



**Strengthening Families
Behavioral Health Court
INNOVATION PROJECT
EXPANSION
Executive Summary**

*We are in community each time we find a place
where we belong*-Peter F. Block



Introduction

Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health system. The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice

system is as high as 60 percent. Research indicates that from one-quarter to one-third of incarcerated youth have anxiety or mood disorder diagnoses. Nearly half of incarcerated girls meet criteria for post-traumatic stress disorder (PTSD), and up to 19 percent of incarcerated youth may be suicidal. In addition, up to two-thirds of children who have mental illnesses and are involved with the juvenile justice system have co-occurring substance abuse disorders, making their diagnosis and treatment needs more complex. While more research needs to be conducted, we already know that many programs are effective in treating youth who have mental health care needs in the juvenile justice system, reducing recidivism and deterring young people from future juvenile justice involvement.

Community Stakeholder Feedback

During the comprehensive needs assessment, completed as a part of the MHSAs public planning process, community issues were identified by age groups: children/youth, transition age youth, adults and older adults. These are presented in Table 2.1.1. An asterisk (*) indicates those issues that will be the focus of MHSAs services in Merced County over the next three years.

Table 2.1.1: Community Issues by Age Group

Priority	Children/Youth (Ages 0-13)	Transition Age Youth (Ages 16-25)	Adults (Ages 26-59)	Older Adults (Ages 60+)
1	*Peer and family problems	*Inability to manage independence	*Inability to Work	*Isolation
2	*School failure	*Inability to work	*Incarceration	*Peer and family support
3	*Involvement In child welfare or juvenile justice system	*Homelessness	*Isolation	*Inability to work
4	*Out-of-home placement	*Institutionalization/ Incarceration	*Peer and family support	*Homelessness
5	*Inability to be in a mainstream environment	*Frequent hospitalization/ emergency room care	*Homelessness	*Frequent emergency room care
6	*Hospitalization	*Involuntary care and isolation		

Key Focus Areas identified by the Stakeholders of Merced County

Involvement in Child Welfare or Juvenile Justice System

It is crucial to focus on educating parents and/or guardians with children as early as infants to prevent them from entering the juvenile justice system. A special focus should be directed to the female population that is underserved.

Isolation

Isolation hinders the development of healthy personal relationships. With isolation, mental health stigma increases. This is particularly challenging among ethnic populations, which are typically more isolated and underserved. It is important to provide services to prevent isolation, promote mental health, and offer socialization activities.

Institutionalization/Incarceration

If/when transition age youth are institutionalized or incarcerated, it affects family members and friends as isolation occurs and progress in treatment goals and care plans is halted.

Inability to be in a Mainstream Environment

Ethnic populations are at a higher risk of not being in mainstream environments. It is important to provide programs for Hispanic and Southeast Asian children to aid in cultural awareness and independent living skills before they "age out" of the foster care system.

ANALYSIS OF JUVENILE AND ADULT CRIMINAL JUSTICE POPULATION

Merced County has multiple factors leading to involvement with law enforcement. In Merced County the high rate of methamphetamine laboratories and subsequent addiction are believed to be correlated to poverty and unemployment. Gang involvement has been increasing and is of particular community concern for youth and children.

Total juvenile referrals and intake dispositions for fiscal year 2003-04 were 3,346. The gender of these cases was 86% male and 14% female. Juvenile hall admissions totals were 1,424, of which 81% were male and 19% were female. The probation total was 891. The home supervision total was 615. There is no longer a crisis home in Merced County for 601 cases of out-of-control or runaway youth. Merced County uses foster care placement for these youth.

Total juvenile hall contacts for mental health services in fiscal year 2003-04 were 223 youth. Of the 223 youth served, 141 had previous/current contacts with MCDMH. The remaining 82 youth who were provided services had no prior mental health contact.

Total jail contacts for mental health services in fiscal year 2003-04 were 288 adults. Of the 288 adults served, 141 had previous/current contacts with MCDMH. The remaining 147 who were provided services had no prior mental health contact.

In reviewing and building on the overall feedback received from the Merced County Community Stakeholder Focus Groups and Key Informant Interviews, it was determined that Merced County wants healthy children and families. This project will be developed to build community capacity for the current Strengthening Families Project. This project will include developing a learning model to assist the Behavioral Health Court in assisting with fostering healthy children and families. The Merced County learning Model will include training in the following (Dr. Bruce Perry):

- **Attachments-making relationships:** A special form of emotional relationship. Attachment involves mutuality, comfort, safety and pleasure for both individuals in the relationship.
- **Self Regulation-Containing impulses:** Developing and maintaining the ability to notice and control primary urges such as hunger and sleep-as well as feelings of frustration, anger and fear-is a lifelong process. Its roots begin with the external regulation provided by parents or significant caregivers. Its healthy growth depends on a child's experience and the maturation of the brain.
- **Affiliation-Being part of a group:** The capacity to join others and contribute to a group springs from our ability to form attachments. Affiliation is the glue for healthy human functioning: It allows us to form and maintain relationships with others-and to create something stronger, more adaptive and more creative than the individual.
- **Attunement-Being Aware of others:** The ability to read and respond to the communicated needs of another. This involves synchronous and responsive attention to the verbal and non-verbal cues of another.
- **Awareness-Thinking of Others:** Awareness is the ability to recognize the needs, interests, strengths and values of others. Infants begin life self-absorbed and slowly develop awareness-the ability to see beyond themselves and to sense and categorize the other people in their world. At first this process is simplistic: "I am a boy and she is a girl. Her skin is brown and mine is white." As children grow, their awareness of differences and similarities becomes more complex.
- **Tolerance-Accept differences:** Tolerance is the capacity to understand and accept how others are different from you. This core strength builds upon another-awareness (Once aware, what do you do with the differences you observe?).
- **Respect-Finding value in differences:** Appreciating your own self-worth and the value of others grows from the foundation of the preceding five strengths. An aware, tolerant child with good affiliation, attachment and self-regulation strengths gains respect naturally. The development of respect is a lifelong process, yet its roots are in childhood.

Mental Health First Aid One in four Americans lives with a mental health problem each year. Yet, far too many – up to two-thirds – go without treatment. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

El Joven Noble (The Noble Young Man) is a comprehensive indigenous based, youth leadership development program that supports and guides young men through their manhood "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure.

Xinachtli

Xinachtli is a comprehensive indigenous based, youth leadership development program that supports and guides young women through their female "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure.

The project is being developed to decrease risk factors and build upon protective factors.

- 1) Nurturing and attachment
- 2) Knowledge of parenting and or child, youth and adolescent development**
- 3) Parental resilience
- 4) Social connections
- 5) Concrete supports for parents

Learning/Change Goal

The **Strengthening Families Behavioral Health Court Project Expansion** will be an adopted program from the ideal of drug courts, domestic violence courts and community courts. It will contribute to learning by developing a **Learning Model** for the Behavioral Health Team which includes the Stages of Development, Mental Health First Aid, El Joven Noble (The Noble Young Man), and Xinachtli (for females). It will be an adopted approach to increase learning and awareness to improve the quality of life. It will test out the benefits of seeking to address the underlying problems that contribute to criminal behavior and reduce the overrepresentation of people with mental illness in the criminal justice system.

Purpose of proposed Innovation Project

The purpose of the proposed Innovation Project will be to: Promote interagency collaboration and to increase the quality of services for better outcomes for youth in Merced County. To unite the community with a shared vision for strengthening families that will lead to healthy children and families and the community.

Reason for selecting the purpose (s)

The purpose(s) were selected to provide a shared vision to increase health, well being and public safety increase collaboration efforts among treatment providers, improve the continuum of care for juvenile offenders who are at risk of and who suffer from serious mental illness. To provide linkage for juvenile offenders and their families to appropriate community treatment programs that are culturally responsive and improve the quality of life. To provide education in developmental milestones, life transitions, trauma informed care and rites of passage.

Describe the Project

The Strengthening Families Expansion Project Juvenile Behavioral Health Court will provide intensive case management to up to 20 wards, who have been primarily diagnosed with a mental illness and at risk of a mental illness. Once the youth is accepted into the court, he or she will appear before the court for regular reviews and provide an update on progress to the Behavioral Health Team. The program will be implemented in several phases over the course of 9 to 12 months. The participants will participate in individual counseling sessions, group sessions, family counseling sessions, probation meetings, court appearances and random drug screenings. Individuals will receive incentives for compliant behavior and sanctions for non-

compliance. The participant will learn cognitive behavioral techniques, gain insight into developmental milestones and life transitions, Mental Health First Aid, El Joven Noble (The Noble Young Man) and Xinachtli (For Females). The project will infuse the critical transformational elements of the Mental Health Services Act by adopting a wraparound learning model in which the Behavioral Health Team, families and youth will receive development to promote wellness, recovery and resiliency. The approach will be that families are viewed as the experts, treated as partners, and viewed as having strengths and resources. Moreover, the families will be linked to the Strengthening Families Project in the community.

The Project will introduce an adopted mental health practice/approach brought into mental health. Merced County plans to test out the benefits of providing a learning model which includes several curriculums for the Behavioral Health Team, youth and family by creating a diverse and non-traditional plan in order to increase the quality and outcome of services and to improve access to services.

This Project will be developed to strengthen families and build on their all ready in place resiliency factors. The Project will focus on decreasing risk factors and build upon protective factors.

- **Nurturing and attachment**-A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development. When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive, including love, acceptance, positive guidance and protection.
- **Knowledge of parenting and or child, youth and adolescent development**-Children thrive when parents provide not only affection, but also respectful communication and listening, consistent rules and expectations and safe opportunities that promote independence. Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world and motivates children to achieve.

- **Parental resilience**-Parents, who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, domestic or community violence—and financial stressors such as unemployment, poverty and homelessness—may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children.
- **Social connections**-Parents with a social network of emotionally supportive friends, family and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice or concrete support. Research has shown that parents who are isolated, with few social connections, are at higher risk for child abuse and neglect.
- **Concrete supports for parents**-Many factors affect a family's ability to care for their children. Families who can meet their own basic needs for food, clothing, housing and transportation—and who know how to access essential services such as childcare, health care and mental health services to address family-specific needs—are better able to ensure the safety and well-being of their children. Partnering with parents to identify and access resources in the community may help prevent the stress that sometimes precipitates child maltreatment. Providing concrete supports may also help prevent the unintended neglect that sometimes occurs when parents are unable to provide for their children.

Age groups:

The Strengthening Families Expansion will serve youth from age 12 to age 17 in the juvenile justice system.

Expert trainer

The Strengthening Families Project Expansion will utilize Jerry Tello of the National Compadres Network as an expert trainer to provide oversight to the New Learning Model developed for the Behavioral Health Team a comprehensive array of services will include community forums, workshops, and conferences and one to one consultation designed for the collaborative Behavioral Health Team, youth and families.

MHSA General Standards

The project supports the General Standards of the Mental Health Services Act (as set forth in CCR, Title 9, section 3320) and supports following the guiding principles of Innovation.

Wellness, Recovery and Resilience

The Strengthening Families Project Expansion will be the catalyst and a transforming agent in increasing community collaboration and improving the quality of life and providing better culturally responsive outcomes looking at wellness and recovery of the community, identifying protective factors, risk factors, developmental milestones as prevention and early intervention.

Individual/Family Driven

The project will focus on families and youth in the community in need of a mental health benefit the focal point of the project with is a Learning Model developed to improve the quality of the lives of families living in the community. The families in the community will be the expert driving force in the project. The project will enhance the quality of life and inspire families and the community with recovery and hope.

Community Collaboration

It is the goal of this project that collaboration will occur throughout Merced County especially with partners under the Merced County Prevention and Early Intervention Plan and contract providers throughout Merced that provide services, schools, juvenile system and child welfare.

Cultural Competence

The highest priority of this project is cultural competence, to begin and avalanche of the importance of cultural responsiveness by reaching out to individuals who care about their community and the families. The goal is to reach those isolated and in need of assistance, to embrace youth and families with dignity and respect letting them know that they are important and valued in society.

Outcome Based

The expectation of this project is to engage, inspire and equip the community with knowledge and a toolkit/learning model to build on resiliency and protective factors. The project will identify results and positive outcomes, the impact on the community and the assets that have been built as a result of the Behavioral Health Court in the community. It will include measuring improvement, quality of services, increase access and cultural competence transforming lives and the system

Relationships matter, Relationships heal.

Mary Claire Heffron, PhD

Children's Hospital, Oakland Ca



One generation plants the trees; another gets the shade-Chinese proverb

EXHIBIT A

**INNOVATION WORK PLAN
COUNTY CERTIFICATION**

County Name: Merced County

County Mental Health Director	Project Lead
Name: Manuel J.Jimenez Jr.	Name: Sharon Jones
Telephone Number: 209-381-6813	Telephone Number: 209-381-6800
E-mail: mjimenez@co.merced.ca.us	E-mail: sjones@co.merced.ca.us
Mailing Address: P. O. Box 2087 Merced, CA 95344	Mailing Address: P.O.Box 2087 Merced, CA 95334

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

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Signature (Local Mental Health Director/Designee)

Date

Title

EXHIBIT B

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: **Merced County**
Work Plan Name: **Strengthening Families Expansion-BHC**

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

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Merced County Mental Health Services Act (MHSA) Ongoing Planning Council (Representative Stakeholder Group) developed a standard procedure for stakeholders to present project request. The Merced County Probation Department gave a presentation at the Ongoing Planning Council on November 17, 2011 to use Innovation funds for a Behavioral Health Court. The Ongoing Planning Council (OGPC) voted to approved the request to expand the current Strengthening Families Innovation Project to expand the Learning Model to the Behavioral Health Court. The main focus would be to strengthen youth and families in the community living with a mental health issue or youth at risk of a mental health issue. Since the beginning of the Mental Health Services Act (MHSA), Community stakeholder feedback identified priorities as follows:

Involvement in Child Welfare or Juvenile Justice System

It is crucial to focus on educating parents and/or guardians with children as early as infants to prevent them from entering the juvenile justice system. A special focus should be directed to the female population that is underserved.

Isolation

Isolation hinders the development of healthy personal relationships. With isolation mental health stigma increase. This is particularly challenging among ethnic populations, which are typically more isolated and underserved. It is important to provide services to prevent isolation , promote mental health and other socialization activities.

Institutionalization/Incarceration

If/when youth are institutionalized or incarcerated; it affects family members and friends as isolation occurs and progress in treatment goals and care is halted.

Inability to be in a Mainstream Environment

Ethnic populations are at a higher risk of not being in a mainstream environment.

It is important to provide programs for Hispanic and Southeast Asian children to aid in cultural awareness and independent living skills before they “age out” of the foster care system.

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

The project was developed with the feedback from previous Community Planning Processes, the MHSA Ongoing Planning Council (OGPC) and the following stakeholders in the community:

Judge of the Superior Court, Juvenile Division, Merced County
Merced County District Attorney’s Office
Merced County Public Defenders Office Merced County Probation
Court Administrator
Iris Garrett Juvenile Justice Correctional Complex Mental Health Staff
Merced County Mental Health
Merced County MHSA Ongoing Planning Council
Community Mental Health Treatment Providers
Law Enforcement Officials
Victim Witness
Family members and advocates for youth with mental illness
Merced County City Schools

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

TBD

Innovation Work Plan Narrative

Date: December 16, 2011

County: Merced County

Work Plan #: 2

Work Plan Name: Strengthening Families-Juvenile Behavioral Health Court

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

"Significant adversity early in life can damage the architecture of the developing brain and increase the likelihood of significant mental health problems that may emerge either early or years later." This is a finding in Harvard's Center of the Developing Child working paper, "Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life." The report continues....

"Life circumstances associated with family stress, such as persistence of poverty, threatening neighborhoods, and very poor child care conditions, elevate the risk of serious mental health problems and undermine healthy functioning in the early years. Early childhood adversity of this kind also increases the risk of adult health and mental health problems because of its enduring effects on the body and brain development. Young children who experience recurrent abuse or chronic neglect, regularly witness domestic violence, or live in homes permeated by parental mental health or substance abuse problems are particularly vulnerable....

All of these situations are stressful for children. Persistent activation of biological stress response systems leads to abnormal levels of stress hormones that have the capacity to damage brain architecture if they do not normalize. In the absence of buffering protection of supportive relationships, these hormone levels can remain out of balance. Known as toxic stress, this condition literally interferes with developing brain circuits, and poses a serious threat to young children, not only because it undermines their emotional well-being, but also because it can impair a wider range of developmental outcomes including early learning, exploration and curiosity, school readiness, and later school achievement."

The Juvenile Behavioral Health Court will promote interagency collaboration and increase the quality of services, including better outcomes for juveniles who suffer from a serious mental health illness. The Behavioral Health Court will include collaboration between the Judge of the Superior Court-Juvenile Division, Merced County District Attorney, Merced County Public Defender, Merced County Probation, Merced County

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Mental Health, Child Protective Services and School Liaison.

The Juvenile Behavioral Health Court will focus on the quality, the effectiveness and cultural responsiveness of the services by collaborating with a team who understands and utilizes the strength of the individual's culture when providing services to juveniles and their families. The collaborative team will include an expert trainer to promote culturally responsive best practices for care and will be linked to the Strengthening Families Project in the community. The Juvenile Behavioral Health Court will challenge the conventional paradigm of separate and distinct micro-services (Mental Health, Probation, Child Protective Services, and Education etc.) and macro services (Community Organizing, Social Justice, Public Mobilization, and Public Education efforts) by building community capacity through a collaboration fusing mutual learning and a shared vision.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSAs and Title 9, CCR, section 3320. (suggested length – one page)

According to the National Center for Youth Law website between 50 and 90 percent of youth in juvenile detention facilities in California suffer from some form of mental illness. The website also noted a congressional study which concluded that about 2,000 youth are incarcerated every day simply because community mental health services are unavailable. In 2007, 16 youth were murdered each day in this country. And for every person who gets shot and dies, another 4 get shot and survive. In 2009, homicide was the leading cause of death among African-American youth; the second leading cause of death among Chicano/Latinos; and the third leading cause of death among Natives. For youth between the ages of 15-24, the homicide death rate is more than 19 times higher for young Black men than young white men. (Center for Disease Control and Prevention 2006; 2009). California public schools produce 1 drop-out for every 3 graduates. Compared to high school graduates, research shows that over a lifetime dropouts have increased dependence on public assistance, lower earnings, poorer health, and higher rates of unemployment, mortality, criminal behavior, and incarceration (***California Dropout Research Project***).

Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health system. The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent. Research indicates that from one-quarter to one-third of incarcerated youth have anxiety or mood disorder diagnoses,

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nearly half of incarcerated girls meet criteria for post-traumatic stress disorder (PTSD), and up to 19 percent of incarcerated youth may be suicidal.

In addition, up to two-thirds of children who have mental illnesses and are involved with the juvenile justice system have co-occurring substance abuse disorders, making their diagnosis and treatment needs more complex. While more research needs to be conducted, we already know that many programs are effective in treating youth who have mental health care needs in the juvenile justice system, reducing recidivism and deterring young people from future juvenile justice involvement.

The vision of the Juvenile Behavioral Health Court is to implement innovative strategies to serve youth in our community who have interactions with the legal system due to mental health issues. In the past, Merced County youth that were placed in the juvenile justice system who were experiencing a mental health issue would be placed on a caseload that was not structured to serve their mental health needs. The overall design of the Juvenile Behavioral Health Project would include a full spectrum of integrated services from prevention and early intervention strategies combined with screening and treatment oriented services.

PROPOSED LEARNING MODEL

Mental Health First Aid

One in four Americans lives with a mental health problem each year. Yet, far too many – up to two-thirds – go without treatment. Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis.

Cognitive Behavioral Approaches

Cognitive-behavioral approaches have been shown to be particularly effective with youth in the juvenile justice system. The cognitive-behavioral approach is based on the theory that thoughts, beliefs and attitudes determine emotion and behavior. That is, the way we perceive or evaluate a situation influences our emotional and behavioral response. Cognitive behavioral therapy is a didactic approach that involves teaching youth about the thought-emotion-behavior link and working with them to modify their thinking patterns in a way that will lead to improved behavior when confronted with challenging situations. The cognitive-behavioral approach is effective for youth in the juvenile justice system because it is highly structured and focuses on the triggers that may lead to disruptive or aggressive behavior. Cognitive-behavioral approaches address poor interpersonal and problem-solving skills by teaching social skills, coping skills, anger management, self-control or social responsibility through individual or group counseling for non-institutionalized offenders, cognitive-behavioral approaches have been found to reduce recidivism by as much as 50 percent.

Narrative Therapy

Narrative therapy consists of understanding the stories or themes that have shaped a person's life. Out of all the experiences a person has lived, what has held the most

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meaning? What choices, intentions, relationships have been most important? Narrative therapy proposes that only those experiences which are part of a larger story will have significant impact on a person's lived experience. Therefore, narrative therapy focuses on building the plot which connects a person's life together.

El Joven Noble (The Noble Young Man)

El Joven Noble is a comprehensive indigenous based, youth leadership development program that supports and guides young men through their manhood "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure.

Xinachtli

Xinachtli is a comprehensive indigenous based, youth leadership development program that supports and guides young women through their female "rites of passage" process while focusing on the prevention of substance abuse, teen pregnancy, relationship violence, gang violence and school failure.

<u>Innovation Work Plan Narrative</u>
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Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

Merced County will further test the benefits of creating a learning model for youth, families and Behavioral Health Team in the stages of development, cognitive behavioral approaches, narrative therapy approaches, Mental Health First Aid, and culturally specific approaches. The program will be an adopted program from the ideal of drug courts, domestic violence courts and community courts. It will contribute to learning because it will test out the benefits of developing a learning model that is inclusive of cultural practices to promote well being and to strengthen families. The following strategies will be utilized:

- Knowledge and preservation of culture and history
- Cultural pride
- Artistic development
- Impact on personal well being
- Community involvement
- Teamwork/Collaboration (Collective energy)

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The program will implement and adhere to the following:

CORE VALUES

Acknowledgement

Purpose

Values

Safety and Security

Dignity

Respect

Values

Trust

The project will address the underlying problems that contribute to criminal behavior and reduce the overrepresentation of people with mental illness in the criminal justice system. The **Behavioral Health Court Project** will focus on youth residing in Merced County from age 12 to 17. The overall goal is to develop a collaborative team who is culturally responsive and trained in identifying the signs and symptoms of mental illness. This collaborative team will be linked to the community partners implementing prevention and early intervention programs and to the Strengthen Families Innovation Project in the community. To build capacity in the community providing education and tools to youth and families on developmental growth and stages of life transition to improve community health and to improve prevention and early intervention in families.

The expert trainer Jerry Tello and the National Compadres Network will play an important role in the contribution to learning by working with the collaborative team and youth and families by developing training that is expected to evolve and develop with ongoing community and family input. The training will improve Merced County Cultural Responsiveness for working with underserved groups, will provide cross cultural learning from the parents perspective, the child's perspective and the communities perspective. The expert trainer will assist the families in understanding the developmental milestones and how they impact healthy growth. They will assist and identify the challenges, the benefits and the contribution to each cultures understanding of life transitions and developmental milestones. The training will also inspire hope and recovery to the community and the people within the community.

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

<u>Implementation /Completion dates:</u>	MM/YY – MM/YY
Develop referral forms, screening/assessment forms, evaluation methodology, participant and staff surveys and measurement tools	<u>January 2012</u>
Develop expansion contract with expert trainer Jerry Tello (Learning Model)	<u>January 2012</u>
Begin recruitment for Mental Health Clinician for Behavioral Health Court	<u>January 2012</u>
Have expert trainer meet with Behavioral Health Court Team	<u>January 2012</u>
Begin Program Implementation	<u>February 2012</u>
Review First Round Evaluations and Performance Indicators Make Recommendations and changes	<u>February 2013</u>
Review Second Round Evaluations and Performance Indicators Make Recommendations and changes	<u>February 2014</u>
Make Recommendations and changes	<u>August 2014</u>
Behavioral Health Celebrations	<u>December 2014</u>
Evaluate and Communicate Final Results and Lessons Learned	<u>January 2015</u>

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Share results with stakeholders at various meetings	<u>February 2015</u>
Final Training Component (Expert trainer, Clinicians, Family Members, Staff, Community members etc.	<u>February 2015</u>

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The project will measure the results of the increased quality of services, including better outcomes and interagency collaboration.

Will juvenile offenders who are mentally ill respond to the interventions of the Behavioral Health Court improving quality of their life?

Is there a positive impact on juveniles receiving preventative interventions through a Behavioral Health Court with a focus on cultural pride teamwork and collaboration?

Outcome measures will focus on the impact of preventative strategies implemented by Behavioral Health Court will focus

- People currently unserved will be served
- People will gain access to other services
- Increased knowledge of developmental milestones
- Increased confidence in parenting
- Decrease parental stress
- Increase perceived social support
- Increase community education and awareness
- Increase community support systems
- Reduce the stigma of mental services

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System Level Outcomes

- Importance of Prevention and Early intervention
- Reducing stigma and discrimination
- To strengthen and improve the collaboration between service providers and community partners.

Personal level Outcomes

- People will have increased developmental milestones tools and information to intervene earlier
- Improve family relationships
- Increase improved community health and safety
- Improve nurturing and bonding in family
- To enhance and inspire hope
- To increase cross cultural knowledge

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

EXHIBIT D

Innovation Work Plan Description (For Posting on DMH Website)

County Name	Annual Number of Clients to Be Served (If Applicable)
<u>Merced County</u>	<u>20</u> Total
Work Plan Name	
<u>Strengthening Families-Behavioral Health Court Expansion</u>	

Population to Be Served (if applicable):

The population to be served is youth age 12 to age 17 who are youth of the Juvenile Court who live in Merced County with a mental health issue or at risk of a mental health issue. The youth can have both misdemeanors and felonies on their record.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The Strengthening Families Behavioral Health Court Project Expansion will be an adopted program from the ideal of drug courts, domestic violence courts and community courts. It will contribute to learning because it will be an adopted program to serve the needs of Merced County. It will test out the benefits of developing a Learning Model for Behavioral Health Team, families and youth. By seeking to address the underlying problems that contribute to criminal behavior and reduce the overrepresentation of people with mental health issues in the criminal justice system. The program will provide intensive case management for up to 20 youth who are diagnosed with a mental health disorder or at risk of a mental health disorder. The project will infuse the critical transformational elements of the Mental Health Services Act (MHSA) by adopting a cultural wraparound model of wellness, recovery and resilience where families are viewed as the experts, trained as partners and viewed as having strength and resources. The youth and their families will participate in a structured program designed by the youth and families, Behavioral Health Team and an expert trainer in Strengthening Families. The program will be developed to include individual counseling, group counseling, family counseling, regular meetings, court appearances and drug screenings. The participant of the program will learn cognitive behavioral techniques and narrative therapy techniques. Narrative therapy techniques hold up the story as the basic unit of experience. The stories guide how people act, think, feel, and make sense of new experience. Stories organize the information from a person's life. Narrative therapy focuses on how these important stories can get written and rewritten. Narrative therapy provides a means to refocus the lens on this camera and help

reshape a person's stories and life. The program will be implemented in several phases over a timeframe of 9 to 12 months. During this timeframe the collaborative team which includes the youth, their family, Behavioral Health Team will receive ongoing training in the areas of developmental milestones, youth development, mental wellness and recovery, and the impact of cultural influence on improving the quality of life.

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Merced County

Date: 12/16/2011

Innovation Work Plans			FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name	Children, Youth,		Transition Age Youth	Adult	Older Adult	
1	2	Strengthening Families BHC			358,600		
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		\$358,600	\$0	\$358,600	\$0	\$0
27	Plus County Administration		0				
28	Plus Optional 10% Operating Reserve		0				
29	Total MHSA Funds Required for Innovation		\$358,600				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Merced

Fiscal Year: 2012/2013

Work Plan #: 2

Work Plan Name: SFBHC

New Work Plan

Expansion

Months of Operation: 2/12-
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	300,000			\$300,000
2. Operating Expenditures				\$0
3. Non-recurring expenditures	8,600			\$8,600
4. Training Consultant Contracts	50,000			\$50,000
5. Work Plan Management				\$0
6. Total Proposed Work Plan Expenditures	\$358,600	\$0	\$0	\$358,600
B. Revenues				
1. Existing Revenues				\$0
2. Additional Revenues				
a. (insert source of revenue)				\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$358,600	\$0	\$0	\$358,600

Prepared by: Sharon Jones

Date: 12/16/2011

Telephone Number: 209-381-6800