-bed respite home located in a residential neighborhood that maintains "good neighbor" relationships in the community. The respite center is co-located with 13 apartments and a house for transitional supportive housing. Together, the center offers three levels of temporary housing (3 to 5 day respite housing; 5 to 20 day extended respite housing; and 6 months to 2 years of temporary supportive housing). Staff members represent diverse cultures and most have lived experience as consumers or family members of consumers of mental health services. "Housing first" is a priority value for collaboration between Garden Gate Respite and Stanislaus Homeless Outreach Program (SHOP). (CSS-OE)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an

opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports. (INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Housing
Acquisition, Construction and/or rehabilitation of permanent supportive housing for individuals with serious mental illness who are homeless or at risk of homelessness by providing capital development and operating subsidies. (Housing).

Housing
Acquisition, Construction and/or rehabilitation of permanent supportive housing for individuals with serious mental illness who are homeless or at risk of homelessness by providing capital development and operating subsidies. SYMHS MHSA Supportive Housing Program: SYMHS Sutter County Supported Housing currently consists of a fully furnished and attractive duplex located in a convenient, pleasant neighborhood in Yuba City, and provides permanent housing for six mental health consumers. The reasonable monthly rent includes all utilities, basic phone service, basic cable service, and yard maintenance, and each resident has their own private bedroom. SYMHS Yuba County Supported Housing currently consists of a beautiful new fourplex in Marysville, fully furnished and conveniently located within walking distance of a variety of community amenities and shopping, and provides permanent housing for 10 mental health consumers. SYMHS staff provide support & service coordination for residents while the Regional Housing Authority of Sutter and Nevada Counties provides property management. (Housing)

Tehama County
Vista Way
The Vista Way Drop-In Center continues to provide laundry and shower facilities for our adult and older adult homeless population. Providing access to the facility in this way opens up opportunities for engaging folks in a plan of recovery. Additionally, there are now several process / rehab groups running including Communication, Independent Living, Healthy Living, Relaxation, Exercise, Symptom Management, Art, and Therapeutic Drumming. The VW Drop-in Center also offers stipend opportunities. (CSS - OESD)

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing

Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-

served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center

The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

MHSA Housing

This comprehensive Housing Master Plan is designed to construct or rehabilitate 70 short-term transitional and permanent supportive housing units. Permanent supportive housing units are living spaces where people who are homeless or at risk of homelessness and who suffer from one or more mental illness can receive an array of services designed to support their recovery. Permanent supportive housing has proven to be a significant part of successful recovery plans for many people with serious mental illness. Such housing enables successful pathways to recovery and, ultimately, can reduce the cost of other services such as emergency room visits and incarceration. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness. (PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project
In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder. (INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers

Creates wellness drop-in centers. (CSS-OESD)

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House. (INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
Unidos Para la Salud / United for Health Mobile Unit Programs
The Mobile Units provide an array of comprehensive mental health services for all age groups with severe and persistent mental illness or serious emotional disturbance, who are traditionally un/underserved, are homeless or at risk of homelessness, those with co-occurring disorders, those at risk of criminal justice involvement, and those who are at risk of institutionalization. The Mobile Units are characterized for their strategic mobility of services to decrease barriers in access to services seen in rural communities and with lack of transportation. The program provides linkages and services consistent with CSS requirements through collaboration with other mental health service providers; health organizations and agencies such as Child Welfare Services and Alcohol and Drug Services; community-based organizations; and faith-based organizations. The Mobile Units have begun providing specific health services by on-site public health nurses, and benefits assistance through on-site self-sufficiency counselors. Services follow the MHSA philosophy with a focus on reducing ethnic and cultural disparities by requiring culturally and linguistically diverse program staff to make regular contact with local community organizations and local schools, and regular visits to local health fairs and community events to

promote mental health and access to services. The Public Health Nurse (PHN) on the Mobile Unit program places PHNs on the South and North County Mobile Units to provide comprehensive and coordinated services that improve access to health services and add linkages to available resources. The co-location of Health and Mental Health services reduces stigma by normalizing discussion of mental illness, and provides services in the consumer's community thus reducing disparities in access to care. (CSS).

Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa. (PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse,

medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

<u>Tuolumne County</u>
Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.
5. The Lambert Center provides meals, socialization and basic resources for homeless individuals. (CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk in Center
Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention

• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
• Suicide Prevention – intended to significantly impact information about suicide prevention
• Student Mental Health initiative – intended to provide grants to educational institutions
• Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)

Staff Training
Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate a vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Supportive Housing Program
TCBH's Housing component of the Mental Health Services Act was used to purchase a home close to the Behavioral Health clinic in 2012 to provide permanent supportive housing for severely mentally ill residents. The house has two separate floors with 3 bedrooms on each floor; 6 tenants began living there in March, 2013. A second home, Cabrini House, was purchased in April, 2014. The procurement of this 2nd home added 5 housing units. There are 11 individuals who are supported to live independently, receive mental health services and thrive by living within the community. (HOUSING)

Mental Health Triage

Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Screening, Triage, Assessment and Referral (STAR)

STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks

Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center

The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program

This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center

The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, and coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways
***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*
***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*
***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*
***Human Services Certificate Program** – A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs
***Clinical Training and Internship Programs –** Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*
***Mental Health Nurse Practitioner Program** – Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements

These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project

While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project

This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing

IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program). The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Capital Development and Capitalized Operating Subsidy
The funds allocated by DMH to Ventura County and administered by California Housing Finance Authority provide permanent financing and capitalized operating subsidies to develop permanent supportive housing for MHSA eligible individuals with serious mental illness who are homeless or at risk of homelessness. At present, 15 units completed, 24 ready for occupancy, 15 under construction and 11 in development, for a total of 65 apartments, affordable to very- and extremely- low income individuals. An additional 31 units: 15 units developed as a result of one-time extraordinary MHSA funding (preceded MHSA Housing Program) and 16 units developed, as a result of MHSA but funded from other sources. (MHSA Housing)

Yolo County
Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The

Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Innovation
The Yolo Local Innovation Fast Track Grant Program (L.I.F.T.) provides for three levels of funding to be made available to community providers and stakeholders for the purpose of

encouraging and enhancing community collaboration in introducing innovative programs, events and trainings to the local mental health community on a fast track basis, while bolstering the economies of local providers and rejuvenating the local stakeholder process. Programs of the highest level, which provide direct services consistent with MHSA requirements, are eligible for reiterative funding for up to three years. Current L.I.F.T. Programs, through FY 13-14, include: Integrated Mental Health Services; Harm-Reduction Model Co-Occurring Disorder Program; Greater Access Program (GAP) for homeless, un-diagnosed, un-served or un-benefitted adults. New program(s) will be selected for the funding cycle beginning FY 14-15. (INN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Veterans

Butte County
Support, Employment, Assistance, Recovery, Consumer Housing (SEARCH)
Provides intensive services to individuals who are homeless or at risk of homelessness due to a severe and persistent mental illness. Individuals are linked to the Housing Authority of Butte County, Department of Rehabilitation (DOR), Veterans Services, Legal Aid, Social Security Administration, and other needed services (CSS-OESD).

Calaveras County
Community Support Groups
Six support groups throughout the community will be examined for success. Groups are currently targeted toward women, teens, veterans, Miwoks, and Latinos (INN).

Glenn County
Welcoming (Warm) Line
Provides outreach to persons who are unserved and underserved, including the homeless community. Outreach activities reduce stigma and increase the community's awareness of our programs. Welcoming Line engages callers and provides information and support. TAY Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center is a safe environment for youth who are LGBTQ and provides advocacy and support for youth at the local high school. Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. A number of our FSP clients from the Latino and/or Native American communities (PEI).

Kern County
Integrated Physical and Behavioral Healthcare
Located in community health centers in both urban and rural areas. Serves individuals and families not receiving behavioral health care due to cultural, economic, geographic, or other

causes. Addresses the specific types of mental health needs of military veterans and people with substance related, mental health, or co-occurring conditions. Services include on-site physician triage with licensed mental health staff or referral to the co-located mental health provider(s); mental health screening for depression, personality and mood disorders, and other tests; psychiatric assessment for patients referred for medication evaluation and management (PEI).

Lake County

Community Outreach and Engagement

Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Merced County

Veterans

*The Veterans Office provides services to veterans of United States military services, their spouses, dependents, and/or survivors, to assist them in the prevention or treatment of mental health or substance abuse problems. Staff consults with veterans during scheduled appointments or walk-ins and identifies mental health issues or substance abuse problems. The office provides outreach to community veterans, service providers, veteran service organizations, or other outside agencies on benefits and mental health services. (*PEI)

Nevada County

General System Development Programs

Improves the County's mental health services delivery system for all clients, and/or when appropriate, their families. Children's programs and adult programs. Some of our programs include: expansion of crisis services including using Peer Counselors to support individuals in the ER and to provide follow-up support; creating a co-occurring disorder program; creating a veterans program; increasing access by increasing the days services are available at a health clinic in North San Juan; expanding the number of network providers available throughout Nevada County; increase in the number of Interns providing services and increasing in the number of Psychiatrist hours. Currently working on creating a Crisis Stabilization Unit and Respite Care Center for our Crisis Continuum. (CSS-OESD)

Orange County

Professional Assessors (Veterans Combat Court)

A strategic plan was developed that identified priority groups within the population of Orange County. Military veterans were identified as a group with significant barriers that prevent early access to behavioral health treatment, and a sub-set of veterans with behavioral health issues frequently intersect with the legal system. The Orange County Combat Court, a collaborative court program consisting of the Orange County courts, Public Defender, Probation and District Attorney Offices, Behavioral Health Services (BHS) and the VA was implemented. Strong relationships were developed with the local VA Medical Center (VA Long Beach) resulting in a 'first in the nation' VA MSW liaison being assigned to the Court. BHS staff provided screening and assessment for Post-Traumatic Stress Disorder (PTSD) criteria for admission to the court.

Program participants were then managed either by the VA or by BHS Veteran staff and linked to community resources such as the Vet Centers, Alcohol and Drug programs, transitional housing, legal aide, and the OC Veteran's Service office (veteran's compensation and benefits). Of special note is the linkage to another MHSA program, the Pacific Clinics "Mental Health Peer Worker Program" (PEI).

OC4Vets (formerly known as Vet Connect)
OC4Vets: The program examines whether co-locating services for veterans with the Veterans' Services Office will increase access to health and supportive services for veterans with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and severe depression, including those dually diagnosed with substance abuse disorders. It facilitates access to a comprehensive array of treatment and supportive services for veterans and their families and provides assistance (a warm hand-off) to help those veterans who are too fragile to integrate into the VA system. Uses peer veterans to provide service system navigation and solid connection with existing community resources. This program provides an integrated, holistic approach to veteran behavioral health, recognizing that medical, as well as basic shelter, food, and job issues impact behavioral health. (INN).

Early intervention Services- The College Veterans' Program: is a collaborative with local community colleges.
The program provides services to veteran students on campus at the Veterans' Resource Center. Veteran students have access to appointments with a BHS clinician who is a veteran. Some of the direct interventions available include behavioral health screening and assessment, individualized case management, referrals and linkage to appropriate community resources. The clinician also provides outreach and engagement on Orange County campuses using veteran specific events and support groups to encourage discussion of barriers to successful transition to college and civilian life.(PEI).

Screening & Assessment PEI Veterans Family and Treatment Court
The Veteran's Court Services provides case management to the Veterans Treatment Court and the Veterans Non-Criminal Domestic Violence Family Court. This service provides case management for court-assigned Veterans who are in need of professional support, referral and linkage to community resources. (PEI).

Placer County
Family Ties - A Family Treatment Group for families of service members
Provides treatment and access to support services for returning soldiers and their families (INN)

San Bernardino County
Military Services and Family Support
A collaborative program that provides screening, assessment, short-term counseling, and support for military personnel and their self-defined families (PEI).

Holistic Campus (HC)
Brings together a diverse group to create their own resource networks and strategies, growing out of cultural strengths. The Holistic Campus will be 80% peer run by community members, cultural brokers, individuals representing the County's cultures, ethnic communities, LGBTQ community, and military veterans and their families in one location. It will be accessible, culturally and linguistically competent and relevant, and community friendly (INN).

San Diego County
Courage to Call Program
Confidential, peer-staffed outreach, education, and training services for active Military, Veteran, Reserve, Coast Guard populations, their families and their service providers. Increase awareness of the prevalence of mental illness in this community. Reduce mental health risk factors or stressors. Improve access to mental health and PEI services, information, and support. (PEI).

San Luis Obispo
Forensic Mental Health Services
*VETERANS PROGRAM Behavioral Health has a Mental Health Therapist located in the Veterans Services Office in order to serve veterans referred directly from and those participating in the Veterans Treatment Court. The placement of the Therapist on-site at the VSO provides a culturally competent environment for veterans and their families to seek support and engage in behavioral health services. (*CSS-OESD).

Sonoma County
Goodwill Industries of the Redwood Empire Wellness and Advocacy Center
The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)
Goodwill Industries of the Redwood Empire-Interlink Self Help Center
Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including

a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD)

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis

response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Consumer Empowerment Center
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Consumer Family Member Training & Support
In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the

CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:

- *MSW/MA student internships in public mental health*
- *MJC CASRA/Human Services student internship in public mental health*
- *Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health*
- *Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.*
- *Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)*

Consumer and Family Volunteerism

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)

ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and

training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa

Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Tehama County

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center
The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing

This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively. (WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder. (INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House. (INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food,

housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and

wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County
Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.
5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center
Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention
• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

Suicide Prevention Program

A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training
Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6

employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Capital Development and Capitalized Operating Subsidy
The funds allocated by DMH to Ventura County and administered by California Housing

Finance Authority provide permanent financing and capitalized operating subsidies to develop permanent supportive housing for MHSA-eligible individuals with serious mental illness who are homeless or at risk of homelessness. At present, 15 units completed, 24 ready for occupancy, 15 under construction and 11 in development, for a total of 65 apartments, affordable to very- and extremely- low income individuals. An additional 31 units: 15 units developed as a result of one-time extraordinary MHSA funding (preceded MHSA Housing Program) and 16 units developed, as a result of MHSA but funded from other sources.(MHSA Housing).

Screening, Triage, Assessment and Referral (STAR)
STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team
This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks
Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership
The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive,

integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center
The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program
This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center
The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education

Training Institute Committee *– The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*

Training and Conferences *– There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways

Consumer & Family Recovery Education Center *– Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*

Language Development Programs *– A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*

Career Ladder Program-Secondary Education *– A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*

Human Services Certificate Program *– A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs

Clinical Training and Internship Programs – *Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management
Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements
These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project
While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the

Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County
Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-

approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)
Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Latino

Alameda County
Access to Latinos
Improves availability of ACCESS and brief treatment clinic/field-based services by increasing bicultural staff in one Latino crisis clinic. Includes assessment, brief treatment and referral services. La Clinica de la Raza (CSS – OESD).

Wraparound program for Asian/Pacific Islander (API) & Latino Youth
Provides services to API and Latino Youth that are in need of intensive case management through the Wrap-around service model (CSS – OESD).

Outreach, Education & Consultation for the Latino Community
Outreach and education, mental health consultation, and cultural wellness practices for Latino community (PEI).

Integrated Behavioral Health & Primary Care for Latino & Asian/Pacific Islander (API) Older Adults
Deploys a mental health Geriatric Assessment and Response Team (GART) into Emergency Rooms (ERs). Provides training to ER staff. Provides mental health services and supports (PEI).

Amador County
ATCAA Community Center Outreach
This program provides outreach, education, and support intervention services to Spanish-speaking and isolated consumers and their families. The program also provides mental health and wellness education workshops for the community. The program offers consumer-centered case management and family advocate support services to help consumers identify mental and physical health issues and service needs. Staff then provide referrals to resources and assist consumers with the beginning steps of an individualized care plan. (PEI).

ATCAA Promotores de Salud
The Promotores de Salud is a Latino Peer-to-Peer program that utilizes Spanishspeaking Hispanic/Latino community members to reach out to other historically underserved Spanish-speaking Hispanic/Latino and linguistically isolated community members. The goal of this program is to promote mental health, overall wellness, and ultimately increase access to services. Promotoras conduct educational presentations and outreach activities and help overcome barriers such as transportation, culture, language, stigma, and mistrust.(PEI).

Berkeley City
Transition Age Youth Support Team
Provides outreach, support, services, and/or referrals to homeless Transition Age Youth (TAY) with serious mental health issues. Priority is given to youth coming out of foster care and/or the juvenile justice system, with targeted outreach strategies to engage youth from various ethnic communities, including Asian and Latino populations (CSS – OESD).

Butte County
Promotores
A program of Northern Valley Catholic Social Services (NVCSS) in partnership with BCDBH, Promotores provides health education and support to Latino and Hmong communities (PEI).

Colusa County
Direct School Services – system development/outreach and engagement
Provides treatment and other services in a client-centered, culturally competent, recovery, wellness and resiliency supportive relationship in the schools, at home and in the community

where youth and transitional age youth live. A counselor goes to the Family Action Centers in Williams and Arbuckle to provide bilingual counseling services on site. Focuses on the underserved Hispanic school-aged population and their families, specifically children and youth above the age of 5 (CSS – OESD).

Contra Costa County

Building Connections in Underserved Cultural Communities

This program is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, with the purpose of increasing wellness, reducing stress and isolation, and decreasing the likelihood of needing services of many types, and to help support strong youth and strong families. This initiative includes the following cultural communities: Native Americans, LGBTQ, Latinos, African Americans, and immigrants from the Afghan, Bosnian, Iranian Russian and Asian Pacific Islander communities. The programs provide activities such as: community outreach, system navigation, psycho education groups and educational workshops (PEI).

Del Norte County

Children's System of Care/Wraparound Services

Works with our priority population of children ages 0-15 with serious emotional disturbance at risk of out of home placement and/or uninsured at risk of f out-of-home placement. Expands the program for better coordination with our county Wraparound program to include schools, local service agencies, Hmong, Latino, and Native American communities, and faith-based organizations to provide linkages for all available services. Expands the program to provide additional family treatment (CSS-FSP).

Adult G Street Service Center

Provides the foundation to develop independence and achieve goals in stable living, personal and community functioning, education, and employment. Provides education and resources in the areas of social skills, stress management, coping skills, healthy relationship choices, basic health care and hygiene, and cultural appreciation. Includes individual counseling options and clinical and dual- diagnosis groups. Vocational rehabilitation/return to work program identifies and trains employment skills based on consumer strengths. Expands outreach and engagement efforts to the outlying communities, tribal, Hispanic, and Hmong communities. (CSS – OESD)

El Dorado County

Health Disparities Program - Latino Outreach

*This program addresses isolation in the Latino adult population and peer and family problems in the youth population as community issues resulting from unmet needs by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services.(*PEI)

Fresno County

Consumer/Family Advocate

Provides mental health consumer and family advocacy services to unserved and underserved

populations, consumers and families. Provides education, training, consumer/family advocacy in Fresno County with monthly meetings through Centro de Familia (CSS – OESD).

Glenn County

Welcoming (Warm) Line

Provides outreach to persons who are unserved and underserved, including the homeless community. Outreach activities reduce stigma and increase the community's awareness of our programs. Welcoming Line engages callers and provides information and support. TAY Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center is a safe environment for youth who are LGBTQ and provides advocacy and support for youth at the local high school. Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. A number of our FSP clients from the Latino and/or Native American communities (PEI).

Kings County

Family Resource Center and Satellite Expansion

Continues to enhance service capacity of the mental health plan to four family resource centers and two satellite clinics in the outlying areas in Kings County. Extending into outlying areas serves people who are unable to come to the clinic due to different barriers including language, transportation and stigma. Services are available to all consumers, although the targeted population is adult Spanish-speaking-only females, or those who in the transition age youth group. This program has also provided outreach, education, support and early intervention to both families and consumers dealing with serious mental illness, which may avert out of home placements, unnecessary hospitalizations and homelessness. Consumers, families and individuals of all ethnic/cultural backgrounds are eligible and benefit from this expansion program (CSS – OESD).

Lake County

Community Outreach and Engagement

Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Wellness and Recovery Centers

The Bridge Peer Support Center in Clearlake, the Harbor on Main TAY Resource Center in Lower Lake, the Circle of Native Minds Center in Lakeport, the Family Wellness and Recovery Center proposed for the eastern part of the county, and the new La Voz de la Esperanza Centro Latino in Clearlake comprise a network of Wellness and Recovery Centers that serve niche populations, promote cultural competency through program design, and allow access to resources and service delivery in a close-to-home setting for consumers of all ages and their families. (PEI)

Los Angeles County

Improving Access for Underserved Populations

The Improving Access for Underserved Populations Project provides an array of evidence-based practices that will (1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, lesbian/gay/bisexual/transgender/ questioning (LGBTQ) individuals, deaf/hard of hearing individuals and their families; and blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs will provide outreach and education as well as promote mental wellness through universal and selective prevention strategies. (PEI).

Marin County

ASOC (Adult System of Care) Development

This System Development expansion project was designed to expand and enhance supports and services available in Marin's system of care for adults with serious mental illness and their families by: 1) increasing peer specialist services on the Adult Case Management team; 2) providing outreach and engagement and support services to Hispanics/Latinos; 3) increasing Vietnamese outreach and engagement services; and 4) adding family outreach, engagement and support services to the ASOC at large. The goals of the project are to promote recovery and self-sufficiency, improve the ability to function in the community, reduce isolation, and provide low-barrier access which welcomes unserved clients of Vietnamese and Hispanic/Latino origin (CSS – OESD).

Mendocino County

Bilingual/Bicultural Therapy for Latino Children and Families (CFSOC)

Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail. (CSS-OESD).

Therapeutic Services to Tribal and Latino Communities

Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail. (CSS-OESD).

Prevention Collaboration: Children and Youth Age 0-17

Provides school-based screening, education and prevention services and community-based family support and education services in the catchment areas of two school districts with high concentrations of American Indian and Latino students (PEI).

Full Service Partnerships for Children, Youth, and Families

The Children and Family Services Program includes services to children of all ages, with a focus on the underserved 0-5 age group, a focus on the underserved Latino and Native American children. Services offered are broad screening and assessment of very young children, family respite services, Full Service Partnerships, and therapeutic services to children and families, in

*particular from Tribal and Latino Communities, are the primary services. This population of the CSS program will include the implementation of an outcome measure (for example CANS and/or other outcome measure tools), for all Mental Health Plan Providers. The use of outcome measure tools will allow for evidence based decision making and review of treatment services, as well as identifying areas for improvement. (*CSS - FSP).

Full Service Partnerships for Older Adults
*Older Adult Services Program will focus on the Older Adult Services Program continuing to provide services for the improvement of the aging population's quality of life, resiliency, and independence. These services are provided by a network of Mental Health Plan Providers. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure (for example ANSA, and/or other outcome measure tools), for all Mental Health Plan Providers, to allow for evidence based decision making and review of treatment services. In addition, the outcome measure will allow for identification of areas for improvement. (*CSS - FSP)

Merced County
Wraparound, Empowerment, Compassion and Needs (WeCan) – Youth/TAY Full Service Partnerships
The WeCan program is a WRAP program which was and is able to provide services to children and families outside of the "office" environment. Services are delivered in the clients' home, school, and community, thereby reducing stigma of coming to a facility and reaching many of the unserved and underserved population by reducing obstacles such as transportation, service location, standard "office hours" etc. WeCan provides services to family when and where services are needed anywhere in Merced County based on the client's own involvement and reports. Culturally and ethnically the WeCan program is made up of male and female English, Spanish, and Hmong speaking staff in order to address these threshold languages within Merced County. Services are also available in other languages through the use of interpreters and or Language Line when needed. The WeCan program collaborates with other Merced Community partners and attends to the Cultural Compentency Oversight Committee to stay in touch with disparities and how to further overcome them. - The WeCan program faced some challenges implementing true WRAP service delivery with having to meet 100% Medi-Cal reimbursable guidelines. The program contract added MHSA funds to better serve the target population as of January 1, 2011 (CSS – FSP).
Older Adult System of Care (OASOC)
The Older Adult System of Care focuses on individuals age 60 and over that are unserved, underserved, homeless, or at risk of homelessness, institutionalization or hospitalization. A primary focus of the OASOC is upon the Hispanic population with bilingual (Spanish-English) services provided. Services are provided at all clinic sites by dedicated staff as well as outreach and coordination with the community services, such as primary care, adult peer-support and education. Outreach and engagement services are provided to the home bound seniors and there is continued partnership with Meals on Wheels program to identify, assess and treat unserved seniors in their homes. OASOC continues to participate in the county-wide multidisciplinary

team which includes Adult Protective Services, Mercy Medical Center, Public Health and other service providers (CSS – OESD).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Modoc County
Career Pathways
Designs recruitment and training/educational programs that will engage and prepare individuals for a career in public mental health. Priority given to those with consumer/family member experience, Hispanic or Native American candidates, Spanish linguistic competence, and current employees of Modoc County Health Services (WET).

Mono County
Peapod (Parenting) Program

Provides two new parent support groups in Mammoth Lakes; one serves Spanish-speaking mothers. Provides a new parent support group in the Benton/Chalfant area of Mono County (southeast region) and similar support in the north end of the County. Peapod program focuses on new parents with funds to support mental health care. Curriculum is designed to de-stigmatize recognition of the early signs of mental health problems/issues and to encourage and normalize seeking assistance. Pilots a variety of strategies to see which is most effective at encouraging utilization of mental health services for different ethnic populations. The three populations we will focus mirror our county demographics and include Caucasian, Hispanic and Native American. (INN).

Monterey County
Latino Community Partnership: Promotores
Health promoters or "Promotores de Salud" provide the Latino community with knowledge and skills about mental health services and access. The knowledge component focuses on health topics and behaviors that have been identified as relevant by Latino immigrants. The skills component focuses on skills necessary to carry out the outreach activities such as communication skills, problem solving and resource collaboration (PEI).

Family Support Groups
*Offers support groups to families of individuals with mental illness so that they can be part of a stable community of persons living with similar problems and concerns. Groups enhance families' understanding of the signs and symptoms of mental illness. Offered in English and Spanish. Benefits of participation include making connections, improving coping skills, getting motivated and finding hope. (*PEI)

Multilingual Parenting Services - Parent Education Partnership
*A lead agency works in collaboration with school districts and family resource centers to provide parenting skills development in an eight to ten week series, utilizing the Positive Parenting Program curriculum. Program increases parent awareness of mental health issues and community resources, providing culturally and linguistically appropriate parent education. (*PEI).

Depression/Anxiety Screening Days
Addresses cultural and language barriers to accessing mental health services for individuals with unidentified or undiagnosed depression or anxiety disorders. BH staff collaborate with community based organizations, health care centers, and social service agencies to provide screening events as a vehicle to increase awareness about depression and anxiety, identify preventative and early intervention needs, perform diagnostic screening interviews and facilitate connection with service providers.(PEI)

Alternative Healing and Promotores de Salud
*Addresses the needs of the unserved and underserved Latino/Hispanic population in Monterey County by providing mental health outreach, engagement and referral through a Promotores Collaborative, consisting of Promotores de salud, mental health providers, and a Psychiatrist with experience in alternative healing practices. (*INN)

Latino Community Partnership: Promotores
Health promoters or "Promotores de Salud" provide the Latino community with knowledge and skills about mental health services and access. The knowledge component focuses on health topics and behaviors that have been identified as relevant by Latino immigrants. The skills component focuses on skills necessary to carry out the outreach activities such as communication skills, problem solving and resource collaboration. (INN).

<u>Napa County</u>
Children's Full Service Partnership
The Children's Full Service Partnership (CFSP) Program is designed to assist underserved, primarily Latino at-risk youth ages 0 to 15 with intense emotional disturbance who demonstrate problems with functioning in at least two of the following areas: a) school; b) home; c) community; and d) peer relationships; and are either at risk for hospitalization, incarceration, suicide, homicide, removal from the home; or the mental disorder/impairments are likely to continue for more than a year without treatment. CFSP staff provides bilingual and bicultural services to 28 children and their families to improve mental health outcomes (CSS – FSP).

Mobile Outreach, Response and Engagement (MORE)
The MORE program is a mobile mental health outreach service that provides crisis intervention, mental health assessment, assertive outreach, follow-up planning and referral to other mental health services responding to hundreds of calls and provides over 130 home or site visits to individuals on an annual basis. MORE services are available to any Napa County resident experiencing mental health distress. MORE serves all ages, backgrounds, and there are no income restrictions. MORE supports law enforcement and hospital emergency rooms, assuming a prominent role in first responses. MORE staff is highly trained and knowledgeable in crisis intervention as well as on culturally-appropriate bilingual (English/Spanish) crisis response to children, young adults, adults, older adults and their families. MORE provides direct service as well as linkage to mental health and other services in the community. The MORE program continues to focus on extending services to underserved in Napa County with focus on bilingual/bicultural outreach. There is emphasis on outreach to the schools and the lesser served areas of the county (CSS – OESD)

Project Access
Project Access Services include: • *Client Travel and Transportation: Provides basic travel and transportation services to individuals that receive mental health services to ensure they are attending general health appointments, medication management appointments, case management meetings, conservatorship hearings, etc. • Co-Occurring Disorder Support Group: Support group for individuals with mental health and substance abuse co-occurring disorders. • Network of Care Program: Website for the community to learn about mental health services and wellness resources in the community. http://napa.networkofcare.org/mh/home/index.cfm • Flexible Funds for Family Services and Supports: Funds to support individuals, caregivers and families to prevent further onset of mental health illness. • System Navigators: System Navigators provide mental health outreach, service linkage, transportation, resources, and referral services to individuals and families throughout Napa County with a focus on the needs of the Latino community. They also provide support and guidance in connecting with mainstream resources such as Healthcare, MediCal, CalFresh, Housing Services, and more. System Navigators are housed in the Mental Health Division and at various community locations throughout Napa County. A bilingual Licensed System Navigator also provides assessment and short-term therapy to monolingual Spanish-speaking individuals. • Parent and Caregiver Services: These services support parents, and other caregivers of children who are 'at-risk', have severe emotional disturbance or mental illness. Services include, but are not limited to: navigator services; family-to-family support groups; respite (including overnight) and subsidized day care; and in-home behavioral and supplemental mental health services for pre-referral programs in schools (e.g., parent training in positive behavioral supports). • Transformational Training: These are systemic change trainings for mental health and associated service professionals, consumers, families, and community members in Wellness and Recovery, Co-Occurring Disorders, Cultural Competency, etc. • Adult Self-Help Resource Center: Napa*

*County's adult consumer self-help resource center is known as People Empowering People or PEP. It is a peer-run program in which consumers, staff and volunteers foster an atmosphere of support for individuals with mental illness who are on the path to wellness and recovery. (*CSS - OESD).

St. Helena & Calistoga PEI Project
The SH/Cal PEI project focuses primarily on Latino youth and families in these underserved North County communities. The project has three components – a school-based group mentoring program, a Promotor/a component and a parent collaborative component to encourage community building in St. Helena and Calistoga (PEI).

Nevada County
Outreach Services
*Components include Friendly Visitor Program; social outreach program; Latino outreach services; homeless outreach services; forensic liaison outreach program, Wellness Center: Peer Support and Outreach Services. (*PEI).

Orange County
Project Life Coach
Provides assessment and linkage to supported employment for those with mental illness. Although available to others, the target population is underserved monolingual or limited English proficiency unemployed Latino, Iranian and Asian/Pacific Islanders with mental illness; it promotes employment and improves functioning. The program uses life-counseling (also called life coaching) techniques to promote self-esteem, help-seeking behavior, personal development, and family integration among clients who are monolingual speakers of languages other than English and who are not currently employed. Life-counseling services are provided by peers living with mental illness and/or family members. The program assists with job searching, placement, and retention, as well as linkage to mental health services. It also creates a community-based support network for individuals and families. (INN).

Adult Full Service Partnerships
Adult Full Service Partnership: These programs provide a full array of services from outreach and engagement to community-based, client-centered care. Psychiatric services including medication and case management, housing, education, employment and community integration activities. All FSPs have been focused on data and outcomes as a way of assessing effectiveness and are now implementing best practices and measuring outcomes to ensure positive results. Integration of co-occurring disorders treatment and medical/health has been a primary focus in these programs. Adult FSPs primarily serve members from 18-59. The target population is the chronic mentally ill who are homeless or at risk of homelessness, and may also be diagnosed with co-occurring substance abuse or dependence disorder. These programs are linguistically and culturally responsive in providing services to the undeserved multi-ethnic populations in Orange County, such as Latinos, Vietnamese, Iranians, Koreans, monolingual non-English speakers, and the Deaf and Hard of Hearing.(CSS - FSP).

Placer County

Transforming Services through Co-Occurring, Resiliency, Recovery, Cultural Competency and Family/Client-driven System (Systems Development Strategy)
New designs of innovative ways to promote recovery and increase resilience of those we serve and have established community change agents to impact both County and provider-operated services. Support of consumer leadership and support through the Welcome Center and Navigator Program. Support of ethnically underserved through the Latino Leadership Council and the Sierra Native Alliance. Support transition age youth with a youth coordinator and youth advisory group, as well as training on positive interactions with the youth culture (CSS – OESD).

Project ALMA
Provides prevention, intervention and support activities for Latino residents who may be impacted by youth with academic, probation, juvenile detention or gang-related risks (INN).

Adventure Risk Challenge- Tahoe
The program was designed to provide outreach and engagement of underserved youth, primarily Latino, through positive recreation activities. The goals are to increase academic success, increase leadership and social skills, and to provide mental health services to youth and families through assessment and referral. (PEI).

Parent Project and Latino Family Counseling
This program was designed, for Latino Families, to increase family function and wellness, improve school participation and decrease at-risk youth behaviors.

Creciendo Unidos/Growing Together
Provides at-risk youth engagement, retiros (retreats), and a mobile youth club for Latino residents of the North Lake Tahoe region (INN).

Riverside County

Mamás y Bebés (Mothers and Babies) (Underserved Latinos)
Evidence-based mood management perinatal group intervention for women. (PEI)

Promotores de Salud (Mental Health Outreach, Awareness and Stigma Reduction Project)
*Addresses needs within the large number of Hispanic communities in Riverside County. Promotores are health workers who work in, and are from, the community they serve. They provide health and mental health education and support to members of their communities. (*PEI)

Ethnic and Cultural Community Leaders in a Collaborative Effort (Mental Health Outreach, Awareness and Stigma Reduction Project)
This collaborative effort continues relationships with community leaders from ethnic and cultural populations who were contracted during the Prevention and Early Intervention (PEI) Program Planning Process. These consultants continue to work within local communities to identify key community leaders and build a network of individuals from these communities whose

primary goal is to promote the dissemination of mental health information, to create awareness and reduce stigma, encourage community engagement to take advantage of resources and education available, and promote participation in PEI services. (PEI).

San Benito County

Children and Youth PEI Services

Hollister Youth Alliance provides prevention and early intervention activities in the schools and community. Youth and families involved in the Joven Noble program have achieved positive outcomes, and youth are developing positive leadership skills and reducing involvement in gangs. Program reduces cultural and ethnic disparities in our mental health system. Improves access to services for the Latino community. Outreach to women and older adults has also been successful (PEI).

Primary Care Integration Project

Reduces the stigma of mental health service and improves timely access. Coordinates and services, co-locates mental health and physical health care services. Referral from the physical health care physician validates mental health as an essential health care need and increases the likelihood that the client will follow through. Expands access to San Benito County's more than 50% Latino population and others in the community who are unserved or underserved because they are not accessing mental health services (INN).

San Bernardino County

Promotores de Salud/Community Health Workers

A community education program designed to promote mental health awareness, educate diverse cultural populations on substance abuse and mental health topics, and provide information on available resources throughout the County in a culturally and linguistically appropriate manner. (PEI).

TAY Behavioral Health Hostel

*A peer-driven, voluntary, short-term, 14-bed, crisis stabilization/residential program for at-risk Transition-Age Youth (TAY), from 18-25 years old, with particular focus on the needs of diverse youth (African American, Latino, LGBTQ) with a history of system-involvement (former foster or probation youth), who are experiencing an acute psychiatric episode or crisis and are in need of a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization. Services will be culturally and linguistically appropriate to help TAY safely and successfully transition back to community living after a period of psychiatric crisis and recovery. (*INN).

Holistic Campus (HC)

Brings together a diverse group to create their own resource networks and strategies, growing out of cultural strengths. The Holistic Campus will be 80% peer run by community members, cultural brokers, individuals representing the County's cultures, ethnic communities, LGBTQ

community, and military veterans and their families in one location. It will be accessible, culturally and linguistically competent and relevant, and community friendly (INN).

San Diego County

Cultural Language Specific Outpatient

Culturally competent Full Service Partnership mental health services to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals. Culturally and linguistically competent services are offered (CSS – FSP).

Salud

Integrated treatment of depression and diabetes in primary care settings for Hispanic older adults by assigning one care provider for both health concerns.(PEI).

San Francisco County

Health Promotion and Early Intervention

Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outreach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: • African American • Asian and Pacific Islander (API) • Native American • Latino/Mayan • Arab Refugees • Homeless Adults • Homeless or System Involved TAY (18-24) • LGBTQ • Socially Isolated Older Adults (PEI).

San Joaquin County

Full Service Partnership

Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

San Luis Obispo County

Latino Outreach and Engagement (Therapy Services)

The primary objective of the Latino Outreach and Engagement Program is for bilingual/bicultural therapists to provide culturally appropriate treatment services offered in both community and clinic settings.(CSS-OESD).

San Mateo County

Outreach and Engagement- Community Services and Supports *Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services. Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of behavioral health services, and so that these*

leaders and their communities can have more consistent input about how their communities are served. This program strategy identifies and engages individuals by building bridges with ethnic and linguistic populations that experience health disparities and may experience behavioral health services as unresponsive to their needs. Strategies include population-based community needs assessments, planning and materials development as well as hiring of community based "navigators", and primary care-based behavioral health services to identify and engage diverse populations. Initially fully funded through the Community Services and Supports (CSS) component of the MHSA, in FY 09/10 we commenced a redirection of the services within this program that are fundable under the Prevention and Early Intervention component.(CSS-OESD).

FSPs for Children and Youth
• *Edgewood Integrated "ISIS"* • *Edgewood Comprehensive "Turning Point"* • *Fred Finch Youth Center*. FSPs *for Children and Youth helps our highest risk children and youth with serious emotional disorders (SED) remain in their communities, with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Priority populations to be served by FSPs for children and youth are: 1) Seriously emotionally disturbed children, youth and their families, who are at risk of out-of-home placement or returning from residential placement, with juvenile justice or child welfare involvement and 2) Seriously emotionally disturbed children and youth with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school-based, IEP-driven services. The programs are open to all youth meeting the criteria described above, but targeted to Asian/Pacific Islander, Latino and African American children/youth as they are over-represented within school dropout, child welfare and juvenile justice populations. Asian/Pacific Islander and Latino populations are underrepresented in the behavioral health system.*(CSS - FSP)

Santa Clara County
Multi-Cultural Center (MCC)
Increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression. (INN).

Solano County
Develop Recruitment Retention Plans for Underserved Populations
SCMH continues to increase its outreach efforts to Latino residents, the most underserved population in Solano County relative to State trends. As part of it's effort to expand the presence and availability of services to Latino's, two community federally qualified health centers were

engaged to offer early intervention services to monolingual and bilingual Latinos within the health clinic setting, above and beyond the traditional behavioral medicine model. This results in more Latino's being seen for mental health problems in a non-stigmatizing venue and has proved very successful as it builds upon the heavily Latino client base of the clinics and their strong cultural identity while reaching out with mental health services for mildly to moderately mentally ill clients.(WET).

Sonoma County

Services to Populations who experience disparity in Access - Latinos: Latino Service Providers Sonoma County (LSP-SC)

Latino Service Providers - Sonoma County (LSP-SC), supported by West County Community Services, serves to and strengthen Hispanic families and children by building healthy communities and reducing disparities in access to mental health services in Sonoma County by offering a variety of mechanisms for networking, collaboration, information exchange, enabling all groups to work together to leverage resources and influence service delivery and promote professional development. LSP focus is to raise awareness about mental health and provide information and education about mental health and mental health services specifically to Sonoma County Latinos.(PEI).

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center

The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Services to Populations who experience disparity in Access - Latinos: Latino Service Providers Sonoma County (LSP-SC)
Latino Service Providers - Sonoma County (LSP-SC), supported by West County Community Services, serves to and strengthen Hispanic families and children by building healthy communities and reducing disparities in Sonoma County by offering a variety of mechanisms for networking, collaboration, information exchange, enabling all groups to work together to leverage resources and influence service delivery and promote professional development.(PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:

• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects

• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Families Together
Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD)

Consumer Empowerment Center
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Workforce Development
The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:
• Community collaboration skills
• Resiliency and recovery
• Treatment of co-occurring disorders
• Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience

• How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.
Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Consumer Family Member Training & Support
In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program
This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:
• MSW/MA student internships in public mental health
• MJC CASRA/Human Services student internship in public mental health
• Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health
• Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.
• Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)

Consumer and Family Volunteerism
This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity
This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are

awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills. (WET)

Asset-Based Community Development (ABCD)
ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, and partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

Promotores and Community Health Workers (P/CHW)
Promotores and Community Health Workers play a critical role in developing opportunities for community members to gather, belong, and exercise their leadership to improve their personal well-being and that of their community. They plan and support community-led interventions that sustain well-being, reduce the "mental illness" stigma, and connect isolated individuals to a community of support. The latter intervention reduces the risk of serious illness in the future, as social isolation is often linked to a variety of negative outcomes. Promotores and community health workers serve as true agents of change to create neighborhoods that promote wellness to reduce risk factors. Since they live in the communities they serve, they have a self-interest in the results of community well-being projects.(PEI)

The Community Outreach and Engagement (O&E)
O&E was established to recognize special activities needed to reach diverse underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services. Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine

FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
- *Individual – strengthening developmental assets in children*
- *Family – strengthening leadership skills and social competency*
- *Community – increasing resident engagement and community connectedness*

The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has

in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Ethnic Outreach Engagement team
SYMHS Ethnic Outreach Program & Hmong Outreach Center: The MHSA Ethnic Outreach Team consists of Latina, Asian Indian, and Hmong providers who have sensitivity to and understanding of the mental health and other special needs of the persons they serve. Bilingual outreach, referral, linkage, counseling, and other services are provided in a variety of settings such as schools, homes, local primary care clinics, community agencies, SYMHS Clinic, and the Hmong Outreach Center. (CSS-OESD).

Community Prevention Team
Outreach to Spanish-speaking parents provided parent training at Migrant Head Start, Even Start, a Catholic Church, Head Start and various family resource centers. Community training to parents was provided in Spanish on the following topics (number trained is in parentheses): Nurtured Heart Parenting (103), 40 Developmental Assets (72), Family Stress Management (123) , Gang and Drug Awareness (72), 2nd Step Violence Prevention Program (36), Resiliency in Children (45), Family Communication (24), Healthy Boundaries (29), Building Self-Esteem in Children (12), Los Ninos Bien Educados
– Parenting Series (19)

Gatekeepers – training local natural gatekeepers such as garbage collectors, grocery store checkout clerks, etc. to be mindful of elderly and/or impaired adults who may need assistance, and how to connect them with APS. The target group is Older Adults.
Elder Adult Mental Health Training – Provided training to over 800 IHSS workers (applicants) to recognize symptoms of mental illness and how to access assistance. The target group is Older Adults.
Suicide Prevention
• Applied Suicide Intervention Skills Training (ASIST) – trained 95 agency staff and community members to be able to effectively intervene and obtain help for individuals who are suicidal. Some of the community partner agencies who have received this training include: Sutter and Yuba County Probation, Camptonville Fire Department, Yuba and Sutter County CPS, Rideout Hospital, Yuba County APS, Yuba College, Children's Hope FFA, Yuba County Jail, Plumas Lake Elementary School District, Wheatland Police Department, Casa De Esperanza, Sutter County Health Department, Yuba County Victim and Program Services, Sutter County CalWORKs, Rideout Health Cancer Center, California National Guard Family Programs, Salvation Army Depot, Yuba County Office of Education, Family Soup Family Resource Center, Sutter North Medical Foundation, Yuba City Unified School District, Mercy Housing, Victor Community Support Services, Wheatland Elementary School District, Live Oak Unified School District. (PEI)

Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team

Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.

• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.

• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.

Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.

Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.

First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness.(PEI)

Tehama County

Outreach Workplan

Tehama County's Community Education and Latino Outreach Work plan provides services for Latino outreach, community education activities, and counseling with a bilingual therapist. Educational activities include Native American activities, migrant labor camp outreach, and health fair. Outreach priorities include the Cinco de Mayo celebration and May is Mental Health Month. (CSS-OESD)

Community Crisis Response Unit

The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also

manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop In Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Nurturing Parenting (NP)
The Mental Health Division collaborates with the Drug and Alcohol Division to provide Nurturing Parenting provides this evidence-based parenting program that supports parents and their youth in learning and reinforcing core values that contribute to effective parent-child interactions. We have tapped our Spanish speaking population with the provision of our bilingual NP program. (PEI)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County

Community Navigators

Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center

The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing

This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients

The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to

find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Stigma Reduction within Cultural Groups
This program engages leaders and members of underserved cultural groups in conversations about mental illness. The purpose is to gather information to make services more relevant and culturally sensitive to every cultural group and community and to increase their mental health awareness. By helping groups recognize in their own time and on their own terms the cultural beliefs that prevent members of their communities from accessing help for mental illness when in need, TCMHC seeks to eradicate stigma towards people with mental illness. By engaging these community groups through meaningful and intimate dialogue about stigma, this project seeks to learn how underserved communities in the three cities understand stigma and support their members who experience symptoms of mental illnesses.(PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively. (WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental

stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder. (INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI))

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House. (INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new

important effort in our County. (INN)

Tulare County

Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project

This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Cultural Competence in the Public Mental Health System
The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural competence into the public mental health system. Training and activities will focus on disparities identified in the County's Cultural Competency Plan and will include culturally focused discussion with community based organizations and community leaders, as well as consumers and their family members. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include

implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County

Bi-lingual Parent Education/Case Management Consultant Services
The bi-lingual parent consultant provides outreach, information and referral, and case management services to Latino families in Tuolumne County. Case management support includes development of an individualized needs identification and goal setting plan for each family. An important component of the individualized work has been to explore how the social expectations change from one culture to another, and how to meet those challenges in a way that support the parent (s) as well as the children. Tools are provided to recognize and manage stress caused by the process of acculturation. (PEI).

Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.
5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center
Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention

• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

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Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
• Suicide Prevention – intended to significantly impact information about suicide prevention
• Student Mental Health initiative – intended to provide grants to educational institutions
• Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)

Staff Training

Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program

Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)

The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs

CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare

The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage

Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Fillmore Community Project

The Fillmore Community Project provides a variety of mental health treatment, supports and case management services for severely emotionally disturbed (SED) youth between 0 and 17 in the communities of Fillmore and Piru, historically underserved communities that are predominantly Latino. These communities include a significant number of migrant workers and Spanish speakers. With fully bilingual staff, services are community based, culturally competent, client and family driven and designed to overcome the historical stigma and access barriers to services in these communities. (CSS-SD).

Screening, Triage, Assessment and Referral (STAR)

STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks

Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center

The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program

This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center

The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways
***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*
***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*
***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*
***Human Services Certificate Program** – A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in*

pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)

Internship Programs

Clinical Training and Internship Programs – *Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements

These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project

While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project

Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project

This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Mixteco Engagement

The focus of this project is changing to include a broader focus on increasing outreach and access for the monolingual Latino population, primarily in the Oxnard Plains area of Ventura County. This project will be guided by an innovative approach to engaging stakeholders in the Latino community in a manner that incorporates the unique cultural traits of this group. The resulting peer-driven process for development, implementation and evaluation of outreach, education and service approaches will be evaluated to determine if there is increased access to services and supports by the Latino community. (INN)

Farm Worker Outreach

This project is being revised to develop an outreach and targeted mental health services program for the Latino population in the Santa Clara Valley area of the County. The expected learning goal of the project will be determined specifically in partnership with stakeholders and community resources, leading to increased access to services and supports for this population. (INN)

Quality of Life Improvement Project

The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project

This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County

Children's Mental Health Program

Serves all of Yolo County and offers a blend of MHSA services (Full Service Partnership, System Development, Outreach and Engagement) to children and youth and their families. Children and youth who have psychiatric disabilities and unmet or under-met mental health treatment needs are the priority population. Many Yolo County children are Latino, with family members whose preferred language is Spanish. (CSS – FSP & OESD)

Adult Wellness Alternatives Program,

Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program

Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program

Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership

Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

African American

Berkeley City

African American Community Empowerment Academy
Using an Afro-Centric model this project seeks to assess whether Cultural Heritage training and Leadership Skill building activities improve the mental health of African American consumers; increase access for those who are in need but not currently receiving services; and build community advocates. Completion date June 2015 (INN)

Butte County

African American Family and Cultural Center
Provides African American families and community members a place to reclaim and revitalize their community in order to create healthy and vibrant lives. This program is in partnership with Youth for Change, Inc. (YFC) and is in alliance with Southside Oroville community members (PEI).

Contra Costa County

Building Connections in Underserved Cultural Communities

This program is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, with the purpose of increasing wellness, reducing stress and isolation, and decreasing the likelihood of needing services of many types, and to help support strong youth and strong families. This initiative includes the following cultural communities: Native Americans, LGBTQ, Latinos, African Americans, and immigrants from the Afghan, Bosnian, Iranian Russian and Asian Pacific Islander communities. The programs provide activities such as: community outreach, system navigation, psycho education groups and educational workshops (PEI).

Del Norte County

Children's System of Care/Wraparound Services

Works with our priority population of children ages 0-15 with serious emotional disturbance at risk of out of home placement and/or uninsured at risk of f out-of-home placement. Expands the program for better coordination with our county Wraparound program to include schools, local service agencies, Hmong, Latino, and Native American communities, and faith-based organizations to provide linkages for all available services. Expands the program to provide additional family treatment (CSS-FSP).

Fresno County

Consumer/Family Advocate

Provides mental health consumer and family advocacy services to unserved and underserved populations, consumers and families. Provides education, training, consumer/family advocacy in Fresno County with monthly meetings through Centro de Familia (CSS – OESD).

Cultural-Based Access-Navigation Specialist Project

Similar to the Promotores/community health workers model, this program will consist of community health workers and Peer support specialists providing advocacy and serving as liaison between the mental health system, other systems, and cultural communities within Fresno County. Goals include increasing awareness of mental health issues, education, and creating access to mental health resources (PEI).

Monterey County

African American Partnership: The Village Project

Provides professional development services, thereby increasing the availability of culturally competent services for the African American community. Partnership's work includes cultural competency development and systematic outreach activities. The Village Project also provides individual and family counseling, parenting groups and other prevention services (PEI).

Riverside County

Effective Black Parenting Program (Underserved African Americans)

The EBPP has been shown to be effective with parents of African American children, including teenage African American parents and their babies, and with African American parents of adolescent children. It includes culturally specific parenting strategies; general parenting

strategies; basic parenting skills taught in a culturally sensitive manner using African American language expressions and African proverbs; and special program topics such as single parenting and preventing drug abuse (PEI).

Africentric Youth and Family Rites of Passage Program (Underserved African Americans)
Designed for African American male youth ages 11-15. The goal of the program is empowerment of black adolescents through a nine-month rites of passage program. A major component of the program is the after-school program that offers modules on knowledge and behaviors for living. Another component of the program includes casework and counseling with linkage to needed services (PEI).

Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) (Underserved African Americans)
A cognitive and behavioral therapy group intervention for reducing children's symptoms of post-traumatic stress disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner city schools with multi-cultural populations. (PEI).

Guiding Good Choices (Underserved African Americans)
This prevention program provides parents of children in grades 4 through 8 (ages 9-14) with the knowledge and skills to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Addressing substance abuse prevention is essential to the prevention of mental health problems. (PEI).

<u>San Bernardino County</u>
TAY Behavioral Health Hostel
*A peer-driven, voluntary, short-term, 14-bed, crisis stabilization/residential program for at-risk Transition-Age Youth (TAY), from 18-25 years old, with particular focus on the needs of diverse youth (African American, Latino, LGBTQ) with a history of system-involvement (former foster or probation youth), who are experiencing an acute psychiatric episode or crisis and are in need of a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization. Services will be culturally and linguistically appropriate to help TAY safely and successfully transition back to community living after a period of psychiatric crisis and recovery. (*INN).

Resiliency Promotion in African American Children
Provides prevention and early intervention services to African-American children, youth, and their families. Incorporates African-American values, beliefs and traditions in mental health educational programs in a culturally and linguistically appropriate manner. (PEI).

<u>San Joaquin County</u>
Full Service Partnership
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including

children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

San Mateo County

Outreach and Engagement- Community Services and Supports *Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services. Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of behavioral health services, and so that these leaders and their communities can have more consistent input about how their communities are served. This program strategy identifies and engages individuals by building bridges with ethnic and linguistic populations that experience health disparities and may experience behavioral health services as unresponsive to their needs. Strategies include population-based community needs assessments, planning and materials development as well as hiring of community based "navigators", and primary care-based behavioral health services to identify and engage diverse populations. Initially fully funded through the Community Services and Supports (CSS) component of the MHSA, in FY 09/10 we commenced a redirection of the services within this program that are fundable under the Prevention and Early Intervention component.(CSS-OESD).*

Santa Clara County

Multi-Cultural Center (MCC)

Increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression. (INN).

Sonoma County

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they

provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Services to Populations who experience disparity in Access African Americans: Community Baptist Church (CBC)

Community Baptist Church (CBC) is located in Santa Rosa and was the denomination's first African-American church. Currently, CBC has an ethnically and culturally diverse congregation. CBC provides prevention and early intervention programming and services to children, youth, and their families. MHSA funded programs at CBC utilize existing program structures to implement prevention and early intervention services. These services build protective factors in children, youth, and their families, and other adults that promote health behaviors and decrease engagement in risky behaviors. Protective factors include building strong parent-child bond, early academic success, appropriate peer relationships, creating social connections, concrete support in times of need. Program interventions include the use of evidence based practices (QPR: Question, Persuade, Refer) and Triple P Positive Parenting. Programs are as follows:

• The Saturday Academy: A weekly program that features topics of importance to youth and the community. Adults from the community are asked to bring a youth relative or friend ages 14-18. This is a participatory program that focuses on building protective factors through faith-based teachings and other relevant issues (hygiene, fashion,

• The Village Project: A weekly program for children ages 8-13 using curriculum that focuses on building protective factors. The Village Project allows children and youth have an opportunity to test out what they learned with projects and outings.

• Bridge to the Future: Rites of Passage: An eight-month program for youth ages 14-18. This program uses adult mentors (civic and community leaders, elected officials, etc.) to provide youth with life skills to assist them in a successful transition into adulthood.

• Safe Harbor Project: The Safe Harbor project uses various modalities to assist individuals and their families to gain knowledge and skills to enable them to better understand, manage and cope with stress. Activities include, self-help groups, specialized mental wellness workshops, music as relief events, distribution of resource literature, etc. (PEI)

Workforce Education and Training Coordination

The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:

• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA

• Developing and coordinating the Workforce Needs Assessment

• Developing and coordinating the WET planning process

• Developing and coordinating the WET plan

• Providing internship supervision

• Developing relationships with educational and training partners

•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
- *Infrastructure, Security, Privacy*
- *Practice Management*
- *Clinical Data Management*
- *Computerized Provider Order Entry*
- *Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)*

Client and Family Empowerment Projects
Client and Family Empowerment Projects
- *Client/Family Access to Computing Resources Projects*
- *Personal Health Record (PHR) System Projects*
- *Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)*

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
- *Telemedicine and other rural/underserved service access methods*
- *Pilot projects to monitor new programs and service outcome improvement*
- *Data Warehousing Projects / Decision Support*
- *Imaging / Paper Conversion Projects (CFTN)*

Stanislaus County

Families in the Park

Increases access to underserved groups through an innovative approach in a culturally specific way of outreaching to young African-American families (predominantly mothers with pre-school children) who spend their days from April to November in West Modesto's Mellis Park. Locating the project in the untypical and accessible location of the familiar neighborhood park is the first step in a culturally specific approach as the park is a place where families feel relaxed and comfortable (INN).

Families Together

Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD)

Consumer Empowerment Center

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Workforce Development

The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

- *Community collaboration skills*
- *Resiliency and recovery*
- *Treatment of co-occurring disorders*
- *Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience*

• How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.
Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Consumer Family Member Training & Support
In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program
This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:
• MSW/MA student internships in public mental health
• MJC CASRA/Human Services student internship in public mental health
• Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health
• Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.
• Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)

Consumer and Family Volunteerism
This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity
This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are

awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)

ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

The Community Outreach and Engagement (O&E)

O&E was established to recognize special activities needed to reach diverse underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services. Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). (PEI)

Mental Health Promotion Campaign

The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine

FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice

IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom

Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery

Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Families in the Park

The focus of the 3 year project is to increase access to underserved groups through an innovative approach that focuses on culturally specific ways to outreach to young African-American families who spend time in West Modesto's Mellis Park. It's estimated that more than half of young children in West Modesto are not ready for school and other data suggests one third of young children won't graduate from high school. Operated by the West Modesto Kind Kennedy Neighborhood collaborative (WMKKNC), the project provides socialization activites for children and families to encourage sharing and relationship building. Mental health problems that contribute to lack of success, and later in life, can be linked to lack of preparation for school, lack of effective parental support to attend school, and the lack of internal resources (developmental assets) during the school years. This program connects families to mental health services and school readiness preparation.(INN)

Promoting Community Wellness through Nature

Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:

- *Individual – strengthening developmental assets in children*
- *Family – strengthening leadership skills and social competency*
- *Community – increasing resident engagement and community connectedness*

The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will

have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team
Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.
• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.
• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.
Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.
Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.
First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness.(PEI)

Tehama County
Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery

even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop In Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental

health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center

The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first

aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project
In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing
This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening
The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts,

seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Stigma Reduction within Cultural Groups
This program engages leaders and members of underserved cultural groups in conversations about mental illness. The purpose is to gather information to make services more relevant and culturally sensitive to every cultural group and community and to increase their mental health awareness. By helping groups recognize in their own time and on their own terms the cultural beliefs that prevent members of their communities from accessing help for mental illness when in need, TCMHC seeks to eradicate stigma towards people with mental illness. By engaging these community groups through meaningful and intimate dialogue about stigma, this project seeks to learn how underserved communities in the three cities understand stigma and support their members who experience symptoms of mental illnesses.(PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively.(WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder. (INN)

Integrated Care Project

The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County

Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP)

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House. (INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses

local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center

Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Cultural Competence in the Public Mental Health System
The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural competence into the public mental health system. Training and activities will focus on disparities identified in the County's Cultural Competency Plan and will include culturally focused discussion with community based organizations and community leaders, as well as consumers and their family members. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County
Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services

As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:

1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.

2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.

3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.

4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.

5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center

Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:

- *Telephone and face-to-face intervention for support or crisis intervention*
- *Onsite evaluations at Sonora Regional Medical Center*
- *Help in connecting to community resources*
- *Follow-up appointments*
- *Assessment and arrangements for psychiatric hospitalization if needed*
- *On-site evaluations and services at Tuolumne County Jail*

(CSS-OESD)

Suicide Prevention Program

A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)

The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through

trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs

Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:

- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training

Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program

Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)

The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs

CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare

The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County
Screening, Triage, Assessment and Referral (STAR)
STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team
This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services,

so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks
Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership
The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program
has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center
The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program
This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate,

recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center
The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways
***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*
***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*
***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*

Human Services Certificate Program *– A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs

Clinical Training and Internship Programs – *Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements

These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project

While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects

Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County

Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Asian

Alameda County

Access to Asian/Pacific Islanders (API)
Improves availability of ACCESS and brief treatment clinic/field-based services by increasing bicultural staff in one Asian crisis clinic. Includes assessment, brief treatment and referral services (CSS – OESD).

Wraparound program for Asian/Pacific Islander (API) & Latino Youth
Provides services to API and Latino Youth that are in need of intensive case management through the Wrap-around service model (CSS – OESD).

Outreach, Education & Consultation for the Asian Pacific Islander Community
Outreach and education, mental health consultation and cultural wellness practices for API community (PEI).

Outreach, Education & Consultation for the South Asian/Afghan Community
Outreach and education, mental health consultation, and cultural wellness practices for South Asian and Afghan communities (PEI).

Integrated Behavioral Health & Primary Care for Latino & Asian/Pacific Islander (API) Older Adults
Deploys a mental health Geriatric Assessment and Response Team (GART) into Emergency Rooms (ERs). Provides training to ER staff. Provides mental health services and supports (PEI).

Berkeley City

Transition Age Youth Support Team
Provides outreach, support, services, and/or referrals to homeless Transition Age Youth (TAY) with serious mental health issues. Priority is given to youth coming out of foster care and/or the juvenile justice system, with targeted outreach strategies to engage youth from various ethnic communities, including Asian and Latino populations (CSS – OESD).
Wellness Strategy for Asian Pacific Islanders
This project seeks to understand the main challenges and barriers to accessing and utilizing mental health services for Asian Pacific Islanders through testing whether culturally based

activities that foster intergenerational interaction, support continuity in community narratives, build intercultural alliance, and improve the quality and density of social support, can result in a reduction of acculturative stress; promote healthy integration and wellness; and increase the access to, or the outcomes of, mental health services for underserved and un-served API's in Berkeley and Albany. (INN)

Butte County

Promotores

A program of Northern Valley Catholic Social Services (NVCSS) in partnership with BCDBH, Promotores provides health education and support to Latino and Hmong communities (PEI).

A Community Based Treatment for Historical Trauma to Help Hmong Elders (Zooslab – The Happy Program)

Zoosiab (The Happy Program), in partnership with the Hmong Cultural Center of Butte County, utilizes both western and traditional cultural practices to support Hmong elders to alleviate the impact of historical trauma (INN).

Contra Costa County

Building Connections in Underserved Cultural Communities

This program is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, with the purpose of increasing wellness, reducing stress and isolation, and decreasing the likelihood of needing services of many types, and to help support strong youth and strong families. This initiative includes the following cultural communities: Native Americans, LGBTQ, Latinos, African Americans, and immigrants from the Afghan, Bosnian, Iranian Russian and Asian Pacific Islander communities. The programs provide activities such as: community outreach, system navigation, psycho education groups and educational workshops (PEI).

Fostering Resilience in Older Adults Initiative – Supporting Older Adults

This program targets Older Adults who are trauma exposed, isolated, and depressed members of underserved cultural populations of older adults and older adults experiencing onset of serious psychiatric illness. The purpose of the program is to help prevent mental illness and suicide in older adults and provide early intervention when warning signs appear. The program activities include: expansion of senior peer counseling cultural competence and language capacity. Staff have been added to expand linguistic and cultural outreach to Chinese and Spanish speaking seniors (PEI).

Del Norte County

Children's System of Care/Wraparound Services

Works with our priority population of children ages 0-15 with serious emotional disturbance at risk of out of home placement and/or uninsured at risk of f out-of-home placement. Expands the program for better coordination with our county Wraparound program to include schools, local service agencies, Hmong, Latino, and Native American communities, and faith-based organizations to provide linkages for all available services. Expands the program to provide additional family treatment (CSS-FSP).

Adult Service Center
Provides the foundation to develop independence and achieve goals in stable living, personal and community functioning, education, and employment. Provides education and resources in the areas of social skills, stress management, coping skills, healthy relationship choices, basic health care and hygiene, and cultural appreciation. Includes individual counseling options and clinical and dual- diagnosis groups. Vocational rehabilitation/return to work program identifies and trains employment skills based on consumer strengths. Expands outreach and engagement efforts to the outlying communities, tribal, Hispanic, and Hmong communities. (CSS – OESD)

Fresno County
Consumer/Family Advocate
Provides mental health consumer and family advocacy services to unserved and underserved populations, consumers and families. Provides education, training, consumer/family advocacy in Fresno County with monthly meetings through Centro de Familia (CSS – OESD).
Marin County
ASOC (Adult System of Care) Development
This System Development expansion project was designed to expand and enhance supports and services available in Marin's system of care for adults with serious mental illness and their families by: 1) increasing peer specialist services on the Adult Case Management team; 2) providing outreach and engagement and support services to Hispanics/Latinos; 3) increasing Vietnamese outreach and engagement services; and 4) adding family outreach, engagement and support services to the ASOC at large. The goals of the project are to promote recovery and self-sufficiency, improve the ability to function in the community, reduce isolation, and provide low-barrier access which welcomes unserved clients of Vietnamese and Hispanic/Latino origin (CSS – OESD).

Vietnamese Community Connection
Provide behavioral health education, services and linkages, as well as assess the needs of the Vietnamese community. (PEI).

Merced County
Wraparound, Empowerment, Compassion and Needs (WeCan) – Youth/TAY Full Service Partnerships
The WeCan program is a WRAP program which was and is able to provide services to children and families outside of the "office" environment. Services are delivered in the clients' home, school, and community, thereby reducing stigma of coming to a facility and reaching many of the unserved and underserved population by reducing obstacles such as transportation, service location, standard "office hours" etc. WeCan provides services to family when and where services are needed anywhere in Merced County based on the client's own involvement and reports. Culturally and ethnically the WeCan program is made up of male and female English, Spanish, and Hmong speaking staff in order to address these threshold languages within Merced County. Services are also available in other languages through the use of interpreters and or Language Line when needed. The WeCan program collaborates with other Merced Community partners and attends to the Cultural Compentency Oversight Committee to stay in touch with disparities and how to further overcome them. - The WeCan program faced some challenges

implementing true WRAP service delivery with having to meet 100% Medi-Cal reimbursable guidelines. The program contract added MHSA funds to better serve the target population as of January 1, 2011 (CSS – FSP).

Southeast Asian Community Advocacy
Southeast Asian Community Advocacy (SEACAP) - Outreach to underserved Southeast Asian population, linking them to unstructured support groups to increase participation, continuing necessary services with evaluation through assessment and completing plan of care that includes linkages to medication services and more intensive therapy. These individuals would not have participated with treatment without outreach efforts, transportation or introduction to mental health such as peer support groups. SEACAP contract is to provide services to 125 adults and 25 youths /TAY for 1 year period. Services are to target mainly Southeast Asian providing ethnic specific strategy. The array of services includes but is not limited to: 1) individual and group therapy; 2) Case management services; 3) Cultural consultation; 4) Outreach; 5) Rehab services; 6) Collateral. SEACAP had a reduction in this phase reducing the child clinician to part-time. The challenge was to serve 25 youth working at a part-time level (CSS – OESD).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Merced Lao Family/Integrated Primary Care – Hmong Community
Outreaches to the unserved and underserved Southeast Asian adult population. Provides assessment or screening through PHQ-9. Clients who present mild mental health symptoms have the opportunity to receive brief counseling to reduce their symptoms (PEI).

Merced Lao Family/Culture Brokers – Hmong Community
Provides outreach to the unserved and underserved Southeast Asian adult population so that they become more aware of and are more comfortable accessing mental health services. Delivers educational television segments on our Hmong television program. Continues to engage consumers in the community through community events to support mental health awareness (PEI).

Orange County

Project Life Coach

Provides assessment and linkage to supported employment for those with mental illness. Although available to others, the target population is underserved monolingual or limited English proficiency unemployed Latino, Iranian and Asian/Pacific Islanders with mental illness; it promotes employment and improves functioning. The program uses life-counseling (also called life coaching) techniques to promote self-esteem, help-seeking behavior, personal development, and family integration among clients who are monolingual speakers of languages other than English and who are not currently employed. Life-counseling services are provided by peers living with mental illness and/or family members. The program assists with job searching, placement, and retention, as well as linkage to mental health services. It also creates a community-based support network for individuals and families. (INN)

Adult Full Service Partnerships

Adult Full Service Partnership: These programs provide a full array of services from outreach and engagement to community-based, client-centered care. Psychiatric services including medication and case management, housing, education, employment and community integration activities. All FSPs have been focused on data and outcomes as a way of assessing effectiveness and are now implementing best practices and measuring outcomes to ensure positive results. Integration of co-occurring disorders treatment and medical/health has been a primary focus in these programs. Adult FSPs primarily serve members from 18-59. The target population is the chronic mentally ill who are homeless or at risk of homelessness, and may also be diagnosed with co-occurring substance abuse or dependence disorder. These programs are linguistically and culturally responsive in providing services to the undeserved multi-ethnic populations in Orange County, such as Latinos, Vietnamese, Iranians, Koreans, monolingual non-English speakers, and the Deaf and Hard of Hearing.(CSS - FSP).

Children's Full Service Partnership

PROJECT FOCUS – Full Service Partnership Wraparound: Utilizes a "whatever it takes," community-based and client-centered approach where individualized care plans are developed for individuals and families. This Full Service Partnership Wraparound program of Orange County Asian Pacific Islander Community Alliance (OCAPICA) provides mental health services and intensive case management services including support and assistance in obtaining benefits for low income families, health insurance, housing placements, parent education and support, tutoring, mentoring, youth recreation and leadership development. (CSS-FSP).

Riverside County

Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families

The target populations of the SITIF program are Asian American/ Pacific Islander immigrant parents and/or caregivers with inadequate parenting skills to effectively discipline and nurture their children. The primary strategies of the program are: community education/outreach workshops, a bicultural parenting class, and family support service linkage. The activities are delivered at locations that are natural congregation places for the immigrant families: school

sites, community service delivery settings, community-based and culturally competent behavioral healthcare center. This program is currently in development (as of 4/2012) (PEI).

Sacramento County
Transcultural Wellness Center
Addresses the mental health needs of the Asian/Pacific Islander communities in Sacramento County. Staffed by clinicians, consumers, family members, and community members. Provides a full range of services with interventions and treatment that take into account the cultural and religious beliefs and values; traditional and natural healing practices; and ceremonies recognized by the API communities (OESD).

San Diego County
Cultural Language Specific Outpatient
Culturally competent Full Service Partnership mental health services to Latino and Asian/Pacific Islander children, youth and their families. Services "do whatever it takes" to assist clients in meeting their mental health goals. Culturally and linguistically competent services are offered (CSS – FSP).
Elder Multicultural Access and Support Services (EMASS)
Peer-based outreach and engagement to older adults to support prevention of mental illness and increase access to care.(PEI).

San Francisco County
Health Promotion and Early Intervention
Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outreach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: • African American • Asian and Pacific Islander (API) • Native American • Latino/Mayan • Arab Refugees • Homeless Adults • Homeless or System Involved TAY (18-24) • LGBTQ • Socially Isolated Older Adults (PEI).

San Joaquin County
Full Service Partnership
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

San Mateo County
Early Care and Support for Underserved Populations
Early Care and Support for Underserved Populations is a multi-focus effort to address the needs of three distinct underserved populations: • Successful Launch Program for at-risk TAYs, is an expansion of the Cuesta College Independent Living Program to include graduating community

school youth, and Wards of the Court, and other high risk Transitional Aged Youth. The emphasis of this program is to provide TAY development opportunities and support to ensure that as participants enter adulthood, they are stable, have housing, and momentum for school or work. • Older Adult Mental Health Initiative is conducted in partnership with Wilshire Community Services to expand the caring callers Caring Callers and Senior Peer Counseling programs, provide depression screenings for older adults, and community outreach and education regarding older adult specific mental health challenges. • The Latino Outreach and Engagement Program provides targeted outreach and education to populations in underserved Latino communities. Latino individuals and families are provided mental wellness education, and given information on available services.(PEI).

FSPs for Children and Youth
• Edgewood Integrated "ISIS" • Edgewood Comprehensive "Turning Point" • Fred Finch Youth Center. FSPs *for Children and Youth helps our highest risk children and youth with serious emotional disorders (SED) remain in their communities, with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Priority populations to be served by FSPs for children and youth are: 1) Seriously emotionally disturbed children, youth and their families, who are at risk of out-of-home placement or returning from residential placement, with juvenile justice or child welfare involvement and 2) Seriously emotionally disturbed children and youth with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school-based, IEP-driven services. The programs are open to all youth meeting the criteria described above, but targeted to Asian/Pacific Islander, Latino and African American children/youth as they are over-represented within school dropout, child welfare and juvenile justice populations. Asian/Pacific Islander and Latino populations are underrepresented in the behavioral health system.*(CSS - FSP)

Outreach and Engagement- Community Services and Supports *Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services. Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved communities are more aware of the availability of behavioral health services, and so that these leaders and their communities can have more consistent input about how their communities are served. This program strategy identifies and engages individuals by building bridges with ethnic and linguistic populations that experience health disparities and may experience behavioral health services as unresponsive to their needs. Strategies include population-based community needs assessments, planning and materials development as well as hiring of community based "navigators", and primary care-based behavioral health services to identify and engage diverse populations. Initially fully funded through the Community Services and Supports (CSS) component of the MHSA, in FY 09/10 we commenced a redirection of the services within this*

program that are fundable under the Prevention and Early Intervention component.(CSS-OESD).

Santa Clara County

Multi-Cultural Center (MCC)

Increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression. (INN).

Sonoma County

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center

The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program

Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships

include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Families Together
Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD)

Consumer Empowerment Center

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Consumer Family Member Training & Support

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Consumer and Family Volunteerism

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

The Community Outreach and Engagement (O&E)

O&E was established to recognize special activities needed to reach diverse underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings,

transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services. Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and

2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Ethnic Outreach Engagement team
SYMHS Ethnic Outreach Program & Hmong Outreach Center: The MHSA Ethnic Outreach Team consists of Latina, Asian Indian, and Hmong providers who have sensitivity to and

understanding of the mental health and other special needs of the persons they serve. Bilingual outreach, referral, linkage, counseling, and other services are provided in a variety of settings such as schools, homes, local primary care clinics, community agencies, SYMHS Clinic, and the Hmong Outreach Center. (CSS-OESD).

Integrated Health Team

Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Workforce Development

The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

- *Community collaboration skills*
- *Resiliency and recovery*
- *Treatment of co-occurring disorders*
- *Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience*
- *How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.*

Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Community Prevention Team

Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle

Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource

Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will
have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team
Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.
• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.
• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.
Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.
Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.
First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness. (PEI)

Innovation
Sutter-Yuba has 3 approved Innovation Programs.
INN 1 - Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness: Serves AB

109 offenders and other supervised offenders with the goal of increasing the quality of mental health services with an interagency collaboration model.
INN 2 - A culturally competent collaboration to address serious mental illness in the traditional Hmong population: Serves Hmong clients who are at-risk of or have serious mental illness with the goal of increasing the quality of mental health services by providing Hmong clients access to traditional Hmong rituals and practices in addition to their established mental health treatment plan.
INN 3 - Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness: Serves individuals between the ages of 21 to 30, who are no longer well - served by TAY or have aged out of the TAY Program's age requirements, with the goal of increasing the quality of mental health services with the introduction of specialized mental health and wellness support services. (Innovation)

Tehama County

Community Crisis Response Unit

The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing

Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment

Our efforts at the VW Drop In Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan

We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance

TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center
The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services
The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing

This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the

land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Stigma Reduction within Cultural Groups
This program engages leaders and members of underserved cultural groups in conversations about mental illness. The purpose is to gather information to make services more relevant and culturally sensitive to every cultural group and community and to increase their mental health awareness. By helping groups recognize in their own time and on their own terms the cultural beliefs that prevent members of their communities from accessing help for mental illness when in need, TCMHC seeks to eradicate stigma towards people with mental illness. By engaging these community groups through meaningful and intimate dialogue about stigma, this project seeks to learn how underserved communities in the three cities understand stigma and support their members who experience symptoms of mental illnesses.(PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support

6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively.(WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.(INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD) Full Service Partnerships

Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House.(INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System

2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Cultural Competence in the Public Mental Health System
The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural competence into the public mental health system. Training and activities will focus on disparities identified in the County's Cultural Competency Plan and will include culturally focused discussion with community based organizations and community leaders, as well as consumers and their family members. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

<u>Tuolumne County</u>
Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.
5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center

Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention
• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
• Suicide Prevention – intended to significantly impact information about suicide prevention
• Student Mental Health initiative – intended to provide grants to educational institutions
• Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)

Staff Training
Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes.

TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will

expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Screening, Triage, Assessment and Referral (STAR)

STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks

Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program

has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center
The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program
This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center
The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with

training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education

***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*

***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways

***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*

***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*

***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*

***Human Services Certificate Program** – A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs

***Clinical Training and Internship Programs –** Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

***Mental Health Nurse Practitioner Program** – Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

***Educational Stipends and Scholarships –** This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced*

degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.
Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management
Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements
These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project
While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health

services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County
Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program

Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Native American

Alameda County

Outreach, Education & Consultation for the Native American Community
Outreach and education, mental health consultation, and cultural wellness practices for Native American community. Native American Health Center (PEI).

Colusa County

Native American Collaboration

Addresses the unmet needs of Native Americans. The Cachil dehe Wintun Tribe provided cultural competency trainings for County mental health and other county agency staff. Collaboration hosted an adolescent outreach seminar and also provides funding for a Marriage and Family Therapist (MFT) to provide services on the reservation, as well as a psychiatrist to back up those services (CSS – OESD).

Friday Night Live/Club Live

Expands existing FNL and CL groups, making them countywide. Programs are optimally situated to intervene with youth at risk for school failure. Assessment can often identify past trauma, substance four abuse, suicide risk and juvenile justice involvement and link them to screening and appropriate referrals. Expansion builds programs specifically in four additional high schools and four elementary and junior high schools and bring the services to the outlying rural area populated by Native Americans (PEI).

Contra Costa County

Building Connections in Underserved Cultural Communities

This program is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, with the purpose of increasing wellness, reducing stress and isolation, and decreasing the likelihood of needing services of many types, and to help support strong youth and strong families. This initiative includes the following cultural communities: Native Americans, LGBTQ, Latinos, African Americans, and immigrants from the Afghan, Bosnian, Iranian Russian and Asian Pacific Islander communities. The programs provide activities such as: community outreach, system navigation, psycho education groups and educational workshops (PEI).

Del Norte County

Children's System of Care/Wraparound Services

Works with our priority population of children ages 0-15 with serious emotional disturbance at risk of out of home placement and/or uninsured at risk of f out-of-home placement. Expands the program for better coordination with our county Wraparound program to include schools, local service agencies, Hmong, Latino, and Native American communities, and faith-based organizations to provide linkages for all available services. Expands the program to provide additional family treatment (CSS-FSP).

Adult G Street Service Center

Provides the foundation to develop independence and achieve goals in stable living, personal and community functioning, education, and employment. Provides education and resources in the areas of social skills, stress management, coping skills, healthy relationship choices, basic health care and hygiene, and cultural appreciation. Includes individual counseling options and clinical and dual- diagnosis groups. Vocational rehabilitation/return to work program identifies and trains employment skills based on consumer strengths. Expands outreach and engagement efforts to the outlying communities, tribal, Hispanic, and Hmong communities. (CSS – OESD)

El Dorado County

Health Disparities Program - Wennem Wadati - A Native Path to Healing
Wennem Wadati - A Native Path to healing that is a culturally specific strategy to outreach to the Native American population. A Native Path to healing uses a combination of early intervention strategies and traditional cultural teachings to engage and strengthen the mental health of youth and their families. (PEI).

Fresno County
Consumer/Family Advocate
Provides mental health consumer and family advocacy services to unserved and underserved populations, consumers and families. Provides education, training, consumer/family advocacy in Fresno County with monthly meetings through Centro de Familia (CSS – OESD).

Glenn County
Welcoming (Warm) Line
Provides outreach to persons who are unserved and underserved, including the homeless community. Outreach activities reduce stigma and increase the community's awareness of our programs. Welcoming Line engages callers and provides information and support. TAY Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center is a safe environment for youth who are LGBTQ and provides advocacy and support for youth at the local high school. Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. A number of our FSP clients from the Latino and/or Native American communities (PEI).

Kings County
Native American Youth Equine-Facilitated Psychotherapy Program (Youth in Transition)
Behavioral health specialists and mental health researchers are constantly searching for effective interventions to address the problems of at-risk youth. Equine-Facilitated Psychotherapy (EFP) helps improve communication, relaxation, self-esteem, self-confidence, trust, listening skills and concentration. This recreational therapy combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. The relationship established with the horse is believed to fully engage the participant's mind, body, and spirit, thereby building confidence, attunement and sensitivity to internal processes and non-verbal communication (INN).

Lake County
Community Outreach and Engagement
Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Wellness and Recovery Centers
The Circle of Native Minds Center in Lakeport and the proposed Latino and Family Wellness and Recovery Centers in the southern and eastern parts of the county respectively, will serve niche populations, promote cultural competency through program design, and allow access to

resources and service delivery in a setting closer to home for consumers of all ages and their families (PEI).

Los Angeles County

American Indian Project

The American Indian Project will (1) build resiliency and increase protective factors among children, youth and their families; (2) address stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and (3) identify as early as possible children and youth who have risk factors for mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population (PEI).

Mendocino County

Bilingual/Bicultural Therapy for Latino Children and Families (CFSOC)

Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail. (CSS-OESD).

Therapeutic Services to Tribal and Latino Communities

Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail. (CSS-OESD).

Parent Partner Program

Mendocino's Parent Partner Program provides services through Family Resource Centers in rural communities since FY 2010/2011. Bicultural/bilingual parent partners link with our Family Resource Centers, Tribal Communities, and other resources to provide services to families in remote areas. (CSS - OESD).

Modoc County

Career Pathways

Designs recruitment and training/educational programs that will engage and prepare individuals for a career in public mental health. Priority given to those with consumer/family member experience, Hispanic or Native American candidates, Spanish linguistic competence, and current employees of Modoc County Health Services (WET).

Mono County

Peapod (Parenting) Program

Provides two new parent support groups in Mammoth Lakes; one serves Spanish-speaking mothers. Provides a new parent support group in the Benton/Chalfant area of Mono County

(southeast region) and similar support in the north end of the County. Peapod program focuses on new parents with funds to support mental health care. Curriculum is designed to de-stigmatize recognition of the early signs of mental health problems/issues and to encourage and normalize seeking assistance. Pilots a variety of strategies to see which is most effective at encouraging utilization of mental health services for different ethnic populations. The three populations we will focus mirror our county demographics and include Caucasian, Hispanic and Native American. (INN).

Napa County

Native American PEI Project

The NA PEI Project provides outreach, education, cultural events and provider training to develop and enhance prevention and early intervention resources for the Napa County Native American Community (PEI).

Placer County

Transforming Services through Co-Occurring, Resiliency, Recovery, Cultural Competency and Family/Client-driven System (Systems Development Strategy)

New designs of innovative ways to promote recovery and increase resilience of those we serve and have established community change agents to impact both County and provider-operated services. Support of consumer leadership and support through the Welcome Center and Navigator Program. Support of ethnically underserved through the Latino Leadership Council and the Sierra Native Alliance. Support transition age youth with a youth coordinator and youth advisory group, as well as training on positive interactions with the youth culture (CSS – OESD).

Positive Indian Parenting and supports

This program provides parent education and support services, to families at-risk of or had children removed due to substance abuse and/or mental health concerns, including Positive Indian Parenting classes, White Bison recovery support groups, and Families of Tradition family education nights. (PEI).

Native Youth Development/Mentoring

This program engages youth in culturally relevant leadership, mentoring and advocacy services. (PEI).

Warrior Down Project

Peer-based support group for relapse prevention and linkage to public and community-based services for native and non-native residents at risk of co-occurring mental health and substance abuse challenges who are transitioning from incarceration and residential treatment (INN).

Community Culture Camp/Concert

This activity is to promote social and cultural connections within the Native American Community. Wellness education and cultural activities shall be provided to strengthen resiliency factors and decrease stigma. (PEI).

Riverside County
Incredible Years (Underserved Native Americans)
*Incredible Years is a parent training intervention which focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. SPIRIT is a culturally-tailored evidence-based practice that was adapted by Dr. Renda Dionne for the Riverside County Native American community. (*PEI)

San Bernardino County
Native American Resource Center
This center functions as a one-stop center for Indian families and youth. Offers an extensive array of culturally based services, including outreach and education; family support; parenting; youth empowerment; workforce development; and education assistance, utilizing strength-based traditional Native American programs (PEI).

San Diego County
Collaborative Native American Initiative
Urban Youth Center, elder services/navigator program, suicide prevention program, and outreach and prevention program for the Native American community.(PEI).

San Franicsco County
Health Promotion and Early Intervention
Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outreach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: • African American • Asian and Pacific Islander (API) • Native American • Latino/Mayan • Arab Refugees • Homeless Adults • Homeless or System Involved TAY (18-24) • LGBTQ • Socially Isolated Older Adults (PEI).

San Joaquin County
Full Service Partnership
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

San Mateo County
Outreach and Engagement- Community Services and Supports *Targeted populations include African-American, Asian, Filipino, Pacific Islander, and Latino individuals. Strategies include population-based community needs assessment, planning and development of materials to identify and engage diverse populations in services. Special emphasis is given to building relationships with neighborhood and cultural leaders to ensure that un-served and underserved*

communities are more aware of the availability of behavioral health services, and so that these leaders and their communities can have more consistent input about how their communities are served. This program strategy identifies and engages individuals by building bridges with ethnic and linguistic populations that experience health disparities and may experience behavioral health services as unresponsive to their needs. Strategies include population-based community needs assessments, planning and materials development as well as hiring of community based "navigators", and primary care-based behavioral health services to identify and engage diverse populations. Initially fully funded through the Community Services and Supports (CSS) component of the MHSA, in FY 09/10 we commenced a redirection of the services within this program that are fundable under the Prevention and Early Intervention component.(CSS-OESD).

Santa Clara County

Multi-Cultural Center (MCC)

Increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression. (INN).

Sonoma County

Services to Populations who experience disparity in Access: Native Americans

SCIHP implements the Aunties and Uncles Program, a mentoring program the provides workshops, social connections, and builds self-esteem in transition age youth ages 16 to 25; depression screening to all youth ages 12 to 25, and workshops and training to providers to better understand how to work best with Native Americans. (PEI)

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Services to Populations who experience disparity in Access - Native Americans: Sonoma County Indian Health Project, (SCIHP) Inc.,

Provides services to Native American tribes of Northern California, Pomo, Miwok, Wappo and other tribe members from other nations who reside in Sonoma County. Addresses obstacles to Native Americans seeking mental health services through education and outreach activities to the Native community to reduce stigma of accessing mental health services. Services include the mentoring program Aunties & Uncles Program; ongoing training and education to SCIPH staff regarding issues that affect Native Americans, depression screening for all youth ages 12 to 25. (PEI)

Services to Populations who experience disparity in Access: Native Americans
SCIHP implements the Aunties and Uncles Program, a mentoring program the provides workshops, social connections, and builds self-esteem in transition age youth ages 16 to 25; depression screening to all youth ages 12 to 25, and workshops and training to providers to better understand how to work best with Native Americans. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an

integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Families Together
Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD)

Consumer Empowerment Center
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded

input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Workforce Development

The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

- *Community collaboration skills*
- *Resiliency and recovery*
- *Treatment of co-occurring disorders*
- *Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience*
- *How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.*

Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Consumer Family Member Training & Support

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:

- *MSW/MA student internships in public mental health*
- *MJC CASRA/Human Services student internship in public mental health*
- *Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health*

• Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.
• Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)

Consumer and Family Volunteerism
This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity
This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)
ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, and partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

The Community Outreach and Engagement (O&E)
O&E was established to recognize special activities needed to reach diverse underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services. Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven

and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle

Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will
have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team
Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.
• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.
• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.
Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.
Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.
First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness.(PEI)

Tehama County

Outreach Workplan

Tehama County's Community Education and Latino Outreach Work plan provides services for Latino outreach, community education activities, and counseling with a bilingual therapist. Educational activities include Native American activities, migrant labor camp outreach, and health fair. Outreach priorities include the Cinco De Mayo celebration and May is Mental Health Month. (CSS-OESD)

Community Crisis Response Unit

The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing

Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment

Our efforts at the VW Drop In Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan

We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance

TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program

TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center
The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services
The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing
The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to

access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing

This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Stigma Reduction within Cultural Groups
This program engages leaders and members of underserved cultural groups in conversations about mental illness. The purpose is to gather information to make services more relevant and culturally sensitive to every cultural group and community and to increase their mental health awareness. By helping groups recognize in their own time and on their own terms the cultural beliefs that prevent members of their communities from accessing help for mental illness when in need, TCMHC seeks to eradicate stigma towards people with mental illness. By engaging these community groups through meaningful and intimate dialogue about stigma, this project seeks to learn how underserved communities in the three cities understand stigma and support their members who experience symptoms of mental illnesses.(PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively.(WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.(INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House. (INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite

Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public

safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Cultural Competence in the Public Mental Health System
The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural competence into the public mental health system. Training and activities will focus on disparities identified in the County's Cultural Competency Plan and will include

culturally focused discussion with community based organizations and community leaders, as well as consumers and their family members. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County
Native American Outreach and Engagement
A contract with the Tuolumne Me-Wuk Indian Health Clinic provides outreach and engagement services targeting Native American youth and their families. The intent of this program is to engage individuals/families/populations that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites, by focusing on identifying needs, assisting with linkages to services, reducing barriers to services, and providing culturally competent responses to behavioral health problems within the Native American Community of Tuolumne County.(CSS-OESD).

Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.

5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center
Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention
• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

Native America Outreach and Engagement
A contract with the Tuolumne Me-Wuk Indian Health Clinic provides outreach and engagement services targeting Native American youth and their families. The intent of this program is to engage individuals/families/populations that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites, by focusing on identifying needs, assisting with linkages to services, reducing barriers to services, and providing culturally competent responses to behavioral health problems within the Native American Community of Tuolumne County. (PEI)

Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs

Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
• Suicide Prevention – intended to significantly impact information about suicide prevention
• Student Mental Health initiative – intended to provide grants to educational institutions
• Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)

Staff Training
Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A

Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County
Screening, Triage, Assessment and Referral (STAR)
STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team
This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks
Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks,

providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program
has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center

The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program

This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center

The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental

health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways
***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*
***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*
***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*
***Human Services Certificate Program** – A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs

Clinical Training and Internship Programs – *Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*
Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs
Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*
Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management
Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements
These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project
While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase

awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County
Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing

Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

TAY

Alameda County

Support Housing for Transition-Age Youth
Provides permanent supportive housing for youth who are homeless, aged out of foster care, leaving the justice system or residential treatment (CSS – FSP).

Transition to Independence
Provides services to transition-age youth who are homeless, leaving foster care or criminal justice system through a multidisciplinary Transition to Independence (TIP) team (CSS – FSP).

Transition Age Youth (TAY) Resource Center
Provides mental health services to TAY at an existing youth development center (CSS – FSP).

Crisis Receiving Facility for Adolescents
This strategy will provide crisis stabilization and acute care to youth ages 12-17 and their families, moving them towards a reduced level of care (CSS – OESD).

Prevention and Recovery in Early Psychosis (PREP) Alameda County
Outreach, education and early treatment for TAY experiencing the onset of psychosis and SMI (PEI).

Peer Support for Children,TAY and Adults
This strategy will provide outreach, education and peer-based services to the older adult population. (PEI)

Amador County

Full Service Partnerships
Full Service Partnerships – Children, TAY, Adults/Older Adults (CSS-FSP)

ATCAA Youth Empowerment Program
Develops a network of transitional age youth to guide and shape youth empowerment activities. (PEI)

Berkeley City

TAY-Adult & Older Adult FSP
Provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. Priority populations include transition-age youth, older adults, and individuals in unserved and underserved ethnic communities (CSS – FSP).

Transition Age Youth Support Services
Provides outreach, support, services, and/or referrals to homeless Transition Age Youth (TAY) with serious mental health issues. Priority is given to youth coming out of foster care and/or the juvenile justice system, with targeted outreach strategies to engage youth from various ethnic communities, including Asian and Latino populations (CSS – OESD).

Housing Support
Provides housing retention for homeless and at risk TAY, adults and older adults through dedicated support to consumers, staff, landlords, and housing-related social services (CSS – OESD).

Trauma Informed Holistic Health Care Delivery Project for Transition Age Youth
This project seeks to understand the impact and outcomes on the well-being of TAY who simultaneously receive mental and physical health interventions; to ascertain whether various skills based interventions promote positive health practices and healing; and to assess the impact of receiving services in a culturally appropriate setting from an agency that provides culturally-based services, has on the healing of traumatic issues. Completion date June 2015. (INN).

Butte County
Hospital Alternative Program (HAP)
This short-term intensive service targets youth at risk of hospitalization. Provided by Youth for Change, Inc. (CSS – OESD)\
6th Street Center
Open to homeless youth, or those at risk of homelessness. Services include basic needs (laundry facilities, showers, afternoon meals), education support, employment development, family reunification assistance, and referral to community services. 6th Street Center is a program of Youth for Change, Inc. (CSS – OESD)

Housing Development Program
The MHSA Housing Development Program will provide approximately 14 units of permanent, affordable, supportive housing to individuals with Mental Health disabilities who are homeless or at risk of homelessness. The housing units will be linked with on-site or off-site supportive services that help tenants to retain their housing and consumers to become more self-sufficient and live as independently as possible. The housing program serves adults, older adults, transitional age youth, and all races/ethnicities and genders (CSS – OESD).

GLBTQ Suicide Prevention and Education Program (SAYes)
A program of Stonewall Alliance of Chico, provides suicide prevention, education, and outreach services to gay, lesbian, bisexual, transgender, and questioning youth and young adult and their families and friends. This program also connects individuals to the Trevor Project 24/7 LBGTQ Youth Helpline (1-866-488-7386) and Butte County Crisis Services (1-800-334-6622) (PEI).

Live Spot Gridley & Oroville
Provides academic support, life skills and leadership development, vocational support, relationship building, connection to the community, and supportive services to school age youth during after school hours (PEI).

Master Leasing
OESD Provides site control and guaranteed permanent housing for our Transitional Age Youth (TAY), Adult, and Older Adult consumers. Northern Valley Catholic Social Services (NVCSS) and Youth for Change, Inc. (YFC) manage and offer this service to individuals who are homeless or at risk of homelessness. BCDBH provides case management for tenants. (CSS-OESD).

Youth Intensive Programs
Youth Intensive Programs (YIP) provide specialized wraparound services throughout the county. Services include culturally specific teams; teams for children and youth detained by Social Services, and TAY youth. (CSS - OESD)

Colusa County
Children's System of Care Development/Outreach and Engagement
The Colusa County multi-disciplinary team (MDT) includes representatives from the county offices of education, children's services, child protective service, probation, health and human services, sheriff, Regional Medical Center, Colusa One Stop Job Services, arious schools and mental health and substance abuse staff. MDT meets monthly to discuss children, youth and transitional age youth cases. Provides linkages to and coordination of services requested by consumers and family members. Services are being transformed to be provided in the home and in the schools and communities where consumers and family members live (CSS – OESD).
Direct School Services – system development/outreach and engagement
Provides treatment and other services in a client-centered, culturally competent, recovery, wellness and resiliency supportive relationship in the schools, at home and in the community where youth and transitional age youth live. A counselor goes to the Family Action Centers in Williams and Arbuckle to provide bilingual counseling services on site. Focuses on the underserved Hispanic school-aged population and their families, specifically children and youth above the age of 5 (CSS – OESD).

Friday Night Live/Club Live
Expands existing FNL and CL groups, making them countywide. Programs are optimally situated to intervene with youth at risk for school failure. Assessent can often identify past trauma, substance four abuse, suicide risk and juvenile justice involvement and link them to screening and appropriate referrals. Expansion builds programs specifically in four additional high schools and four elementary and junior high schools and bring the serivces to the outlying rural area populated by Native Americans (PEI).

Contra Costa County

Transition Age Youth (TAY) Full Service Partnerships
Serves transition age youth (TAY) 16--25 with psychiatric disabilities who are homeless or at imminent risk of homelessness, living within the western region of Contra Costa County (West County). A service team conducts outreach and engagement, as well as personal service coordination, which may include educational and vocational supports, wellness and recovery peer programs, substance abuse treatment, and financial counseling, as well as mental health services. Program is a partnership between Fred Finch Youth Center, Greater Richmond Interfaith Program's programs operated for the Contra Costa Youth Continuum of Services (CCYCS) of the County's Homeless Program, and The Latina Center. Outreach is also available in Central Contra Costa County but to a lesser degree (CSS – FSP).

Housing Program
The CCMH housing program consists of several housing-specific elements serving children, transition age youth and adults. Services and supports that wrap around these housing elements include new facilities, housing "vouchers" through master leases and development of new housing options for all groups. The program has developed dedicated apartments for mental health; a senior housing project; dedicated apartments for older adults; dedicated apartments for transition age youth; and shelter beds for transitional housing (CSS - OESD).

Social Supports for LGBTQQI Two-S Youth/TAY
This project is a three-year pilot currently in its second year. The goal of the project is to determine whether applying a "Social Support Model" (based on the Social Ecological Model[1]) to services targeting LGBTQQI2-S youth/TAY (up to 29 years of age) will improve their health and wellness and prevent poor health outcomes. The project seeks to attempt to reduce family, peer, and/or community rejecting behaviors and increase accepting behaviors. It will test the effectiveness of various modes of engagement and service provision and will develop best practices toolboxes for engaging/serving youth and their social supports. The program's target population is LGBTQQI2-S youth/TAY as well as their families and caregivers, straight peers and allies, providers, schools, faith-based organizations and community-based organizations (INN).

Del Norte County
TAY Services (Transitional Age Youth)
The priority population for these services is youth ages 16-25 who are seriously emotionally disturbed and severely and persistently mentally ill. Provides the foundation to develop independence and achieve goals in employment, education, stable living, and personal and community functioning. Provides individual counseling and education and resources in the areas of health care, coping skills, healthy relationship choices, identifying means for health insurance, money management, social skills, parenting skills, and cultural appreciation. Groups offered in life skills and dual diagnosis provide TAY with the tools to make healthier life choices. Recreation groups promote social skills. Expands technology room to provide additional training resources and community partnerships that enable us to link consumers with vocational rehabilitation and training. (CSS-OESD)

Transition Age Youth Collaboration: Rural Connection for Leadership, Advocacy, and Support
The priority population for these services is transition age youth (TAY) ages 16-25 who are 1) involved in Public Systems 2) Dropped Out of High School / Enrolled in Community Day School 3) Homeless 4) Living with Disability or Special Need, 5) Transitioning from Foster Care or 6) Pregnant or Parenting; conditions leaving them at risk for a mental health crisis.. Provides the foundation to develop independence and achieve goals in employment, education, stable living, and personal and community functioning with decreased involvement in the justice system, fewer mental health crises, improved emotional well-being and social connectedness, and increased confidence about their future.. Provides individual counseling and education and resources in the areas of health care, coping skills, healthy relationship choices, identifying means for health insurance, money management, social skills, parenting skills, and cultural appreciation. Groups offered in life skills and dual diagnosis provide TAY with the tools to make healthier life choices. Recreation groups promote social skills. Creation of a media production room to provide additional training resources and further develop community partnerships that enable us to link consumers with vocational rehabilitation and training. (INN)

El Dorado County
Transitional Age Youth (TAY) Services - TAY Engagement, Wellness and Recovery Services
Provide services to meet the unique needs of transitional age youth and encourage continued participation in mental health services. (CSS-OESD).

Fresno County
Transition Age Youth MH Services & Support (FSP)
*Provide Full Service Partnership mental health services and supports to transitional age youth (TAY). Ages 16-25 who are SMI who are at risk of or are homeless, frequent users of crisis services and/or incarceration. Turning Point.(*CSS-FSP).

Glenn County
Welcoming (Warm) Line
Provides outreach to persons who are unserved and underserved, including the homeless community. Outreach activities reduce stigma and increase the community's awareness of our programs. Welcoming Line engages callers and provides information and support. TAY Center offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and non-discrimination. The TAY Center is a safe environment for youth who are LGBTQ and provides advocacy and support for youth at the local high school. Services for all clients, including the persons who have been identified as FSP, are culturally and linguistically competent, as well as offering services to persons who are visually and/or physically challenged. A number of our FSP clients from the Latino and/or Native American communities (PEI).
Welcoming Families
Offers outreach and early intervention to individuals/families with newborns and infants, including transition age youth with young children who are receiving services in our TAY program. Delivers services to culturally diverse families and persons who are visually and/or physically challenged (PEI).

Humboldt County

Transition Age Youth (TAY 16-25 years old) Partnership
Training increases transition age youth leadership and advocacy and culturally appropriate early intervention services for transition age youth with mental illness (PEI).

Inyo County
Transition Age Youth (TAY) Program
Transition Age Youth (TAY) program meets at the Bishop Wellness Center. Youth learn life skills needed in the "real world" and develop employment and independent living skills. Off-site recreation activities promote positive social interactions (CSS – OESD).

Full Service Partnership Program
Serves children, transition age youth, adults, and older adults. Provides the additional support needed to remain in the community and thrive. A nurse meet the needs of older adults, enabling us to coordinate physical with mental health care to help elders to stay in their homes and manage their health and mental health needs (CSS – FSP).

Kern County
Assertive Community Treatment – Full Service Partnership
Serves transition aged youth, adults, and older adults at high risk for frequent psychiatric hospitalization who have historically benefitted little from traditional mental health services. Provides integrated support services, including mental and physical health, medication management support, vocational/educational, life skills, housing, and social opportunities to improve and expand peer support and personal outcomes and recovery (CSS – FSP).

Adult Transition Team – Full Service Partnership
Serves transition aged youth, adults, and older adults for whom traditional mental health services were ineffective. Consumers often suffering from co-occurring disorders, criminal justice system involvement and are homeless or at risk of homelessness. Provides integrated support services, including mental and physical health, medication management support, vocational/educational, life skills, housing, and social opportunities to improve and expand peer support and personal outcomes and recovery (CSS – FSP).

Adult Wraparound – System Development
Serves transition-aged youth, adults, and older adults at Imminent risk for homelessness, substance abuse, criminal justice involvement, and/or psychiatric hospitalization. Provides outreach to individuals prior to discharge from inpatient psychiatric hospitalization to assure the supports necessary for successful transition to community living are in place. Services include medication support, home visits, crisis services, transportation, housing and living skills assistance, substance abuse services, and family support (CSS – OESD).

Access to Care
The Access Hotline is designated by Lifeline and SAMSHA as part of the national 1 (800) Suicide Prevention lines for all Kern County residents. Povides immediate English and Spanish phone access for crisis intervention, mental health services access and information. Serves children,

youth, adults, and older adults who have barriers or challenges to accessing care, who have previously been underserved, unserved, or uninsured (CSS – OESD).

Community Outreach and Education
Serves children and families, transition aged youth, adults, and older adults who receive mental health services or might benefit from services; the community at large; elected and appointed office holders; the business community. Outreach increases community awareness and understanding of mental illness and reducing stigma. Collaborates with community agencies on special events and educational opportunities. Educates and trains law enforcement agencies and other community partner agencies to improve understanding of mental illness and its impacts (CSS – OESD).

Transition Aged Youth Career Development Program
Provide "at risk" youth, ages 16-25, with the unique opportunity to partner with professionals from both Employers Training Resource and Kern County Mental Health's Transitional Age Youth team to develop the necessary skills to enter the workforce. Special emphasis is given to youth who may be exiting the juvenile justice or youth foster care system, and have minimal to no support to help them make a successful transition from childhood into adulthood. The youth are at higher risk for homelessness, depression and suicide, substance abuse and other types of illegal behavior when they lack the foundational tools for living as an independent adult. (PEI)

Transition Aged Youth - Full Service Partnership
Serves youth ages 17-21 with serious mental illness. Many are recently emancipated from the foster care system and are at risk for hospitalization, incarceration, and homelessness. Uses the Transitions to Independence Process (TIP) evidence-based model, addressing such needs as education, employment, housing, and transition to the community and to the adult mental health system. (CSS - FSP)

Housing Program
The purpose of these projects is to offer affordable housing linked to supportive services needed for MHSA-eligible individuals and their families to live independently. Desert Willow Apartments opened in November 2008, in the City of Ridgecrest. DWA consists of 14 rent-subsidized, one-bedroom apartments, including 3 handicapped units, a two-bedroom manager's residence, a community center and covered patio area built around a central courtyard. Haven Cottages opened in September 2011 in south Bakersfield. Haven Cottage (HC) consists of four single-story buildings built around a central courtyard. Haven Cottages features 23 one-bedroom apartments, including 4 handicapped accessible units, a two-bedroom manager's unit, a laundry room, case management offices, and a group room. The Residences at West Columbus (RWC) is a 56-unit, multi-family housing project which includes 20 rent subsidized, one-bedroom units for transition age youth (TAY) and 36 two-bedroom units for low-income families. The KCMH TAY Team will certify eligible youth (18-24 years old), who have exited the

foster care or juvenile justice systems, and also provide treatment and case management on-site. Additionally, a partner agency, Covenant Community Services, will offer tenants a full range of supportive services on site, including linkage with educational and employment resources. (CSS - OESD)

Kings County

Family Resource Center and Satellite Expansion

Continues to enhance service capacity of the mental health plan to four family resource centers and two satellite clinics in the outlying areas in Kings County. Extending into outlying areas serves people who are unable to come to the clinic due to different barriers including language, transportation and stigma. Services are available to all consumers, although the targeted population is adult Spanish-speaking-only females, or those who in the transition age youth group. This program has also provided outreach, education, support and early intervention to both families and consumers dealing with serious mental illness, which may avert out of home placements, unnecessary hospitalizations and homelessness. Consumers, families and individuals of all ethnic/cultural backgrounds are eligible and benefit from this expansion program (CSS – OESD).

Children and TAY FSPs

Provides a "whatever it takes" approach to services, including individual and family therapy. Services target diverse groups of unserved or underserved populations. Have participated in IEPs for children as well contracting with a foster family agency to engage foster youth and other at-risk youth with WRAParound services. Provides "Summer Day Camp" which delivers intensified services to adolescents who are underserved during the summer months and may decompensate due to lack of services and support (CSS – FSP).

Native American Youth Equine-Facilitated Psychotherapy Program (Youth in Transition)

Behavioral health specialists and mental health researchers are constantly searching for effective interventions to address the problems of at-risk youth. Equine-Facilitated Psychotherapy (EFP) helps improve communication, relaxation, self-esteem, self-confidence, trust, listening skills and concentration. This recreational therapy combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. The relationship established with the horse is believed to fully engage the participant's mind, body, and spirit, thereby building confidence, attunement and sensitivity to internal processes and non-verbal communication (INN).

Lake County

Full Service Partnerships

Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided "whatever it takes" services. A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities (CSS – FSP).

Peer Support
Supports both transition age youth and adult consumers. TAY and Adult Wellness Centers provide a gathering point for consumers. Programs provide access to services (including non-mental health related), peer support, socialization, and companionship to these two age groups. The concepts of wellness, recovery, and resiliency are imbedded in the programming in both locations (CSS – GSD).

Community Outreach and Engagement
Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

TAY Peer Support
Funds one half-time outreach coordinator position at the MHSA-funded TAY Drop-In Center and is intended to reduce disparities in access to mental health services to this identified priority population (transition aged youth). This position provides project coordination, peer training for like-aged volunteers at the center, and expands the existing programming to include outreach and prevention activities for the TAY population (PEI).

Los Angeles County
Transition Age Youth (TAY) FSPs
Intensive services with 24/7 staff availability to help individuals address emotional, housing, physical health, transportation, and other needs to help them function independently in the community. FSP have several defining characteristics, including providing a wide array of services and supports, guided by a commitment by providers to do "whatever it takes," to help individuals within defined focal populations make progress on their particular paths to recovery and wellness (CSS – FSP).

Transition Age Youth (TAY) Drop In Centers
Drop-In Centers provide temporary safety and basic supports for Seriously Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY who are living on the streets or in unstable living situations. Drop-In Centers provide "low-demand, high tolerance" environments in which TAY can make new friends, participate in social activities, access computers, books, music, and games. As the youth is ready, staff persons can connect them to the services and supports they needs in order to work toward stability and recovery. Drop-In Center services include the following: Showers, Meals, Clothing, Computer/Internet Access, DVD and Games, Social Activities, Peer Support Groups, Linkage to Mental Health and Case Management Services, Linkage to Substance Abuse Treatment Information, Educational Services, Employment Assistance, Housing Assistance and more.(CSS - OESD)

Transition Age Youth (TAY) Probation Camps Services
Probation Camp Services provides services to youth ages 16 to 20 who are residing in Los

Angeles County Probation Camps; particularly youth with SED, SPMI, those with co-occurring substance disorders and/or those who have suffered trauma. Services in the Probation Camps are critical in assisting this population to reach their maximum potential and eventually transition back to the community rather than continue their involvement in the criminal justice system as adults. Multidisciplinary teams, including parent advocates, clinicians, Probation staff, and health staff provide an array of on-site treatment and support services that include the following:

- *Assessments*
- *Substance-abuse treatment*
- *Gender-specific treatment*
- *Medication support*
- *Aftercare planning*
- *Transition services (including FSP and other intensive community-based mental health services)*

A key component of the planned services is outreach and engagement to the incarcerated youth's family providing transportation to the camps to ensure opportunities to participate in the youth's treatment during camp placement and through the transition back into the community.

Transition Age Youth (TAY) Project Based Operating Subsidies for Permanent Housing

Housing provides a fundamental level of stability for young people to achieve their goals of wellness, recovery, and eventual self-sufficiency. The lack of safe and affordable housing options is often a profound barrier for SED/SPMI TAY who needs access to these basic supports for recovery. The Project-Based Operational Subsidy funds provide subsidies for Unit-based Permanent Supportive Housing programs and "Youth-Oriented" board and care-type (non-licensed) programs to address the long-term housing needs of SED/SPMI TAY who are eligible for Full Service Partnerships (FSP) and others coming directly from transitional housing programs or directly from foster care or group homes. The Project-Based Operating Subsidy targets youth who, with sufficient support, could live independently in community settings. Supportive mental health and other services will be made available for youth who are:
High-risk (transitioning out of long-term institutional settings)
Moderate-risk (often homeless but are actively engaged on the streets)
Low-risk (generally high-functioning in their recovery and may be working or going to school)
The advantage of these long-term investments is that when a unit is vacated by a youth, the unit remains available for occupancy by other TAY with similar mental health needs. The operational subsidy stays with the unit, not with the individual, and thereby insures a permanent supply of housing for this hard-to-place population. Moreover, the rents remain stable (affordable) over decades since the apartments are not in the competitive private real estate market (CSS – OESD).

Transition Age Youth (TAY) Field Capable Clinical Services

Field Capable Clinical Services, delivered under the Mental Health Services Act, are intended to

address the needs of individuals who are SED/SPMI. FCCS are direct interventions; evidence-based services are the preferred strategies whenever they can be identified. While FCCS clients do not have the intensive service needs characteristic of individuals who qualify for Full Service Partnerships, they may serve as a way of transitioning former FSP clients to less intensive programs as they meet their recovery goals. Most important, FCCS enables providers to reach unserved, underserved or inappropriately served individuals who will not or cannot access mental health services in traditional settings – due to preference, stigma, physical limitations, or multiple demands on families and systems that provide their care (CSS – OESD).

Children/TAY Full Services Partnerships (FSPs)
Target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management (CSS – FSP).

School-Based Services Project
The School-Based Services Project will (1) build resiliency and increase protective factors among children, youth and their families; (2) identify as early as possible children and youth who have risk factors for mental illness; and (3) provide on-site services to address nonacademic problems that impede successful school progress. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; foster a positive school climate; offer early mental health intervention services on school sites; and provide training in mental health evidence-based programs to school personnel and providers working with youth and children (PEI).

Primary Care and Behavioral Health Services
Develops mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. Another purpose is to prevent patients at primary care clinics from developing severe behavioral health issues by addressing their mental health issues early on. Behavioral health professionals skilled in consultation and primary care liaison will be integrated within the primary care system. It is the intent of the Project to build resiliency and increase protective factors among children, youth, adults and older adults and their families and other caregivers through the PEI programs. By offering assistance in identifying emotional and behavioral issues at a clinic setting, the stigma associated with seeking out mental health services will be minimized (PEI).

Early Care and Support for Transition-Age Youth
The Early Support and Care for Transition-Age Youth Project will (1) to build resiliency, increase protective factors, and promote positive social behavior among TAY; (2) address depressive disorders among the TAY, especially those from dysfunctional backgrounds; and (3) identify, support, treat, and minimize the impact for youth who may be in the early stages of a

serious mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services on school sites, youth centers and other youth-friendly sites; and provide training in mental health evidence-based programs to school personnel and providers working with TAY. Emancipating, emancipated, and homeless TAY are a special focus of this project (PEI).

Juvenile Justice Services
The Juvenile Justice Services Project will (1) build resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; (2) promote coping and life skills to youths in the juvenile justice system to minimize recidivism; and (3) identify mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system. Services will be provided at probation camps throughout the County, residential treatment facilities, health clinics, community settings, and other non-traditional mental health sites (PEI).

American Indian Project
The American Indian Project will (1) build resiliency and increase protective factors among children, youth and their families; (2) address stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and (3) identify as early as possible children and youth who have risk factors for mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population (PEI).

Children/TAY Full Services Partnerships (FSPs)
Target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management. (CSS - FSP)

Madera County
Children/TAY FSPs
This program serves a target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management. (CSS—FSP)

Marin County
TAY (Transition Age Youth)
This integrated multi-disciplinary service team program for 20 Transition Age Youth (16- 25)

with serious mental illness or serious emotional disturbance provides culturally competent mental health services, intensive case management, housing supports, psychiatric care, substance abuse counseling, employment services and independent living skills. Transition Age Youth who are aging out of children's mental health services and transitioning to adult services and independent living are linked to necessary services. (CSS-FSP).

Transition Age Youth Prevention & Early Intervention
Provides mental health education, screening, and assistance in collaboration with agencies serving transition age youth (16-25 years old). This age group is at risk for substance abuse, justice system involvement, and onset of serious mental illness (PEI).

Mendocino County
Full Service Partnerships for Transition Age Youth
*Program are available to transition age youth with Full Service Partnerships. TAYs living in the Congregate Living Facility in Fort Bragg and TAYs in the non-MediCal FSP slots have access to flex funding and use the services provided through the Peer Mentoring Program, the Supported Education Program and the Resource Centers (*CSS – FSP).

Children and Family Services Program & TAY
The goal of the PEI project for Children & Transition Age Youth in Mendocino County is to screen for symptoms of early onset of psychosis. The team developed a screening tool to be used as a guide for counselors and other health care providers to recognize prodromal symptoms and make early referrals to psychiatric care. The project funded psycho-educational groups in schools and trained group facilitators to recognize symptoms and make referrals. The program refers to and funds a psychiatrist working with a local health clinic to provide assessment and psychiatric care for youth who are uninsured or underinsured and determined to qualify by the screening tool. (PEI).

Merced County
Wraparound, Empowerment, Compassion and Needs (WeCan) – Youth/TAY Full Service Partnerships
The WeCan program is a WRAP program which was and is able to provide services to children and families outside of the "office" environment. Services are delivered in the clients' home, school, and community, thereby reducing stigma of coming to a facility and reaching many of the unserved and underserved population by reducing obstacles such as transportation, service location, standard "office hours" etc. WeCan provides services to family when and where services are needed anywhere in Merced County based on the client's own involvement and reports. Culturally and ethnically the WeCan program is made up of male and female English, Spanish, and Hmong speaking staff in order to address these threshold languages within Merced County. Services are also available in other languages through the use of interpreters and or Language Line when needed. The WeCan program collaborates with other Merced Community partners and attends to the Cultural Compentency Oversight Committee to stay in touch with

disparities and how to further overcome them. - The WeCan program faced some challenges implementing true WRAP service delivery with having to meet 100% Medi-Cal reimbursable guidelines. The program contract added MHSA funds to better serve the target population as of January 1, 2011 (CSS – FSP).

Community Assistance Recovery Enterprise (CARE) – Adult and Older Adult Full Service Partnership
CARE implements a 24 hours a day/ 7 days a week intensive case management approach. The multidisciplinary team comprised of case worker, clinicians, substance abuse specialist, housing and employment specialist, nurses, and psychiatrists to assist members with their psychiatric disabilities. The approach emphasis on integrated/wraparound service that follows an ACT (Assertive Community Treatment model). Each case manager carries a caseload of 10 clients with primary goals of reducing hospitalization, reducing incarceration, reducing homelessness and institutionalization and increasing community integration. The program assists members with full service partners in different domains of their lives. These areas include education, family reunification, transitions into lower levels of care, life skills, drug and alcohol support, supplying for SSI, general assistance, spiritual support, legal affairs, access to primary health care are so on. CARE participates in the TAY Subcommittee and has ongoing meetings with TAY clinicians and other TAY providers to identify referrals. In addition CARE works with Spanish speaking clinicians to target individuals that may meet criteria for services (CSS – FSP).

Southeast Asian Community Advocacy
Southeast Asian Community Advocacy (SEACAP) - Outreach to underserved Southeast Asian population, linking them to unstructured support groups to increase participation, continuing necessary services with evaluation through assessment and completing plan of care that includes linkages to medication services and more intensive therapy. These individuals would not have participated with treatment without outreach efforts, transportation or introduction to mental health such as peer support groups. SEACAP contract is to provide services to 125 adults and 25 youths /TAY for 1 year period. Services are to target mainly Southeast Asian providing ethnic specific strategy. The array of services includes but is not limited to: 1) individual and group therapy; 2) Case management services; 3) Cultural consultation; 4) Outreach; 5) Rehab services; 6) Collateral. SEACAP had a reduction in this phase reducing the child clinician to part-time. The challenge was to serve 25 youth working at a part-time level (CSS – OESD).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender

communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Transition to Independence (TIP)
*The Transition to Independence Process (TIP) is a program that addresses the unique needs of transition age youth (14-25 years old) with emotional and behavioral difficulties (EBD) by preparing them for their movement into adult roles through an individualized process. The goal of the program is to engage young people in their own future's planning process by providing them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports. Young adults, their families and other key players are engaged in a process that prepares and facilitates them in their movement toward greater self-sufficiency and successful achievement of their goals related to relevant transition in the areas of employment/career, educational opportunities, living situation, personal effectiveness/wellbeing, and community-life functioning. (*PEI).

Modoc County
Community Asset Building
Supports a community-wide prevention effort that focuses the widest deployment of community resources to build assets for children, youth and support their families. The Prevention collaborative has initiated and supported parenting education and other youth activities, including 4-H, Boy Scouts, after-school [rograms, sports programs, and health-based prevention education programs. Based on all these activities, we identified training and coordination of programs and activities to build 40 developmental assets (PEI).

Mono County
Socialization and Wellness Centers
Three socialization and wellness centers spread throughout Mono County; (north, Mammoth Lakes, southeast region) serves transition age youth, adults and older adults. Allow for one-stop-shopping, meeting many of consumers' health, social service, mental health, case management, educational and social needs. Centers support improvements in employment, vocational training, education, social and community activities. Provides a network of social relationships, timely access to needed help, including during crisis, reduction in involuntary services and a reduction in out-of-home placements (CSS – OESD).

Monterey County
AVANZA
This program nurtures and empowers youth and young adults by providing comprehensive case management and assistance with employment, education, independent living skills, and personal functioning. The program connects Transition Age Youth (TAY) with community resources, jobs

and educational opportunities. Collaborative partners are: TAY, organizations serving youth, juvenile probation, education, and social services (PEI).

Youth Diversion
This program is a partnership between law enforcement, schools and Behavioral Health to intervene in the early incidence of juvenile delinquency. The program serves youth at risk of school failure and/or juvenile justice system involvement by providing assessment of the emotional and mental health needs of youth, counseling and referrals to community resources (PEI).

Mental Health Services at Silver Star Resource Center
The program serves as a prevention effort to reduce the incidence of youth involvement in the juvenile justice system by providing mental health assessments, therapy and referrals to other resources in the community (PEI).

Transition to Independence Process - Avanza
FSP Provides comprehensive case management using an evidence-based model of treatment for Transition Age Youth. (CSS).

TAY Housing: A New Approach
Provides shared permanent supportive housing for Transition Age Youth (TAY). (INN).

Napa County
Transition Age Youth Full Service Partnership
The Transitional Age Youth Full Service Partnership (TAY FSP) is a program that is contracted out to Progress Foundation, which provides wraparound/intensive case management services and a comprehensive range of supports for 34 youth ages 16 to 26 years old who struggle with emotional difficulties and/or mental illness, live in Napa County or who have been placed out of county and are at risk of incarceration, out of home placement, institutionalization or homelessness and are unserved or underserved (CSS – FSP).

Mobile Outreach, Response and Engagement (MORE)
The MORE program is a mobile mental health outreach service that provides crisis intervention, mental health assessment, assertive outreach, follow-up planning and referral to other mental health services responding to hundreds of calls and provides over 130 home or site visits to individuals on an annual basis. MORE services are available to any Napa County resident experiencing mental health distress. MORE serves all ages, backgrounds, and there are no income restrictions. MORE supports law enforcement and hospital emergency rooms, assuming a prominent role in first responses. MORE staff is highly trained and knowledgeable in crisis intervention as well as on culturally-appropriate bilingual (English/Spanish) crisis response to children, young adults, adults, older adults and their families. MORE provides direct service as well as linkage to mental health and other services in the community. The MORE program continues to focus on extending services to underserved in Napa County with focus on

bilingual/bicultural outreach. There is emphasis on outreach to the schools and the lesser served areas of the county (CSS – OESD)

Orange County

TAY Full Service Partnerships

Community Services Programs (CSP) *Collaborative Courts FSP: works with the Juvenile Court, the Probation Department and the Social Services Department to provide a full range of Mental Health Services to SED Children and SMI TAY and their families who are involved with a number of Specialty Collaborative Courts. A wide variety of significant mental health needs has been encountered. These program were designed to provide services into early adulthood when SSA Wrap programs no longer provide services. The FSP partners with Juvenile Drug Court where job training and post-program support are critical in maintaining sobriety. The Truancy Court focuses on SED/SMI youth with many needs who come to the attention of "the system" via a lack of school attendance. The program also supports 'Girl's and Boy's Courts which are focusing on the long term needs of dual jurisdiction youth, and providing housing, job skills and educational opportunities. (Age range 10-23). Community Services Programs (CSP) Youthful Offender Wraparound: was designed to meet the long term needs of SED youth and SMI TAY who have had significant rehabilitation efforts while in custody of the Probation Department. The program provides a full menu of FSP services so that youth can maintain their progress from their time in custody and build on those skills. The primary focus is to provide new skills to avoid reoffending. Youth generally begins the program on Probation and with the DPO part of the treatment planning effort. Many stay after they have been released from supervision. Major efforts are aimed at gaining and maintaining employment. (Typical age range 14-24).*

PROJECT FOCUS – Full Service Partnership Wraparound: Utilizes a "whatever it takes," community-based and client-centered approach where individualized care plans are developed for individuals and families. This Full Service Partnership Wraparound program of Orange County Asian Pacific Islander Community Alliance (OCAPICA) provides mental health services and intensive case management services, including support and assistance in obtaining benefits for low income families, health insurance, housing placements, parent education and support, tutoring, mentoring, youth recreation and leadership development.

Support Transitional Age Youth (STAY): of Providence Community Service is a recovery program for SED and SMI TAY, ages 16 through 25, who would benefit from increased integration into the community and support with skills building that are essential to being a self-sufficient adult. Found with a vision that all TAY have hope, are empowered, can be responsible for themselves and be engaged in meaningful adult roles, the program supports participants in discovering and deciding what they want for themselves, how to develop the strengths, abilities and skills applicable to many aspects of their adult lives. (CSS - FSP).

TAY Outreach and Engagement

The Outreach and Engagement program of OCAPICA reaches out to Transitional Age Youth

(TAY) of Orange County who are in need of mental health services and links them to a Full Service Partnership (FSP) or other mental health services in the community (CSS – OESD).

TAY Crisis Residential
South Coast Children's Society – Transitional Age Youth (TAY) Crisis Residential Program: A six-bed program for TAY who have experienced a mental health crisis but do not meet the criteria for inpatient hospitalization. The program provides assistance with stabilization and linkage to longer term supports (CSS – OESD).

TAY Mentoring Program
Mental Health Association (MHA) – Project Together Mentoring Program: The Mental Health

Association-Project Together Mentor Program (MHA-PT) provides mentoring services for serious emotional disturbance (SED) children and youth and serious mental ill (SMI) transitional age youth who are receiving mental health treatment services through the County of Orange Health Care Agency, Children & Youth Services (CYS) operated or contracted programs. MHA-PT incorporates mentoring ―best practices‖ as defined by the California Mentor Partnership into all aspects of the mentoring programs, and mentor services are initiated by the clinician of a child's/teen's CYS or CYS contract agency. All mentors are matched based on shared cultural and linguistic needs of the children, youth and families, and the clinician determines when a child/teen or parent/guardian will benefit from a mentor. Once a match becomes mutually agreeable to all parties involved, the clinician supports the mentor-mentee relationship, meets and advises the mentor on a regular basis during the child's/teen's process of forming a trusting, nurturing and one-to-one relationship (CSS – OESD).

TAY Centralized Assessment Team
Orange County Health Care Agency, Behavioral Health Services | Children & Youth Services – Centralized Assessment Team: CYS County staff provide crisis evaluations for minors under the age of 18 to determine if psychiatric hospitalization is required or if the minor can be safely referred to a lower level of care. This 24/7 mobile crisis team consists of psychologists, social workers, and marriage and family therapists. The program serves the unfunded and Orange County Medi-Cal Recipients. CYS CAT also has a rotations of Service Chiefs and Psychiatrists available 24/7 (CSS – OESD).

TAY Program for Assertive Community Treatment
The Transitional Age Youth Program for Assertive Community Treatment: The program serves individuals 18-26 years of age, who have unique psychosocial needs which have not been addressed in traditional Children's or Adult Outpatient programs. The program provides medication services, individual, group, substance abuse, and family therapy as it is clinically indicated. The critical component of the PACT model is to breakdown any barriers, by providing intensive services in the community. The program implements a "whatever it takes" philosophy which provides the flexibility needed to work successfully with the TAY culture. The targeted

population typically has multiple psychiatric hospitalizations and/or incarcerations. PACT provides intensive case management, supportive services such as vocational services, money management training, physical health care, and linkage to community resources and benefits acquisition. The program provides services to a large geographical area with culturally and linguistically competent staff, resulting in improved services to ethnically uninsured and underserved clients. In addition, the statistics reflect that many of our TAY consumers communicate in English. However, many of the family members and parents prefer to communicate in Spanish. Maintaining bi-lingual staff members to engage the consumer's family members in a culturally respectful manner has been very beneficial. Staff members are well trained in substance abuse and cultural diversity (CSS – OESD).

Youth As Parents Program
This program began implementation 11/6/09. Participants are primarily teen moms who are unserved or underserved as a result of barriers to accessing a variety of existing teen parenting programs. Such barriers include: a need for mental health services, lack of resident status, and /or lack of access to other services. Case management staff and the supervisor have completed training on Levels 2, 3, and 4 of Triple P and are using this intervention with participants. Over 80% of the teen moms in the program are monolingual Spanish speakers, and all services are provided in the client's home in a culturally and linguistically competent manner. Obtaining additional staff has been a challenge due to a hiring freeze, which has impacted the number of participants the program has been able to serve (PEI).

Placer County
Placer Transitional Age Youth (PTAY)
Targets unserved, underserved and inappropriately served transition aged youth 17-24 with severe mental illnesses (SMI) transitioning from Children's System Of Care (CSOC) to Adult System Of Care (ASOC) or referred from the community (CSS –FSP).

Plumas County
Full Service Partnerships
Provides Full Service Partnerships "whatever it takes" services for adults, older adults, children (Wraparound) and transition age youth (CSS – FSP).

Supportive Employment
Continues supportive employment for both adult and youth clients (CSS – OESD).

Riverside County
Services to Youth in Transition
Promotes meaningful and successful transitions to youth by reducing hospitalizations, homelessness, out-of-home placement and incarceration, decreasing isolation and promoting independent living (CSS – FSP).

Housing
The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing outreach and housing support services to chronically homeless individuals. The MHSA permanent supportive housing program partners with developers and housing providers across the continuum of housing options to promote housing development, improve access to housing, and ensure supportive services are available to serve TAY, adults and older adults throughout the County (CSS).

In Our Own Voice (Mental Health Outreach, Awareness and Stigma Reduction Project)
This program, developed by NAMI, is an interactive public education program in which two trained consumer speakers share their personal stories about living with mental illness and achieving recovery. Presenters of the program are reflective of the audience (i.e., transition age youth and older adult consumers present to individuals within their age group or to providers of service representing their age group) (PEI).

Stress and Your Mood (SAYM) [Previously known as Depression Treatment Quality Improvement (DTQI)] (TAY Project)
Provides evidence-based early intervention to treat depression, based on the concepts of Cognitive-Behavioral Therapy (CBT). Services provided in multiple locations in each service delivery region through organizations that serve youth and young adults in a setting where the youth feel comfortable. Services targeting LGBTQ youth are provided at an organization that serves LGBTQ youth and young adults. (PEI).

Outreach and Reunification Services to Runaway TAY
Provides crisis intervention and counseling strategies to facilitate re-unification of the transition age youth with an identified family member. Follow-up referrals assist with stabilization of the living situation for the youth. RCDMH collaborates with community providers to identify specific outreach strategies to reach runaway TAY and to reach unserved and underserved populations, including LGBTQ youth (PEI).

Peer to Peer Services (TAY Project)
This service connects to DTQI. As an organization provides DTQI, their outreach and engagement efforts will be specific to the target population. Leveraging with existing agencies, this project employees youth speakers' bureaus to outreach and educate at-risk youth and the community at large on the unique issues each group of identified at-risk youth experience as they relate to mental health and interpersonal issues (PEI).

Active Minds (TAY Project)
This national organization works to use the student voice to change the conversation about mental health on college campuses. Increases student awareness of mental health issues, provides information and resources regarding mental health and mental illness, encourages students to seek help as soon as it is needed, and serves as a liaison between students and the

mental health community. The student-run chapters organize campus-wide events to remove the stigma that surrounds mental health issues and create an environment for open conversations about mental health issues. (PEI).

Digital Storytelling (TAY Project)
Provides a three-day workshop for individuals during which they identify a "story" about themselves that they would like to tell and produce a 3-to-5-minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc (PEI).

Safe Dates (Trauma Exposed)
A dating violence prevention program for middle and high school students, Safe Dates works as both a prevention and early intervention tool for teens who have already begun to date and those who have not yet started dating. This program has not yet been implemented (as of 4/2012) (PEI).

<u>San Benito County</u>
MHSA System Transformation Program
Provides services to all ages: children (ages 0-17), transition age youth (ages 16-25), adults (ages 18-59), older adults (ages 60+); all genders; and all races/ethnicities. Embraces a 'whatever it takes' service approach in helping all populations reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to clients of all ages and their families. Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; education and employment support; anti-stigma events; linkages to needed services; and housing support. Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. Esperanza Center also provides transition age youth with a safe, comfortable place to receive services and participate in age-appropriate activities (CSS).

<u>San Bernardino County</u>
Transitional Age Youth (TAY) One Stop Centers
Provides services to transition age youth, ages 16-25 from underserved and unserved ethnic and lower socio-economic populations with alcohol and other drug abuse issues, mental health, homelessness, abuse, non-traditional lifestyles and/or single family issues. TAY services include employment assistance, educational opportunities, shelter bed housing, and psychiatric therapy and counseling, medication supports, groups and activities with the goal of independence. There are four centers located in San Bernardino, Rancho Cucamonga, Victorville and Yucca Valley (CSS – FSP).

Child and Youth Connection
Connects foster care and juvenile justice-involved children and youth and their families with resources, mentors and mental health services (PEI).

Family Resource Centers
Community-based centers offering parenting education, short-term counseling services and programs for transition aged youth, after-school activities, and life skills enhancement programs (PEI).

National Crossroads Education Institute (NCTI) Training
Targets children and transition age youth at risk of or involved in the juvenile justice system through a cognitive behavioral change curriculum (PEI).

Interagency Youth Resiliency Team
Serves two groups of diverse children and youth: those who are dependents of the Children and Family Services (CFS) foster care program, and wards of the court who are being supervised by the probation department who are not in a locked facility, along with their resource providers, professional staff and clinicians (INN).

TAY Behavioral Health Hostel (TBHH)
A peer-driven, voluntary, short-term, 14-bed, crisis stabilization/residential program for at-risk Transition-Age Youth (TAY), from 18-25 years old, with particular focus on the needs of diverse youth (African American, Latino, LGBTQ) with a history of system-involvement (former foster or probation youth), who are experiencing an acute psychiatric episode or crisis and are in need of a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization. Services will be culturally and linguistically appropriate to help TAY safely and successfully transition back to community living after a period of psychiatric crisis and recovery. (INN).

Community Wholeness and Enrichment
This program is designed primarily for transition age youth and adults who are experiencing, or are at risk of experiencing, the initial onset of a mental illness. It provides risk screenings and community mental health education; depression and substance abuse screenings; support groups for those at risk; suicide bereavement support groups directed at family members; short-term mental health services; and connections to medication support, as appropriate. CWE includes a network of community-based organizations, two integrated primary health clinics and a First Break Clinic for those experiencing the onset of a serious mental illness. (PEI).

<u>San Diego County</u>
Clubhouse and Peer Support Services
A member-run Clubhouse for TAY who have a SMI and in need of social and recreational activities, skill development, and employment and education opportunities. (CSS - OESD).

Enhanced outpatient mental health services for TAY
Enhanced outpatient mental health services for TAY in need of mental health, rehabilitation and recovery services.(CSS-OESD).

Project InReach
In-Reach Services primarily to at risk African-American and Latino citizens who are incarcerated adults or TAY at designated detention facilities and will be released in San Diego County. Services shall include in-reach, engagement; education; peer support; follow-up after release from detention facilities and linkages to services that improve participant's quality of life; diminish risk of recidivism; and diminish impact of untreated health, mental health and/or substance abuse issues. (PEI).

Hope Connections Peer and Family Engagement Project
Integrated teams of transition age youth, adult, older adult and family peer support specialists that provide a number of services to new mental health clients at the clinic site. One team also serves individuals in the County Emergency Psychiatric Unit. The goal is to provide peer and family support to individuals and families at or prior to their first mental health visit. The support teams also focus on providing wellness and recovery support and education throughout service utilization. Initial engagement and orientation (INN).

Transition Age and Foster Youth
Enhances life skills, increase self sufficiency and self esteem, improve behavioral and mental health conditions, and overall wellness for TAY and Foster Youth. Three interactive components: Coaching, Mentoring and Teaching(INN).

<u>San Francisco County</u>
Full Service Partnership 3.TAY (18-24)
*A central component of MHSA, Full Service Partnership (FSP) programs reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with SMI or SED to lead independent, meaningful, and productive lives. Ten FSP programs serve a diverse group of clients in terms of age, race/ethnicity, and stage of recovery. Services include integrated, mental health treatment; intensive case management and linkage to essential services; housing and vocational support; and self-help support. (*CSS - FSP)
Full Service Partnership Housing Program
*Available to Full Service Partnership clients, the FSP Housing Program provides access to emergency stabilization housing, transitional housing for TAY, permanent supportive housing and other supports designed to help FSP participants gain access to and maintain housing. 71 units currently occupied - 9 new units still in the pipeline. (*CSS - FSP).

ROUTZ TAY Transitional Housing (50% FSP)
*MHSA ROUTZ TAY Housing Partnership provides 40 housing slots at the Aarti Hotel (located at 391 Leavenworth Street) and 10 additional slots at scattered housing sites. (*CSS - OESD).

<u>San Joaquin County</u>
Full Service Partnership
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult,

adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

San Luis Obispo County

Transitional Aged Youth Full Service Partnership (and Housing)

The Transitional Age Youth Full Service Partnership program serves youth between the ages of 16-25 of all races and ethnicities. Young adults served include those with serious emotional disturbances/serious mental illness and a chronic history of psychiatric hospitalizations; law enforcement involvement; co-occurring disorders. Behavioral Health and Family Care Network collaborate to provide wrap-like services and includes 24/7 crisis availability, intensive case management, housing, employment linkages and supports, independent living skill development and specialized services for those with a co-occurring disorder.

Early Care and Support for Underserved Populations

Early Care and Support for Underserved Populations is a multi-focus effort to address the needs of three distinct underserved populations: • Successful Launch Program for at-risk TAYs, is an expansion of the Cuesta College Independent Living Program to include graduating community school youth, and Wards of the Court, and other high risk Transitional Aged Youth. The emphasis of this program is to provide TAY development opportunities and support to ensure that as participants enter adulthood, they are stable, have housing, and momentum for school or work. • Older Adult Mental Health Initiative is conducted in partnership with Wilshire Community Services to expand the caring callers Caring Callers and Senior Peer Counseling programs, provide depression screenings for older adults, and community outreach and education regarding older adult specific mental health challenges.

San Mateo County

FSPs for Transition Age Youth (TAY)

• Caminar Enhanced Supportive Education Services • Edgewood Comprehensive "Turning Point" • Mental Health Association Supported Housing FSPs for TAY provides specialized services to transition age youth aged 16 to 25 with serious emotional disorders to assist them to remain in or return to their communities in safe environments, support positive emancipation including transition from foster care and juvenile justice, secure safe and stability. Priority populations to be served by FSPs for TAY are: 1) Seriously emotionally disturbed and dually diagnosed TAY at risk of or returning from residential placement or emancipating, with juvenile justice or child welfare involvement; 2) Seriously emotionally disturbed TAY with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school-based, IEP-driven services; and 3) Newly identified TAY that are experiencing a "first break". It is worth noting that the transition age youth team emphasizes the individual consumer's role in developing their own wellness and recovery plan. This FSP also offers a drop-in center and supported education to engage TAY, which serves the FSP participants as well as other SED transition age youth in the

community that are receiving mental health services. The focus is to provide self-help supports, social activities, and skill building, as well as support for those seeking to enter the college system, all aimed at enhancing ability to manage independence. Emphasis is placed in outreaching to LGBTQQI SED youth. (CSS - FSP).

PEI Programs for Ages 0-25
• Early Childhood Community Team (Prevention) Community Interventions for School Age and TAY (Prevention) • Puente de La Costa Sur, Project Success • El Centro, Seeking Safety • Caminar, YES program/Seeking Safety • Middle School Initiative, Project Grow. The Early Childhood Community Team supports healthy social emotional development of young children. A Team comprises a community outreach worker, an early childhood mental health consultant, and a licensed clinician and targets a specific geographic community within San Mateo County, in order to build close networking relationships with local community partners also available to support young families. Community Interventions for School Age and TAY focuses on school age and transition age youth, reaching out to them in non-traditional settings such as schools and community based agencies, such as substance abuse programs, drop-in centers, youth focused and other organizations operating in communities with a high proportion of underserved populations. The project provides population and group based interventions such as Teaching Prosocial Skills (TPS) to at-risk children and youth 6-25. The second intervention, Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), is considered a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral issues among high risk, multi-problem adolescents. Seeking Safety, is an approach to help people attain safety from trauma/PTSD and substance abuse. It targets Transition Age Youth through their contacts with community based organizations. the Middle School Initiative, utilizes a variety of strategies to assist children and youth in the middle school setting who are having behavioral issues. The program works not only with the students, but with parents and teachers, providing technical assistance to the teachers, and support and education to the parents. (PEI).

<u>Santa Barbara County</u>
SPIRIT
Provides a family-centered, strength-based, highly individualized service to help children and their families meet unmet needs both within and outside of formal human services systems while children remain in their neighborhoods and homes whenever possible. Two staff operate at each of the three regional ADMHS Children's service sites. Staff have been enhanced by adding parent partners who reflect the culture and language of those being served. SPIRIT staff ensure that care is available 24/7 to families to keep youth and families stable and safe. (CSS – FSP)

New Heights
Based in Lompoc and Santa Maria, this program assists transition age youth in making the successful transition into adulthood with tools necessary for ongoing wellness and recovery. Offers an array of recovery focused services, including mental health services, employment and education support and referrals, linkage to other service providers and community resources

and socialization support. New Heights uses the Transition to Independence Process (TIP) that stresses the importance of providing access to community-based outreach and support, engages transition age youth in shaping their own future planning process and adopts a focus on each individual's strengths.(CSS-SD).

Prevention and Early Intervention Services for children/TAY
Includes mental health assessment, screening and treatment, home visits, school collaboration, family interventions, respite, multi-agency linkages, child abuse prevention education. A school-based program offers prevention and early intervention mental health services to students in Carpinteria public schools experiencing emotional and/or behavioral difficulties. In addition, specialized teams in Santa Barbara and Santa Maria offer evidenced-based interventions for adolescents and young adults, including family psychoeducation, education and employment support, family-aided assertive community treatment, and medication, if needed. (PEI).

Santa Clara County
TAY FSP
Intensive all-inclusive age-appropriate 100 TAY consumers with high levels of need are enrolled in an FSP Program that targets youth "aging out" of other child-serving systems.(CSS-FSP).

Behavioral Health Services Outpatient System Redesign / TAY Crisis and Drop-In Services
Expands system of care for TAY youth through a continuum of programs that includes specialized outreach, crisis intervention, linkages, self-help, peer support and case management through a 24-hour Drop-In Center and a community center serving the LGBTQ community (500 served).(CSS-OESD).

Prevention and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features
The REACH (Raising Early Awareness Creating Hope) program implements a continuum of services targeting youth and transition age youth (TAY) (ages 11 to 25) who are experiencing At Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nation wide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.(PEI).

Peer run Tay INN
Increases access to services and improve outcomes for high-risk, transition age youth in a voluntary 24-hour care setting. The project model proposes the implementation of an innovative 24-hour service that involves a significant expansion of the role of TAY employees in decision-making and provision of program services.

Santa Cruz County
Probation Gate
Designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with the Juvenile Probation system, or at risk of involvement. This includes Transition-age youth aging out of the system, with particular attention paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily

in English and Spanish. The Probation Gate is designed to address the mental health needs (including assessment, individual, group, and family therapy) of youth involved with, or at risk of involvement, with the Juvenile Probation system. The System of Care goal (shared with Probation) is keeping youth safely at home, rather than in prolonged stays of residential placement or incarcerated in juvenile hall. To achieve our goal we have increased dual diagnosis (mental health/substance abuse) services for youth that are: • Identified by Juvenile Hall screening tools (i.e., MAYSI, California Endowment Grant) with mental health and substance abuse needs that are released back into the community. • In the community and have multiple risk factors for probation involvement (with a primary focus on Latino youth). • Transition-age youth (TAY) in the Probation population (particularly as they age out of the juvenile. (CSS-OESD).

Child Welfare Services Gate
Designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish. The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system. We: • Have developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues. • Have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18). • Have increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling, family therapy and crisis intervention. • Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.(CSS-OESD).

Services for Transition Age Youth and Adults
These projects provide intensive treatment and education for family members when individuals are developing early signs of possible serious mental illness. Through consultation, training and direct service delivery, a broad menu of services will be offered by Peer Counselors, Family Advocates, and Licensed counselors and psychiatrists to transition age youth and their families.

Sierra County
Combined Programs
Sierra County continues to partner with Plumas Crisis Intervention and Resource Center (PCIRC) in the operation of the Crisis Line which operates 24/7, and provides 24/7 access to a mental health professional. Targeted populations are specified as all underserved/un-served persons in the County, which has essentially been the majority of the county population (3200). The Crisis Line phone number has been disseminated to nearly all community agencies . Wraparound services are provided for children and youth in the behavioral health system; Full Services Partnerships are provided for transition age youth, adults, and older adults. Services are provided for any person demonstrating need, regardless of gender, race/ethnicity, or language spoken.(CSS).

Siskiyou County
Systems of Care, Adult, Children's, TAY, Older, unserved/underserved
Services include, but are not limited to, crisis intervention, clinical assessments; individual and group therapy; case management; wraparound; medication management; linkages to community resources, including primary care and transport if needed; housing; and employment services. (CSS).

Solano County
Transition Age Youth (FSP)
Provides a continuum of services through a collaborative relationship between the client and the Primary Services Coordinator. As appropriate and with the consent of the transition age youth, natural supports such as parents and other family members may also become part of the client's treatment and service plan development. A full spectrum of services is available to assist the client in successfully meeting their treatment goals as outlined in their Individualized Plan. Services may include: Medication evaluation and management, individual and/or group therapy, case management, collateral, rehabilitation services, psycho- educational services with symptom's management, and referral and linkages to community resources. Transitional age youth receive services that are age, culturally and linguistically appropriate with an emphasis on transition to adulthood. These services are provided through a contractual partnership between 2 agencies. One agency is tasked with the provision of mental health services that may range from weekly contact to extremely intensive services resulting from the assessed need of the client. The second contractor addresses vocational, educational, peer counseling, supportive housing, and all aspects of independent living skills. Services are offered in the home, community, and other venues. Clients have access to crisis services 24 hours per day. A Transitional Age Youth Collaborative has also been developed to enhance the accessibility, continuum of care, and quality of services to this target population. This Collaborative is made up of a variety of agencies and disciplines such as public health, school districts and special education, homeless shelters, vocational rehabilitation services, probation, child welfare services, transitional age youth representation, county mental health, etc. The Transitional Age Youth (TAY) FSP serves at least 12 young adults.(CSS-FSP).

Crisis Stabilization Unit (CSU) *Provide services to at least 1500-2000 consumers in Solano County. They Psychiatric Emergency Team (PET) serves children, transition aged youth, adults and older adults from various racial and ethnic backgrounds, as well as provides services in a consumer's primary language. PET is an integral component to the continuum of care in public mental health services. PET provides intervention services; collaborates with agencies and community based organizations; and conducts outreach, education and training to partner agencies. Additionally, PET supports full service partnerships by providing crisis intervention services to consumers during non-traditional working hours (5:00 PM – 8 AM, weekends, and holidays). The Crisis Stabilization Unit has replaced the PET as our provider for crisis services.(CSS-OESD).*

Education, Employment & Family Support for Transition Age Youth
Provides individualized, enriched education and employment support to youth 16-25 who have experienced or are at risk of a first mental health "first break". (PEI).

Sonoma County

Transitional Age Youth Team
Provides intensive wraparound services to youth ages 18-25 and their families, in partnership with Buckelew Programs, Inc. and Social Advocates for Youth-Tamayo House. (CSS-FSP)

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center
The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center
Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

School Based Services to Youth Ages 5-18: Project SUCCSS PLUS (+)
MHSA funds build upon a county-wide Student Assistance Program to add prevention and early intervention system of care for adolescents at 17 high schools in Sonoma County. Project SUCCESS Plus (+). Project SUCCESS + is in six schools districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County). Coordinated through the Sonoma County Office of Education. Includes community-based partners, social advocates for Youth, Petaluma People Services Center, West County Community Services, Drug Abuse Alternative Center, and National Alliance for Mental Illness who provide mental health screening, counseling, training, and education. (PEI)

School Based Services to Youth Ages 5-18: The Toolbox Project
Provides parents and children with comprehensive, systematic and practical methodologies that teach fundamental tools and practices in personal and social awareness in 2 elementary school districts in Santa Rosa. This project is implemented by California Parenting Institute. (PEI)

School Based Services to Youth Ages 5-18: Early Risers-Skills for Success
Provides a multi-component developmentally focused, competency enhancement program to 2 elementary schools in the West County. This project is implemented by West County Community Services. (PEI)

Services Targeting Transient Age youth at Risk of Experience First On set of Mental Illness
Crisis Assessment, Prevention, and Education Team (CAPE Team) is a prevention and early intervention strategy specifically designed to intervene with transition age youth ages 16 to 25, who are at risk of, or are experiencing, first onset of serious psychiatric illness and its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk. The CAPE Team aims to prevent the occurrence and severity of mental health\ problems for transition age youth. The CAPE Team is staffed by Sonoma County Behavioral Health licensed mental health clinicians. Services are located in nine Sonoma County high schools, Santa Rosa Junior College, and Sonoma State University. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded

communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Alexander Valley Health Center
Alexander Valley Health Center administers Pediatric Symptoms Checklist to All children and youth ages 5 to 19. The Pediatric Symptom Checklist (PSC) is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems in order to initiate appropriate interventions early. PSCs for children between the ages of 5 and 11 years were completed by a parent or guardian; youth ages 12 to 19 years completed the assessment themselves. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this

model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Transition Age Youth Drop-in Center - Josie's Place
A membership-driven "clubhouse" with recovery-oriented services and supports for transition aged young adults in a non-stigmatizing environment. Three service teams are located in the center: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC. A Young Adults Advisory Counsel (YAAC) collaborates in creating youth consumer driven services on site. TAY-aged peer support staff members with lived experience are members of the center's support team.(CSS-SD).

Consumer and Family Member Wellness Center
Known simply as "The Empowerment Center" this program provides behavioral health consumers and family members a safe and friendly environment where an individual can flourish emotionally while developing skills. It is a culturally diverse center where individuals can gain peer support and recovery-minded input from peers to reduce isolation, increase the ability to develop independence and create linkages to services related to treatment of serious mental illness and co-occurring substance abuse. 100% staffed by behavioral health consumers and

family members, it is a safe place where transitional age young adults, adults and older adults can work toward independence and get support for coping with mental health issues. A culinary training program called The 'Garden of Eat'n' provides consumers and family members an opportunity to learn skills such as food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. (CSS-SD).

Juvenile Justice

Juvenile Justice is part of Stanislaus County's mental health system. All of the youth served have a diagnosis of serious mental illness or a serious emotional disturbance. They're either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. Strategies include 24/7 crisis response services. Half of these services are provided outside of the office in nine cities throughout Stanislaus County. Creative methods are employed to engage youth and build trust. (CSS-FSP)

Integrated Forensic Team

The Integrated Forensic Team (IFT) partners closely with the Stanislaus County Criminal Justice System to serve transition age young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years) who have a serious mental Illness or co-occurring substance abuse issues. It's a population also at risk for more serious consequences in the criminal justice system. Strategies include a multidisciplinary team that provides a "wrap around" approach that includes 24/7 access to a known service provider, individualized service planning, crisis stabilization alternatives to jail, re-entry support from a state hospital, and linkages to existing community support groups. Both service recipients and family members are offered education regarding the management of both mental health issues, benefits advocacy, and housing support. Culturally and linguistically appropriate services are provided to diverse consumers.(CSS-FSP)

High Risk Health & Senior Access

The High Risk Health and Senior Access (HRHSA) program is a full service partnership that became operational in FY 2010-11. Target populations include transition age young adults (18 - 25 years), adults (26 - 59 years) and older adults (60+ years) who have significant, ongoing, possibly chronic, health conditions co-occurring with serious mental illness. Older adults may also have functional impairments related to aging. Outreach and services are focused on engaging diverse ethnic/cultural populations and individuals, as well as those who have mental illness and are homeless. The program also serves those at risk of homelessness, institutionalization, hospitalization, or nursing home care or frequent users of emergency rooms.(CSS-FSP)

Josie's Place Drop-in Center

Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults (TAYA) with mental illness. Outreach to and participation from Gay, Lesbian, Bi-sexual, Transsexual and Questioning (LGBTQ) youth are included in the cultural sensitivity of services provided. The center has two service teams: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC operated by Telecare Recovery Access Center. The teams provide case management, therapy, and psychiatric services in English, Spanish, Laotian, and Thai languages. The following peer support groups are offered:

Aggression Reduction Therapy, gender specific peer support, and an active LGBTQ support Group. (CSS-GSD)

Community Emergency Response Team (CERT)/ WarmLine
Referred to as the "CERT/Warm Line", the BHRS operated program combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. The "Warm Line", administered under a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow up contacts. The program serves children, transition age youth, adults and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness. The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and Modesto Police Department patrol officers. Licensed clinical staff may accompany patrol officers to act as a community resource when they encounter individuals with mental health needs. (CSS-GSD)

Families Together
Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop- shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD

Consumer Empowerment Center
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Workforce Development
The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

• Community collaboration skills
• Resiliency and recovery
• Treatment of co-occurring disorders
• Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience
• How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.
Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Consumer Family Member Training & Support
In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program
This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:
• MSW/MA student internships in public mental health
• MJC CASRA/Human Services student internship in public mental health
• Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health
• Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.
• Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)

Outreach and Career Academy
Outreach and Career Academies were established in response to strong community input to outreach to junior high and high school students to raise awareness about public mental health careers. One community based organization participated in the project in FY12-13. The West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) Wellness Project provided students from nearby Mark Twain Junior High School with an introduction to behavioral health and mental health careers. (WET)

Consumer and Family Volunteerism

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)

ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

Mental Health Promotion Campaign

The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine

FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

Aggression Replacement Training (ART)

Aggression Replacement Training ® is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been

implemented in schools and juvenile delinquency programs across the United States and throughout the world. The 10 week program consists of 30 sessions of intervention training and is divided into three components - social skills training, anger control training, and training in moral reasoning. (PEI)

Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)
BHRS has partnered with Parents United/Child Sexual Abuse Treatment Team to address the trauma associated with child sexual abuse. The program provides additional Spanish speaking programming for adults who were molested as children and establishes a 24-hour/7 day a week Warm Line for individuals and families affected by child sexual abuse. There is also a Peer Sponsorship program where volunteers provide support to families experiencing child sexual abuse. (PEI)

Early Psychosis Intervention: LIFE Path
LIFE Path is a program designed to provide Early Intervention services for 14 – 25 year-olds who have experienced initial symptoms of psychosis. The program provides intensive treatment for consumers, families, caregivers, and significant support persons. The services are tailored to meet the unique needs of each participant and may include screening and assessment, diagnosis, individual and family counseling, and crisis and relapse prevention. A primary goal is to support consumers in discovering their life path potential by decreasing the disabling effects from untreated psychosis. (PEI)

Leadership & Resiliency Program (LRP)
BHRS has partnered with four community-based organizations to support youth leadership development efforts. The partnerships include:
- *Sierra Vista Child and Family Services - Bridge Youth Builders*
- *Hughson Family Resource Center - HFRC Youth Leadership*
- *Center for Human Services (CHS) - Patterson Teen Center*
- *West Modesto King Kennedy Neighborhood Collaborative(WMKKNC) - Leadership for the Future/Project UPLIFT*

LRP are school-and/or community-based programs for youth ages 14-19 that enhance internal strengths and resiliency, prevent involvement with substance abuse and violence, and help youth avoid school failure and involvement with juvenile justice. Activities include resiliency groups, community service opportunities, conflict resolution, social skills training, and peer mentoring. Individuals who are the focus of this program are involved in its development. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Health Behavioral Health Integration
This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus

County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues. The GVHC sites are in Newman, Patterson, Turlock, and West Turlock. The Health/Behavioral Health Integration Project is the result of a collaborative planning process that involved diverse stakeholders throughout the county. (PEI)

Nurtured Heart Approach (NHA)
Center for Human Services (CHS) in Patterson Unified School District: NHA is designed to change the school culture of Apricot Valley and Las Palmas Elementary Schools to one that engages the positive and strengthens the inner wealth of its students. The goal: to build the capacity of each school to enhance the emotional resiliency of their students through the school-wide implementation of the Nurtured Heart Approach. The NHA is a system of relationships where all energy and attention is directed to what is going right, and little or no energy is given toward negative behaviors or choices. The program unites students, teachers, and parents in their efforts to build a more positive school community. (PEI)

Parents and Teachers as Allies (PTAA)
NAMI-operated Parents and Teachers as Allies education program helps families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in schools. It focuses on the specific, age-related symptoms of mental illnesses in youth. PTA emphasizes that families and school professionals are natural allies in working to ensure that youth with early-onset mental illnesses receive timely and appropriate treatment.(PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and

2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Building Connections for Troubled Youth

Operated by the Ceres Partnership for Healthy Children Family Resource Center (FRC) and the Center for Human Services (CHS) the focus of the 2 year project is to increase the quality of services for troubled youth and create better outcomes for them. To do that, the project uses a community based family resource center mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 years of age. There's also a focus on interagency collaboration to increase quality of services and better outcomes. The project seeks to learn and demonstrate new approaches to supporting families with pre-adolescent aged youth who are experiencing behavioral struggles are at risk for higher incidences of involvement in substance abuse and other health/mental health compromising risk behaviors but not necessarily able to access the traditional mental health service system—nor do they necessarily need it. Using a mentor model, the FRC takes the lead and coordinates project activities. The FRC reaches out to school administrators to help identify at-risk youth, share the use of school facilities and provide teacher and/or administrator staff time to participate in the program. Local business partners provide incentives and service to participating children and families. (INN)

Connecting Youth to Social Supports

Connecting Youth to Community Supports is a 2 year project operated by Sierra Vista Child and Family Services (SVCFS). Its focus is to improve the quality of mental health services for youth by connecting them to community based activities to help reduce the length of time and intensity of their treatment. Youth who are currently receiving services at communitywide Family Resource Centers are recruited to participate. Mental Health Clinicians assist youth in identifying activities they may be interested in and passionate about. The clinician monitors their progress toward recovery. By linking people to community based support and services, the project is helping to transform communities using this holistic approach to well-being. (INN)

Promoting Community Wellness through Nature

Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:

- *Individual – strengthening developmental assets in children*
- *Family – strengthening leadership skills and social competency*
- *Community – increasing resident engagement and community connectedness*

The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Revolution Project
The Revolution Project is operated by the Center for Human Services (CHS) and focused on promoting interagency and community collaboration. Now in its second year, the project's aim is to engage business and community leaders to learn what it takes to resolve conflicts with youth from nearby schools and build partnerships to improve emotional health and mental well-being I the rural, underserved Westside community of Patterson. Through strengthened relationships with community members, the youth leadership project is expected to help lower the incidence of substance abuse and other risk behaviors as well as increase youths' resilience, mental and emotional wellness, and academic success.

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Transition Age Youth Integrated Full Service Partnership
FSP PROGRAMS FOR TRANSITIONAL AGE YOUTH (TAY) SYMHS Integrated FSP (Forté Academy- Transition Age Youth Program): serves young people age 16 through 25 who are homeless, gang-involved, aging out of the foster care / probation / youth mental health systems, young women with self-harming high-risk behaviors, those with co-occurring mental health and substance abuse disorders and those whose cultural identity places them in underserved populations within our community.(CSS-FSP).

Urgent Youth Services Team

SYMHS MHSA Adult Urgent Services: Provides expedited access to all adult outpatient services through weekly Open Access (walk-in) Clinics and as a disposition from Psychiatric Emergency

Services. Nursing staff coordinate and schedule access to urgent and routine psychiatry for new and returning consumers, SUD (Substance Use Disorder) Program staff provide motivational enhancement, engagement, and Moral Reconation Therapy (MRT) for those with co-occurring disorders, while licensed therapists provide assessment, referral, and counseling services.

SYMHS MHSA Youth Urgent Services: Provides expedited access to all youth outpatient services for youth who have been taken to Psychiatric Emergency Services experiencing suicidal or homicidal ideation and not hospitalized but sent home with a safety plan. Team comprised of therapist and case manager. Team either works on crisis to stabilize and move to loner-term services, or stabilize youth and family to discharge. Team conduct weekly reviews with multi-disciplinary team to ensure every child who visits Psychiatric Emergency Services or are hospitalized have been offered adequate care whilst in hospital and upon release. (CSS-SD)

Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will
have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team
Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.
• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.

• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.
Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.
Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.
First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness. (PEI)

Community Prevention Team
• Teen Screen: partnering with Harmony Health Clinic to implement this protocol for screening adolescents at primary care sites for depression and other mental illness.
• First Onset: early identification of first onset consumers upon intake at Adult Outpatient clinic. (PEI)

Innovation
Sutter-Yuba has 3 approved Innovation Programs.
INN 1- Improving mental health outcomes via interagency collaboration and service delivery learning for supervised offenders who are at-risk of or have serious mental illness: Serves AB 109 offenders and other supervised offenders with the goal of increasing the quality of mental health services with an interagency collaboration model.
INN 2- A culturally competent collaboration to address serious mental illness in the traditional Hmong population: Serves Hmong clients who are at-risk of or have serious mental illness with the goal of increasing the quality of mental health services by providing Hmong clients access to traditional Hmong rituals and practices in addition to their established mental health treatment plan.
INN 3- Continued mental health and wellness support for the new Post-TAY clients who are in recovery from a serious mental illness: Serves individuals

between the ages of 21 to 30, who are no longer well-served by TAY or have aged out of the TAY Program's age requirements, with the goal of increasing the quality of mental health services with the introduction of specialized mental health and wellness support services. (Innovation)

Capitol Facilities and Information Technology
Little White House Renovation: The target population for the Capital Facilities project is participants in the Adult Wellness and Recovery Program (W&R). This program serves the chronically mentally ill adult and transitional age young adults in various stages of recovery. The program has expanded rapidly over the last 4 years and more space is needed for consumer designed activities and W&R community events. The building will house meeting areas, smart classrooms and recreational space to serve the 90 individuals being served in this program. A building that once served as nursing quarters for the County Hospital is being refurbished and brought up to ADA standards to better serve the needs of the W&R program. The planned development for the Wellness and Recovery Center is on hold temporarily. Infrastructure improvements have been made to the facility as planned. At present the facility is being used to house Kings View staff supporting implementation of the Anasazi EHR and is also being used as an onsite training center to train SYMHS staff in using the components of the Anasazi system. When the Anasazi system is fully implemented, the Wellness and Recovery Center refurbishment will be completed and will be repurposed to its intended use as a client and family activity center.
INFORMATION TECHNOLOGY
Electronic Health Record: The Electronic Health Record system purchased was Anasazi and Kings View is the supporting entity, with whom we are entering our third year of the contract. Anasazi implementation continues to progress. All outpatient services are utilizing the system and one of our organizational providers is fully implemented. The systems that support the overall functions of our mental health clinics are now integrated. Further implementation will begin for our Psychiatric Health Facility, which is a 24 hour facility, later this year. Document scanning will begin later this year as well in order to fully incorporate other medical documents that would be housed in the electronic chart. Meaningful Use guidelines will be in place as we move to the Dr.'s Homepage with E-Prescribing. Report capacity is now in place to make best use of clinical and fiscal data captured by the system. Outcome measures will be available in an electronic manner since data is being captured on many aspects of care. (CFTN)

<u>Tehama County</u>
Transition Age Youth Full Service Partnerships
Our TAY FSP offers the provision of case management, clinical therapy, medication support, crisis management, housing assistance, board and care support, employment assistance, and flexible funding for a variety of services. This fiscal year has seen an uptick in FSP enrollees. (CSS – FSP)

Trauma Focused Cognitive Behavioral Therapy
Our TF-CBT program provides a comprehensive model of therapy which assesses anxiety, PTSD, depression, and other trauma-related symptoms. TF-CBT encourages parents, children, and adolescents to work collaboratively at building skills to address mood regulation and safety. Tehama County Mental Health (TCMH) has a six-member team comprised of four licensed clinicians, two case managers, one health educator, and one certified alcohol and drug addictions specialist. (PEI)

Teen Screen
The YES Center is a registered site for TeenScreen - an evidence based computer-screening tool for depression and suicide. Additionally, TCMH has registered three (3) locations as TeenScreen sites throughout the county.(PEI)

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Transition Age Youth Drop In Services
The Youth Empowerment Services (YES) Center continues to provide laundry and shower facilities for our TAY homeless population. Providing access to the facility in this way opens up opportunities for engaging folks in a plan of recovery. Additionally, there are no several process/rehab groups running for TAY consumers including our new Therapeutic Drumming Rehabilitation Group. The YES Center also offers stipend opportunities. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program

TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Full Service Partnerships for Adults, Older Adults, Children and Transition Age Youth
Full service partnerships are the heart of the Community Service and Supports plan. Full service partnerships are individualized services grounded in a "whatever it takes" commitment. Each enrolled individual, and where appropriate his or her family, participates in the development of a culturally appropriate plan focused on recovery and wellness. The plan can include all needed services and supports contribute to the outcomes of well-being defined I the plan, including: meaningful use of time and capabilities; safe housing; a network of supportive relationships; timely access to services; reductions I incarceration; and reductions in involuntary services. Each enrolled individual has a personal services coordinator (PSC), and is supported by a staffing structure that insures 24/7 support. (CSS).

Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center
The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness

Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services
The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing
The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid
Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Peer Support Program (Transition Age Youth Wellbeing)
The Peer Support program recruits and trains transition-aged young adult volunteers as peer counselors. These volunteers are trained to assess the mental health and well-being of transition-aged young adults, to provide 1-1 peer counseling, and to lead age- and issue-based peer support groups. Groups organized under this program focus on providing support and creating opportunities for members to engage in projects that serve their communities and other wellness activities. Originally, this project focused on providing peer to peer services to transition aged youth and older adults. However, there has been significant demand for peer-to-peer counseling services for intergenerational exchanges. Given this demand, TCMHC expanded the program to also include adults ages 26 to 59. (PEI)

Family Wellbeing Project
In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is

particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

K-12 Student Wellbeing Program

The K-12 Student Wellbeing program provides for a variety of trainings and projects aimed at improving the wellbeing of students and teachers in the three school districts located in the Tri-City area. Each district selected projects that suited the needs of their school population and demographics. One school district conducted trainings for selected staff in Capturing Kids' Hearts which provides tools for administrators, faculty, and staff to build positive, productive and trusting relationships among themselves and their students. A second district chose to prioritize projects that addressed the need for enhanced communication and resources access systems, and on-campus services for students. The third district opted to provide mini-grants for schools within their district in order to reach as many students as possible with site-identified interventions. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients

The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness

The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-

based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Parent and Teachers as Allies
Parents and Teachers as Allies provides in-service trainings for school professionals and families to help participants better understand the early warning signs of mental illnesses in children and adolescents. The intention is that this training will help teachers and family members learn how best to intervene so that youth with mental health treatment needs are linked with services. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help school personnel become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives.(PEI)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.(INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

PEI Counselor in Southern Trinity
Based in the Southern Trinity Unified School District Counselor provides educational counseling to youth who may be *experiencing behavioral issues that are compromising school performance. (PEI)*

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House.(INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
One Stop Center Programs / North, Central and South Tulare County
The One Stop Centers provide an array of comprehensive mental health services for children and youth, and transitional age youth ages with severe and persistent mental illness or serious emotional disturbance, who are underserved, at risk of out-of-home placement, at risk of justice system involvement, or diagnosed with a co-occurring disorder; services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The program provides linkages and services consistent with CSS requirements through collaboration with other mental health service providers; health organizations and agencies such as Child Welfare Services and Alcohol and Drug Services; community-based organizations; and faith-based organizations. Services follow the MHSA philosophy with a focus on reducing ethnic and cultural disparities by requiring culturally and linguistically diverse program staff to make regular contact with education programs, local community organizations, and local schools to promote mental health and access to services. (CSS).

Supportive Housing
Transitional Age Youth (TAY) Housing program is a previously approved program. The TAY Housing program provides transitional housing for TAY (ages 18-24) with complex mental health needs. To meet the needs of these youth across Tulare County, TAY maintains two separate operating sites, one in Visalia and the other in Porterville. In partnership with the local One Stop Service Centers, the program assists participants in stabilizing from the effects of

being homeless and provides supports for wellness, recovery and independence by offering life skills workshops, and one-on-one coaching sessions around issues and topics fundamental to successful independent living. (CSS).

Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the

mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County

Full Service Partnerships

Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services

As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:

1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.

2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.

3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.

4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.

5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center

Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:

- *Telephone and face-to-face intervention for support or crisis intervention*
- *Onsite evaluations at Sonora Regional Medical Center*
- *Help in connecting to community resources*
- *Follow-up appointments*
- *Assessment and arrangements for psychiatric hospitalization if needed*
- *On-site evaluations and services at Tuolumne County Jail*

(CSS-OESD)

Nurturing Parenting (NP) Early Childhood Education Services

A contract with Infant Child Enrichment Services (ICES) provides a Nurturing Parenting Program. This is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. These services foster positive parenting skills and activities to promote positive brain development in children birth to teen years. (PEI)

Bullying Prevention Program

A school-wide Bullying Prevention Program to students between the ages of 6 and 13 is the first sustainable bullying prevention program in Tuolumne County. Teachers engage students in lessons and activities which increase empathy for the victim, the person exhibiting bullying behaviors, and the bystander - and provide strategies for victims and bystanders to remain safe. (PEI)

Be On Board (BOB) Health Van

Through a contract with the Tuolumne County Public Health Department, preventive health care service is provided to students via the BOB Health Van. This service was initiated in September, 2013, and has been devoted to providing students in Tuolumne County with access to preventative health care services that may otherwise not be available to them. Services include routine immunizations, sports physicals, health and wellness assessments and screenings of school-age residents for behavioral health disorders. (PEI)

Suicide Prevention Program

A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)

The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs

Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:

- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training

Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health

Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Transitional Age Youth Full Service Partnership

This program serves transitional age youth (TAY), ages 18-25, who are diagnosed with a serious mental illness (SMI), many of whom are dually diagnosed with a co-occurring substance abuse disorder and who are risk of homelessness, incarceration or hospitalization. The program serves 15 TAY who live in a supportive, social rehabilitation environment in Camarillo, with an additional 15 TAY living independently throughout the county. The program supports individuals in moving toward personal recovery by providing stabilization and skill development to live independently and successfully within the community. Consumers receive a multidimensional range of services – "whatever it takes" to support their wellness and recovery, with an emphasis on moving toward living independently within the community.(CSS-FSP).

Tay Transitions

The Transitions program serves Transitional Age Youth (TAY), ages 18 to 25 years old, with serious mental illness, by addressing their full spectrum of needs. Transitions focuses on a client driven model, which integrates wellness and recovery into its array of services, including psychiatric treatment, individual therapy, intensive case management services, group treatment and rehabilitation services. While ensuring capacity to provide services within the clinic setting, the Transitions Program ensures that clinicians and case managers also provide field-based services within homes, community, and the TAY Wellness and Recovery Center. Peer staff, or "Recovery Coaches," support consumers in the achievement of their wellness and recovery goals. The program serves primarily the Oxnard, Ventura, Conejo and Simi Valley regions of Ventura County and has been effective in expanding access to services to traditionally un-served and underserved TAY in these areas.(CSS-SD-FSP).

Tay Wellness and Recovery Center

The Transitional Age Youth (TAY) Wellness and Recovery Center, or "TAY Tunnel," serves TAY, ages 18 to 25 years old, who are recovering from mental illness and often substance abuse issues, and are also at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for service access, by offering supports commonly utilized by young adults with a serious mental illness without the pressure of 'enrolling' in services. It is located in Oxnard, and outreaches to underserved TAY throughout the county, offering an array of on-site supports and referrals to TAY who historically have not accessed services through the traditional clinic system. The TAY Tunnel also provides supports for TAY as they transition out of other mental health programs on their journey of wellness and

recovery. The TAY Tunnel was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them.(CSS-SD).

Screening, Triage, Assessment and Referral (STAR)
STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team
This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Internship Programs
***Clinical Training and Internship Programs –** Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*
***Mental Health Nurse Practitioner Program** – Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has*

been difficult to find a sufficient number of psychiatrists for medication management services. (WET)

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements

These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project

While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project

This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Early Signs of Psychosis Intervention
The Ventura Early Intervention Prevention Services (VIPS) program assesses and treats individuals between the ages of 16-25 years old who show signs of and experience early warning signs of psychosis. The VIPS team provides individualized treatment to address these early "prodromal" signs and to assist young people and their families to build coping skills, reduce stress, and increase performance in all areas of life. The team also educates community members who most typically interact with young people, assisting them in the identification of the early warning signs of psychosis. This program utilizes the Portland Identification and Early Referral (PIER) model, a research informed practice. (PEI)

Early Supportive Services
The ESS Program provides focused, short term, research based mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or at risk of juvenile justice involvement. These are children and youth who present to the behavioral health system with behaviors that place the individual at a higher risk for mental health issues. Data indicate that, left untreated, these behaviors may escalate into more significant mental health problems. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and

navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County

Pathways to Independence for Transition-Age Youth (TAY)

Provides services and activities specifically designed to promote wellbeing and independence among TAY with mental illnesses, including foster youth and youth previously detained in Juvenile Hall. The program promotes wellness, recovery, resilience and responsible living by offering socialization, physical activities, life skills assistance and housing supports, and offers TAY-focused Wellness Center activities. (CSS-FSP&OESD).

Mental Health Career Pathways

Consumer & Family Recovery Education Center *– Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*

Language Development Programs *– A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*

Career Ladder Program-Secondary Education *– A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*

Human Services Certificate Program *– A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Pathways to Independence for Transition-Age Youth (TAY)

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Rural Children's Resiliency Program

Targets underserved children, youth and families in the large western rural area of the county and provides services designed to build communication and social skills, self-confidence, and resiliency using Evidence-Based Practices (EBP) and promising practice activities. In addition

to building resiliency, the program seeks to reduce disparities in access to services for un-served and underserved populations living in rural areas. (PEI)

Urban Children's Resiliency Program
Targets underserved children and families in the urban areas of the county (residents of Davis, Woodland and West Sacramento school districts), including children, youth and families experiencing stress; children or youth at risk of school failure; minors involved with juvenile justice; or children or youth who have experienced trauma. This program uses EBP and promising practices to help children and youth develop resiliency, communication and social skills, and self-confidence, as well as to help identify individuals in need of mental health treatment.(PEI)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Children

Alameda County

Juvenile Justice Transformation of Guidance Clinic
Provides in-depth assessment and treatment for youth in the juvenile justice system. Creates linkages to community-based services and expands on-site treatment in Juvenile Hall (CSS – OESD).

Wraparound program for Asian/Pacific Islander (API) & Latino Youth
Provides services to API and Latino Youth that are in need of intensive case management through the Wrap-around service model (CSS – OESD).

Multisystemic Therapy
Family preservation strategy that serves chronic juvenile offenders with Serious Emotional Disturbance (SED) co-occurring with substance abuse and violent behavior (CSS – OESD).

Mental Health Consultation in Preschools
Outreach, on-site mental health consultation, screening and evaluation at Preschools (CSS-OESD).

Mental Health Consultation in Schools
Outreach, on-site mental health consultation, screening and evaluation at elementary, middle and high schools.(PEI).

Peer Support for Children,TAY and Adults
This strategy will provide outreach, education and peer-based services to the older adult population. (PEI)

Alpine County

Activites Offered at Wellness Centers

Wellness Center activities may include age-specific workshops and skill-building classes; parenting classes and parenting support groups; youth counseling and pro-social enrichment activities; youth counseling and pro-social enrichment activities; cross-generational mentoring; talking circles and traditional healing; senior socialization and exercise; conflict resolution and communication; grief and trauma support for youth, adults, and older adults; luncheons and community-wide celebrations; referrals and advocacy (PEI).

Anti-Bullying Program

Funds a community and school-based anti-bullying campaign that targets youth, parents, and educators to reduce bullying, cyberbullying, homophobia, racism and hatred and decrease school violence and absenteeism. Identifies and selects student leaders (ambassadors) from diverse groups across the campus and teaches them nonviolent communication skills to stop bullying and violence (PEI).

Full Service Partnerships

A team composed of ACBHS clinical staff offers strength-based, client/familydirected,individualized mental health and wraparound services, andsupportive funding to children and youth with serious emotional disturbance(SED) who have experienced school disciplinary problems or academic failures,are in or at risk of out-of-home placement, or are at risk of involvement in juvenile justice; transitional age youth with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness, or involuntary hospitalization, or institutionalization; adults with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have had frequent hospitalization or use of emergency room services for psychiatric problems; and older adults with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.(CSS - FSP)

School-Based Mental Health Clinician

A school-based mental health clinician assists with early detection and intervention for students struggling with personal, academic, and mental and emotional health issues, all within the low-threat school setting. The clinician also provides referrals and linkages to other resources as needed, and is engaged in family or group counseling when appropriate. These services include a variety of evidence-based practices, listed above in FCCS. (CSS).

Positive Behavior Intervention Support (PBIS)

PBIS is an evidenced-based school-based approach to student support and discipline. The approach includes systemic and individualized strategies to achieve learning and social outcomes at both the individual and the schoolwide levels, while preventing problem behaviors and emotional stress as well as increasing academic achievement. PBIS programs have been shown to effectively reduce disciplinary referrals within schools and reduce the number of out-of-school student suspensions. (PEI).

Amador County

Full Service Partnerships

The program's focus is to provide an integrated system of care, including outreach and support, to children, youth, transitional age youth, adults and older adults seeking or receiving behavioral health care in Amador County. Its focus with Full Service Partners is to provide a team approach to "wrap around" clients and their families. Staff do whatever it takes from a clinical perspective to ensure that consumers can stay in the community and out of costly psychiatric hospitals, incarcerations, group homes, and evictions. The focus is on community integration and contribution.(CSS-FSP).

First 5 Behavioral Consultation

PEI First 5 Amador provides high quality mental health consultation, treatment, and socialization classes, as well as education to child care providers, teachers, families and children in order to reduce the number of youth who are removed from child care setting and to improve family functioning. (PEI).

ATCAA Building Blocks of Resiliency

The Building Blocks of Resiliency program offers Parent-Child Interaction Therapy (PCIT) to help create stronger and healthier families with positive relationships. PCIT is designed to improve family functioning, resiliency, and cohesion as parents receive one-on-one coaching in "real time" to acquire skills and tools to improve the quality of the parent-child relationship. The program also offers Aggression Replacement Training (ART) to help increase resiliency in children and teens. Through ART, youth develop a skill set for responding to challenging situations with social learning and cognitive behavioral strategies. (PEI).

ATCAA PCIT – Parent Child Interactive Therapy

Evidence-based program for young children and their parents targeting development of parenting strategies around difficult or complicated behavior patterns (PEI).

ATCAA ART – Anger Replacement Therapy

Evidence-based program for children which evaluates current acting out behaviors in a group setting. Currently being implemented in the Amador County Community School and one middle school (PEI).

Berkeley City

Intensive Support Services Children's Wraparound Full Service Partnership

This community-based mental health program is designed to provide intensive short-term, individualized treatment, care coordination and support to children and youth ages 0-18 years (CSS – FSP).

TAY-Adult & Older Adult FSP

Provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. Priority populations include transition-age youth, older adults, and individuals in unserved and underserved ethnic communities (CSS – FSP).

BE A STAR (Behavioral-Emotional Assessment, Screening, Treatment and Referral)
Implements a coordinated system to identify children birth to five at risk of developmental delays, physical, social-emotional, and behavioral concerns. Triage, assessment, referral, and treatment as needed through appropriate community-based or specialist services (PEI).

Supportive Schools Program
This program provides resources to support mental health prevention and intervention services in the schools including: outreach; psycho-social education; and consultation with parents/or teachers. (PEI).

Butte County
Welcoming Triage & Referral
Welcomes youth and adult outpatients into the Behavioral Health System. This program allows for walk-in and urgent care services (CSS – OESD).

Housing Development Program
The MHSA Housing Development Program will provide approximately 14 units of permanent, affordable, supportive housing to individuals with Mental Health disabilities who are homeless or at risk of homelessness. The housing units will be linked with on-site or off-site supportive services that help tenants to retain their housing and consumers to become more self-sufficient and live as independently as possible. The housing program serves adults, older adults, transitional age youth, and all races/ethnicities and genders (CSS – OESD).

Live Spot Gridley & Oroville
Provides academic support, life skills and leadership development, vocational support, relationship building, connection to the community, and supportive services to school age youth during after school hours (PEI).

Youth Intensive Programs
Youth Intensive Programs (YIP) provide specialized wraparound services throughout the county. Services include culturally specific teams; teams for children and youth detained by Social Services, and TAY youth. (CSS - OESD)

Calaveras County
Full Service Partnerships
FSP provides extensive and specialized case management services for adults who have serious mental illness or children/youth with a severe emotional disorder. Services include assignment of a single point of responsibility case manager, access team with 24/7 availability, linkages to supportive services, and a "whatever-it-takes" commitment to progress on concrete recovery goals.(CSS - FSP).

Colusa County
Children's System of Care Development/Outreach and Engagement
The Colusa County multi-disciplinary team (MDT) includes representatives from the county

offices of education, children's services, child protective service, probation, health and human services, sheriff, Regional Medical Center, Colusa One Stop Job Services, arious schools and mental health and substance abuse staff. MDT meets monthly to discuss children, youth and transitional age youth cases. Provides linkages to and coordination of services requested by consumers and family members. Services are being transformed to be provided in the home and in the schools and communities where consumers and family members live (CSS – OESD).

Direct School Services – system development/outreach and engagement
Provides treatment and other services in a client-centered, culturally competent, recovery, wellness and resiliency supportive relationship in the schools, at home and in the community where youth and transitional age youth live. A counselor goes to the Family Action Centers in Williams and Arbuckle to provide bilingual counseling services on site. Focuses on the underserved Hispanic school-aged population and their families, specifically children and youth above the age of 5 (CSS – OESD).

Prevention and Early Intervention for Pre-School/Enhanced Second Step
Enhances the social and emotional development of 400 children in Colusa County. Targets children and youth in stressed families, at risk for school failure, at risk for experiencing juvenile justice involvement; foster care youth; underserved cultural populations. Program increases the likelihood that they will succeed in school and personal competencies related to life success and decrease the need for more intensive and costly services as the children grow older. Provides training on mental health for those working with children and youth and outreach and education to children, youth, families, school staff, and communities to increase awareness of early intervention of mental health issues (PEI).

Friday Night Live/Club Live
Expands existing FNL and CL groups, making them countywide. Programs are optimally situated to intervene with youth at risk for school failure. Assessment can often identify past trauma, substance four abuse, suicide risk and juvenile justice involvement and link them to screening and appropriate referrals. Expansion builds programs specifically in four additional high schools and four elementary and junior high schools and bring the services to the outlying rural area populated by Native Americans (PEI).

Contra Costa County
Children's Full Service Partnerships
Provides a comprehensive range of services and supports to families and children ages 0 to 18 who have serious emotional disturbance or serious mental illness and have experienced repeated failure in learning and home environments throughout Contra Costa County. Additionally, the original planning process identified the following three issues as priority for the Children's FSP: Failure in learning environments; out-of-home placements; and involvement in child welfare or juvenile justice systems. This program will direct money towards the youth who are utilizing

crisis services most frequently, including MRT; PES and Hospitalizations, regardless of region of residence. Services will be provided county wide (CSS-FSP).

Parenting Education and Support
The purpose of this program is to educate and support parents and caregivers in high risk families to support the strong development of their children and youth. There are five community based organizations providing parent classes to various targeted populations. Activities in this program include: Triple P Parenting Classes offered in English and Spanish are aimed at increasing parenting skills, improving parents sense of competence and reducing parental distress. Family support, teen support groups and after school programs are provided throughout the county in both English and Spanish (PEI).

Youth Development
*This program enables youth-serving agencies to implement and carry out youth development activities relevant to their target population. Youth development activities include strength-based efforts that build on youths' assets and foster resiliency, as well as to help youth build knowledge and concrete life skills for a successful transition to adulthood. The primary focus is on at-risk youth. CCMH has contracted with five agencies that have provided new and innovative approaches to support youth development of a positive identity, self-esteem and positive community involvement. The purpose of this program is to see that youth engaged in the activities develop their individual strengths/assets, feel supported and connected in their communities, and less likely to engage in "system involvement", and reduce demand on service systems such as juvenile justice, mental health and others. The program provides activities such as school based services, after-school job development, youth empowerment, wellness promotion and violence prevention activities. (*PEI).

<u>Del Norte County</u>
Children's System of Care/Wraparound Services
Works with our priority population of children ages 0-15 with serious emotional disturbance at risk of out of home placement and/or uninsured at risk of f out-of-home placement. Expands the program for better coordination with our county Wraparound program to include schools, local service agencies, Hmong, Latino, and Native American communities, and faith-based organizations to provide linkages for all available services. Expands the program to provide additional family treatment (CSS-FSP).

Strengthening Families
The Strengthening Families program will be focused on youth who are at risk of developing low level mental health and behavioral problems that affect the health of the family. This voluntary program is intended for children and youth ages 6-18 and their families. the ability to reach a more diverse age group allows for customization of the sessions, and better utilization of staff time. These parenting classes, which also involve children and youth in separate and joined sessions with the parents, provide a unique and rich opportunity for life skills and relationship building (PEI).

Reach for Success
The Reach for Success program is voluntary and will be held during school hours to facilitate access and participation for youth where transportation is a barrier. Programs held within tribal organizations or community centers would be in a familiar environment that is not routinely used for provision of mental health services. As a result outcomes are enhanced through a sense of trust and safety. The program is designed to provide prevention and early intervention to youth at risk of developing low level mental health and behavioral problems that affect the health of the family as well as transition age youth in foster care. Youth will learn relationship building, life and coping skills and resiliency. With the development of significant support systems and role models they will have the ability to make better life choices, including school participation and success, following rules, and understanding consequences. As a result they will have better opportunities for success in life, preventing further generational traumas of domestic violence, child abuse, and substance abuse (PEI).

El Dorado County
Early Indicators of Mental Health Issues
*Increase the number of education staff trained to identify early indicators of mental health issues. El Dorado County Office of Education (EDCOE) will identify and/or develop online training modules and resources that will be made available to all educators and community partners working with children and youth. (*WET)

Youth and Children's Services - SAMHSA Model Programs
*Coordinate the implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs at all schools within the County to address anti-bullying, reducing substance abuse, and developing positive behaviors in youth. (*PEI)

Youth and Children's Services- Primary Intervention Project(PIP)
PIP is a school-based program that provides screening to identify children experiencing classroom difficulties and provide services that foster resilience and mental health (PEI).

Youth and Children's Services- Incredible Years
Incredible Years Program is an evidence based program providing services for 2-12 year old children, their parents and school teachers. (PEI).

Youth and Children's Services- Mentoring for 3-5 Year Olds by Adults and Older Adults
To recruit, screen and train adults and older adults to mentor at-risk, unserved and underserved children between the ages of 3-5 at different child development sites. (PEI)

Youth and Children's Services- Children 0-5 and Their Families
To provide early prevention and intervention services to children age 0-5 and their families using a plan of care developed by service provider as appropriate to address the family's specific needs and goals. (PEI).

Youth and Family Strengthening Program - Foster Care Enhanced Services

*Provide assessment and Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) for qualifying children in the foster care system through the development of a treatment plan that provides for the full spectrum of community services that may be needed so that the client can achieve the identified goals (*CSS - OESD).

Youth and Family Strengthening Program - Family Strengthening Academy
Family Strengthening Academy offers a range of promising, best, and evidence-based practices. These programs are designed to promote family unification or reunification and may be offered in a variety of settings.(CSS-OESD).

Youth and Family Strengthening Program - Youth and Family Full Service Partnership
Children's FSP services are typically but not exclusively available to youth in grades K through 6 who are at risk of out-of-home foster-care placement or higher level of placement. These services may include outreach, engagement and treatment services as well as supportive activities, as needs arise and capacity allows. (CSS-OESD).

Fresno County

Children and Youth-School-Based Program (RURAL)
Outpatient mental health services on school sites include individual, family, and group therapy, case management and collateral services. Improves and expands mental health services and supports for youth K-12 (ages 4-18) with serious emotional disturbance, and their families. The program is designed to have flexible hours of treatment. Fresno County, Dept of Behavioral Health, Children's Division (CSS – OESD).

Children and Youth – Assertive Community Treatment (ACT)
Provides a wide range of mental health and rehabilitation services to youth aged 10-18 and their families, including individual and family therapy, case management, substance abuse, educational and vocational support, and psychiatric services. EMQ Families First (CSS – FSP).

SMART Model of Care – Bright Beginnings
Provides mental health and community support management, crisis intervention, parenting treatment, and in-home therapeutic services to children ages 0-5 and their families. EMQ Famillies First (CSS – OESD).

SMART Model of Care (PCIT)
Provides Parent-Child Interaction Therapy (PCIT), an evidenced-based treatment model for children ages 2-7. Treatment emphasizes changing negative parent/child patterns. Comprehensive Youth Services (CSS – OESD).

SMART Model of Care (PCIT and IY)
Provides mental health evidence-based Incredible Years (IY) through the age of 8, and PCIT treatment (ages 2-7) and related support services to children and their parents. Exceptional Parents Unlimited (CSS – OESD).

Blue Sky Youth Wellness Center
Prevention and early intervention, wellness and recovery activities including education, socialization, life skills training and other peer and family support activities. Youth empowerment mini centers for children and youth and TAY. (PEI).

School Based Team K–8th Grade
This three-tier, evidence-based mental health prevention and early intervention program within the schools provides positive behavioral supports. Program goals include increasing student attendance, increasing GPA, students meeting multiple treatment goals and feeling better about themselves. Fresno County Office of Education (PEI).

Children's Substance Abuse PEI Services
Substance Abuse (drug/Alcohol) Outpatient Prevention and education services to Children (ages 17 and younger) of Clients in Sub. Abuse treatment programs. CAP, Central CA Recovery, Delta Care, Fresno New Connections. (PEI).

Children and Youth- Team Decision Making (TDM)
Provides mental health expertise at meetings focused on decisions of placement change, removal of children, or volunteer family maintenance for clients interfacing with the child welfare system. Goal is to stabilize the home/placement and prevent removal or change of placement of children. Consumers come from unserved/underserved populations. Fresno County, Department of Behavioral Health, Children's Division. (PEI).

Children and Youth- School-Based Program

Outpatient mental health services on school sites which includes individual, family, & group therapy, case management and collateral services. Designed to improve and expand mental health services and supports for youth, K-12 grade (ages 4-18) with serious emotional disturbance and their families. The program is designed to have flexible hours of treatment. CSS-OESD.

CSS – Children Age 0-10 YearsFull Service Partnership
Mental health and community support services including intensive case management, crisis intervention, evidence based treatment, and in home therapeutic services to children ages 0-10 and their families. CSS - OESD.

Glenn County
MHSA CSS Comprehensive Service Plan
Encompasses all ages children aged 0-17 through older adults 60+, all genders and all ages/ethnicities. Includes comprehensive assessment services; wellness and recovery action planning (WRAP); case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services and housing support.

Consumer-run Adult Wellness Center (Harmony House) provides a safe, comfortable place to receive services and participate in age-appropriate activities. Also working to develop housing options for some of our FSP clients, as housing options are extremely limited in this small, rural community (CSS – OESD, FSP).

Welcoming Families
Offers outreach and early intervention to individuals/families with newborns and infants, including transition age youth with young children who are receiving services in our TAY program. Delivers services to culturally diverse families and persons who are visually and/or physically challenged (PEI).

Imperial County
Youth and Young Adult Services Full Service Partnership Program
The Youth and Young Adult Services Full Service Partnership (YAYA-FSP) Program consists of a full range of integrated community services and supports for youth and young adults, ages 12 to 25, including direct delivery and use of community resources. These services and supports include case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care. (CSS - FSP).

Inyo County
Full Service Partnership Program
Serves children, transition age youth, adults, and older adults. Provides the additional support needed to remain in the community and thrive. A nurse meet the needs of older adults, enabling us to coordinate physical with mental health care to help elders to stay in their homes and manage their health and mental health needs (CSS – FSP).
Parent-Child Interaction Therapy (PCI) Community Collaboration
Intensive parent-training program for families with aggressive, defiant, and non-compliant children; families with parents who have limited parenting skills; and families who have experienced domestic violence and/or child abuse. Program has been adapted as an intervention for many different types of families (child welfare population, at-risk families, adoptive families, foster families, and other languages including Spanish) (PEI).

Kern County
Multi Agency Integrated Services Team (MIST) – Youth Full Service Partnership
Serves youth ages 0-19 who have more than one inpatient hospitalization in the past year; multiple emergency room visits which have not led to hospitalization; one placement failure or at risk for placement failure. Collaborative program targets youth who are at risk of losing their foster home, group home, or biological home placement. An intensive family centered, strength-based approach, incorporates group, individual, and family contacts to preserve the family unit. Youth in need of high-level residential placement are treated in foster care settings when possible (CSS – FSP).

Recovery Supports Administration
Serves children, youth, and adults of all ages; consumers and family members of mental health services; mental health providers and the general public. Provides enhanced access for consumers and families to self-help and support services throughout Kern County. Programs focus on recovery and outreach activities, training of staff consumers and family members, and dissemination of recovery based education and anti-stigma information.Three types of programs: Consumer Family Learning Centers (CFLC), Self-Empowerment Team (SET), and the Recovery and Wellness Center (RAWC). CFLC provides recovery-based classes and support groups, computer lab access, and opportunities for outreach to peers and to the community SET provides consultation and assistance from professional staff, training in peer supports for those who self-identify as having lived experience with recovery from mental illness RAWC teams provide recovery-oriented treatment approaches, including psychiatric medication support, solution-focused brief therapy, and case management services (CSS – OESD).

Youth Wraparound – System Development
Serves youth ages 0-19 years with severe emotional disorders deemed eligible for mental health services and needing intensive services to transition effectively to community living; youth at risk for inpatient psychiatric hospitalization or who have recently been discharged from an inpatient hospital. Stabilizes and maintains children in the least restrictive safe environment. Assists families who are experiencing the transition of a child back into the home, or foster families receiving a child, who may need more interventions than can be provided by clinic-based services. Also provides mental health services to children who reside in group homes (CSS – OESD).

Access to Care
The Access Hotline is designated by Lifeline and SAMSHA as part of the national 1 (800) Suicide Prevention lines for all Kern County residents. Povides immediate English and Spanish phone access for crisis intervention, mental health services access and information. Serves children, youth, adults, and older adults who have barriers or challenges to accessing care, who have previously been underserved, unserved, or uninsured (CSS – OESD).

Community Outreach and Education
Serves children and families, transition aged youth, adults, and older adults who receive mental health services or might benefit from services; the community at large; elected and appointed office holders; the business community. Outreach increases community awareness and understanding of mental illness and reducing stigma. Collaborates with community agencies on special events and educational opportunities. Educates and trains law enforcement agencies and other community partner agencies to improve understanding of mental illness and its impacts (CSS – OESD).

Kings County

Children and TAY FSPs
Provides a "whatever it takes" approach to services, including individual and family therapy. Services target diverse groups of unserved or underserved populations. Have participated in IEPs for children as well contracting with a foster family agency to engage foster youth and other at-risk youth with WRAParound services. Provides "Summer Day Camp" which delivers intensified services to adolescents who are underserved during the summer months and may decompensate due to lack of services and support (CSS – FSP).
Native American Youth Equine-Facilitated Psychotherapy Program (Youth in Transition)
Behavioral health specialists and mental health researchers are constantly searching for effective interventions to address the problems of at-risk youth. Equine-Facilitated Psychotherapy (EFP) helps improve communication, relaxation, self-esteem, self-confidence, trust, listening skills and concentration. This recreational therapy combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. The relationship established with the horse is believed to fully engage the participant's mind, body, and spirit, thereby building confidence, attunement and sensitivity to internal processes and non-verbal communication (INN).

Lake County
Full Service Partnerships
Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided "whatever it takes" services. A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities (CSS – FSP).
Early Student Support
Enhance the social and emotional development of young students (grades K-3) who are experiencing mild to moderate school adjustment difficulties. Using a systematic selection process of students most likely to benefit from program participation, alternative personnel provide direct services to students under ongoing supervision and training by credentialed school psychologists in collaboration with Lake County Mental Health Department professional staff (PEI).

Lassen County
Screening/Assessment and Counseling
Lassen County Behavioral Health established a 3-element program to provide prevention and early intervention efforts for children age 0-17 and their families. Early intervention can occur when screening of children indicates the likelihood of behaviors and conditions that create multi-problems, serious symptoms and troublesome behaviors in children and their families. This PEI proposal will: 1) support and augment existing screening and identification efforts, including developing a staff position to provide consultation and support to collaborating partners that identify families and children in difficulty; 2) financially support and expand direct family education and support programs; and 3) develop clear protocols for referring children and families that need and want early intervention, adding an evidence-based practice that provides that intervention. PEI provides Lassen County Behavioral Health case managers and therapists screening of children who could be identified as un-served and underserved. Lassen

County Behavioral health has been providing staff to Lassen High School and Diamond View middle school to provide screening, assessment and counseling to youth and their families. The stakeholders requested the need to expand these services to other community schools, such as Shaffer, Janesville and Johnstonville. Behavioral Health staff have also provided students with basic pro-social skills from Skill Streaming curriculum. Prevention and Early Intervention one time funding was used in 2010-2011 for the two programs listed below Pathways & Early Intervention expanded their use of the screening tool known as Ages and Stages Questionnaire-Social Emotional (ASQ-SE). The expansion would include all children between the ages of 0-5 years in Lassen County. The use of the screening tool will help identify concerns within children and help refer them to appropriate services. Lassen Indian Health Center (LIHC) trained their psychologists in trauma focused cognitive based therapy programs and implement an Indian Country Child Trauma Center (ICCTC). The program will provide culturally appropriate Cognitive Behavioral Therapy services to children (Age 4-12) and their families. (PEI).

Los Angeles County

Children's FSP

The Children's Full Service Partnership (FSP) is a mental health service program for children ages 0 – 15 and their families who would benefit from an intensive in-home program designed to address the total needs of the child, including his or her family, who is experiencing significant, emotional, psychological and behavioral problems that are interfering with the child's well being. Children ages 0 – 15 who have a serious emotional disturbance (SED) and are at risk of being removed from the home, who have extreme behavior problems at school, whose parents or caregiver have a substance abuse problem or who are moving back home or into the community after being in an out-of-home placement are the ideal candidates for an FSP program. Children's FSP programs are capable of providing an array of services 24 hours per day, seven days a week that are well beyond the scope of traditional clinic-based outpatient mental health services. A children's FSP consists of a team of mental health professionals and other service providers dedicated to working with the child and family and providing comprehensive, intensive services in the family's home and community.

Services may include:

- *Individual and family counseling*
- *Peer support from people experiencing similar issues*
- *Transportation*
- *Access to physical health care*
- *Help finding suitable housing for children and families enrolled in FSP programs*
- *Help getting the financial and health benefits the child and family are entitled to*
- *Assisting family members with substance abuse and domestic violence counseling as needed*

(CSS – FSP).

Children/TAY Full Services Partnerships (FSPs)

Target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management (CSS – FSP).

School-Based Services Project

The School-Based Services Project will (1) build resiliency and increase protective factors among children, youth and their families; (2) identify as early as possible children and youth who have risk factors for mental illness; and (3) provide on-site services to address nonacademic problems that impede successful school progress. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; foster a positive school climate; offer early mental health intervention services on school sites; and provide training in mental health evidence-based programs to school personnel and providers working with youth and children (PEI).

Family Education and Support Project

The Family Education and Support Project will build competencies, capacity and resiliency in parents, family members and other caregivers in raising their children by teaching a variety of strategies. Services will be offered to a diverse population throughout the county. The project utilizes universal and selective intervention as well as early intervention approaches for children/youth in stressed families. The programs will address the risk factors and protective factors that promote positive mental health, concentrating on parental skill-building through a variety of training, education, individual, group parent, and family interaction methods (PEI).

At-risk Family Services

The At-Risk Family Services Project will (1) provide training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements; (2) build skills for families with difficult, out of control or substance abusing children who may face the juvenile justice involvement; and (3) provide support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family (PEI).

Trauma Recovery Services

The Trauma Recovery Services Project will (1) provide short-term crisis debriefing, grief, and crisis counseling to clients, family members and staff who have been affected by a traumatic event; and (2) provide more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events. The programs include outreach and education, psychosocial assessment, individual short-term crisis counseling, family counseling, youth and parent support groups, case management, and training for staff that are likely to work with trauma victims (PEI).

Primary Care and Behavioral Health Services

Develops mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. Another purpose is to prevent patients at primary care clinics from developing severe behavioral health issues by addressing their mental health issues early on. Behavioral health professionals skilled in

consultation and primary care liaison will be integrated within the primary care system. It is the intent of the Project to build resiliency and increase protective factors among children, youth, adults and older adults and their families and other caregivers through the PEI programs. By offering assistance in identifying emotional and behavioral issues at a clinic setting, the stigma associated with seeking out mental health services will be minimized (PEI).

Juvenile Justice Services
The Juvenile Justice Services Project will (1) build resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; (2) promote coping and life skills to youths in the juvenile justice system to minimize recidivism; and (3) identify mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system. Services will be provided at probation camps throughout the County, residential treatment facilities, health clinics, community settings, and other non-traditional mental health sites (PEI).

American Indian Project
The American Indian Project will (1) build resiliency and increase protective factors among children, youth and their families; (2) address stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and (3) identify as early as possible children and youth who have risk factors for mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population (PEI).

Madera County
Children/TAY FSPs
This program serves a target population of ages 0-25 who due to their mental illness experience out of home placement, isolation, juvenile justice involvement, homelessness and/or failure in achieving educational milestones. Individuals in the FSP receive more frequent counseling services and more intensive case management. (CSS—FSP)

Marin County
Children's System of Care(CSOC) As of July 1, name changes to Youth Empowerment Services (YES)
This program serves 49 youth at any one time with serious emotional disturbance who are involved with juvenile justice and/or attend County Community School, a continuation high school. Clinical staff work with trained family partners to meet the mental health, social, and developmental needs of each child or adolescent and their families in a culturally competent manner. (CSS - FSP).

Southern Marin Service Site
A community-based, culturally competent, easily accessible mental health service site was opened in Southern Marin, an underserved area. Clients and families benefit from easy access to an array of mental health services including individual, family, and group counseling along with support groups, and medication monitoring for seriously mentally ill adults with serious mental illness and youth with serious emotional disturbance (CSS – OESD).

Early Childhood Health Consultation
Provides training and support to staff of childcare and early childhood education sites to identify children whose behavior indicates social/emotional difficulties, develop a plan for meeting the child's needs, and to assist the family. Training will be provided to strengthen staff skills in working with all children and voluntary screening will be available to families for adult depression (PEI).

Triple P - Parenting Education and Support
A broad range of providers working with at-risk families have been trained in an evidence-based method for educating and supporting families with parenting challenges. Goal is to reduce adverse childhood experiences and out of home placements. (PEI).

Mariposa County
Children's Full Service Partnerships
Provides "whatever it takes" to help youth and families. Consumers, family members, and staff enter into a Full Service Partnership which has recovery as a goal. The program focuses on trauma-exposed individuals, individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, children and youth at risk for school failure, children and youth at risk of juvenile justice involvement (CSS – FSP).

SMILE and Respect
SMILE is a a cross-age after-school mentoring program providing elementary and high school-aged students with experiences designed to discover strengths, celebrate individuality, develop leadership, increase resilience, and enrich life through community linkages. Creates a targeted prevention/intervention partnership with teachers, school counselors and education professionals, and includes a component for parent involvement in leadership development. Using a public health model, Project Respect address all four levels of the social ecology: individual, relationship, community and society. Although bullying is the primary issue, the underlying risk factors for bullying are grounded in social norms which govern the way our community members interact with one another. Take a universal approach (as this behavior affects every facet of our community) and gives individuals the skills needed for solving problems, addressing interpersonal conflicts, getting help when necessary, and promoting respectful behaviors in all relationships (PEI).

Family Services Center - Capital Facilities

A stand-alone building creates a one-stop service center for families, while decreasing the stigma associated with traditional mental health services. Provides a home-like environment where services can be provided, separate from the Behavioral Health office. Possible services: wraparound services, family counseling and groups, supervised visitation services, child care center, etc. (CFTN).

Mendocino County

Full Service Partnerships for Children, Youth, and Families

*The Children and Family Services Program includes services to children of all ages, with a focus on the underserved 0-5 age group, a focus on the underserved Latino and Native American children. Services offered are broad screening and assessment of very young children, family respite services, Full Service Partnerships, and therapeutic services to children and families, in particular from Tribal and Latino Communities, are the primary services. This population of the CSS program will include the implementation of an outcome measure (for example CANS and/or other outcome measure tools), for all Mental Health Plan Providers. The use of outcome measure tools will allow for evidence based decision making and review of treatment services, as well as identifying areas for improvement. (*CSS - FSP).

Bilingual/Bicultural Therapy for Latino Children and Families (CFSOC)

Bilingual and bicultural services to our remote, Tribal, and Latino communities are provided through Mental Health Plan Providers. A clinical team provides services to tribal members and families throughout the county. This team also provides services to individuals and groups incarcerated at our county jail.(CSS-OESD).

Broad Screening andAssessment of Very YoungChildren (ages 0-5)

In partnership with a Mental Health Plan Providers Mendocino County continues to implement Raise & Shine, a screening and assessment program for all 0-5 year olds. Children referred for mental health services that do not have insurance or private resources may be eligible for MHSA funding for treatment. (CSS - OESD).

Katie A.Program

*The Katie A. Program has been implemented in Mendocino County. County Mental Health and Child Welfare Services (CWA) work in collaboration to provide Mental Health services when a child qualifies for services based on the Katie A subclass criteria. Mendocino County has redesigned the service delivery through collaboration with the Social Services Department, the Safety Organized Practices (SOP) Program. This redesign of the existing service expands and introduces a proactive component in the investigation, assessments, and case plan development of the Foster Care placement program. (*CSS - OESD)

Children and Family Services Program & TAY

The goal of the PEI project for Children & Transition Age Youth in Mendocino County is to screen for symptoms of early onset of psychosis. The team developed a screening tool to be used

as a guide for counselors and other health care providers to recognize prodromal symptoms and make early referrals to psychiatric care. The project funded psycho-educational groups in schools and trained group facilitators to recognize symptoms and make referrals. The program refers to and funds a psychiatrist working with a local health clinic to provide assessment and psychiatric care for youth who are uninsured or underinsured and determined to qualify by the screening tool. (PEI).

Prevention Collaboration: Children and Youth Age 0-17
The PEI Groups in Schools is a project of the Mendocino County Behavioral Health and Recovery Services in cooperation with a Mental Health Plan Provider and various schools and school districts throughout Mendocino County. The project's goal is the early identification and treatment of young people experiencing the first signs of a serious mental illness. The PEI Groups in schools are led by Mental Health Plan providers. These groups provide therapy, rehabilitation, and possibly alcohol and other drug treatment and prevention. These groups are designed to meet the particular needs of the students and to fit with the skills of the clinicians, rehabilitation specialists and prevention specialists. The group leaders use the Brief Screening Survey, which was developed jointly with local pediatric psychiatrists and the MHSA PEI workgroup for the detection of symptoms of psychosis or serious mental illness. (PEI).

Merced County
Wraparound, Empowerment, Compassion and Needs (WeCan) – Youth/TAY Full Service Partnerships
The WeCan program is a WRAP program which was and is able to provide services to children and families outside of the "office" environment. Services are delivered in the clients' home, school, and community, thereby reducing stigma of coming to a facility and reaching many of the unserved and underserved population by reducing obstacles such as transportation, service location, standard "office hours" etc. WeCan provides services to family when and where services are needed anywhere in Merced County based on the client's own involvement and reports. Culturally and ethnically the WeCan program is made up of male and female English, Spanish, and Hmong speaking staff in order to address these threshold languages within Merced County. Services are also available in other languages through the use of interpreters and or Language Line when needed. The WeCan program collaborates with other Merced Community partners and attends to the Cultural Compentency Oversight Committee to stay in touch with disparities and how to further overcome them. - The WeCan program faced some challenges implementing true WRAP service delivery with having to meet 100% Medi-Cal reimbursable guidelines. The program contract added MHSA funds to better serve the target population as of January 1, 2011 (CSS – FSP).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at

traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Caring Kids
Provides intervention services to promote the optimal social and emotional development of children ages 0-5 throughout Merced County. Provides parents, child-care providers, and teachers with the assistance needed to nurture and give positive social and emotional support to children, and to prepare preschool-aged children for the social demands of kindergarten (PEI).

Middle School Mentoring
The Middle School Mentoring Program is an expanded State funded alcohol and drug prevention program for middle school children. The program works towards alcohol and drug prevention through a peer mentoring model, pairing trained high school leaders with at-risk eighth graders. Core curriculum activities include education about the ill effects of alcohol and drugs. (PEI).

Los Banos Unified School District
School-based program that provides comprehensive mental health services; facilitates ongoing therapy for individual students in the school; group therapy based on the specific needs of students at multiple campuses; links students, parents, staff, and community partners with mental health programs and services. (PEI).

Strengthening Families Project
Recruits family and community partners to focus on the developmental milestones of life transitions in diverse and non-traditional settings. Strengthens families and builds on existing resiliency. Decreases risk factors and enhances nurturing and attachment; knowledge of parenting and/or child, youth and adolescent development; parental resilience; social connections; concrete supports for parents. (INN).

Second Steps/iMatter 1 PEI Second Steps/iMatter 1
Program is a collaborative program between Merced County Office of Education and Sierra Vista Child & Family Services. iMatter 1 is a school based social skills program for school aged children that teaches social emotional skills aimed at reducing impulsive and aggressive behaviors, while increasing social competence aimed at skill development. Children are taught to identify and understand their own emotions as well as others around them. The students will learn to reduce impulsiveness, choose positive goals, manage their emotional reactions and decision making process when emotionally aroused. iMatter 1 provides social skills groups, whole classroom instruction, school staff consultation, parent training and staff training to the

schools in Merced County. Services are provided in English, Spanish and Hmong at this time. (PEI).

Modoc County

Community Asset Building

Supports a community-wide prevention effort that focuses the widest deployment of community resources to build assets for children, youth and support their families. The Prevention collaborative has initiated and supported parenting education and other youth activities, including 4-H, Boy Scouts, after-school [rograms, sports programs, and health-based prevention education programs. Based on all these activities, we identified training and coordination of programs and activities to build 40 developmental assets (PEI).

Primary Intervention Program

Supplements our broad community asset-building efforts, providing early intervention to children with early indications of trauma, school difficulties and family problems. Extends program from grades K-3 to include grades 4-6 and increases number of sites/sessions in this project (PEI).

Strengthening Families Program

Provides early intervention and support for adolescents and their parents through the Strengthening Families Program, a SAMHSA Model Program. Although the program is open to the community at large, special outreach is made to families involved in the juvenile justice system the Child Protective Services system. (PEI).

System Transformation - Full Service Partnership

*Serves County residents 0-60+. Includes funding for client, family member and caregiver support, personnel, mental health clinician for crisis component, mental health services specialist for partnership with wraparound, mental health clinician coordinator for child/youth team, case managers/outreach for child/youth team, licensed vocational nurse for child/youth and adult/older adult team, case manager/mental health specialist for adult/older adult team, peer support position, and clerical support. (*CSS - FSP and CSS - OESD)

Mono County

Student Mental Health; Suicide Prevention; Stigma Reduction

Provide Prevention and Early Intervention in Mono County Schools regarding student mental health, healthy choices, and anti-bullying. Provides Crisis support and stabilization for all county residents. Provides stigma reduction in each community with stakeholder influence. (PEI).

Monterey County

Family Preservation
Provides home partner services to youth at risk of being removed from their homes (CSS – OESD).

Family Reunification Partnership
Provides intensive therapy and case management services for children in the foster care system (CSS – FSP).

Integrated Co-Occurring Treatment
Provides integrated treatment for youth with co-occuring mental illness and alcohol or other drug abuse (CSS – FSP).

Early Childhood (0-5 yrs)
ESD Provides counseling services for children in childcare and Head Start programs; mental health consultation and training to teachers, home visitation staff and other community partners (CSS – OESD).

Juvenile Justice: Mental Health Court
Community Action Linking Adolescents program provides mental health services and case management for youth in the juvenile justice system (CSS – FSP).

Supportive Housing
Provides supportive housing and case management services for youth exiting the Youth Center (CSS – OESD).

Early Intervention (0-5) Secure Families
Ensures that children under 5 have access to developmental screening and appropriate referral for services to foster positive physical, emotional and cognitive development. Therapists work with school faculty, providing mental health consultation in preschool classrooms, observations and dialogue with school staff. By identifying problems with self-regulation and providing low-intensity brief therapy before elementary school, fewer children will need treatment later and academic performance will improve (PEI).

0-8 Mental Health Screening
Ensures that children 0-8 will have access to developmental screening and appropriate referral for services. This program extends the services provided by the Early Intervention program (above) to children through age 8 who are in need of screening, assessment and preventative/early intervention services (PEI).

School Based Counseling
Using evidence-based practices, provides early intervention addressing the mental health needs of elementary school aged children and a prevention education for parents and school faculty.

The program places mental health professionals in two elementary school sites where they offer immediate services in schools which have been identified as having the greatest need (PEI).

Child Advocate Program/Probation
This program is a collaborative of 13 community partners. It provides community-based prevention and intervention services to families with children under the age of five who have witnessed or been subjected to domestic violence. Services include: home visits, social and emotional development screening, information and referrals to community services and emergency assistance (PEI).

School Based Domestic Violence Counseling
Services are provided by licensed clinicians or qualified interns for schools for children who have witnessed violence or other traumatic events. Counselors provide individual and group therapy, utilizing various evidence based practice theories such as expressive arts, and make referrals to other resources (PEI).

Mental Health Services for the Archer Child Advocacy Center
This program serves as an early intervention effort to mitigate the long term effects of child abuse. This program provides mental health assessments, referral and brief therapy to children who have been sexually assaulted, and also provides crisis support to the child's family. Providing brief therapy at an early stage, immediately following the exposure to abuse and trauma, helps reduce the development of severe emotional disturbance or serious mental illness (PEI).

School Evidence-Based Practices
*Provides counseling services at four pilot elementary school sites in Gonzales, Greenfield, King City, and Salinas. (*CSS *OESD).*

Youth Diversion
This program is a partnership between law enforcement, schools and Behavioral Health to intervene in the early incidence of juvenile delinquency. The program serves youth at risk of school failure and/or juvenile justice system involvement by providing assessment of the emotional and mental health needs of youth, counseling and referrals to community resources. (PEI).

Napa County
Children's Full Service Partnership
The Children's Full Service Partnership (CFSP) Program is designed to assist underserved, primarily Latino at-risk youth ages 0 to 15 with intense emotional disturbance who demonstrate problems with functioning in at least two of the following areas: a) school; b) home; c) community; and d) peer relationships; and are either at risk for hospitalization, incarceration, suicide, homicide, removal from the home; or the mental disorder/impairments are likely to

continue for more than a year without treatment. CFSP staff provides bilingual and bicultural services to 28 children and their families to improve mental health outcomes (CSS – FSP).

Mobile Outreach, Response and Engagement (MORE)
The MORE program is a mobile mental health outreach service that provides crisis intervention, mental health assessment, assertive outreach, follow-up planning and referral to other mental health services responding to hundreds of calls and provides over 130 home or site visits to individuals on an annual basis. MORE services are available to any Napa County resident experiencing mental health distress. MORE serves all ages, backgrounds, and there are no income restrictions. MORE supports law enforcement and hospital emergency rooms, assuming a prominent role in first responses. MORE staff is highly trained and knowledgeable in crisis intervention as well as on culturally-appropriate bilingual (English/Spanish) crisis response to children, young adults, adults, older adults and their families. MORE provides direct service as well as linkage to mental health and other services in the community. The MORE program continues to focus on extending services to underserved in Napa County with focus on bilingual/bicultural outreach. There is emphasis on outreach to the schools and the lesser served areas of the county (CSS – OESD)

Home Visitation (HV) Project
The HV PEI Project accepts referrals from family resource centers as well as schools to ensure families with children have the basic resources met including health insurance, food, work, etc. Once basic resources are met, staff works with families to create a goal-oriented plan to improve the family dynamic and reduce child abuse. (PEI).

American Canyon PEI Project
The AC PEI Project includes a Student Assistance Program (SAP) and Home Visitation program for youth and families specifically at Napa Junction Elementary School in American Canyon. (PEI).

Domestic violence PEI Project
The DV PEI Project provides services specifically for children exposed to domestic violence to prevent the onset of Post-traumatic stress disorder (PTSD) or other mental illness. The DV PEI Project includes tutoring, support groups (using specific curriculum), communication with schools, and referrals as appropriate for children exposed to domestic violence (PEI).

St. Helena/Calistoga (SH/Cal) PEI Project
The SH/Cal PEI project focuses primarily on Latino youth and families in these underserved North County communities. The project has three components – a school-based group mentoring program, a Promotor/a component and a parent collaborative component to encourage community building in St. Helena and Calistoga. (PEI).

Child Welfare Services Early Mental Health Assessment (CWSEMHA) PEI Project
The CWSEMHA Project will provide funding for a full-time mental health clinician to work

within the Child Welfare Division of Health and Human Services to provide universal screenings and mental health assessments of all CWS children and youth to determine what level, if any, of mental health services may be needed (PEI).

Nevada County

Early Intervention for Children, Youth and Families at Risk Project
Components include mentoring program; school-based teen mental health screening and assessment, evidence-based therapy for high-risk youth and their families. Second step: teaching pro-social skills in schools (PEI).

Four Full Service Partnership (FSP) Service Programs
Creates collaborative relationships between County and the client and, when appropriate, the client's family. Plans and provides the full spectrum of community services so that the client can achieve the identified goal. Two Children's FSP Service Programs: EMQ FamiliesFirst and Victor Community Support Services, Inc. (CSS - FSP).

Orange County

Children's Full Service Partnership
Community Services Programs (CSP)- Collaborative Courts FSP*: This FSP works with the Juvenile Court, the Probation Department and the Social Services Department to provide a full range of Mental Health Services to serious emotional disturbance (SED) children and serious mental illness (SMI) Transitional Age Youth (TAY) and their families (where appropriate) who are involved with a number of Specialty Collaborative Courts. These program were designed to provide services into early adulthood when SSA Wrap programs no longer provide services. The FSP partners with Juvenile Drug Court where job training and post-program support are critical in maintaining sobriety. The Truancy Court focuses on SED/SMI youth with many needs who come to the attention of "the system" via a lack of school attendance. A wide variety of significant mental health needs has been encountered. The program also supports the 'Girl's and Boy's Courts which are focusing on the long term needs of dual jurisdiction youth and providing housing, job skills and educational opportunities. (Age range 10-23).*

Community Services Programs (CSP) Youthful Offender Wraparound*: was designed to meet the long term needs of SED youth and SMI TAY who have had significant rehabilitation efforts while in custody of the probation Department. The program provides a full menu of FSP services so that youth can maintain their progress from their time in custody and build on those skills. The primary focus is to provide new skills to avoid reoffending. Youth generally begin the program with Probation and the DPO part of the treatment planning effort. Many stay after they have been released from supervision. Major efforts are aimed at gaining and maintaining employment. (Typical age range 14-24).*

PROJECT FOCUS – Full Service Partnership Wraparound*: Utilizes a "whatever it takes," community-based and client-centered approach where individualized care plans are developed*

for individuals and families. This Full Service Partnership Wraparound program of Orange County Asian Pacific Islander Community Alliance (OCAPICA) provides mental health services and intensive case management services including support and assistance in obtaining benefits for low income families, health insurance, housing placements, parent education and support, tutoring, mentoring, youth recreation and leadership development.

Providence Community Services – Project RENEW (Reaching Everyone Needing Effective Wrap) Program: *serves Orange County SED/ SMI children from birth to 18 years of age and their families who have been un-served or underserved, are homeless or at risk of homelessness. While the child is the identified participant, Project RENEW uses a Wraparound model, developing a team of individuals offering both formal and informal support to the entire family.* (CSS-FS).

Children's In-Home Stabilization
Orange County Child Abuse Prevention Center – In-Home Crisis Stabilization: In-Home Crisis Stabilization program provides in-home crisis response, short term in-home therapy, case management and rehabilitation services with a focus on maintaining family stabilization and preventing hospitalization and/or out of home placement (CSS-OESD).

Children's Crisis Residential Program
Community Services Programs (CSP)-Children's Crisis Residential Program: With the goal of reducing at-risk behaviors, peer and family problems, out-of-home placement, and involvement in the child welfare and juvenile justice system among adolescents, the Crisis Residential Program of the Children Provider-CSP offers a temporary, short-term, six-bed crisis stabilization home to adolescents who are in crisis. Admissions are voluntary and available on a 24/7 basis depending on bed availability. The program facilitates, educates coping strategies and promotes resiliency in diverse youth and their families. Staff involved in evaluating possible inpatient admissions or the Family Stabilization Teams (FST) identify youth who do not require hospitalization but who will benefit from additional assessment and therapeutic respite (CSS – OESD).

Children's Mentoring Program
Mental Health Association (MHA) – Project Together Mentoring Program: The Mental Health Association-Project Together Mentor Program (MHA-PT) provides mentoring services for serious emotional disturbance (SED) children and youth and serious mental ill (SMI) transitional age youth who are receiving mental health treatment services through the County of Orange Health Care Agency, Children & Youth Services (CYS) operated or contracted programs. MHA-PT incorporates mentoring ―best practices‖ as defined by the California Mentor Partnership into all aspects of the mentoring programs, and mentor services are initiated by the clinician of a child's/teen's CYS or CYS contract agency. All mentors are matched based on shared cultural and linguistic needs of the children, youth and families, and the clinician determines when a child/teen or parent/guardian will benefit from a mentor. Once a match

becomes mutually agreeable to all parties involved, the clinician supports the mentor-mentee relationship, meets and advises the mentor on a regular basis during the child's/teen's process of forming a trusting, nurturing and one-to-one relationship (CSS – OESD).

Children's Centralized Assessment Team
Orange County Health Care Agency, Behavioral Health Services, Children & Youth Services – Centralized Assessment Team: CYS County staff provide crisis evaluations for minors under the age of 18 to determine if psychiatric hospitalization is required or if the minor can be safely referred to a lower level of care. This 24/7 mobile crisis team consists of psychologists, social workers, and marriage and family therapists. The program serves the unfunded and Orange County Medi-Cal Recipients. CYS CAT also has a rotations of Service Chiefs and Psychiatrists available 24/7 (CSS – OESD).

School-Based Services
PEI Transitions*: Transitions is a prevention program serving youth at a high-risk time in their lives when they are transitioning from elementary to middle school and from middle to high school. The goals of this program include reducing high-risk behaviors while developing protective factors and resiliency in these youth to better meet the new academic and social challenges. It also makes available educational support to the parents for assisting their transitioning youth. Services include classroom curriculum to educate students regarding high-risk behaviors, behavioral health conditions and healthy coping skills. Educational group sessions are also available to the parents of these students. The aim of this program is to increase awareness in these families to not only prevent behavioral health conditions in these youth but to remove any stigma in asking for help to prevent the devastating consequences of mental illness including teen suicide.*

School Based Behavioral Health Interventions and Supports (BHIS): *School Based Behavioral Health Interventions and Supports (BHIS) provide services and curriculum for students and their families for the purpose of preventing and/or intervening early with behavioral health conditions. Services are provided in elementary, middle and high schools in school districts that have the highest indicators of behavioral issues, including dropout rates, expulsion, and suspensions. Curriculum is implemented at the classroom level for all students in these schools and more intensive curriculum is available for students and families with a higher level of need.*

The School Based Behavioral Health Intervention and Support-Early Intervention Services*: The School Based Behavioral Health Intervention and Support-Early Intervention Services serves families with children, K-7, experiencing challenges in attention, behavior and learning, and/or Attention Deficit/Hyperactivity Disorder (ADHD). The program provides a regular education school experience with modifications and skill development to meet the psychosocial and academic needs of children and families. Program services include academic support, social*

skills development, parent training and academic transitional support. The program is for 12-24 months, after which the child is transitioned to the next academic setting.

The Violence Prevention Education (VPE): *The Violence Prevention Education (VPE) program's goal is to reduce violence and its impact in the schools, local neighborhoods and families. There are six programs under the Violence Prevention Education component.*
School Readiness Program/Connect the Tots *provides services to underserved families with children age 0-6 years who are exhibiting behavioral problems, putting them at increased risk of developing mental illness and experiencing school failure. The focus of these program services is to reduce risk factors for emotional disturbance in young children and to promote school readiness and prepare them for academic success. The School Readiness Program/Connect the Tots services include children's and family needs assessment, parent education and training, case management and referral and linkage to community resources. (*PEI).

Brighter Futures (Consumer Early Childhood Mental Health)
Brighter Futures: (formerly Consumer Early Childhood Mental Health) provides community-based services to families with children who experience social, emotional, and behavioral health problems. The goal is to reduce isolation and form a supportive network with other families. The project offers brief interventions; helps build personal resiliency and healthy relationships between parents and children. A multidisciplinary clinical team provides culturally and linguistically appropriate peer-mentorships, case management, parent education, psychotherapeutic services and linkages to supportive community services. Services are provided to Orange County residents, parents/families with children ages 6-13 who are experiencing social, emotional, and behavioral health problems. The project provides services in English, Spanish, and Mandarin. (INN).

Placer County
Rallying Around Families Together
Wraparound services to include children (17 years and under) with severe emotional disorders eligible for County Mental Health Services but who do not meet the Government Code 26.5 criteria for Special Education Services(CSS – FSP).

Incredible Years
Incredible Years is designed to strengthen children's social skills and emotional awareness through self-control strategies to boost academic success, reduce aggressive behavior, increase self-confidence and improve parental involvement and support. (PEI).

Plumas County
Full Service Partnerships
Provides Full Service Partnerships "whatever it takes" services for adults, older adults, children (Wraparound) and transition age youth (CSS – FSP).

Family Therapy
Provides services to families that have "cycled" in the systems for many years; now with older

children and the behavior disruptions at risk of involvement or involved with in Juvenile Justice (PEI).

Expansion of Children's System of Care
Provides for the Children's System of Care (CSOC) service delivery to increase number of MHSA-eligible youth (typically non-MediCal). (CSS - OESD).

Riverside County
Children's Integrated Services Program
The Children's Integrated Services Program provides a broad array of integrated services and a supportive system of care for minors ages 0–18 years and their families. Priority populations identified for Children/Youth were those with Serious Emotional Disturbances (SED) under the jurisdiction of the juvenile court (wards and dependent) and those suffering from a co-occurring disorder. This Work Plan provides an array of services through interagency service enhancements and expansions; evidence-based practices in clinic expansion programs and full service partnership programs; and continued support of Parent Partners employed as permanent County employees. Full Service Partnerships: Multi-Dimensional Family Therapy (MDFT), Multi-Dimensional Treatment Foster Care (MDFC), Parent Child Interaction Therapy (PCIT). System Development: Parent Support, Social Service Re-Design, Mentoring, Youth Hospital Intervention, Clinic Enhancement and Expansions, Evidence-Based Practice Models. (CSS - 01)

Parents and Teachers as Allies (Mental Health Outreach, Awareness and Stigma Reduction Project)
This program, created by the National Alliance on Mental Illness (NAMI), is designed to help families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in school and increases understanding of how best to intervene so that youth with mental health treatment needs are linked with services. This two-hour in-service program also includes participation from a mental health consumer, who has experienced the early onset of mental illness, and shares their view from the inside. Discussions include the positive and negative impact that their school experience has had on their life and their recovery process. (PEI).

Dare to be Aware Conference (Mental Health Outreach, Awareness and Stigma Reduction Project)
This is a full-day conference for approximately 1,000 youth in middle and high schools from across the County. The goals are to increase awareness and reduce stigma related to mental illness (PEI).

Breaking the Silence (Mental Health Outreach, Awareness and Stigma Reduction Project)
This NAMI-developed program teaches students in upper elementary school, middle school, and high school about serious mental illness (PEI).

Strengthening Families Program
Family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children. This program brings together the family for each session. This program in currently in development (as of 4/2012) (PEI).

Parent Child Interaction Therapy
An intensive, short-term, evidence -based intervention that helps families with children aged 2-8 who exhibit a number of chronic disruptive behaviors at home, in school, preschool or daycare (e.g., aggression, defiance, frequent temper tantrums, refusing to follow directions, talking back, swearing) (PEI).

Triple P Positive Parenting (Parent Education and Support)
A multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. (PEI)

Families and Schools Together
The FAST program is an outreach and multi-family group process in schools designed to build protective factors in children, empower parents to be the primary prevention agents for their children, and build supportive parent-to-parent groups. The overall goal is to intervene early to help at-risk youth succeed in the community, at home, and in school, thus avoiding problems such as school failure, violence, and other delinquent behaviors (PEI).
Cognitive Behavioral Intervention for Trauma in Schools (Trauma Exposed)
CBITS is a cognitive and behavioral therapy group intervention to reduce children's symptoms of Post-Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence (PEI).

Sacramento County
Strengthening Families
Includes five components: 1) Quality Child Care Collaborative (QCCC) - Early Childhood Consultation to preschools and early care learning environments for children from birth to age five. Consultation is designed to increase teacher awareness about the meaning of behavior to ensure the success of the child while in a daycare and/or preschool setting. 2) HEARTS for Kids - Provides a comprehensive menu of services (health exams, assessments, referrals and treatment services) for children ages birth to five (5) who come to the attention of Child Protective Services or are placed into protective custody. 3) The Bullying Prevention Education and Training Project – A Training of Trainer (TOT) model uses evidence-based practices to train school staff, who then educate other school staff, students, and parents/caretakers on anti-bullying strategies. The project is primarily being implemented at elementary school demonstration sites; however, it is intended to expand to other grades by leveraging school district resources. The long-term goal is to change school climates across all 13 school districts. 4) Early Violence Intervention Begins with Education (eVIBE) – Uses universal and selective evidence-based prevention approaches to target children and youth ages six (6) to eighteen (18) and their family members/caregivers to improve social skills, increase protective factors, prevent youth violence, and reduce or eliminate family conflict. 5) Independent Living Program (ILP) 2.0 - Expands the Independent Living Program for foster youth to non-foster, homeless, and LGBTQ youth ages sixteen (16) to twenty-five (25) to gain positive, proactive, successful life skills either through a classroom setting or through individual life skills counseling. (PEI).

San Benito County

MHSA System Transformation Program

Provides services to all ages: children (ages 0-17), transition age youth (ages 16-25), adults (ages 18-59), older adults (ages 60+); all genders; and all races/ethnicities. Embraces a 'whatever it takes' service approach in helping all populations reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to clients of all ages and their families. Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; education and employment support; anti-stigma events; linkages to needed services; and housing support. Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. Esperanza Center also provides transition age youth with a safe, comfortable place to receive services and participate in age-appropriate activities (CSS).

Children and Youth PEI Services

Hollister Youth Alliance provides prevention and early intervention activities in the schools and community. Youth and families involved in the Joven Noble program have achieved positive outcomes, and youth are developing positive leadership skills and reducing involvement in gangs. Program reduces cultural and ethnic disparities in our mental health system. Improves access to services for the Latino community. Outreach to women and older adults has also been successful (PEI).

San Bernardino County

Child and Youth Connection

Connects foster care and juvenile justice-involved children and youth and their families with resources, mentors and mental health services (PEI).

PEI Preschool Program

Provides mental health support for diverse preschool children and education for parents and teachers to prevent and reduce the occurrence of aggressive and oppositional behavior in an effort to reduce the chance of delinquent behaviors later in life (PEI).

Interagency Youth Resiliency Team

Serves two groups of diverse children and youth: those who are dependents of the Children and Family Services (CFS) foster care program, and wards of the court who are being supervised by the probation department who are not in a locked facility, along with their resource providers, professional staff and clinicians (INN).

Coalition Against Sexual Exploitation (CASE)

A collaborative program between several child-serving agencies, targeted at diverse children/youth who have been sexually exploited or are at risk of sexual exploitation. The collaboration is intended to strengthen practices for systems serving this unique population, combining best practices in trauma care with local-collaborative expertise. Services include

outreach and education to at risk populations and community organizations, assessments, crisis intervention, case management, placement, school enrollment assistance, transportation, and referrals to additional community resources. (PEI).

Community Crisis Response Teams (CCRT)
Serves adults, children and youth County-wide in the least intrusive, restrictive and disruptive manner to promote client resiliency and recovery. A multidisciplinary team of mental health professionals provides crisis intervention services where individuals are located, 24 hours a day, 7 days a week. Staff conduct clinical consultations, provide referrals and case management services for clients and families, in an effort to avoid hospitalization. (CSS - OESD).

Comprehensive Children and Family Support Services (CCFSS)
The Comprehensive Children and Family Support Services (CCFSS) program is comprised of a continuum of services targeting three populations for inclusion in Full Service Partnerships (FSP) to provide "Wraparound" services to diverse children and youth with emotional disturbances and co-occurring disorders. Success First/Early Wrap was created to facilitate the success of children and youth who do not qualify for SB 163 Wraparound services. The Wrap informed Full Service Partnership culture was applied to youth in high levels of placement through the Residentially Based Services (RBS) program; and SB 163 Wraparound was incorporated into CCFSS program. (CSS - FSP).

<u>San Diego County</u>
Homeless / Runaway
A team-based approach to "do whatever it takes" to support homeless and runaway children and youth in attaining mental health services. Provide Assertive Outreach, Full Service Partnership (FSP) services and strong connections with community resources. (CSS - FSP).

Wraparound Services
Provides wraparound mental health services to clients and their families to transition children/ youth currently in Child Welfare Services custody and residential placement back to a home environment. Provide FSP. Services to children, youth and families receiving TBS services and connection of clients to a primary care provide. (CSS-FSP)

Child and Youth Case Management
Enhance outpatient services to children, youth, and families in eight outpatient clinics to provide full service partnership services. These clinics are located in all six regions of San Diego County and their clients reflect the diversity of each region. Enhance services to clients and families by providing case management in clinics in addition to the services. Eight clinics were further enhanced with Alcohol and Drug Counselor who serves existing program clients who are at risk or present with alcohol and drug issues. (CSS-FSP)

School Based Mental Health Services
Mental health services provided on over 300 school sites across the County. Expands Medi-Cal funded programs to include unserved clients (those with no access to services).(CSS-FSP)

Mobile Adolescent Services Team (MAST)
Mental health assessment and treatment services located at Juvenile Court and Community School (JCCS) sites countywide. Expands Medi-Cal funded program to include unserved clients (those with no access to services).Individual, group and family therap. (CSS-OESD)

Family and Youth Information/Education Program
Conducts forums in each of the six regions emphasizing education and information regarding the de-stigmatization of mental illness and the use of psychotropic medication. (CSS-OESD)

Family/Youth Peer Support Services
Provides support and linkage to services and community resources to children/youth and their families who are being served by the Homeless Outreach program or currently receiving mental health treatment. Assist with continuity of treatment and transition from program to program or community resource. (CSS-OESD)

Early Childhood Mental Health Services/ ChildNet SED
Mental health outpatient services to SED children ages birth through 5 years and their families using the "Incredible Years" evidence based practice model and a family approach.(CSS-OESD).

Placement Stabilization Services
Provides mental health services to clients and their families to stabilize and maintain children and youth in home-like settings. Provide peer mentorship services to CWS youth in placement.(CSS-OESD).

Juvenile Hall Mental Health Re-Entry Program
Provides mental health screening of all youth detained in the Kearny Mesa Juvenile Detention Facility, to identify youth, with a diagnosed mental illness, who can be released with appropriate mental health services. (CSS - OESD).

Families as Partners
Services and engagement with community resources and supports for families in the South Region in order to assist in maintaining a safe home for children and reducing the effects of trauma exposure.(PEI).

South Region Trauma Exposed Services
Services and referrals to prevent re-traumatization of children and families who experience trauma related to exposure to domestic and/or community violence.(PEI).

School-Based Program
Family-focused approach that engages families in their child's school success. School-based interventions with families are coordinated and designed to improve child/parent social and emotional skills.(PEI).

Suicide Prevention Education Awareness and Knowledge (SPEAK)
Suicide prevention program to serve students through education, outreach, screening, and referrals in schools. Includes education to school staff and families.(PEI).

After School Inclusion
Provides Inclusion Aides at existing integrated community-based after-school programs throughout the County to allow youth with social-emotional/behavior issues access to after-school programs that same-aged typical (i.e. non-disabled) peers attend. The goal of the program is to increase access to after-school programs to youth with social-emotional/behavioral issues who have been prevented from attending, discharged from, or at risk of discharge from inclusive after-school programs.(INN).

<u>San Francisco County</u>
School-Based Mental Health Promotion (K-12)
School-Based Mental Health Promotion – a collaboration of community-based organizations and San Francisco K-12 campuses – applies school-based best practices that address non-academic barriers to learning. With public schools serving as hubs, this initiative offers a range of supports and opportunities for children, youth, and their families to support student success by combining the full spectrum of prevention, early intervention, and linkages to behavioral health services. (PEI).

Full Service Partnership 1. CYF (0-5) San Francisco Full Service Partnership 2. CYF (6-18)
*A central component of MHSA, Full Service Partnership (FSP) programs reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with SMI or SED to lead independent, meaningful, and productive lives. Ten FSP programs serve a diverse group of clients in terms of age, race/ethnicity, and stage of recovery. Services include integrated, mental health treatment; intensive case management and linkage to essential services; housing and vocational support; and self-help support. (*CSS - FSP).

<u>San Joaquin County</u>
Full Service Partnership
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs.(CSS-FSP).

School based Prevention Efforts
Focuses on children and youth ages at three different stages: early development, elementary school, and middle school, based on a twofold approach to school-based prevention: training and direct services.(PEI).

Empowering Youth and Families
Incorporates programs and activities including job training, parenting classes, recovery groups, other support groups and life skills classes for at-risk youth and family members to empower and strengthen youth and families.(PEI).

Suicide Prevention and support
Plans includes a multi-pronged approach to suicide prevention. Provides direct services to at-risk youth experiencing juvenile justice involvement and improves the capacity of professionals to identify suicide ideation and mitigate actual suicide risk.(PEI).

San Luis Obispo County
Children and Youth Full Partnership Program (FSP)
The Children and Youth Full Service Partnership program is modeled and built upon the strengths and success of the Children's System of Care program and the Wrap-Around Program. San Luis Obispo County Behavioral Health Department partners with Community Action Partnership of San Luis Obispo (CAPSLO) and Family Care Network to provide a wide array of culturally and linguistically appropriate services. All services are family driven and may include: individual and family therapy; rehabilitation services focusing on activities for daily living, social skill development and vocational/job skills; case management; crisis services; and medication supports.(CSS-FSP).

School Based Wellness Project
School Based Wellness is a comprehensive, multiage approach to building resilience among all service recipients and includes the following: • The Positive Development Program is in collaboration with CAPSLO to provide side by side facilitation of a Pre-K life skills and student development curriculum for private daycare/preschools. • The Student Wellness Strategy is a collaboration with multiple schools and districts countywide to provide a 5th grade, countywide, mental health wellness and life skills curriculum. • Sober School Enrichment is a partnership with the San Luis Obispo Office of Education to provide a Student Support Counselor specializing in substance abuse and dependence who also possesses experience in youth development and prevention practices on the Sober School campus. The counselor conducts prevention groups, provides short term interventions for students experiencing a crisis, and provides referrals to long term services when needed. • The Middle School Comprehensive project is an integrated collaboration between schools, SLOBHD staff, and community based organization, The Link. Six selected middle schools operate a Student Assistance Program on campus, which includes counseling, resource specialists (for the student and the family), youth

development, and education. The Youth Development program provides educational opportunities for all middle schools.(PEI).

Family Education and Support Project
Family Education and Support is a collaboration with the San Luis Obispo Child Abuse Prevention Council. This program provides coordination and provision of bilingual and bicultural parenting classes and resources for all county parents, selective prevention education for parents of at-risk youth, and "on demand" coaching for parents facing specific challenges.(PEI).

San Mateo County
PEI Programs for Ages 0-25
• Early Childhood Community Team (Prevention) Community Interventions for School Age and TAY (Prevention) • Puente de La Costa Sur, Project Success • El Centro, Seeking Safety • Caminar, YES program/Seeking Safety • Middle School Initiative, Project Grow. The Early Childhood Community Team supports healthy social emotional development of young children. A Team comprises a community outreach worker, an early childhood mental health consultant, and a licensed clinician and targets a specific geographic community within San Mateo County, in order to build close networking relationships with local community partners also available to support young families. Community Interventions for School Age and TAY focuses on school age and transition age youth, reaching out to them in non-traditional settings such as schools and community based agencies, such as substance abuse programs, drop-in centers, youth focused and other organizations operating in communities with a high proportion of underserved populations. The project provides population and group based interventions such as Teaching Prosocial Skills (TPS) to at-risk children and youth 6-25. The second intervention, Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students), is considered a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral issues among high risk, multi-problem adolescents. Seeking Safety, is an approach to help people attain safety from trauma/PTSD and substance abuse. It targets Transition Age Youth through their contacts with community based organizations. the Middle School Initiative, utilizes a variety of strategies to assist children and youth in the middle school setting who are having behavioral issues. The program works not only with the students, but with parents and teachers, providing technical assistance to the teachers, and support and education to the parents. (PEI).

FSPs for Children and Youth
• Edgewood Integrated "ISIS" • Edgewood Comprehensive "Turning Point" • Fred Finch Youth Center. FSPs for Children and Youth helps our highest risk children and youth with serious emotional disorders (SED) remain in their communities, with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Priority populations to be served by FSPs for children and youth are: 1) Seriously emotionally disturbed children, youth and their families, who are at risk of out-of-home placement or returning from

residential placement, with juvenile justice or child welfare involvement and 2) Seriously emotionally disturbed children and youth with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school- based, IEP-driven services. The programs are open to all youth meeting the criteria described above, but targeted to Asian/Pacific Islander, Latino and African American children/youth as they are over-represented within school dropout, child welfare and juvenile justice populations. Asian/Pacific Islander and Latino populations are underrepresented in the behavioral health system. (CSS - FSP).

Santa Barbara County

SPIRIT
Provides a family-centered, strength-based, highly individualized service to help children and their families meet unmet needs both within and outside of formal human services systems while children remain in their neighborhoods and homes whenever possible. Two staff operate at each of the three regional ADMHS Children's service sites. Staff have been enhanced by adding parent partners who reflect the culture and language of those being served. SPIRIT staff ensure that care is available 24/7 to families to keep youth and families stable and safe. (CSS – FSP)

Early Childhood Mental Health Services
Provides in-home support, health and development screening, parent education and skills training, infant parent psychotherapy, advocacy, resources and referrals, postpartum support groups and father outreach. Implements problem-solving and capacity-building interventions within a collaborative relationship between a professional consultant with mental health expertise and family resource staff, preschool teachers, families and programs.(PEI).

Prevention and Early Intervention Services for children/TAY
Includes mental health assessment, screening and treatment, home visits, school collaboration, family interventions, respite, multi-agency linkages, child abuse prevention education. A school-based program offers prevention and early intervention mental health services to students in Carpinteria public schools experiencing emotional and/or behavioral difficulties. In addition, specialized teams in Santa Barbara and Santa Maria offer evidenced-based interventions for adolescents and young adults, including family psychoeducation, education and employment support, family-aided assertive community treatment, and medication, if needed. (PEI).

Santa Clara County
Child FSP
Intensive all-inclusive age-appropriate program for up to 60 seriously emotionally disturbed ages 0-15 that combines critical core services within a wraparound model. Target population is juvenile justice-involved and SED African-American, Native American and Latino youth at risk of, or returning from, out-of-home placement and youth. (CSS-FSP).

Child System Development
Establishes systems of care for at-risk young children and families through key Santa Clara County child- serving agencies involved in zero to five-age services. The objectives are to put

into place quality screening, assessment, services linkage and parent support models that achieve the outcomes of increased school readiness and success among at risk young children; and to establish early identification and treatment and support interventions with children with significant developmental, behavioral and emotional challenges.(CSS-OESD).

Children and Family BHOS Redesign
Researches, designs and implementation of system-wide level-of-care screening, assessment, practice guidelines and treatment services to improve the system of care for children and youth, particularly those from unserved and underserved ethnic and cultural populations. Services include: screening, assessment and linkage for young children; services for SED youth involved in the juvenile justice system; redesign of service system for foster care youth; partially funds independent living programs, which provide services to TAY foster youth; Services to Uninsured Youth; Juvenile Competency Restoration program; funding for one Family Affairs coordinator and approximately 4 FTE family partners. (CSS-OESD).

Strengthening Families and Children
This initiative is divided into two components; component 1 is intended to prevent or intervene early in the development of emotional and behavioral problems in young children by providing the parents with outcome- based parenting strategies, support services, and access to screenings to identify developmental delays, and component 2 builds upon the first by implementing a continuum of services targeting four geographic areas of high need (Investment Communities) for children and youth ages 0-18 who may be experiencing symptoms ranging from behavioral/emotional distress to depression and anxiety caused by trauma or other risk factors.(PEI).

Early Childhood Universal Screening Project
Develops a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental concerns and social-emotional delays. This project will test whether the implementation of multi-language electronic developmental screening tools and audio/visual components in a pediatric clinic provides an economic, low cost, and effective method for linking parents and their children to mental health and other indicated services. (INN).

Santa Cruz County
Community Gate
The services of this program are designed to create expanded community-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances—but who are not referred from our System of Care public partner agencies (Probation, Child Welfare, Education). Particular attention is paid to addressing the needs of Latino youth and families, as well as serving Transition-age youth. Services are offered to males and females, and are primarily in English and Spanish. The Community Gate is designed to address the mental health needs of children/youth in the Community at risk of hospitalization, placement, and related factors. This is achieved by: • Improvements in our system so that at-risk youth are identified earlier and can get help before problems get serious • Increased service capacity for youth with both mental health and substance abuse issues. These services include

assessment, individual, group and family therapy with the goal of improved mental health functioning and maintaining youth in the community. (CSS-OESD).

Child Welfare Services Gate

Designed to increase dual diagnosis (mental health/substance abuse) services to youth and families involved with Child Welfare Services, as well as Transition-age youth (particularly those aging out of foster care, but not limited to this population). Particular attention will be paid to addressing the needs of Latino youth and families. Services are offered to males and females, and are primarily in English and Spanish. The Child Welfare Gate goals were designed to address the mental health needs of children/youth in the Child Welfare system. We: • Have developed consultation services for parents (with children in the CPS system) who have both mental health and substance abuse issues. • Have increased services to Transition age youth (18-21 years old) who are leaving foster care to live on their own (as well as other youth with SED turning 18). • Have increased our service capacity, including expanded services for the 0 to 5 child population. These services include assessment, counseling, family therapy and crisis intervention. • Provide services for general foster children/youth treatment with a community-based agency, as well as county clinical capacity.(CSS=-OESD).

Education Gate

Designed to create new school-linked screening/assessment and treatment of children/youth suspected of having serious emotional disturbances. In addition, specific dual diagnosis (mental health/substance abuse) service capacity will be created and targeted to students referred from Santa Cruz County's local schools, particularly those not referred through Special Education. Particular attention will be paid to addressing the needs of Latino youth and families. Transition-age youth will also be served. Services are offered to males and females, and are primarily in English and Spanish. The Education Gate goal is to address the mental health needs of children/youth in Education system at risk of school failure by • Providing mental health services to children/youth with serious emotional disturbance (SED) at school sites, particularly at the County Office of Education's alternative schools. • Providing consultation and training of school staff in mental health issues regarding screening and service needs of students with SED Note: The Education gate is different from the school treatment team which serves only AB3632 youth - special education identified students who need mental health services to benefit from their education. The Education gate was intended to provide mental health services to mostly non-special education identified youth who were primarily at alternative education sites. In June 2011 the California Senate passed AB98 which transitions the responsibility of educationally related mental health services from counties to schools. Education will contract with the County to provide these services, at least for this fiscal year). Referrals are payer source blind and are a mix of Med-Cal and private pay.(CSS-OESD).

Special Focus: Family Partnerships

Designed to expand Family and Youth Partnership activities provided by parents, and youth, who are or have been served by our Children's Interagency System of Care. This has increased the capacity of two existing community-based agencies experienced in providing consumer-run and delivered services. The support, outreach, education, and services include: • A community-based agency contract to provide parent and youth services in our System of Care, and •

Capacity for youth and family advocacy by contracting for these services with a community bases agency. Emphasis is on youth-partnership activities.(CSS-OESD).

Prevention and Early Intervention For Children
These projects serve children and youth from stressed families, early onset of mental illness, and trauma exposed children and their families. Of particular concern are families needing help with parental/supervision skills, or affected by substance use/abuse, and/or whose children/youth are exposed to violence, abuse, and /or neglect. The desire is to decrease the negative impact of these factors by offering mental health services to children/youth and their families. PEI Project #1 has three strategies: • 0-5 Early Intervention Stanford Neurodevelopmental Foster Care Clinic • Countywide Parent Education and Support • School-based Prevention. (PEI).

Cultural Specific Parent Education and Support
Decreases the risk of violence, suicide, and other traumas that children and youth age 0 – 17 may be exposed to by providing education, skills-based training, early intervention and treatment referrals to parents, families, and children, that are in need of parental/supervision skills, are affected by substance abuse, and/or are exposed to violence, abuse, or neglect. We have chosen Cara Y Corazón and Jóven Noble. Cara Y Corazón is a culturally based family strengthening and community mobilization approach that assists parents and other members of the extended family to raise and educate their children from a positive bicultural base. Jóven Noble is a youth leadership development program. (PEI).

Shasta County
Children and Youth in Stressed Families: Triple P- Positive Parenting Program
Shasta County coordinates with and leverages the efforts of First 5 Shasta to provide county-wide implementation of the Positive Parenting Program (Triple P). Triple P is a multi-level, parenting and family support strategy that aims to prevent behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. Triple P incorporates five levels of intervention of increasing strength for parents of children from birth to age 18 years. Triple P interventions can also be tailored in such a way as to respect and not undermine the cultural values, aspirations, traditions and needs of different ethnic groups. It has been proven effective for use with various underserved geographic and cultural populations.(PEI).

Children and Youth in Stressed Families: Community Programs for At-Risk Middle School Students
Shasta County Mental Health, through a negotiated contract with a local school district(s), will implement the Positive Action program which focuses on children at high risk for school failure. Positive Action is an evidence-based program designed to build self esteem and good communication skills, as well as other psychosocial skills. The curriculum has 6 units covering the following concepts: self concept, positive actions for your body and mind, managing yourself responsibly, being honest with yourself and others, and improving yourself continually.(PEI).

Children and Youth in Stressed Families: Adverse Childhood Experience (ACE)

Shasta County Mental Health participates and supports the Strengthening Families Community Collaborative which focuses its efforts on facilitating collaboration and coordination and the development and dissemination of information to the community about strengthening families, ACE, and other topics surrounding programs in the areas of perinatal, maternal, parenting, and youth with the goal of having a significant impact on protective and risk factors. The purpose of convening this group is to identify and coordinate current and future ACE resources; increase the community's capacity to ensure linkage to quality, effective, and appropriate services; increase the number and quality of linkage and coordination relationships with organizations and systems that deal with ACE; develop county-wide procedures to improve access to services for children and families; and create united Collaborative objectives that include county-wide outcomes. (PEI).

Sierra County

Combined Programs

Sierra County continues to partner with Plumas Crisis Intervention and Resource Center (PCIRC) in the operation of the Crisis Line which operates 24/7, and provides 24/7 access to a mental health professional. Targeted populations are specified as all underserved/un-served persons in the County, which has essentially been the majority of the county population (3200). The Crisis Line phone number has been disseminated to nearly all community agencies . Wraparound services are provided for children and youth in the behavioral health system; Full Services Partnerships are provided for transition age youth, adults, and older adults. Services are provided for any person demonstrating need, regardless of gender, race/ethnicity, or language spoken.(CSS).

Siskiyou County

Systems of Care, Adult, Children's, TAY, Older, unserved/underserved

Services include, but are not limited to, crisis intervention, clinical assessments; individual and group therapy; case management; wraparound; medication management; linkages to community resources, including primary care and transport if needed; housing; and employment services. (CSS).

Solano County

Children's Multi- Disciplinary Intensive Services (FSP)

Provides a continuum of services through a collaborative relationship between the client, parent/caretaker, other family members as appropriate, and the Primary Services Coordinator. An Individual Service Plan is developed in partnership with the client and the family. A full spectrum of services is available to assist the client in successfully meeting their treatment goals. Services may include: medication management, individual and/or group therapy, case management, collateral, wellness and recovery skills building, and referral and linkage to community resources. Clients receive services that are culturally and linguistically appropriate. A multi-disciplinary team approach is utilized consisting of a mental health clinician, mental health specialists, parent partner, and a psychiatrist (as appropriate). Also utilizing the "whatever it takes principle," collaboration is paramount with community partners in

addressing such basic areas as housing, social/recreational, vocational, medical, and educational needs. The Children's Intensive Services program is operated by Solano County Mental Health staff that directly provide the mental health treatment and care. Enrollees in the Children's FSP also have access to a full array of services due to SCMH's partnerships with a wide variety of community agencies and organizations. The FSP was doubled in size in 2012 and serves at least 80 eligible children and families (CSS-FSP).

Crisis Stabilization Unit (CSU) *Provide services to at least 1500-2000 consumers in Solano County. They Psychiatric Emergency Team (PET) serves children, transition aged youth, adults and older adults from various racial and ethnic backgrounds, as well as provides services in a consumer's primary language. PET is an integral component to the continuum of care in public mental health services. PET provides intervention services; collaborates with agencies and community based organizations; and conducts outreach, education and training to partner agencies. Additionally, PET supports full service partnerships by providing crisis intervention services to consumers during non-traditional working hours (5:00 PM – 8 AM, weekends, and holidays). The Crisis Stabilization Unit has replaced the PET as our provider for crisis services.(CSS-OESD).*

Early Childhood Mental Health
The Early Childhood Mental Health PEI collaborative program in Solano County is known the partnership for Early Access for Kids (PEAK) and is comprised of five organizations in the county that serve children ages 0- 5 and their families. The program is a partnership between Solano County Mental Health and the Children's and Families commission (First 5 Solano). The PEAK partnership uses a collaborative approach to identify, screen and provide early intervention for childhood mental health issues affecting children and their families. In addition, the partnership provides parent education classes that support early childhood care and development while also working to connect parents to community resources.(PEI).

School Aged Program
Provides teacher support and group and individual counseling at school to students at risk of school failure due to social/emotional issues. The program also provides case management to students at risk of juvenile justice involvement.(PEI).

Sonoma County
Family Advocacy Stabilization and Support Team (FASST)
Provides wrap around services to children ages 5 - 12 providing family - centered treatment in partnership Sunny Hills Children's Services. (CSS- FSP)

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center
The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau,

and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center
Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Children ages Birth to 5 years

A collaborative effort supported by First 5 Sonoma County to support a continuum of care for children ages birth to 5 years and their families by providing navigation services, screening and a variety of evidence based assessments, Triple P-Positive Parenting Programs, case management and treatment for perinatal mood disorder and consultation to day care providers. Collaborators include: California Parenting Institute (CPI), Early Learning Institute, Petaluma People Services Center, and Jewish Family and Children's Services.

School Based Services to Youth Ages 5-18: Project SUCCSS PLUS (+)
MHSA funds build upon a county-wide Student Assistance Program to add prevention and early intervention system of care for adolescents at 17 high schools in Sonoma County. Project SUCCESS Plus (+). Project SUCCESS + is in six schools districts (Petaluma, Cotati-Rohnert Park, Windsor, Cloverdale, Healdsburg, and West Sonoma County). Coordinated through the Sonoma County Office of Education. Includes community-based partners, social advocates for Youth, Petaluma People Services Center, West County Community Services, Drug Abuse Alternative Center, and National Alliance for Mental Illness who provide mental health screening, counseling, training, and education. (PEI)

School Based Services to Youth Ages 5-18: Early Risers-Skills for Success
Provides a multi-component developmentally focused, competency enhancement program to 2 elementary schools in the West County. This project is implemented by West County Community Services. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Alexander Valley Health Center
Alexander Valley Health Center administers Pediatric Symptoms Checklist to All children and youth ages 5 to 19. The Pediatric Symptom Checklist (PSC) is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems in order to initiate appropriate interventions early. PSCs for children between the ages of 5 and 11 years were completed by a parent or guardian; youth ages 12 to 19 years completed the assessment themselves. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:

• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects

• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Families Together
Offers a busy family-oriented center with support groups for youth, men, and parents/caregivers in the Family Partnership Center. The program has significantly improved supports and services for diverse youth with serious emotional disturbance (SED) and their families, and kin care providers (family other than biological or adoptive parents). Services to families include one-to-one peer support; service coordination; advocacy; respite for youth, adults, and families; transportation; and wraparound-style services.(CSS-SD).

Adverse Childhood Experience Project
Address the needs expressed by stakeholders for expanded responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and juvenile justice involvement. This project addresses key community needs of the psychosocial impact of trauma, at-risk children and youth, as well as focusing on trauma-exposed youth and their families, persons experiencing the early onset of serious mental disorders, and early involvement in the juvenile justice system. There are three programs in this Project: Teaching Pro-Social Skills; Expanded Child Sexual Abuse Prevention and Early Intervention; and Early Psychosis Prevention.(PEI).

Teaching Pro Social Skills
Teaching Pro-Social Skills (TPS) is a comprehensive psycho educational skills program designed for aggressive children and youth at risk of or experiencing juvenile justice involvement. Based on the Aggression Replacement Training, TPS and its component procedures are (1) skill streaming – which teaches a curriculum of pro-social, interpersonal skills, (i.e., what to do instead of aggression), (2) anger control training – to teach youth what not to do if provoked, and (3) moral reasoning training – to promote values that respect the rights of others and help youth want to use the interpersonal and anger management skills they are taught.(PEI).

Child and Youth Resiliency and Development Project
Addresses the needs expressed by stakeholders to focus on facilitating emotional resiliency among high-risk children and youth through mentoring, education, life skills training, peer support, and community leadership opportunities. It addresses key community needs of at-risk children, youth and young adult populations by focusing on these priority populations: children

and youth in stressed families, at risk for school failure, at risk of or experiencing juvenile justice Involvement, and underserved cultural populations. There are two programs in this Project: Leadership and Resiliency Program (LRP) and Children are People (CAP).(PEI).

Children are People (CAP) Program
CAP is a psycho-educational, problem-solving program designed to address, in a small group setting, the problems of children in third through fifth grades who are exposed to family substance abuse. The program consists of 8-10 sessions. Each weekly session includes opening and closing exercises and a topic for learning/discussion that addresses a specific psychosocial concern children may encounter. The program will include training and supervision to staff and qualified volunteers at up to ten different sites within the county. The program curriculum is available from Substance Abuse Mental Health Services Administration (SAMHSA).(PEI).

Student Assistance and School-Based Consultation Program
This program provides school based services for at risk children in grades 1 through 5 focused on enhancing emotional resiliency leading to school success. These programs target the school "system or site" to increase its capacity to serve children from stressed families in culturally underserved communities who are at risk of school failure.(PEI).

Parents and Teachers as Allies (PTA) Program
Helps families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in our schools. It focuses on the specific, age-related symptoms of mental illnesses in youngsters. PTA makes it clear that families and school professionals are natural allies in working to ensure that youth with early-onset mental illnesses receive timely and appropriate treatment. A NAMI- developed program with national resources is available for local implementation to be implemented by the local chapter of the National Alliance on Mental Illness. (PEI).

Building Support Systems for Troubled Youth
Increases the quality of service and better outcomes for troubled youth through a family resource center based mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 yrs. a secondary focus will occur as promotion of interagency collaboration is addressed to achieve quality of service and better outcomes. The local community-based family resource center will take the lead and coordinate project activity, local school administrators will assist in identifying at-risk youth, share the use of school facilities and allow the use of teacher and/or administrator staff time to participate and local businesses partners who provide incentives and services to participating children and families. If proven effective, the project could be replicated in other communities in Stanislaus County.(INN).

Civility School Learning Project
Increasing quality of services including better outcomes by creating ownership of "social

culture" at Keyes Elementary and Spratling Middle School in students, classroom teachers, parents, and campus staff through campus-wide introduction of civility activities and strategies. Traditional models for providing school-based mental health support for students have a primary focus on "solving the problem" or "fixing the student" with much less focus on connecting the individual to his/her natural support community of peers, parents and personnel. Student behavioral problems are often the source and ongoing fuel for adversarial interactions that lack civility between parents, kids and school staff; academic and non-academic.(INN).

Connecting Youth to Community Support

Increasing quality of services including better outcomes with secondary foci of promoting interagency collaboration and increasing access to services by offering youth who are currently receiving services at Sierra Vista Child and Family Services, the Drop in Center Family Resource Center (FRC), the North Modesto/Salida Family Resource Center, the Hughson Family Resource Center, and the Bridge access to community-based activities. Clinicians will assist youth in identifying activities they are curious about, interested in, and passionate about. The Community Support Specialist, based at FRC or other partner agency, would receive an activity referral and the Specialist would connect the youth to the desired activity and monitor participation in the activity. The clinician would monitor progress toward recovery including length of time and intensity of treatment.(INN).

Community Emergency Response Team (CERT)/ WarmLine

Referred to as the "CERT/Warm Line", the BHRS operated program combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. The "Warm Line", administered under a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow up contacts. The program serves children, transition age youth, adults and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness. The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and Modesto Police Department patrol officers. Licensed clinical staff may accompany patrol officers to act as a community resource when they encounter individuals with mental health needs. (CSS-GSD)

Families Together

Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family

Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.(CSS-GSD

Consumer Empowerment Center
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

Aggression Replacement Training (ART)
Aggression Replacement Training ® is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The 10 week program consists of 30 sessions of intervention training and is divided into three components - social skills training, anger control training, and training in moral reasoning. (PEI)

Children are People (CAP)
CAP is a program designed to promote the well-being of children in the classroom. The program utilizes "Photovoice", a tool for exploration and identification of wellbeing in the life of participants. CAP is implemented in fifth grade classes for 10-16 sessions over an 8-10 week period. Some of the key areas include leadership, family values, relationships, meaningful connections, importance of community, and healthy lifestyles (i.e. exercise, sports, healthy eating). The program provides training and supervision to staff and qualified volunteers at different school sites. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Health Behavioral Health Integration
This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues. The GVHC sites are in Newman, Patterson, Turlock, and West Turlock. The Health/Behavioral Health Integration Project is the result of a collaborative planning process that involved diverse stakeholders throughout the county.(PEI)

Nurtured Heart Approach (NHA)
Center for Human Services (CHS) in Patterson Unified School District: NHA is designed to change the school culture of Apricot Valley and Las Palmas Elementary Schools to one that engages the positive and strengthens the inner wealth of its students. The goal: to build the capacity of each school to enhance the emotional resiliency of their students through the school-wide implementation of the Nurtured Heart Approach. The NHA is a system of relationships where all energy and attention is directed to what is going right, and little or no energy is given toward negative behaviors or choices. The program unites students, teachers, and parents in their efforts to build a more positive school community. (PEI)

Creating Lasting Student Success (CLaSS)
Sierra Vista Child and Family Services (SVCFS) in Modesto City Schools: CLaSS is a prevention and early intervention model that strives to see students succeed at home, at school, and in the community. It's built upon strength-based and evidenced-based practices that have proven results. CLaSS seeks to work with children who are considered "at risk" for behavioral issues that lead to problems at school and in the home. CLaSS consultants are trained to work with children, their families and teachers by helping them develop action plans that everyone can follow. The focus is on helping children succeed. (PEI)

Parents and Teachers as Allies (PTAA)
NAMI-operated Parents and Teachers as Allies education program helps families and school professionals identify the key warning signs of early-onset mental illnesses in children and adolescents in schools. It focuses on the specific, age-related symptoms of mental illnesses in youth. PTA emphasizes that families and school professionals are natural allies in working to ensure that youth with early-onset mental illnesses receive timely and appropriate treatment. (PEI)

Arts for Freedom

Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery

Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports.(INN)

Building Connections for Troubled Youth

Operated by the Ceres Partnership for Healthy Children Family Resource Center (FRC) and the Center for Human Services (CHS) the focus of the 2 year project is to increase the quality of services for troubled youth and create better outcomes for them. To do that, the project uses a community based family resource center mentoring program that integrates school, community, and family support systems to increase developmental assets in troubled youth ages 7-11 years of age. There's also a focus on interagency collaboration to increase quality of services and better outcomes. The project seeks to learn and demonstrate new approaches to supporting families with pre-adolescent aged youth who are experiencing behavioral struggles are at risk for higher incidences of involvement in substance abuse and other health/mental health compromising risk behaviors but not necessarily able to access the traditional mental health service system—nor do they necessarily need it. Using a mentor model, the FRC takes the lead and coordinates project activities. The FRC reaches out to school administrators to help identify at-risk youth, share the use of school facilities and provide teacher and/or administrator staff time to participate in the program. Local business partners provide incentives and service to participating children and families. (INN)

Choose Civility Learning Project

Operated by the Center for Human Services (CHS), the focus of this two year project is to build capacity to promote school culture towards civility and positive interactions that impact mental, behavioral and emotional wellness for students, teachers, and school staff. The program is being implemented in the Keyes Union School District on the campuses of Keyes Elementary and Barbara Spratling Middle School. Among the activities were school assemblies, staff trainings,

and student "challenges" where acts of kindness were creatively represented using a paper chain. (INN)

Families in the Park

The focus of the 3 year project is to increase access to underserved groups through an innovative approach that focuses on culturally specific ways to outreach to young African-American families who spend time in West Modesto's Mellis Park. It's estimated that more than half of young children in West Modesto are not ready for school and other data suggests one third of young children won't graduate from high school. Operated by the West Modesto Kind Kennedy Neighborhood collaborative (WMKKNC), the project provides socialization activites for children and families to encourage sharing and relationship building. Mental health problems that contribute to lack of success, and later in life, can be linked to lack of preparation for school, lack of effective parental support to attend school, and the lack of internal resources (developmental assets) during the school years. This program connects families to mental health services and school readiness preparation.(INN)

Promoting Community Wellness through Nature

Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:

- *Individual – strengthening developmental assets in children*
- *Family – strengthening leadership skills and social competency*
- *Community – increasing resident engagement and community connectedness*

The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record

The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project

Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing

This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting.(CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Children's Integrated Full Service Partnership
FSP PROGRAMS FOR CHILDREN SYMHS Integrated FSP (Age 0 – 5 Program): serves children 0 through 5 years old who have behavioral problems that significantly impact their social, emotional and educational experiences. The children are at risk of out of home care, or may have parents with a mental health and/or substance abuse disorder and/or are at risk of homelessness. SYMHS Integrated FSP (Age 6 – 15 Program): serves children and adolescents 6 through 15 years old who have behavioral problems that significantly impact their social, emotional and educational experiences. The children are at risk of out of home care, involvement with Juvenile Justice, or Child Protective Services. They may have parents with a mental health and/or substance abuse disorder and/or are at risk of homelessness.(CSS-FSP).

Urgent Youth Services Team
SYMHS MHSA Youth Urgent Services: Provides expedited access to all youth outpatient services for youth who have been taken to Psychiatric Emergency Services experiencing suicidal or homicidal ideation and not hospitalized but sent home with a safety plan. Team comprised of therapist and case manager. Team either works on crisis to stabilize and move to longer-term services, or stabilize youth and family to discharge. Team conducts weekly reviews with multi-disciplinary team to ensure every child who visits Psychiatric Emergency Services or are hospitalized have been offered adequate care whilst in hospital and upon release.(CSS-OESD).

Community Prevention Team
"PREVENTION AND EARLY INTERVENTION (PEI)
Identify risks early on, prevent worsening of mental illness and promote wellness
Community Prevention Team: Using an asset based community development approach to assess need and individualize plans to the needs identified by the community. Target populations include trauma exposed individuals, individuals experiencing onset of serious psychiatric illness, children and youth in stressed families, children and youth at risk of school failure, children and youth at risk for experiencing juvenile justice involvement, and underserved cultural populations. The overall goal is to increase the capacity of the community to provide prevention services.
• Nurtured Heart Approach Parenting – training school personnel and others to disseminate this parenting approach for difficult children.
• PLUS Anti-Bullying – providing grants to schools to bring Peer Leaders Uniting Students to their middle- and high school campuses. Creates school-wide climate of inclusion based on student/peer-led forums and activities.

• Trauma Awareness/Education – training for professionals who work with children throughout the community to build an understanding of the effects of trauma and how to work with children who exhibit behaviors based on these effects.
• Building Resilience – training for agency staff in providing this evidence-based program for young children from homes with domestic violence and substance abuse.
• Seeking Safety – training for non-profits who work with adults with both traumatic experiences and alcohol or other drug misuse.
• 40 Developmental Assets – informational presentations regarding the Assets and how they are used to increase resilience and reduce negative behaviors in adolescence.
• Alcohol and Other Drug Counseling for Foster Youth – provides education and counseling to foster youth with early substance abuse issues.
• Increasing resources available to LGBT individuals – The goals are to increase resources available to LGBT individuals; assist with development of Gay Straight Alliance clubs in area high schools; work with local LGBT organization GOTBLISS to develop gatherings that provide support for LGBT individuals; and promote a local chapter of Parents and Friends of Lesbians and Gays (PFLAG). (PEI)
SYMHS Coordinated with CRLA to put on an anti-bullying forum regarding LGBT youth in schools.

Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will
have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team

Mentoring: Mentoring's overall goal is to expand the availability of mentoring for youth as a means of increasing resilience. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations.
• Big Brothers/Big Sisters – Contracted to bring Big Brothers/Big Sisters to our area.
• Friday Night Live – Contracted to expand their mentoring program to an additional site and to the Yuba foothills.
Strengthening Families: The overall goals are to increase the community's capacity to provide this program and to diversify its geographic availability. We trained 39 community partners to operate this evidence-based program that improves family communication and functioning. Programs are to be offered in the local Salvation Army program as well as in local churches. Targets include children and youth in stressed families, those at risk of school failure and those at risk of juvenile justice involvement, as well as members of underserved cultural populations. SYMHS is working with The Spot in Live Oak to provide this in that community and is also working with a local Lutheran Church that is planning to begin offering the program in their facility.
Recreation: The overall goal is to enhance access to recreational activities that serve a preventive function. PEI conducted Park and Play Fitness Day events in each county to promote physical activity and recreation in local parks as a means of promoting mental health. Targets include children and youth in stressed families, at risk of school failure and at risk of juvenile justice involvement, as well as underserved cultural populations. SYMHS has provided $24,000 in grants to benefit over 1600 local youth by providing scholarships for programs such as gymnastics, basketball, cheerleading, football, dance, karate, painting, swimming, volleyball, soccer, baseball, fencing, after school program participation and also to purchase various sports equipment for local youth programs that serve the youth target population. We have also contracted with Camptonville Community Partnership to provide recreational activities in the Yuba County Foothills.
First Onset: The goal is to provide early intervention for those identified as experiencing the first onset of mental illness. (PEI)

Tehama County

Telemedicine
Telemedicine includes a Clozaril clinic for both adults and children. (CSS-OESD)

Nurturing Parenting (NP)
The Mental Health Division collaborates with the Drug and Alcohol Division to provide Nurturing Parenting provides this evidence-based parenting program that supports parents and their youth in learning and reinforcing core values that contribute to effective parent-child interactions. We have tapped our Spanish speaking population with the provision of our bilingual NP program. (PEI)

Trauma Focused Cognitive Behavioral Therapy
Our TF-CBT program provides a comprehensive model of therapy which assesses anxiety, PTSD, depression, and other trauma-related symptoms. TF-CBT encourages parents, children, and adolescents to work collaboratively at building skills to address mood regulation and safety. Tehama County Mental Health (TCMH) has a six-member team comprised of four licensed

clinicians, two case managers, one health educator, and one certified alcohol and drug addictions specialist. (PEI).

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County

Full Service Partnerships for Adults, Older Adults, Children and Transition Age Youth

Full service partnerships are the heart of the Community Service and Supports plan. Full service partnerships are individualized services grounded in a "whatever it takes" commitment. Each enrolled individual, and where appropriate his or her family, participates in the development of a culturally appropriate plan focused on recovery and wellness. The plan can include all needed services and supports contribute to the outcomes of well-being defined I the plan, including: meaningful use of time and capabilities; safe housing; a network of supportive relationships; timely access to services; reductions I incarceration; and reductions in involuntary services. Each enrolled individual has a personal services coordinator (PSC), and is supported by a staffing structure that insures 24/7 support. (CSS).

Community Navigators

Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center

The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

K-12 Student Wellbeing Program

The K-12 Student Wellbeing program provides for a variety of trainings and projects aimed at improving the wellbeing of students and teachers in the three school districts located in the Tri-City area. Each district selected projects that suited the needs of their school population and demographics. One school district conducted trainings for selected staff in Capturing Kids' Hearts which provides tools for administrators, faculty, and staff to build positive, productive and trusting relationships among themselves and their students. A second district chose to prioritize projects that addressed the need for enhanced communication and resources access systems, and on-campus services for students. The third district opted to provide mini-grants for schools within their district in order to reach as many students as possible with site-identified interventions. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of

foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

NAMI Community Capacity Building/Parent and Teachers as Allies
Parents and Teachers as Allies provides in-service trainings for school professionals and families to help participants better understand the early warning signs of mental illnesses in children and adolescents. The intention is that this training will help teachers and family members learn how best to intervene so that youth with mental health treatment needs are linked with services. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help school personnel become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.(INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County

Full Service Partnerships

Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Link Center

Based at the Hayfork Elementary School, its focus is to provide educational counseling and support to those children who are living in a stressful home environment, are being bullied at school, or due to behavioral issues are at risk of school failure.(PEI).

Horizon and MileStones Wellness Drop in Centers

Creates wellness drop-in centers. (CSS-OESD)

Alpine Board and Care

Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement

Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison

Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

PEI Counselor for Trinity Alp's Unified School District

Continues to fund the Trinity Alps Project with the "Why Try?" curriculum, for which the Office of Education is the fiscal lead. (PEI)

Peer Mentoring

Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House.(INN)

MHSA Coordinator funding to support Respite effort

Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County

One Stop Center Programs / North, Central and South Tulare County

The One Stop Centers provide an array of comprehensive mental health services for children and youth, and transitional age youth ages with severe and persistent mental illness or serious emotional disturbance, who are underserved, at risk of out-of-home placement, at risk of justice system involvement, or diagnosed with a co-occurring disorder; services are provided in English and Spanish. The One Stop Centers are strategically located in North, Central, and South Tulare County in an effort to optimize outreach and engagement efforts. The program provides linkages and services consistent with CSS requirements through collaboration with other mental health service providers; health organizations and agencies such as Child Welfare Services and

Alcohol and Drug Services; community-based organizations; and faith-based organizations. Services follow the MHSA philosophy with a focus on reducing ethnic and cultural disparities by requiring culturally and linguistically diverse program staff to make regular contact with education programs, local community organizations, and local schools to promote mental health and access to services.(CSS).

Specialty Mental Health Services
The Equine-Facilitated Psychotherapy Program (EFP) began as a pilot project in February 2010 through a partnership between the Tulare County Department of Mental Health, Happy Trails Riding Academy, and Tulare Youth Service Bureau. The overall goal of the Equine Facilitated Psychotherapy (EFP) Program is to provide an alternative therapeutic intervention for consumers who might not be responding to traditional forms of psychotherapy, or whose level of functioning might be further enhanced through this intervention. The targeted ages for EFP are 7 - 15 years of age. EFP is a creative and innovative addition to play and talk therapy that provides a mental health consumer and rehab specialist or therapist with a live, interactive medium for effective assessment and treatment. While a consumer is participating in EFP group sessions, the therapeutic progress they are making is further enhanced by individual sessions with their primary mental health clinician. Parents/foster parents/guardians are included in the child/youth's treatment through family and/or collateral sessions.(CSS).

Children and Youth in Stressed Families - Family Interaction Program
Parent-Child Interaction Therapy (PCIT) is an empirically supported treatment that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's pro-social behavior and decreasing negative behavior. PCAT (Parent Child Attunement Therapy) is a therapeutic intervention for children with developmental delays or those who are under 30 months of age. Under the Family Interaction Program, the PCIT and PCAT have been developed for delivery through the various Family Resource Centers in Tulare County.(PEI).

Children and Youth in Stressed Families - In- Home Parent Education Program (formerly titled: Family Integration Program)
The In-Home Parent Education program provides in-home support services and education to at-risk families, with the goal of fostering positive interactions and increasing coping skills that stabilize and strengthen the family unit. The program uses the evidence-based Parenting Wisely (PW) curriculum, which is comprised of a set of interactive training modules for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the modules aim to increase parental communication and disciplinary skills. (PEI).

Children and Youth in Stressed Families - SafeCare Program
The Safe-Care program is based on the SafeCare Home-Based Visitation model for families with children (ages 0-7). The SafeCare program trains parents in maximizing their own healthcare skills; promotes positive and effective parent-child interaction skills; significantly reduces the number of hazards in the home; increases parental structured problem-solving skills; and increases mental health services provided to unserved and underserved populations of Tulare County.(PEI).

Children at Risk of School Failure - Preschool Expulsion Reduction Program
The Pre-school Expulsion Prevention program provides prevention and early intervention services for children at risk of preschool expulsion, as well as alternatives to expulsion. The principles of applied behavioral analysis and other evidence-based methods (e.g., Preschool Life Skills Curriculum) are used to decrease challenging behaviors and teach positive skills. Services are provided in the classroom to target problem behaviors and serve as a model for educators. Services are also provided in the home to help ensure continuity in the child's environment and provide support for parents in reinforcing positive behaviors.(PEI).

Children at Risk of School Failure - K-3 Early Intervention Program (a.k.a. Special Friends)
The Special Friends program uses several evidence-based approaches and evaluation tools that are designed to increase protective factors, functioning, and positive outcomes for children with adjustment problems (e.g., inattentiveness, shyness, aggression, acting-out) in grades K-3. Outcomes are measured through administration of the Walker-McConnell Scale (WMS), which is completed by the student's teacher both before and after provision of services. Parents are also provided education regarding their child's needs and are surveyed at the conclusion of the program.(PEI).

Children at Risk of School Failure - Children of Promise Program
This program serves youth at risk for potential school failure, by providing outreach and orientation activities in addition to a semester-long (Reconnecting Youth) or 12-week (CAST) program. Goals are to increase school performance; decrease adverse drug use consequences; decrease degree of drug use and total drug involvement; increase self-esteem and perceived school bonding; decrease depression, hopelessness, perceived stress, and anger; and to decrease frequency of suicidal thoughts, direct and indirect suicide threats, and suicide attempts.(PEI).
Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current

fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County
Nurturing Parenting (NP) Early Childhood Education Services

Nurturing Parenting Program is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. These services foster positive parenting skills and activities to promote positive brain development in children birth to teen years. (PEI).

Bullying Prevention Program
A school-wide Bullying Prevention Program to students between the ages of 6 and 13 is the first sustainable bullying prevention program in Tuolumne County. Teachers engage students in lesson and activities which increase empathy for the victim, the person exhibiting bullying behaviors, and the bystander - and provide strategies for victims and bystanders to remain safe.(PEI).

Challenge Days Program
A school violence prevention program is implemented in six Tuolumne County School Districts each year titled "Challenge Days". This one to three day curriculum creates an atmosphere of tolerance and respect on campus, helps to eliminate harassment in all its forms; enhances self-management skills of students and fosters positive connections with students.(PEI).

Full Service Partnerships
Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services
As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:
1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.
2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.
3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.
5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center
Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:
• Telephone and face-to-face intervention for support or crisis intervention
• Onsite evaluations at Sonora Regional Medical Center
• Help in connecting to community resources
• Follow-up appointments
• Assessment and arrangements for psychiatric hospitalization if needed
• On-site evaluations and services at Tuolumne County Jail
(CSS-OESD)

Nurturing Parenting (NP) Early Childhood Education Services
A contract with Infant Child Enrichment Services (ICES) provides a Nurturing Parenting Program. This is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. These services foster positive parenting skills and activities to promote positive brain development in children birth to teen years. (PEI)

The Social Emotional Learning Foundations (SELF) Program
A contract with the Tuolumne County Office of Education, which administers the SELF program, promotes the social and emotional development of young children ages 0 through 5. The program relies on an Early Childhood Education (ECE) specialist, along with other qualified and experienced community

professionals, to address social-emotional development delays in early childhood. A minimum of five preschools are required to be served each fiscal year and each selected preschool receives training, consultations and materials for teachers to use for the identification and long range management of children with behavioral problems. ECE specialists provide additional consultation on behavior management strategies to both teachers and parents and a Licensed Clinical Social Worker (LCSW) is also available to work on-site with children. (PEI)

Bullying Prevention Program
A school-wide Bullying Prevention Program to students between the ages of 6 and 13 is the first sustainable bullying prevention program in Tuolumne County. Teachers engage students in lessons and activities which increase empathy for the victim, the person exhibiting bullying behaviors, and the bystander - and provide strategies for victims and bystanders to remain safe. (PEI)

Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training

Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health

Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Children's Full Service Partnership

In collaboration with the Probation Department, the program provides intensive community-based services for youth between 13 and 18 years of age who are involved with the Juvenile Justice System and have been placed on formal probation. Utilizing a 'wraparound' philosophy of "whatever it takes," the program provides support to youth and families through culturally competent services. With the use of parent support, peer advocates, and intensive case management to provide counseling, education and support, the program focuses on assisting youth and their families in identifying their strengths, working together to assess needs, and designing a personal plan of care, which includes linkage and engagement to identified services and supports.(CSS-FSP).

Children's Intensive Response Team

Through the CIRT program, children and their families with escalating mental health issues are provided immediate access to crisis intervention services, both by phone and in person. Services are provided to children/youth up to 21 years of age throughout the county 24 hours per day 7 days a week wherever appropriate and best meets the needs of the youth and family. CIRT also provides extended intensive case management and support for up to 30 days to assist families in accessing ongoing services. Through the 30 day follow up, culturally and linguistically competent CIRT staff facilitate in-home stabilization, conduct assessments, begin family driven resiliency planning, and establish linkage and brokerage to culturally appropriate community and faith based services.(CSS-SD).

Family Access Support Team

This program is designed to provide services to children, youth and their families served by the Behavioral Health Department who are at high risk for hospitalization or out-of-home placement. FAST is staffed solely with Parent Partners, who have raised a child with a serious mental/emotional disorder and receive specialized training to support others in similar situations. Parent Partners collaborate with the treatment team, providing intense home-based services to families. They model techniques to support parents in implementing the Personal Care Plan of each child and their family, so that the family better understands how to utilize interventions to alleviate crises. (CSS-SD).

Fillmore Community Project

The Fillmore Community Project provides a variety of mental health treatment, supports and case management services for severely emotionally disturbed (SED) youth between 0 and 17 in the communities of Fillmore and Piru, historically underserved communities that are predominantly Latino. These communities include a significant number of migrant workers and Spanish speakers. With fully bilingual staff, services are community based, culturally competent, client and family driven and designed to overcome the historical stigma and access barriers to services in these communities. (CSS-SD).

School Based/ Parenting Services

This program provides services to support children with behavioral problems and at-risk of more significant mental health issues, as well as their families. It includes implementation of Triple P Parenting, an evidence based, multi-level parenting support model to support families of children with emerging behavioral challenges. Focused on working with parents to identify strength-based interventions for their family, this model seeks to empower the family to address parenting issues. A wide range of community agencies throughout the county that interact with families have been trained to provide simple parenting support and direction using Triple P. Additionally, community based organizations have been contracted to provide the more intensive levels of Triple P to families throughout the county. The program includes a partnership with First 5 Ventura, to serve children 0-5 years old and their families.(PEI).

Early Supportive Services

The ESS Program provides focused, short term, research based mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or at risk of juvenile justice involvement. These are children and youth who present to the behavioral health system with behaviors that place the individual at a higher risk for mental health issues. Data indicate that, left untreated, these behaviors may escalate into more significant mental health problems.(PEI).

Screening, Triage, Assessment and Referral (STAR)

STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some

of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Full Service Partnership
The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program
has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP/SD)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Internship Programs
***Clinical Training and Internship Programs –** Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*
***Mental Health Nurse Practitioner Program** – Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs
***Educational Stipends and Scholarships –** This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*
***Internship Stipends –** Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management
Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements
These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project
While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

School Based/Parenting Services

This program provides services to support children with behavioral problems and at-risk of more significant mental health issues, as well as their families. It includes implementation of Triple P Parenting, an evidence based, multi-level parenting support model to support families of children with emerging behavioral challenges. Focused on working with parents to identify strength based interventions for their family, this model seeks to empower the family to address parenting issues. A wide range of community agencies throughout the county that interact with families have been trained to provide simple parenting support and direction using Triple P. Additionally, community based organizations have been contracted to provide the more intensive levels of Triple P to families throughout the county. The program includes a partnership with First 5 Ventura, to serve children 0-5 years old and their families. (PEI)

Early Supportive Services
The ESS Program provides focused, short term, research based mental health services to children with emerging mental health issues who are from stressed families, at risk of school failure or at risk of juvenile justice involvement. These are children and youth who present to the behavioral health system with behaviors that place the individual at a higher risk for mental health issues. Data indicate that, left untreated, these behaviors may escalate into more significant mental health problems. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County

Rural Children's Mental Health Program
Serves the large western rural area of Yolo County and offers a blend of MHSA services (Full Service Partnership, System Development, Outreach and Engagement) to rural children and youth and their families. Children and youth who have psychiatric disabilities and unmet or

under-met mental health treatment needs are the priority population. Many of the children residing in this area are Latino, with family members who primarily speak Spanish.(CSS-FSP&OESD).

Rural Children's Resiliency Program
Targets underserved children, youth and families in the large western rural area of the county and provides services designed to build communication and social skills, self-confidence, and resiliency using Evidence- Based Practices (EBP) and promising practice activities. In addition to building resiliency, the program seeks to reduce disparities in access to services for un-served and underserved populations living in rural areas.(PEI).

Urban Children's Resiliency Program
Targets underserved children and families in the urban areas of the county (residents of Davis, Woodland and West Sacramento), including children, youth and families experiencing stress; children or youth at risk of school failure; minors involved with juvenile justice; or children or youth who have experienced trauma. This program uses EBP and promising practices to help children and youth develop resiliency, communication and social skills, and self-confidence, as well as to help identify individuals in need of mental health treatment.(PEI).

Children's Mental Health Program
Serves all of Yolo County and offers a blend of MHSA services (Full Service Partnership, System Development, Outreach and Engagement) to children and youth and their families. Children and youth who have psychiatric disabilities and unmet or under-met mental health treatment needs are the priority population. Many Yolo County children are Latino, with family members whose preferred language is Spanish. (CSS – FSP & OESD)

Rural Children's Resiliency Program
Targets underserved children, youth and families in the large western rural area of the county and provides services designed to build communication and social skills, self-confidence, and resiliency using Evidence-Based Practices (EBP) and promising practice activities. In addition to building resiliency, the program seeks to reduce disparities in access to services for un-served and underserved populations living in rural areas. (PEI)

Urban Children's Resiliency Program
Targets underserved children and families in the urban areas of the county (residents of Davis, Woodland and West Sacramento school districts), including children, youth and families experiencing stress; children or youth at risk of school failure; minors involved with juvenile justice; or children or youth who have experienced trauma. This program uses EBP and promising practices to help children and youth develop resiliency, communication and social skills, and self-confidence, as well as to help identify individuals in need of mental health treatment.(PEI)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid;

Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

Older Adults

Alameda County

North County Senior Homeless Program
Multidisciplinary team engages homeless seniors and provides housing with community supports. Provides links for family members and offers peer support (CSS – FSP).
Mobile Integrated Assess Team for Seniors
Increases access for homebound seniors through the use of mobile geriatric mental health teams (CSS – OESD).

Older Adult Peer Program
This strategy will provide outreach, education and peer-based services to the older adult population (CSS – OESD).

Integrated Behavioral Health & Primary Care for Latino & Asian/Pacific Islander Older Adults
Deploys a mental health Geriatric Assessment and Response Team (GART) into Emergency Rooms (ERs). Provides training to ER staff. Provides mental health services and supports (PEI).

Behavioral Health-Primary Care Integration Project – Older Adults in Emergency Rooms
Deploys a mental health Geriatric Assessment and Response Team (GART) into Emergency Rooms (ERs). Provides training to ER staff. Provides mental health services and supports (PEI).

Hayward Behavioral Health Support Center
The Crisis Response program serves individuals and families impacted by a mental health crisis. The Geriatric Assessment & Response Team (GART) provides mobile integrated health services to older adults with mental health issues in a variety of settings. The co-occurring disorder consultation effort offers mental health consultation for AOD providers and their consumers. The Family & Education Resource Center (FERC) provide services to consumers and family members (CFTN).

Alpine County
Activites Offered at Wellness Centers
Wellness Center activities may include age-specific workshops and skill-building classes; parenting classes and parenting support groups; youth counseling and pro-social enrichment activities; youth counseling and pro-social enrichment activities; cross-generational mentoring; talking circles and traditional healing; senior socialization and exercise; conflict resolution and communication; grief and trauma support for youth, adults, and older adults; luncheons and community-wide celebrations; referrals and advocacy (PEI).

Senior Socialization & Exercise
The Senior Socialization and Exercise Program focuses on improving the healthy attitudes, beliefs, skills, and lifestyles of older adults in Alpine County through participation in meaningful activities and utilization of services. It also serves to reduce stigma associated with seeking behavioral health services; reduce isolation, depression, fear, anxiety, and loneliness among seniors; increase referrals to and knowledge about supportive services; provide a warm, caring environment where seniors can develop a sense of connection and belonging; encourage

development of new skills and creative abilities; and support active, healthy lifestyles. Among the evidence-based practices used in this program are Mindfulness and iRest.(PEI).

Create the Good
Create the Good began as an adult luncheon geared towards adults and seniors featuring presentations on topics related to health, wellness and parenting. It promotes socialization, awareness of health and wellness subjects, and learning opportunities.(PEI).

Amador County
Full Service Partnerships
Full Service Partnerships – Children, TAY, Adults/Older Adults (CSS – FSP)

Senior Center and Peer Counseling Services
Offers linkage and services sharing between senior program and behavioral health. Supports training and ongoing supervision of senior peer counselors. Provides linkage to resources of California Institute of Mental Health and Senior Services Committee of California Mental Health Directors Association (CSS – OESD)

The Resource Connection Grandparents Prgm
Provides respite care for at risk grandparents raising their grandchildren. Grandparents are eligible to receive up to 16 hours of care per month for their grandchildren in a licensed child care facility. The program also provides a training/support group four times per year and mails additional resources to all who apply for services. (PEI)

Isolated Seniors Project
In order to address isolated seniors, ACBHS plans to contract with a senior serving group to expand the scope and/or outreach of their efforts to support the mental health and wellbeing of isolated older adults. (PEI).

Berkeley City
TAY-Adult & Older Adult FSP
Provides intensive support services to individuals with severe mental illness who are homeless or at risk of becoming homeless. Priority populations include transition-age youth, older adults, and individuals in unserved and underserved ethnic communities (CSS – FSP).

Housing Support
Provides housing retention for homeless and at risk TAY, adults and older adults through dedicated support to consumers, staff, landlords, and housing-related social services (CSS – OESD).

Senior 2 Senior Project
This project provides Technology Support Groups for Senior Citizens in an effort to decrease isolation, increase social connections, and identify those in need of mental health services in an effort to understand whether issues of loneliness and isolation can be decreased, and mental health positive outcomes can be increased in the Senior Citizen population through training and

access to social media technologies and associated peer supports. Completion date June 2015 (INN).

Board & Care Nutrition Project
This project implements a nutrition and exercise support services project for Board and Care residents in an effort to improve and/or prevent serious medical conditions and increase positive health outcomes for mentally ill Adults and Older Adults. Completion date June 2015. (INN).

Butte County
Senior Comprehensive Support Program (SCSP)
Offers home-based counseling and support to older adults who are experiencing depression, anxiety, complicated grief and/or loss, trauma, and/or medication mismanagement. Services are offered in the home to those who may have difficulty accessing them (CSS – OESD).

Housing Development Program
The MHSA Housing Development Program will provide approximately 14 units of permanent, affordable, supportive housing to individuals with Mental Health disabilities who are homeless or at risk of homelessness. The housing units will be linked with on-site or off-site supportive services that help tenants to retain their housing and consumers to become more self-sufficient and live as independently as possible. The housing program serves adults, older adults, transitional age youth, and all races/ethnicities and genders (CSS – OESD).

Older Adult Suicide Prevention and Education
Provided by Passages, OASPE conducts outreach, education, coaching, social opportunities, training for caregivers, and other supportive services (PEI).

Colusa County
Adult System of Care system development/outreach and engagement
Provides outreach and engagement with our adult and older adult consumers. Partnership with Dept. of Health and Human Services, the One-Stop and partners for the homeless housing project. Have begun working with the local clinic, Del Norte, to coordinate services with primary physical health care services and link mental health and health care services (CSS – OESD).

Contra Costa County
Older Adult Systems Development
There are two Older Adult Mental Health Programs funded by CSS: IMPACT and Intensive Care Management Teams. IMPACT, or Improving Mood: Providing Access to Collaborative Treatment (IMPACT), is an evidence-based program delivering services, in collaboration with the primary care clinics, to older adults who are experiencing symptoms of depression. One Licensed Clinical Social Worker (LCSW) staff member located in each region of the County provides services to older adults using problem solving therapy. The Intensive Care Management program is comprised of three multi-disciplinary teams consisting of one

psychiatrist, one nurse, one mental health clinical specialist, and one mental health community support worker. Services are provided in the home or community and may include individual therapy, family support, mental health assessments, consultation services, medication monitoring and support, transportation services, and linkages to other necessary resources.
The Older Adult Programs have the capacity to provide services to 225 older adults during the fiscal year. (CSS – OESD).

Housing Program
The CCMH housing program consists of several housing-specific elements serving children, transition age youth and adults. Services and supports that wrap around these housing elements include new facilities, housing "vouchers" through master leases and development of new housing options for all groups. The program has developed dedicated apartments for mental health; a senior housing project; dedicated apartments for older adults; dedicated apartments for transition age youth; and shelter beds for transitional housing (CSS - OESD).

Fostering Resilience in Older Adults Initiative – Supporting Older Adults
This program targets Older Adults who are trauma exposed, isolated, and depressed members of underserved cultural populations of older adults and older adults experiencing onset of serious psychiatric illness. The purpose of the program is to help prevent mental illness and suicide in older adults and provide early intervention when warning signs appear. The program activities include: expansion of senior peer counseling cultural competence and language capacity. Staff have been added to expand linguistic and cultural outreach to Chinese and Spanish speaking seniors (PEI).

El Dorado County
Wellness and Recovery Services - Older Adults Program (Partner program to PEI Older Adults Program) CSS - OESD
*Provide mental health services to older adults with a serious mental illness in client-preferred locations utilizing a mobile mental health team approach. Individuals must meet the criteria for receiving services through the Mental Health Division. (*CSS - OESD)

Wellness Outreach Program for Vulnerable Adults - Senior Peer Counseling
Senior Peer Counseling volunteers evaluate the needs of older adults through free confidential individual peer counseling and assist with linkage to community resources, including Mental Health evaluation and treatment. (PEI)

Wellness Outreach Program for Vulnerable Adults - Older Adults Program
This project focuses on depression among older adults and the community issues of isolation and the inability to manage independence that can result from unmet mental health needs. (PEI).

Fresno County
Older Adult Team
Metropolitan and rural services for older adult consumers. Staff partner with primary care

physicians and APS for outreach and engagement of services to seniors. Fresno County Dept. of Behavioral Health (CSS – OESD).

Glenn County

MHSA CSS Comprehensive Service Plan

Encompasses all ages children aged 0-17 through older adults 60+, all genders and all ages/ethnicities. Includes comprehensive assessment services; wellness and recovery action planning (WRAP); case management services; individual and group mental health services; crisis services; short-term hospitalizations; peer-led self-help/support groups; education and employment support; anti-stigma events; linkages to needed services and housing support. Consumer-run Adult Wellness Center (Harmony House) provides a safe, comfortable place to receive services and participate in age-appropriate activities. Also working to develop housing options for some of our FSP clients, as housing options are extremely limited in this small, rural community (CSS – OESD, FSP).

Humboldt County

Older Adults and Dependent Adults Program Expansion

Provides in-home services to disabled adults, at-risk adults and older adults. Services include assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home. Expands an existing partnership between social services, adult protective services, in-home support services, public health nursing, and a mental health clinician (CSS – OESD).

Imperial County

Adult and Older Adult Services Full Service Partnership Program

The Adult and Older Adult Services Full Service Partnership (Adult-FSP) Progra is consumer-driven, community focused, and promotes recovery and resiliency. The Adult-FSP Program provides a "whatever it takes" approach to ensure that all consumers receive the services and assistance that are needed. Services provided by the Adult-FSP Program staff include case management, rehabilitative services, "wrap-like" services, integrated community mental health, alcohol and drug services, crisis response, and peer support. (CSS - FSP).

Inyo County

Wellness Centers in Bishop and Lone Pine

Two wellness centers offer a warm welcoming environment for adults and older adults, providing support from our staff, as well as from each other.The Bishop Wellness Center is co-located at the trailer park where many of the clients live. Activities include cooking, budgeting, housing, employment, photography, writing, karaoke, exercise, yoga, walking, gardening, canning, flowers, and education. A consumer-driven, co-occurring group meets weekly (CSS – OESD).

Full Service Partnership Program

Serves children, transition age youth, adults, and older adults. Provides the additional support

needed to remain in the community and thrive. A nurse meet the needs of older adults, enabling us to coordinate physical with mental health care to help elders to stay in their homes and manage their health and mental health needs (CSS – FSP).

Older Adult PEI Services
Identifies at-risk seniors who begin to exhibit symptoms of depression, prescription abuse, isolation, and other mental health conditions related to the aging population. Provides linkage and support for older adults to access mental health and health care services. Provides early mental health screening and intervention to older adults who are receiving Linkages Services, In-Home Supportive Services, and/or Meals on Wheels. Also trains agency partners, including Public Health and local physicians, to recognize the signs and symptoms of mental illness in older adults (PEI).

Kern County
Adult Transition Team – Full Service Partnership
Serves transition aged youth, adults, and older adults for whom traditional mental health services were ineffective. Consumers often suffering from co-occurring disorders, criminal justice system involvement and are homeless or at risk of homelessness. Provides integrated support services, including mental and physical health, medication management support, vocational/educational, life skills, housing, and social opportunities to improve and expand peer support and personal outcomes and recovery (CSS – FSP).

Wellness Independence & Senior Enrichment – Full Service Partnership
Serves transition aged adults 55-59 years and older adults 60+ who are reluctant or have difficulty seeking care in traditional mental health settings. Mobile team provides age-competent services in the home, primary care offices and other settings where older adults are most comfortable. Provides comprehensive, integrated assessments of mental health, substance abuse and physical health conditions, planning and management, intensified mental health services, crisis intervention, and linkage to community resources (CSS – FSP).

Adult Wraparound – System Development
Serves transition-aged youth, adults, and older adults at Imminent risk for homelessness, substance abuse, criminal justice involvement, and/or psychiatric hospitalization. Provides outreach to individuals prior to discharge from inpatient psychiatric hospitalization to assure the supports necessary for successful transition to community living are in place. Services include medication support, home visits, crisis services, transportation, housing and living skills assistance, substance abuse services, and family support (CSS – OESD).

Access to Care
The Access Hotline is designated by Lifeline and SAMSHA as part of the national 1 (800) Suicide Prevention lines for all Kern County residents. Povides immediate English and Spanish phone access for crisis intervention, mental health services access and information. Serves children,

youth, adults, and older adults who have barriers or challenges to accessing care, who have previously been underserved, unserved, or uninsured (CSS – OESD).

Community Outreach and Education
Serves children and families, transition aged youth, adults, and older adults who receive mental health services or might benefit from services; the community at large; elected and appointed office holders; the business community. Outreach increases community awareness and understanding of mental illness and reducing stigma. Collaborates with community agencies on special events and educational opportunities. Educates and trains law enforcement agencies and other community partner agencies to improve understanding of mental illness and its impacts (CSS – OESD).

Senior Volunteer Outreach
Serves older adults who isolate due to loss, illness, grief, loneliness, and/or substance abuse; at high risk for mental decompensation and requiring specialty services. As this particular population is increasing in number with prolonged longevity, additional services are needed to prevent hospitalization and institutionalization. Uses community volunteers to make contact with the at-risk older adults and use peer counseling techniques to socialize with the senior and watch for early signs of problems or decompensation. Based on the Santa Monica Peer Counseling for Seniors model Provides for comprehensive training of volunteers and other involved persons in peer counseling for a variety of cultural populations (PEI).

Kings County
Adult and Older Adult FSPs
Provides intensive culturally sensitive and creative services, using a "whatever it takes" approach. Services include individual, couples and family therapy, as well as life skills groups and helping consumers in the employment process. Enrichment Series covers topics such as wellness and recovery, treatment options, social skills, budgeting, self-care, Social Security, employment and education, and community resources. Additional services include connecting consumers with community partners as well as providing resources to any individual who requests them. Partners with the Kings Commission on Aging to support their SAFE program and to engage the older adult population. Community outreach includes participating in community events related to working towards identifying homeless consumers, individuals who are soon to be release from the County jail, and presenting and providing resources to the military and veteran population. Ensures a community mental health model where consumers can stabilize and thrive in a less restrictive setting from IMDs, hospitals, or other psychiatric facilities (CSS – FSP).

Senior Access for Engagement (SAFE)
Provides the opportunity for many unserved and underserved older adults age 59 and up to access supports and services they have not utilized. Outreach efforts are made at senior centers, nursing homes, assisted living facilities and events targeting older adults. Outreach and

engagement strategies include presentations, activities, and interventions at senior centers that promote wellness and resiliency, medication management and education, and linkages, advocacy and referrals for services, including Full Service Partnerships. Older adults are often referred to other services which could affect their mental status including home-delivered meals, congregate nutrition centers, caregiver support group, the Health Department/Public Health nurse, adult day center, Human Services, emergency food and shelter programs, public guardian, and veterans Services. A new respite program for older adults who are caregivers will be implemented this fiscal year through the PEI In Common program (CSS – OESD).

Lake County

Full Service Partnerships

Consumers of all ages (children 0-15, transition age youth 16-25, adults 26-59, and older adults 60+) who meet eligibility requirements are provided "whatever it takes" services. A full array of recovery-oriented mental healthcare, including psychiatric services, is provided to consumers enrolled in an FSP. Services and supports include funding for housing, food, clothing, primary healthcare, transportation, education, and vocational opportunities (CSS – FSP).

Older Adult Access

Provides outreach and engagement services, linkage to resources, mental health interventions, and FSP programming to seniors who may be experiencing mental health challenges. Senior peer counseling program provides peer-aged volunteer support to older adults who may be isolating or are experiencing mild mental health concerns (CSS – GSD).

Community Outreach and Engagement

Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Older Adult Outreach and Prevention

The Friendly Visitor Program provides companionship to the vulnerable population of homebound older adults. The volunteers offer individualized companionship, support, and friendship on a regular basis to seniors who have limited access to outside activities. Reassuring phone calls and access to the MHSA funded Senior Peer Counseling Program are also benefits of the program (PEI).

Los Angeles County

Older Adults Field Capable Clinical Services

The Field Capable Clinical Services, also known as FCCS, are the first system-wide DMH programs focused exclusively on Older Adults and designed to improve access to needed mental health services for this traditionally underserved population. FCCS offers a range of field-based services to older adults who may be reluctant or unable to access needed mental health services due to impaired mobility, frailty, geographic limitations or stigma associated with receiving

services in a traditional mental health clinic.
Key Components:
• FCCS provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above.
• FCCS are provided in settings that are often preferred by older adults, for example in the home of the older adult, or in other community settings such as senior centers or senior housing complexes, or primary care settings.
• FCCS are provided by multi-disciplinary teams of professional, paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with older adults (CSS – OESD).

Older Adults Full Service Partnerships (FSPs)
Older Adult Full Service Partnership (FSP) are comprehensive, intensive services for persons 60 and above who have been diagnosed with a mental illness and are interested in participating in a program designed to address their emotional, physical and living situation needs. FSP Programs are capable providing an array of services beyond the scope of traditional outpatient services.
Key Components:
• FSP provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above.
• FSP are provided in settings that are often preferred by older adults, for example in the home of the older adult, or in other community settings such as senior centers or senior housing complexes, or primary care settings.
• FSP are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with older adults.
Who is eligible to receive these services?
Older adults, ages 60 and above with a serious and persistent mental illness:
• who are homeless or at serious risk of becoming homeless
• who are being released from jail or at serious risk of going to jail
• who have multiple psychiatric hospitalizations or are in an Institution for Mental Disease (IMD)
• who experience significant factors such as risk of being placed in a Skilled Nursing Facility (SNF), have a co-occurring medical or substance abuse disorders, and are unable to participate in services provided in traditional mental health clinic programs, may be eligible to participate in FSP (CSS – FSP).

Adult/Older Adult Full Service Partnerships
Target population of ages 26 and over who due to their mental illness are at risk of becoming unserved or underserved, being placed out of home, experiencing increased levels of isolation, involved in the criminal justice system, homelessness, and receiving involuntary treatment or

hospitalization. Individuals in the FSP receive more frequent counseling services and more intensive case management (CSS – FSP).

Trauma Recovery Services
The Trauma Recovery Services Project will (1) provide short-term crisis debriefing, grief, and crisis counseling to clients, family members and staff who have been affected by a traumatic event; and (2) provide more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events. The programs include outreach and education, psychosocial assessment, individual short-term crisis counseling, family counseling, youth and parent support groups, case management, and training for staff that are likely to work with trauma victims (PEI).

Primary Care and Behavioral Health Services
Develops mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. Another purpose is to prevent patients at primary care clinics from developing severe behavioral health issues by addressing their mental health issues early on. Behavioral health professionals skilled in consultation and primary care liaison will be integrated within the primary care system. It is the intent of the Project to build resiliency and increase protective factors among children, youth, adults and older adults and their families and other caregivers through the PEI programs. By offering assistance in identifying emotional and behavioral issues at a clinic setting, the stigma associated with seeking out mental health services will be minimized (PEI).

Early Care and Support for Older Adults
The Early Care and Support Project for Older Adults will (1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; (2) prevent and alleviate depressive disorders among the elderly; and (3) provide brief mental health treatment for individuals. The stigma of mental illness is a significant barrier for the older generation who often do not seek treatment until the illness has progressed significantly. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population (PEI).

Madera County
Adult/Older Adult FSPs
This program serves target population of ages 26 and over who due to their mental illness are at risk of becoming unserved or underserved, being placed out of home, experiencing increased levels of isolation, involved in the criminal justice system, homelessness, and receiving involuntary treatment or hospitalization. Individuals in the FSP receive more frequent counseling services and more intensive case management. (CSS—FSP)

Marin County

HOPE (Helping Older People Excel) Program

This multi-agency, multi-disciplinary team serves 40 older adults, ages 60 and older, who have serious mental illness, and are isolated and at risk of out of home placement, hospitalization or homelessness. By providing a full range of integrated, culturally competent services including outreach, comprehensive assessment, individualized client-centered service planning, psychiatric care, intensive case management, therapy and linkages to needed services and supports, participants are assisted to better control their illness, reach their personal goals, lead more satisfying lives, and avoid higher, more restrictive levels of care (CSS – FSP).

Older Adult PEI

This program provides behavioral health screening and brief intervention to older adults who are experiencing transitions or other risk factor. In addition, a wide-range of providers are trained to identify and refer at-risk older adults. (PEI).

Mendocino County

Full Service Partnerships for Older Adults

*Older Adult Services Program will focus on the Older Adult Services Program continuing to provide services for the improvement of the aging population's quality of life, resiliency, and independence. These services are provided by a network of Mental Health Plan Providers. Bicultural and bilingual outreach and engagement will be among the highest priorities of services to be provided to older adult consumers. This segment of the CSS program will include the implementation of an outcome measure (for example ANSA, and/or other outcome measure tools), for all Mental Health Plan Providers, to allow for evidence based decision making and review of treatment services. In addition, the outcome measure will allow for identification of areas for improvement. (*CSS - FSP)

Senior Peer Counseling

Senior Peer Counseling program is a project to decrease client risk factors for depression, decrease isolation, decrease psychiatric hospitalizations, and identify and appropriately respond to client indicators of suicide risk through training and clinical supervision. Mendocino County Health Plan Providers provide these services inland and on the coast. Supervision and training is provided by licensed clinicians experienced in the Senior Peer Counseling model to at least 20 Senior Peer Counselors to recognize signs of self-neglect, elder abuse, substance abuse, medication misuse/non use, suicide risk, depression, anxiety, and other mental illness. Through the Peer support model the volunteer counselors can help the at risk seniors to overcome barriers, reduce risk factors, and become more involved in self care and wellness. Currently there are Senior Peer Counselors serving Ukiah, Willits, and Fort Bragg area. The goal to expand Senior Peer Counseling to North County and South Coast cities is one Mendocino County hopes to achieve in this 3 Year cycle. Supervision of Peer Counselors is provided by licensed clinicians experienced with the Senior Peer Counseling model who provide training and support. (CSS-OESD).

Prevention: Older Adults
*The goal of the Adult & older Adult PEI Program is to work to decrease client risk factors and isolation, decreasing psychiatric hospitalizations, and to identify and appropriately respond to client indicators of suicide risk and depression. (*PEI).

Merced County
Community Assistance Recovery Enterprise (CARE) – Adult and Older Adult Full Service Partnership
CARE implements a 24 hours a day/ 7 days a week intensive case management approach. The multidisciplinary team comprised of case worker, clinicians, substance abuse specialist, housing and employment specialist, nurses, and psychiatrists to assist members with their psychiatric disabilities. The approach emphasis on integrated/wraparound service that follows an ACT (Assertive Community Treatment model). Each case manager carries a caseload of 10 clients with primary goals of reducing hospitalization, reducing incarceration, reducing homelessness and institutionalization and increasing community integration. The program assists members with full service partners in different domains of their lives. These areas include education, family reunification, transitions into lower levels of care, life skills, drug and alcohol support, supplying for SSI, general assistance, spiritual support, legal affairs, access to primary health care are so on. CARE participates in the TAY Subcommittee and has ongoing meetings with TAY clinicians and other TAY providers to identify referrals. In addition CARE works with Spanish speaking clinicians to target individuals that may meet criteria for services (CSS – FSP).

Older Adult System of Care (OASOC)
The Older Adult System of Care focuses on individuals age 60 and over that are unserved, underserved, homeless, or at risk of homelessness, institutionalization or hospitalization. A primary focus of the OASOC is upon the Hispanic population with bilingual (Spanish-English) services provided. Services are provided at all clinic sites by dedicated staff as well as outreach and coordination with the community services, such as primary care, adult peer-support and education. Outreach and engagement services are provided to the home bound seniors and there is continued partnership with Meals on Wheels program to identify, assess and treat unserved seniors in their homes. OASOC continues to participate in the county-wide multidisciplinary team which includes Adult Protective Services, Mercy Medical Center, Public Health and other service providers (CSS – OESD).

Community Outreach Program Engagement and Education (COPE)
COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender

communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

PEARLS Program / Human Service Agency
Provides outreach and prevention and early intervention services for homebound older adults (60+ years) at risk for depression or suicide. Uses Program to Encourage Active and Rewarding Lives (PEARLS) model. Increases knowledge of signs/symptoms of depression and suicide risk for those who live/work with older adults (PEI).

Modoc County
System Transformation - Full Service Partnership
*Serves County residents 0-60+. Includes funding for client, family member and caregiver support, personnel, mental health clinician for crisis component, mental health services specialist for partnership with wraparound, mental health clinician coordinator for child/youth team, case managers/outreach for child/youth team, licensed vocational nurse for child/youth and adult/older adult team, case manager/mental health specialist for adult/older adult team, peer support position, and clerical support. (*CSS - FSP and CSS - OESD)

Mono County
Socialization and Wellness Centers
Three socialization and wellness centers spread throughout Mono County; (north, Mammoth Lakes, southeast region) serves transition age youth, adults and older adults. Allow for one-stop-shopping, meeting many of consumers' health, social service, mental health, case management, educational and social needs. Centers support improvements in employment, vocational training, education, social and community activities. Provides a network of social relationships, timely access to needed help, including during crisis, reduction in involuntary services and a reduction in out-of-home placements (CSS – OESD).

Monterey County
Senior Peer Counseling
Volunteers support their peers in meeting the challenges of aging, (e.g., dealing with depression, grief, loss, isolation and other stressors). Senior peer counselors go through an intensive training program and are supervised by professionals. The program also serves as a link for participants to access a variety of other support groups and services in the community. Expansion has enhanced efforts to reach Latino seniors in the Salinas Valley region (PEI).

Napa County
Older Adult Full Service Partnership
The Older Adult Full Service Partnership is a collaborative program of Napa County Comprehensive Services for Older Adults and the Mental Health Division. The OA FSP Program was designed for underserved, at-risk adults age 60 years and older, who would benefit from

intensive wraparound case management. The OA FSP staff provides assistance in addressing an older adult's physical, emotional and living situation needs and serves 18 older adults (CSS – FSP).

Mobile Outreach, Response and Engagement (MORE)
The MORE program is a mobile mental health outreach service that provides crisis intervention, mental health assessment, assertive outreach, follow-up planning and referral to other mental health services responding to hundreds of calls and provides over 130 home or site visits to individuals on an annual basis. MORE services are available to any Napa County resident experiencing mental health distress. MORE serves all ages, backgrounds, and there are no income restrictions. MORE supports law enforcement and hospital emergency rooms, assuming a prominent role in first responses. MORE staff is highly trained and knowledgeable in crisis intervention as well as on culturally-appropriate bilingual (English/Spanish) crisis response to children, young adults, adults, older adults and their families. MORE provides direct service as well as linkage to mental health and other services in the community. The MORE program continues to focus on extending services to underserved in Napa County with focus on bilingual/bicultural outreach. There is emphasis on outreach to the schools and the lesser served areas of the county (CSS – OESD)

Older Adult PEI Project
The OA PEI project is designed to support early identification of mental illness and early intervention among at-risk older adults and older adults who are experiencing early onset of mental health issues, particularly those who are isolated and underserved or unserved (PEI).

Orange County
Older Adult Recovery Services
Older Adult Recovery Services: Older Adult Recovery Services provides in-home assessment, linkage, individual therapy, case management, medication support, linkage to primary care support, and a variety of recovery services for seniors who are living with a chronic and persistent mental illness.

Older Adult Peer Mentoring
The Older Adult Peer Mentoring program is a contract program with St. Anselm's Cross Cultural Community Center. Program targets some of the most common reasons for decompensation and hospitalization, including interruption of medications, substance abuse-related problems, isolation, depression, and having no place to live. Keeping Older Adult clients out of the hospital is a major focus, since hospitalization often leads to clients being put on conservatorship. This may result in the client losing independence and make it more difficult for him or her to transition back to independent living. The Older Adult Peer Mentoring Program pairs qualified, culturally/linguistically competent peer consumers with individuals in certain clinical circumstances, including hospitalizations, and assists them in successfully transitioning to community living. Helping selected individuals to make a successful transition into the

community is facilitated by providing assistance and support from qualified, trusted, and well-prepared peers to ensure the client's continued recovery and successful transition to healthy and effective community living (CSS – OESD).

Older Adult Support and Intervention System (OASIS)
Older Adult Support and Intervention System (OASIS): Is an Older Adult Full Service Partnership Program that follows the Wellness, Recovery, and evidence-based model. The program focuses on the person rather than the illness, the consumer strengths, self-identified goals and objectives. Individuals from all ethnicities and cultures are served with an emphasis on client centered care. The program is comprised of an interdisciplinary staff of peer counselors/ life coaches, Personal Services Coordinator (PSC), a therapist, nurses, a nurse practitioner, a gero-psychiatrist, and a pharmacist. All staff members are familiar with the specialized needs of older adults. (CSS - OESD).

Early Intervention Services for Older Adults
The Early Intervention Services for Older Adults provides behavioral health early intervention services to older adults who are experiencing the early onset of mental illness and/or those who are at greatest risk of developing behavioral health conditions due to isolation. The program conducts comprehensive in-home assessments and connects participants to trained Life Coaches and volunteers to develop individualized socialization plans and to facilitate involvement in support groups, educational training, physical activities, workshops, and other activities. Based on the needs of the participants, the program also links participants to outside resources and services. Tele-geropsychiatric services are also available to consult with primary care physicians, participants and families. (PEI).

Placer County
Older Adult FSP
Serves older adults (60+) who meet the previous criteria and those who are newly identified as needing services; older adults with severe mental illnessesI (SMI) age 55 as they transition; and older adults 60+ with SMI in nursing homes (CSS – FSP).

Plumas County
Full Service Partnerships
Provides Full Service Partnerships "whatever it takes" services for adults, older adults, children (Wraparound) and transition age youth (CSS – FSP).

Riverside County
Older Adult Self-Management
Enables the psychiatrist, along with a team of mental health professionals, to improve the overall functioning and sense of well-being of older adults with serious and persistent mental illness receiving medication management. Older adults receive assistance in the following areas: coordinating their own care, developing skills to better communicate with physicians, effectively

monitor and self-report their own general health and skills to improve their social activities and community supports. (INN)

Older Adult Integrated System of Care
Provides a comprehensive range of service options that encourages utilization of least-restrictive alternatives as close as possible to the older adult's original residence (CSS – FSP).

Housing
The Department of Mental Health operates two Safehaven facilities that follow a low demand drop-in model for providing outreach and housing support services to chronically homeless individuals. The MHSA permanent supportive housing program partners with developers and housing providers across the continuum of housing options to promote housing development, improve access to housing, and ensure supportive services are available to serve TAY, adults and older adults throughout the County (CSS).

In Our Own Voice (Mental Health Outreach, Awareness and Stigma Reduction Project)
This program, developed by NAMI, is an interactive public education program in which two trained consumer speakers share their personal stories about living with mental illness and achieving recovery. Presenters of the program are reflective of the audience (i.e., transition age youth and older adult consumers present to individuals within their age group or to providers of service representing their age group) (PEI).

QPR for Suicide Prevention (First Onset for Older Adults)
QPR stands for Question, Persuade, and Refer. People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone for help. The QPR for Suicide Prevention model will be used to train gatekeepers who interact with seniors in order to look for depression and suicidal behavior. This program is currently in development (as of 4/2012) (PEI).

Cognitive-Behavioral Therapy for Late-Life Depression (First Onset for Older Adults)
This program focuses on early intervention services that reduce suicidal risk and depression through an active, directive, time-limited, and structured problem-solving approach. A highlight of this model is its portability, which allows implementation in a variety of settings, including places where older adults are likely to go (senior centers and senior workforce centers) (PEI).

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) (First Onset for Older Adults).
This is an intervention for people 60+ who have minor depression or dysthymia and are receiving home-based social services from community services agencies. Designed to reduce symptoms of depression and improve health-related quality of life (PEI).

Caregiver Support Groups (First Onset for Older Adults)
Partners with local community-based organizations and social service agencies to develop

psychoeducation curriculum and supportive interventions and provide support groups for caregivers. Specific outreach, engagement, and linkage to the support groups for individuals and caregivers/family members of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia (PEI).

Sacramento County

Sierra Elder Wellness CSS

Provides specialized geriatric services including psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services with persons who have co-occurring mental health, physical health, and/or substance abuse and social service needs that require intensive services in order to remain living in the community at the least restrictive level of care. The goals of the program are to improve psychiatric and functional status, increase social supports, decrease isolation, reduce trips to the emergency room and/or hospital, reduce homelessness, and improve overall quality of life. (FSP).

San Benito County

MHSA System Transformation Program

Provides services to all ages: children (ages 0-17), transition age youth (ages 16-25), adults (ages 18-59), older adults (ages 60+); all genders; and all races/ethnicities. Embraces a 'whatever it takes' service approach in helping all populations reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to clients of all ages and their families. Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; education and employment support; anti-stigma events; linkages to needed services; and housing support. Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. Esperanza Center also provides transition age youth with a safe, comfortable place to receive services and participate in age-appropriate activities (CSS).

Older Adult PEI Services

Helps seniors reduce their feelings of isolation and develop a social support network with their own community. An SBCBH clinician or mental health rehab specialist regularly visits the local senior center, Jóvenes de Antaño. Offers informative material, coordinates services with allied agencies (e.g., Meals on Wheels; visiting nurse), and offers supportive groups to caregivers. Provides outreach and supportive services to seniors in local senior living apartments. These services have helped seniors who feel isolated in their homes by offering discussion and support groups, as well as individual services (PEI).

San Bernardino County

Age Wise Older Adult Services

The Age Wise program is the Department of Behavioral Health's flagship program, providing mental health and case management services to the older adult population. Age Wise program

works with seniors to maintain maximum independence and health in their own homes (CSS – OESD).

Age Wise Mobile Response
The Age Wise Mobile Circle of Care provides mobile responses to the mental health needs of older adults in the High Desert Region of San Bernardino County. The Circle of Care team works closely with community stakeholders in responding to the needs of older adults through assertive outreach and engagement, full service partnerships, mental health counseling services, and case management linkages and consultations (CSS – OESD).

Older Adult Community Services
Provides older adults with mobile screening services, wellness services such as senior activities, home safety education, and suicide prevention services (PEI).

San Diego County
Positive Solutions Program
Outreach, and prevention and early intervention services for older adults who receive meals delivered through the Aging and Independence Services program by using Program to Encourage Active and Rewarding Lives (PEARLS) model. Increase knowledge of signs/symptoms of depression and suicide risk for those who live/work with older adults. Reduce stigma associated with mental health concerns and disparities in access to services.(PEI).

Higher Utilizer Comprehensive Integrated Services and Supported Housing
Comprehensive housing and mental health services and Full Service Partnership services to Older Adults who have a SMI. The program establishes linkages and care coordination to physical healthcare providers. Individuals receive an array of housing options. (CSS-FSP).

Supported Employment Services
Supported employment services and opportunities for Transition Age Youth, Adults and Older Adults with SMI. (CSS-OESD).

Mobile Outreach at Home and in the Community
Comprehensive housing and mental health services and Full Service Partnership services to Older Adults who have a SMI. Countywide 24/7 mobile outreach services to identify Older Adults in the community who are in need of mental health intervention and provide access to services at the most appropriate level of care. (CSS-OESD).

Jane Westin Center
Provide urgent mental health services to Adults and Older Adults in the Central Region at a voluntary walk-in assessment center. Services Offered: • Crisis intervention • Triage, screening and assessment. • Medication support • Case Management and community referrals. • Telepsychiatry (CSS).

Hope Connections Peer and Family Engagement Project
Integrated teams of transition age youth, adult, older adult and family peer support specialists that provide a number of services to new mental health clients at the clinic site. One team also serves individuals in the County Emergency Psychiatric Unit. The goal is to provide peer and family support to individuals and families at or prior to their first mental health visit. The support teams also focus on providing wellness and recovery support and education throughout service utilization. Initial engagement and orientation. (INN).

San Francisco County
Full Service Partnership 5. Older Adults (60+)
*A central component of MHSA, Full Service Partnership (FSP) programs reflect an intensive and comprehensive model of case management based on a client- and family-centered philosophy of doing "whatever it takes" to assist individuals diagnosed with SMI or SED to lead independent, meaningful, and productive lives. Ten FSP programs serve a diverse group of clients in terms of age, race/ethnicity, and stage of recovery. Services include integrated, mental health treatment; intensive case management and linkage to essential services; housing and vocational support; and self-help support. (*CSS - FSP*).*

San Joaquin County
Full Service Partnership Programs
Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs. (CSS - FSP).

Connections for Seniors and Adults
Designed to help identify adults and older adults with mental health concerns and connect them to appropriate support services to overcome moderate mental health issues or to transition to more extensive mental health services that are linguistically appropriate and culturally competent. (PEI).

San Luis Obispo County
Older Adult Full Service partnership
The goal of the Older Adult Full Service Partnership team is to offer intensive, individualized interventions to ensure that participants remain in the least restrictive setting possible. SLOBHD partners with TMHA to provide client driven services to Older Adults who are at risk of inappropriate or premature out-of-home placement due to a serious mental illness and, in many instances, co-occurring medical conditions that impact their ability to remain in home/community environments.

Early Care and Support for Underserved Populations
Early Care and Support for Underserved Populations is a multi-focus effort to address the needs of three distinct underserved populations: • Successful Launch Program for at-risk TAYs, is an

expansion of the Cuesta College Independent Living Program to include graduating community school youth, and Wards of the Court, and other high risk Transitional Aged Youth. The emphasis of this program is to provide TAY development opportunities and support to ensure that as participants enter adulthood, they are stable, have housing, and momentum for school or work. • Older Adult Mental Health Initiative is conducted in partnership with Wilshire Community Services to expand the caring callers Caring Callers and Senior Peer Counseling programs, provide depression screenings for older adults, and community outreach and education regarding older adult specific mental health challenges.

Older Adult Family Facilitation
Wilshire Community Services is testing the Older Adult Family Facilitation model which is a blend of two distinct models successful with children and older adults. This model addresses the need for integrating system supports when engaging seniors in mental health care.(INN).

<u>San Mateo County</u>
Full Service Partnership – Older Adults/Medically Fragile Individuals Community Services and Supports
This Full Service Partnership serves seriously mentally ill older adults and medically fragile individuals who are either at risk of institutionalization or currently institutionalized and who, with more intensive supports, could live in a community setting. In many instances these individuals have co-occurring medical conditions that significantly impact their ability to remain at home or in a community-based setting. The program outreaches especially to Asian, Pacific Islander and Latino individuals, as these populations are under- represented in the current service population.(CSS-FSP).

PEI Programs for Adults and Older Adults
• Total Wellness, training of primary care providers (Prevention) • Primary Care Interface (Early Intervention) Primary Care Interface integration supports BHRS' efforts towards becoming more effectively integrated to better serve our clients. Services funded include system-wide co-location of BHRS practitioners in Primary Care settings to facilitate referrals, perform assessments, and refer to appropriate behavioral health services if deemed necessary. Included in the Total Wellness (INN program) is an integrated training piece; it entails a universal prevention strategy that focuses on education of professionals on co-morbidity and related issues. The trainings target all types of providers (county clinics and contract providers serving that population.) aimed at providing professionals with the necessary information to help them understand the interconnectedness and the interdependence between mental and physical health. (PEI).

Total Wellness in Adults and Older Adults
Prevention and Early Intervention funds a few key program elements of a larger initiative called Total Wellness. More details of the Total Wellness project can be found under the Innovation Component program description below. Included in the Total Wellness project is an integrated

training piece; it entails a universal prevention strategy that focuses on education of professionals on co-morbidity and related issues. The trainings target all types of providers (county clinics and contract providers serving that population.) The trainings aim at providing professionals with the necessary information to help them understand the interconnectedness and the interdependence between mental and physical health. Such trainings help bridge a much needed gap in knowledge. (PEI).

Santa Barbara County

Supported Housing

Provides intensive, multidisciplinary services to adults and older adults who require a higher level of care than offered by mental health clinics, but less than that provided by ACT programs. (CSS-FSP).

Santa Clara County

Older Adult FSP

Offers up to 25 enrollees with intensive wraparound services including. FSPs for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age. These include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other institutionalization, and the risk of being harmed physically, financially or psychologically.(CSS-FSP).

Older Adult Behavioral Health Outpatient Services Redesign

Design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services; and training and staff development plans to ensure incorporation of core transformation principles and new intervention models throughout the system, including recovery focused services, consumer/family member involvement, and cultural competency.(CSS-OESD).

Primary Care / Behavioral Health Integration for Adults and Older Adults

This program has two major components: 1) services to new refugees drawing upon outreach and focus groups with refugees and organizations serving refugees; and 2) implementation of integrated behavioral health services within local non-profit Federally Qualified Health Centers (FQHCs) that serve underserved ethnic communities.(PEI).

Elder's Storytelling Project

Develops a model to increase the quality of services for isolated older adults by adapting a culturally-based "story-telling" approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is elicited to reminisce on his/her life and express and capture significant memories and personal accomplishments.(INN).

Santa Cruz County

Early Intervention Services for Older Adults
Addresses the high rates of depression, isolation and suicides of Older Adults in Santa Cruz County. Strategies are aimed at identifying older adults at risk of trauma-induced mental illness, depression, anxiety, suicidal ideation, and late onset mental illness, as well as undiagnosed and misdiagnosed seniors. This group has been identified as an underserved population, often due to senior's isolation and challenges in accessing appropriate care. PEI Project #4 has three proposed strategies: 1. Field Based Mental Health Training and Assessment Services to provide mental health assessment and short-term services to older adults where they reside 2. Senior services and outreach including brief therapy and peer companions 3. Warm line providing quick telephone screening and referrals to senior resources for persons seeking service to older adults at risk of mental illness. (PEI).

Shasta County

Older Adult Services
The Older Adult Services Program is a system of interagency services for adults 60 years and older who have serious and persistent mental illness. Older adults are identified and provided services that are comprehensive, age appropriate, culturally competent, and accessible. Services support recovery or rehabilitation as deemed appropriate by the client and his or her natural support system of family and community. In order to address the needs of this population, the program collaborates with multiple agencies and conducts intensive resource and program development. Multiple agencies/partners are convened with the support of the existing Shasta County Older Adult Policy Council in order to identify collaborative resources and outreach engagement strategies. (CSS).

Sierra County
Combined Programs
Sierra County continues to partner with Plumas Crisis Intervention and Resource Center (PCIRC) in the operation of the Crisis Line which operates 24/7, and provides 24/7 access to a mental health professional. Targeted populations are specified as all underserved/un-served persons in the County, which has essentially been the majority of the county population (3200). The Crisis Line phone number has been disseminated to nearly all community agencies . Wraparound services are provided for children and youth in the behavioral health system; Full Services Partnerships are provided for transition age youth, adults, and older adults. Services are provided for any person demonstrating need, regardless of gender, race/ethnicity, or language spoken.(CSS).

Siskiyou County
Systems of Care, Adult, Children's, TAY, Older, unserved/underserved
Services include, but are not limited to, crisis intervention, clinical assessments; individual and group therapy; case management; wraparound; medication management; linkages to community

resources, including primary care and transport if needed; housing; and employment services. (CSS).

Solano County

Older Adult (FSP) *Provides a continuum of services through a collaborative relationship between the consumer and care provider (coordinated by a Primary Service Coordinator), through which the client has available a full spectrum of services so the consumer may achieve identified goals stated in the Individual Service Plan. The full spectrum of services includes: • Medication management: provision of or plan for medication management services, including health education topics such as medication, chronic disease, and etc. • Mental health therapy: Short-term, goal focused individual mental health therapy will be offered with the goal of transitioning consumers to group therapy. Short-term, goal-focused group mental health therapy should be transitional, supporting consumers until they are ready to transition to other appropriate services. • Case management: Short-term, intensive wrap-around case management will be offered to mitigate crisis situations and consumers should have access to crisis services 24 hours per day. Also, transitional case management will be provided, focusing on ensuring that consumers are linked to appropriate services. • Wellness and recovery skills building: provision of and/or plan for linkage to wellness and recovery skills and services to support return to everyday life. All consumers should be supported to develop and monitor a Wellness and Recovery Action Plan (WRAP).*

Crisis Stabilization Unit (CSU) *Provide services to at least 1500-2000 consumers in Solano County. They Psychiatric Emergency Team (PET) serves children, transition aged youth, adults and older adults from various racial and ethnic backgrounds, as well as provides services in a consumer's primary language. PET is an integral component to the continuum of care in public mental health services. PET provides intervention services; collaborates with agencies and community based organizations; and conducts outreach, education and training to partner agencies. Additionally, PET supports full service partnerships by providing crisis intervention services to consumers during non-traditional working hours (5:00 PM – 8 AM, weekends, and holidays). The Crisis Stabilization Unit has replaced the PET as our provider for crisis services.(CSS-OESD). '*

Older Adult Identification and Linkage Program

Trains and supports community members and case managers as Gatekeepers to identify and link older adults who exhibit signs of early onset of mental illness or are at risk of developing mental illness, to appropriate community resources through system Navigators.(PEI).

Housing

Solano County's MHSA Housing Program has funded two projects. Signature at Fairfield, which opened in May 2012, provides 7 two bedroom units for families in which one member qualifies for MHSA services and 3 units to be shared by two unrelated individuals. Heritage Commons in

Dixon, which will open in June 2013 provides 7 units for older adults who qualify for MHSA housing services.

Sonoma County

Integrated Recovery Team
Provides intensive services and supports to adult with serious and persistent mental illness and substance use disorders in partnership with Buckelew Program, Inc.(CSS-FSP)

Older Adult Intensive Team
Provides intensive mental health services to seriously mentally ill seniors at risk for out-of-home placement in partnership with Family Services Agency. (CSS-FSP)

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center
The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center
Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center
The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program
Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services

Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, and Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Older Adult Peer Support
At Home Friendly Visitor Program Plus is a collaboration between Community and Family Services Agency and Jewish Family and Children's Services (JFCS) that provides Adult Peer Support Services to Sonoma County's older adult community. The At Home Friendly Visitor Program recruits, hires, trains, supervised and supports senior peer counselors to ensure quality services are being provided and volunteers are retained.

Disability Rights California
Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Older Adults:

Older Adult Collaborative
Older Adult Collaborative (OAC) is a five agency project lead by Sonoma County Human Services Department – Adult and Aging Division. The OAC provides services to reduce depression and suicide among older adults countywide. This is accomplished through outreach to seniors, screening seniors, counseling through an expansion of an intern program, and referral of seniors to Healthy IDEAS/Care for Elders. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment

• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision
Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Stanislaus County
High Risk Health and Senior Access
A consolidated FSP program of Health Mental Health and Senior Access and Resource Team designed to serve the same target populations and utilize FSP strategies with a key addition of graduated levels of care to be added in the consolidated program effective FY10-11. The program will serve adults (18 - 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions (i.e., Diabetes Mellitus, Hypertension) co-occurring with Serious Mental Illness (SMI) as well as functional impairments related to aging. The sub-group of transition-aged adults (55-59 years) with SMI, co-occurring substance abuse disorders and/or other physical health conditions is included in the target population. Outreach and services to diverse ethic and cultural populations and individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, nursing home care or frequent users of emergency rooms for health care are prioritized.(CSS-FSP).

Consumer and Family Member Wellness Center
Known simply as "The Empowerment Center" this program provides behavioral health consumers and family members a safe and friendly environment where an individual can flourish emotionally while developing skills. It is a culturally diverse center where individuals can gain peer support and recovery-minded input from peers to reduce isolation, increase the ability to develop independence and create linkages to services related to treatment of serious mental illness and co-occurring substance abuse. 100% staffed by behavioral health consumers and family members, it is a safe place where transitional age young adults, adults and older adults can work toward independence and get support for coping with mental health issues. A culinary training program called The 'Garden of Eat'n' provides consumers and family members an opportunity to learn skills such as food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their trainin. (CSS-SD).

Older Adult Resiliency and Social Connectedness Project
Older Adult Resiliency and Social Connectedness Project is the result of a collaborative planning process conducted in Stanislaus County and involving diverse stakeholders throughout

the county. BHRS partnered with the Area Agency on Aging and Commission on Aging to co-sponsor a targeted focus group dedicated to formulating needs, strategies and best ways to implement services to older adults. Older adult representatives and advocates actively participated throughout the PEI planning process. There are three programs in this Project: Program to Encourage Active, Rewarding Lives for Seniors (PEARLS); Senior Peer Counseling; Senior Center without Walls.(PEI).

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) Programs
Designed to reduce symptoms of depression and improve health-related quality of life. PEARLS, is an established evidence-based program that provides eight sessions with a trained PEARLS counselor in the senior's home. The program is "participant-driven" and participants are helped and encouraged to feel confident in using existing community services and to attend local events. The home-based and individualized nature of this program makes it ideal for older adults who have become isolated due to losses in friendships due to death and loss of mobility due to physical changes and/or lack of transportation. Older adult stakeholders and advocates stressed over and over again the necessity of reaching out to homebound seniors who have lost contact with social connections as a method for reducing depression, suffering and suicide.(PEI).

Senior Peer Counseling Program

As a new community-based prevention program, it is proposed to be place-based where seniors go to access faith, social and recreational activities. Senior Peer Counselors will receive training and be certified as volunteers prior to engaging in peer counseling. Individuals will be paired with a senior peer counselor who is old enough to be a peer and to have experienced many of the same life events. This community- evidence based program is successful in providing local seniors an age-mate contact who can make a difference in helping work through issues of emerging mental illness or life changes and bridge the barrier of not wanting to ask for help. Volunteers are also enriched by being able to directly contribute to the increased well-being of a member of their generation. The program will match at-risk seniors with peer counselors who have similar linguistic and cultural characteristics.(PEI).

Senior Center Without Walls Program
The program would offer over-the-phone activities, friendly conversation and an assortment of classes and support groups to homebound elders and those who find it difficult to go to a community senior center. Participation is possible from the comfort of home through telephone conference calls. Calls are free. A toll- free number is made available when participants register and connects them to the group conference call, which allows them to talk to each other, much like the old-fashioned "party lines". Any type of telephone will work, even rotary dial. This is an established program in Northern California for which no research has been done to show evidence or promising practice, however, which clearly could be considered community defined evidence.(PEI).

Integration Innovations
Increases the quality of services including better outcomes, for adult and older adult individuals of all cultures, and ethnicities who receive medical and psychiatric care in a primary care clinic setting. Stanislaus County needs a project like this to increase the quality of services offered to medically high-risk populations, including uninsured and underinsured individuals who have psychiatric illnesses and/or substance abuse issues co-occurring with chronic disease such as diabetes and hypertension. Access to peer supports is not currently included in primary care service delivery and has the potential to achieve better outcomes for overall well-being including health and mental health.(INN).

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response.(INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
- *Infrastructure, Security, Privacy*
- *Practice Management*
- *Clinical Data Management*
- *Computerized Provider Order Entry*
- *Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)*

Client and Family Empowerment Projects
Client and Family Empowerment Projects
- *Client/Family Access to Computing Resources Projects*
- *Personal Health Record (PHR) System Projects*
- *Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)*

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations

• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County

Integrated Forensic Team

The Integrated Forensic Team (IFT) partners closely with the Stanislaus County Criminal Justice System to serve transition age young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years) who have a serious mental Illness or co-occurring substance abuse issues. It's a population also at risk for more serious consequences in the criminal justice system. Strategies include a multidisciplinary team that provides a "wrap around" approach that includes 24/7 access to a known service provider, individualized service planning, crisis stabilization alternatives to jail, re-entry support from a state hospital, and linkages to existing community support groups. Both service recipients and family members are offered education regarding the management of both mental health issues, benefits advocacy, and housing support. Culturally and linguistically appropriate services are provided to diverse consumers. (CSS-FSP)

High Risk Health & Senior Access

The High Risk Health and Senior Access (HRHSA) program is a full service partnership that became operational in FY 2010-11. Target populations include transition age young adults (18 - 25 years), adults (26 - 59 years) and older adults (60+ years) who have significant, ongoing, possibly chronic, health conditions co-occurring with serious mental illness. Older adults may also have functional impairments related to aging. Outreach and services are focused on engaging diverse ethnic/cultural populations and individuals, as well as those who have mental illness and are homeless. The program also serves those at risk of homelessness, institutionalization, hospitalization, or nursing home care or frequent users of emergency rooms.(CSS-FSP)

Josie's Place Drop-in Center

Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults (TAYA) with mental illness. Outreach to and participation from Gay, Lesbian, Bi-sexual, Transsexual and Questioning (LGBTQ) youth are included in the cultural sensitivity of services provided. The center has two service teams: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC operated by Telecare Recovery Access Center. The teams provide case management, therapy, and psychiatric services in English, Spanish, Laotian, and Thai languages. The following peer support groups are offered: Aggression Reduction Therapy, gender specific peer support, and an active LGBTQ support Group. (CSS-GSD)

Community Emergency Response Team (CERT)/ WarmLine

Referred to as the "CERT/Warm Line", the BHRS operated program combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. The "Warm Line", administered under a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow up contacts. The program serves children, transition age youth, adults and older adults. The primary focus is on

acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness. The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and Modesto Police Department patrol officers. Licensed clinical staff may accompany patrol officers to act as a community resource when they encounter individuals with mental health needs. (CSS-GSD)

Consumer Empowerment Center

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Consumer Family Member Training & Support

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:

- *MSW/MA student internships in public mental health*
- *MJC CASRA/Human Services student internship in public mental health*
- *Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health*
- *Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.*
- *Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)*

Consumer and Family Volunteerism
This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity
This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)
ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an

opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Faith/Spirituality Behavioral Health Integration (FSBHI)
This program facilitates and encourages faith based communities and spirituality groups throughout Stanislaus County to create increased social support and social connections for adults experiencing trauma and other risk factors. These activities include a variety of support groups, study groups, outreach, social and recreational activities, and personal/peer based support. Partnerships with other PEI programs allow faith-based organizations to provide education and information about behavioral health concerns that reduce stigma, enhance emotional wellness, increase protective factors, and support recovery. (PEI)

Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
Modeled after a successful program developed by the University of Washington, PEARLS provides eight in-home counseling sessions over 19-weeks. The PEARLS counselor visits seniors at risk of worsening depression and teaches them problem solving techniques. They're also encouraged to become more socially and physically active. A depression screening tool is used at each session to monitor progress. Problems are identified and goals are set. (PEI)

Senior Peer Counseling
Senior Peer Counselors are trained volunteer counselors who regularly visit older adults who have trouble overcoming difficulties or face significant change in their lives. Peer Counselors are senior citizens themselves. They attend an initial training supervised by a professional clinician and help connect seniors to services. They provide counseling and support to those experiencing emotional distress due to health problems, grief, loss of a loved one, depression, anxiety or other difficulties. These peers often share similar life experiences and offer comfort and understanding. The home visits are usually weekly and open ended in duration. There is no fee for the service which is for adults 60 years of age or older. (PEI)

Friendly Visitor
Friendly visitor volunteers visit with lonely seniors in the community, usually two times a month. They provide socialization and support to seniors who may not otherwise have any contact with anyone else. Activities may include reading together, taking walks, playing cards, or having coffee and conversation. (PEI)

Senior Center without Walls (SCWW)
SCWW is a phone-based program with offerings similar to activities you would find at a senior center. Once registered, each senior receives a monthly calendar of events. They can call in to join in group discussions, fun games, or learn about current health topics. This program offers a book club, support groups and much more. (PEI)

Health Behavioral Health Integration
This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI

plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues. The GVHC sites are in Newman, Patterson, Turlock, and West Turlock. The Health/Behavioral Health Integration Project is the result of a collaborative planning process that involved diverse stakeholders throughout the county.(PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports. (INN)

Integration Innovations
Operated by the Stanislaus County Health Services Agency (HSA), this project focuses on improving health and mental health outcomes for adults with mental illness and diabetes. Participants includes adults (18-54) and older adults (55+) from diverse cultures and ethnicities who receive medical and psychiatric care in primary care setting. This population is considered "medically high risk" and includes uninsured and underinsured individuals. The program provides peer support called "Savvy Self-Care", something not currently included in primary care service delivery. In addition, the program provides participants who struggle with mental illness and/or substance abuse with community based supports and wellness activities. (INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3

levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting. (CF/TN)

Electronic Document Imaging
This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County
Adult and Older Adult Integrated Full Service Partnership
FSP PROGRAM FOR OLDER ADULTS SYMHS Integrated FSP HOPE (Healthy Options Promoting Empowerment): Provides intensive community- based services to older adults aged 60+ diagnosed with severe mental illness, who may also have complex medical needs, co-occurring disorders, and/or other specialized needs related to mental health and aging. FSP SUPPORT: A Housing Resource Specialist coordinates with existing housing programs; develops partnerships with local landlords; assists clients in locating affordable temporary/ emergency/ transitional/ permanent housing. The Housing Resource Specialist assists clients with paper work and navigating systems in order to avoid homelessness. (CSS-FSP).

Older Adult Mobile Outreach Team
SYMHS BEST (Bi-County Elder Services Team): Provides mobile community outreach services

to older adults with psychiatric disabilities who may be physically or geographically isolated and have historically been un-served or underserved residents of Sutter and/or Yuba Counties. (CSS-OESD).

Community Prevention Team
Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Community Prevention Team
• Teen Screen: partnering with Harmony Health Clinic to implement this protocol for screening adolescents at primary care sites for depression and other mental illness.
• First Onset: early identification of first onset consumers upon intake at Adult Outpatient clinic. (PEI)

Tehama County
Vista Way
The Vista Way Drop-In Center continues to provide laundry and shower facilities for our adult and older adult homeless population. Providing access to the facility in this way opens up opportunities for engaging folks in a plan of recovery. Additionally, there are now several process / rehab groups running including Communication, Independent Living, Healthy Living, Relaxation, Exercise, Symptom Management, Art, and Therapeutic Drumming. The VW Drop-in Center also offers stipend opportunities. (CSS – OESD).

Adult Full Service Partnerships

Our Adult FSP offers the provision of case management, clinical therapy, medication support, crisis management, housing assistance, board and care support, employment assistance, and flexible funding for a variety of services. This fiscal year has seen an uptick in FSP enrollees. (CSS – FSP)

Older Adult Full Service Partnerships
Our Older Adult FSP offers the provision of case management, clinical therapy, medication support, crisis management, housing assistance, board and care support, employment assistance, and flexible funding for a variety of services. Our efforts with this population also include assistance in coordinating primary care services as these consumers begin to struggle with advanced age-related medical conditions. This fiscal year has seen an uptick in FSP enrollees. (CSS – FSP)

Nurturing Parenting (NP)
The Mental Health Division collaborates with the Drug and Alcohol Division to provide Nurturing Parenting provides this evidence-based parenting program that supports parents and their youth in learning and reinforcing core values that contribute to effective parent-child interactions. We have tapped our Spanish speaking population with the provision of our bilingual NP program. (PEI)

Trauma Focused Cognitive Behavioral Therapy
Our TF-CBT program provides a comprehensive model of therapy which assesses anxiety, PTSD, depression, and other trauma-related symptoms. TF-CBT encourages parents, children, and adolescents to work collaboratively at building skills to address mood regulation and safety. Tehama County Mental Health (TCMH) has a six-member team comprised of four licensed clinicians, two case managers, one health educator, and one certified alcohol and drug addictions specialist. (PEI)

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Telemedicine
Telemedicine includes a Clorazil clinic for both adults and children. (CSS-OESD).

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment

Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance
TCMH is currently in the process of making the shift to an electronic health record (HER) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Full Service Partnerships for Adults, Older Adults, Children and Transition Age Youth
Full service partnerships are the heart of the Community Service and Supports plan. Full service partnerships are individualized services grounded in a "whatever it takes" commitment. Each enrolled individual, and where appropriate his or her family, participates in the development of a culturally appropriate plan focused on recovery and wellness. The plan can include all needed services and supports contribute to the outcomes of well-being defined I the plan, including: meaningful use of time and capabilities; safe housing; a network of supportive relationships; timely access to services; reductions I incarceration; and reductions in involuntary services. Each enrolled individual has a personal services coordinator (PSC), and is supported by a staffing structure that insures 24/7 support. (CSS).

Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local

resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center

The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first

aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Peer Support Program (Older Adult Wellbeing)
The Peer Support program trains volunteers from the Tri-City area who want to learn how to provide support to peers who are in emotional distress. Once trained, peer counselors can offer both individual and group counseling, and additional support through linkages to age- and culturally-appropriate resources. Originally, this project focused on providing peer to peer services to transition aged youth and older adults. However, there has been significant demand for peer-to-peer counseling services for intergenerational exchanges. Given this demand, TCMHC expanded the program to also include adults ages 26 to 59. (PEI)

Family Wellbeing Project
In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing
This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening
The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients
The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff

members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness
The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

Volunteer and Training Programs
The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:
1) Developing the volunteer workforce
2) Connecting with college students that are interested in volunteering/careers in mental health
3) Engaging volunteers and future employees
4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively.(WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder.(INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City

area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County

Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers.(CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House.(INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County

Children at Risk of School Failure - Children of Promise Program
The Children of Promise Program (COPP) provides services to youth in grades 6 through 12 at-risk for school failure by utilizing the evidence-based practices, Reconnecting Youth (RY) and Coping and Support Training (CAST). RY is a proven, award-winning program that helps high-risk youth improve school performance, decrease drug use, anger, depression, and suicidal behavior. Designed for students' ages 14-18, RY curriculum uses small group skills training to enhance personal competencies and social support resources. CAST is a high school based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small-group format (6-8 students per group). CAST skills training

sessions target three overall goals: increased mood management (depression and anger), improved school performance, and decreased drug involvement. Sessions focus on group support, goal setting and monitoring, self-esteem, decision making skills, anger and depression management, "school smarts," drug use control, relapse prevention, and self-recognition of progress throughou6 the program.(PEI)

Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Tulare County Suicide Prevention Task Force
Tulare County Suicide Prevention is addressed through the Tulare County Suicide Prevention Task Force (SPTF). The SPTF functions as a multi-disciplinary collaborative which addresses local suicide prevention issues. Membership reflects a broad range of local stakeholders with expertise and experience with diverse at-risk groups including: local government and non-profit agencies, such as mental health, public health, law enforcement, education, and individuals such as coroners, survivors of suicide attempts and their family members, and mental health clients. The SPTF focusing on suicide prevention through many efforts including ASIST Training; Hope Outreach Series which includes Community of Hope conference, Festival of Hope chalk art festival, Hope Comic Book, and Hope Music CD; Slick Rock Film Festival; Trevor Project; the Older Adult Depression Screening; and Senior Counseling Program.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for

CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management
The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Tuolumne County

Older Adult Outreach and Engagement Services

A contract with Catholic Charities provides outreach and engagement services targeting older adult population (60+). The intent of this program is to engage those older adults that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites, focusing on identifying needs, assisting with linkages to services, and reducing barriers to services. (CSS-OESD).

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are under served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary.(CSS-SD).

Full Service Partnerships

Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services

As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:

1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.

2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.

3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.

4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.

5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center

Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:

- *Telephone and face-to-face intervention for support or crisis intervention*
- *Onsite evaluations at Sonora Regional Medical Center*
- *Help in connecting to community resources*
- *Follow-up appointments*
- *Assessment and arrangements for psychiatric hospitalization if needed*
- *On-site evaluations and services at Tuolumne County Jail*

(CSS-OESD)

Older Adults Outreach and Engagement Services
A contract with Catholic Charities provides outreach and engagement services targeting older adult population (60+). The intent of this program is to engage those older adults that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites, focusing on identifying needs, assisting with linkages to services, and reducing barriers to services. (PEI)

Suicide Prevention Program
A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)
The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs
Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:
- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training
Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes.

TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program
Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)
The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs
CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County, located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Wellness: One Mind, One Body Integration of Healthcare
The current Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health conditions that are significantly worse than those of the general population. Deaths occur, on average, 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, and other serious medical issues. A Care Collaboration Team is working together intensively, and a service delivery model is in development. Collaborative partners include non-mental health care providers from public health, physical health care, holistic care practice, as well as members of TCBHD. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model. (INN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field

within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County

Screening, Triage, Assessment and Referral (STAR)

STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team

This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks

Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program
has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after

release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center
The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Short Term Social Rehabilitation Program
This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center
The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Older Adults Full Service Partnership
This Older Adult Full Service Partnership provides services to consumers 60 years of age and older who, due to a serious mental illness (SMI), have a reduction in personal or community functioning, and are best served in the public specialty mental health system. Often, due to multiple mental health issues and physical challenges, this population is unable to access appropriate mental health services through community-based clinics. Frequently, these are

individuals with persistent mental illness who are homebound, homeless and/or in crisis. The program provides comprehensive, community and home-based "whatever it takes" services which focus on the 'whole' client, in an atmosphere of wellness and recovery. Peer staff, or "recovery coaches" assist in engaging new and current consumers, and provide support services and advocacy, and through their lived experience, provide a model for successful wellness and recovery. Services provided by VCBH. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways
***Consumer & Family Recovery Education Center** – Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*
***Language Development Programs** – A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*
***Career Ladder Program-Secondary Education** – A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*
***Human Services Certificate Program** – A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs
***Clinical Training and Internship Programs –** Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements

These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project

While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes

education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Early Signs of Psychosis Intervention
The Ventura Early Intervention Prevention Services (VIPS) program assesses and treats individuals between the ages of 16-25 years old who show signs of and experience early warning signs of psychosis. The VIPS team provides individualized treatment to address these early "prodromal" signs and to assist young people and their families to build coping skills, reduce stress, and increase performance in all areas of life. The team also educates community members who most typically interact with young people, assisting them in the identification of the early warning signs of psychosis. This program utilizes the Portland Identification and Early Referral (PIER) model, a research informed practice. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County

Older Adult Outreach and Assessment Program

Provides seniors (aged 60+) experiencing mental illness with clinical and case management support, mental health assessments, linkage to peer support and other supports intended to help them maintain independence. Through this program the unique needs of older adult consumers are acknowledged and met. Staff coordinates with other agencies serving seniors: Adult Protective Services, Public Guardian, Public Health, In-Home Support Services and Adult Day Health. (CSS-FSP&OESD).

Senior Peer Counselors Program

Coordinates and trains a group of peer volunteers who provide visitation and support to at-risk older adults living in the community. Goals are to combat isolation of seniors and reduce causes of depression; help seniors to continue self-care, access local resources and maintain independence; build resiliency among elder populations and reduce the risk of developing mental illnesses; assist in identifying early signs of mental instability. (PEI).

Field Capable Services for Older Adults

Through this program, TCMHC staff members provide mental health services to older adults where they are such as in their homes, senior centers and medical facilities. Older adults, especially frail elders, often have a difficult time accessing services in traditional venues and therefore need mental health services provided in locations convenient to them. (CSS)

Adult Wellness Alternatives Program,

Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

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Early Signs Training and Assistance Program

Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Innovation
The Yolo Local Innovation Fast Track Grant Program (L.I.F.T.) provides for three levels of funding to be made available to community providers and stakeholders for the purpose of encouraging and enhancing community collaboration in introducing innovative programs, events and trainings to the local mental health community on a fast track basis, while bolstering the economies of local providers and rejuvenating the local stakeholder process. Programs of the highest level, which provide direct services consistent with MHSA requirements, are eligible for reiterative funding for up to three years. Current L.I.F.T. Programs, through FY 13-14, include: Integrated Mental Health Services; Harm-Reduction Model Co-Occurring Disorder Program; Greater Access Program (GAP) for homeless, un-

diagnosed, un-served or un-benefitted adults. New program(s) will be selected for the funding cycle beginning FY 14-15. (INN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)

LGBQT

Berkeley County
Improve the Access and Quality of Mental Health Services for LGBTQI Individuals
Through partnering with multiple area agencies this project seeks to understand whether LGBTQI individuals will be more accepting of mental health services and have better mental health outcomes when culturally competent individuals meet them in their own settings (i.e., agencies where they are already accessing other services), and to determine whether providing competency training on LGBTQI mental health issues for agencies that do not specifically provide such services, improves outcomes for their LGBTQI clients. Completion date June 2015(INN)

Butte County
GLBTQ Suicide Prevention and Education Program (SAYes)
A program of Stonewall Alliance of Chico, provides suicide prevention, education, and outreach services to gay, lesbian, bisexual, transgender, and questioning youth and young adult and their families and friends. This program also connects individuals to the Trevor Project 24/7 LBGTQ Youth Helpline (1-866-488-7386) and Butte County Crisis Services (1-800-334-6622). (PEI).

Contra Costa County
Social Supports for LGBTQQI Two-S Youth/TAY
This project is a three-year pilot currently in its second year. The goal of the project is to determine whether applying a "Social Support Model" (based on the Social Ecological Model[1]) to services targeting LGBTQQI2-S youth/TAY (up to 29 years of age) will improve their health and wellness and prevent poor health outcomes. The project seeks to attempt to reduce family, peer, and/or community rejecting behaviors and increase accepting behaviors. It will test the effectiveness of various modes of engagement and service provision and will develop best practices toolboxes for engaging/serving youth and their social supports. The program's target population is LGBTQQI2-S youth/TAY as well as their families and caregivers, straight peers and allies, providers, schools, faith-based organizations and community-based organizations (INN).

Building Connections in Underserved Cultural Communities
This program is designed to strengthen underserved cultural communities in ways that are relevant to specific communities, with the purpose of increasing wellness, reducing stress and

isolation, and decreasing the likelihood of needing services of many types. It also is intended to help support strong youth and strong families. This initiative includes the following cultural communities: Native Americans, LGBTQ, Latinos, African Americans, and immigrants from the Afghan, Bosnian, Iranian Russian and Asian Pacific Islander communities. The programs provide activities such as: community outreach, system navigation, psycho education groups and educational workshops. (PEI)

Trauma Services for Sexually Exploited Youth (up to 25 years of age)
Creating a Safe Haven to Support Transgender and LGBTQQI2-S Youth Involved in Sexual Exploitation. This project targets LGBTQQI2-S youth who are (or at high risk of) being sexually exploited. The goal of this project is to create a new street-based venue intended to increase youth access to a comprehensive array of social and support services, delivered at a site specifically designed to support their needs. This program will be piloted in Central Contra Costa County and will develop a safe space and drop-in program targeting LGBTQQI2-S youth with a specific focus on youth who are gender variant and/or transgender identified and who engage in street socialization, commercial sex work and/or survival sex. Additional project goals include developing replicable outreach methods that support the ability to identify and reach this underserved group; the development of assessment tools that will support identification of sexual exploitation in this population; and establishment of a referral network that will increase LGBTQ youth's ability to integrate into mainstream social service programs. Reluctant to Rescue This 36-month project will target sexually exploited youth in Central and East County. The goals of the project are to: 1) gather information from sexually exploited youth about their backgrounds and reasons for entering and remaining in sexually exploitative situations as well as feedback on what would motivate and/or help them to leave these situations; 2) create a drop-in center to provide the youth needed support and services; 3) develop a training program for the care providers of sexually exploited youth; 4) determine the most effective ways of promoting and sustaining youth engagement with services; 5) determine how programs can decrease the attraction of the lifestyle some sexually exploited youth associate with their exploitation; and 6) determine what additional services and/or interventions are necessary to increase the ability of sexually exploited youth to access healthy choices and increase the number of youth who recognize they can make choices about their risk behaviors.(INN)

<u>El Dorado County</u>
Community Education Project - Parents, Families, Friends of Lesbians and Gays (PFLAG)
Community Education
Parents, Families, Friends of Lesbians and Gays (PFLAG) provides outreach, education and training to mental health providers and interested community members. PFLAG will broaden its target audience to network with various community-based service organizations and diversify its library of educational materials.(PEI)

<u>Lake County</u>
Community Outreach and Engagement
Two outreach programs specifically target the Tribal and Latino communities. Also identified as unserved or underserved in Lake County are the homeless population, the transition age youth

and older adult age groups, as well as the unique cultural groups of military veterans and those who identify as LGBTQ (CSS – GSD).

Los Angeles County

Improving Access for Underserved Populations

The Improving Access for Underserved Populations Project provides an array of evidence-based practices that will (1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, lesbian/gay/bisexual/transgender/ questioning (LGBTQ) individuals, deaf/hard of hearing individuals and their families; and blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs will provide outreach and education as well as promote mental wellness through universal and selective prevention strategies. (PEI).

Merced County

Community Outreach Program Engagement and Education (COPE)

COPE provides outreach to engage the unserved and/or racially disparate populations throughout Merced County. Priority populations to be served include children, youth (TAY), adults and older adults. The continued aim of COPE is on developing and maintaining a collaborative system that relies on community based organizations to engage individuals in racially and ethnically diverse communities. These individuals may not seek services at traditional MH sites. The emphasis of outreach is to engage homeless individuals, Hispanic, Southeast Asian populations as well as the Gay, Lesbian, Bisexual and Transgender communities. The intent is to identify children and youth who are seriously emotionally disturbed and adults with severe mental illness. Additional priority populations served are: Hispanic and SEA incarcerated youth, wards of the court and inmates released from jail who have mental illness and/or co-occurring disorders (CSS – OESD).

Monterey County

LGBTQ Outreach and Counseling

Provides mental health outreach to LGBTQ individuals. Services are client engagement, early intervention and improvement in personal functioning through culturally competent mental health counseling services. (PEI).

Napa County

Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) PEI Project

The LGBTQ PEI Project offers training and technical assistance using best-practice trainings for local community providers on relevant LGBTQ issues (Best Practice for LGBTQ 101, TAY and Older Adult Trainings). Known as or LGBTQ Connection, this project includes an LGBTQ Advisory Board to provide input and guidance to project staff. (PEI).

Orange County

OC ACCEPT (OK to Be Me)

OC ACCEPT: provides community-based mental health and supportive services to individuals struggling with and/or identifying as LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning) and the people important in their lives. The program specializes in addressing issues that are common in the LGBTIQ community, such as confusion, isolation, grief and loss, depression, anxiety, suicidal thoughts, self-medicating with drugs and high risk behaviors, self-esteem challenges, victims of bullying, trauma, homelessness, and lack of familial support. OC ACCEPT seeks to provide a safe environment with acceptance and compassion for individuals to express their feelings, build resilience, become empowered and connected with others for support. The program also raises awareness and reduces stigma by providing education about the LGBTIQ population to the community at large. (INN).

Riverside County

Seeking Safety (Trauma Exposed)

This program is a present-focused, coping skills program designed to simultaneously help people with a history of trauma and substance abuse. Can be conducted in group or individual format; for female, male or mixed gender groups; for people with both substance abuse and dependence issues; and for people with PTSD and for those with a trauma history that do not meet criteria for PTSD. (PEI).

Stress and Your Mood (SAYM) [Previously known as Depression Treatment Quality Improvement (DTQI)] (TAY Project)

Provides evidence-based early intervention to treat depression, based on the concepts of Cognitive-Behavioral Therapy (CBT). Services provided in multiple locations in each service delivery region through organizations that serve youth and young adults in a setting where the youth feel comfortable. Services targeting LGBTQ youth are provided at an organization that serves LGBTQ youth and young adults. (PEI).

Outreach and Reunification Services to Runaway TAY

Provides crisis intervention and counseling strategies to facilitate re-unification of the transition age youth with an identified family member. Follow-up referrals assist with stabilization of the living situation for the youth. RCDMH collaborates with community providers to identify specific outreach strategies to reach runaway TAY and to reach unserved and underserved populations, including LGBTQ youth (PEI).

San Bernardino County

TAY Behavioral Health Hostel (TBHH)

A peer-driven, voluntary, short-term, 14-bed, crisis stabilization/residential program for at-risk Transition-Age Youth (TAY), from 18-25 years old, with particular focus on the needs of diverse youth (African American, Latino, LGBTQ) with a history of system-involvement (former foster or probation youth), who are experiencing an acute psychiatric episode or crisis and are in need of

a higher level of care than a board and care residential, but a lower level of care than psychiatric hospitalization. Services will be culturally and linguistically appropriate to help TAY safely and successfully transition back to community living after a period of psychiatric crisis and recovery. (INN).

San Francisco County

Health Promotion and Early Intervention

Population-focused mental health promotion services are typically delivered in community-based settings where mental health services are not traditionally provided. This program supports activities including, outreach and engagement, mental health promotion and psycho-social education, behavioral health screening and assessment, referrals and linkage, and short-term therapeutic services. Target populations include: • African American • Asian and Pacific Islander (API) • Native American • Latino/Mayan • Arab Refugees • Homeless Adults • Homeless or System Involved TAY (18-24) • LGBTQ • Socially Isolated Older Adults (PEI).

San Joaquin County

Full Service Partnership Programs

Ten sites provide Full Service Partnership (FSP) services, with specialty focuses including children and youth (Child Welfare and Juvenile Justice), transition age youth, adult, older adult, adult forensic, homeless, African-American, Native American, Muslim/Middle Eastern, gay, lesbian, bisexual, transgender, Southeast Asian and Latino. FSP supports include resources for housing, employment and other consumer needs. (CSS - FSP).

San Mateo County

FSPs for Transition Age Youth (TAY)

• Caminar Enhanced Supportive Education Services • Edgewood Comprehensive "Turning Point" • Mental Health Association Supported Housing FSPs for TAY provides specialized services to transition age youth aged 16 to 25 with serious emotional disorders to assist them to remain in or return to their communities in safe environments, support positive emancipation including transition from foster care and juvenile justice, secure safe and stability. Priority populations to be served by FSPs for TAY are: 1) Seriously emotionally disturbed and dually diagnosed TAY at risk of or returning from residential placement or emancipating, with juvenile justice or child welfare involvement; 2) Seriously emotionally disturbed TAY with multiple psychiatric emergency services episodes and/or frequent hospitalizations and extended stays are also eligible, including homeless youth and youth exiting school-based, IEP-driven services; and 3) Newly identified TAY that are experiencing a "first break". It is worth noting that the transition age youth team emphasizes the individual consumer's role in developing their own wellness and recovery plan. This FSP also offers a drop-in center and supported education to engage TAY, which serves the FSP participants as well as other SED transition age youth in the community that are receiving mental health services. The focus is to provide self-help supports, social activities, and skill building, as well as support for those seeking to enter the college

system, all aimed at enhancing ability to manage independence. Emphasis is placed in outreaching to LGBTQQI SED youth. (CSS - FSP).

Sonoma County

Goodwill Industries of the Redwood Empire Wellness and Advocacy Center

The Wellness and Advocacy Center is a consumer-operated self-help program that provides mental health consumers with the opportunity to participate with their peers in a variety of activities that assist in personal and social enrichment. Ongoing activities include a career/computer lab, the art program, the garden project, self helps groups, speaker's bureau, and a quarter-life group. The Wellness and Advocacy Center is a program of Goodwill Industries of the Redwood Empire. (CSS-OESD)

Goodwill Industries of the Redwood Empire-Interlink Self Help Center

Interlink Self-Help Center (Interlink), a consumer operated self-help center, provides many groups, one-to-one support, Peer Support Training, and information and referral to other agencies and resources, within a safe environment, for people to explore their mental health recovery. MHSA funds were used to support staff and services for people with co-occurring disorders of substance use and mental health issues. Interlink provides specific outreach, peer, a and group opportunities. (CSS-OESD)

West County Community Services – Russian River Empowerment Center

The Russian River Empowerment Center (The empowerment Center) is a consumer-driven mental health and wellness drop-in center that provides a safe and supportive haven for those who want to transcend serious and persistent mental illness. With peer support The Empowerment Center nurtures a positive self-worth, recovery, self-determination, responsibility, and choice. The Empowerment Center offers a variety of services to support members, including a garden project, community lunch, groups, and other activities. The Russian River Empowerment Center is a program of West County Community services a program of Community and Family Services Agency.(CSS-OESD)

Community Intervention Program

Provides services to community members who are traditionally underserved or unserved by mental health services. These communities include communities of color, LGBTQQI communities, homeless people, people with substance abuse issues, people experience recent psychiatric hospitalizations, people in geographically isolated areas and veterans. Services are provided where populations go for services including homeless shelters, drug treatment programs, community health centers, housing projects, fairs, gatherings, etc. Partnerships include: The Mary Isaak Homeless services Center, Catholic Charities Homeless Services Programs, Drug Abuse Alternative Center, Women's Recovery Services, Santa Rosa Community Health Centers, Sonoma County Indian Health Center, Alliance medical Center, Petaluma health Center, and West County Health Services-Russian River Health Center. (CSS-OESD)

Disability Rights California

Disability Rights California – Peer/Self-Help Advocacy Program (DRC) helps mental health consumers learn and understand their rights and become advocates for themselves and their

peers, provide technical assistance and training, and develop and implement advocacy projects that will create positive change in a mental health consumer's life. (CSS-OESD

Buckalew Programs, Inc.-Family Services Coordinator
Provides a family services coordinator to assist families throughout Sonoma County with navigation of all mental health programs, including public and private insurance, the court process, etc. (CSS-OESD)

Services to Populations who experience disparity in Access - LGBTQQI community: Positive Images
Positive Images (PI) is a community-based non-profit and is the only agency in Sonoma County serving the unique needs of Gay, Lesbian, Bisexual, Transgender, Queer, Gender-Queer, Questioning, and Intersex (GLBTQQI) youth ages 12 to 25. Positive Images provides seminars teaching youth, staff, volunteers and the community the indicators of mental distress specific to the LGBTQQI population; enhanced relationships with ethnic communities through targeted recruitment for youth and adults of color for peer and mentoring programs; sharing information with all partners, especially faith-based groups, law enforcement, and juvenile justice organizations; and training youth outreach workers to engage more GLBTQQI youth and allies in programs and services. (PEI)

Services to Populations who experience disparity in Access : Geographic Isolation - Action Network
Action Network - Enhanced mental health services to Sonoma County residents of the Redwood Coast. The Redwood Coast is a bi-county region of Northern California coastal and ridded communities spanning Sonoma and Mendocino Counties, From Fort Ross to Elk. Because Action Network is located in one of the most geographically isolated area in Sonoma County, they provide services to people across the lifespan. Services include: outreach and engagement to Kashia and Sea Ranch to increase access to mental health services; Education and training, peer-based services trained by youth peer educations to increase awareness of signs and symptoms of depression and suicide; 1:1 mentoring with youth. (PEI)

Workforce Education and Training Coordination
The current WET Coordinator role will be divided into two positions in order to provide increased public mental health system workforce and training coordination and enhanced student/intern program supports. This position is responsible for:
• Assuring that all WET planning and programs adhere to the values, principles, and goals of the MHSA
• Developing and coordinating the Workforce Needs Assessment
• Developing and coordinating the WET planning process
• Developing and coordinating the WET plan
• Providing internship supervision
• Developing relationships with educational and training partners
•Participating both at the state and regional level to ensure coordination of training and to maximize training opportunities. (WET)

Postgraduate Internships and supervision

Lomi Psychotherapy Clinic and Save Our Students Community Counseling are funded to provide mental health services to client using post graduate students. Crisis services provided by Save our Students and psychotherapy services provide by Lomi offer post graduate interns a range of opportunities to gain experience. . (WET)

Mobile Support Team
Integrates consumers and family members into a county-wide response team, and retrains mental health staff to work effectively alongside consumers and family members. Adapts crisis response team models that rely solely on the involvement of licensed clinicians by integrating trained consumers and family members into the team. Proposes to engage in a number of bridge-building activities with law enforcement to support crisis response. (INN)

Integrated Health Team
Creates a client-centered, holistic approach that incorporates community health education strategies as a core component of primary care and behavioral health service provision. In this model, the primary goal is to address unmanaged physical health conditions that lead to early morbidity for consumers living with serious and persistent mental illness (SPMI). Launches an integrated, multidisciplinary team of peer health educators, physicians, nurses, psychiatrists, behavioral health specialists, and care managers. Create a new three-pronged model by adapting two existing models: 1) primary care and behavior health integration model, and 2) peer-based community health education. (INN)

Electronic Health Records
Electronic Health Record (EHR) System Projects include:
• Infrastructure, Security, Privacy
• Practice Management
• Clinical Data Management
• Computerized Provider Order Entry
• Full EHR with Interoperability Components (for example, standard data exchanges with other counties, contract providers, labs, pharmacies) (CFTN)

Client and Family Empowerment Projects
Client and Family Empowerment Projects
• Client/Family Access to Computing Resources Projects
• Personal Health Record (PHR) System Projects
• Online Information Resource Projects (Expansion / Leveraging information sharing services). (CFTN)

Other Technology Projects that Support MHSA Operations
Other Technology Projects That Support MHSA Operations
• Telemedicine and other rural/underserved service access methods
• Pilot projects to monitor new programs and service outcome improvement
• Data Warehousing Projects / Decision Support
• Imaging / Paper Conversion Projects (CFTN)

Stanislaus County
Families Together

Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a onestop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems. The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs. (CSS-GSD

Consumer Empowerment Center

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services. CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called The Garden of Eat'n is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.(CSS-GSD)

Workforce Development

The goal of training is to further the implementation of MHSA essential elements throughout the existing workforce and expand capacity to implement additional components of MHSA. The trainings addressed a variety of key content identified during the planning process. Among them:

- *Community collaboration skills*
- *Resiliency and recovery*
- *Treatment of co-occurring disorders*
- *Welcoming consumers and family members' perspective in the workplace as a way to ensure an integrated service experience*
- *How to work with people from diverse cultures to ensure a culturally competent service experience. Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate.*

Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence based practices.(WET)

Consumer Family Member Training & Support

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agency (CASRA) program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum. The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. This is a nine (9) unit certificated course that provides individuals with the knowledge

and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC. The CASRA program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.(WET)

Expanded Internship & Supervision Program

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 12-13, those challenges were met through partnerships with community organizations and academic institutions in the following ways:

- *MSW/MA student internships in public mental health*
- *MJC CASRA/Human Services student internship in public mental health*
- *Undergraduate nursing and LVN students from MJC and CSU, Stanislaus practicum placement in public mental health*
- *Two supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.*
- *Contracts with non-profit agencies (Center for Human Services, Telecare, and AspiraNet) to provide clinical supervision to pre- and post-licensed staff in their clinical settings. (WET)*

Consumer and Family Volunteerism

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to get back and give back to the workforce as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs. Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College. Volunteers were placed in BHRS programs as well as community-based organizations.(WET)

Targeted Financial Incentives to Increase Workforce Diversity

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of 'hard to fill or retain' positions. Such positions include those related to language, cultural requirements, and special skills.(WET)

Asset-Based Community Development (ABCD)

ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, unserved and underserved populations. Strategies include, but are not limited to, asset mapping mental health supports, behavioral health leadership development, and partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training. To support these community-driven efforts, BHRS provides facilitation,

planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities. (PEI)

The Community Outreach and Engagement (O&E)
O&E was established to recognize special activities needed to reach diverse underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services. Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ). (PEI)

Mental Health Promotion Campaign
The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency. (PEI)

Friends are Good Medicine
FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations. (PEI)

In Our Own Voice
IOOV is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. (PEI)

Arts for Freedom
Arts of Freedom is a unique 3 year project operated by Peer Recovery Arts Project, a non-profit organization in Stanislaus County. Through the use of artistic expression, its mission is to reduce the stigma of mental illness by highlighting what people can do rather than what they cannot do. The project attracts artists from diverse cultures and ethnic groups who live with mental illness. It provides a creative outlet for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. The novel approach serves as a gateway to community based resources and referrals to increase the quality for services and produce better outcomes. Arts for Freedom is located in a small multipurpose facility in downtown Modesto that serves as a free public art gallery, office, and community meeting space for consumers and family members. (INN)

Beth & Joanna: Friends in Recovery
Operated by the National Alliance for Mental Illness (NAMI), the focus of this recovery program is to increase the quality of services and better outcomes for consumers of mental health services. This 3 year project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained. The project helps support county-wide transformations by connecting people receiving services to community –based supports. (INN)

Promoting Community Wellness through Nature
Operated by the Tuolumne River Trust (TRT), the 2 year project uses a unique community based approach to address wellness issues in the Airport Neighborhood. A series of community driven and resident led activities are used to bring children and families outdoors in nature. The activities address environmental and social barriers to mental wellness in the neighborhood on 3 levels:
• Individual – strengthening developmental assets in children
• Family – strengthening leadership skills and social competency
• Community – increasing resident engagement and community connectedness
The project has a mission to learn what methods change a community's attitude toward and connection with its natural and urban environments and embrace the important role nature has in the overall increase in health and vitality of its residents. It also connects people to community based mental health resources. (INN)

Electronic Health Record
The Electronic Health Record (HER) a.k.a Anasazi and now Cerna is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. All face-to-face contacts between service recipients and provides are touched by this new method of keeping health records confidential and accessible. The HER includes a Doctor's Home Page for medications and e-prescriptions. The remaining component of the HER will be Managed Care Options. (INN)

Consumer Family Access to Computing Resources Project
Two technicians were assigned to manage the computer and internet resources at community sites throughout Stanislaus County. (CF/TN)

Electronic Data Warehousing
This is an infrastructure project to extract, manage, and report data from the Electronic Health Record system. The system was functional in FY 12-13 but work is ongoing to further replicate and enhance reporting.(CF/TN)

Electronic Document Imaging

This is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. A pilot project related to replicating the legacy "Insyst face sheets" as electronic documents is being implemented. (CF/TN)

Sutter-Yuba County

WET Plan

The Workforce, Education and Training (WET) Program consists of multiple actions plans, all of which provide training and educational opportunities for SYMHS staff, consumers, family members, and community stakeholders in an effort to further the skill development of the local public mental health workforce, increase cultural and linguistic capacities, and promote MHSA values of resiliency, hope, and recovery.

Training and Technical Assistance

Public Mental Health Workforce Development Training Program: Provides continuing education trainings, core competency trainings and evidence-based practice trainings for staff, contract providers, contracted peer staff, community stakeholders, consumers, and family members. Cultural competence Training Program: Provides training and educational activities that will address the needs and demands of individuals with lived experience, as well as racial/ethnic, cultural, linguistic, and diverse populations.

Mental Health Career Pathways

Youth Workforce and Career Program: Promotes post-secondary education and careers in public mental health by coordinating with local high schools and community colleges and educating counselors in assisting students in career pathways in public mental health.

Employment/Education Support for Consumers and Family Members Program:

Expands consumer and family member awareness of leadership opportunities in the mental health field and provides incentives for individuals to further their recovery and obtain needed education and training support for employment in the public mental health workforce.

Residency, Internships

Intern Supervision Program: Provides clinical supervision to registered interns who work at, or are assigned to SYMHS. The program addresses filling hard to fill positions.

Financial Incentive Program

Tuition and Book Expense Reimbursement Program: Pays towards the costs related to: tuition, registration fees, and books. All reimbursements will be associated with employees and contracted peer staff participating in educational activities that possess a direct link to addressing occupational shortages related to clinical/administrative skills needed in licenses, language proficiency and positions requiring advanced degrees and the under representation of racial/ethnic, cultural and linguistic groups in the workforce. (WET)

Community Prevention Team

Mental Health First Aid - trained 72 agency staff and community members to render assistance and obtain help for individuals showing signs of mental illness. Mental Health First Aid also provides information to help reduce stigma and discrimination. Some of the partner agencies who have received this training include: California Tribal TANF Program, Salvation Army Sutter and Yuba County Probation o Mental Health America, Truth Tabernacle, Regional Emergency Shelter Team, Sutter County Superintendent of Schools, UCD Medical Center/Napa Mental Health Board, Yuba-Sutter Gleaners Food Bank, E Center Head Start, GraceSource

Family Resource Center, Yuba City Unified School District, Marysville Joint Unified School District, Yuba County Office of Education, Truth Tabernacle
Safe TALK – trained 21 partner agency and community members in a model of talking with someone who is suicidal and connecting them with professionals for more thorough assistance. Some of the partner agencies who have received this training include: Yuba Gardens Middle School, Plumas Lake Elementary School District, GraceSource Family Resource Center, Wheatland Police Department, Yuba County Office of Education, Bear River Family Resource Center, Wheatland Union High School, Beale AFB School Liaison Office Yellow Ribbon Suicide Prevention Program – by end of 12/13 school year, will have trained all area high schools in a model that teaches "it's always ok to ask for help". The program teaches students to be gatekeepers for their peers and teaches staff how to connect kids to more help. Total youth trained will exceed 8,300 students, plus faculty and staff.
Traditional Healer Program – graduated 10 traditional healers from an educational program that included training in Western medical processes through Rideout Health Group, Bi-County Ambulance, and SYMHS Psychiatrists and the AOD Program Manager. The program also included a class segment with the Yuba County Sheriff's Department. The PEI team also taught the SYMHS psychiatrists about how Shamans are trained. (PEI)

Tehama County

Community Crisis Response Unit
The Community Crisis Response Unit (CCRU) continues to coordinate with our outpatient medication support services to insure a continuum of care for those with more challenging mental health needs. Staff members are trained through CSS dollars to provide the evidence based practice, Seeking Safety—designed to help individuals in crisis start a plan of recovery even before leaving the unit. Because the Tehama County Health Services Agency (TCHSA) also manages the County's Medi-Cal Clinic, we are also able to continue our primary care integration on a regular basis. (CSS-OESD)

Housing
Our efforts include continuing to assist consumers in obtaining permanent housing, the facilitation of accessing shared housing when available, and providing rental assistance to our FSP clients. (CSS-OESD)

Consumer Employment
Our efforts at the VW Drop in Center and the YES Center include the provision of work experience through our stipend program, linkage with educational and vocational opportunities, assistance with employment, and job coaching. The stipend work experience includes office duty training, peer support facilitation, as well as landscaping, janitorial, and light construction duties. (CSS-OESD)

Workforce Education and Training Work plan
We continue to provide myriad opportunities for our current staff to receive training on new evidence-based practices (EIBPs) including but not limited to Moral Reconation Training (MRT) and Seeking Safety. (WET)

Training and Technical Assistance

TCMH is currently in the process of making the shift to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions with TCSHA. (WET)

Mental Health Career Pathway Program
TCMH is currently reworking much of the WET plan to an electronic health record (ERH) throughout the rest of this calendar year. This has included multiple software demonstrations. The final decision will in part hinge on how compatible the system is for integration with other divisions within TCHSA. (WET)
Capital Facilities and Technology Work Plan
TCMH continues to develop an electronic health record program which will include Tehama County's ability to fully utilize Transformation Care Planning Services (TCP) providing Person Centered Treatment Planning services which embrace individual treatment needs utilizing a Team approach with the client's identified team members with a therapist, case manager, rehabilitation specialist, and medication support staff. Additionally CFT will provide online resources for consumers including the transition ager youth drop in population at the YES Center and adult drop in population at the Vista Way Recovery Center. (CFTN)

Therapeutic Drumming
TCMH has invested considerably in our EBP Therapeutic Drumming Rehabilitation Groups over the last two fiscal years. This investment has yielded dividends for both the consumers and staff as there are now several drumming groups interspersed throughout Tehama County and across age cohorts. (INN)

Tri-City County
Community Navigators
Community Navigators help people in the Tri-City are connect to local resources, including informal community supports and available formal services. Navigators also provide educational and stigma reductions services to local communities and organizations. All Tri-City Community Navigators are bilingual and bicultural. They regularly stay in touch with local resources, including community organizations, emerging and well-established health and mental health service providers, law enforcement agencies, schools, courts, residential facilities, NAMI programs, self-help groups, client advocacy groups, homeless shelters and other. The Navigators help build teams of volunteers and staff from other organizations and community groups. They involve people who have received services, family advocates, family members, and leaders of un-served and under-served communities whenever possible in identifying and helping leverage community supports. (CSS)

Wellness and Recovery Center
The Wellness Center is a community hub for activities that promote recovery, resiliency and wellness for residents of the Tri-City area. The Wellness Center is open to people of all ages, focusing especially on people in recovery and their families. The Wellness Center sponsors support groups, and provides an array of holistic services through collaboration with other community partners. Staff members at this site include peer advocates, family members, clinical staff, and others. They provide a range of culturally competent, person– and family centered

services and supports that are designed to promote increasing independence and wellness. The Wellness Center is open 5 days a week, and for extended hours on many days. The Wellness Center supports people who have struggled with mental health issues accelerate their movement toward independence, recovery, and wellness. (CSS)

Supplemental Crisis Services

The Supplemental Crisis Services program provides after-hours and weekend support to individuals who are suffering a crisis and who currently are not receiving TCMHC services. Local, on-call clinicians offer support to the person in crisis, police personnel, and others as appropriate. Support may be provided over the phone or at the crisis location. Paired with follow-up by the Community Navigators, the Supplemental Crisis Services program helps people with symptoms of serious mental illness prevent hospitalization and receive more appropriate care. (CSS)

Community Wellbeing

The Community Wellbeing Program is designed to help communities develop and implement community-driven plans to improve and sustain the mental and emotional wellbeing of their members. Particular focus is on unserved and underserved communities who often struggle to access appropriate mental health and other services. In this program, community is defined as a group of individuals who reply on each other for support and can act together. The program provides small grants and technical assistance to help communities build their capacity to strengthen the well-being of the members and the community as a whole. The program focuses on providing support to communities at greater risk for mental illness.(PEI)

Mental Health First Aid

Mental Health First Aid (MHFA) is a nationally recognized prevention program that trains individual community members (Mental Health First Aiders) to recognize the early warning signs of someone who may be experiencing mental and emotional distress. In this way, community members can offer support and encourage connections to appropriate and professional help to people in distress, thus extending the impact and reach of the system of care. This evidenced-based program begins with a premise that just as people can master basic first aid for physical distress (such as the Heimlich maneuver or CPR) without being doctors, people can also master basic mental health first aid without being clinicians. (PEI)

Family Wellbeing Project

In this prevention program, staff and volunteers build trusting relationships and provide support to family members and caregivers of people who struggle with mental illness. The focus is particularly on family members from unserved and under-served communities. Programming includes support groups, 1-1 support, and an array of culturally-appropriate activities focused on wellness interests, e.g. exercise, cooking, other interests—that can attract family members and other caregivers from vulnerable communities into peer support experiences. (PEI)

College Student Wellbeing

This project consists of a multi-campus campaign designed to improve the behavioral health and emotional well-being of college students in the Tri-City area. Components of this campaign include a professionally-designed message and communication strategy tailored specifically for

college-age students. Campus activities based on this campaign are matched to the particular student population for each school. In addition, small mini-grants were awarded to campus projects designed to support student wellbeing. A Family Resources Guide was also developed which offered guidance and support to family members of in-coming freshman students. (PEI)

Therapeutic Community Gardening

The Therapeutic Community Gardening project helps participants decrease their isolation and experience mental health benefits through participation in gardening and horticultural group therapy programs. The focal populations for this program are unserved and underserved ethnic populations, veterans, school-aged children and their families, and youth transitioning out of foster care. Focusing on early intervention, this program provides services to people who do not yet meet medical necessity or who are not eligible for Medi-Cal. For some people, the community garden becomes a place to reconnect with their family's heritage of working the land; for all participants, the community garden is a setting where otherwise isolated people come together to work, learn, and share. Program participants not only engage in peer support activities supported by professional staff; they also experience the satisfaction of producing something meaningful—healthy food— that contributes to their wellbeing and the wellbeing of their families. (PEI)

Building Bridges between Landlords, Mental Health Providers and Clients

The Housing Stability Program is an early intervention program designed to help people with mental illness maintain their current housing or find more appropriate housing. Program staff members work with clients, mental health service providers, landlords, and property managers to secure housing placements, mediate conflicts, and strengthen relationships. The intention is to find ways to work with landlords in a cooperative manner, reduce stigma towards mental illness, and prevent evictions and homelessness. (PEI)

NAMI Community Capacity Building/Interfaith Collaboration in Mental Illness

The Interfaith Collaborative on Mental Illness provides outreach, education and training opportunities to faith organizations, which are often a first point of contact when individuals and families seek assistance. Among other activities, the Collaborative conducts outreach efforts, seminars and conferences, and engages a Steering Committee throughout the year. Through this project, NAMI-Pomona Valley Chapter provides education, training, and support to help faith-based community members become better able to accept, identify, assist and guide persons and families who are at risk of and/or experiencing mental illness in their lives. (PEI)

Volunteer and Training Programs

The WET program is focused on improving the effectiveness of people currently providing support and services in the Tri-City area as well as, preparing the community for careers in mental health. Clinical and non-clinical staff, family, community caregivers and volunteers are the primary recipients of the education and training offered through the WET Plan. Listed below are the main components of the WET Plan:

1) Developing the volunteer workforce

2) Connecting with college students that are interested in volunteering/careers in mental health

3) Engaging volunteers and future employees

4) Connecting with high school students that are interested in volunteering/careers in mental health
5) Staff training and support
6) Staff development
The WET staff is implementing these actions and more to bring awareness to the Mental Health System as well as provide staff, volunteers, and community caregivers the resources and tools to do their jobs more effectively. (WET)

Modified Cognitive Enhancement Therapy
Cognitive Enhancement Therapy (CET) is a recovery oriented, evidence based practice. It assists individuals diagnosed with schizophrenia and schizoaffective disorders in developing and enhancing their mental capacities. Enhanced capacities include an increased self-awareness that encourages self-directed social interactions, greater psychosocial functioning and wellbeing. Clients diagnosed with schizophrenia and Schizoaffective disorders can improve their mental stamina and active information processing and learn to function better with and around other people. The treatment lasts 48 weeks and includes weekly computer sessions, 1:1 coaching and social educational group sessions. Through this Innovation Project, TCMHC is testing a modified version of CET to include individuals diagnosed with bi-polar disorder. (INN)

Integrated Care Project
The Integrated Care Project aims to create a model of integrated care among providers with a shared commitment to a recovery and wellness. The project currently engages people representing 12 physical health, mental health and substance abuse providers in the Tri-City area, including formal leaders, medical providers, receptionist, administrative staff, and individuals who receive services and knowledge among participants in order to transform existing policies and procedures toward a more fully integrated system of care. (INN)

Trinity County
Horizon and MileStones Wellness Drop in Centers
Creates wellness drop-in centers. (CSS-OESD)

Full Service Partnerships
Full Service Partnerships for all four age groups, including the flex fund for case management and housing. These are focused on seriously mentally ill adults and emotionally disturbed children. (CSS-FSP).

Alpine Board and Care
Underwrites 5 beds at Alpine Board and Care House for Full Service Partners. (CSS-FSP)

Outreach and Engagement
Provides outreach and engagement activities to inform the community about MHSA. (CSS-FSP)

Prevention Services Liaison
Focuses on youth who may become involved with the juvenile justice system so that emotional needs of adjudicated are met in the community and out-of home placements are avoided. (PEI)

Peer Mentoring
Provides Agency support so peer mentoring can be delivered to clients using the Respite Bed Program at Alpine House.(INN)

Permanent County Positions
Consumers to provide the peer mentoring for Alpine House. (INN)

Respite
Underwrite the Respite bed at Alpine House. Milestones Outreach and Support Team was developed which uses the expertise of peers with lived experience to provide intensive one-on-one support to individuals who are staying in the Respite Bed. (INN)

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MHSA Coordinator funding to support Respite effort
Funds a portion of an MHSA Coordinator to provide the support to this new important effort in our County. (INN)

Tulare County
Early Identification and Intervention for Individuals Experiencing Mental Illness Project
Identification and Intervention for Individuals Experiencing Mental Illness is designed to educate the community, first responders, and primary care professionals on recognizing indicators that may lead to the development of mental illness if not addressed. The following efforts have been implemented to meet this goal: Crisis Intervention Training (CIT) for law enforcement personnel, Mental Health First Aid (MHFA) for first responders and the general population, and a consultation component between public health and mental health to more easily identify and coordinate care for those accessing public health needing mental health services and vice versa.(PEI)

Suicide Prevention - Community Warm Line - LGBTQ (a.k.a. Trevor Project)
The Trevor Project is a leading national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. Trevor stresses the importance of suicide prevention training through grassroots outreach and engagement efforts by participating in various community health fairs and events, and presenting to local interest groups and educators. Outreach consists of hosting the only nationwide, around-the-clock crisis and suicide prevention helpline for LGBTQ youth in crisis, and family/friends of LGBTQ youth; facilitating the Lifeguard Workshop Program which promotes suicide prevention education for community gatekeepers through the use of a structured, age-appropriate curriculum with trained facilitators to address topics including sexual orientation and gender identity, the impacts of language and behavior on LGBTQ youth and suicide prevention skills in schools; and distributing the Trevor Survival kit which is a classroom tool used in conjunction with the short film, Trevor, to constructively generate

discussion about the myriad of issues surrounding suicide, personal identity and sexual orientation.(PEI)

Reducing Disparities in Access to Mental Health - Community Warm Line - English and Spanish
The Tulare County Community Warm Line is a local call center that provides information and support to county residents experiencing non-emergency hardship. A warm line is a service designed to solve minor problems or to prevent those problems from becoming serious, thereby diverting nonemergency call volume from emergency rooms, law enforcement and crisis lines. A unique component of the Warm Line program is the employment of persons with lived experience who provide direct peer support to callers. These call specialists help callers by listening to concerns, providing non discriminating support and normalizing the caller's emotions, thoughts, and experiences. (PEI)

Reducing Disparities in Access to Mental Health - 211 Referral System
2-1-1 provides free and confidential information and referrals to government agencies, community based organizations and service providers. Individuals can call for help with food, housing, employment, health care, counseling, recreation, personal and household needs, disaster services, education, income assistance, information services, consumer and public safety, legal, mental health, transportation, and volunteer opportunities. Callers who requested assistance with basic needs (e.g., food, housing assistance) were automatically pre-screened for CalFresh (i.e., food stamps) and the Homeless Prevention and Rapid Re-housing Program (HPRP).(PEI)

Electronic Health Record Project
This project will upgrade the current Practice Management and Electronic Medical Record Systems with the Avatar suite of products. (CFT -Technology)

Personal Health Record project
Not Yet Implemented: This project will enable the purchase and implementation of a Personal Health Record system that integrates with the EHR, thus allowing clients access to predefined portions of their charts and communication with clinicians electronically for services such as requesting appointments. (CFT - Technology)

Basic Computer Software Training for Consumers project
Not Yet Implemented: This project will provide basic computer software training to consumers and family members to assist in utilizing the Personal Health Record system. (CFT - Technology)

Wellness and Recovery Center
Not Yet Implemented: Tulare County's use of the Capital Facilities funds to create wellness and recovery centers will increase the County's ability to produce long-term impacts with lasting benefits and will move its mental health system toward the MHSA goals of wellness, recovery, and resiliency. (CFT - Capital Facilities)

Integrated Clinic with Pharmaceutical Case Management

The Integrated Clinic with Pharmaceutical Case Management program combines consultation, assessment, and warm linkage for providers of physical health, mental health, substance abuse, medication management, and community services. This is an effort to ameliorate current fragmentation of service delivery and create pathways of communication between physical health and mental health providers. This program seeks to increase access to health services and increase the quality of services (resulting in better physical health and mental health outcomes) as providers coordinate care across disciplines. The integration model will foster collaboration between the two systems and increase education across disciplines. (INN)

My Voice Media Center INN
The My Voice Media Center program will provide the opportunity to develop methods in which consumers and family members tell their stories through various mediums, such as public oral expression, video, and music. The My Voice Media Center introduces a new approach that has been successful in non-mental health contexts, including campaigns for educational rights, human trafficking, and advocacy for individuals living with HIV. Forms of expression such as participatory photography programs provide individuals from disadvantaged and marginalized communities with tools for advocacy and communication to create positive social change. It is believed that the My Voice Media Center will increase consumer satisfaction with the types of supportive services that are available, increase consumer skill sets, increase participation in the mental health system of care, and reduce mental illness related stigma in surrounding communities. (INN)

Consumer and Family Member Training, Support, and Volunteer Program
This program will provide employment preparation and volunteer support for consumers using the SAMHSA evidence-based Supported Employment materials. The focus will be on developing essential skill sets and supports to promote success in employment and volunteer roles. (WET)

Cultural Competence in the Public Mental Health System
The purpose of this effort is to develop understanding, skills, and strategies to assist in embedding cultural competence into the public mental health system. Training and activities will focus on disparities identified in the County's Cultural Competency Plan and will include culturally focused discussion with community based organizations and community leaders, as well as consumers and their family members. (WET)

Workforce Development
This effort will identify necessary training, evidence-based curricula, and best practices that will assist in transforming the mental health system to one that is based on recovery, resiliency, and wellness, culturally competent, and consumer and family driven. Strategies will include implementation of train the-trainer programs, consultation by field experts, and use of online learning and content management systems (e.g., E-Learning, Network of Care). (WET)

Local High School and Community College Initiative
Not Yet Implemented: In collaboration with local high schools and community colleges, a mental health career pathway component will be developed, preparing students for careers in the mental health field. Special effort will be made to involve youth from diverse ethnic communities

where access to knowledge about mental health careers may be limited and stigma regarding mental illness may be strong. (WET)

Tuolumne County

Full Service Partnerships

Provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. (CSS-FSP)

Peer Support Services

As part of the peer driven continuum of care – consumers utilize Enrichment Center, the David Lambert Center. Programs include:

1. The Enrichment Center, located directly behind the Behavioral Health Clinic This is a peer-run center and serves as a place for socialization and provides outreach and support help to people in achieving recovery in a safe and caring place. People can attend any of the many peer support groups.

2. The PRIDE (Peer Recovery: Independent Development and Empowerment)\ group is a peer supported group for residents with mental illness. The group fosters leadership development and coping & recovery skills to encourage living independently.

3. Other peer-run support groups offered, meet at the Enrichment Center as well. Groups are held weekly and include: Dual Diagnosis, Bi-Polar and Depression Support, Emotion Regulation, Schizophrenia, Trauma Recovery & Co-Dependents Anonymous.

4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI.

5. The Lambert Center provides meals, socialization and basic resources for homeless individuals.(CSS-OEDSD)

Crisis Assessment and Intervention Program (CAIP) Walk In Center

Phone or Walk in Clinic Offers a team of clinicians that respond to crisis prevention or emergency support and referral services 24 Hours/7 Days a week and services include:

- *Telephone and face-to-face intervention for support or crisis intervention*
- *Onsite evaluations at Sonora Regional Medical Center*
- *Help in connecting to community resources*
- *Follow-up appointments*
- *Assessment and arrangements for psychiatric hospitalization if needed*
- *On-site evaluations and services at Tuolumne County Jail*

(CSS-OESD)

Suicide Prevention Program

A local community agency and interagency oversight committee work together to implement, coordinate, monitor, and provide project management for suicide prevention education trainings county-wide, as well as train the trainer activities and a comprehensive community education campaign targeted to all community residents. Targeted individuals receive training to help recognize and review risk, and intervene to prevent the immediate risk of suicide. (PEI)

Suicide Prevention Task Force (SPTF)

The Suicide Prevention Task Force (SPTF) has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. A contract with ATCAA has provided leadership and direction and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has built a solid plan to strengthen awareness of suicide in Tuolumne County. A partnership with community advocates and work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. (PEI)

Statewide PEI Programs

Tuolumne County actively contributes to Statewide PEI programs and receives materials and support in return. These programs are:

- *Suicide Prevention – intended to significantly impact information about suicide prevention*
- *Student Mental Health initiative – intended to provide grants to educational institutions*
- *Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness. These Statewide programs continue to be provided through CalMHSA. (PEI)*

Staff Training

Trainings are focused on empowering staff to provide services based in the wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrate services including community collaboration. Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD continues to build core professional competencies through trainings for staff in support of evidence based practices. (WET)

Internship and Supervision Program

Provides added resources dedicated to internship opportunities, supervision and consultation with expert cultural consultants, availability of clinical supervision of hours toward licensure of existing staff and increase of participation by individuals from underserved communities in internships. (WET)

Mental Health Loan Appreciation Program (MHLAP)

The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. (WET)

Capital Facilities and Technological Needs

CTFN funds have been used to remodel the Crisis Access and Intervention Prevention (CAIP) Walk in Crisis Center, and consolidate Behavioral Health Services from three separate buildings into one building. CF funds were also used to renovate an vacant building owned by the County,

located at 101 Hospital Road. The building is now used as for Peer Support and Recovery Services, and is known as the Enrichment Center. Technological Needs were used specifically for the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of ANASAZI has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads. (CFTN)

Mental Health Triage
Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the grant to increase the crisis services within the county. The goal of the funding is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County. (Senate Bill 82 (SB 82))

Ventura County
Screening, Triage, Assessment and Referral (STAR)
STAR serves consumers of all ages who are entering the county's behavioral healthcare system. The program coordinates access so that consumers receive timely, appropriate and consistent information, thorough screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide. "Recovery Coaches," who are individuals with "lived experience," assist in engaging persons in treatment who have traditionally been un-served or underserved, while helping to ensure that the concepts of empowerment, wellness and recovery are incorporated from the beginning of the consumer's experience with the VCBH system. STAR has increased the county's ability to provide consistent, coordinated outreach, assessment, supports and referral to our community, including an increase in service to un-served and underserved individuals. (CSS-SD)

Mobile Crisis Response Team
This program provides services to all adults and older adults in need of community-based crisis response services 24/7 throughout Ventura County. This is for individuals currently receiving mental health services, and for those who are un/under-served within the community. For some of these consumers and their families, this may be the first contact with mental health services, so\ follow up calls and expedited referrals to the Screening, Triage, Assessment and Referral team are made if necessary. (CSS-SD)

Adult Recovery Tracks
Provides a full continuum of services to adult behavioral health consumers with serious and persistent mental illness (SPMI), many of whom had been underserved or un-served by the

county's traditional mental health system. The program was developed with multiple tracks, providing services across a spectrum of needs and focusing on the wellness and recovery of the individual. Additional tracks provide research informed or evidenced-based treatment for consumers diagnosed with psychotic disorders or mood disorders, or who are dually diagnosed with mental health and substance abuse issues. These tracks are provided in all VCBH adult clinics, serving consumers county-wide. Consumers served through all tracks receive additional support from Recovery Coaches – peer employees with lived experience who participate as members of the treatment teams. (CSS-FSP/SD)

Adult Full Service Partnership

The Adult Full Service Partnership serves individuals county-wide who are diagnosed with a serious and persistent mental illness, are leaving, or at risk of, incarceration, and are at risk of homelessness or hospitalization. This program has increased access to appropriate care for individuals with serious mental illness who historically had been inappropriately housed in the jails and often become homeless after release. The Adult FSP provides comprehensive, integrated, recovery based services utilizing the Assertive Community Treatment modality. (CSS-FSP)

Adult Wellness and Recovery Center

The Adult Wellness and Recovery Center serves adults who are recovering from mental illness and often also substance abuse, who are at risk of homelessness, substance abuse, incarceration and increasing severity of mental health issues. The program is a 'portal' for access by offering supports commonly utilized by individuals with a serious mental illness without the pressure of 'enrolling' I services. It is located in Oxnard, and outreaches to underserved individuals throughout the county, offering an array of on-site supports and referrals to those who historically have not accessed services through the traditional clinic system. The program also provides supports for individuals as they transition out of other mental health programs on their journey of wellness and recovery. The program was developed and is run by peers who support members in the design of their personal recovery plan and in creating a set of goals that are meaningful to them. (CSS-SD)

Peer and Family Employment and Support

Peer and family employment is fundamental to the MHSA vision of wellness and recovery as well as to the vision of Transformation of the behavioral healthcare system within Ventura County. This program provides training, advocacy and direct service for and by peers and family members through several distinct, yet related components:

- *Training, employment, supervision and support for individuals with "lived experience" to provide wellness and recovery based support to other consumers of the county's behavioral health system. The county has contracted with Recovery Innovations (RI), which is an organization run by and for peers, specializing in the training, employment and support of those with lived experience within the workforce.*
- *RI peers also facilitate wellness and recovery focused classes in all the county's adult clinics and other mental health providers throughout the county. RI "Recovery Coaches" have also been integrated into the treatment teams of a number of VCBH programs, utilizing their "lived experience" to engage consumers in treatment, support them in advocating for themselves in their recovery and supporting them in developing community and spiritual supports.*

• Support to the local NAMI chapter and Client Network, both of which support transformation to a wellness and recovery based system through outreach and training, as well as the empowerment of consumers and family members.
• The transformational liaison team, which includes individuals with personal experience with the mental health system as consumers or family members, and provides advocacy, program recommendations and serves as liaisons between the County and the consumer and family member community. (CSS-OESD)

Short Term Social Rehabilitation Program
This program provides short term, voluntary residential services, as an alternative to hospitalization for consumers experiencing a mental health crisis and who require supports beyond those resources available within the community. The licensed 15 bed program serves adults throughout the county as an alternative to hospitalization for individuals presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The program will provide up to 30 days of intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports. (CSS - OESD)

Crisis Residential Treatment Center
The Crisis Residential Treatment (CRT) facility offers a short-term program to address the needs of adults experiencing worsening psychiatric symptoms or a behavioral health crisis, or who are in need of further stabilization following an acute hospitalization in order to return successfully to the community. As an alternative to hospitalization, the CRT model provides intensive mental health and behavioral supports in a spacious and home-like setting. Treatment and services are aimed at the stabilization of psychiatric symptoms and community reintegration. Residents must be between 18 and 59 years of age, and be willing to participate in the Wellness and Recovery-oriented services that include individual and group psychotherapy, psychiatric and medication management services, and a variety of programming that includes substance abuse relapse prevention, coping skills training, life skills support, activities and outings, and discharge planning. (CSS)

Workforce Infrastructure Development and Support
Provides for staff to support the planning, development and operation of a comprehensive workforce program and drives the development of appropriate workforce. Staff will regularly assess program needs including bilingual/competency, liaison with stakeholders, coordinate with training institute management and instructors, and coordinate with clinical programs and liaison with county administration. (WET)

Training Institute – Advancing Workplace Education
***Training Institute Committee** – The committee is comprised of community organizations and educational institutions and meets quarterly to collaborate regarding training ideas, identification of resources and scheduling of opportunities.*
***Training and Conferences** – There are a wide variety of training activities and conferences to enhance and educate the mental health workforce in recovery based treatment, evidenced based practices and other topics related to the transformation of the behavioral health system. (WET)*

Mental Health Career Pathways

Consumer & Family Recovery Education Center *– Provides education for consumers and family members. Educational programs are offered through Recovery Innovations California RICA, for consumer education and employment; through Ventura County Behavioral Health to increase staff knowledge regarding Wellness & Recovery concepts; and through NAMI family education programs.*

Language Development Programs *– A Language Assistance Program has been developed to train and hire bilingual (Spanish/English) individuals to provide support to clinical staff when monolingual consumers and family members are receiving services in our clinics. Additional programs will be developed to increase the bilingual capacity among clinical staff including recruiting bilingual students and providing Spanish language classes.*

Career Ladder Program-Secondary Education *– A collaboration with the Ventura County Community College District (VCCCD) and Oxnard High School District, this project is designed to provide outreach to high school students, including the development of an introductory course in Public Mental Health to encourage high school students to enter the mental health field.*

Human Services Certificate Program *– A three course certificate program in collaboration with Oxnard College within the Human Services Department. Provides training for entry level positions to improve case management skills. Also provides college credit for those interested in pursuing advanced degrees. Program was specially designed with a foundation in wellness and recovery concepts. (WET)*

Internship Programs

Clinical Training and Internship Programs – *Includes providing clinical fieldwork experience and training for students enrolled in a variety of clinical programs.*

Mental Health Nurse Practitioner Program *– Clinical internships for nurse practitioners enrolled in a mental health nurse practitioner certificate program. The goal is to utilize nurse practitioners with specialty training in mental health to provide relief to clinics where it has been difficult to find a sufficient number of psychiatrists for medication management services. (WET)*

Financial Incentive Programs

Educational Stipends and Scholarships – *This program is still in development and will provide financial supports in the form of scholarships and/or loan assumption for educational costs. This program will be available for staff, consumers and family members that are pursuing advanced degrees in the mental health field. The focus will be on bilingual and bicultural individuals and will also support those with lived experience.*

Internship Stipends – *Provides educational stipends to students who are participating in clinical training programs. Currently these stipends are focuses on bilingual students receiving training as an MFT trainee, MSW intern, and Research Assistant. (WET)*

Mental Health Information System - Avatar Practice Management

Includes the purchase and implementation of a new MIS (Management Information System) that is necessary to meet both current Department needs, as well as to comply with State and Federal requirements, which require counties to transform reporting systems to an integrated technology system supporting secure Electronic Health Records. The new system will include electronic

billing, registration, data collection, electronic clinical notes, e-prescribing and lab orders, mobile clinical access, document imaging, interface with contracted community based providers, and a linkage to a personal health record that consumers can set up and control. (CFTN - Technology)

Short Term Social Rehabilitation Facility Improvements
These funds have been dedicated to the site improvement of an existing facility for a short term social rehabilitation program. (CFTN - Capital Facilities)

Universal Prevention Project
While the Community Coalition projects have sunset in FY 1/14, the four Outreach & Engagement projects will continue and will include a variety of grassroots prevention efforts that address specific needs of target communities and increase community engagement, provide public education, and promote awareness of mental health issues while reducing the stigma that prevents people from accessing services. The projects are designed to "mirror" the area they serve, reflecting the cultural, ethnic/racial and linguistic make-up of the community. The projects Include area-specific, as well as community-wide, universal and targeted outreach, education and prevention strategies. The Outreach & Engagement projects include: Tri-Counties GLAD, with a project specifically focusing on the deaf and hard of hearing community; Project Esperanza, with a project specific to the Latino community in the Santa Clara Valley; One Step A La Vez, with a project specific to at-risk youth in Fillmore; and St. Paul's Baptist Church, with a project specific to the African American community. Other Universal prevention Project activities include: a social marketing campaign, Wellness Every day, designed to increase awareness and decrease stigma of mental health issues; Mental Health First Aid, which includes education of community members about mental health issues; and a comprehensive program to address bullying on school campuses. (PEI)

Primary Care Project
This project provides early intervention treatment of depression for individuals 12 years and older, through a collaborative care approach between behavioral health and primary care clinics. Behavioral health clinicians are integrated into the primary health care sites utilizing IMPACT, which is an evidenced based collaborative care model for the screening, assessment, and intervention of individuals experiencing early depression. Integration of these early mental health services with primary health care is less stigmatizing and provides accessibility to services for individuals that have historically been less likely to access traditional mental health services. The Primary Care Project has been implemented by VCBH, in partnership with the Ventura County Healthcare Agency, and by Clinicas del Camino Real, and serves individuals in most regions of the county. (PEI)

Quality of Life Improvement Project
The project seeks to examine whether the establishment of meaningful, nonclinical activities for adults with serious and persistent mental illness (SPMI) will serve as a bridge for these individuals to increase participation in clinical treatment or other daily life activities and whether those individuals experience improvement in physical and mental health outcomes. The project targets individuals with SPMI, living in board and care facilities, who are isolated and

do not have access to quality of life enhancing activities – sometimes due to the severity of their illness which precludes their participation through normal avenues. (INN)

Health Care Access and Outcomes Project
This project will support consumers in addressing in an integrated manner, their interrelated mental and physical health needs. The project serves adult consumers with intensive serious and persistent mental health needs through the transformation of existing full service partnership programs serving Older Adults and individuals with high utilization of IMDs who have historically been underserved in the mental health system (the Empowering Partners through Integrative Community Services (EPICS) program) . The project includes training of the entire treatment teams in "health navigation," which is intended to support consumers in accessing and navigating physical health care and ensuring treatment and management of physical health conditions. The project will also incorporate health education and health behavior support strategies with the goal of improving both physical and mental health status and promoting a more integrated approach to behavioral health care. (INN)

Yolo County
Adult Wellness Alternatives Program,
Clients receive case management support, help applying for benefits, and assistance with finding transitional and permanent housing. High-acuity FSP clients, including those re-entering the community from locked facilities, receive Assertive Community Treatment (ACT) services. The program operates a Wellness Center in Woodland, which is open weekdays until 4 p.m. The Wellness Center offers socialization opportunities, life skills classes, support groups, day trips, and creative activities to adult consumers. (CSS – FSP & OESD)

Senior Peer Counselors Program
Coordinates and trains a group of peer volunteers who provide visitation and support to at-risk older adults living in the community. Goals are to combat isolation of seniors and reduce causes of depression; help seniors to continue self-care, access local resources and maintain independence; build resiliency among elder populations and reduce the risk of developing mental illnesses; assist in identifying early signs of mental instability. (PEI)

Early Signs Training and Assistance Program
Seeks to increase mental health literacy, decrease stigma and discrimination, and increase early identification of mental illnesses by providing free countywide mental health community education opportunities, such as Mental Health First Aid; Youth Mental Health First Aid; Applied Suicide Intervention Skills Training (ASIST); SafeTalk suicide prevention; Question, Persuade, Refer (QPR) suicide intervention skills; seeks to reduce overall severity of impacts of mental illnesses by assisting individuals experiencing the onset of symptoms to access early intervention services. (PEI)

Crisis Intervention Training Program
Offers recurring opportunities for law enforcement officers and other first responders to receive mental health crisis intervention training, using a nationally recognized EBP model and police-approved (POST) curriculum. Officers are taught to identify signs and symptoms of mental

health crisis while considering cultural and age factors, to use appropriate and compassionate responses, and to skillfully de-escalate crisis circumstances using minimal force. (PEI)

Participation in Central Region WET Partnership
Offers coordination of programs, resources, training needs; creates distance learning opportunities; encourages career paths; establishes collaborative structure for partnering counties. (WET)

License Eligible Volunteer Interns
Offers license-eligible volunteer interns opportunities to obtain hours towards licensure on a volunteer basis; helps develop new public mental health professionals. (WET)

Mental Health Professional Development
Addresses the training needs of staff and providers; offers internet-based learning to consumers, volunteers and staff (including Continuing Education Units for professionals); offers training on evidence-based practices. (WET)

Student Loan Repayment Program
Provides mechanisms for student loan repayment for individuals working in mental health in Yolo County. (WET)

Capital Facilities
Planning in process. Tentative plan is to expand Wellness Center, adding fixtures, equipment and space. (CFTN)

Technology
Plan to update technology involves introducing tele-psychiatry to isolated clients, providing mobile access to medical records for field staff; updating server capacity; adding electronic signature capability; adding computerized prescription capability; conversion to digital storage. (CFTN)

Housing
Planning for MHSA Housing is in process, with tentative plans to build 15 housing units integrated in a larger complex and in close proximity to shopping, bus lines, mental health and social services, a medical clinic and the Wellness Center. (Housing)