COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

Policy & Procedure Number: BHSD #SDM-003

Primary Category	Impacts
BHSD System	☒ Managed Care ☒ Administration ☒ Service Delivery
Funding Stream	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☐ Fee for Service ☒ MHSA ☐ Block Grant ☐ General Funds
Provider Type	☒ BHSD County Clinics ☒ Contracted Providers ☐ Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Mental Health Services Act (MHSA)

Assigned Policy Number: SDM-003

Policy Owner: Jeanne Moral, System Initiatives, Planning and Communications Division Director

Impacted Managed Care Policy Area(s): Mark All That Apply

☒	Administration (ADM)	☐	Appeals, Grievances, Incidents (AGI)
☒	Clinical (CLI)	☒	Compliance and Confidentiality (COP)
☐	Contracts (CON)	☐	Data Management (DTM)
☒	Fiscal (FIS)	☒	General Operations (GEO)
☐	Health and Safety (HAS)	☐	Health Education (HED)
☐	Legal (LEG)	☐	Medical & Pharmacy (MPS)
☒	Member Services & Materials (MSM)	☐	Personnel (PER)
☐	Provider Relations (PRR)	☒	Quality Management (QAM)
☒	Reporting (RPT)	☒	Service Delivery (SDM)
☒	Utilization Management (UMR)		

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: Date:

County Counsel: Date:

Section B: BHSD Director

BHSD Director: DocuSigned by: Sherri Teras DAB699BA2A1544D... Date: 1/31/2025

Approved/Issue Date:	Last Review/Revision Date:	Next Review Date:	Inactive Date:
12/9/2024	2/28/2023	12/8/2027	

III. REPLACES	• Update

IV. REFERENCES:

- 9 CCR Division1. Chapter 14. Mental Health Services Act.
- 9 CCR § 3200.070. Definition Community Program Planning Process.
- 9 CCR § 3300. Community Program Planning Process.
- 9 CCR § 3315. Local Review Process.
- 9 CCR § 3400. Allowable Costs and Expenditures.
- 9 CCR § 3410. Non-Supplant
- 9 CCR § 3500-3580.020. Reporting Requirements
- Welfare Institution Code (WIC) § § 5800-5815. Adult and Older Adult Mental Health System of Care Act
- WIC § 5845-5848. Oversight and Accountability
- WIC § 5850. Children's Mental Health Services Act.
- WIC § 5890-5899.1. Mental Health Services Fund
- Community Services and Support
    - WIC § 5800. Adult and Older Adult Mental Health System of Care Act
    - WIC § 5813.5. Financial Participation
    - WIC § 5845. Oversight and Accountability
    - WIC § 5846. Oversight and Accountability
    - WIC § 5847. Oversight and Accountability; Integrated Plans for Prevention, Innovation, and System of Care Services.
    - WIC § 5850. The Children's Mental Health Services Act
    - WIC § 5891. Mental Health Services Fund
    - WIC § 5892. Mental Health Services Fund
    - WIC § 5898. Mental Health Services Fund
    - 9 CCR § 3530.30. Full Service Partnership Performance Outcome Data
    - 9 CCR § 3630. General System Development Service Category
    - 9 CCR § 3630.05. Project-Based Housing Program
    - 9 CCR § 3630.10. Requirements for a Project-Based Housing Program
    - 9 CCR § 3630.15. Capitalized Operating Subsidy Reserve
    - 9 CCR § 3640. Outreach and Engagement
    - 9 CCR § 3650. Community Services and Supports Component of the Three-Year Program and Expenditure Plan
- Prevention and Early Intervention
    - WIC § 5840. Prevention and Early Intervention Programs
    - WIC § 5840.5. Prevention and Early Intervention Program Planning
    - WIC § 5847. Oversight and Accountability
    - 9 CCR § 3560. Prevention and Early Intervention Reporting Requirements
    - 9 CCR § 3730. Suicide Prevention Programs
    - 9 CCR § 3735. Prevention and Early Intervention Strategies
    - 9 CCR § 3750. Prevention and Early Intervention Component Evaluation
    - 9 CCR § 3755. Prevention and Early Intervention Component
- Workforce Education and Training (WET)

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- 9 CCR § 3820. Workforce Education and Training Component of the Three-Year Program and Expenditure Plan

- Innovation (INN)
  - WIC § 5830. Innovative programs
  - WIC § 5892 a(6) and h. Mental Health Services Fund
  - 9 CCR § 3900. Rule of General Application
  - 9 CCR § 3905. Required Approval
  - 9 CCR § 3910. Innovative Project General Requirements
  - 9 CCR § 3910.010. Time-Limited Pilot Project
  - 9 CCR § 3910.015. Continuation of an Innovative Project
  - 9 CCR § 3910.020 Early Termination of an Innovative Project
  - 9 CCR § 3915. Innovative Project Evaluation
  - 9 CCR § 3925. Changed Innovative Project
  - 9 CCR § 3930. Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update
  - 9 CCR § 3935. Innovative Project Change Request
- Capital Facilities and Technological Needs (CFTN)
  - WIC § 5845. Oversight and Accountability
  - WIC § 5846. Oversight and Accountability
  - WIC § 5847. Oversight and Accountability; Integrated Plans for Prevention,
  - Innovation, and System of Care Services.
  - WIC § 5892. Mental Health Services Fund
  - WIC § 5898. Mental Health Services Fund
  - 9 CCR § 3200.022. Capital Facilities and Technological Needs (CFTN)

V. PURPOSE:

The purpose of this policy is to implement the Mental Health Services Act (MHSA) in Santa Clara County in accordance with the requirements stipulated in applicable California statute, regulations, policies, and the Mental Health Plan Contract with the Department of Health Care Services (DHCS).

VI. POLICY:

It is the policy of the Santa Clara County Behavioral Health Services Department (BHSD) to develop practices and provide evidence that the listed procedures below are implemented to comply with the aforementioned references. Additionally, the policy of BHSD is to further the intent of the Mental Health Services Act (MHSA), as enacted and amended, which is to supplement funding to the existing public behavioral health system by providing a full range of services and supports to all age groups that are consumer-driven, family-focused, based in the community, culturally and linguistically responsive, and integrated with other appropriate health and social services.

VII. DEFINITIONS:

Capital Facility and Technology Needs (CFTN). Projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance, or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs do not include housing projects.

Community Services and Supports (CSS). The section of the Three-Year Program and Expenditure Plans, as well as the Annual Plan Updates, that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults.

Innovation (INN). The section of the Three-year Program and Expenditure Plan, as well as the Annual Plan Updates, that consists of one or more Innovative Projects.

Prevention and Early Intervention (PEI). The section of the Three-Year Program and Expenditure Plan, as well as the Annual Plan Updates, intended to prevent mental illnesses from becoming severe and disabling.

Revenue and Expenditure Report (RER). Each County receiving a direct distribution of Mental Health Services Fund monies from the State Controller shall submit a complete and accurate Annual MHSA RER DHCS and the MHSOAC@mhsoac.ca.gov, by January 31, following the end of the reporting fiscal year in accordance with 9 CCR § 3200.270. This will be submitted by the MHSA Finance Team.

Stakeholder. Individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families in accordance with 9 CCR § 3200.270.

Stakeholder Leadership Committee (SLC). The SLC serves as the BHSD's primary advisory committee for MHSA activities. The SLC provides input that drives major decisions on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations for each MHSA three-year plan, annual updates, and mid-year adjustments.

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Workforce Employment Training (WET). The component of the Three-Year Program and Expenditure Plan, as well as the Annual Plan Updates, that includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors, and volunteers.

VIII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Community Program Planning Process (CPPP)	1. BHSD MHSA Team shall provide for a CPPP as the basis for developing the MHSA Three Year Program and Expenditure Plans (Three-Year Plan) and Annual Updates. 2. The Three-Year Plan is developed with meaningful participation of local stakeholders, to include clients/consumers of services, family members of clients/consumers, veterans, service providers, law enforcement agencies, county-partnered agencies, tribal communities, faith-based organizations, social service providers, cultural competence, service providers of children/youth, underserved youth, transitional aged youth, adults and families, and LGBTQ, public education AND any individuals interested in community behavioral health services in the County. Input will be collected through community wide surveys and dedicated focus groups with each of these stakeholders. 3. BHSD MHSA Team shall conduct outreach, orientation, and training to encourage representation and participation from stakeholders who are the clients and families that are served, as well as reflect the cultural diversity of the County. The planning approach and community planning activities are to be shared and circulated to engage all stakeholders in the process. a. BHSD MHSA Team shall conduct a client/consumer survey and focus groups in county threshold languages and share results with stakeholders to help inform planning process. b. BHSD MHSA Team shall conduct various collaborative public meetings in-person and/or virtually to discuss and prioritize the recommendations for upcoming planning cycle. 4. BHSD MHSA Coordinator shall designate and train staff to

	coordinate and manage the CPPP. 5. The Three-Year Plan and/or Annual Plan Update shall establish and maintain a prudent reserve to ensure MHSA funded programs will continue to be able to serve children, adults, and older adults that it is currently serving during years in which revenues are below recent revenue averages. 6. The Three-Year Plan and/or Annual Plan Update shall provide all necessary local certifications by the BHSD Director and County's Auditor-Controller that the County has complied with any fiscal accountability requirements as directed by DHCS and that all expenditures are consistent with the requirements of the MHSA and in accordance with WIC sections 5813.5, 5830, 5840, 5847, 5891, and 5892 and 9 CCR § 3400 and 3410 (see Appendix A, B and E). 7. The BHSD MHSA Team shall circulate the draft Three-Year Plan or Annual Plan Update for public review and comment for at least 30 calendar days. 8. The County's Behavioral Health Board shall host a public hearing at the close of the 30-day period, and the BHSD MHSA Team shall provide a written summary and analysis of any stakeholder recommendations. 9. The Three-Year Plan and/or Annual Plan Update shall be approved by the Board of Supervisors and submitted to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption, in accordance with WIC 5847 (see Appendix E).
Capacity Assessment	1. As part of the planning process for developing the Three-Year Plan, BHSD MHSA Team shall assess and prioritize service needs and gaps, as well as the County's capacity to implement proposed services and supports and meet the needs of racially and ethnically diverse populations. This can include: a. The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. b. Percentages of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served. c. Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.
Personal Service Coordinator (PSC)	1. The Three-Year Plan shall include evidence showing Personal Service Coordinator (PSC)/Case Managers are culturally and linguistically competent or, at a minimum, educated and trained in linguistic and cultural competence and had knowledge of available resources within the client/family's racial/ethnic community in accordance with 9 CCR § 3620(h)(2) and WIC § 5600.2).
MHSA Three Year	1. BHSD MHSA Team shall develop a draft Three-Year Plan and/or

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Program and Expenditure Plan (Three-Year Plan) and/or Annual Update	Annual Plan that is consistent with the CPPP and Capacity Assessment and includes the components of Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN), including but not limited to county population, threshold languages, unique characteristics, age, gender, and race/ethnicity serviced by MHSA programs and services. a. The Three-Year Plan must be converted onto a three-year cycle and encompass the fiscal year (FY) starting each year July 1 and ending June 30, utilizing the states suggested naming convention (e.g., FY 2021-2022 (July 1, 2021, through June 30, 2022). b. Each plan document shall include: i. County demographics information including but not limited to county population, threshold languages, unique characteristics, age, gender, and race/ethnicity serviced by MHSA programs and services in accordance with CCR § 3300(b)(4). ii. The County's identified underserved/unserved populations. A description of how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement in mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in the adopted FY Plan in accordance with WIC § 5848 and 9 CCR §§ 3315 and 3300. iii. Documentation of achievement in performance outcomes for CSS, PEI, and INN programs in accordance with WIC § 5848. iv. An estimate of the number of clients, in each age group, to be served in the Full Service Partnership (FSP) category in accordance with 9 CCR § 3650(a)(3). v. A description of each PEI program in the PEI component of the adopted Plan in accordance

	with WIC § 5840 and 9 CCR § 3705(a-b) and 9 CCR § 3755: 1) Early Intervention Program 2) Outreach for Increasing Recognition of Early Signs of Mental Illness Program 3) Prevention Program 4) Stigma and Discrimination Reduction Program a) Each Stigma and Discrimination Reduction program will specify the methods, and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services (9 CCR § 3755(f)(3)). 5) Access and Linkage to Treatment Program a) Each Access and Linkage to Treatment program will explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment; and how the program will follow up with the referral to support engagement in treatment in accordance with CCR §§ 3755(h)(4), 3755(h)(5). 6) Suicide Prevention Program (optional) vi. A summary and analysis of the recommended revisions received during the 30-day public comment period in accordance with WIC § 5848(b); 9 CCR § 3315(a)(3). vii. Substantive written recommendations for revisions received during the 30-day comment period in accordance with WIC § 5848(b). viii. The number of children, transition-aged youth, adults, and older adults to be served, indicating the cost per person for CSS, PEI, and INN (WIC §5847(e)). ix. A description of involvement by community stakeholders in all phases of each new INN project, including evaluation of the project and decision making regarding whether to continue the INN project or elements of the project without INN. (9 CCR § 3930(b)(2)).
Community Services and Supports (CSS)	1. CSS components include: a. **Full-Service Partnership (FSP).** FSP Programs shall be developed and implemented with the majority of CSS funds, and shall serve all age groups (i.e., children, transition age youth, adults, and older adults) who

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	experience serious emotional disorders or serious and persistent mental illness referenced in 9 CCR § 3530.30 (see Appendix A). b. **General System Development (GSD).** GSD is the category in which BHSD uses MHSA funds to improve the behavioral health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for behavioral health services for specific groups of clients, and when appropriate, their families. i. MHSA funds used in this category shall be allocated in accordance with applicable provisions as outlined in 9 CCR § 3400 and 3630, along with relevant DHCS Information Notices (see Appendix A for a full listing). c. **Outreach and Engagement.** The department will identify those in need by reaching out to target populations and connecting those in need to appropriate treatment, as referenced in 9 CCR § 3640 (see Appendix A). i. This includes reaching out to target populations or community-based partners to provide food, clothing, and shelter, but only when the purpose is to engage unserved individuals (and their families when appropriate) in the mental health system if in collaboration with other non-mental health community programs, only the costs directly associated with providing the mental health services and supports. d. **Housing Program.** In accordance with 9 CCR §§ 3630-3630.15 (see Appendix A), FSP clients who are homeless or at risk for chronic homelessness shall have access to MHSA funded housing supports as delineated in the Three-Year Plan and/or Annual Plan Update. The BHSD MHSA funded Housing Program provides various types of affordable shelter and housing, and consists of temporary shelter beds, augmented board and care facilities, scattered site housing/master leasing, permanent

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	supportive housing, and flexible housing funds to enable FSP programs to place their clients in appropriate temporary, transitional, or permanent unlocked housing in the community.
Prevention Early Intervention (PEI)	1. The PEI component provides services designed to prevent mental illnesses from becoming severe and disabling and shall include at least one program in each of the following categories: a. Prevention b. Early Intervention c. Outreach for Increasing Recognition of Early Signs of Mental Illness d. Stigma & Discrimination Reduction (SDR) e. Access & Linkage to Treatment 2. The PEI component may provide Suicide Prevention services as defined in 9 CCR § 3730 (see Appendix B). 3. The County shall include the strategies defined in 9 CCR § 3735 (see Appendix B) in its PEI Component. 4. The BHSD MHSA Team and BHSD PEI Program Teams will ensure and specify the methods and activities to be used in each SDR program to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having a mental illness, and/or seeking mental health services, including timeframes for measurement, refer to WIC § 5840 and 9 CCR § 3750(d) and 3755(f)(3) (see Appendix B). 5. In accordance with 9 CCR § 3560 (see Appendix B), the BHSD MHSA Team and BHSD PEI Program Teams shall develop an annual PEI Report, and a triennial PEI Evaluation Report to report on the impacts of PEI Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems. 6. MHSA funds may be used to provide administrative support and evaluation of programs in the PEI component.
Innovation Projects (INN)	1. The INN component shall consist of one or more Innovation Projects that have been approved by the Mental Health Services Oversight & Accountability (MHSOAC), are time limited to no more than a maximum of 5 years and account for about 5% of

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	total MHSA funds received per WIC §§ 5830 and 5892 a(6) and h (see Appendix D). The purpose of Innovation projects is to test new and/or adapted best/recommended practices as a way to test their efficacy in the treatment of individuals with mental illness. Project ideas can be submitted by any community member during the designated INN submission application timeline. Submissions are reviewed and considered for development by the MHSA SLC Innovation Subcommittee, during the Innovation Community Planning Process. Selected ideas then get developed into a formal Project Plan which is posted for public comment prior to being reviewed by the County's Behavioral Health Board and Board of Supervisors. Finally, plans are submitted to the MHSOAC for final review and approval, once they are approved by the Board of Supervisors. Each Innovation Project shall state its purpose, key activities, population to be served, and how the project will contribute to the development of new/changed practices in accordance with 9 CCR §§ 3900-3935 (see Appendix D). a. BHSD shall provide the opportunity for stakeholders to participate, such as on an MHSA SLC Innovation Subcommittee, in the submission, development, implementation, and evaluation of Innovation Projects, to include programmatic elements, outcomes and outputs, and contribute to whether and how the project may continue once the INN project concludes and planning to protect individuals with serious mental illness who are receiving Innovation Project services. b. BHSD MHSA Innovation Manager shall produce and disseminate an Annual and Final Evaluation report of the approved Innovation Projects. c. All MHSA Innovation projects include a third-party evaluator who reviews and analyzes project metrics, and provides program reports, recommendations and findings. d. Prior to their conclusion, MHSA Innovation projects are evaluated for continuation under other funding sources. Based on 9 CCR § 3910.010 (see Appendix D), any project that sunsets must include a transition plan for any clients receiving services. For the projects that will be

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	continued, The MHSA Innovation Manager will coordinate the transition with the receiving division, ensuring compliance with all applicable labor laws and additional requirements that may be triggered under a new funding source.
Workforce Education and Training (WET)	1. The MHSA WET component provides education, training, and workforce development activities for current and prospective BHSD employees, contractor agency staff, and client and family members who volunteer their time to support the public behavioral health effort in accordance with 9 CCR §3820 (see Appendix C). a. The MHSA WET component shall include the following categories: i. Workforce Staffing Support ii. Training and Technical Assistance iii. Mental Health Career Pathway Programs iv. Internship Programs v. Financial Incentive Programs. b. The MHSA WET programs and activities shall: i. Address workforce shortages and deficits identified in the Needs Assessment, ii. Promote an increase in client/family participation in BHSD, iii. Recruit and retain individuals who share the same racial/ethnic, cultural and/or linguistic characteristics of clients and their families, iv. Educate and train individuals in cultural humility and linguistic competence v. Educate and train the workforce that promote and encourage the integration of Wellness and Recovery methods. Training will be directed towards practice change and augmentation that supports and embraces the principles of strengths and resiliency-based practice, trauma-informed practice, cultural humility practice, co-occurring based practices, quality practice and accountability.

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	c. BHSD shall identify a MHSA WET Coordinator who is proficient in MHSA General Standards and with the following duties: i. Educating and training the BHSD workforce on incorporating MHSA principals and standards into its work and daily practice with clients. ii. Increasing the number of clients and family members of clients employed through activities such recruitment, supported employment services, and supporting the creation and implementation of promotional opportunities. iii. Provide education and training for providers on how to work effectively with consumers & family partners as providers. iv. Provide consumer and family member employees ongoing support and training to help them transition into the public behavioral health workforce. v. Focused outreach and recruitment to provide employment opportunities for individuals who share the racial/ethnic, cultural and/or linguistic characteristics of clients, family members of clients and others in the community who have serious mental illness and/or serious emotional disturbance. vi. Recruiting, employing, and supporting the employment of individuals who are culturally and linguistically competent or, at a minimum, are educated and trained to be culturally sensitive, practice cultural humility and/or have linguistic competence. vii. Providing financial incentives to interns recruit BHSD employees. viii. Incorporating the input of diverse racial/ethnic populations and clients and family members of clients and, whenever possible, utilize them as trainers and consultants in WET programs and activities. ix. Including all BHSD employees and volunteers,

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	whether paid or not, in WET training programs and/or activities to improve the skills and effectiveness of employees and volunteers in meeting the needs of unserved and underserved populations. x. Network with local high schools, adult education, and community colleges to ensure that behavioral health as a training topic as well as a profession is included in their health curriculums; BHSD will work with the high schools to develop methods to introduce careers in public behavioral health. xi. Develop liaison relationships between BHSD, Community Colleges, and four-year Colleges and Universities to increase the opportunities and resources for assisting mental health consumers, family, and community partners with enrolling in education programs. d. Work with local educational institutions to coordinate outreach, recruitment, and admission of individuals that have interest and potential to work with un-served and underserved populations. *Refer to Attachment I for BHSD internal department responsibilities and timeline for the MHSA Community Program Planning Process*
Capital Facilities and Technological Needs (CFTN)	1. The CFTN component shall include plans and budgeted funding for technological needs and capital facility projects that are in accordance with applicable WIC 5845, 5846, 5847, 5892, and 5898 (see Appendix E). a. As outlined in 9 CCR § 3200.022 (see Appendix E), "Capital Facilities and Technological Needs" means projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance, or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. b. As outlined in 9 CCR § 3200.022 (see Appendix E), Capital Facilities and Technological Needs does not

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	include housing projects.
Outreach and Engagement	1. BHSD may develop and operate outreach and engagement programs and activities to engage unserved and underserved individuals, and when appropriate, their families so they receive appropriate behavioral health services. 2. These programs and activities may be funded in the CSS, PEI and/or the INN components and shall include strategies to reduce ethnic/racial and cultural disparities. 3. Outreach and engagement programs and activities shall integrate with clients/consumers of services, family members of clients/consumers, veterans, service providers, law enforcement agencies, county partnered agencies, tribal communities, faith-based organizations, social service providers, cultural competence, service providers of children/youth, underserved youth, transitional aged youth, adults and families, and LGBTQ, public education AND any individuals interested in community behavioral health services in the County. 4. Each program containing outreach and engagement activities shall include outcomes that report the number of outreach events, individuals served, and track connections to behavioral health services.
Peer and Family Support	1. The County recognizes the value of lived experience and recovery from behavioral health challenges as an integral part of the services and supports provided to clients and their families who receive services and supports from BHSD. 2. BHSD County-operated, and contract provider programs shall actively recruit, train, employ and support individuals with lived experience as a consumer of behavioral health services or a family member of a consumer of behavioral health services. 3. BHSD shall provide evidence of resources, programs and services that prepare and support persons with lived experience to actively participate in the behavioral health workforce as employees, volunteers and/or stakeholders.
Performance Outcomes and Evaluations	1. MHSA funded programs in the CSS, PEI and INN components shall provide evidence of performance outcomes, compliance

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	with applicable regulations, policies DHCS Information Notices (see Appendix A-E) and provide an evaluation of their effectiveness. The Three-Year Plan and Annual Plan Updates shall include reports on the achievement of performance outcomes for MHSA funded CSS, PEI and INN services provided. County contracts with providers shall include the performance goals from the Three-Year Plan and/or Annual Plan Updates that apply to each provider's programs and services. a. BHSD MHSA Program Team will provide an estimate of the number of clients to be served in each MHSA-funded program for each age group: children (0-15), transitional age youth (16-25), adults (26-59), and older adults (60 and older) b. In reference to the item above, BHSD MHSA Program Teams must include this information for programs categorized as an FSP in accordance with 9 CCR § 3650(a)(3) (see Appendix A). c. BHSD MHSA Program Teams and MHSA Finance Teams will include the cost per person for CSS, PEI, and INN programs per WIC 5847 (see Appendix E). d. The performance outcomes and evaluation reports must include documentation of achievement for CSS, PEI, and INN in accordance WIC 5848 and as it relates to 9 CCR § 3500 – 3580.020. *Refer to Attachment I for BHSD internal department responsibilities and timeline for the MHSA Community Program Planning Process.*
Revenue and Expenditure Report (RER)	1. In accordance with WIC §5899 and with DHCS Regulations and Information Notices (see appendix A-E), the County shall submit an annual RER no later than December 31 following the end of the fiscal year and post the RER on the County's website. 2. The RER shall list all programs and expenditures for each MHSA Component. 3. The RER shall include administration and program expenditures, one-time expenditures, MHSA funds received during the reporting fiscal year, and interest earned by the County's MHSA fund account.

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Primary Category	Impacts
BHSD System	☒ Managed Care ☒ Administration ☒ Service Delivery
Funding Stream	☒ Medi-Cal ☒ Non-Medi-Cal ☒ Managed Care ☐ Fee for Service ☒ MHSA ☐ Block Grant ☐ General Funds
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	4. The BHSD MHSA Team and MHSA Finance Teams will monitor MHSA program name changes to ensure the ARER is consistent with the budget in the approved Three-Year Plan and Annual Update. If the program or service did not occur, the County of Santa Clara will report the program or service on the ARER and indicate zero expenditures.

IX. WORKFLOW PROCEDURE

Responsible Party	Action Required
BHSD MHSA Team	1. The BHSD MHSA team consists of BHSD staff who will support individuals from: a. Children, Youth and Families System (CYF) of Care b. Adult/Older Adult (A/OA) System of Care c. Access/Unplanned Services System of Care d. Analytics and Reporting Division e. Quality Management Division f. Finance g. Administrative Services 2. The Team will initiate a Community Program Planning Process (CPPP) as the basis for developing the MHSA Three Year Program and Expenditure Plans (Three-Year Plan) and Annual Updates. 3. The Team will work with BHSD Leadership to assess and prioritize service needs and gaps, as well as the County's capacity to implement proposed services and supports and meet the needs of racially and ethnically diverse populations. 4. The Team will conduct outreach, orientations, and trainings to encourage representation and participation from stakeholders who are the clients and families that are served, as well as reflect the cultural diversity of the County. 5. The Team will collaborate with the Analytics & Reporting Division, or appropriate contractors, to conduct a client/consumer survey and focus groups using county threshold languages and share results with stakeholders to help inform planning process.

	6. The Team will conduct various collaborative public meetings in-person and/or virtually to discuss and prioritize the recommendations for upcoming planning cycle. 7. This Team shall circulate the draft Three-Year Plan or Annual Plan Update for public review and comment for at least 30 calendar days. 8. This Team will provide a written summary and analysis of any stakeholder recommendations. 9. This Team will ensure and specify the methods and activities to be used in each CSS, PEI, WET, INN and CFTN program. For example, this team will ensure and specify the methods and activities to be used in PEI Stigma and Discrimination (SDR) programs. to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having a mental illness, and/or seeking mental health services, including timeframes for measurement. 10. This Team will develop an annual PEI Report, and a triennial PEI Evaluation Report to report on the impacts of PEI Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems. 11. This Team will develop an annual INN Report to report on the status and impacts of INN Component Programs. 12. The Team will work with the Finance team to provide an estimate of the number of clients to be served in each MHSA-funded program for each age group: children (0-15), transitional age youth (16-25), adults (26-59), and older adults (60 and older) in draft Three-Year Plan or Annual Plan Update. Additionally, these plans will include the cost per person for each CSS, PEI, and INN program. 13. The Team will monitor MHSA program name changes to ensure the ARER is consistent with the budget in the approved Three-Year Plan and Annual Update.
MHSA Coordinator	1. The MHSA Coordinator will provide direct oversight to the MHSA Team and will designate and train staff to coordinate and manage the CPPP.
PEI Program Teams	1. The PEI Program teams will provide programmatic PEI data and outcomes to the MHSA team to develop an annual PEI Report, and a triennial PEI Evaluation Report to report on the impacts of PEI Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.
MHSA SLC Innovation Subcommittee	1. The MHSA SLC Innovation Subcommittee will consist of members from the MHSA SLC who will review Innovation project idea submissions and consider them for development.
MHSA Innovation Manager	1. The MHSA Innovation Manager will produce and disseminate an Annual and Final Evaluation report of the approved Innovation Projects.

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	2. The MHSA Innovation Manager will participate in the submission, development, implementation, and evaluation of Innovation Projects, to include programmatic elements, outcomes and outputs, and contribute to whether and how the project may continue once the INN project concludes and planning to protect individuals with serious mental illness who are receiving Innovation Project services. 3. The MHSA Innovation Manager will coordinate the transition of the Innovation Project with the receiving division, ensuring compliance with all applicable labor laws and additional requirements that may be triggered under a new funding source.
MHSA WET Coordinator	1. The MHSA WET Coordinator will be proficient in MHSA General Standards and will be responsible for the following duties: a. Educating and training the BHSD workforce on incorporating MHSA principals and standards into its work and daily practice with clients. b. Increasing the number of clients and family members of clients employed through activities such recruitment, supported employment services, and supporting the creation and implementation of promotional opportunities. c. Provide education and training for providers on how to work effectively with consumers & family partners as providers. d. Provide consumer and family member employees ongoing support and training to help them transition into the public behavioral health workforce. e. Focused outreach and recruitment to provide employment opportunities for individuals who share the racial/ethnic, cultural and/or linguistic characteristics of clients, family members of clients and others in the community who have serious mental illness and/or serious emotional disturbance. f. Recruiting, employing, and supporting the employment of individuals who are culturally and linguistically

	competent or, at a minimum, are educated and trained to be culturally sensitive, practice cultural humility and/or have linguistic competence. g. Providing financial incentives to interns recruit BHSD employees. h. Incorporating the input of diverse racial/ethnic populations and clients and family members of clients and, whenever possible, utilize them as trainers and consultants in WET programs and activities. i. Including all BHSD employees and volunteers, whether paid or not, in WET training programs and/or activities to improve the skills and effectiveness of employees and volunteers in meeting the needs of unserved and underserved populations. j. Network with local high schools, adult education, and community colleges to ensure that behavioral health as a training topic as well as a profession is included in their health curriculums; BHSD will work with the high schools to develop methods to introduce careers in public behavioral health. k. Develop liaison relationships between BHSD, Community Colleges, and four-year Colleges and Universities to increase the opportunities and resources for assisting mental health consumers, family, and community partners with enrolling in education programs. l. Work with local educational institutions to coordinate outreach, recruitment, and admission of individuals that have interest and potential to work with un-served and underserved populations.
MHSA Finance Teams	1. The MHSA Finance Team will work with the MHSA Team to provide an estimate of the number of clients to be served in each MHSA-funded program for each age group: children (0-15), transitional age youth (16-25), adults (26-59), and older adults (60 and older) in draft Three-Year Plan or Annual Plan Update. Additionally, these plans will include the cost per person for each CSS, PEI, and INN program. 2. The MHSA Finance Team will monitor MHSA program name changes to ensure the ARER is consistent with the budget in the approved Three-Year Plan and Annual Update.
Behavioral Health Board	1. The Behavioral Health Board will review the formal Project Plan established by MHSA Innovation Manager and SLC Innovation Subcommittee. 2. The Behavioral Health Board will host a public hearing for the draft Three-Year Plan or Annual Plan Update at the close of the 30-day period.
BHSD Director	1. The BHSD Director will provide all necessary local certifications that the County has complied with any fiscal accountability requirements as directed by DHCS and that all

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	expenditures are consistent with the requirements of the MHSA.
County's Auditor-Controller	1. The County's Auditor-Controller will provide all necessary local certifications that the County has complied with any fiscal accountability requirements as directed by DHCS and that all expenditures are consistent with the requirements of the MHSA.
Board of Supervisors	1. The Board of Supervisors will approve the Three-Year Plan and/or Annual Plan Update. Once approved, the BHSD MHSA Team will submit the approved plan to DHCS and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption.
X. ATTACHMENTS	A. Attachment A. MHSA Three-Year Program and Expenditure Planning Process Timeline B. Attachment B. MHSA as amended January 2020 from MHSOAC C. Appendix A. MHSA rules and Info Notices for CSS D. Appendix B. MHSA rules Info Notices for PEI E. Appendix C. MHSA rules Info Notices for WET F. Appendix D. MHSA rules and Info Notices for INN G. Appendix E. MHSA rules and Info Notices for CFTN

XI. REVISION HISTORY

Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes