Mental Health Services Act

Fiscal Year 2019

Annual Plan Update

COUNTY OF SANTA CLARA
Behavioral Health Services

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Santa Clara

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

Local Behavioral Health Director	Program Leads
Toni Tullys, MPA Telephone Number: 408-885-7581 E-mail: Toni.Tullys@hhs.sccgov.org	Evelyn Tirumalai, MPH Telephone Number: 408-885-3982 E-mail: Evelyn.Tirumalai@hhs.sccgov.org
Local Mailing Address: Santa Clara County Behavioral Health Services Department Mental Health Administration 828 South Bascom Avenue, Suite 200 San Jose, CA 95128	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsuplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three- Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on May 21, 2019.

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

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

Toni Tullys

Local Behavioral Health Director (PRINT)

Toni Tullys 5.23.19

Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Santa Clara

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Behavioral Health Director	County Auditor-Controller / City Financial Officer
Toni Tullys, MPA Telephone Number: 408-885-7581 E-mail: Toni.Tullys@hhs.sccgov.org	Alan Minato Telephone Number: 408-299-5236 E-mail: alan.minato@fin.sccgov.org
Local Mailing Address: Santa Clara County Behavioral Health Services Department Administration 828 South Bascom Avenue, Suite 200, San Jose, CA 95128	

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

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

Toni Tullys — Local Mental Health Director (PRINT)

Toni Tullys — Signature — Date: 5-23-19

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

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

Alan Minato — County Auditor Controller / City Financial Officer (PRINT)

Alan Minato — Signature — Date: 5/31/19

[1]Welfare and Institutions Code Sections 5847(b) (9) and 5899(a)

Fiscal Year 2019 Mental Health Services Act Annual Plan Update

Overview and Executive Summary

In November 2004, California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA). The Act implemented a 1% state tax on income over $1 million and emphasizes transforming the mental health system to improve the quality of life for individuals living with mental illness and their families. With 13 years of funding, mental health programs have been tailored to meet the needs of diverse consumers and families in each county in California. As a result, local communities and their residents are experiencing the benefits of expanded and improved behavioral health services.

In the County of Santa Clara, the Behavioral Health Services Department (BHSD) has used a comprehensive stakeholder process to develop local MHSA programs that range from direct consumer care to innovative ideas aiming to change the behavioral health system. Central to the development and implementation of all programs is the focus on community collaboration, cultural competence, consumer- and family-driven services, service integration for consumers and families, prioritization of serving the unserved and underserved, and a focus on wellness, recovery and resilience.

The current array of services, with a total annual budget of $121,405,531 for FY2019, was developed from recommendations generated by 1) stakeholders (consumers and families), during the gaps analysis conducted as part of the FY18-FY20 MHSA Plan and during the FY19 Plan Update community program planning process; 2) direct care service providers input, in the frontline of services; and 3) BHSD Leadership centered on consumer wellness and recovery. These components helped inform the community program planning process, a task validated through a robust Stakeholder Leadership Committee (SLC), comprised of consumers, family members of consumers and subject matter experts in the areas of behavioral health, social services, faith, education, law enforcement and cultural competence. This new SLC 25-member committee convened during the FY18-20 MHSA Program and Expenditure Plan development and continued to meet during the development of this Plan Update.

The County of Santa Clara's FY 2019 MHSA Annual Plan Update ("Plan Update" or "Update") to the Three-Year Program and Expenditure Plan for Fiscal Years 2018 through 2020 was posted for the required 30-day public comment period from March 8, 2019 – April 6, 2019. It was followed by a Public Hearing hosted by the Behavioral Health Board on April 8, 2019 and unanimously accepted to be submitted for approval and adoption by the Board of Supervisors. On May 21, 2019, County of Santa Clara Board of Supervisors unanimously approved this Plan Update.

MHSA Components and Funding Categories

MHSA funding is broken down into five components that are defined by the Act: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

This Plan Update seeks to increase direct services funding for the CSS, PEI and CFTN components. There are no changes to the existing WET workplans and the MHSOAC-approved projects in the INN component as of MHSOAC approval last August 23, 2018. A brief description and the funding level for each of these areas is provided below.

- **Community Services and Supports Component**

CSS is the largest of all five MHSA components, 76% percent is allocated for program maintenance, expansion and transfers to other components, such as the WET and CFTN components. CSS supports comprehensive mental health treatment for people of all ages living with serious emotional disturbance (SED) or serious mental illness (SMI). CSS develops and implements promising or proven practices designed to increase underserved groups' access to services, enhance quality of services, improve outcomes and promote interagency collaboration. The component level was increased by 0.29% for a total annual budget of $75,836,356 in FY2019.

- **Prevention and Early Intervention Component**

MHSA dedicates 19% of its allocation to PEI, which is intended to prevent mental illness from becoming severe and disabling and to improve timely access for people who are underserved by the mental health system. The component level was increased by 1.31% for a total annual budget of $20,484,365 in FY2019.

- **Innovation Component**

MHSA designates 5% of a County's allocation to the INN component, which specifically and exclusively dedicates funds to trying new approaches that contribute to learning rather than expanding service delivery. Projects are time-limited to a maximum of five years and evaluated for effectiveness and consideration for continued funding through an alternative source. The component maintained an overall annual budget of $8,594,188 in FY2019.

- **Workforce Education and Training Component**

WET is intended to increase the mental health services workforce and to improve staff cultural and linguistic competency. WET funding level for FY2019 is maintained at $3,779,056.

- **Capital Facilities and Technological Needs Component**

The CFTN component funds a wide range of projects necessary to support the service delivery system and is currently funded through CSS in the County of Santa Clara[1]. In FY2019, a total of $11 million would be transferred to CFTN to fund capital facility needs: a) Facility improvements of the MHSOAC-approved *allcove (*formerly known as *headspace)* centers at $3 million and for b) Potential purchase of facilities to house the approved Adult Residential Treatment (ARTs) Program for treatment of adults with serious mental illness at $8 million. The total transfers

[1] Pursuant to the **Welfare and Institutions Code Section 5892(b)**, Counties may use a portion of their CSS funds for WET, CFTN and the Local Prudent Reserve. It is further specified that the total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years. Once allocated to either the WET or CFTN Plan, in order to expend those funds, the County must also conduct a public process to specifically outline the intended use of those monies and receive final approval from their Board.

from CSS to CFTN in FY2019 is $11 million for a total budget of $12,711,566. All counties must spend funds transferred from the CSS component to the CFTN (or WET) components within ten fiscal years of the fiscal year of distribution. [2]

The County of Santa Clara lists its services not by component, but by system of care. Within each system of care, several significant changes to CSS, PEI and CFTN programs were incorporated into the FY 2019 Plan Update. These are those changes:

Programs for Children, Youth and Families (CYF) Proposed Changes

CSS - Administration

- Add 1 FTE Admin Assistant to support the work of the CYF System of Care Director

PEI – School Linked Services

- Add funds to provide early childhood coordination services at the Family Resource Center at Alum Rock Union School District and Franklin McKinley School District
- Adjust the FY2019 budget to fund a SLS Evaluation consultant
- Adjust the FY2019 budget to support trauma-informed prevention and early intervention efforts addressing the specific needs of system-involved middle school students

Programs for Adults and Older Adults (AOA) Proposed Changes

CSS – Administration

- Add 1 Full Time Equivalent (FTE) Mental Health Program Specialist (MHPS) to support the Older Adult program expansion anticipated for FY2020. This would allow for existing AOA 0.5FTE MHPS position to continue to support the existing programs in the AOA System of Care
- Add another 0.5 FTE to the existing 0.5 FTE Admistrative Assistant position to support the AOA Division Director

CSS – General System Development

- Permanent Supportive Housing (PSH): Add 1 FTE Administrative Assistant to support the PSH Division Director
- Criminal Justice System Residential and Outpatient Services: Increase the emergency housing/ residential budget in FY2020
- Community Placement Team/Institution of Mental Disease (IMD) Alternatives: Adjust FY2019 budget with current demand (additional 2 clients) and increase capacity by 5 additional beds in FY2020 for a program total of 22 beds, including unsponsored clients

CSS – Learning Partnership

- Add 1 FTE Social Media/Internet Communications Specialist position to oversee the BHSD website and post requests by Divisions and Systems of Care

PEI – Office of Consumer Affairs

- Add 1 FTE Office Specialist position to support the clerical needs of the peer support workers and manager so peers can spend more time with consumers to support their wellness

[2] Welfare and Institutions Code § 5892, (h)(1). Funds for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the fund.

- Add 2 FTE Mental Health Peer Support Worker positions to expand the peer-support services offered at Esperanza Self Help Center and to sustain a safe and healthy environment that supports wellness and recovery

PEI – Office of Family Affairs

- Add 1 FTE Program Manager II position to oversee the 10 FTEs currently in this program by providing support and guidance onsite
- Add 1 FTE Office Specialist position to support the clerical needs of the peer support workers and manager so peers can spend more time with consumers to support their wellness
- Add 6 FTE Mental Health Peer Support Workers to provide peer support in South County (Morgan Hill, San Martin and Gilroy) and North County area (Sunnyvale, Palo Alto, Mountain View, Alviso, Milpitas, Santa Clara and north San Jose). The peers would establish working relationships with NAMI and other Behavioral Health programs in their respective areas to identify needs and provide support to family members and individuals with behavioral health challenges.

PEI – Peer and Family Support Initiatives

- Add the Independent Living Facilities Project: A new contracted service to provide technical assistance, consultation and start-up operational services for Independent Living Facilities. Add $500,000 in FY2020.

Community-Wide Programs Proposed Changes

PEI – Stigma and Discrimination Reduction: New Refugees Program

- Revise the language in the New Refugees Program to include “asylum seekers” in the provision of services.

PEI – Outreach for Increasing Recognition of Early Signs of Mental Illness: Community Wide Outreach and Training

- Add language to include Social Thinking training workshops to direct care service providers as an initial offering.

PEI – Suicide Prevention

- Add 1 FTE Prevention Program Analyst to coordinate the outreach and program implementation efforts among older adults (60+) in the County of Santa Clara and to establish communications strategies for hard-to-reach communities.
- Add $10,000 for annual Suicide Prevention Summit.

Innovation, Workforce Education & Training, and Capital Facilities and Technological Needs (systemwide) Proposed Changes

CFTN

- Transfer funds from CSS to CFTN for:
    a. Capital improvements at two *allcove (*formerly known as *headspace)* sites. Add $3 million. Facility renovation of the MHSOAC-approved *allcove* centers for building improvements and redesign guided by a Youth Advisory Group in consultation with *allcove* experts and the county’s Fleets and Facilities team.

b. Potential purchase of residential care facilities for adults with serious mental illness. Add $8 million. If the county is successful in purchasing these properties, the intent would be to house the Board of Supervisor-approved, new MHSA Adult Residential Treatment (ARTs) programs for adults with serious mental illness, who are stepping down from intensive services. Without the option of an ART placement, individuals would remain in Mental Health Rehabilitation Centers (MHRCs) for extended periods of time, which could lead to increased rates of relapse once back in the community.

During the years since Proposition 63 was passed, the Act has continued to evolve and help better the lives of those living with behavioral health challenges, their families and the entire County of Santa Clara community. The BHSD looks forward to continuing its partnership with the committed stakeholders of the County of Santa Clara as we fulfill our mission statement: *to assist everyone with mental illness and serious emotional disturbances achieve their hopes, dreams and quality of life goals…with services delivered in the least restrictive, non-stigmatizing, most accessible environments within a coordinated system of community and self-care, respectful of a person's family and loved ones, language, culture, ethnicity, gender and sexual orientation.*

FY 2018/19 Mental Health Services Act Annual Update
Funding Summary

County: Santa Clara Date: 3/1/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	88,959,382	17,338,273	20,355,009	0	2,031,905	
2. Estimated New FY2018/19 Funding	62,192,804	15,550,504	4,090,298			
3. Transfer in FY2018/19[a/]	(14,458,717)			3,779,056	10,679,661	
4. Access Local Prudent Reserve in FY2018/19						0
5. Estimated Available Funding for FY2018/19	136,693,469	32,888,777	24,445,307	3,779,056	12,711,566	
B. Estimated FY2018/19 Expenditures	75,836,356	20,484,365	8,594,188	3,779,056	12,711,566	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	20,749,476
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30	20,749,476

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

FY 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Component Worksheet

County: Santa Clara Date: 3/1/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. C01 Child Full Service Partnership	4,736,788	1,117,406	1,907,580		1,711,802	
2. T01 Transitional Age Youth FSP	4,663,926	1,145,431	2,005,586		1,512,909	
3. A01 Adult Full Service Partnership	7,529,057	4,517,434	3,011,623			
4. A03 Criminal Justice FSP	5,435,405	3,234,234	2,201,171			
5. OA01 Older Adult Full Service Partnership	994,925	640,820	354,105			
6. A02 Adult Assertive Community Treatment	Estimated to Start in FY 2020					
7. A02 Community Placement Team Services and IMD Alternative Program	1,658,437	1,658,437				
8. A02 Crisis Stabilization Unit and Crisis Residential Treatment	7,316,953	3,514,970	3,801,983			
9. A03 Criminal Justice Residential and Outpatient Treatment Programs	1,888,415	1,888,415				
10. A04 Mental Health Urgent Care	1,192,570	477,028	715,542			
11. C02 Children's (Uplift) Mobile Crisis	471,890	471,890				
12. C02 CSEC Program	390,200	390,200				
13. C02 Specialty Services - Integrated MH/SUD	545,710	297,660	248,050			
14. C03 Foster Care Development	427,853	427,853				
15. C03 Independent Living Program (ILP)	51,574	8,216	43,358			
16. C03 Services for Juvenile Justice Involved Youth	692,836	511,354	72,593		108,890	
17. HO01 Permanent Supportive Housing	3,002,341	2,060,654	917,687			24,000
18. Specialty Services- Eating Disorders --- Child/Adult/Other combined	750,000	750,000				
19. T02-04 TAY Crisis and Drop In Center	269,911	269,911				
Non-FSP Programs						
1. C03 Children & Family Behavioral Health Outpatient/IOP Services	34,714,286	5,802,614	17,397,143		11,514,529	
2. Specialty Services- Eating Disorders --- Child/Adult/Other combined	1,750,000	1,750,000				
3. C02 Specialty Services - Integrated MH/SUD	446,490	198,440	248,050			
4. C03 Foster Care Development	998,325	998,325				
5. A02 Community Placement Team Services and IMD Alternative Program	3,869,687	3,869,687				
6. C02 Children's (Uplift) Mobile Crisis	314,594	314,594				
7. C02 School Linked Services (SLS) Initiative	13,533,179	7,143,353	3,362,853		3,026,973	
8. T02-04 TAY Outpatient Services	1,880,707	667,481	951,187		262,039	
9. Intensive Outpatient Program (IOP)	539,822	539,822				
10. C03 Independent Living Program (ILP)	62,528	19,170	43,358			
11. C02 CSEC Program	260,133	260,133				
12. C03 Services for Juvenile Justice Involved Youth	1,471,432	1,193,160	169,383		108,890	
13. T02-04 TAY Triage to Support Reentry	Estimated to Start in FY 2020					
14. T02-04 TAY Crisis and Drop In Center	269,911	269,911				
15. T02-04 TAY Interdisciplinary Service Teams	Estimated to Start in FY 2020					
16. A02/A04 County Clinics	9,553,326	4,190,982	4,983,392			378,952
17. A02 Hope Services: Integrated Mental Health and Autism Services	1,305,472	806,773	498,699			
18. A02 CalWORKs Community Health Alliance	2,647,627	1,204,000	761,787			681,840
19. A03 Criminal Justice Residential and Outpatient Treatment Programs	2,832,623	2,832,623				
20. A03 Criminal Justice Outpatient Services	1,658,041	892,423	765,618			
21. A03 Faith Based Resource Centers	1,848,688	450,000				1,398,688
22. A04 Mental Health Urgent Care	2,782,664	1,113,066	1,669,598			
23. A02 Crisis Stabilization Unit and Crisis Residential Treatment	17,072,889	8,201,596	8,871,293			
24. A02 Adult Residential Treatment	Estimated to Start in FY 2020					
25. OA02-04 In-Home Outreach Teams	413,333	413,333				
26. OA02-04 Outpatient Services for Older Adults	2,147,032	1,095,390	1,051,642			
27. OA02-04 Connections Program	151,000	151,000				
28. OA02-04 Older Adult Collaboration with Senior Nutrition Centers	152,000	152,000				
29. Technical Assistance Support for Community Based Providers	1,200,000	1,200,000				
30. LP01 Learning Partnership	2,158,115	2,158,115				
CSS Administration	4,566,452	4,566,452				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	152,619,147	75,836,356	56,053,280	0	18,246,031	2,483,480
FSP Programs as Percent of Total	55.4%					

FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Component Worksheet

County: Santa Clara Date: 3/1/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. P2 Violence Prevention Program	193,223	193,223				
2. P2 Intimate Partner Violence Prevention	350,000	350,000				
3. P2 Support for Parents	760,000	760,000				
4. P1 Promotores	Estimated to Start in FY 2020					
PEI Programs - Early Intervention						
5. P3 Raising Early Awareness Creating Hope (REACH)	1,613,726	1,279,276	287,062		47,388	
6. P4 Integrated Behavioral Health	3,258,230	3,258,230				
7. P1 Elder Story Telling	450,000	450,000				
8. P2 School Linked Services (SLS) Initiative	4,940,490	3,899,964	547,645		492,881	
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
9. P1 Community Wide Outreach and Training	150,000	150,000				
10. P1 Law Enforcement Training	300,000	300,000				
PEI Programs - Stigma and Discrimination Reduction						
11. P4 New Refugees Program	691,043	691,043				
12. P1 Ethnic and Cultural Communities Advisory Committees (ECCACs)	2,154,210	2,154,210				
13. P1 Culture is Prevention	54,769	54,769				
14. P1 Independent Living Facilities Project	Estimated to Start in FY 2020					
PEI Programs - Access and Linkage to Treatment						
15. P2 Services for Children 0-5	588,527	588,527				
16. P1 Office of Consumer Affairs	679,030	679,030				
17. P1 Office of Family Affairs	331,106	331,106				
18. P1 Mental Health Advocacy Project	150,000	150,000				
19. P1 Re-Entry	359,999	359,999				
20. P1 LGBTQ	626,667	626,667				
PEI Programs - Suicide Prevention						
21. P5 Suicide Prevention Strategic Plan	1,590,828	1,590,828				
PEI Programs - Improve Timely Access to Services for Underserved Populations						
22. P1 Culture-Specific Wellness Centers	Estimated to Start in FY 2020					
PEI Administration	2,367,493	2,367,493				
PEI Assigned Funds- CalMHSA	250,000	250,000				
Total PEI Program Estimated Expenditures	21,859,341	20,484,365	834,707	0	540,269	0

FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Component Worksheet

County: Santa Clara Date: 3/1/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Faith Based Training and Supports Project	300,413	300,413				
2. Client and Consumer Employment	818,433	818,433				
3. Psychiatric Emergency Response Team (PERT) and Peer Linkage	2,116,468	2,116,468				
4. Headspace Implementation Project	1,802,691	1,802,691				
5. Tech Suite	1,651,108	1,651,108				
6. Multi-Cultural Center	424,567	424,567				
8. Older Adult In-Home Outreach Team	Estimated to Start in FY 2020					
INN Administration	1,480,508	1,480,508				
Total INN Program Estimated Expenditures	8,594,188	8,594,188	0	0	0	0

FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Component Worksheet

County: Santa Clara Date: 3/1/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. W1 WET Coordination	319,914	319,914				
2. W2 Promising Practice Based Training	806,474	806,474				
3. W3: Improved Svcs/Outreach to Unserved/Underserved Populations	474,040	474,040				
4. W4: Welcoming Consumers and Family Members	646,041	646,041				
5. W5: WET Collaboration with Key System Partners	25,000	25,000				
6. W6: Mental Health Career Pathway	190,161	190,161				
7. W7: Stipends and Incentive to Support MH Career Pathways	954,000	954,000				
WET Administration	363,426	363,426				
Total WET Program Estimated Expenditures	3,779,056	3,779,056	0	0	0	0

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

County: Santa Clara Date: 3/1/19

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Headspace Sites	3,470,000	3,470,000				
2. Adult Residential Treatment	8,000,000	8,000,000				
3.						
4.						
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. CFTN Support Staff	1,241,566	1,241,566				
12.						
13.						
14.						
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	12,711,566	12,711,566	0	0	0	0

Community Program Planning Process

Community Planning Activities

The County of Santa Clara's FY 2019 MHSA Annual Plan Update ("Plan Update" or "Update") to the Three-Year Program and Expenditure Plan for Fiscal Years 2018 through 2020 has been carried out as required by the California Code of Regulations (CRR) Section 3300. The planning team was led by Toni Tullys, Director of the Behavioral Health Services Department; Deane Wiley, Deputy Director; and Evelyn Tirumalai, MHSA Senior Manager. The planning team carried out a set of community meetings and information-gathering activities, engaging stakeholders in all stages of the planning and update process in order to ensure that the Plan Update reflects their experiences and suggestions. Planning activities and their corresponding dates are presented in the table below. Materials, handouts and stakeholder comment forms from each meeting are included in the Appendix.

Table 1. Community Program Planning Activities and Dates

<table>
<tr><th>Program Outcomes Reports/Updates</th><th>Community Program Planning (CPP)

MHSA SLC/Public Planning Meetings</th><th>Plan Review</th></tr>
<tr><td rowspan="2">Annual Kick Off Event with SLC

October 16, 2018</td><td rowspan="2">North County - November 6, 2018

South County - November 8, 2018

Central San Jose - November 15, 2018</td><td>MHSA SLC Review Meeting

February 12, 2019</td></tr>
<tr><td>30-Day Draft Plan Update Public Review

March 8 – April 6, 2019</td></tr>
<tr><td rowspan="2"></td><td>MHSA SLC Planning Meeting

December 10, 2018</td><td>BHB Public Hearing of the Draft Plan Update as required by MHSA Regulations

April 8, 2019</td></tr>
<tr><td>Behavioral Health Board Presentation of Preliminary Plan - January 14, 2019</td><td>Request Board of Supervisor (BOS) approval of FY19 MHSA Plan Update (Draft Plan)

May 21, 2019</td></tr>
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Public Review Process and Hearing

The 30-day public comment period opened March 8, 2019 and closed on April 6, 2019. The County announced and disseminated the draft Plan Update to the MHSA Stakeholder Leadership Committee, Board of Supervisors, Behavioral Health Board, County staff, service providers, consumers, family members, and those whose email addresses are associated with the stakeholder email list compiled throughout this planning process. A public notice was also posted on the County's MHSA website **www.sccbhsd.org/mhsa**. The draft Plan was posted to the County's website and can be downloaded electronically along with public comment forms with instructions on how to submit stakeholder input. Paper copies were also made available at BHSD offices in San Jose, as well as other locations throughout Santa Clara County such as public libraries and community centers. Any interested party could request a copy of the Draft Plan by submitting a written or verbal request to the MHSA Coordinator at evelyn.tirumalai@hhs.sccgov.org or by calling (408) 885-5783.

The Behavioral Health Board (BHB) hosted a Public Hearing of the FY19 MHSA Draft Plan on April 8, 2019, during which stakeholders were engaged to provide feedback about the Draft Plan. With quorum reached at the BHB's general meeting, the vote was taken and the Draft Plan was unanimously accepted and recommended to move forward to Board of Supervisor (BOS) adoption. On May 21, 2019, the Santa Clara County Board of Supervisors unanimously approved and adopted the Plan Update and will be sent to the Mental Health Services Oversight and Accountability Commission as required by MHSA regulations.

Overview of Programs and Services for Children and Youth: Fiscal Year 2019

Initiative	Program	Description	Proposed Changes
CSS: Full Service Partnership			
Full Service Partnership for Children, Youth, and Families	Maintenance Children & TAY Full Service Partnership	Continuation of the FSP model from previously approved plans. This tier of services will ensure that individuals that currently receive FSP services will continue to receive care without any reduction in service. The FSP Maintenance service is a step down from Intensive FSP for those who may still needs services, including housing support, to remain successful in the community. Maintain current number of FSP slots: Child, TAY, Adult, Older Adult, and Criminal Justice.	No Changes
CSS: General System Development			
Outpatient Services for Children and Youth	Children and Family Outpatient/ Intensive Outpatient Services	Counseling, case management, and medication management services for children who meet medical necessity Long-term counseling, case management, and medication management services provided at a greater frequency and intensity for intensive outpatient treatment	No Changes
	TAY Outpatient Services/ Intensive Outpatient Services	Outpatient programs for TAY ages 16-24 aim to prevent chronic mental illness while improving quality of life for youth; long-term clinical care and case management to youth ages 8-12 to improve quality of life for youth while preventing the later need for high intensity care	No changes
	Specialty Services: Integrated MH/SUD	Outpatient integrated behavioral health services to children and youth with co-occurring mental health and substance abuse needs	No changes
	Specialty Services: Eating Disorders for Children and Adults	Specialty clinical services such as counseling and case management for children, youth and adults with eating disorders	No Changes

Foster Care Development	Foster Care Development	Short-term clinical mental health services for children and youth placed at the Receiving, Assessment, and Intake Center (RAIC)	No Changes
	Independent Living Program (ILP)	Clinical, counseling and case management services to youth who are involved in child welfare services and are transitioning to independent living	No Changes
	CSEC Program	Services and mental health support to children and young people ages 10-21 who have experienced commercial sexual exploitation to help them recover from emotional, physical, and sexual trauma	No Changes
Juvenile Justice Development	Services for Juvenile Justice Involved Youth	Education, training, and intensive case management services for justice-involved children/youth including aftercare services to assist them and their families in developing life skills that will improve their ability to live and thrive in community	No Changes
	TAY Triage to Support Re-Entry	An array of peer counseling, case management, and linkage services provided by dedicated TAY triage staff at EPS and Jail to support re-entry	New: In development Please refer to Three Year Plan
Crisis and Drop-In Services for Children and Youth	Uplift Mobile Crisis	Onsite rapid-response crisis assessment and intervention for children who are depressed, suicidal, or having acute psychological crisis	No Changes
	TAY Crisis and Drop-In Center	Safe, welcoming, and inclusive spaces for youth to receive access to behavioral health resources and overnight respite	No Changes
School Linked Services	School Linked Services	Screening, identification, referral, and counseling services for school age children/youth in school-based settings	No changes
TAY Interdisciplinary Services Teams	TAY Interdisciplinary Services Teams	Clinical and non-clinical services provided by interdisciplinary service teams located at community college sites, South and North County Youth wellness spaces, and other youth friendly spaces	New: In Development Please refer to Three Year Plan

PEI: Prevention and Early Intervention			
Prevention Services for Children, Youth, and Families	Support for Parents	An array of support initiatives that are 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 classes	No changes
Access and Linkage for Children 0-5 and their Families	Services for 0-5	Array of services to promote early identification of early signs of mental health and developmental delays; provide access and linkage to treatment for children 0-5 and their families	No changes
Early Intervention	Raising Early Awareness Creating Hope (REACH)	An array of early detection, prevention and intervention services to youth experiencing signs and symptoms related to the early onset of psychosis and schizophrenia	No changes
Prevention	School -Linked Services	The SLS program provides support to 11 partnering school districts and schools identified through the community program planning process. The program provides a SLS Coordinator at partnering campuses to coordinate services provided by schools, public agencies, and community-based organizations throughout the County, thereby improving results, enhancing accessibility, and supporting children's successes in school and life.	Add funds to provide early childhood coordination services at the Family Resource Center at Alum Rock Union School District and Franklin McKinley School District. Adjust the FY2019 budget to fund a SLS Evaluation consultant. Adjust the FY2019 budget to support trauma-informed prevention and early intervention efforts addressing the specific needs of system-involved middle school students.

Community Services and Supports: Full Service Partnership

Full Service Partnership

Children Full Service Partnership			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒Children ages 0-15	FSP	190
Goals			
Outcome 1:	Improve success in school and at home, and reduce the institutionalization and out of home placements		
Outcome 2:	Increase service connectedness for FSP enrolled children		
Outcome 3:	Reduce involvement in child welfare and juvenile justice		
Outcome 4:	Increase school engagement, attendance, and achievement		

Description:

Children Full Service Partnership refers to the collaborative relationship between the County and the parent of a child with serious emotional disturbance through which the County plans for and provides the full spectrum of wraparound services so that the child can achieve their identified goals. Santa Clara County's FSP provides intensive, comprehensive services for seriously emotionally disturbed (SED) children within a wraparound model. FSP serves children ages six years old to 15 years old with SED, particularly African American, Native American, and Latino children and youth. Children and youth served may be at risk of or transitioning from out-of-home placement; engaged with child welfare and/or the juvenile justice system; or at risk of homelessness, incarceration or hospitalization. FSP is a team-based planning process intended to provide individualized and coordinated family-driven care. FSP should increase the "natural support" available to a family—as they define it— by strengthening interpersonal relationships and utilizing other resources that are available in the family's network of social and community relationships. FSP aims to engage underserved children and their families who have not yet benefited from traditional outpatient mental health services due to complex risk factors including substance abuse, community violence, interpersonal family violence, general neglect, and exposure to trauma.

FSP requires that family members, providers, and key members of the child's social support network collaborate to build a creative plan that responds to the particular needs of the child and their support system. FSP services should build on the strengths of each child and their support system and be tailored to address their unique and changing needs.

Summary of Achievements:

- 66% of consumers had successful discharges from the program
- FY2018 CANS assessment reported no improvement in life functioning domain for clients served in the program. But improvement was seen in Risk Behavioral and Emotional needs.

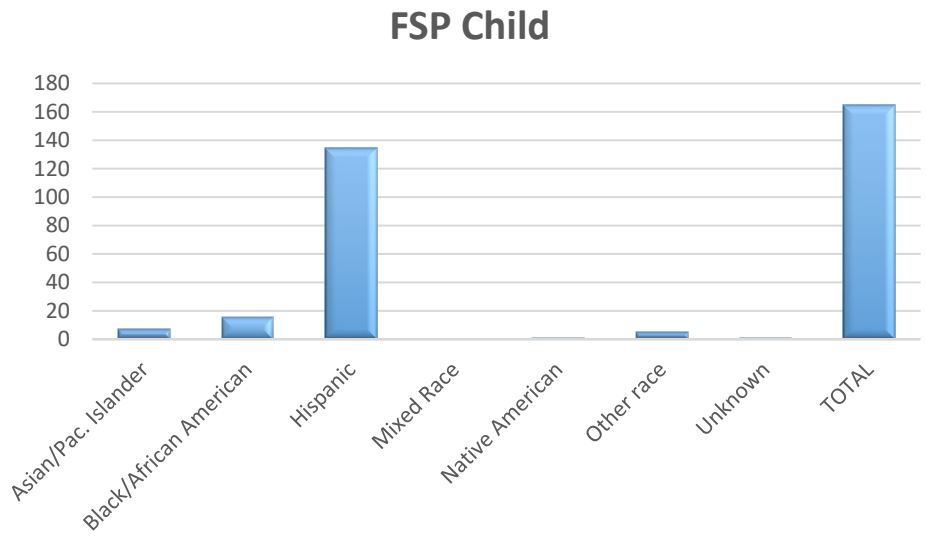
Program Improvements:

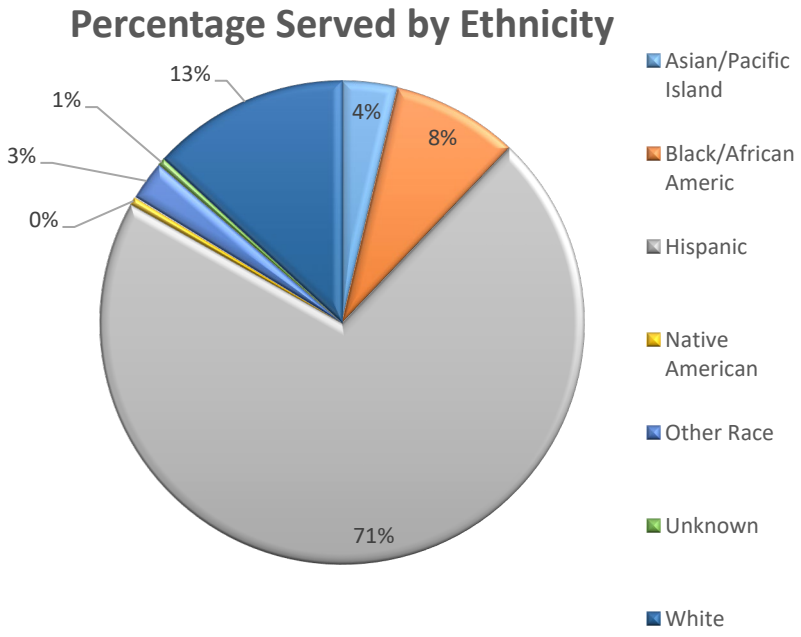
- Provider's staff attrition is a factor in treatment success. Transition in treatment teams interrupts service delivery which may have impacted their progress. As well as training on accurate completion of discharge coding
- Due to the nature of the clients referred to this intensive program, the area they may first improve upon is a decrease in risk behavior and improvement in emotional needs. Will review success measures with providers to have better understanding of the population.

Proposed Program Changes to Improve Consumer Impact:

- Emphasize warm handoff process for consumers who transition to minimize interruptions of service delivery and begin engagement/rapport building early on. Continued training and technical assistance on accurately completing discharge coding forms.
- Increase awareness of resources for referral and linkage to ongoing supports that can influence life functioning. Due to the nature of the clients referred addressing of risk behaviors and emotional needs are often higher priorities for the consumer and with improvement, life functioning can be better addressed and continually supported.

Children FSP Demographics:





Community Services and Supports: General System Development (GSD)

Outpatient Services for Children and Youth

Children and Family Outpatient (OP)/Intensive Outpatient Services (IOP)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0-15 ☒ TAY Ages 16-24	GSD	4003 (OP) 911 (IOP)
Goals and Objectives			
Outcome 1:	Reduce the need for a higher level of care for consumers		
Outcome 2:	Reduce symptoms and impacts of mental illness for consumers who qualify for specialty mental health services		

Description

Outpatient (OP) mental health programs serve children and youth to help address mental health symptoms and associated functional impairments. Santa Clara County contracts with various community-based organizations that provide an array of outpatient support services for children and youth. OP programs serve children and youth ages 0-16, particularly those from unserved and underserved ethnic and cultural populations. Children and youth who meet medical necessity can access outpatient services.

The Intensive Outpatient Program (IOP) provides intensive, comprehensive, age-appropriate services for SED children, combining critical core services within a wraparound model. The purpose of IOP is to engage children and youth in mental health services, maintain a healthy level of day-to-day functioning, and work toward optimal growth and development at home and in the community.

IOP serves children and youth ages 6-21 who meet medical necessity for specialty mental health services. Qualifying children and youth receive individualized services to incorporate their strengths and cultural contexts. Services include intensive in-home support services, long-term counseling, individual, and or

group therapy, case management, crisis intervention, and medication support services. Services are provided at a greater frequency and intensity than routine outpatient treatment.

OP/ IOP service delivery has a strong focus on providing services for unserved and underserved children and youth, particularly those who are justice involved, uninsured, and from cultural/ethnic backgrounds. All OP/IOP services are available to children and youth with Medi-Cal who meet medical necessity, as well as children and families who are undocumented, unsponsored, or otherwise unfunded and youth experiencing homelessness or youth at-risk of homelessness.

Summary of Achievements:

- 62% of successful discharges from the program.
- 42% of children and family participants showed better engagement in school and home activities.

Intensive Outpatient

- 62% successful discharges
- 27% improvement

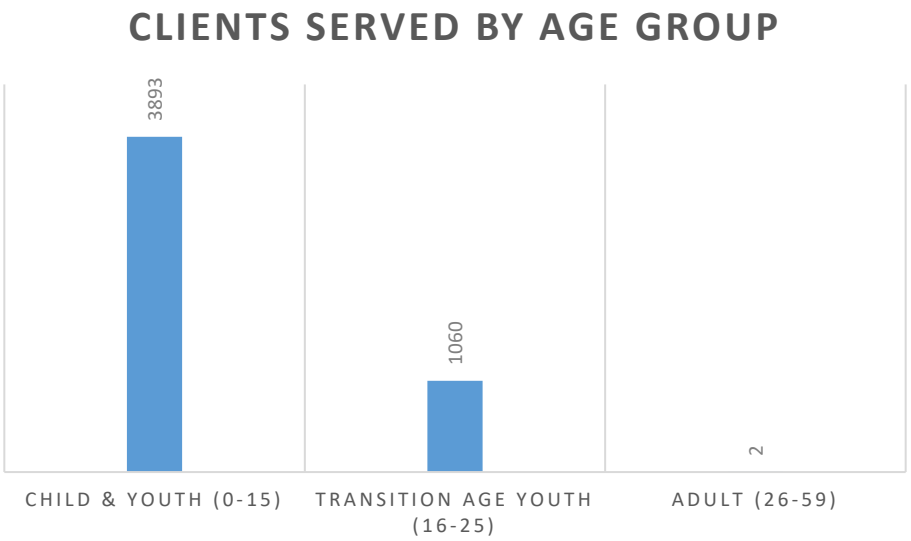
Program Improvements:

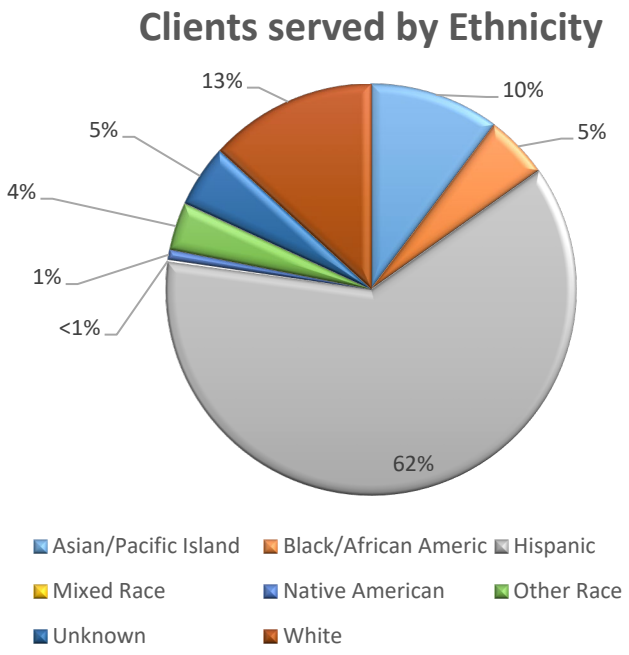
- Staffing related issues pose a barrier to services and successful outcomes, as it limits both the capacity available in the system of care as well as it interferes with client engagement. Clients experience more transitions both between programs and clinicians due to limited staffing.

Proposed Program Changes to Improve Consumer Impact:

- Improve staff recruitment and retention strategies; ensure warm hand-offs during transitions; monitor quality of care through clinical supervision.
- With appropriate levels of staffing the service delivery and client outcomes would improve significantly.

OP/IOP Demographics:





Community Services and Supports: General System Development (GSD)

Outpatient Services for Children and Youth

Specialty Services: Integrated MH/SUD			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15 ☒ TAY Ages 16-24	GSD	172
Goals and Objectives			
Outcome 1:	Treat and ameliorate the behavioral health symptoms and dysfunction of children and adolescents, and their families, in the least restrictive manner.		
Outcome 2:	Improve the quality of life for children and families dealing with co-occurring disorders.		

Description:

BHSD has contracted with four providers to provide outpatient integrated behavioral health services to children and youth with co-occurring disorders. Services consist of culturally relevant outpatient mental health and substance use treatment services to help children and their families who are experiencing difficulty functioning personally and, in their relationships, and environments.

Integrated behavioral health service programs work with children ages 6 to 24 and their families to support and address co-occurring mental health and substance abuse needs. BHSD has recognized the need to provide such services both for adolescents as well as for younger children who are beginning to struggle with co-occurring disorders. Children and youth who qualify—based on individual need and Medi-Cal eligibility— receive comprehensive biopsychosocial assessments to determine medical necessity and the appropriate level of care for issues related to trauma, substance abuse, mental health, and family challenges. Integrated mental health/substance abuse providers work together in care

planning efforts with other child-serving agencies to ensure a comprehensive continuum of care.

Summary of Achievements:

- 42% of client discharges from MH services connected successfully with outpatient services.

Program Improvements:

- Integrated providers receive referrals that best meet criteria for regular outpatient services due to capacity issues created by staffing shortages in the system
- Dosage level may be too low for a co-occurring program
- Legalization of marijuana changes perception of use and engagement in services Parents with own chemical dependency issues create challenges in the treatment of youth

Proposed Program Changes to Improve Consumer Impact:

- Improve staff recruitment and retention strategies. Ensure criteria to receive services in this program are met.
- Conduct an analysis on whether increasing dosage in program would result in improved outcomes.
- Work on linking families to the adult system of care when indicated
- The recommended program changes may result in an increase of successful discharges with better outcomes for clients suffering from co-occurring disorders.

Community Services and Supports: General System Development (GSD)

Outpatient Services for Children and Youth

Specialty and Outpatient Services: Eating Disorders for Children, Youth and Adults			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
New	☒ Children Ages 0 – 15 ☒ TAY Ages 16-24 ☒ Adults Ages 25-59	GSD	27
Goals and Objectives			
Outcome 1:	Support recovery with an age appropriate approach.		
Outcome 2:	Increase self-help and consumer/family involvement.		
Outcome 3:	Increase access to specialty eating disorder services in the community.		

Description:

Santa Clara County offers a continuum of care for young people and their families that provides the help and support they need in recovering from eating disorders. Service providers offer comprehensive youth-oriented programs where participants can feel safe, nurtured, and hopeful.

Clients/Consumers with the most intensive needs enter the continuum through the Family & Children's Division (children/youth) and 24-Hour Care Unit (adults) where a team evaluation determines the appropriate level of residential care. For the other nonresidential services, clients/consumers are referred through the County's Inpatient Coordinators.

Services include:

- **Unlocked Residential:** This level of care provides structured supervision and monitoring of patients' meals in a residential setting to avoid further weight loss and decompensation. This residential treatment program assists with stabilizing medical and psychological symptoms of eating disorder prior to

beginning outpatient treatment. The 24-Hour-Care unit authorizes placement in this level of treatment.

- **Partial Hospitalization Program:** This is a structured and focused level of outpatient services where individuals diagnosed with eating disorders participate in personalized outpatient treatment five days a week. During this time, clients have two supervised meals and one afternoon snack. Patients also participate in two weekly individual/family therapy sessions, nutritional counseling, psychiatric evaluation, and medication management.
- **Intensive Outpatient:** This level of care is a step down from partial hospitalization, and provides half-day treatment three times a week to monitor and assist patients with the recovery process. Intensive outpatient care includes access to doctors, frequent monitoring of vitals and medication compliance, and access to labs as necessary. Patients are provided with weekly individual and family therapy sessions, psychiatric and medical consultations, daily to weekly weigh-ins, monitoring of calorie intake and therapeutic groups.
- **Fee-for-Service Outpatient Services:** Treatment includes clinical evaluations, assessment, crisis intervention, supportive counseling, individual and family therapy, and referrals and linkages to community-based mental health services for ongoing stabilization. Outpatient services are staffed with licensed social workers, marriage and family therapists, psychiatrists, and psychologists who specialize in working with patients diagnosed with mental health issues and eating disorders.

Program update

Program development was underway during this Plan Update. There is no current implementation data to report.

Community Services and Supports: General System Development (GSD)

Foster Care Development Initiative

Foster Care Development			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15 ☒ TAY Ages 16-24	GSD	773
Goals and Objectives			
Outcome 1:	Provide mental health services that limit further trauma to the child/youth and address the trauma that they have experienced.		
Outcome 2:	Support continuum of care and services by providing linkages to services in the community.		
Outcome 3:	Assess children/youth to address immediate mental health needs.		

Description:

The Foster Care Development program provides short-term clinical mental health services for children and youth placed at the Receiving, Assessment, and Intake Center (RAIC), a facility operated by Social Services Agency. Children that have been removed from their homes due to parent, legal guardian, or caregiver abuse or neglect stay for a short period at the RAIC to be assessed for thoughtful placements. The RAIC operates as a 24-hour facility, 365 days a year.

The RAIC serves as a transition point for children and youth experiencing a removal, placement disruption, or new pending placement, while also addressing their interim needs. Children can remain at the RAIC for up to 23 hours and 59 minutes, until an appropriate and safe placement is determined. During the time that children and youth are at the RAIC, they receive assessments of their emotional, psychological, medical, and behavioral needs. BHSD provides the assessments, emotional support, counseling, and linkages and referrals to the children's system of care. All services are exclusive to child welfare involved children and are provided at the RAIC.

Summary of Achievements:

- 72% of youth at the RAIC received Behavioral Health screening and support.
- 100% of youth were linked to behavioral health services in the community from discharge from the RAIC.

Program Improvements:

- Currently the Behavioral Health Team is not housed at the RAIC. This poses a barrier due to the short-term stay of youth and the many competing priorities for services youth must receive before discharge form the RAIC. It is possible that youth leave the RAIC without receiving a screening or service from BH. In addition, the lack of an integrated team at the site poses challenges related to coordination of care.
- There is a subgroup of youth for whom it is difficult to close the loop on the linkage to services. These are the youth placed out of county, or those awaiting a placement change.

Proposed Program Changes to Improve Consumer Impact:

- The recommendation is for the BH team to be housed at the RAIC in the future, and to have expanded hours. The integration of the RAIC and RAIC-BH teams is in progress. Strategies are being piloted to address the challenges in communication and coordination of care.
- Ongoing coordination of care with social workers in and out of the county is critical to ensure youth get connected to the correct level of care within a service continuum.
- Increased stabilization, life functioning and coping with family placement and family disruptions would be improved with these recommended changes.

Community Services and Supports: General System Development (GSD)

Crisis and Drop-In Services for Children and Youth

Children's (*Uplift*) Mobile Crisis			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15 ☒ TAY Ages 16-24	GSD	705
Goals and Objectives 2			
Outcome 1:	Improve the overall crisis response of community.		
Outcome 2:	Reduce the trauma and stigma of crisis experience for children and families.		
Outcome 3:	Reduce unnecessary, over-utilization of law enforcement resources and hospitalizations.		

Description:

The Uplift Mobile Crisis program—also known as the EMQ Families First Child and Adolescent Crisis Program (CACP) program— provides 24-hour stabilization and support services to children, youth, and families in the community who are depressed, suicidal, a potential danger to themselves or others, or in some other form of acute psychological crisis. Services include a 5150 assessment, safety planning, and referrals to community-based mental health services. All children and youth in the County can receive services regardless of placement or funding. Children and youth are typically referred to mobile crisis from parents, family members, caregivers, friends, school, police officers, community service providers, or health professionals. Length of service is two to four hours.

Uplift Mobile Crisis teams consult, assess for risk and safety, and intervene with the hope of promoting community stabilization. Through a family-centered, strengths-based approach, clinicians utilize the least intrusive and restrictive means to work with children and families on finding tools that promote ongoing health and growth and help maintain children in their homes and communities.

These tools consist of practical strategies to stabilize current and future crises, improve communication, and facilitate positive outcomes; case-specific referrals; and access to information for ongoing treatment and other supports. The CACP staff is diverse, multi-lingual, and multi-disciplinary. All CACP clinicians are authorized 5150 evaluators, and can place youth on 72-hour holds. Uplift Mobile Crisis services conclude once a child is taken to the Crisis Stabilization Unit (CSU) or brought home with a safety plan. This program will increase by 200 in Fiscal Year 2020.

Crisis response includes:

- Diagnostic interview
- Assessment of mental and emotional status
- Risk assessment
- Strengths-based family evaluation,
- Safety planning
- Facilitation of emergency hospitalizations
- Crisis counseling, therapeutic supports
- Case-specific referrals for follow-up or access to services

Summary of Achievements:

- 63% successful discharges from mental health services

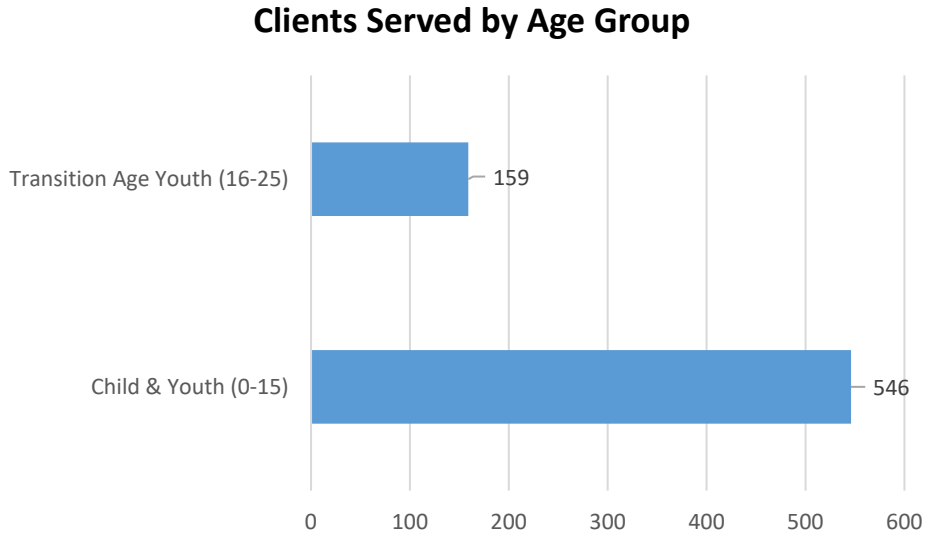
Program Improvements:

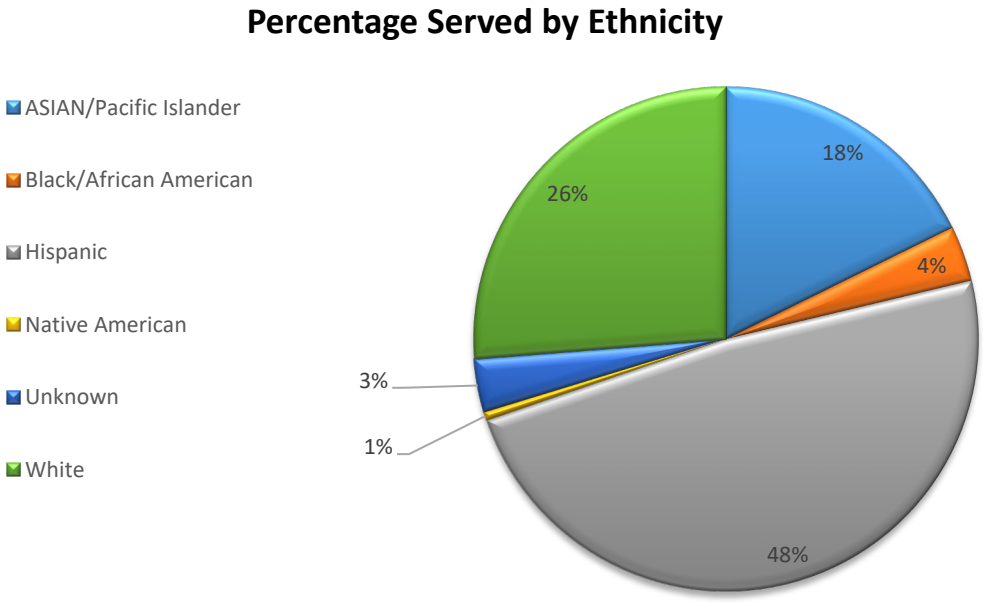
- Capacity to meet demand for crisis services continues to be a challenge.

Proposed Program Changes to Improve Consumer Impact:

- Improve coordination and communication between Crisis Providers.
- Department leadership is working with direct care service providers to improve response time for partners requiring crisis evaluation.

Children's Mobile Crisis Demographics:





Community Services and Supports: General System Development (GSD)

School-Linked Services

School Liked Services (SLS) Initiative			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15	GSD	1119
Goals and Objectives			
Outcome 1:	Increase student connectedness and relationship building skills.		
Outcome 2:	Reduce in school suspensions and/or in office referrals for discipline.		
Outcome 3:	Prevent of the development of mental health challenges through early identification.		
Outcome 4:	Improve care coordination for children, youth, and families attending SLS schools.		

Description:

The School Linked Services (SLS) program portion that supports 13 school district partners and schools has been categorized in the Prevention and Early Intervention (PEI) component of this MHSA Plan Update, following new PEI regulations. Only the corresponding SLS clinical services are included in this CSS section.

As a response to the need for enhanced school-based service coordination, School Linked Services (SLS) are designed to prevent, reduce, and eliminate emotional and behavioral challenges that may be inhibiting academic success and family wellness for elementary, middle school-aged youth, and youth experiencing homelessness or are at-risk of experiencing homelessness. Services aim to understand students' needs, and link students and their families to the appropriate level of mental health services in the home, school, and community. This program utilizes school campuses as a hub for service delivery to improve access to and coordination of services among students and their families.

To best support children's successes in school, SLS clinical services provides services to students and families that aim to improve knowledge, attitude, and behavior relative to academic success and family wellbeing. Based on medical necessity, children and youth are provided services such as psychiatry, individual therapy, family therapy, and medication support. In order to receive SLS clinical services, youth must meet medical necessity and Medi-Cal eligibility. All services are co-located at school sites.

Summary of Achievements:

- 56% successful discharges (program goal was 60%)
- 30% improvement in life functioning/social health (program goal was 50%)

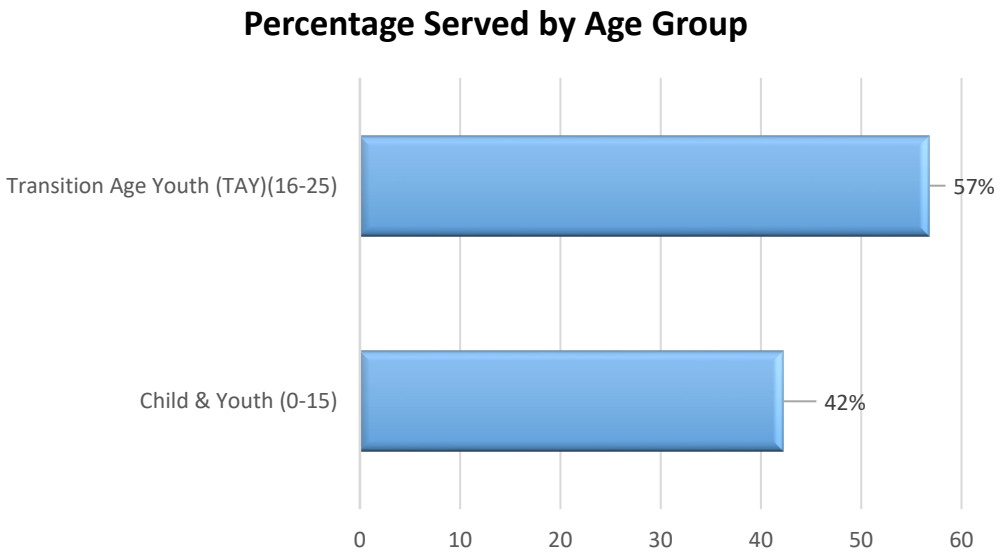
Program Improvements:

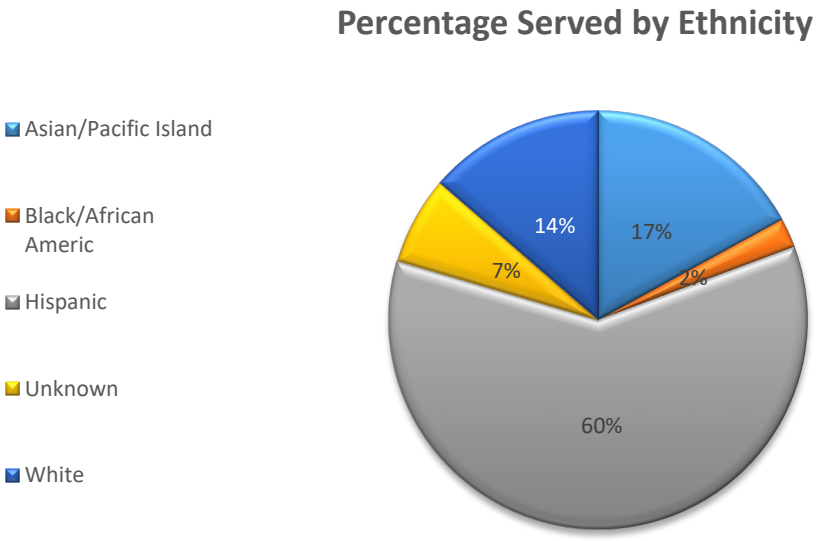
- Provider turnover provides disruptions in service delivery and accuracy of discharge reporting lower caregiver active participation.
- Intervention services primarily focus on reducing risk behaviors and emotional needs. Life functioning success is often a byproduct of reduction in other CANS domains.

Proposed Program Changes to Improve Consumer Impact:

- Increase staff retention (already established through staff retention plans) and better training on discharge coding.
- Emphasize vital importance of caregiver participation in school based services.
- Overall maintenance of improvements in all domains.

SLS Clinical Services Demographics:





Prevention and Early Intervention: Prevention

Prevention Services for Children, Youth and Families

School Linked Services (SLS) PEI			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒Children Ages 0 – 15	Prevention	6,273
Goals and Objectives			
Outcome 1:	Increase student connectedness and relationship building skills		
Outcome 2:	Reduce in school suspensions and/or in office referrals for discipline		
Outcome 3:	Prevent of the development of mental health challenges through early identification		
Outcome 4:	Improve care coordination for children, youth, and families attending SLS schools		

Description:

School Linked Services (SLS) are designed to prevent, reduce, and eliminate emotional and behavioral challenges that may be inhibiting academic success and family wellness for elementary and middle school-aged youth. This program utilizes school campuses as a hub for service delivery to improve access to and coordination of services among students and their families.

The SLS program provides support to 11 partnering school districts and schools identified through the community program planning process. The program provides a SLS Coordinator at partnering campuses to coordinate services provided by schools, public agencies, and community-based organizations throughout the County, thereby improving results, enhancing accessibility, and supporting children's successes in school and life.

SLS Coordinators engage families and service providers, manage referrals, provide consultations with school referring parties, facilitate parent-involved activities, and provide required documentation and accountability. Coordinators are responsible for convening stakeholders including services providers, community groups, and parents. To best support children's successes in school, SLS provides services to students and families that aim to improve knowledge, attitude, and behavior relative to academic success and family wellbeing. PEI provides services to students (including youth and families experiencing homelessness or are at-risk of experiencing homelessness) and their families who require a lower level of service regardless of insurance status. PEI services include enhanced behavioral support, skill building, linkage and referral services and strengthening family programs. For students with higher needs, they are referred to SLS clinical services which provide long-term clinical services such as psychiatry, individual therapy, family therapy, and medication support.

Summary of Achievements:

- 6,273 unduplicated students and their families with SLS-related services, including linkages to behavioral health services and workshops on family engagement were reached in FY 2018.
- 528 post surveys were administered after family engagement events at schools in FY 2018.
- 76% of families felt strongly that the SLS family engagement activity or event provided them with tools to improve their children's academic success based on post-surveys.
- 71% of parents learned how to advocate for their children, how to support their children's health and well-being (69%) and who to go to for help at school (78%) according to post-survey results.
- 86% of participating families expressed that their experience participating in a SLS activity or event made them feel much more comfortable and welcomed.
- 78% of participating families felt connected to the school community.
- 75% of participating families said they learned things that would help them change the way they interact with their children and know of available resources for their families.
- 91% of participating families who attended an SLS activity would recommend the activity to other parents.

- Over 200 teachers, school administrators, parents, guardians, community leaders and children/youth were reached through outreach activities.
- 5,157 referrals were made to a **prevention** program.
- 544 referrals were made to an **early Intervention** program.
- 4,462 (76%) individuals followed through on referral & engaged in early intervention treatment services.

Overall, 76% of service referrals provided by the SLS Coordinators at the school site or district level resulted in successful linkage in FY 2018. The SLS qualitative assessment in FY 2018 with the SLS Coordinators at the 13 school districts yielded a few themes related to the impact of SLS on school systems. The following are some case samples:

- **SLS strengthens school partnerships with community agencies and providers.** One of the SLS Coordinators at the Alum Rock Union School District (ARUSD) developed partnership with South Baptist Community Church to allow English Language Learning students to receive free weekly tutoring by the pastors at the church. The church typically implements a summer camp through a fee. To ensure families have access to summer tutoring programs, the Church has provided admission to the camp free of charge to ARUSD students. At Mount Pleasant Elementary School District (MPESD), the SLS District Coordinator partnered with multiple agencies (e.g., Foothill Community Health Center, Bill Wilson and Alum Rock Counseling Center) to provide anti-bullying presentations and workshops to students. This was the first time the District has partnered with multiple agencies to provide an anti-bullying program.
- **SLS allows schools to address the rising social-emotional wellbeing needs of students through preventive engagement programs.** At the Milpitas Unified School District, the SLS District Coordinator implemented mindfulness practice, every Friday, with fourth, fifth and sixth grade students at Rose Elementary School. This engagement activity reached 165 students. At Campbell Union School District (CUSD), students and families referred to counseling services also participated in SLS-sponsored folklorico classes. Families reported being "happier" after participation in the classes and mentioned that their children were able to learn more about and embrace their cultural background.
- **SLS helps students to improve their academic and behavioral wellbeing.** At both CUSD and ARUSD, students enrolled in a SLS-sponsored tutoring program

(e.g., Sylvan Tutoring) saw a one-grade level increase in their math assessment from pre to post intervention. The SLS at MPESD helped a student from being referred to the office every week for behavioral issues to receiving a scholarship to a summer robotics program. The student and family worked with the SLS District Coordinator throughout the school year to positively transform the student's behavior and academic prospects.

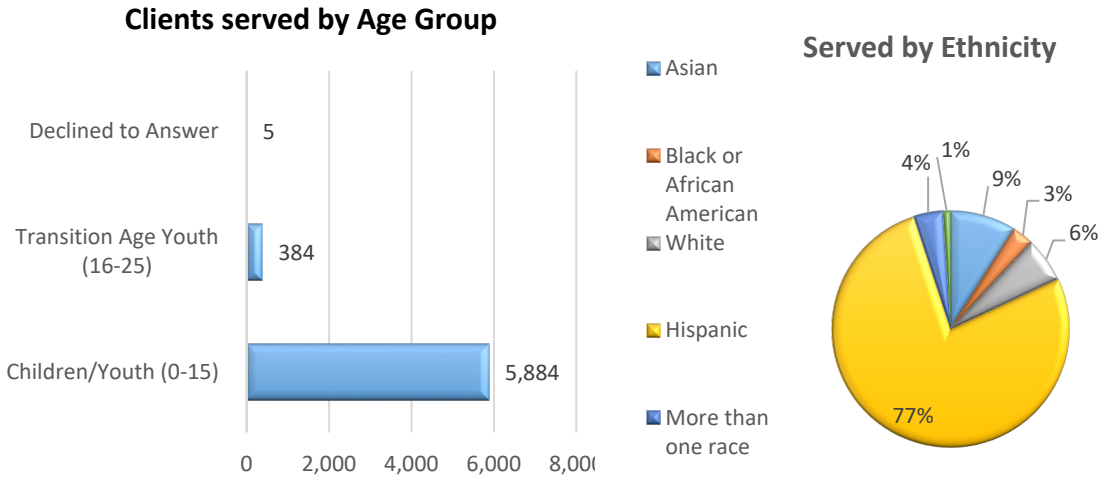
Program Improvements:

- SLS is working on streamlining data collection processes, such as collecting data from families, school data systems, and SLS Coordinators.
- SLS program is partnering with school districts and County Office of Education on the DataZone project to help streamline data collection and analysis.
- SLS program has launched a data collection system pilot in DataZone with three of the 13 partnering school districts (FY 2019) to test out streamlining data collection processes.

Proposed Program Changes to Improve Consumer Impact:

- Add funds to provide early childhood coordination services at the Family Resource Center at Alum Rock Union School District and Franklin McKinley School District
- Adjust the FY2019 budget to fund a SLS Evaluation consultant
- Adjust the FY2019 budget to support trauma-informed prevention and early intervention efforts addressing the specific needs of system-involved middle school students

SLS Demographics:



Prevention and Early Intervention: Prevention

Support for Parents			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018 (*unduplicated*)**
Continuing	☒Children Ages 0 – 17	Prevention	22,297
Goals and Objectives			
Outcome 1:	Engage and encourage parent/guardian involvement in their child's academic success and school		
Outcome 2:	Strengthen parent/guardian and child's relationship and support a healthy relationship		
Outcome 3:	Support maintaining a child at home with parent/ guardian		

Description:

BHSD provides an array of support initiatives that are 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 classes.

Family support and engagement services include:

Reach Out and Read: In partnership with Valley Medical Center (VMC) Pediatric Clinics, Reach Out and Read (ROR) is a literacy and education program. The mission is to make literacy promotion a standard part of pediatric health care. At every well child check-up, VMC's pediatric providers give each child a new, developmentally appropriate book to take home and read with their parents. Physician screening for developmental delays is part of the program, and children with identified developmental delays are referred to specialists for further services, ensuring that problems are addressed quickly before adverse effects are fully realized in a school setting.

Summary of Achievements:

- Over 12,000 families were provided books to support caregiver/child interactions and early literacy
- Books are now available in various languages for families with limited English capacity (Vietnamese, Chinese, Spanish)

- Access and Linkage to Treatment: 48 referrals were made to KidConnections Network/Kidscope or Early Start services.
- 51.3% of families completing a short survey indicated that "*their relationship with their child has greatly improved*"

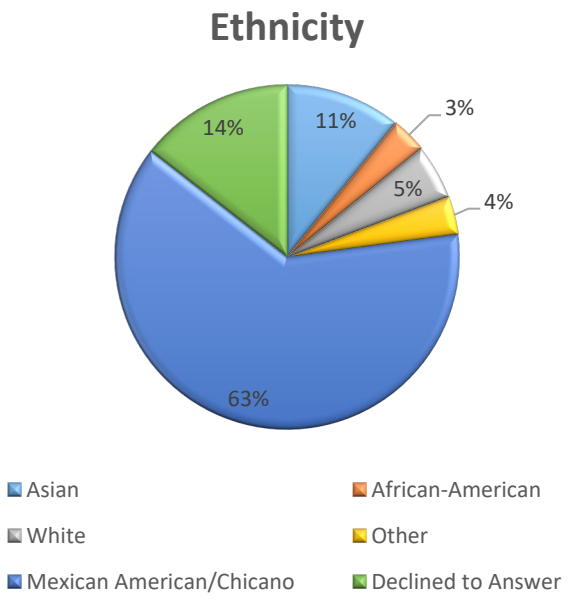
Program Improvements:

- Obtaining consistent support from MDs in various clinics due to transitions of MD staff.
- Capturing accurate data on numbers served through ROR due to limited staffing support for this program.

- **Proposed Program Changes to Improve Consumer Impact:**
- Need for development of a more robust tracking method to ensure follow through and follow up with families engaged in ROR program.
- Families appreciate books that are age appropriate to support caregiver/child interactions.

Reach Out and Read Demographics

Unduplicated Children/Youth Reached in FY 2018: **21,020**



Nurse Family Partnership (NFP) Program: NFP is a countywide, community-based program providing first time mothers who reside in the County's high-risk communities with prenatal and postpartum support. NFP targets low-income mothers who are pregnant with their first child before the 28th week of pregnancy. Priority is given to expectant mothers involved with the mental health system, foster care system, juvenile/criminal justice systems, and schools in identified investment communities. NFP is comprised of a team of seven public health nurse home visitors. Each public health nurse is able to carry a caseload of 25 first-time mothers to deliver home visits from pregnancy until the child's second birthday.

Summary of Achievements:

- 357 unduplicated individuals received services in FY 2018.
- Increased staffing from 7.5 FTE to 8.0 FTE, effective 6/2018, created improvement in individuals served.
- 97.7% of mothers who delivered during this time period initiated breastfeeding.
- There were zero children identified as needing further evaluation upon screening using the ASQ-SE.
- There were zero children requiring an emergency room visit or hospitalization for injury or ingestion during this reporting period.

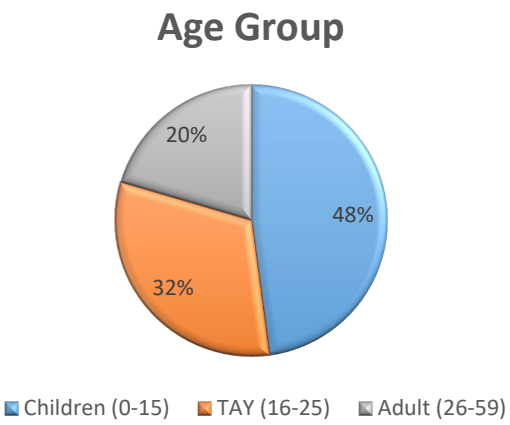
Program Improvements:

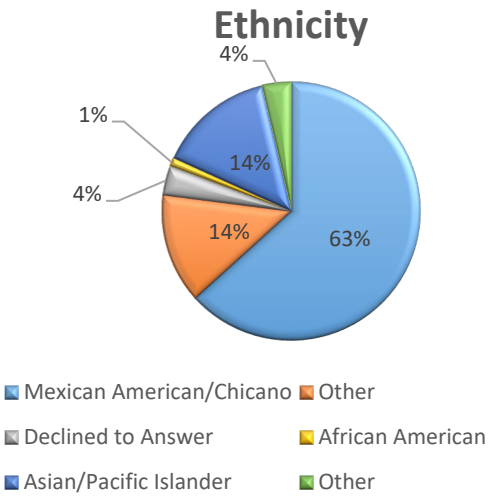
- Participants are moving out of the county to more affordable places to live. We are able to transfer these clients to neighboring Nurse-Family Partnership sites, as long as there are programs available in the counties to which they plan to move.
- Certain high risk/vulnerable areas of the county are still underserved such as South County (Gilroy and Morgan Hill).
- -Immigration fears have impacted our usual method of enrolling clients. Clients are very wary and are hesitant to enroll. Initial visits typically done at home, are completed off-site instead, until a trusting relationship can be fostered between nurse home visitor and client
- Client resources are still difficult to obtain (i.e. housing, childcare)

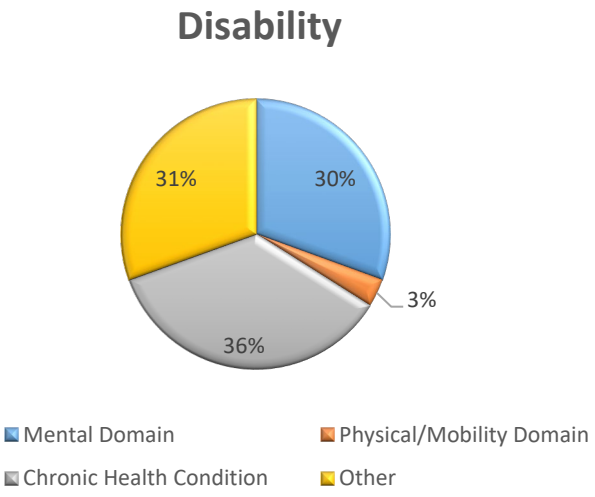
Proposed Program Changes and Client Impact:

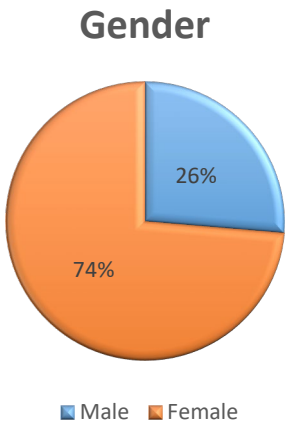
- Continued outreach and visibility in the community is important to maintain referral flow
- Partnering and collaborating with other community agencies is vital in obtaining needed resources for participants
- Changing our approach regarding enrollment, to be sensitive to participants' fears and needs, is key for individual participation

Nurse Family Partnership (NFP) Program Demographics









Mentor Parents Program: The Mentor Parents Program provides early intervention supports to a selective population of substance dependent parents whose children have been or currently are at risk of being removed from their care. Mentor parents work in conjunction with Dependency Advocacy Center (DAC) attorneys to encourage early engagement in recovery oriented services and provide guidance to parents in addressing barriers impacting recovery and reunification. Mentor parents, because of their own previous involvement with the child welfare system, can share lived experiences with parents currently at risk of or engaged in the dependency system.

Summary of Achievements:

- 82 unduplicated individuals received services in FY 2018.
- 85% of graduates were able to reunify or were working towards reunification with their child(ren).
- Parents reported feeling more self-sufficient and having overall improvement
- DAC has been able to support DWC clients with Mentor Parents that are bilingual.
- Outreach efforts continue to engage fathers.
- Research done through a partnership with San Jose State University School of Social Work noted percentage of parents that were able to reunify or in progress of reunification with their child was higher among program graduates than client who withdrew before graduation.
- Research also showed that clients achieved greater self-sufficiency in all areas over the course of their participation in DAC and DWC services.

Program Improvements:

- Engagement of fathers into this program has been a challenge and would need additional focused effort and resources.
- Engagement of parents in custody and advocating for incarcerated parents is necessary, thus allowing this group of parents the opportunity to participate in Dependency Wellness Court.

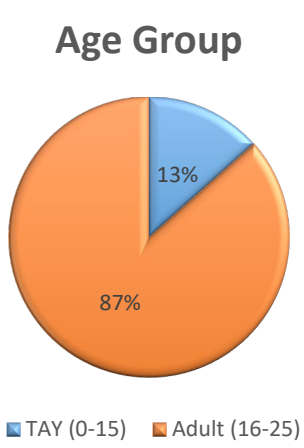
Proposed Program Changes and Client Impact:

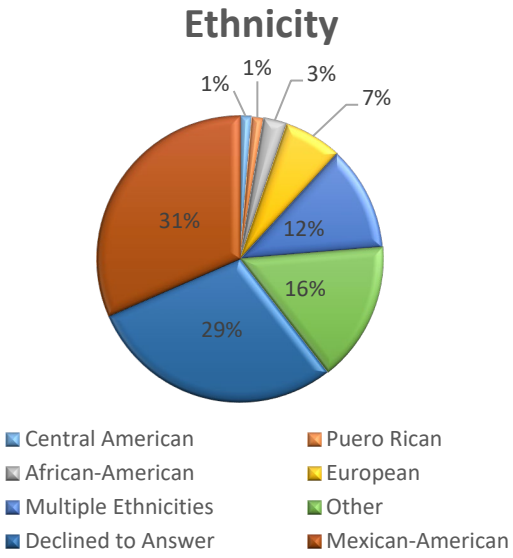
- Efforts to engage the underserved population of fathers and incarcerated parents requires an increase of outreach and advocacy.

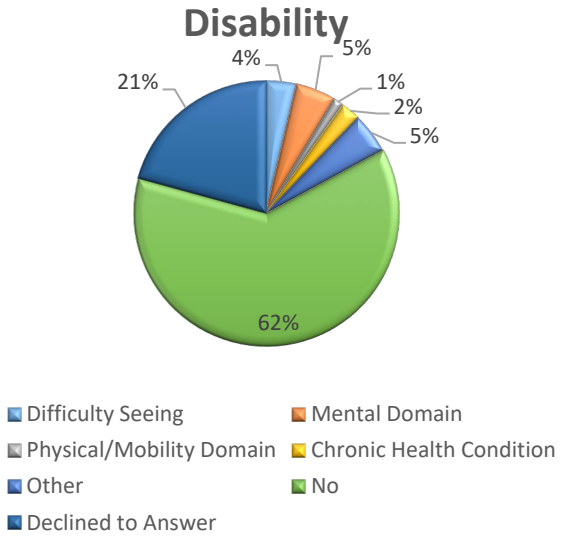
- More robust data tracking to present successful outcomes for this program needs to be in consideration and discussion.

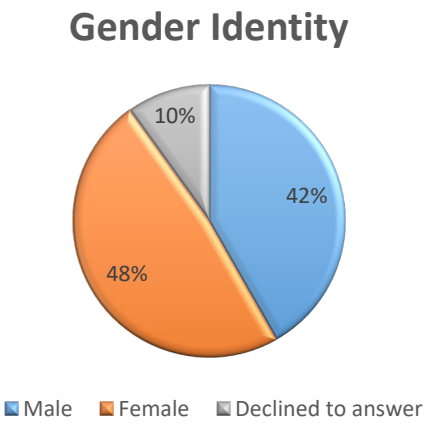
Mentor Parents Program Demographics

(Collected from March 1, 2018- June 30, 2018)









Triple P Parenting: Triple P is a program that provides support to parents to guide their child's behavior in a positive way that reduces stress and builds strong family relationships. Triple P offers parenting support and simple tips for supporting the development of a child. Triple P's elements target the developmental periods of infancy toddlerhood, pre-school, primary school and adolescence.

Summary of Achievements:

- 838 **unduplicated** individuals were served in FY 2018
- Parents/caregivers that participate in Triple P services have expressed value in the information they acquired from the workshop and have been able to implement change within their family.
- Service providers who have been trained in various levels of Triple P have expressed their appreciation of tools that they can utilize to support families that require parenting support
- Santa Clara County is able to provide various levels of Triple P to meet the various needs in the community, from targeted 3 day workshops addressing specific behavioral topics (level 2) to 8 session groups workshops or individual sessions addressing overall positive parenting (level 4) to sessions focused on co-parenting, divorce or separation, and parental mood and adjustment (level 5)
- Lower level services (level 2 and 3) geared towards specific behavioral topics through 3 day workshops provided high referrals and retention for providers facilitating these levels of service.
- Services are provided in various community settings, such as schools or family resource centers.

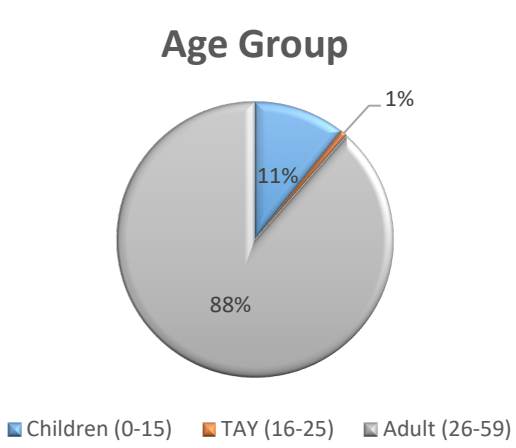
Program Improvements:

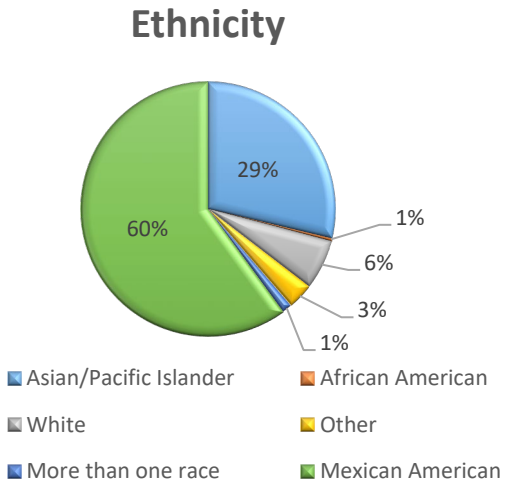
- The program is looking into solutions in direct care provider staff turnover trained in various levels of Triple P, limiting the capacity to provide services.
- Program leadership is looking into ways to sustain attendance to group Triple P workshops.

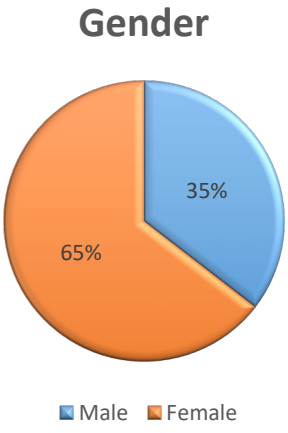
Proposed Program Changes and Consumer Impact:

- **Supporting training opportunities for individuals motivated to sustain their current employment** and utilize this evidenced-base practice in their work through an application process proved more return on investment than opening up training opportunities to all providers within Santa Clara County.

Triple P Parenting Program Demographics







Prevention and Early Intervention: Access and Linkage

Access and Linkage for Children 0-5 and their Families

Services for Children Ages 0-5			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018 (*unduplicated*)**
Reclassified from CSS to PEI	☒Children Ages 0 – 15	Access and Linkage	1,666
Goals and Objectives			
Outcome 1:	Support the healthy development of children ages 0-5 and enrich the lives of their families and communities.		
Outcome 2:	Increase children and families' access to screening, treatment and service linkages.		

Description:

KidConnections Network (KCN) is a coordinated system that identifies children through age five with suspected developmental delays and/or social-emotional and behavioral concerns. KCN utilizes an innovative model that blends First 5 and MHSA funds. Through KCN, BHSD bridges children ages prenatal to 5 years and their families to services to support their optimal growth and development. Children receive assessment and treatment services aimed to intervene and address early signs of mental health and developmental delays. Services for children ages 0-5 focus on providing quality screening, assessment, early intervention and intervention services, and service linkages that promote the healthy growth and development of children. Children who are Medi-Cal, Healthy Kids, and/or FIRST 5 eligible qualify for these services.

MHSA funds a system of care manager appointed to oversee behavioral health services provided through KCN for children ages 0-5. BHSD also provides a clinic manager to oversee therapeutic and developmental services provided through KidScope. KidScope is a comprehensive assessment center that serves children suspected of having complex developmental delays, serious behavioral problems, or other undetermined concerns. As part of these services, KidScope provides

targeted diagnostic assessments (TDA) Level 2 for children and families needing this level of care. TDAs are multidisciplinary assessments that include parent conferences to discuss developmental, medical, and/or mental health findings and recommendations. BHSD supports TDA services by providing a manager to oversee TDAs provided at KidScope.

General services for children ages 0-5 include:

- Screenings & Assessments
- Behavioral Health Therapeutic Services
- Behavioral Health Home Visitation Services Linkage to Community Resources and Services

Summary of Achievements:

- 1,666 children and their families were served in FY 2018.
- 1,129 new referrals were created with 537 children continuing services from previous fiscal year.
- 348 children referred to a higher level of assessment through KidScope's Targeted Diagnostic Assessment (TDA) and of those, 266 children received a TDA to better understand needs and linkage to services.
- A total of 1,599 referrals were made to community resources that included KidScope's TDA clinic and services such as FIRST 5 funded family resource centers, School Districts, Early Start Program and San Andreas Regional Center.
- The BHSD Call Center is providing a more robust triage to families referred supporting the process of timely access for families to prevention or early intervention services that are appropriate to meet their reported needs.

Program Improvements:

- Increase direct services staff capacity to support families that are referred into BHSD Call Center needing KCN services in order to ensure timely access.
- Continue to ensure timely access to meet DHCS final rule of 10 business days to access for families needing services.

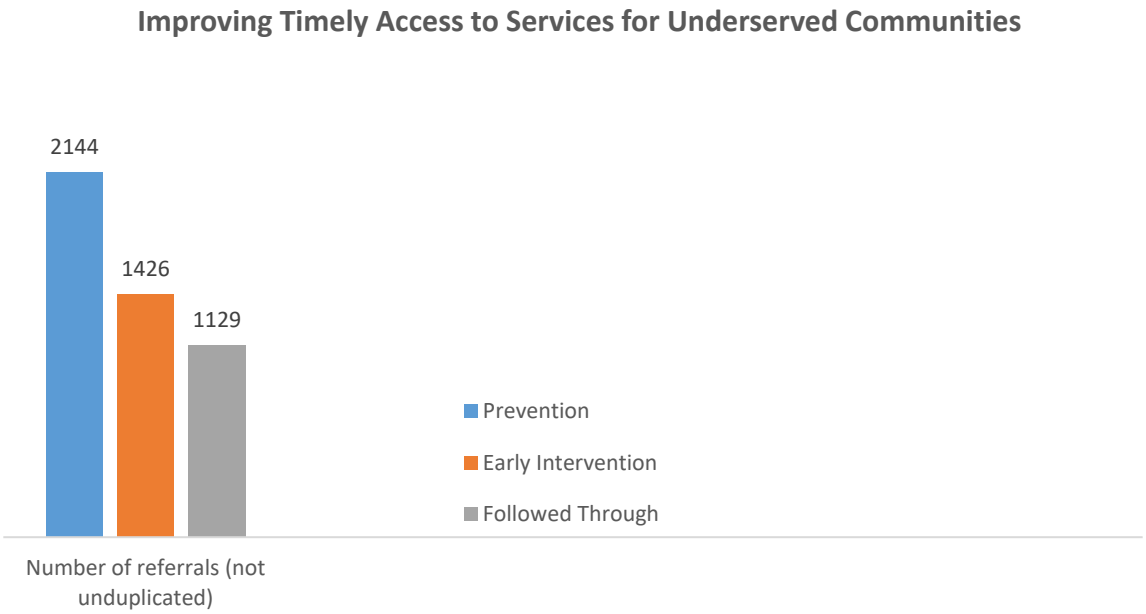
Proposed Program Changes and Consumer Impact:

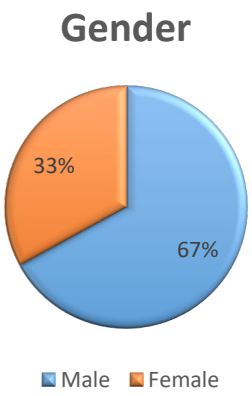
- Referrals into BHSD Call Center are receiving a more robust triage process that

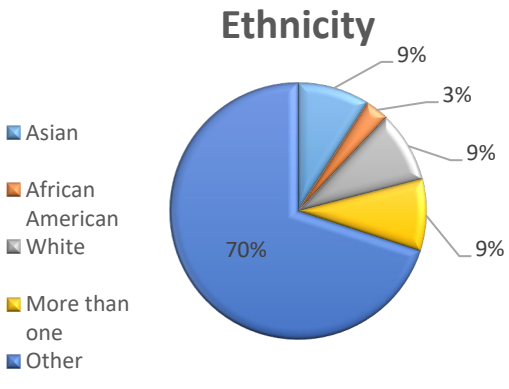
is supporting timely access to appropriate services but there is still more work needed to be done to decrease the days to service once a family is referred and then open to services.

- Referrals into BHSD continue to have a small percentage that do not pan out when contacted for triage by BHSD call center staff which informs that there needs to be better outreach and education to referral sources on KCN services.
- Timely access improved for families referred from waiting 21 days to service to 16 days to first service.

Services for Children Ages 0-5 Demographics







Community Services and Supports: Full Service Partnership

Full Service Partnership

TAY Full Service Partnership			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒TAY ages 16-25	FSP	212
Goals			
Outcome 1:	Reduce out-of-home placements		
Outcome 2:	Increase service connectedness		
Outcome 3:	Reduce involvement in child welfare and juvenile justice		

The TAY Full Service Partnership (FSP) is a comprehensive, intensive mental health service designed specifically to help TAY launch successfully into adulthood. FSP provides an individualized, team approach that aims to address the entire family, as defined by the youth. Through a coordinated range of services, FSP supports youth as they develop social, educational, and vocational skills.

FSP serves youth ages 16-25 who are experiencing physical, social, behavioral, and emotional distress. Through its family-centered approach, FSP also provides support for parents or adult caregivers, and helps youth improve their interpersonal relationships.

FSP Outreach Services assess the desire and readiness of youth for entering into partnership with the BHSD for services. Using age-appropriate strategies during a maximum 30-day outreach period, FSP informs potential clients about available services and determines if a referral will be opened. Once youth enter the program, FSP requires chosen family, providers, and key members of the youth's social support network to collaborate in building a creative plan responsive to the particular needs of the youth and their support system.

Summary of Achievements:

- 40% of consumers had successful discharges from the program.
- 17% improvement in life functioning/social health for clients served.

Program Improvements:

- Due to provider's staff attrition, clients experienced changes in their treatment teams which may have impacted their progress.

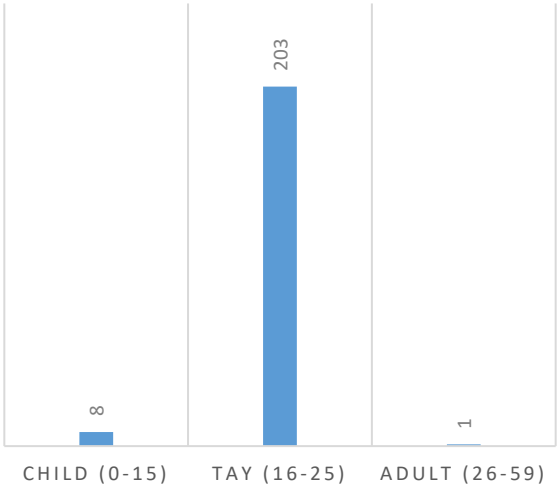
- Improve training on accurate completion of discharge coding.
- Due to the nature of the clients referred to this intensive program, the area they may first improve upon is a decrease in risk behavior and improvement in emotional needs.
- BHSD will review success measures with direct care service providers to have better understanding of the population.

Proposed Program Changes to Improve Consumer Impact:

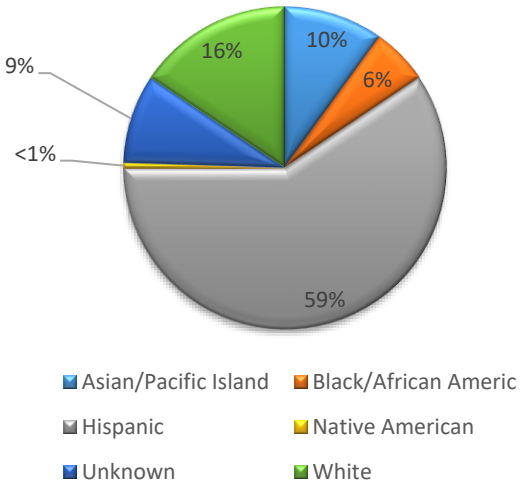
- Increase awareness of resources for referral and linkage to ongoing supports that can increase self-sufficiency.
- Emphasize warm handoff process for consumers who transition to minimize interruptions of service delivery and begin engagement/rapport building early on. Continued training and technical assistance on accurately completing discharge coding forms.
- Consumers will have a higher rate of successful discharges if they have less staff transitions while receiving services. More accurate capture of discharge information with ongoing staff training.
- Greater linkage to ongoing life functioning supports, even after treatment ends, will help sustain improvements in risk behaviors and emotional needs.

TAY FSP Demographics:

Clients Served by Age Group



Percentage Served by Ethnicity



Community Services and Supports: General System Development (GSD)

Outpatient Services for Children and Youth

TAY Outpatient Services/Intensive Outpatient Program (IOP)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 14-25	GSD	231
			64 (LGBTQ)
Goals and Objectives			
Outcome 1:	Improve functioning and quality of life for youth.		
Outcome 2:	Reduce symptoms and impacts of mental illness for youth.		
Outcome 3:	Reduce the need for a higher level of care for youth.		

Outpatient programs for TAY ages 14-25 aim to prevent chronic mental illness while improving quality of life for youth and include age-appropriate services and gender-responsive services. Outpatient programs for TAY place a particular emphasis on treatment for co-occurring disorders and trauma-informed care. Programs are focused on preventing or improving symptoms that may lead to chronic mental illness while keeping youth on track developmentally. Outpatient services for LGBTQ youth, in particular, include confidential counseling and medication services.

Intensive Outpatient Programs (IOPs) aim to improve quality of life for youth while preventing the later need for high intensity care. IOPs provide long-term clinical care and case management to youth ages 8 – 24. These programs engage youth, many of whom may be homeless, and provide mental health services, promote recovery, and reduce the likelihood that youth served will later require higher levels of care such as FSP.

IOPs serve youth who meet medical necessity for specialty mental health services and are eligible for MediCal. IOPs focus on multidisciplinary, structured services for up to 4 hours per day, up to 5 days per week. IOPs are distinct from FSPs in that they are generally office-based rather than community-based and engage youth at a lower levels of intensity and frequency than an FSP.

Summary of Achievements:

- 20% of successful discharges from the program
- 16% of consumers served reported improvement in life functioning/social health domain

LGBTQ Outpatient

- 95% of successful discharges from the program
- There was no change in life functioning/social health domain for consumers served in FY18 as reported on CANS assessment. However improvement was reported on emotional/behavioral health and a reduction of risk behaviors.

Program Improvements:

- Due to direct care services providers' staff attrition, clients experienced changes in their treatment teams which may have impacted their progress. This also impacted the recording of accurate completion of discharge coding due to lack of training of new staff.
- Due to the nature of the population, TAY bridging into childhood and adulthood, this population may need consistent support in life functioning to continue progress, well past therapeutic interventions.
- Due to the nature of LGBTQ population engagement in school, home and activities may sometimes be extremely difficult.

Proposed Program Changes to Improve Consumer Impact:

- Emphasize warm handoff process for consumers who transition to minimize interruptions of service delivery and begin engagement/rapport building early on.
- Focus on training and technical assistance on accurately completing discharge coding forms with existing and new direct care services staff. Clients may have a higher rate of successful discharges if they have less staff transitions while receiving services. More accurate capture of discharge information with ongoing staff training.
- Increase awareness and resources in supporting referrals and linkage to natural supports/community resources that can support life functioning domain progress well past therapeutic interventions.
- TAY have community/natural supports that can be tapped into on an as needed basis to address life functioning domain concerns that may arise at various times in their

life as they transition into adulthood. This will support maintenance/continuous progress of skills acquired during therapeutic interventions.

- Clearly define metrics for clear understanding of the measures of success among LGBTQ youth community with an emphasis on improving practice and outcome standards for clients.

Community Services and Supports: General System Development (GSD)

Foster Care Development

Independent Living Program (ILP)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-25	GSD	28
Goals and Objectives			
Outcome 1:	Increase self-sufficiency and independent living skills		
Outcome 2:	Increase access to education and employment opportunities		
Outcome 3:	Increase service connectedness		

Description:

ILP services are available to help youth (including Dually-Involved Youth) achieve self-sufficiency and launch into adulthood prior to and after exiting the foster care system. These services are available for current and former foster youth between 16-25 years old.

ILP consists of psychiatric and medication services, case management support, individual and family therapy, community linkage, housing placement, and a variety of rehabilitation services to help youth develop the functional and emotional skills necessary for recovery and independence.

Summary of Achievements:

- 20% successful discharge from mental health services.

Program Improvements:

- Due to the special needs of this population, TAY involved with child welfare, youth may require higher levels of care as a result of their transition to independent living resulting in the reporting of an unsuccessful discharge from this level of care.
- Improvements in the direct care service provider's understanding, due to staff turnover, of how to complete discharge forms to accurately capture the reason for discharge.

Proposed Program Changes to Improve Consumer Impact:

- Additional support and training around discharge coding to accurately capture reasons for discharge. Equipping providers with resources in the community that can be added to their therapeutic support to facilitate progress in services.
- Consumers will be better connected to community resources that can support their progress in services and provide ongoing support after therapeutic support is completed. Training of staff on accurate reporting of discharges will impact the client by accurately reporting their successes.

Community Services and Supports: General System Development (GSD)

Commercially, Sexually Exploited Children (CSEC)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
New	☒ Children Ages 0 – 15 ☒ TAY Ages 16-21	GSD	Program to begin full implementation during FY 2019
Goals and Objectives			
Outcome 1:	Identify CSEC youth and ensure their safety from sexual exploitation		
Outcome 2:	Provide trauma-informed care and support		
Outcome 3:	Increase service connectedness		

Description:

The program for Commercially Sexually Exploited Children (CSEC) provides services and mental health support to children and young people ages 10-21 who have experienced commercial sexual exploitation to help them recover from emotional, physical, and sexual trauma. Referral to the CSEC program occurs through a number of community sources including the juvenile hall; the Receiving, Assessment and Intake Center (RAIC); school system; pediatrician or public health nurse; and KidConnections (KCN). Once a referral is received, the youth is connected to an advocate that helps ensure their safety from exploitation. The youth is then assessed using the Child and Adolescent Needs and Strengths (CANS) module and other developmental, mental health, and substance use assessments. Treatment for CSEC youth includes Trauma-focused Cognitive Behavioral Therapy, case management, medication management, coordination with advocates and linkage to additional services and benefits.

Current Update:

Although the program was been slated to begin in FY 2019, there are currently five consumers in need of these services identified through a partnership with the Department of Social Services (DSS) and Juvenile Probation Department (JPD). In a partnership with the DSS and JPD, the BHSD is establishing protocols and coordinating care practices across systems. Currently, one clinician has been hired. Interviews for an additional clinician and rehabilitation counselors are in process. These ramp up positions were placed in motion in preparation for full implementation in FY 2019-2020.

Community Services and Supports: General System Development (GSD)

Juvenile Justice Development

Services for Juvenile Justice Involved Youth			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15 ☒ TAY Ages 16-21	GSD	128
Goals and Objectives			
Outcome 1:	Support juvenile justice involved youth as they return to their communities.		
Outcome 2:	Reduce recidivism for juvenile justice involved youth.		
Outcome 3:	Increase service connectedness.		

Description:

Services for juvenile justice involved youth focus on the wellness and recovery of youth returning to their communities as well as youth exiting into homelessness or unstable housing. Specific services include the **Aftercare Program** and **Competency Development Program.**

The **Aftercare Program** uses a strengths-based approach to help juvenile justice involved youth exit detention and ranch programs and successfully reenter their communities. With the support of their families, youth in this program develop life skills that allow them to thrive and possibly return to a school setting. The average length of stay in the program is 8 months, with the possibility of additional time due to family crises, hardship, or clinical necessity.

One arm of the Aftercare Program supports Seriously Emotionally Disturbed (SED) youth and youth with specific treatment needs using evidenced-informed community treatment, medication support, and case management. The diagnostic spectrum of youth in this arm of Aftercare includes schizophrenia and other psychotic disorders, major affective disorders, post-traumatic stress disorder, disorders of behavior and bodily function, anxiety and adjustment disorders, and dual diagnosis (mental health, developmental disability, or drug and alcohol related diagnoses). These youth are identified through the Healthy Returns Initiative (HRI), the current Multi-Disciplinary Team (MDT) at ranch facilities, and the Mental Health Juvenile Treatment Court's MDT.

After assessing youth and family needs and strengths, the Aftercare program then employs a behavior positive plan to identify appropriate interventions and resources to help youth develop functional skills around self-care, self-regulation, and address other functional impairments through decreasing or replacing non-functional behavior. Gender specific programming is available as needed.

The **Competency Development Program** aims to remediate youth determined incompetent to stand trial. Juvenile competency restoration services are provided to juveniles who have been charged with a delinquency offense before a juvenile justice court, found incompetent by the court, and ordered to receive restoration services. Services include education, training, and intensive case management, and are provided two to three times a week in the youth's home, the home of another family member or caretaker, the school, a juvenile detention center, or a jail. An initial judicial review occurs approximately 30 days after the court order and additional reviews occur every 30-90 days. Restoration to competency will allow the youth to continue with their court proceedings and potentially avoid time in detention centers awaiting restoration to competency. If competency cannot be restored the court may civilly commit the juvenile to a mental health facility, refer the juvenile for disability services, establish a conservatorship for the juvenile, or dismiss the charges.

Summary of Achievements:

- 59% successful discharges from mental health services among participants in the Aftercare Program.
- 100% successful discharges from mental health services among Competency Development Program participants.

Program Improvements:

- The Aftercare Program focuses its services on youth discharged from juvenile detention facilities. The population is difficult to engage and is dealing with multifaceted social issues beyond psycho-emotional health. Many youth drop out of treatment or never engage. As a result, it is difficult to capture accurate data that reflects improvement in any of the desired skills. Although youth benefit from

culturally competent services and develop skills in particular areas that help them cope with stressful life circumstances, the BHSD is unable to report pre and post CANS data.

- The Competency Program success is affected by systematic barriers beyond its direct control that delay the process of youth being able to stand trial. These include contested hearings by Defense Attorney and District Attorney; multiple requests for independent competency evaluations; prolonged stipulation by attorneys; long waits for completion of independent evaluations; youth absconding or not cooperating; youth experiencing additional allegations of new charges and youth simultaneously pending adult charges and competency evaluations.

Proposed Program Changes to Improve Consumer Impact:

- The Aftercare Program is looking into developing strategies focused on engagement as soon as youth leaves the detention facility, increase the dosage of services at onset and taper as youth and family become engaged and motivated. Improved engagement in services will allow youths and families in the Aftercare Program to fully benefit from the services available and make progress in all life functioning domains. Program staff will meet with community partners to discuss program improvement recommendations.
- The Competency Program proposed changes are cross-system and include adherence to established guidelines for contested hearing per protocol. This would require to stipulate on findings within a 5 day period and have probation act on warrants more rapidly in order to serve youth currently ordered to the program. The BHSD staff also would like to see an expansion in the number of expert evaluators and will work on adopting standardized questions for conducting evaluations. It would be in the best interest of the youth for competency matters to be resolved as soon as the findings are determined.

Community Services and Supports: General System Development (GSD)

Crisis and Drop-In Services for Children and Youth

TAY Crisis and Drop-In Center			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 18-25	GSD	125
Goals and Objectives			
Outcome 1:	Provide a safe and inclusive environment for TAY		
Outcome 2:	Increase service connectedness to behavioral health resources		
Outcome 3:	Reduce the need for a higher level of care for youth		

Description:

The TAY Crisis and Drop-In Centers provide safe, welcoming, and inclusive space for youth to receive access to behavioral health resources. The centers conduct outreach and engage youth about their mental health and basic needs. The centers provide outpatient mental health services and overnight respite services to youth 18-25 years of age. Respite services can accommodate up to 10 TAY who are in need of respite as a result of crisis or who are at risk of homelessness. Respite services allow TAY to self-manage and remain in their community, which may impede crisis escalation. The centers also offer services to unsponsored/ uninsured youth and allow the TAY homeless population to access needed supports. Additionally, services specifically for LGBTQ TAY are offered. Specific mental health outpatient service offered include: Assessments, treatment planning, brief crisis intervention, case management, self-help and peer support, outreach and engagement activities for homeless TAY.

Summary of Achievements:

- 53% successful discharges from mental health services
- 33% improvement in life functioning as reported on CANS assessment

Program Improvements:

- Due to the special needs of this population, grappling with transition from childhood to adulthood, consumers often disengage or life circumstances interfere with

continued engagement. Understanding of discharge coding is also an area for improvement among direct service providers.
- Due to the nature of the population TAY bridging childhood and adulthood may need consistent support in life functioning to continue progress, well past therapeutic interventions

Proposed Program Changes to Improve Consumer Impact:

- Discussion with direct care providers to better understand this youth population that most utilizes these services and create new ways of engaging clients. Better training on discharge coding to accurately capture information.
- Increase awareness and resources in supporting referrals and linkage to natural supports/community resources that can support life functioning domain progress well past therapeutic interventions.
- Implement new ways of engagement, remove any barriers for these clients, and serve more clients.
- TAY will have community/natural supports that can be tapped into as needed to address life functioning domain concerns that may arise at various times in their life as they transition into adulthood. This will support maintenance/continuous progress of skills acquired during therapeutic interventions.

Prevention and Early Intervention: Early Intervention

Prevention Services for Children, Youth and Families

Raising Early Awareness Creating Hope (REACH)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 10-15 ☒ TAY Ages 16-25	Early Prevention	85
Goals and Objectives			
Outcome 1:	Increase early detection of psychosis and schizophrenia		
Outcome 2:	Increase service connectedness		
Outcome 3:	Increase prevention of psychosis and schizophrenia		

Description:

Raising Early Awareness Creating Hope (REACH) works towards successful futures for youth through early detection and prevention of psychosis. REACH provides early detection, prevention, and intervention services to youth experiencing signs and symptoms of early onset psychosis and schizophrenia. REACH places an emphasis on TAY ages 10-25, and all services are guided by the practices and requirements described in the *PIER (Portland Identification and Early Referral)* model. Treatment is culturally competent and evidence-informed. REACH aims to provide services for youth before they experience multiple psychotic episodes, thereby reducing and preventing long-term impacts on development and functioning.

The REACH treatment team may consist of a family specialist, parent or partner, education and employment specialist, occupational therapist, psychiatrist, and an overarching supervisor. Services are provided in community settings including the youth's home, clinic, school, or community-based service agency. REACH typically serves youth for one year, with the possibility of adding up to an additional year when required by family crises, hardship, or clinical necessity. Criteria for admission is based on the *Structured Interview for Prodromal Syndromes (SIPS)* assessment. For eligible youths, treatment services include: Assessment, medication evaluation, support services, crisis intervention, individual, group, collateral, and family therapy,

rehabilitation treatment, case management/ brokerage services. Referrals were made to transitional aged youth outpatient programs and other outpatient mental health services (county and CBO), school-based mental health services and full service partnership programs as needed.

Summary of Achievements:

- New collaborative relationships were developed within the community. These efforts have resulted in providers and community members seeking our team as a source for education beyond psychosis as well as a strong resource for preventative and early intervention services.
- Increased outreach to engage consumers and families. BHSD staff/management has increased training on outreach services to support delivery of PEI message and assist with community engagement and education.
- Increased successful rate of graduating clients to community and natural supports with average length of services of 15 months.
- Team developed and implemented new strategies to improve family dynamics and engagement in services, increasing early treatment engagement.
- As a result of regular communication there has been strengthening of the collaboration with referral resources and customized education events to meet the needs of both the program and the community.
- East Side Union High School District has continued the Memorandum of Understanding with Momentum REACH to support a clinician at their school who can meet with students and parents to screen for early warning signs which results more appropriate and targeted referrals.
- The BHSD team has created additional parenting support groups to assist with increasing family support in treatment.
- Momentum for Mental Health REACH had 42 active clients and successfully transitioned 13 consumers to natural supports and seven consumers were supported and linked with after care services to support their progress.
- Starlight REACH provided Mental Health Awareness training to all school staff at Evergreen Valley Elementary School District to assist with identifying early warning signs and providing support. Starlight continues to be able to maintain a strong average consensus of 29 consumers for the fiscal year.

Access and Linkage to Treatment

- 96 individuals with SED and SMI were referred to BHSD treatment services.
- 37 individuals followed through on enrollment and engaged in treatment

- The average duration untreated mental illness was 2 months among this cohort
- The average time between referral and participation in treatment was 2 days to weeks.

Improving Timely Access to Services for Underserved Populations

The populations served under this program include African American, American Indian, Vietnamese, Medi-Cal recipients, undocumented, non-insured, low income and multi-cultural individuals.

- 63 individuals were referred to a prevention program
- 22 individuals were referred to an early intervention program
- 22 individuals followed through on referral & engaged in early intervention treatment services
- 16 were referred to BHSD treatment system (beyond early onset) and all of them followed through on referral and engaged in treatment. Their average time between referral and participation in treatment was 1 week.

Program Improvements:

- The BHSD is looking into ways for maintaining program fidelity with the evidence-based Portland Identification and Early Referral (PIER) model for early psychosis while conducting heavy case management as required by this population.
- Obtaining steady appropriate referrals with early psychosis symptoms not primarily related to substance use or trauma.
- Create clear pathways for transferring youths to lower levels of care when individuals have met goals, as some youths only need medication services to maintain stability.
- Begin to titrate services for transitioning consumers earlier to help mirror and acclimate consumers to upcoming the lower level of care.
- Begin the request for lower level of care six to eight months prior to the transition.
- BHSD staff and direct care service providers maintain continuing education goals and training to keep up with current trends and promising practices.
- Continue to foster relationships within the community to sustain and create new ways of providing outreach.
- Skilled and dedicated staff is crucial for these Prevention and Early Intervention Services and also difficult to find and maintain in Santa Clara County.

Proposed Program Changes to Improve Consumer Impact:

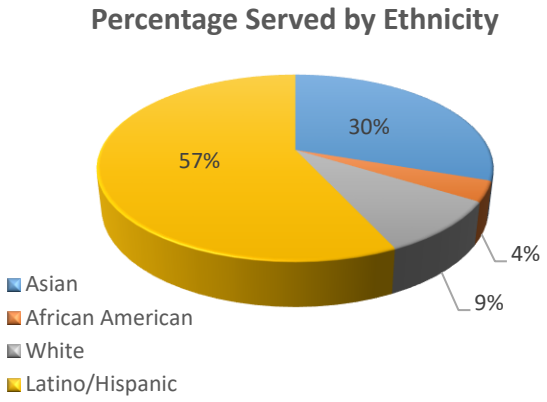
- Begin to titrate services for transitioning consumers earlier to help mirror and acclimate consumers to a lower level of care

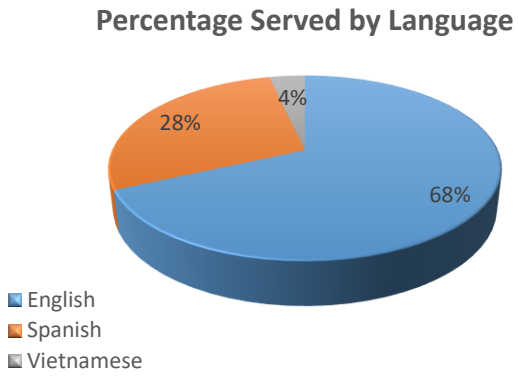
- Begin the request for lower level of care six to eight months prior to the transition
- Ongoing need to continue education and training to keep with current trends and up and coming practices
- Continue to foster relationship within the community to sustain and create new ways of providing outreach
- Skilled and dedicated staff is crucial for the Prevention and Early Intervention Services.

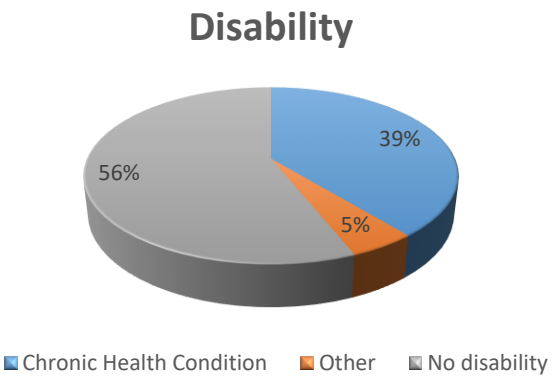
REACH: OUTREACH ACTIVITIES

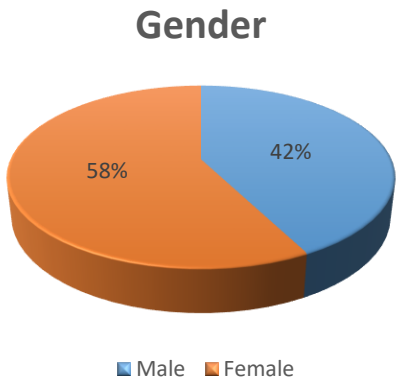
Settings	Responders
Starlight Providers Meeting: IOP, OPT & TBS	IOP, OPT, TBS Staff
Starlight Providers	FSP, WRAP, MHMHC Staff
Independence High School	Teachers
Davis Intermediate School	School Psychologist
Andre P. Hill High School	Principal
Cupertino High School	Principal
Gunderson High School	Case Manager
Goodwill Parent & Family Workshop Collabration	Family, clients
Gavilan College	College Students, Teachers
ESUHSD	Social Work Interns, school psychologists
Millbrook Elementary	Teachers, therapists, aids, case managers.
JF Smith Elementary	Teachers, therapists, aids, case managers.
Laurelwood Elementary	Teachers, therapists, aids, case managers.
Davis Intermediate School	Students, school psychologists
KIPP San Jose Collegiate	Spanish Speaking Parents
Norwood Elementary	Teachers, therapists, aids, case managers.
San Jose State University	Undergraduate Students
Oak Grove High	Students, teachers
Holly Oak Elementary	Teachers, therapists, aids, case managers.
Evergreen Elementary	Teachers, therapists, aids, case managers.
Mental Health Urgent Care	Nurses, therapists, support staff
Dove Hill Elementary	Teachers, therapists, aids, case managers.
John J. Montgomery	Teachers, therapists, aids, case managers.
Carolyn Clark Elementary	Teachers, therapists, aids, case managers.
Silver Oak Elementary	Teachers, therapists, aids, case managers.
Cedar Grove Elementary	Teachers, therapists, aids, case managers.
Mt. Pleasant High School	Students, teachers
Cadwallader Elementary	Teachers, therapists, aids, case managers.
JFCS	Youth group leader
OB Whaley Elementary	Teachers, therapists, aids, case managers.
Bridges Academy	School Psychologist, case managers.
Tom Matsumoto Elementary	Teachers, therapists, aids, case managers.
Summit Denali	Teachers, case managers.
Asian Americans for Community Involvement (AACI)	Therapist, family
Community Solutions	Therapists, case mangers

Community College College/Colleges	Administrators School coordinators, Students,
Community Centers	Staff, Directors, CEO, Regional Directors, Students,
Community Events	Community member, Tech staff, Management
Mental Health Agencies	Administrative staff, Counselors, Therapist, Peers,
Hospitals	Registered Nurses, Administrators, Clinicians,
Youth Community Programs	District Team, Admin Staff, Teacher, Students,
Mental Health Providers	Therapist, peer support, paraprofessionals, MDs
Community Centers	Peers, Youth Service Providers, Services
Community Adult Centers	Administrators, Students, Peers, Teachers,
Cultural Centers	Staff, Community, Clinical Staff, Non Clinical Staff,
California Children's services	Providers supporting Latino population
High Schools	Administrators, Teachers, Clinicians, Psychologists,
Middle Schools	Administrators, Teachers, Clinicians, Psychologists,
Elementary Schools	Administrators, Teachers, Clinicians, Psychologists,
Charter Schools	Administrators, Teachers, Clinicians, Psychologists,
Employment Programs	Administrators, Coordinator, Students, Families
County SOC/Providers Mtg	Directors, Managers, County Administrators,
Behavioral Health Agencies	CEO, Executive/Board Members, Directors,
Community Resources Events	Parents, students, children, clinicians, peer
Online Educational Connections	Clinicians, Occupational Therapists, Nurses,
Social Media	Parents, Students, Young Adults, Volunteers, Clinical
Residential Facilities	Clinical Staff , Paraprofessionals, Housing









Overview of Programs and Services for Adults and Older Adults: Fiscal Year 2019

Initiative	Program	Description	Proposed Changes
CSS: Full Service Partnership			
Full Service Partnership for Adults, Older Adults and Justice Involved	FSP Maintenance	Continuation of the FSP model from previously approved plans. This tier of services will ensure that individuals that currently receive FSP services will continue to receive care without any reduction in service. The FSP Maintenance service is a step down from Intensive FSP for those who may still needs services, including housing support, to remain successful in the community. Maintain current number of FSP slots: Adult, Older Adult, and Justice services.	No changes
CSS: General System Development			
Permanent Supportive Housing	Permanent Supportive Housing	Consists of County-operated services designed to meet the housing and service needs of chronically homeless individuals with severe mental health needs	Adding I FTE Administrative Assistant (AA)
Outpatient Clinical Services for Adults and Older Adults	County Clinics	An array of mental health supports including basic mental health services and medication support. The County's clinics expand access to mental health services by co-locating at health facilities people are likely to go to or be familiar with	No changes
	Hope Services	Counseling, case management, and psychiatric services to children, adolescents, young adults, adults, and senior citizens with a qualifying mental health diagnosis and a developmental disability	No changes
	CalWORKs Community Health Alliance	behavioral health services to adult clients enrolled in the Welfare-to-Work (WTW) Program who experience mental health and substance abuse issues	Removing MHSA-funded 0.5 FTE AA to be funded by CalWORKs moving forward.

	Outpatient Services for Older Adults	Counseling, case management, and medication management services for adults who meet medical necessity to improve quality of life, address unique mental health needs, and prevent higher intensity care by supporting aging in place whenever possible	No changes
Criminal Justice System Services Initiative	Criminal Justice System Services Residential and Outpatient	Outpatient and residential services provided at a wellness and recovery centers for individuals who are involved in the justice system to meet the needs of re-entering the community	Increase the emergency housing budget to accommodate current need at Evan's Lane, Justice System Services
	Criminal Justice System Services IOP/Outpatient	Outpatient and intensive outpatient services for individuals who are involved in the justice system to meet the needs of re-entering the community	No changes
	Faith-based Resource Centers	Service coordination to individuals reentering the community from jail provided by multi-agency faith-based resource centers	No changes
Crisis and Hospital Diversion Initiative	Mental Health Urgent Care	Screening, assessment, brief medication management, and referral to other community resources at walk-in outpatient clinic for County residents who are experiencing behavioral health crises	No changes
	Crisis Stabilization and Crisis Residential	Crisis support, counseling, and linkage services in up to 24-hour stabilization unit and CRT	No changes
	Adult Residential Treatment	Full range of clinical and support services to consumers who need an IMD/hospital diversion or who have substance abuse and serious mental illness located at two new Institution of Mental Disease (IMD) Stepdown/Diversion centers and one Co-occurring Treatment center	CFTN allocation for purchase of at least one county-operated ART facility in order to carry out this identified community need.
	Community Placement Team	Case management, housing, and linkage support by a 24-hour case management unit that provides services to consumers returning to the community from other settings	No changes

	IMD Alternative Program	Comprehensive treatment services in a supportive, structured environment as an alternative to a locked setting serving up to 45 consumers for approximately 6-months	Increase bed accessibility at IMD step down for older adults, Drake House. Increasing capacity to 22 beds.
	Mobile Crisis	Immediate crisis support services including assessment, crisis support, and linkage provided by clinicians housed at Mental Health Urgent Care	No changes
Older Adult Community Services Initiative	Clinical Case Management Team for Older Adults (Elder Health)	An array of services provided to engage older adults who may be reluctant or unable to access needed mental health services due to geographic barriers, limited mobility, health issues, or stigma associated with receiving mental health services in a clinic	NEW: In development, slated for FY2020. Adding 1 FTE Mental Health Program Specialist (MHPS) to support this project slated for FY2020.
	Connections Program	Case management and linkage services for older adults who are at risk of abuse as part of a collaboration with Adult Protective Services	No changes
	Older Adult Collaboration with San Jose Nutrition Centers	Expansion of mental health outreach, awareness, and training at Senior Nutrition Sites to provide community training and workshops and referral to mental health services	Modified: In development, slated for FY2020 (formerly a PEI program).
	Elder's Storytelling	The new Elders' Storytelling Program will serve culturally isolated older adults with mild to moderate depression to help reduce depressive symptoms and restore social connectedness with their family, friends, caregivers and community.	Modified (formerly Innovations Project #4): In development, slated for FY2020.
CSS: Outreach & Engagement			
In Home Outreach	In Home Outreach	Targeted outreach and engagement teams to identify and connect consumers with mental health needs to services (based on RISE model from Ventura County and IHOT model from Alameda County)	NEW: In development, slated for FY2020.

Prevention and Early Intervention			
	Integrated Behavioral Health	People with mental and substance abuse disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care.	In review, slated to launch in FY2020.
	The Re-Entry Resource Center: PEI Enhancement	This is a multi-disciplinary team that provides custodial and non-custodial individuals with referral and wrap around services. The program offers linkage to: mental health outpatient services; alcohol and drug treatment and care; resources to the faith communities; peer mentoring; housing; general assistance benefits; health referrals; transitional case management; and a clothes closet. This overall assessment and wraparound services will include custody health, mental health, probation, DADS, SSA, housing, and Peers as Navigators and Mentors.	NEW: County operated clinical team for FY2020. In development.
Peer and Family Support	Office of Consumer Affairs	Three programs focused on connecting consumers to support from peers who have a shared lived experience of navigating the mental health system and are uniquely qualified to offer support, encouragement, and hope to consumers.	Staff expansion: I FTE Office Specialist (OS); 2 FTE Mental Health Peer Support Workers (MHPSW).
	Office of Family Affairs	Education support and resources to assist families in navigating the behavioral health system through offering direct support, information,	Staff expansion: 1 FTE Program Manager II; I FTE Office Specialist (OS); 6 FTE Mental

		and education, with the goal of providing recovery and hope	Health Peer Support Workers (MHPSW).
	Mental Health Advocacy Project	Specialized, free legal and advocacy assistance for people identified as having mental health issues or developmental disabilities	No changes.
	Older Adult In-Home Peer Respite	Free supportive counseling, visitation, and respite services provides caregivers of older adults a break from caregiving while simultaneously providing older adult consumers with companionship and social support	NEW: In development, slated for FY2020.
	Independent Living Facilities	Support the Community Living Coalition's efforts to bring community-wide efforts focused on supporting owners, residents and the community by promoting high quality "independent livings." These efforts would serve residents that do not need medication oversight, are able to function without supervision, and live independently.	NEW PEI Program slated for FY 2020. Add $500,000 for contract services.

Additional FSP capacity in development for a FY2020 launch: County of Santa Clara plans to expand its existing FSP capacity for an additional 500 consumers, serving a total of 820 consumers. Staffing expansion and modifications are related to this anticipated adult and older adult system of care redesign and expansion.

Adult Residential Treatment: Full range of clinical and support services to consumers who need an IMD/hospital diversion or who have substance abuse and serious mental illness located at two new Institution of Mental Disease (IMD) Stepdown/Diversion centers and one Co-occurring Treatment center.

Older Adult System of Care Expansion

The following programs and services are in development or in the Request for Proposal (RFP) evaluation phase during this reporting period. These programs and services are slated to being in FY2020 and will be added to the CSS component of MHSA.

Clinical Case Management for Older Adults: This program seeks to engage older adults who may be reluctant or unable to access needed mental health services.

The program will provide multicultural and responsive outpatient services including: Medication management; Clinical support to meet a variety of mental health needs related to depression, PTSD, suicidality, crisis support, specialized refugee support, and dementia; including alternative and culturally specific treatments; health education for clients and families; social connectedness; Housing and daily living resources.

Older Adult Collaboration with Senior Nutrition Centers: This program will *p*rovide mental health outreach, awareness, and training to adults age 60 and older who are already receiving services at any of the 34 Senior Nutrition Centers located throughout the County. This collaboration with Senior Nutrition Centers co-locates behavioral health counselors and interns to provide outreach and engagement services where older adults are already receiving services.

Older Adult In-Home Peer Respite Program: The program mobilizes peers from the community to provide free supportive counseling, visitation, and respite services. Peer respite providers offer companionship and supervision as well as peer counseling services for older adults who may be troubled by loneliness, depression, loss of loved ones, illness, or other concerns of aging. The program provides caregivers of older adults a break from caregiving while simultaneously providing older adult consumers with companionship and social support.

Elders' Storytelling Program: The program will serve culturally isolated older adults with mild to moderate depression using the culturally proficient technique of life review and storytelling (reminiscence) and incorporating innovative service component to help reduce the elder client's depressive symptoms and restore their position of social connectedness with their family, friends, caregivers and community.

Community Services and Supports: Full Service Partnership

Full Service Partnership

Adult Full Service Partnership (FSP)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25-59	FSP	463
Goals			
Outcome 1:	Promote recovery and increase quality of life		
Outcome 2:	Decrease negative outcomes such as hospitalization, incarceration, and homelessness		
Outcome 3:	Increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports		

Description:

Santa Clara County has identified the need for multiple levels of Full Service Partnership (FSP) in order to appropriately and efficiently serve individuals with varying levels of mental health needs, because the intensity and frequency of service engagement should vary considerably based on level of need. FSP programs provide a collaborative relationship between the County, the consumer, and— when appropriate— the consumer's family. Through this partnership, providers plan for and provide a full spectrum of community services so that the consumer can achieve his/her identified goals.[1, 2]

Summary of Achievements:

- 463 consumers enrolled in an FSP compared to 321 contracted slots.
- Based on the number of consumers served for this period, the program has been functioning above expected target goals based on enrollment data.

[1] Section 5898, Welfare and Institutions Code

[2] Sections 5801, 5802, 5850 and 5866, Welfare and Institutions Code

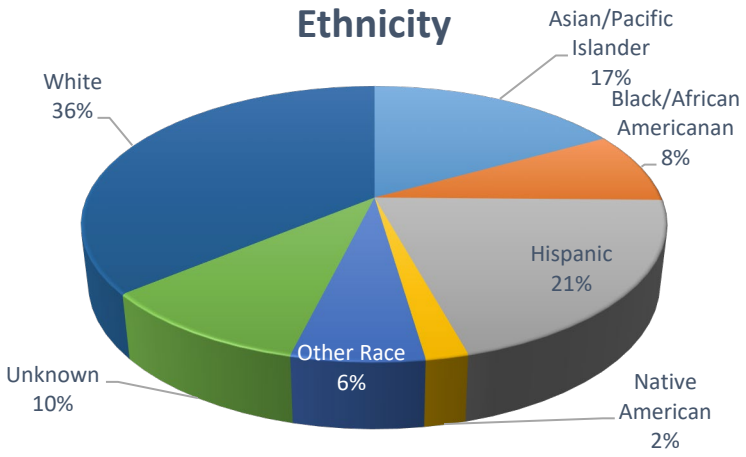
Program Improvements:

- The Adult FSP program continues to be challenged by stepping consumers to lower levels of care due to the gap between FSP level of care and the outpatient level of care intensity.
- There is a lack of available housing for consumers discharged into the FSP level of care from IMD and or main jail. The BHSD is looking into increasing the unsponsored dollar allocation for consumers requiring this housing support.
- The BHSD will strategize opportunities to increase consumer participation and involvement into an FSP after referral is received.

Proposed Program Changes to Improve Consumer Impact:

- Make available a housing structure with subsidy or patches for all consumers enrolled in this program to help decrease homelessness and support recovery.
- Possibly make available funds to contract or increase shelter beds for those consumers who may prefer this living arrangement.
- A stable housing/living environment would help achieve and maintain success towards consumer recovery and quality of life.

Adult FSP: Percent Served by Ethnicity



Community Services and Supports: Full Service Partnership

Justice Involved FSP

Criminal Justice Full Service Partnership			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adults Ages 25-59	FSP	482
Goals			
Outcome 1:	Promote recovery and increase quality of life		
Outcome 2:	Decrease negative outcomes such as incarceration, hospitalization, and homelessness		
Outcome 3:	Increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports		

Description:

The Criminal Justice FSP programs provide wrap around services and support through a "whatever it takes" philosophy to adults and older adults with severe mental health and/or co-occurring (mental health and substance abuse) conditions who are involved in the criminal justice system. Services are provided in a clinical setting, as well as, in the field, where clients conduct their lives and include individual/group therapy, medication support services, case management services, and crisis residential services. Services focus on behavioral health issues, including alcohol and drug problems, medication misuse and are guided by the principles of cultural competence, recovery and resiliency with an emphasis on building the client's strengths, and resources in the community, with family, and with their peer/social network. Individuals served have a history of utilizing correctional institutions, Institutes of Mental Disease (IMD), inpatient/state

hospitals, and are high users of EPS, crisis residential services, and/or frequent and extended hospitalizations.

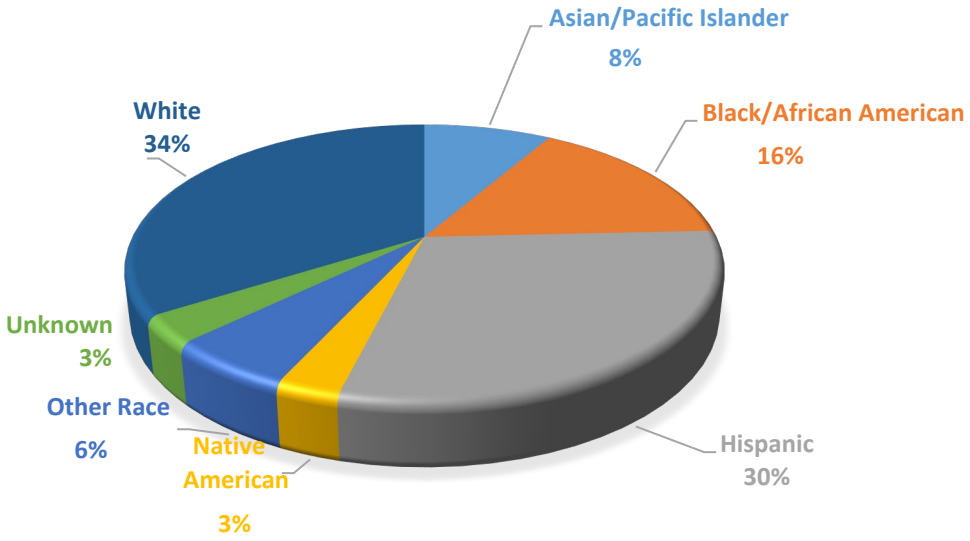
Summary of Achievements:

- 482 consumers enrolled in an FSP in FY2018.

Program Improvements:

- Increase access to affordable and permanent supportive housing for this population
- Increase access to vocational and education resources for this population.
- Increase outreach efforts to individuals in custody or those who have one AWOL following release from custody.
- Increase access to FSP Services to individuals being released from correctional settings and individuals needing a lower/higher level of care and increase access to residential, permanent settings.

Criminal Justice FSP: Percent Served by Ethnicity



Community Services and Supports: General System Development (GSD)

Permanent Supportive Housing

Permanent Supportive Housing			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult 25-59	GSD	256
Goals			
Outcome 1:	Remove barriers for obtaining and maintain housing as a part of recovery		
Outcome 2:	Decrease homelessness		
Outcome 3:	Increase stability and quality of life		
Outcome 4:	Reduce costs to various public service agencies, including health care (e.g., emergency room visits, inpatient hospital services)		

Description:

Permanent Supportive Housing (PSH) – Care Connection Program (CCP) combines low-barrier affordable housing, health care, and supportive services to help individuals with mental illness and their families to lead more stable lives. The PSH model incorporates mobile care teams and peer case managers to support individuals with mental illness who need intensive outpatient treatment, and who are not currently enrolled in a Full Service Partnership or PSH program, with the goal of enabling them to successfully obtain and maintain housing as a part of their recovery. Key components of PSH-Care Connection that facilitate successful housing tenure include: 1) Individually tailored and flexible supportive services that are voluntary, can be accessed 24 hours a day/7 days a week, and are not a condition of ongoing tenancy; Leases that are held by the tenants without limits on length of stay; and 2) Ongoing collaboration between service providers, property managers, and tenants to preserve tenancy and resolve crisis situations that may arise. This model has been shown to not only impact housing status, but also result in cost savings to various public service systems, including health care.

Summary of Achievements:

- BHSD continues to implement the Coordinated Outreach System, increased staffing to be able to provide services to more homeless individuals and added resources to better reach out to Transition Aged Youth.
- 85.5% of CCP clients had maintained housing for at least 12 months according to data form the HMIS, which exceeds the program's 80% goal.
- Current mental health penetration rate is 36.89%.
- Added 6 FTE new rehabilitation counselor positions to the CCP outreach team to increase engagement and linkage to behavioral health services as part of the FY18-20 MHSA Plan.
- The CCP partnered with Homeless Medical services to enhance medical care for this population.
- These changes have resulted in improved health outcomes and increased mental health penetration for PSH consumers.

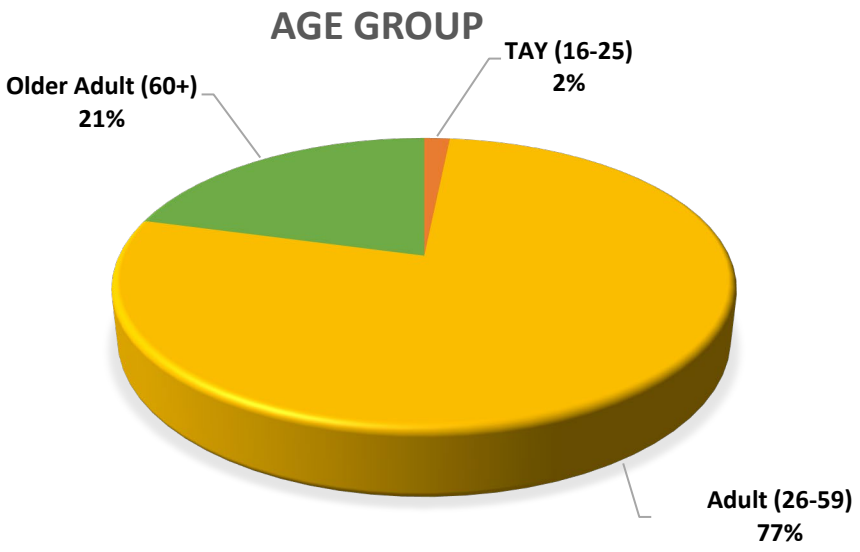
Program Improvements:

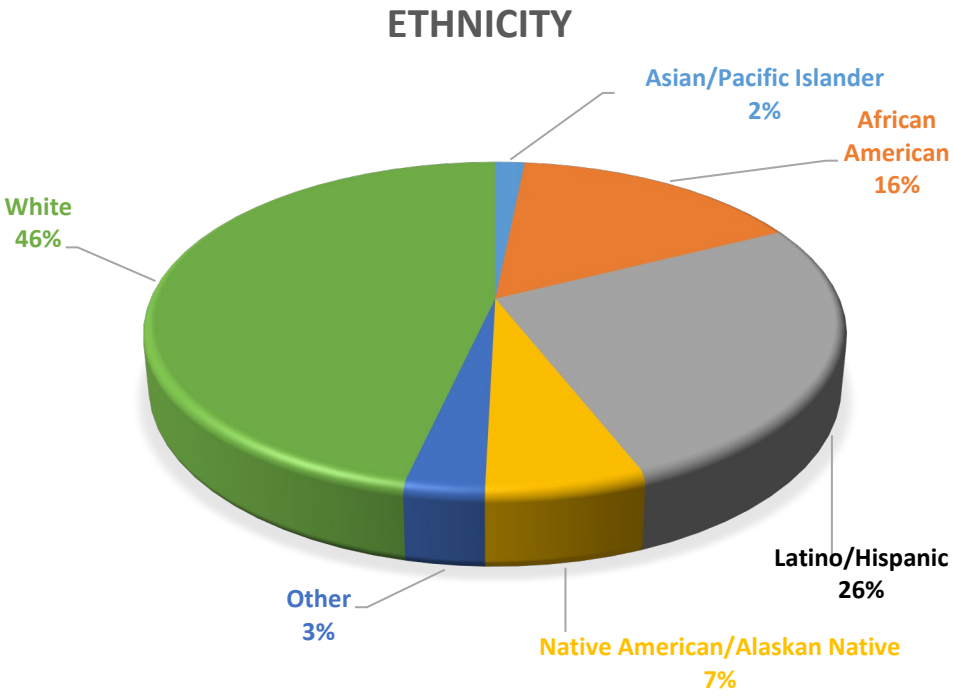
- The high expense of housing in Santa Clara County combined with low vacancy rate is one major barrier to program improvement as the program's major outcome measure if housing stability.

Proposed Program Changes

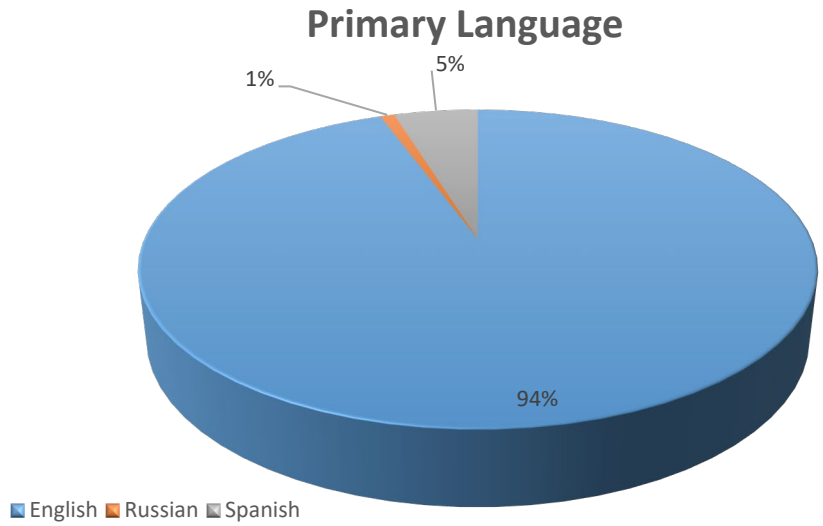
- Adding 1 FTE Administrative Assistant to support the PSH Division Director.

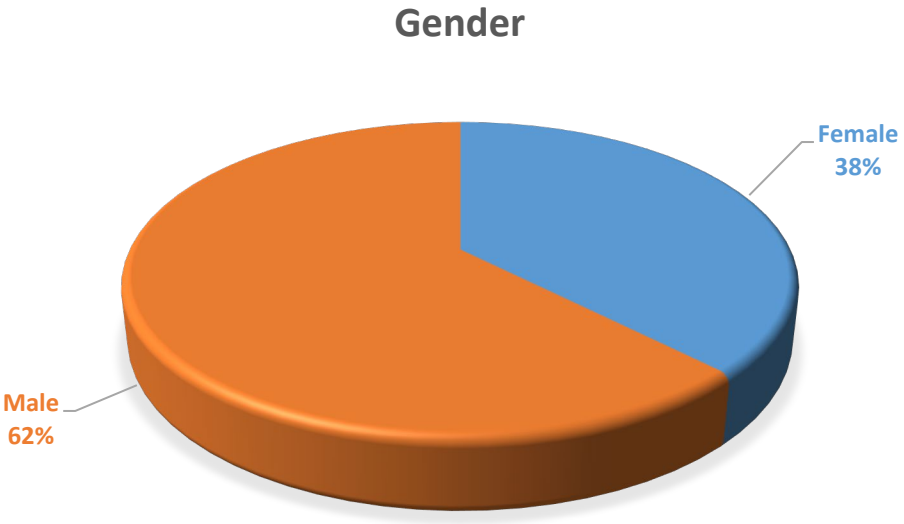
Permanent Supportive Housing: Percentage Served by Demographic Domain





Permanent Supportive Housing: Percentage Served by Demographic Domain





Community Services and Supports: General System Development (GSD)

Outpatient Services for Adults and Older Adults

County Clinics			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	GSD	2,309
Goals			
Outcome 1:	Consumers are able to access medication and behavioral health support needed to manage their symptoms and maintain wellness, as well as avoid the need for more intensive interventions such as hospitalization		

Description:

Central Wellness and Benefit Center (CWBC) provides ongoing medication management and monitoring, short-term mental health services and limited case management. CWBC is open Monday - Friday from 8 am- 5 pm. CWBC is a mental health outpatient clinic for Santa Clara County residents who are uninsured and are experiencing mental health issues. CWBC serves those who are dual diagnosed, homeless and/or recently released from jail. CWBC also provides psychosocial assessment, crisis intervention, referrals, linkages, brief therapy, rehabilitation & benefit enrollment services for adults (18 y/o & older). There are two levels of care within CWBC: Specialty and the Mild to Moderate Program. CWBC has served a total of 1588 consumers during this reporting period.

Downtown Mental Health Center Service Teams (DTMH) assists individuals within the context of a mutual partnership effort to achieve higher levels of functioning, develop community/family support systems wherever possible, promote self-reliance and self-sufficiency, and encourage individuals to work or to return to work whenever possible. Service teams work with clients suffering from serious mental illness who exhibit severe problems in normal daily functioning, offering a full array of mental health services including case

management services, crisis intervention and medication support services. DTMH has two fulltime service teams comprised of case managers and a psychiatrist operating Monday through Friday. Valley Homeless Healthcare Program locates some of its health care services for homeless residents at DTMH to facilitate convenient access to care. Languages available at this center are English, Cantonese, Mandarin, Russian, Spanish, & Vietnamese. Additionally, clients can participate in the onsite Wellness and Recovery Action Plan (WRAP) Services that offer group experiences to prevent crises, promote adaptive behaviors, and develop skills to maintain mental health stability. DTBH has served a total of 721 consumers during this reporting period.

Summary of Achievements:

- 2,309 consumers were served at theses clinics which included 1,480 unduplicated individuals enrolled in the CWBC Specialty Program and 108 unduplicated individuals were served at CWBC- Mild to Moderate program during FY 2018.
- Caseloads were coded Red- Severe, Yellow- Moderate, Green- mild stable to identify appropriate level of care for consumers. This allowed clinic direct service provider staff to manage existing caseload in a more structured and efficient manner. Clinic based direct care services providers (clinic clinician) carry caseloads that range from 150-180 consumers.
- CWBC also assisted clients in accessing Medi-Cal insurance and were transferred to an appropriate level of care for their needs.
- Primary Care Providers from Integrated Behavioral Health clinics are being trained on prescribing psychotropic medication. This allows the ongoing PCP to support medication monitoring.
- DTBH provides specialty mental health services to all consumers and seeks to decrease wait times at the call center.
- DTBH provides wellness and medication-only services to consumers who are not requiring ongoing therapeutic services but are working on their recovery and improved quality of life.

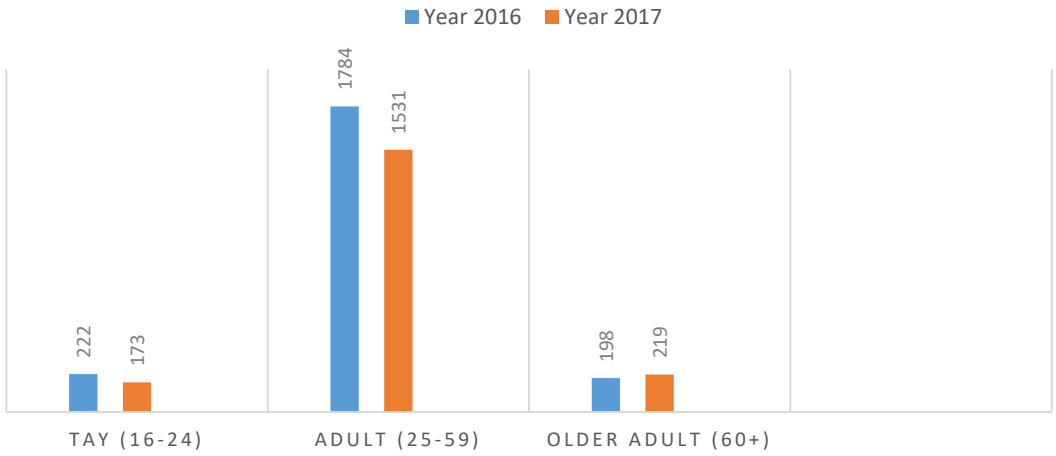
Program Improvements:

- Various general improvements are recommended on the following areas:

- Hours of operation:
  - CWBC is open Monday - Friday from 8 am- 5 pm. CWBC is not open during the weekends nor Holidays. A majority of the clients that we serve in both programs work during the day and can benefit from late hours for appointments (i.e. after 5 pm and/or weekends).
  - Consumers that arrive close to closing time are briefly screened, triaged and then linked to EPS for further screening and assessment.
- Same day medication appointments for consumers that need them can improve consumer wellness.
- Safety Infrastructure:
  - Metal detectors, cameras and security guards are needed as consumers can get aggravated compounded by wait times and lack of medication in the waiting areas.
- Staffing at both clinics is limited based on the increased flow of consumers coming to county clinics.
- Low capacity at referral clinics makes it difficult to transfer consumers to their proper level of care.
- Not having enough Senior Financial Counselors to assist clients with benefit enrollment is also challenging.

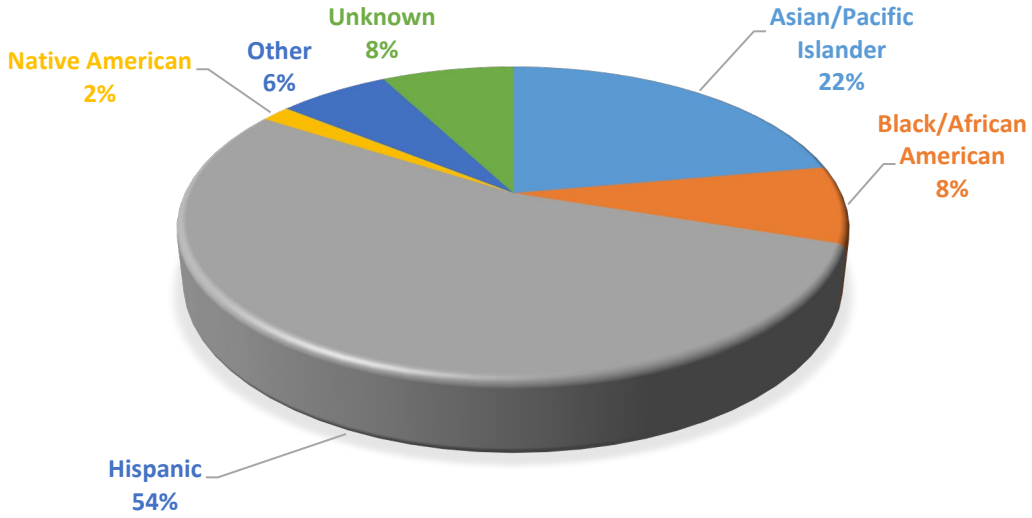
County Clinic: Percentages Served by Age Group

(Central Wellness and Benefits Center, FY 16-17)



County Clinic: Percentages Served by Ethnicity

(Central Wellness and Benefits Center, FY 16-17)



Community Services and Supports: General System Development (GSD)

Hope Services: Integrated Mental Health and Autism Services			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0 – 15 ☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	GSD	736
Goals			
Outcome 1:	Individuals who have developmental disabilities and mental health issues are able to access needed services to support their wellbeing		
Outcome 2:	Consumers are stabilized or experience improved integration in social settings		

Description:

Hope Services was designed to improve the quality of life for individuals with developmental disabilities through providing counseling, case management, and psychiatric services to children, adolescents, young adults, adults, and senior citizens with a qualifying mental health diagnosis and a developmental disability. Hope Services supports consumers by providing treatment that supports both autism and mental health issues. Without these combined services, consumers may engage in behaviors that result in institutionalization, hospitalization, and arrest. Eligible consumers receive the following services at the San Andreas Regional Center (SARC), where Hope Services is embedded within SARC's outpatient services:

Wellness and Recovery Action Plan (WRAP) Services: Group experience to prevent crises, promote adaptive behaviors, and develop skills to maintain mental health stability. Autism and Co-Occurring Disorders: Mental health treatment for people with autism and coexisting behavioral health challenges.

Hope Services staff are fluent in 13 languages besides English: Russian, Spanish, Japanese, Italian, French, Catalan, Cantonese, Mandarin, Portuguese, Hindi, Tagalog, German, and Vietnamese.

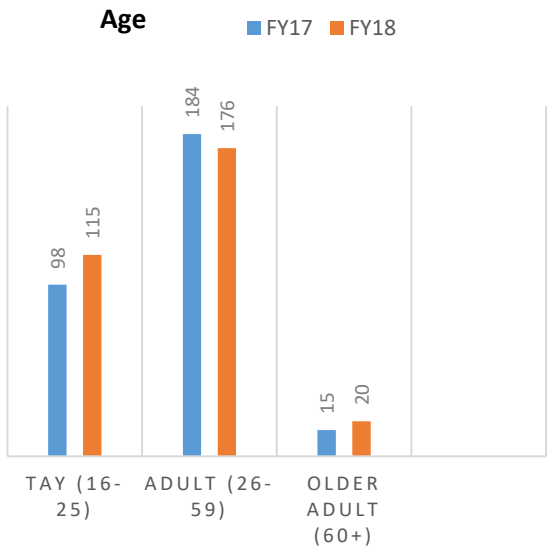
Summary of Achievements:

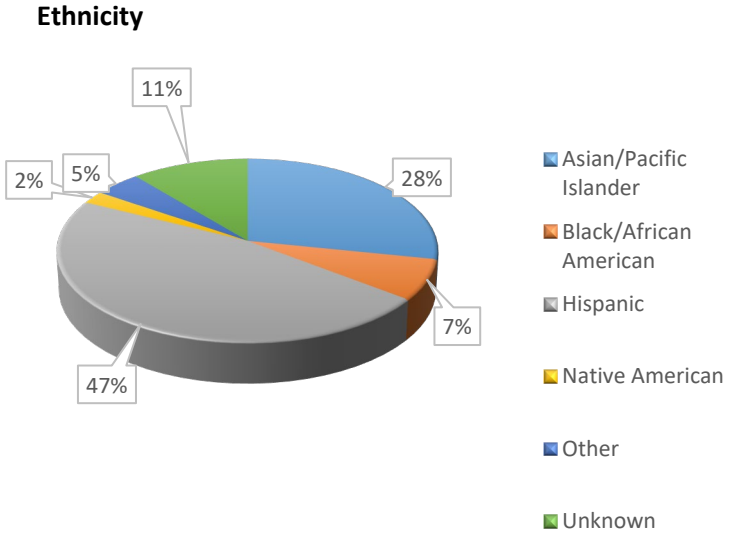
- The program has been functioning above expectation due to the ongoing readiness to take on more clients despite the staffing challenges.
- The program's biggest challenge is with capacity. Nevertheless, the program maintains average and above average overall functioning despite the capacity issues.

Program Improvements:

- Additional staffing to accommodate the ongoing capacity issues.
- Add funding for outreach services such as contracts to reach and educate the community regarding Hope Services.
- Provide wellness and medication services to consumers who are not requiring ongoing services but on their way to recovery and good quality of life.

Hope Services: Percentage Served





Community Services and Supports: General System Development (GSD)

CalWORKs Community Health Alliance			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25 – 59	GSD	638
Goals and Objectives			
Outcome 1:	Consumers develop increased self-sufficiency and work readiness.		

Description:

The CalWORKs Community Health Alliance (Health Alliance) provides behavioral health services to adult clients enrolled in the Welfare-to-Work (WTW) Program who experience mental health and substance use challenges. Health Alliance is a partnership between Santa Clara County Social Services Agency, Substance use Treatment Services (SUTS, formerly known as DADS) and BHSD. The purpose of this partnership is to provide comprehensive behavioral health services for CalWORKs clients and their family members. CalWORKs places mental health services within the employment support program to help address issues that prevent people with mental health issues from obtaining and maintaining employment which can help them transcend poverty.

Health Alliance uses a behavioral health model that focuses on the health of the whole person by providing individualized counseling and other services to enhance and support self-sufficiency. These holistic services include: on-site short-term solution-based therapy/counseling for clients who drop-in or call-in for short-term issues; long-term off-site therapy/counseling for clients who require services longer than 3-4 visits; emotional wellbeing; behavioral challenges; stress management; psychosocial functioning; and transitional housing services. Health Alliance also partners with community college and adult education programs to provide on-site individual counseling, support groups, and educational forums to clients. Community-based providers leverage Medi-Cal to

fund services while the County CalWORKs team is completely funded by CalWORKs funds.

Summary of Achievements:

- Consumers were linked to services within a set of Performance Learning Guidelines.
- Consumers continued to pursue college classes and obtain employment.
- Consumers received referrals for Psychiatric Evaluations and medication support. There was a reportedly significant reduction in self harm.

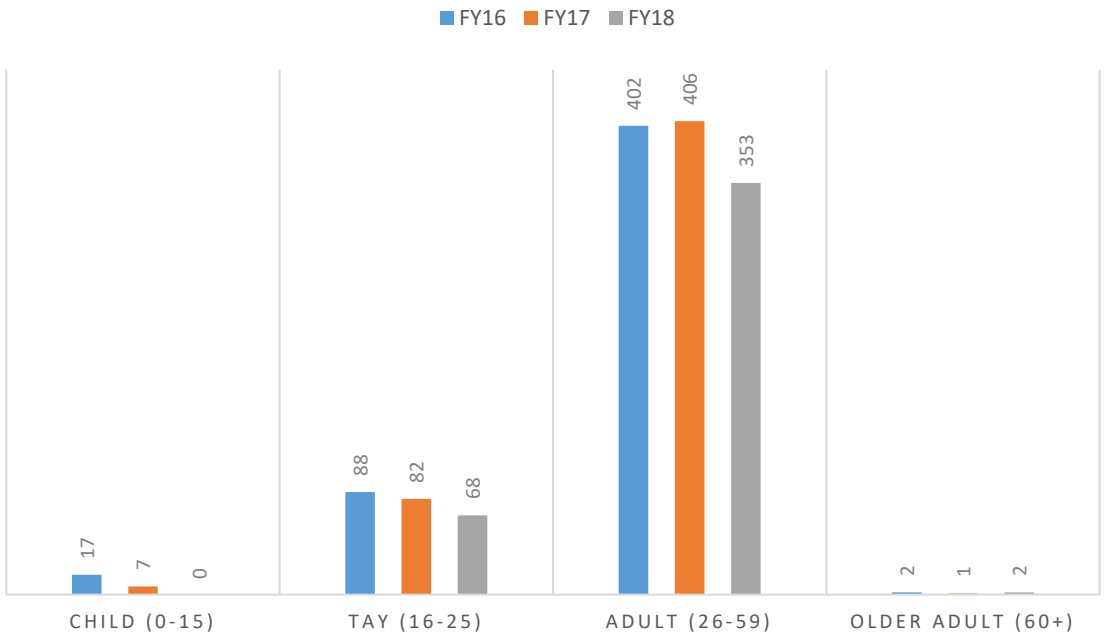
Program Improvements:

- Work on reducing stigma associated with receiving Behavioral Health Services as an educational goal. Develop strategies to improve follow up after a referral has been made. Program participation has declined in recent years.
- Increase outreach to Community Colleges where CalWORKS enrolled beneficiaries attend school to improve consumer admission.
- Conduct psychoeducational sessions at Social Services Sites to provide needed education and outreach to CalWORKS clients in collaboration with direct care service providers.
- Develop outreach materials for Behavioral Health to send out to all CalWORKS beneficiaries.

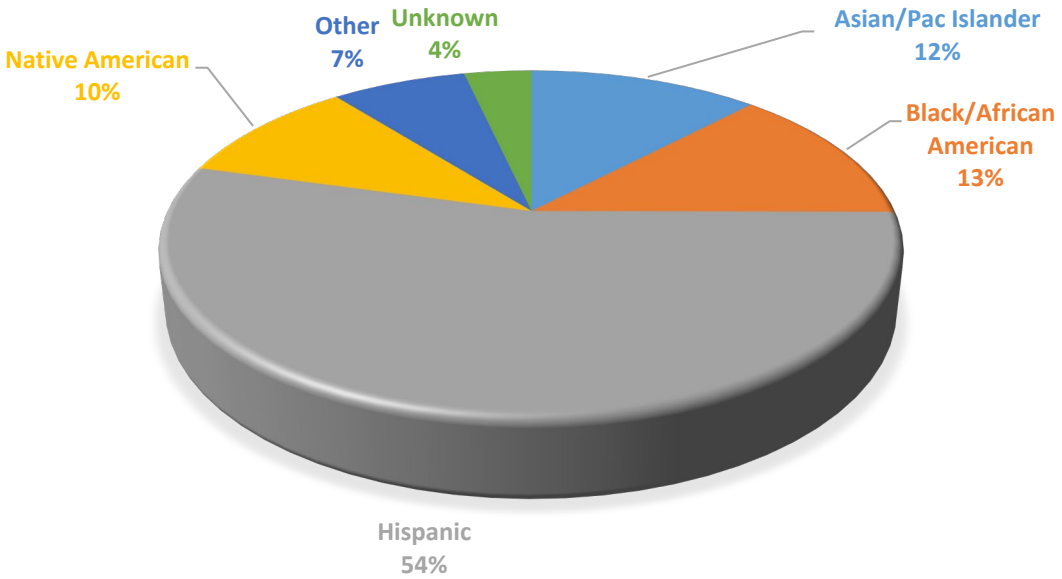
Proposed Program Changes to Improve Consumer Outcomes:

- A new O.50 FTE Administrative Assistant position would be created and funded by Social Services to support CalWorks, not MHSA-funded.
- Retain existing 0.50 FTE Mental Health Program Specialist (licensed) to monitor contract and provide clinical services, MHSA-funded.

CalWORKs: Percentage Served by Age Group



CalWORKs: Percentage Served by Ethnicity, FY2018



Justice Services Initiative

Criminal Justice Residential and Outpatient Treatment Programs			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25-59	GSD	13 (outpatient) 82 (residential)
Goals			
Outcome 1:	Increase stability and quality of life.		
Outcome 2:	Decrease homelessness.		

Description:

Evans Lane Wellness and Recovery Center

Evans Lane Wellness and Recovery Center is dedicated to serving adults who suffer from mental health illness, substance abuse issues, and involvement with the criminal justice system. The Center provides both residential treatment through transitional housing, and a separate outpatient program. The philosophy of the Center is grounded in the Wellness and Recovery Model which supports recovery by enabling consumers to take responsibility for their lives, enhancing their self-sufficiency, developing their abilities and confidence, enhancing their support network, assisting them in finding meaningful roles in the community, mitigating health and behavior risks, and teaching them to manage their mental illness through a WRAP® (Wellness Recovery Action Plan). Individuals can be connected to the Center through the following mechanisms:

- Gardner
- Community Solutions
- Catholic Charities
- Probation Department
- Parole
- Drug Treatment Court

Evans Lane – Residential Treatment Program

Evans Lane's Residential Treatment Program provides the following services for individuals involved with justice system services: housing support, extended housing for up to one year, 24 hour support (support, group counseling, group activities, evening and weekend group activities), services and activities are focused on integrating the participants into the community so that they can be stepped down to the Center's Outpatient Treatment Program.

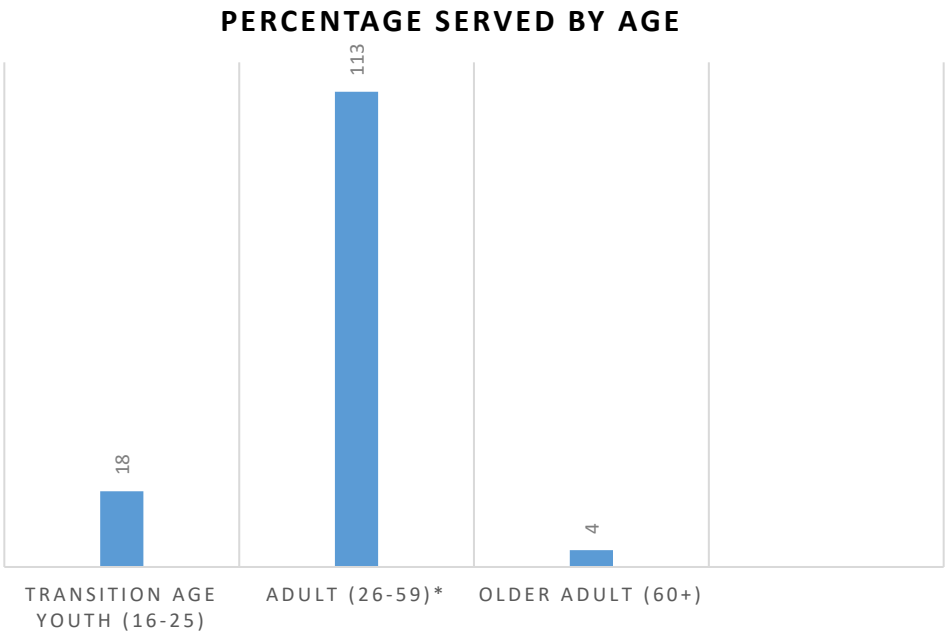
Evans Lane – Outpatient Treatment Program

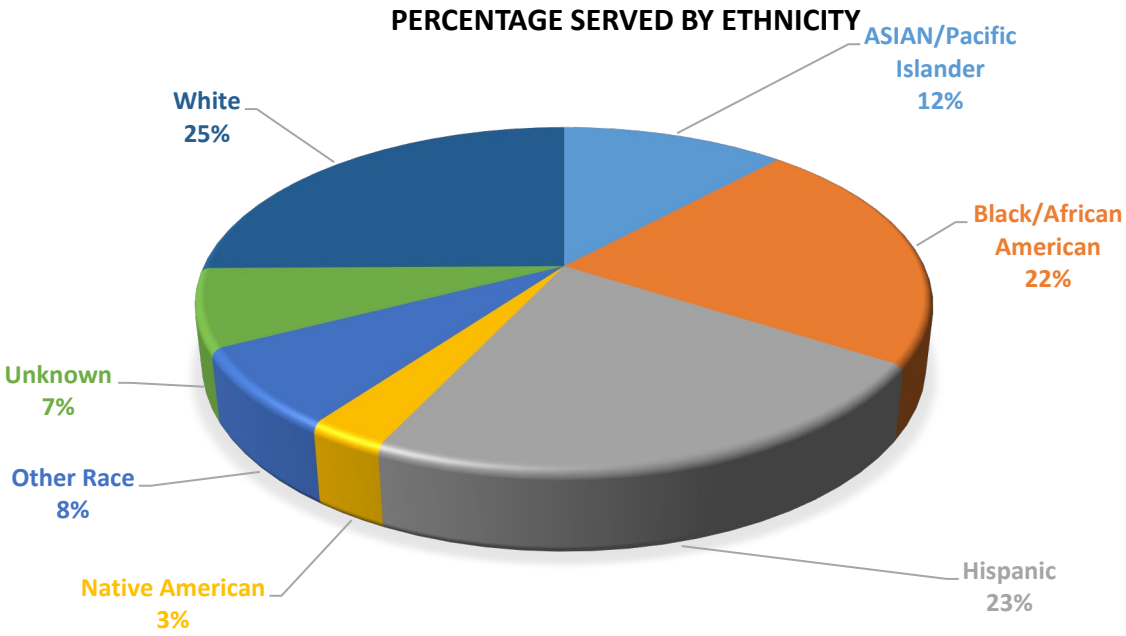
The Outpatient Treatment Program is comprised of a psychiatrist, clinical managers, and community workers that work in collaboration with the participant to provide psychiatric assessments, comprehensive case management services, medication management, and representation in areas of legal implication. Clinical managers work with participants to provide individualized treatment plans, which include individualized and/or group therapy. While enrolled, clients are coached and encouraged to establish themselves back into society with the proper tools and resources.

Proposed Program Changes to Improve Consumer Outcomes:

- Increase Evan's Lane - Emergency Housing/residential budget by $41,680 for a revised funding total of $91,250 for contracted services. Proposed start date is FY2020.
- Increase available capacity to lower levels of care, including programs with the BHSD System of Care, as individuals in this program who graduate from the criminal justice system have difficulty transitioning.
- Include flex funding that can be utilized to support individuals in this program so they can transition successfully and reintegrate into the community.
- Individuals in need of lower levels of care who have graduated from the criminal justice system can transition to other BHSD programs where they will continue to receive mental health services - this may open up capacity for individuals in the criminal justice system in need of CJS Aftercare Services

Criminal Services Residential/Outpatient Treatment Programs:





Criminal Justice Services - Outpatient Services			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25-59	GSD	275
Goals			
Outcome 1:	Increase stability and quality of life		
Outcome 2:	Decrease signs and symptoms of mental illness		

Description:

Outpatient Treatment Programs

The County's outpatient treatment programs for justice-involved individuals provide culturally and linguistically appropriate services including individual, group, and family counseling and education on wellness, recovery, and resiliency. These programs offer comprehensive, coordinated services that vary in level of intensity. Outpatient programs may address a variety of needs, including situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and substance use disorders and other addictive behaviors. There are three outpatient treatment program types in Santa Clara County that serve justice involved individuals with mental illness:

Intensive Outpatient Treatment Program – Momentum

Momentum's Intensive Outpatient Treatment Program teaches justice involved consumers how to manage stress, and better cope with emotional and behavioral issues. The program provides the following services: Group, individual, and family therapy, frequent visits at home or in the community (usually 3-5 days per week), and an average of 34 hours of treatment for a set period of time (often 4-6 weeks, depending on the program). Individuals enrolled in the program may work and continue with normal daily routines. The advantage of this type of program is that people have the support of the program, along with other people working on similar issues. The program served 135 clients in FY 2018.

Proposed Program Changes and Consumer Impact:

- Increased clinical/case management staff to keep up with the demand of individuals being admitted into IOP services. This would allow for appropriate support to individuals in need of this level of care.
- Increase capacity in the stepped/down levels of care so more individuals ready to start lower levels of care can be discharged into appropriate outpatient care services. This would reduce the bottle neck currently observed in the IOP services program.

Aftercare Outpatient Treatment Program – Caminar

Caminar's Outpatient Treatment Program provides the services described above for justice-involved individuals who have been stepped down from a residential treatment program in Santa Clara County, such as Evans Lane's Residential Treatment Facility. The program served 95 clients in FY 2018.

Proposed Program Changes and Consumer Impact:

- Increase available capacity to lower levels of care, including programs within BHSD, as individuals in this program who graduate from justice system services have difficult transitioning. Individuals in need of lower levels of care, having graduated from justice system services can transition to other BHSD programs where they will continue to receive mental health services, opens up capacity for others waiting to transition into the Aftercare Outpatient Treatment Program.
- Consider adding flex funding to assist individuals with housing support and other basic need items in order to reintegrate successfully into the community (currently, MHSA regulations do not allow the use of flex funds from the General System Development component of CSS).

Co-Occurring Outpatient Treatment – Community Solutions

Community Solutions provides outpatient services for individuals with co-occurring mental health issues and substance use disorders. This programs has an

increased emphasis on providing alcohol and/or drug treatment services in additional to group, individual, or family therapy intended to support recovery from mental health related issues. The program served 45 clients in FY 2018.

Proposed Program Changes and Consumer Impact:

- Program was not fully staffed in the initial months of FY18 as direct services agency experienced difficulty hiring clinical staff to start-up program. This was a newly awarded program in FY 2018.
- Increase access to affordable, safe and permanent housing.
- Increase access to residential placements for individuals transitioning from incarceration into the community.

Community Services and Supports: General System Development (GSD)

Faith Based Resource Centers			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 24-59	GSD	705
Goals and Objectives			
Outcome 1:	Successful re-entry into community.		
Outcome 2:	Increase in quality of life and stability for those re-entering the community.		

Description:

The program is currently funded under INN-06, transitioning into Community Services and Supports beginning in Fiscal Year 2018-2019. There are four Faith-Based Resource Center (FBRC) which are operated by three different faith-based organizations in geographically diverse locations within Santa Clara County. The FBRCs are sites where services are provided to people leaving jail or prison and returning to the Santa Clara County community. The Santa Clara County Reentry Resource Center, located in downtown San Jose, serves as the main point of entry for people leaving jail and entering the community. The Reentry Resource

Center operates in collaboration with several Santa Clara County departments including the Office of the County Executive, Probation Department, Office of the Sheriff, Department of Correction, Mental Health Department, Department of Alcohol and Drugs, Custody Health, and the Social Services Agency.

Staff from BHSD that represent the Faith Reentry Collaborative are co-located at the Reentry Resource Center. When an individual at the Reentry Resource Center expresses interest in receiving reentry services in a faith-based setting, he or she receives a warm handoff to the BHSD staff for an assessment and orientation to the Innovation 06 project. If the individual wants to participate in one of the FBRCs, BHSD will request FBRC staff meet the individual at the Reentry Resource Center or will arrange the participant's intake at one of the FBRCs. FBRC staff from the three organizations also rotate staffing the County's Reentry Resource Center to assist in the warm handoff.

Summary of Achievements:

- 705 unduplicated (508 case managed and 217 one-touch services).
- Program opened a new location in South County and increase caseload.
- Over 75% were housed or assisted with rental assistance).
- Over 65% gained employment or enrolled in a training program).
- 100% of clients in need of clothes for employment received it (i.e., uniforms or proper footwear and attire).
- Expanded services by hosting resource tables at both Main Jail and Elmwood facilities for outreach and linkage to community resources such as mental health, substance abuse, shelters, health care, spiritual support, and transportation.

Program Improvements:

- Increase access to supportive housing, mental health services and substance use treatment services. This would lead to improved quality of life and s reduction in client reoffending and being re-incarceration.
- Increase vocational trainings to obtain long-term employment.

- Increase trainings in life skills for adaptive and positive behavior (i.e., parenting, finance, computer, communication, etc.). Housing and employment improve the quality of life and stability for clients.
- Increase days and hours of Resource Tables at Main Jail and Elmwood facilities to offer outreach and community of services and linkage. This would help increase community awareness of services available to those being released from incarceration.

Community Services and Supports: General System Development (GSD)

Mental Health Urgent Care			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-24 ☒ Adult Ages 25-59	GSD	1,996
Goals and Objectives			
Outcome 1:	Consumers are connected to urgent mental health care services and experience fewer visits to EPS and episodes of hospitalization.		

Description:

Mental Health Urgent Care (MHUC) is open every day including Holidays from 8 am- 10 pm. MHUC is a walk-in outpatient clinic for Santa Clara County residents who are experiencing a mental health crisis. MHUC provides needs and risks screening and assessment, 5150 screening and assessment, psychosocial assessment, crisis intervention, consultation, referrals, linkages, psychiatric evaluation, brief medication management services up to fifty-nine 59 days and short-term treatment for adolescents (16 y/o & older) and adults (18 y/o & older). MHUC also conducts on- call consultation to Law Enforcement and responds to critical incidents. Law Enforcement Liaison, clinician and the police conduct community crisis outreach and assessment services as needed.

Summary of Achievements:

- MHUC successfully links clients to the proper level of care: a higher level of care (Full Services Partnership Programs) or to lower level of care (Outpatient Clinics and/or Primary Care Behavioral Health Clinics).
- County Clinic staff and clinicians divert consumes from Emergency Psychiatric Services (EPS), Emergency Department (ED) and/or jail by de-escalating and stabilizing clients.

Program Improvements:

- Hours of Operation
    - MHUC is open every day of the week (Monday - Sunday) including weekends and Holidays from 8 am- 10 pm.
    - Consumers that arrive close to closing time are briefly screened, triaged and then linked to EPS for further screening and assessment.
- Same day medication appointments for consumers that need them can improve consumer wellness.
- Adding MHUC facilities/satellites in South County or North County to improve access to urgent care services from consumers in those geographical areas that may not be able to drive up or down to the one mental health urgent clinic in the county.
- Staffing at both clinics is limited based on the increased flow of consumers coming to county clinics.
- Low capacity at referral clinics makes it difficult to transfer consumers to their proper level of care.
- Add Senior Financial Counselor positions stationed at MHUC to assist clients with signing up or reactivating their benefits (i.e Medi-Cal and Medi/Medi Insurance).
- Increase safety infrastructure (add metal detector, cameras, security guards, etc.).

Community Services and Supports: General System Development (GSD)

Crisis Stabilization Unit and Crisis Residential Treatment			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	GSD	109 (CSU) 632 (CRT)
Goals and Objectives			
Outcome 1:	Consumers experiencing crisis access the support they need to avoid unnecessary hospitalizations or incarceration as a result of crisis episodes.		

Description:

The County's Crisis Stabilization Unit and Crisis Residential Program provides an unlocked, community-based alternative to hospitals for individuals experiencing a mental health crisis who do not need services in a locked setting. They support consumers in avoiding hospitalizations or incarcerations as a result of experiencing crisis episodes.

Crisis Stabilization Unit (CSU): The CSU provides specialty mental health crisis stabilization lasting less than 24 hours to/on behalf of a beneficiary for a mental health condition that requires a more immediate response than a regularly scheduled mental health visit. The CSU serves as an alternative to Emergency Psychiatric Services (EPS) and provides consumers with a secure environment that is less restrictive than a hospital. The CSU accepts individuals admitted on a voluntary basis. Services include crisis stabilization, psychosocial assessment, care management, medication management, and mobilization of family/significant other support and community resources.

Summary of Achievements:

- Supported 109 consumers who would otherwise frequent emergency psychiatry services for brief stabilization.

- CSU provides observation services in a less restrictive environment in order to prevent hospitalization.

Program Improvements:

- Consider a program oversight structure that supports close monitoring of clients/consumers to prevent escalating injury or harm.
- Include a withdrawal protocol to the treatment plan as an important aspect of the crisis stabilization unit workflow.

Crisis Residential Treatment (CRT): In a continuum of care, CRTs are typically used for people who don't need involuntary treatment and are used instead of inpatient hospitalization (I/P) or a Psychiatric Health Facility (PHF) because they are less costly and they serve as home-like environments which facilitates an easier to transition back into one's own home than from a hospital. In CRTs, the consumers assist with daily household tasks like cooking a meal and doing the dishes, in addition to receiving psychiatric/recovery services.

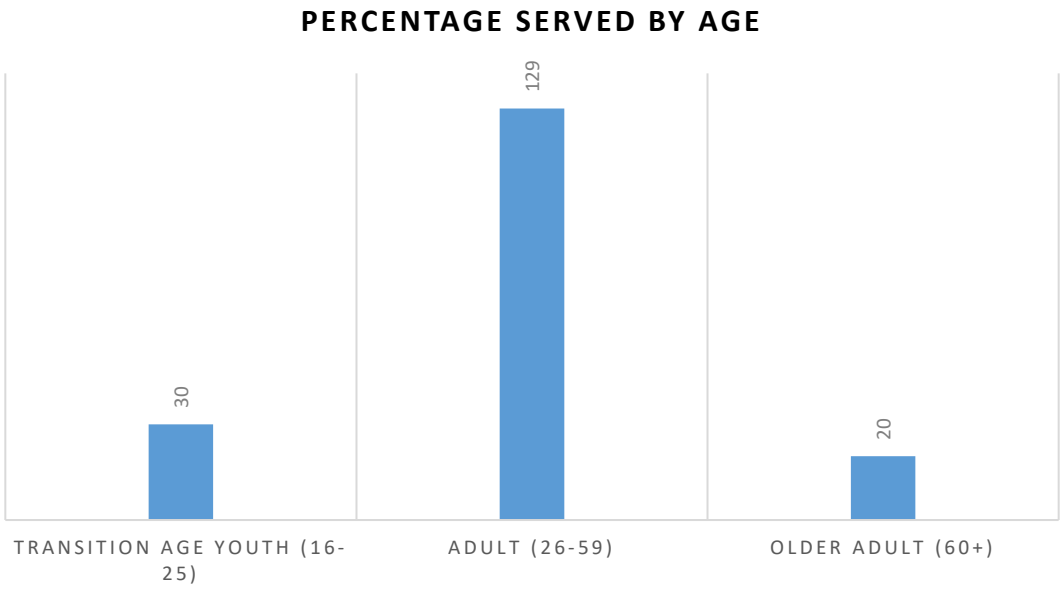
Summary of Achievements:

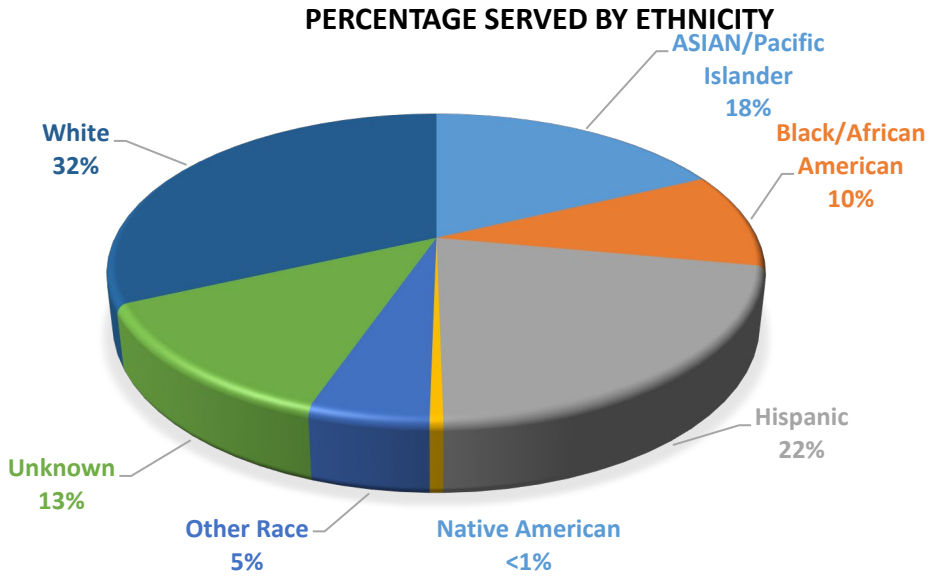
- Served 632 individuals during this reporting period with crisis residential facilities at capacity on any given day.

Program Improvements:

- Assist with covering the room on board cost of $36 after crisis residential stay to reduce the stress experienced by consumers after discharge.
- Increase program allocation to assist unsponsored consumers requiring this level of care.

Crisis Residential Treatment





Community Services and Supports: General System Development (GSD)

Community Placement Team Services and Institution of Mental Disease (IMD) Alternative			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	GSD	77
Goals and Objectives			
Outcome 1:	Increased connection to care to reduce the number of consumers cycling between institutional settings and homelessness		

Description:

The Community Placement Team (CPT) coordinates placement at MHSA-funded residential and temporary housing programs for consumers being discharged from Emergency Psychiatric Services (EPS) and/or the Barbara Arons Pavilion (BAP) who are also high utilizers of mental health services. The goal of the CPT is to provide a smooth transition for consumers after they experience a crisis by identifying and facilitating a supportive "landing pad" as they return to the community, preventing future crisis, and increasing participation in services. CPTs may refer consumers to services that support breaking the cycle of hospitalization, institutionalization, and homelessness. Such services include FSPs, clinic appointments, or supportive housing.

The Institution of Mental Disease (IMD) Alternative Program utilizes MHSA funds to provide intensive day treatment services for consumers transitioning from IMDs back to the community. Services are co-located at board and care facilities— Drake House and Crossroads Village— which provides housing to consumers stepping down from an IMD level of care. Crossroads Village has a 45-bed capacity and serves adults ages 18-59 with serious mental illness or co-occurring diagnoses. Crossroad Village uses a recovery-oriented approach to developing treatment plans through an equal partnership between the individual

and treatment team. Services include clinical and psychosocial supports. Drake House offers quality residential programs and mental health treatment services to adults and older adults in Monterey County. Services include: 24/7 Staffing, Nursing Support Services and Medication Assistance.

Summary of Achievements:

- 77 consumers served in FY2018.

Program Improvements:

- Expanded capacity by two more beds in Drake House due to emergent need.

Proposed Program Changes to Improve Consumer Outcomes:

- Adjust the FY2019 budget to accommodate 2 clients added during this period and increase capacity by 5 additional beds in FY2020 for a program total of 22 beds in the IMD Alternative Program at Drake House.

IMD Alternative Program (BAP Diversion)

Age Group	Percentage by Age Group
Transition Age Youth (16-25)	13.0%
Adult (26-59)	83.1%
Older Adult (60+)	3.9%
Total	100.0%

Ethnicity	Percentage by Ethnicity
Asian/Pacific Islander	23.4%
Black/African American	11.7%
Hispanic	11.7%
Native American	0.0%
Other Race	5.2%
Unknown	26.0%
White	22.1%
Total	100.0%

Prevention and Early Intervention: Access and Linkage to Treatment

Peer and Family Support Initiative

Office of Consumer Affairs			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-24 ☒ Adult Ages 24-59 ☒ Older Adult Ages 60+	PEI	1082
Goals and Objectives			
Outcome 1:	Consumers and the members of their support networks are supported in accessing the services they need to support their recovery and wellness.		

Description:

BHSD's Office of Consumer Affairs (OCA) runs three programs focused on connecting consumers to support from peers who have a shared lived experience of navigating the mental health system and are uniquely qualified to offer support, encouragement, and hope to consumers. To accomplish this, the County created Mental Health Peer Support Worker positions to enable hiring of consumers and family members into the mental health workforce. Mental Health Peer Support Workers provide individual and group support on a variety of topics such as talking about feelings of isolation; helping with access to medical benefits; and providing information about health, substance abuse, and other related topics. Peer support services complement the clinical support offered by licensed professionals through providing services in clinics and self-help centers, including the following locations:

Zephyr and Esperanza Self-Help Centers: Zephyr (San Jose) and Esperanza (Gilroy) are drop-in centers that provide peer support to assist consumers in achieving wellness and recovery; participating in meaningful activities; and obtaining education, employment, and housing. Self-help centers have capacity to serve English- and Spanish-speaking consumers with the following resources:

- Peer-supported events and social activities
- One-on-one peer support as well as peer-facilitated support groups

- Wellness Recovery Action Plan (WRAP) groups
- Self-Help for TAY (Zephyr); Self-Help Center (Esperanza)
- Computer workshops and classes to support consumer empowerment at the Consumer Learning Center

Clinic Peer Support: Mental health clinical staff may also refer consumers to peer support at County clinics, which provide the following services:

- WRAP groups at five clinics: Sunnyvale, Central Wellness Benefit Center (CWBC), Downtown, East Valley and South County
- Tobacco Cessation Groups
- Mindfulness groups

Summary of Achievements:

- There have been many groups offered ranging, from Positive Thinking, Conversational Spanish, Women's and Men's Group, and Employment Support. Popular groups are: Beading, Arts and Crafts, Extreme Couponing, WRAP, Coffee Social and Healthy Boundaries.
- Educational Presentations ranging from Trauma and PTSD, Habitability in Housing Rights, Healthy Relationships, African Heritage and African Immigrant Movie Night, and Eating Disorders.
- Events such as Holiday party, Thanksgiving, Peer Recognition, Arts and Crafts Fairs and client potlucks.
- There have been workshops such as Self-Compassion, SAMSHA 8 Dimensions, Finding Meaning, Avoiding Scams and Self-Care.
- Staff housing individuals and families suffering from mental illness, substance use and homelessness. Clients going back to school or getting employed with support of staff individually or from Employment Support groups and workshops. Clients learning computer skills which can help them gain employment and go back to school and be successful. Community Living Coalition gaining momentum and support in BHSD system.

Program Improvements:

- Challenges with getting food and beverage orders approved for events and presentations for client events.
- Paraprofessional peer support workers dealing with difficult clients. Short-staffing. Clients were untracked for data collection purposes. Having a career ladder for peer support workers.

- Standardizing and refining food/beverage ordering system. Continued need for recruitment strategies and advocating for expanding Consumer Affairs staff. United team approach for dealing with challenging clients with the need for ongoing relevant training.

Proposed Program Changes to Improve Consumer Outcomes:

- Add 1 FTE Office Specialist position to support the clerical needs of the peer support workers and manager so peers can spend more time with consumers to support their wellness.
- Add 2 FTE Mental Health Peer Support Worker positions to expand the peer-support services offered and provide continuity in customer service at Esperanza Self Help Center and to sustain a safe and healthy environment that supports wellness and recovery.

Outreach Activities:

Type of Setting(s) (ex: school, community center)	**Type(s) of Potential Responders** (ex: principals, teachers, parents, nurses, peers)
Litteral House	Clients
The Hub	Clients, Clinicians
Home First	Clients, clinicians
Veterans Affairs	Veterans, clients, clinicians
Re-entry Center	Homeless, clients, health care providers
Gilroy MH Fair	General public, clients, providers
Gilroy Clinic Center	Clinicians, doctors
Mariposa Alcohol Treatment & Drug Addiction & Recovery	Clients, clinicians
Gilroy Veteran's Hall	Veterans, clients, clinicians
American Legion	Clients, general public

Prevention and Early Intervention: Access and Linkage to Treatment

Peer and Family Support Initiative

Office of Family Affairs			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Modified Moved from CSS to PEI	☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	357
Goals and Objectives			
Outcome 1:	OFA provides consumers' families and loved ones with education and support to navigate the mental health system and support their loved one's recovery.		

Description:

The mission of the Office of Family Affairs (OFA) is to empower family members and loved ones of mental health consumers with accessible education, support, and resource opportunities. The OFA assists families in navigating the behavioral health system through offering direct support, information, and education, with the goal of providing recovery and hope.

OFA operates at facilities that provide a more intensive level of care, and focuses on meeting the needs of family members of people with mental health issues through the following services:

- Individual Peer Support
- Family Support Groups
- Family WRAP available in English and Spanish: WRAP is a wellness tool that families and individuals can use to develop a plan that supports wellness and recovery for everyone in the family

OFA also provides Mental Health First Aid (MHFA) trainings through an 8-hour course that prepares members of the public to provide MHFA to those in need.

Summary of Achievements:

- Provided education to 224 individuals at the Elmwood Correctional Facility – through the Wellness Recovery Action Plan (WRAP).
- Built effective working relationships with the Public Defender's office leading to better outcomes for clients and decreased or no jail time for clients suffering from Mental Illness.
- Provided education and training to court staff on mental health 101.
- Clients have shown decreased jail times and increased treatment services
- Family members report that EPS visits have declined for their loved one in crisis due to having a Family WRAP
- Family members were able to network and get support with other family members at the Family WRAP groups.

Program Improvements:

- Educate family members of consumers on mental illness and recovery.
- Clients stay longer than necessary in correctional sites because there are insufficient openings for placement.
- Peer Support Workers provide resources to individuals but cannot not make referrals based on a person's SMI or SED status, a Rehabilitation Counselor may be most suited for this task.
- Improved knowledge and training about the court system can benefit the Family Affairs staff, thus improving the advocacy of the clients served through this program.
- Program staff can benefit from participating in trainings for co-existing conditions to better serve and connect clients to appropriate services.

Proposed Program Changes to Improve Consumer Outcomes:

- Add 1 FTE Program Manager II position to oversee the 10 FTEs currently in this program by providing support and guidance onsite.
- Add 1 FTE Office Specialist position to support the clerical needs of the peer support workers and manager so peers can spend more time with consumers to support their wellness.
- Add 6 FTE Mental Health Peer Support Workers to provide peer support in South County (Morgan Hill, San Martin and Gilroy) and North County area (Sunnyvale, Palo Alto, Mountain View, Alviso, Milpitas, Santa Clara and north San Jose). The peers would establish working relationships with the National

Alliance on Mental Illness (NAMI) and other Behavioral Health programs in their respective areas to identify and provide support to family members and individuals with behavioral health challenges.

Outreach Activities

Type of Setting(s) (ex: school, community center)	**Type(s) of Potential Responders** (ex: principals, teachers, parents, nurses, peers)
Client Culture Training	Santa Clara County Behavioral Health employee's
Stanford Family Support Center	Community participants
Sheriff's Auditorium	Santa Clara County Correctional Officers
Veteran Affairs Summit	Veteran community
CPS Work Site	Clinicians
NAMI Center	NAMI Participants – family members
NAMI Center	NAMI Participants – family members
Christian Women's Group	Community participant's
Elmwood Correctional Facility	Inmate population
NAMI Walk – Local Park	Community participants
Community Event/Healing Practices	Community participants
Overfelt High School	Parents & family members, educational staff
Community Center	Community participants – Spanish Speaking
Community Event/ May Mental Health Month	Community Participants

Prevention and Early Intervention: Access and Linkage to Treatment

Mental Health Advocacy Project			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	4,530
Goals and Objectives			
Outcome 1:	Consumers are able to access legal advocacy support needed to address challenges they may face while navigating the mental health system.		

Description:

The Mental Health Advocacy Project (MHAP) is the only legal assistance organization in Santa Clara County that provides specialized services for people identified as having mental health issues or developmental disabilities. MHAP works to expand the rights and promote the social dignity of consumers by participating in the reform of the political, economic, and social structures that affect their lives, and by increasing public awareness of the social problems they experience. MHAP's mission is to empower people identified as having mental health issues or developmental disabilities to live more independent, secure, and satisfying lives through the enforcement of their legal rights and the advancement of their social and economic wellbeing. MHAP provides free legal and advocacy assistance through the work of advocates and attorneys in three practice units:

- **Economic Rights** provides assistance with public benefits, mainly SSI, SSDI, Medi-Cal, Medicare, CalWORKs, Healthy Families, and General Assistance; some consumer rights; and equal access to public services.
- **Housing Rights** addresses issues of housing and homelessness by defending against evictions; assisting with housing complaints including discrimination, reasonable accommodations, abuse and neglect, landlord/tenant conflicts, and

habitability; addressing Section 8 voucher and public housing terminations; and opposing shelter discharges.

- **Patients' Rights** works on both the individual and system levels to ensure compliance with laws governing mental health patients' rights in psychiatric facilities and programs, and represents patients in mental health due process hearings. They also help individuals with autism, mental retardation, and similar conditions with complaints about developmental services, including access to regional center services. All residents of Santa Clara County who are or have been identified, or who self-identify, as having mental or developmental disabilities qualify for services.

MHAP also provides information and referral in the areas of rehabilitation, employment, family, and criminal law. During FY2019, this project will expand to increase service capacity. Funding for MHAP increases to $150,000 in FY19-FY20.

Summary of Achievements:

- MHAP served 4,530 clients through the Patients' Rights Advocacy and Mental Health Representation program.
- 3,753 clients served by MHAP in fiscal year 2017-18 received information, advocacy, and representation after being certified for 14 days intensive treatment under WIC section 5250 at one of the ten designated facilities throughout Santa Clara County, a 28.5% increase from fiscal year 2016-17. Representation includes information about the commitment process, and clients' rights to administrative hearing or judicial review, representation at in-hospital administrative hearings, representation in waiver proceedings (where a client chooses to give up her right to have her 14-day hold reviewed by a hearing officer), and negotiation with facility staff for clients to be discharged or placed on voluntary status.
- 446 clients served through the program received representation with respect to capacity (*Riese*) petitions filed by designated facilities pursuant to WIC section 5332, a 21.5% increase from fiscal year 2016-17. Facilities file capacity petitions when a patient refuses to take medication, and the facility believes that the patient lacks the capacity to refuse medication as a result of mental health symptoms.
- The remainder of clients served through the program received advice or legal representation regarding complaints of patients' rights violations, difficulties

accessing mental health services, or other patients' rights legal issues. The program served at least 222 clients with patients' rights complaints in FY 2017-18, with around 100 additional cases still open.

Program Improvements:

- During FY 2017-18 MHAP continued to provide hearing advocacy to a large volume of clients while continuing to do system level advocacy, expanding outreach, and developing more tools for ensuring compliance with patients' rights laws within the county. MHAP welcomes the opportunity to provide any further information or details to the Department about program activities for the year and appreciate the trust and support the Department provides us so that we may continue to be the patients' rights advocacy service provider for our county's mental health consumers.

Mental Health Advocacy Project

Ethnicity	Percentage Served
White	45.4%
Black/African American	10.1%
Hispanic	19.1%
Native American	<1%
Asian/Pacific Islander	13.7%
Other	11
Unknown	<1%

Age	Percentage Served
Under 18 Years	3%
18-59 Years	85%
60+ years	12%

Older Adult System of Care (60 and older)

Community Services and Supports: Full Service Partnership

Full Service Partnership

Older Adult Full Service Partnership (FSP)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Older Adult Ages 60+	FSP	70
Goals			
Outcome 1:	Promote recovery and increase quality of life		
Outcome 2:	Decrease negative outcomes such as hospitalization, incarceration, and homelessness		
Outcome 3:	Increase positive outcomes such as increased life skills, access to benefits and income, involvement with meaningful activities such as education and employment, and socialization and psychosocial supports.		

Description:

As with the Adult FSP program, Santa Clara County has identified the need for multiple levels of Older Adult FSP in order to appropriately and efficiently serve individuals with varying levels of mental health needs, because the intensity and frequency of service engagement should vary considerably based on level of need. Santa Clara County estimates that approximately 500 adults and older adults are in need of FSP services and require high levels of intensity and frequency of services in order to maintain connected with their integrated service team. The County also estimates the need for a lighter level of touch for a majority of individuals who are currently engaged with the County's FPSs (approximately 320 individuals), because they have become stable through engagement with the program. For older adults, the following criteria must be met for FSP enrollment: Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms; due to mental functional impairment and

circumstances, they are likely to become so disabled as to require public assistance, services, or entitlements; and They are in one of the following situations:

- They are unserved and experience one of the following:
  - Homeless or at-risk of becoming homeless;
  - Involved in the criminal justice system; and/or
  - Frequent users of hospital or emergency room services as the primary resource for mental health treatment.
- They are underserved and at-risk of one of the following:
  - Homelessness;
  - Involvement in the criminal justice system; and/or institutionalization.

FSP programs provide a collaborative relationship between the County and the consumer and when appropriate the consumer's family. Through this partnership, providers plan for and provide a full spectrum of community services so that the consumer can achieve his/her identified goals.

Summary of Achievements:

- 70 consumers enrolled in an FSP during this reporting period
- Clients were assisted with funding for housing.
- Each client that did not have a primary care physician at the time of enrollment was successfully linked to primary care services.

Program Improvements:

- Limited number of Vietnamese speaking Psychiatrists in the County.
- Continue to work with Supportive Housing Services to provide permanent housing for this client population. This would assist clients step down from OAFSP level of services and continue their recovery with community-based support.
- Continue to work with culturally specific providers to identify ongoing language specific services for clients. Cultural and client-language based

services can help clients continue their recovery goals in community-based settings as they disenroll from an FSP.

- Aim to move clients to step down services as they no longer need this level of intensive services.
- Consider performance-based funding for contracted services.
- Set parameters where eligible clients with cognitive decline can be linked with appropriate community-based geriatric support services.
- Consider suicide prevention training as a requirement for all clinical and support staff that work directly with the older adult clients. This would lead to efficacy of behavioral health services provided to the older adult and promote recovery. Older adults are at highest risk for suicide, this training would increase community gatekeepers and improve clinical/community response to suicidal clients.
- Consider older adult behavioral health training certification for all clinic staff working with older adults in county and contracted agencies.
- Provide training to family members and care takers of older adults in basic behavioral health to strengthen positive ways in which these individuals can support the client. Having trainings in basic mental health needs of older adults for caretakers and families caring for older adults may strengthen and promote recovery.

Older Adult FSP Percentage Served by Age Group

Age Group	All Fiscal Year Total % FY16-FY18
Adult (26-59)	6.7%
Older Adult (60+)	93.3%
Total	100.0%

Older Adult FSP Percentage Served by Ethnicity

Ethnicity	FY16	FY17	FY18	All Fiscal Year Total	All Fiscal Year Total % FY16-FY18
Asian/Pacific Island	5	9	9	23	11.1%
Black/African American	2	1	1	4	1.9%
Hispanic	14	15	14	43	20.7%
Other Race	7	7	4	18	8.7%
Unknown	9	9	9	27	13.0%
White	29	31	33	93	44.7%
Total	66	72	70	208	100.0%

Older Adult FSP Percentage Served by Language

Language	FY16	FY17	FY18	All Fiscal Year Total	All Fiscal Year Total % FY16-FY18
American Sign Language (ASL)	0	0	1	1	0.5%
English	53	61	57	171	82.2%
Farsi	2	1	2	5	2.4%
Hindi	0	0	0	0	0.0%
Italian	0	0	0	0	0.0%
Korean	1	1	1	3	1.4%
Other	0	0	1	1	0.5%
Other Non-English	1	1	1	3	1.4%
Punjabi	1	0	0	1	0.5%
Portugese	0	0	0	0	0.0%
Russian	1	1	0	2	1.0%
Spanish	3	4	4	11	5.3%
Tagalog	1	0	0	1	0.5%
Unknown	1	0	0	1	0.5%
Vietnamese	2	3	3	8	3.8%
Total	66	72	70	208	100.0%

Community Services and Supports: General System Development

Outpatient Clinical Services for Adults and Older Adults

Outpatient Services for Older Adults			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Older Adult Ages 60+	GSD	1,123
Goals			
Outcome 1:	Improve functioning and quality of life for older adults.		
Outcome 2:	Reduce symptoms and impacts of mental illness for older adults.		
Outcome 3:	Reduce the need for a higher level of care for older adults.		

Description:

Outpatient programs for older adults aim to improve quality of life, address unique mental health needs, and prevent higher intensity care by supporting aging in place whenever possible. Santa Clara County's older adult outpatient programs provide a continuum of Outpatient and Intensive Outpatient services to adults age 60 and over who are often dealing with symptoms of depression, anxiety, and mental health issues due to the loss of loved ones, job loss or retirement, reduced income and status, isolation, medical issues, and changes in living situation.

Programs under this category: Outpatient Program (formerly PEI Outpatient Services Program); Intensive Outpatient Program; and, Golden Gate Comprehensive Older Adult Program.

Summary of Achievements:

- 1,123 older adult consumers were served at a lower level of care resulting in reduced hospitalizations.
- Assisted older adults with funding for housing.
- Linked all older adult clients with a primary care physician.
- Engaged older adult clients into services within 10 days of receiving referrals.

- Assessed clients with needing medication services were linked to a psychiatrist.
- Linked older adult clients to clinician, a peer support worker or a resource specialist based on needs.

Program Improvements:

- Increase access to safe supportive housing as an essential wellness goal for older adult consumers with mental illness.
- Improve outreach services by using culturally appropriate strategies.
- Conduct trainings for clinical staff on working effectively with older adults to improve behavioral health services and promote recovery among older adult consumers.
- Provide psychosocial education addressing the complexities of aging and mental illness to improve overall caregiver and consumer wellbeing and support.

Golden Gateway: Numbers Served by Age Group

Age Group	FY16	FY17	FY18	All Fiscal Year Total	Total % (FY16-FY18)
Adult (26-59)	7	7	8	22	5.2%
Older Adult (60+)	123	152	129	404	94.8%
Total	130	159	137	426	100.0%

Golden Gateway: Numbers Served by Ethnicity

Ethnicity	FY16	FY17	FY18	All Fiscal Year Total	Total % (FY16-FY18)
Asian/Pacific Islander	45	48	39	132	31.0%
Black/African American	6	11	8	25	5.9%
Hispanic	30	27	18	75	17.6%
Native American	1	1	2	4	0.9%
Other Race	5	8	10	23	5.4%
Unknown	12	15	13	40	9.4%
White	31	49	47	127	29.8%
Total	130	159	137	426	100.0%

Golden Gateway: Numbers Served by Language

Language	FY16	FY17	FY18	All Fiscal Year Total	Total % (FY16-FY18)
Arabic	8	3	3	14	3.3%
Armenian	1	2	0	3	0.7%
Cantonese	1	2	3	6	1.4%
Chinese	5	3	2	10	2.3%
English	63	98	90	251	58.9%
Farsi	2	1	3	6	1.4%
Hindi	1	2	2	5	1.2%
Japanese	0	1	0	1	0.2%
Ilocano	0	0	0	0	0.0%
Korean	0	0	0	0	0.0%
Mandarin	4	4	4	12	2.8%
Other	0	1	1	2	0.5%
Portuguese	1	1	1	3	0.7%
Punjabi	1	2	1	4	0.9%
Russian	1	2	0	3	0.7%
Spanish	12	10	3	25	5.9%
Tagalog	1	0	1	2	0.5%
Thai	0	0	0	0	0.0%
Turkish	0	0	0	0	0.0%
Urdu	0	0	0	0	0.0%
Unknown	3	1	1	5	1.2%
Vietnamese	26	26	22	74	17.4%
Total	130	159	137	426	100.0%

Community Services and Supports: General System Development

Older Adult Community Services Initiative

Connections Program			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Older Adult Ages 60+	GSD	1,810
Goals			
Outcome 1:	Improve functioning and quality of life for older adults at risk of abuse and neglect.		
Outcome 2:	Reduce symptoms and impacts of mental illness for older adults.		
Outcome 3:	Reduce risk of abuse and neglect.		

Description:

The Connections Program is a collaboration with Adult Protective Services (APS) to provide case management and linkage services to older adults who are at risk of abuse or neglect and have come to the attention of APS. The Connections Program primarily serves older adults with mental illness who are very isolated, homebound, and not currently connected to mental health services. In addition to mental health needs, older adults who come through APS referrals are often at risk for physical and financial abuse and neglect. Many of the older adults who receive services through Connections have a serious mental illness— including schizophrenia, anxiety, and bipolar disorder— and are experiencing untreated symptoms. Additionally, serious financial abuse, the risk of losing one's home, and lack of a support system are among the risk factors commonly faced by consumers of this program.

Summary of Achievements:

- 1,810 clients 60 years and older received behavioral health services during FY2018, a 2% increase over the previous year.

- 1,228 (68%) continued in treatment and 583 were discharged. 22% of the discharges were successful, an improvement compared to 17% in the prior year.

Connections: Numbers Served by Ethnicity (FY2018)

Ethnicity	Clients	Percent
Asian/Pacific Islander	**396**	***22%***
Black/African American	**108**	***6%***
Hispanic	**326**	***18%***
Native American	**25**	***1%***
Other	**106**	***6***
Unknown	**75**	***4***
White	**774**	***43%***
Total	**1810**	**100%**

Connections: Numbers Served by Gender

Gender	Clients	Percent
Female	**1035**	**57%**
Male	**775**	**43%**
Total	**1810**	**100%**

Connections: Numbers Served by Language

Language	Clients	Percent
Chinese	**60**	***3%***
English	**1223**	***68%***
Other	**260**	***14%***
Spanish	**133**	***7%***
Tagalog	**16**	***1%***
Vietnamese	**118**	***7%***
Total	**1810**	***100%***

Connections: Numbers Served by Treatment Status

Older Adult Clients in Treatment	Clients	Percent
Continued in Treatment	1,227	68%
Successful Discharge	403	22%
Unsuccessful Discharge	180	10%
Total Older Adult Clients Served	**1,810**	**100%**

Connections: Numbers Served by Discharge Status

Unsuccessful Discharge Category	Clients	Percent
Disengaged from services	171	94%
Incarceration	10	6%
Total Older Adult Unsuccessful Discharge	**181**	**100%**

Overview of Community Wide Programs: Fiscal Year 2019

Program	Description	Proposed Changes
PEI: Outreach for increasing recognition of early signs of mental illness		
Community Wide Outreach and Training	An array of trainings to non-mental health professionals including community-based providers, community members, and caregivers who live and/or work in the County to expand the reach of individuals with knowledge and skills to respond to/ prevent a mental health crisis in the community, and to reduce the stigma associated with mental illness	Add Social Thinking Workshops for direct care service providers working with children, youth and families.
Law Enforcement Trainings	Trainings and collaboration through the Law Enforcement Liaison Team Program (LEL) that utilizes Interactive Video Stimulation Training (IVST) for increased recognition of mental health and 1e-escalation skill-building. Incorporated Trauma-Informed Policing Trainings to increase understanding and awareness of the impact of trauma and develop trauma-informed responses	No changes
PEI: Prevention		
Violence Prevention Program: Intimate Partner Violence Prevention	In partnership with local communities and county Departments, expanding violence prevention efforts for youth and adults to address a growing community need regarding intimate partner violence.	Modified: in development.
PEI: Stigma and discrimination reduction		
New Refugees Program	An array of outreach, engagement, and prevention activities treatment for new refugees. Program was modified to begin to allow services to children and refugees who have lived in the Country for seven years or less. Previously, program only serviced adults.	Add language to include “asylum seekers” in the provision of services.
Ethnic and Cultural Community Advisory Committees	Peer support, outreach, engagement and educational services to underserved and unserved communities to reduce stigma and discrimination and increase access to mental health services	No changes

Culture Specific Wellness Centers	A variety of healing services, community engagement activities, and health education occurs specifically designed and implemented for specific cultural communities	NEW: In development, slated for FY2020. Please refer to Three Year Plan.
Culture is Prevention	Linkages to high need populations with a particular focus on American Indian/Alaska Native youth and families involved in the foster care and juvenile justice systems	No changes
PEI: Access and linkage to treatment		
Promotores	Culturally and linguistically targeted outreach within communities and neighborhoods to create enhanced linkages/referrals from and to nearby clinics to community services provided by Peer Health Educators	New: In development, slated for FY2020. Please refer to Three Year Plan
LGBTQ+ Access and Linkage and Technical Assistance	Connect LGBTQ+ individuals and their families in a timely manner to access appropriate mental health prevention and early intervention services. Expand LGBTQ+ across the system to build capacity for this cultural group. Additionally, the project will support youth and their families by integrating across the lifespan, a best practice model for training and technical assistance for families and providers to better serve, understand and support LGBTQ+ youth in our communities.	New: In development, slated for FY2020. Please refer to Three Year Plan
PEI: Suicide Prevention		
Suicide Prevention Strategic Plan	An array of programs and services for targeted high risk populations, and a community education and information campaign to increase public awareness of suicide and suicide prevention	Add 1 FTE Prevention Program Analyst to coordinate the outreach and program implementation efforts among older adults (60+). Add annual allocation of $10,000 for Suicide Prevention Summit.

Prevention and Early Intervention

Outreach for increasing recognition of early signs of mental illness

Community Wide Outreach and Training			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Modified for FY2020	☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	Slated for 2020
Goals			
Outcome 1:	Expand the reach of the mental health system through the training of individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community		
Outcome 2:	Expand the reach of mental health and suicide prevention services		
Outcome 3:	Reduce the risk of suicide through prevention and intervention trainings		
Outcome 4:	Promote the early identification of mental illness and of signs and symptoms of suicidal behavior		

Description:

The Community Wide Outreach and Training program provides an array of trainings to community-based providers, community members, and caregivers who live and/or work in the County. The purpose of these training programs is to expand the reach of individuals with knowledge and skills to respond to/ prevent a mental health crisis in the community, and to reduce the stigma associated with mental illness. These trainings will support improved mental health education and early identification by:

- Training community and family members to recognize the signs of persons in need of mental health support and/or to recognize the signs of persons who are at risk of suicide or of developing a mental illness
- Training and working with families and caregivers in order to develop plans and strategies that are tailored to their loved one's needs

- Training participants to address the specific needs of certain populations, including youth
- Offering trainings in multiple languages to ensure accessibility for all interested persons
- Offering trainings to an intentionally diverse group of community members, family members, and partners, to ensure that persons are trained across a variety of populations in order to meet the needs of those in crisis and non-crisis situations

Proposed Program Changes to Improve Consumer Impact:

- Add *Social Thinking* training to the suite of workshops and trainings (e.i. ASIST, MHFA, safeTALK, QPR, etc.) for community members and direct care service providers serving children, youth and families to gain strategies for managing social anxiety and other social learning challenges. https://www.socialthinking.com/)

Law Enforcement Training and Mobile De-Escalation Response			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Modified	☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	531 IVST trained
			133 consultations
			201 referrals
			31 field visits
Goals			
Outcome 1:	Increase collaboration and enhance teamwork between law enforcement and Behavioral Health Care Services		
Outcome 2:	Increase the ability of law enforcement to interact more effectively and safely with those experiencing a mental health related crisis		
Outcome 3:	Connect individuals experiencing mental health crisis to appropriate services		

Description:

The County of Santa Clara provides a collection of support mechanisms for police officers— who are often the first to respond to a mental health crisis— because police officers' ability to assess a situation and respond appropriately is critical in creating positive outcomes. The County's Law Enforcement Liaison (LEL) Team provides specialized training, including trauma-informed police training, to improve officer responses to people with mental health issues, while also working to enhance relationships with law enforcement through greater collaboration and information sharing so that officers can support individuals, they come into contact with by connecting them with mental health services. Additionally, the LEL Team develops and implements Interactive Video Simulation Trainings (IVST) for officers looking to increase their ability to interact more effectively and safely with those experiencing a mental health related crisis.

Summary of Achievements

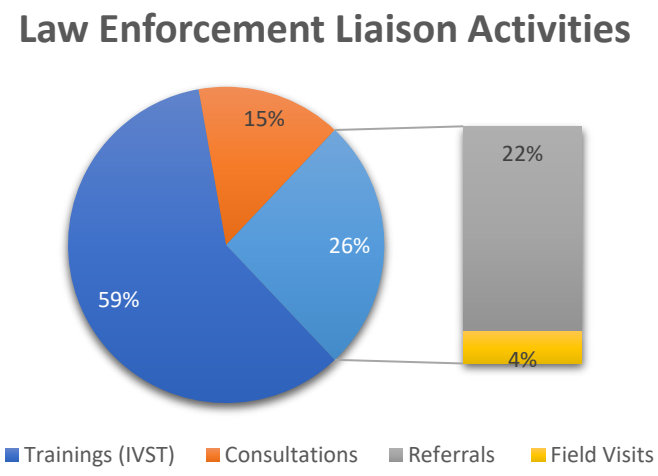
Interactive Video Simulation Training - IVST

- Total Trained: over 531
- Audience: First responders at the following locations
  - Campbell Police Department
  - Mountain View Police Department
  - San Jose Police Department
  - SCC BH Criminal Justice Systems Staff
  - SCC Board of Supervisor's Staff
  - SCC CIT Academy
  - SCC Corrections Department
  - SCC Protective Services
  - SCC Public Defender's Office Investigators
  - SCC Sheriff's Department
  - Mountain View Police Department
  - San Mateo Co. Sheriff's Transit with SCC-CalTrain Jurisdiction
  - Santa Clara County Campbell Library Staff
  - San Mateo Co. Sheriff's Transit with SCC-CalTrain Jurisdiction
  - Santa Clara County Campbell Library Staff
  - San Jose Police Department CIT Academy
  - Santa Clara County CIT Academy

Santa Clara County Milpitas Library Staff
Santa Clara County Corrections
Santa Clara County Public Guardian's Office
Santa Clara County Corrections
Santa Clara County CIT Academy
Santa Clara County CIT Academy
Santa Clara County Corrections

Consultations & Referrals

- There were 133 consultations took place during this reporting period. The Law Enforcement Liaison Team also accepts a myriad of consultations and case referrals from both law enforcement as well as mental health care providers. Consultations typically involve short term feedback and direction on matters of protocol and procedure, the criminal justice system, general police practices, and applicable mental health care services and resources.
- There were 33 field visits took place during this reporting period. Referrals to the LEL Team involve more in-depth research, follow-up investigation, and interfacing with law enforcement and providers on chronic mental health care challenges. These situations may involve exigent circumstances, scheduled field visits with a clinician, orchestrating client welfare checks with law enforcement, family referrals to NAMI, assisting providers navigate the criminal justice system, and other longer-term problem-solving efforts.
- There were 201 referrals to behavioral health services in the community and county-based were made during this period as a result of these efforts.



Stigma and Discrimination Reduction

New Refugees Program			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Modified	☒ Children Ages 0-15 ☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	2,656 Outreach 46 active 132 unduplicated
Goals			
Outcome 1:	Identify newly settled refugees and asylum seekers to increase connectedness to mental health services in County of Santa Clara.		
Outcome 2:	Increase collaboration among community partners who serve refugee clients and asylum seekers in County of Santa Clara.		

Description:

The New Refugee Program's (settled refugees and asylum seekers) early intervention services aim to reduce stigma and increase awareness of available mental health services for newly arrived refugees and asylum seekers and intervene at the early signs of mental health issues. The program provides linguistically and culturally appropriate outreach, engagement, and prevention activities to help refugees and asylum seekers successfully settle in the County. In FY18, the program was expanded to allow services to children and clients who have lived in the County for seven years or less. In recent years there has been a progressive rise in the number of *asylum seekers*[1] (in addition to refugees) displaced from their country of origin, with significant social, economic, humanitarian and behavioral health implications. In this population, there are interventions that can be implemented once individuals can be identified and

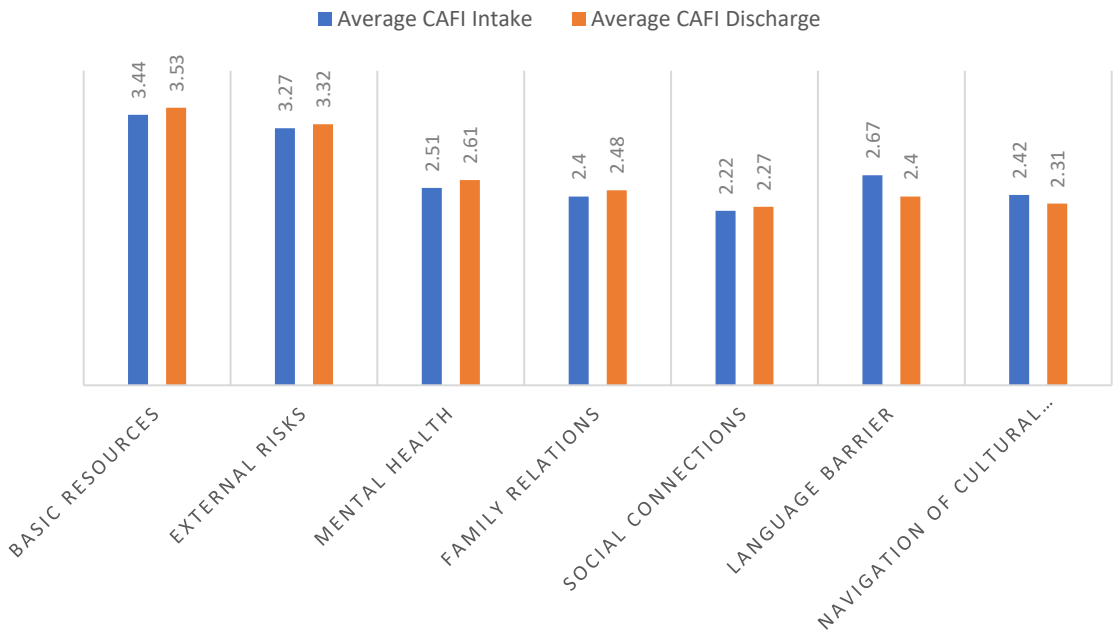
[1] Asylum is a protection granted to foreign nationals already in the United States or at the border who meet the international law definition of a "refugee." The United Nations 1951 Convention and 1967 Protocol define a refugee as a person who is unable or unwilling to return to his or her home country, and cannot obtain protection in that country, due to past persecution or a well-founded fear of being persecuted in the future "on account of race, religion, nationality, membership in a particular social group, or political opinion." Congress incorporated this definition into U.S. immigration law in the Refugee Act of 1980.

assessed. In FY2019, the program is expanding to reach out to asylum seekers and their families settling in Santa Clara County.

Summary of Achievements

- Maintained improvement levels by reducing obstacles to client engagement, continuing to link clients to needed resources, meeting language capacity and practicing cultural humility and responsiveness to ease their transition, providing trauma informed and client centered services.
- Achievements must be viewed with the understanding that often it takes time to build trust and learn the full extent of a client's symptoms and challenges, so we may learn of new issues that were not present at intake.

Current Adaptive Functioning Index-Cross-Cultural Version (CAFI-XC)*



*assessment based on N=9 discharged clients. Source: AACI.

Proposed Program Changes to Improve Consumer Impact:

- Expand the reach of program services to asylum seekers already residing in Santa Clara County. Because asylum seekers, and any family members waiting for them, are left in limbo while their case is pending, this causes prolonged separation of families, leaves family members abroad in dangerous situations,

adding additional stress and behavioral health implications to individuals living under these circumstances. Therapeutic services and support would be necessary to help alleviate the stress caused by family separations and being disconnected from community. Studies have found that depression and anxiety were at least as frequent as post-traumatic stress disorder, accounting for up to 40% of asylum seekers.

Ethnic and Cultural Community Advisory Committees (ECCACs)			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Contunuing	☒ Children Ages 0-15 ☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	5,677
Goals			
Outcome 1:	Collaborate with un-, under-, and inappropriately served ethnic groups		
Outcome 2:	Reduce stigma associated with mental health status		
Outcome 3:	Increase service connectedness to mental health resources		

Description:

Ethnic and Cultural Community Advisory Committees (ECCACs) utilize the unique experiences and knowledge of culturally and ethnically diverse community members in support of mental health. ECCACs envision communities where consumers and family members from all cultures have quality of life, are free from stigmas associated with mental health status, and are empowered to move within mental health systems. ECCACs aim to increase knowledge of mental illness, reduce stigma and discrimination within the context of culture, and increase community prevention and healing capacity through natural support systems. Santa Clara County's ECCACs serve nine specific ethnic/culture groups: African Heritage, African Immigrant, Chinese, Filipino, Latino, Native American,

Vietnamese, LGBTQ+, and Veterans. ECCAC staff are multicultural and multilingual, representing at least 10 cultural communities and speaking at least 12 languages. The intent of ECCACs is to break down cultural barriers to seeking mental healthcare, decrease stigma and discrimination, and act as cultural ambassadors to community members in need of services.

Summary of Achievements

- ECCAC has made much progress in the past year regarding recruitment of culturally and linguistically competent staff. Currently, there is only one vacancy, and a candidate has been selected.
- Continued and expanded collaborations with ethnic/cultural organizations, City of San Jose, City and County libraries, schools, faith-based organizations, housing programs and shelters, community centers, law enforcement and justice system services.
- ECCAC provided *Mental Health First Aid* to 437 participants, *Question Persuade and Refer* to 496 participants, and *Wellness and Recovery Action Plan* to 911 participants, and mental health workshops and presentations to 1036 participants.
- County of Santa Clara overall penetration rates are better than other large counties and the State in most areas, including the disabled and foster care populations with major contributions to the efforts done by ECCAC staff and contractors.
- Continued partnership with a community based direct services provider to conduct outreach and services to the LGBTQ community.

> *... I will never forget when we did our first QPR training for a community-based agency. There was a particular [participant] who was so touched by our sharing, that he also opened up. He said it was his first time in [many] years to share about his own battle with mental illness, and as a person who struggled with mental illness, it was not easy for him to accept his illness both culturally and socially. After the training, he was … proud of himself, approached us and thanked us for the work that we do out in the community. He said that it really touched him and inspired him to be more educated on mental health and to inspire others that there is hope!*
>
> *– ECCAC staff*

Program Improvements

- The program experienced a high percentage of *decline to answer* for demographic data, even after several attempts. The program will continue to find ways to help participants feel comfortable providing demographic

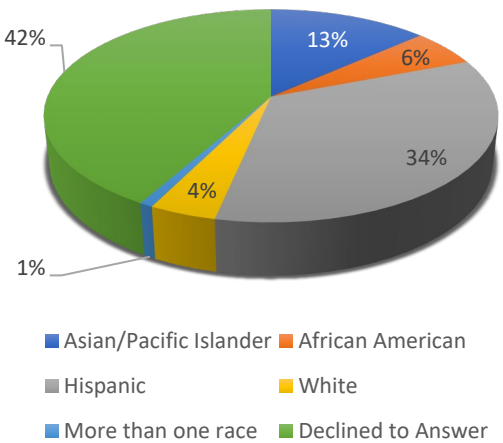
information. Furthermore, attempts to collect disability, gender identity and sexual orientation data resulted in participants expressing concerns about violation of privacy, and refusal to answer these questions, or worse, the whole questionnaire.

- Converting half-time positions to full-time positions significantly improved recruitment and retention of culturally and linguistically competent staff.
- Having staff with lived experience who have strong connections with their communities and speak the languages of the communities contribute greatly to program success.
- Continuous training and support for program staff contribute to staff career development and program success.
- Having a database where staff can record their work provide details and ease for reports, and feedback for staff on their productivity level.

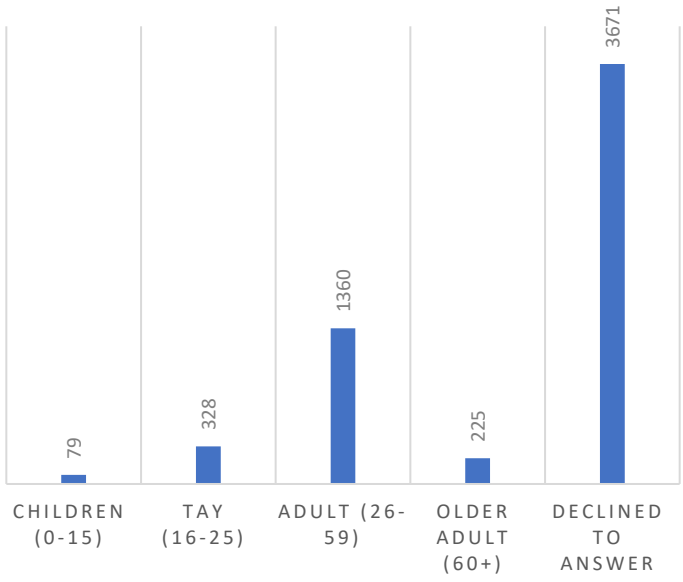
ECCAC Demographics

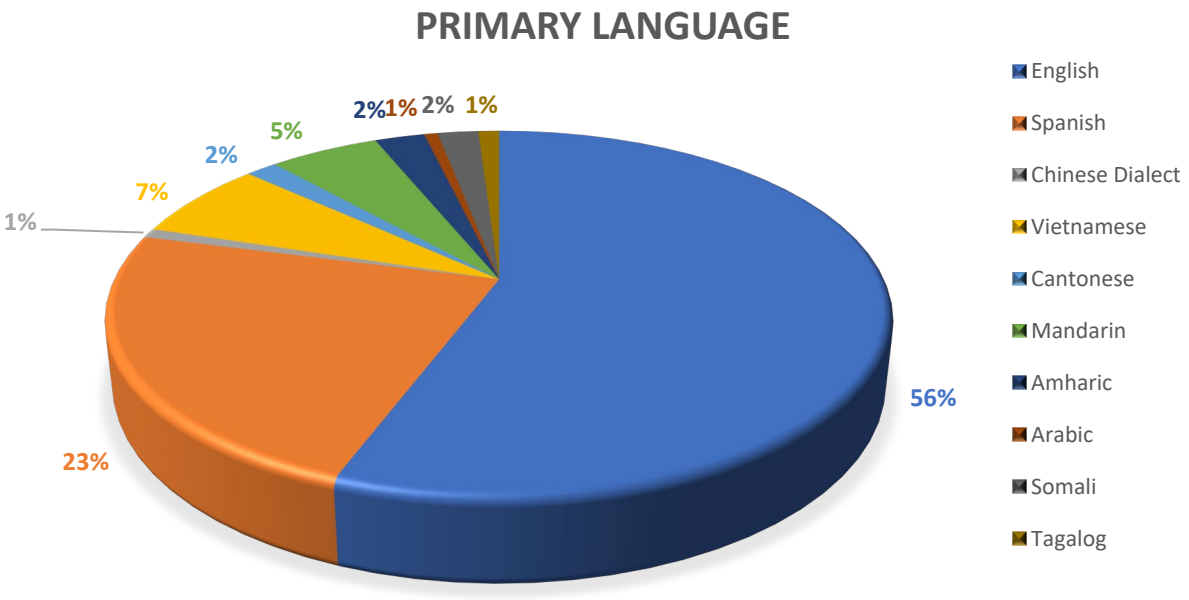
(Percentages and counts are for trainings and individual client navigation services combined)

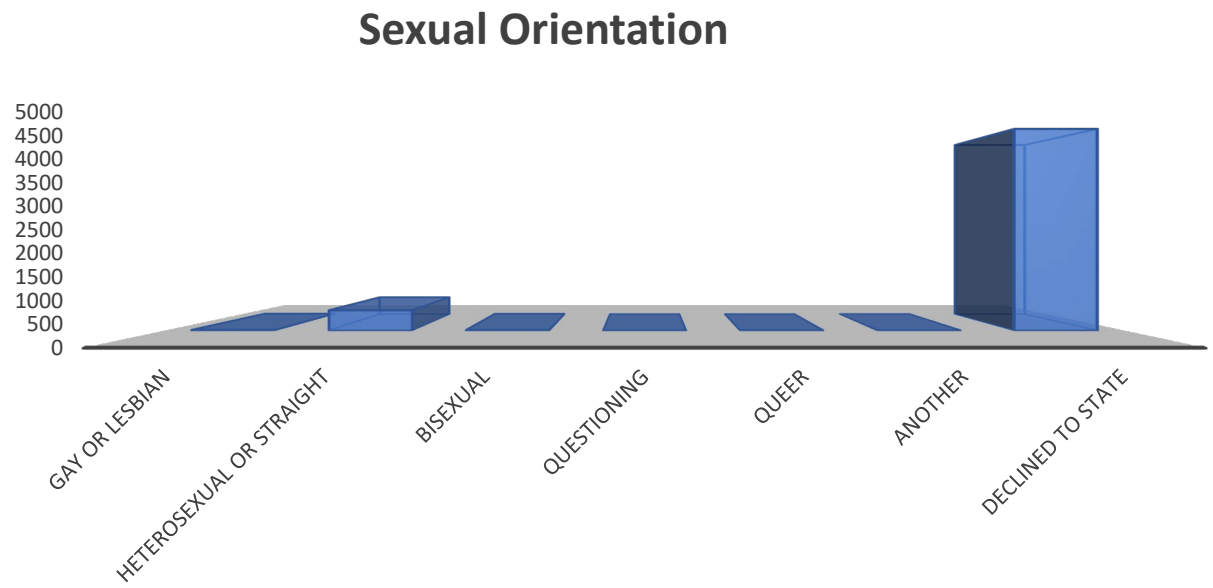
Ethnicity



Age Group

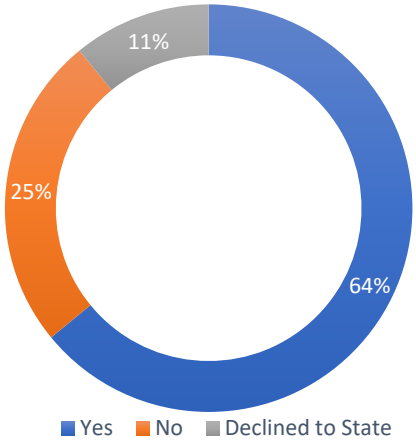






	Gay or Lesbian	Heterosexual or Straight	Bisexual	Questioning	Queer	Another	Declined to State
Sexual Orientation	21	502	16	4	6	8	4956

Disability



ECCAC Outreach Activities

Setting	Responders
Adult Day Health Care Center	Service providers and recipients
Behavioral health Services Department (BHSD)	Service providers (County and Contract), consumers, family members, community members
BHSD self-help centers	Staff, consumers, family members, community members
Community based organizations	Service providers and recipients, family members, community
County Departments: Social Services Agency, Valley Health Center, Probation, Public Health, District Attorney	Service providers and recipients, family members, community members
Culturally specific organizations	African American, Ethiopian, Eritrean, Somali, Chinese, Filipino, Latino, Native American Vietnamese, LGBTQ
Homeless Shelters/Housing Programs	Service Providers and recipients
Hospitals	Service Providers, patients, volunteers
Law enforcement, custody	Sherriff: enforcement and custody, police officers
Local Businesses	Service providers and recipients
Public Libraries: San Jose, Santa Clara	Administrators, managers, supervisors, staff, community
School Districts	Administrators, teachers, staff, parents, community members
Schools: elementary, middle school, high schools, school districts, colleges, universities, and vocational schools	Principals, teachers, staff, parents, professors, faculty, students, community members
Skilled nursing and subacute facilities	Care providers
Spiritual and faith-based organizations, churches, temples, mosques	Priests, monks, ministers, imams, scholars, rabbis, congregation, worshipers, community members
Transportation services providers	Drivers
Veteran Affairs (VAs)	Providers for veterans, veterans
Volunteer groups	Volunteers
Substance use treatment center	Service providers and recipients.

Culture is Prevention			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ TAY Ages 16-24	PEI	500 (estimated)
Goals			
Outcome 1:	Provide space for cultural celebration community building		
Outcome 2:	Empower students to achieve academic goals		
Outcome 3:	Increase connectedness to culturally competent mental healthcare		

Description:

The Culture is Prevention program aims to ensure the survival and healing of American Indians/Alaskan Natives through culturally competent community building and mental health care. The program aims to improve service linkages for these high need communities and provide cultural and traditional education services. Understanding the importance of culture in designing behavioral health programs, this community-based program is a valued alternative to the psychiatric model. The program partners with the Indian Health Center to improve mental health outcomes for American Indian/Alaskan Native youth involved in foster care and juvenile justice systems. Outreach and engagement occur in a variety of settings including homes, clinics, schools, and community agencies. The program offers community gatherings and cultural meetings/events around outreach and services. Specific programs include: San Jose Native Youth Empowerment Program incorporating Native American values in case management, peer support, cultural education, and community connection to build effective social skills, respect, self-worth, responsibility, and wellness; dance and drum Classes allowing for cultural reflection and celebration; and Educational Support providing tools to empower students to achieve their academic goals.

Suicide Prevention

Suicide Prevention Strategic Plan			
Program Status	**Priority Population**	**Service Category**	**Numbers Served in 2018**
Continuing	☒ Children Ages 0-15 ☒ TAY Ages 16-24 ☒ Adult Ages 25-59 ☒ Older Adult Ages 60+	PEI	26,855 SACS Calls 3,028 SPP Trainings 801 SPP Outreach Events 4 million social media impressions
Goals			
Outcome 1:	Reduce cases and rates of suicide		
Outcome 2:	Increase access to suicide prevention programs		
Outcome 3:	Improve communication channels for suicide awareness		
Outcome 4:	Improve data monitoring systems for suicide-related data		

Description:

The Suicide Prevention Strategic Plan (SPSP) initiative aims to increase suicide prevention for everyone. Through a crisis hotline, early intervention, education, and awareness, this plan seeks to reduce risk of suicide among all age groups in the County. These are the two main components of this effort:

Suicide and Crisis Services (SACS) provides a suicide and crisis hotline 24 hours a day, 7 days a week, to assist individuals in crisis providing suicide assessment, crisis intervention, emotional support and referrals to community resources. Additionally, SACS provides an Emergency Department (ED) Outreach Program. This program conducts face to face contacts with patients who received medical treatment at Emergency Department of Santa Clara Valley Medical Center (VMC) due to self-harm injuries/behaviors or a suicide attempt. Through the ED Outreach Program, SACS volunteers/interns meet with patients, one on one, to provide resources and follow up support.

Summary of Achievements:

More than 30% of crisis calls that reached the suicide and crisis hotline come from

repeat callers. Callers share that SACS services are truly helpful due to the authenticity and caring nature of the crisis line counselors/volunteers. These callers call back for additional assistance and support in coping with their crisis situations.

County of Santa Clara SACS hotline receives on average 2-3 suicide-in-progress calls and 35-36 calls from individuals considered high suicide risk. SACS initiates rescue procedures and helps de-escalate crisis situations as needed. Safety plans are developed over the phone and crisis counselors conduct follow up calls to ensure their safety.

Program Improvements

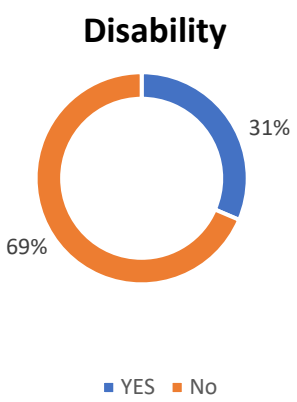
Suicide and Crisis hotline crisis counselors/volunteers face challenges with gathering caller's demographic information. Most callers would like to remain anonymous. They hesitate when asked about demographic information. A lot of times, callers decided to end phone calls or hang up when they don't want to provide the information. This is a challenge for the program because the caller who hangs up might be in a crisis situation at the time.

SACS Demographics

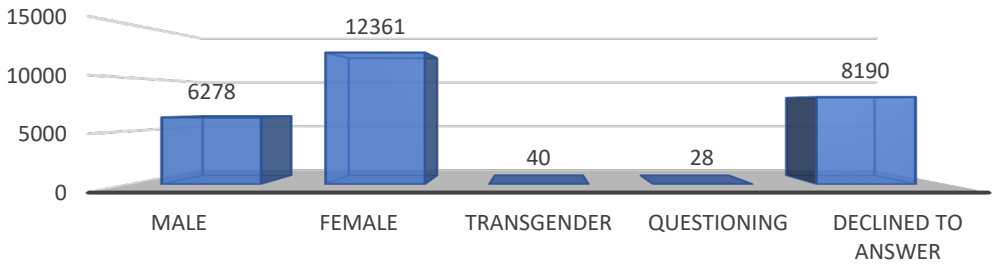
Age Group (Unduplicated)	Suicide and Crisis Hotline	Emergency Department (ED)	TOTAL
Children/Youth (0---15)	658	5	663
Transition Age Youth (16---25)	1,122	13	1,135
Adult (26---59)	1,645	25	1,670
Older Adult (60+)	527	3	530
Declined to Answer	22,853	4	22,857

Race/Ethnicity	Suicide and Crisis Hotline	Emergency Department (ED)	TOTAL
American Indian or Alaska	6	0	6
Asian	1,860	5	1,865
Black or African American	218	2	220
Native Hawaiian/Pacific Islander	5	0	5
White	3,742	24	3,766
Hispanic	665	15	680
More than one race	0	0	0
Declined to Answer	20,309	4	20,313

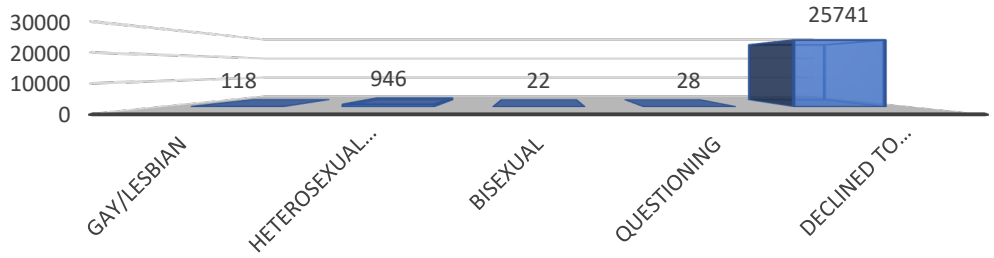
Primary Language	Suicide and Crisis Hotline	Emergency Department (ED) Outreach Program	TOTAL
English	26,644	50	26,694
Spanish	122	0	122
Filipino Dialect	5	0	5
Vietnamese	17	0	17
Cantonese	6	0	6
Mandarin	10	0	10
Farsi	1	0	1



Sexual Identity*



Sexual Orientation*



*Combined crisis hotline callers and ED Outreach clients

Veteran Status

Crisis callers do not provide information regarding their veteran status unless it was one of the issues that caused caller's distress (reasons for calling). Crisis counselors identified N=40 veterans on the crisis line and N=2 during one-on-one Emergency Department Outreach visits.

The Suicide Prevention Program seeks to reduce suicide among high-risk groups throughout the County of Santa Clara and is intended to directly support the implementation of the County's Suicide Prevention Strategic Plan (SPSP), which was approved by the Board of Supervisors in August 2010. The goal of the SPSP is to reduce suicide deaths and attempts in Santa Clara County. The County implements the five distinct but related strategies of the SPSP, resulting in comprehensive suicide prevention and awareness activities countywide. The SPSP's five strategies have multiple recommendations, all of which will be implemented over time, with input from the Suicide Prevention Oversight Committee (SPOC) and its workgroups. The Suicide Prevention Program takes a population-level, public health approach to suicide prevention. Program activities include trainings with community members and community-serving agencies, community outreach, mass media campaigns, and policy advocacy and implementation.

Summary of Achievements

Gatekeeper Trainings and Strengthening Suicide Prevention/Crisis Response Systems

- A 64% increase in the number of community members and potential responders trained in evidence-based suicide prevention and mental health trainings, from 1,850 in FY17 to 3,028 people trained in FY18.
- 15 additional Youth Mental Health First Aid (YMHFA) instructors certified by the National Council for Behavioral Health
- New school-based partnership to implement suicide prevention and crisis response systems: Seven school districts participated in a pilot partnership to support implementation of policy AB2246, which requires all state districts to have suicide prevention and crisis response policies. Participating districts were trained in Kognito online "At Risk" simulation, which is an interactive role-play simulation that prepares users to lead real-life conversations about mental health and which was listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Participating school districts would also receive technical support from Stanford University and the HEARD Alliance on strengthening suicide crisis response and prevention protocols, using their K-12 Toolkit for Mental Health Promotion and Suicide Prevention. In collaboration with the County Office of Education and School-Linked Services, the partnership launched in September 2018 and is set to reach

nearly 80 schools and 2,200 teachers and staff in FY19.

- Cultural competency review of trainings: Palo Alto University (PAU), reviewed the Suicide Prevention Program's trainings program for cultural competency in FY18. The recommendations will be incorporated into the program's trainings in FY19, in order to better serve Santa Clara County's diverse population.

Increasing Use of Mental Health Services

"Even I will not talk about my depression; this is the first time I've ever done that, here, like this…. My family never knew, none of it. None of my friends knew I had a little problem."

-Older Adult Focus Group Participant

- Crisis Text Line services secured: After two years of negotiations, a contract with Crisis Text Line was finalized in FY18. Free, 24/7, confidential crisis texting services will be available to County residents who text RENEW to the number 741741. Seventy-five percent of Crisis Text Line users across the country are under the age of 25. Santa Clara County will officially launch its Crisis Text Line in December 2018.
- Social media campaign encouraging transitional-aged youth (TAY) to access services: The "Friend Yourself" social media campaign aired on Facebook, Instagram, Pandora, and in select movies theaters from September 2017 until January 2018. The campaign had 3.8 million online impressions, reached an estimated 124,342 people in seven movie theaters, and had 18,758 unique visitors to the campaign website.
- Expanding efforts to older adults: In FY18 the Suicide Prevention Program expanded its efforts to also include older adults, who are the age group that has the highest rate of suicide in the county (followed by middle-aged adults and TAY). In April 2018 the program conducted focus groups with older adult residents. The results will inform development of a campaign to encourage help-seeking behavior by this age group, planned for FY19.
- Targeted grassroots outreach efforts: The Suicide Prevention Program's outreach efforts were targeted to the high-risk age groups in FY18. To reach TAY, four new partnerships were formed with local universities and colleges. Outreach efforts also began with faith-based institutions, in order to reach older adults, and with gun owners through firearm retailers and shows, to reach both middle-aged men and older adults.
- Use of postvention/grief support services: The Suicide Prevention Program's Interventions Workgroup focused on increasing use of postvention services in FY18. As part of this work, the workgroup mapped responses and support for next-of-kin following the suicide of a loved one. The workgroup also formed a

partnership with the County's Child Death Review Team (CDRT) and revised the contact letter and list of resources provided to next-of-kin following the suicide of a child, based on best practices in postvention and research on caring contacts. The CDRT provides this contact and resources to each family that suffers the death of a child.

Improving Messaging in the Media about Suicide

- Safe messaging trainings for media and spokespeople: Two safe messaging trainings were held in FY18 for County media and spokespeople. The first was organized and hosted by the Suicide Prevention Program in March 2018, in partnership with its South County Suicide Prevention Workgroup. Thirty-seven members of South County media and community organizations participated in the safe messaging training, which resulted in two local stories about suicide prevention. The second training was organized by Stanford University's Department of Psychiatry in April 2018.
- Media monitoring and media response team: In June 2018 the Suicide Prevention Program began a weekly monitoring of local and national media for stories on suicide and suicide prevention. The monitoring of local media stories allows for tracking of adherence to safe messaging guidelines. Through the program's Communications Workgroup, the media monitoring also allowed the program to begin systematically responding to reporters covering suicide, either reminding them of the safe messaging guidelines or thanking them for their adherence.
- Safe messaging media analysis: To better monitor and evaluate its work with the media, the Suicide Prevention Program developed a numerical coding instrument to assess adherence to safe messaging guidelines. The program used this coding instrument to analyze and compare local and national stories on suicide that were published in June 2018, when Kate Spade and Anthony Bourdain both died by suicide and a new CDC report on suicide data was released. The results of the media analysis offered recommendations for more targeted work with local media on safe messaging, and could serve as baseline data to compare/assess future work with the media.
- Link to editorial that was published following editors' participation in South County safe messaging training: http://morganhilllife.com/2018/03/23/editorial-county-cities-and-media-working-to-prevent-suicides/
- Link to TV story where the Suicide Prevention Program worked with the

reporter on safe messaging: http://www.ktvu.com/news/new-cdc-report-shows-troubling-rise-in-nation-s-suicide-rates

Reducing Access to Lethal Means – Gun Safety

- Safe storage implementation: In October 2017, the City of San Jose became the second in Santa Clara County to pass a safe storage policy, following the City of Sunnyvale. The Suicide Prevention Program joined the County's Gun Safety Violence Prevention Team (including agencies such as the District Attorney's Office, Public Health, and Probation Departments) to support and promote safe storage County-wide. As part of these efforts, the GSVP team supported organization of a community summit on firearm safety, hosted by Supervisor Dave Cortese's office in April 2018. Immediately following the summit, the County Board of Supervisors banned firearm sales on County properties.
- Gun shop outreach: In FY18 the Suicide Prevention Program initiated outreach to gun shops, to distribute and request display of suicide prevention materials at point-of-sale. In partnership with law enforcement and the Department of Veterans' Affairs, the program developed gun safety materials and reached out to nine gun stores, plus a gun owners at a gun show, in FY18.

Partnerships and Other Policies

- City-wide suicide prevention policies: Through the work of the Suicide Prevention Program's Policy and Advocacy Workgroup, the Cities of Morgan Hill, Milpitas and Sunnyvale joined Mountain View, Los Gatos, and Palo Alto as cities that passed such policies, which declare suicide prevention to be city priorities and call for multi-sector partnerships to address suicide. The Policy and Advocacy Workgroup also continued to pursue passage of a policy in the City of San Jose.
- Regional partnerships: In June 2018 the Suicide Prevention Program collaborated with the American Foundation for Suicide Prevention and the County Office of LGBTQ Affairs to bring an LGBTQ+ Suicide Prevention Conference to Santa Clara County, for the first time. Approximately 150 community practitioners and stakeholders participated in the conference.

Strengthening Data and Evaluation

In FY18 the Suicide Prevention Program's Data Workgroup clarified its responsibilities and supported efforts to strengthen data and evaluation for the

program, in each of the following areas:

- Improving evaluation efforts: In FY18 a logic model was developed for the program, with five main outcome objectives defined. Efforts began to evaluate progress on each of the five outcome objectives. Notably, a media analysis was developed and conducted to serve as a baseline for safe messaging efforts with the media.
- Improvements in data collection and analysis:
    - Collection of demographics information for MHSA reporting began for community outreach efforts, beginning in calendar year 2018.
    - Demographics data collection was streamlined across trainings offered by the Suicide Prevention Program and moved to online data collection to the extent possible. The shift away from paper and immediately into GoogleForms has significantly cut down staff time required for data entry, and has allowed for immediate basic data analyses of demographic data and pre-/post-training survey data.
    - 2016 Medical Examiners' data on County suicide deaths was entered, cleaned, and coded by partners at Palo Alto University (PAU). The PAU team also began work writing syntax for analysis of this data in SPSS, so that County suicide data may be consistently analyzed and compared on an annual basis.
- Process evaluation of Suicide Prevention Program completed: Partners at PAU completed a process evaluation of the Suicide Prevention Program in FY18. The process evaluation was comprised of individual or focus group interviews with 27 community stakeholders and members of the Suicide Prevention Oversight Committee and related suicide prevention workgroups. The results identified strengths of the program and made

"Perfect job done by the trainer! Very helpful and practical skills to have as a mental health therapist. Thank you so much!"

"Excellent and clear model"

"I really enjoyed the training and have learned a lot that really help me feel more prepared to help my parents and others in my personal life."

"The training was overall impactful and new learning that I will be able to use if I interact with a person at risk of suicide."

"The ASIST workshop is a wonderful training that helps me to remember why I became a therapist."

"I feel like prior to this training I would have treated a scenario of potential suicide very differently. I feel like my approach has completely changed for the better."

-Feedback from Applied Suicide Intervention Skills Training (ASIST) participants

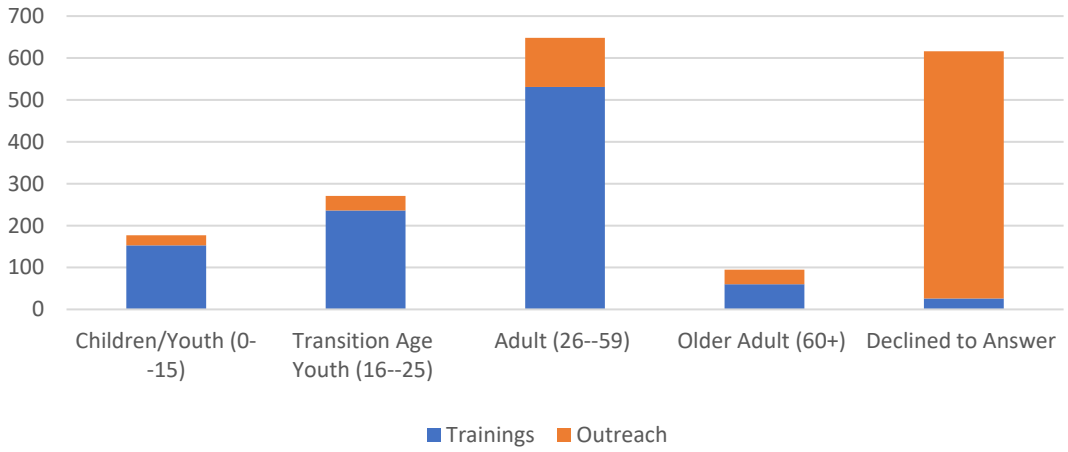
recommendations for both process and programmatic improvements, to increase the program's impact.

Program Improvements

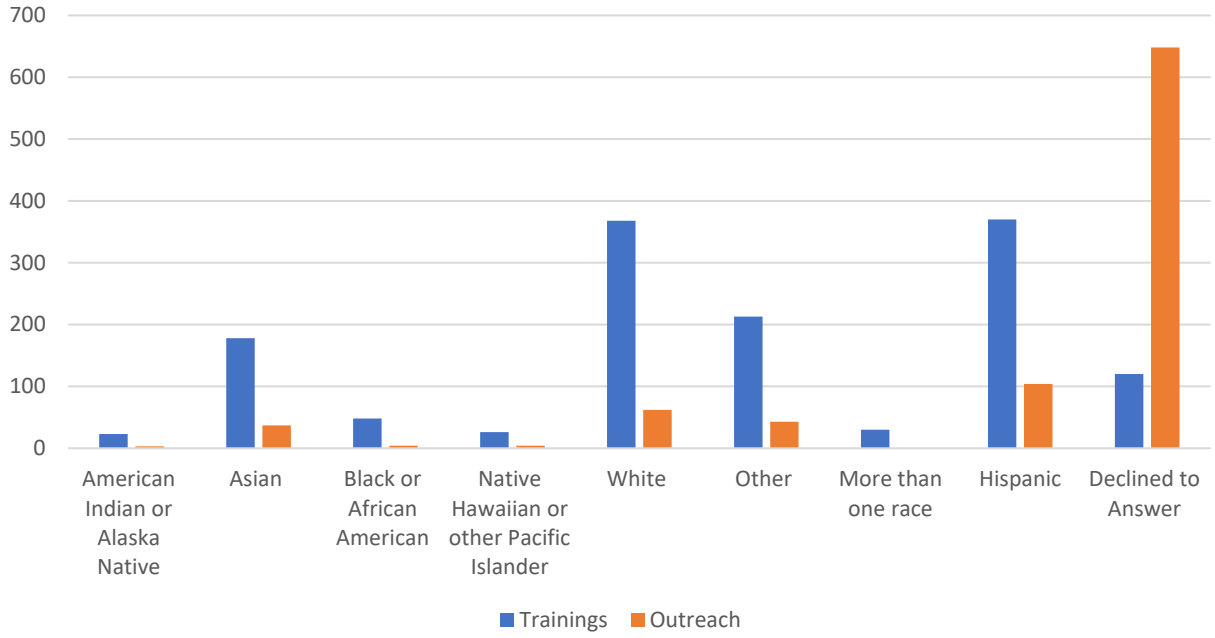
- Due to limited program capacity and resources, a concentrated focus of activities on select high-risk populations could result in greater impact on suicide, compared with a broad-sweep approach that attempts to impact a wide range of populations that each receive a low saturation of intervention.
- Communications campaigns have promising potential to initiate conversations about mental health among older adults. Faith-based institutions and primary care settings are promising venues through which to reach older adults and encourage them to seek support for mental health challenges.
- Because of their potential to initiate conversations and thinking about mental health, communications campaigns should also be monitored carefully, and mental health services prepared to respond to increases in demand as a result of such campaigns or increased media about suicide.
- Local media was found to have a similar level of compliance with safe messaging guidelines as national media. Local media generally adheres to the safe messaging guideline about suicide terminology and photos (i.e., saying "die by suicide" and avoiding photos of death scenes). More work with the media needs to be done around including a variety of suicide prevention and mental health resources in stories, and in discussing warning signs of suicide.
- Benefits and drawbacks to different gatekeeper trainings. QPR, while less impactful on skills-building, continues to be an attractive introductory training for organizations because of its short length (~90 minutes) and accessible content that effectively helps to combat stigma around suicide. Applied Suicide Intervention Skills Training (ASIST) results in consistently strong feedback both on the trainers and content, with the one drawback of length (two full days). The Kognito online simulation can be done entirely online and has a strong evidence base behind its ability to build and sustain skills but has a significant cost barrier. Because of these differences, it remains useful to offer a variety of training types to tailor to different audiences' needs.
- There is potential to engage with gun owners and retailers on mental health and gun safety issues. Almost all gun retailers contacted for the gun shop outreach initiative were receptive to displaying suicide prevention resources at point-of-sale.

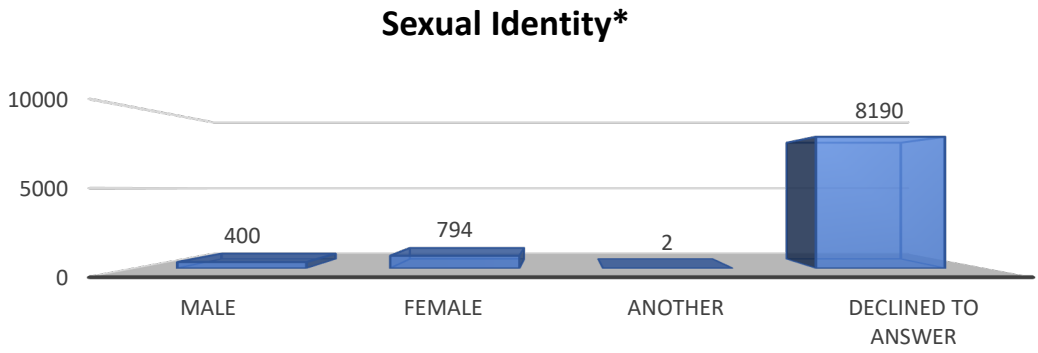
Suicide Prevention Program Demographics

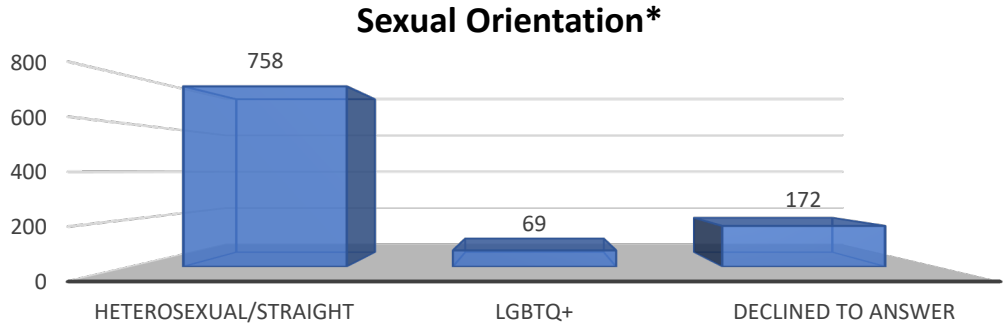
Age Group



Ethnicity







*Combined training and outreach participants

Veteran Status	Trainings
Yes	39
No	795
Declined to Answer	172

Primary Language	Trainings
English	857
Spanish	99
Filipino Dialect	8
Vietnamese	11
Other Non-English	13
Mandarin	3
Arabic	1
Declined to answer	14

Disability:
This was not measured in FY2018 but will be incorporated beginning FY2019.

Suicide Prevention Program Outreach

Settings	Responders
Mental health provider	Staff, volunteers, families, community members, peer support workers, case managers
School or school district	Peer leaders, staff, students, mental health professionals, parents/families
County agency	Counselors, clinicians, staff, first responders, legal service providers, youth
Community center	Police officers, parents, school staff, community residents, media, spokespeople
Library	Community residents, school staff, immigrants
Community fair	Community residents, parents
Fire department	Firefighters, administrative staff
University	Students (e.g. nursing, public health), mental health and social service professionals, staff, peer mentors, seniors
Community organization	Staff, youth leaders
Church, faith-based center	Congregation/community members, youth faith leaders, seniors
Health clinic	Staff, counselors
Park	Community members, parents, youth, families
Farmers' market	County agency employees, health care providers
Shopping mall	Seniors, youth, community members, parents
Immigration clinic	Transitional-aged youth, immigrants
Tech company	Youth conference participants
Hotel	Youth conference participants
Gun show	Gun owners

Workforce Education and Training (WET)

Program Status: Continuing

Description:

The original WET allocation, a one-time funding source that accompanied the passage of Proposition 63 was exhausted in June 2016. Santa Clara County has continued to allocate funding to WET as a carve-out of CSS funding. The mission of the MHSA WET is to address community-based workforce shortages in the public mental health system. It seeks to train community members and staff to develop and maintain a culturally and linguistically competent workforce that includes consumers and family members. The WET activities include:

1. Training Coordination (W1): Positions budgeted for Workforce, Education and Training infrastructure are charged entirely to this budget. The infrastructure supports the education and training of underrepresented populations to enter the mental health workforce and advance within the system as desired.
2. Promising Practice-Based Training (W2): This activity expands training for BHSD and contract CBO management and staff, consumers and family members, and other key stakeholders. The training will promote and encourage the integration of Wellness and Recovery methods, the value of providing peer support, and the use of staff with "lived experience" via a continuous learning model.
3. Improved Services and Outreach to Unserved and Underserved (W3): This project expands specialized cultural competency training for all staff to improve services to ethnic and cultural populations. Ethnic and cultural populations are broadly defined to include marginalized populations such as, people of color, the elderly, youth, people with disabilities, LGBTQ individuals, immigrants and refugee populations.
4. Welcoming Consumers and Family Members (W4): This activity develops and implements training, workshops and consultations that support an environment that welcomes consumers and family members as contributing

partners in the public mental health system. It creates a Consumer/Family Member Training Coordinator whose focus will be to advance the educational, employment, and leadership opportunities for consumers and family members in public mental health.

5. WET Collaboration with Key System Partners (W5): This project builds on the collaboration between the Mental Health Department and key system partners to develop and share training and educational programs so that consumers and family members receive more effective integrated services.
6. Mental Health Career Path (W6): This includes a position and overhead budgeted to support the development of a model that supports BHSD's commitment to developing a workforce that can meet the needs of its diverse population. This action plan includes a program staff who is trained in the principles of recovery, strength-based approaches and culturally competent interventions. The needed "cultural change" in the transformation process is expected to occur as the workforce's composition changes to include more individuals who have "lived experiences" as consumers and family partners and who come from the diverse cultural, ethnic and linguistic underserved and unserved communities that the Santa Clara County BHSD seeks to serve.
7. Stipends and Incentives to Support Mental Health Career Pathways (W7): This activity provides financial support through stipends and other financial incentives to attract and enable consumers and family and community partners to enroll in a full range of educational programs that are prerequisites to employment and advancement in public mental health

Achievements:

Workplan	Clients Served	Achieved Outcomes	Barriers to Success	Program Improvements
W1. Training Coordination	n/a	n/a	n/a	Continuing staffing levels to support WET implementation
W2. Promising Practice-Based Training	4909 (duplicated)	Improved outcomes for clients – clients are receiving higher quality of services by a trained and competent workforce.	No shows and poor attendance rate of trainings – due to busy schedules and workforce demands. No shows and poor attendance rate of trainings – due to busy schedules and workforce demands.	Continue funding for workforce training as staff/community based direct services providers are required to attend evidenced based trainings and collect continuing education units to maintain their licensure.
W3. Improved Services and Outreach to Un-, Underserved Populations	1057 (duplicated)			Continue funding for workforce training as staff are required to annually attend culturally competent/cultural humility/CLAS trainings and collect continuing education units to maintain their licensure.
W4. Welcoming Consumers and Family Members	196 (duplicated)			Continue funding for workforce training to further the skills and expertise of peer staff in BHSD
W5. WET collaboration with Key System Partners	478 (duplicated)			Continue funding for law enforcement and other community and system partners trainings.
W6. Mental Health Career Path	Provided educational support for the level I Marriage, Family Therapists (MFT) and Psychiatric Social Workers (PSW)	• Mental Health Peer Support Worker career ladder established in Santa Clara County. • Increased opportunities for entry level positions. • Increased opportunities for staff development.	• Time frame to develop career ladder for the Mental Health Peer Support Worker is longer than expected due to challenges hiring the Consumer/Family Affairs Division Director • Busy workloads affect participation in	Continue funding so that work can continue to develop career ladder for multiple Mental Health Peer Support Worker levels.

			the educational support groups.	
W7. Stipends and Incentives to Support Mental Health Career Pathways	County and Contractor staff, students and consumers/family members. • Seven students received scholarships at SJSU. • 31 County Student Interns • 2 County Peer Interns • 16 CBO Student Interns • 7 CBO Peer Interns	• Increase in workforce capacity • Better client outcomes	External organizations offer competitive internship opportunities	Continue to fund intern program to continue attracting people to work in the behavioral health workforce
WET Administration	This component supports managerial and clerical positions in Behavioral Health Administration, Contracts, Finance, Information Systems, Quality Assurance and other system-wide administrative functions as it related to MHSA programs and services.			

Capital Facilities and Technological Needs (CFTN)

Program Status: Modified

Description:

The Capital Facilities & Technological Needs (CFTN) component works towards the creation of facilities that are used for the delivery of MHSA programs and services consumers and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families. The following efforts include development of varies capital facilities needs and technology uses and strategies. This includes upgrades to community-based facilities, potential opportunity to purchase Adult Residential Treatment services facilities which would support integrated service experiences that are therapeutic and provide low-barriers in access to care.

WET, CFTN, INN

Pursuant to the **Welfare and Institutions Code (WIC) Section 5892(b)**, Counties may use a portion of their CSS funds for WET, CFTN and the Local Prudent Reserve. It is further specified that the total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years. Once allocated to either the WET or CFTN Plan, in order to expend those funds, the County must also conduct a public process to specifically outline the intended use of those monies and receive final approval from their Board. Furthermore, funds for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the fund, WIC § 5892, (h)(1).

1. **CFTN Support Staff:** Leads, project team members and subject matter experts are participating in the EPIC/ HealthLink electronic health record and Netsmart/ Practice Management System Solution implementation. Participants include line staff and mid-managers with expertise in clinical, billing and registration workflows. Staffing costs for this effort utilized $1,711,566 annually during Fiscal Years 2019. The same amount is expected for FY2020.
2. **Capital improvements at two *allcove (*formerly known as *headspace)* sites.** Facility renovation of the MHSOAC-approved *allcove* centers for building improvements and redesign guided by a Youth Advisory Group in consultation with *allcove* experts and the county's Fleets and Facilities team. Originally estimated at $470,000 per site, the costs would be over $1.5 million dollars per site (refer to 30-Day Public Comment and Response, question #39). This brings the cost to $3 million in the FY19 allocation for renovation costs of the first U.S.-based *allcove* centers in County of Santa Clara. Video walkthrough of facilities renovations and architectural rendering of these centers can be accessed here.
3. **Potential purchase of residential care facilities for adults with serious mental illness** at a cost of $8 million. If the county is successful in purchasing these properties, the intent would be to house the BOS-approved, new Adult Residential Treatment (ARTs) programs for adults with serious mental illness, who are stepping down from intensive services. Without the option of an ART placement, individuals would remain in Mental Health Rehabilitation Centers (MHRCs) for extended periods of time, which could lead to increased rates of relapse once back in the community.

The total transfers from CSS to CFTN in FY2019 is $11 million for a total budget of $12,711,566.

Electronic Health Record Update

The EHR project is currently following two paths that will converge in 2019:

1. The County's Call Center (the point of entry for all consumers) and all county operated specialty mental health clinics went live on Epic/HealthLink on February 26, 2018. This system is the electronic health record that has been used by the VMC inpatient, outpatient and related services since 2013. With the addition of county operated Mental Health programs, we have achieved the goal of one person-one record. All registration, scheduling, clinical documentation, ordering of lab, pharmacy and referrals, and a patient portal are in full operation. Line staff, managers and a team of technical staff tailored the system to meet behavioral health needs for clinical, billing and reporting. All medical, clinical and management staff were given extensive training and "elbow support" prior to and during "go live" and prior to the 2018 systemwide Epic upgrade. While data for billing and reporting are captured in HealthLink, extracts are transmitted to a companion system, myAvatar (a Netsmart product), designed specifically for the unique features of California's Medi-Cal mental health billing and reporting.
2. All contract outpatient, contract acute care, IMDs, residential care and fee for service provides are using their own electronic health record systems. While they currently upload billing and reporting information to the County's Unicare system, they will be transmitting that information to myAvatar by the end of 2019. Unicare will sunset, though historical data will be available indefinitely. A team of County staff will work closely with technical staff to coordinate this transition.

Program Improvements

While implementation of Epic/HealthLink system is complete, optimization is now the highest priority. This includes:

1. Improving the data capture and transfer process for CSI information
2. Putting systems in place for rapid error detection and correction of data as it is entered

3. Smoothing out the processes for transferring data from HealthLink to myAvatar
4. Implementing alerts and reminders for treatment plan updates and patient tracking if patients are seen at MH Urgent Care, EPS or admitted to the county's inpatient psych service.
5. Automating executive dashboards to provide more timely status on capacity, timeliness or other quality measures
6. Implementing a data warehouse for all county and contract agency data, that will function with both HealthLink and myAvatar

Enterprise-Wide Data Warehouse Update

Purpose: To create a single data repository for all Mental Health Department service, administrative, financial and provider information. The data warehouse will integrate information to improve the ability of SCVHHS to measure key clinical and administrative metrics through enhanced business intelligence reporting capabilities. The data warehouse will directly support treatment decisions, new program and staffing design, management decision-making activities and state and federal reporting.

EDW implementation will be through the features of the Epic/HealthLink and myAvatar/Netsmart systems and existing or planned Information System Department (ISD) data warehouse activities. Portions of the DW are operational with HealthLink data, but the full scope of integrating all county and contract Behavioral Health services data is still in development.

Consumer Learning Center (CLC) Update

The first CLC opened in summer 2013 at the Self-Help Center co-located with the County's Downtown Mental Health (DTMH) Center. The program coordinator was selected from the pool of peer support worker applicants, based on his computer knowledge and skills, and his willingness to design and teach basic computer literacy. This site was chosen because of the high client volume and easy access to the location. Policies and procedures were written to guide the use of the computers and define the staff's responsibilities. Quantitative and qualitative measures were designed for continuous quality improvement and to guide the development of additional CLCs. Interest remains high and classes average 5 students. Issues with students attending a full series of classes remains a challenge, but the coordinator is trying approaches that are designed for better

engagement. Planning for the second CLC restarted in Spring 2018. This center will be at the self-help center in Gilroy in conjunction with other enhancements to the south county programs. Computers and furniture have been in installed and high-speed internet connection is in process. Because this location is farther from the internet hubs in San Jose, a local vendor had to be selected, delaying the start up. It is anticipated that the second CLC would open in early 2019.

A third CLC is also in the planning stage for Evans Lane Residential Center. This is a facility for criminal justice involved mental health clients who can stay for up to a year. The addition of a modern computer lab will enhance the program offerings and support clients' skills to better prepare them for living in the community. It should be noted that several software safeguards have been put in place at each CLC. These include blocking of some web sites, operating on a network that does not access the county's network, and installing "deep freeze" software to re-image hard drives and restore the initial configuration every night.

Project Goals:
Complete the implementation of the second CLC in Gilroy and open by Spring 2019. Complete the implementation of the third CLC at Evans Lane and open by Summer 2019

Website Redesign and Computer Portal Update

The BHSD web redesign, with improved visual presentation, content and accessibility was completed spring 2013 and contains information of general interest and links to helpful resources. This is an ongoing activity, with the latest work beginning in early 2016 with the updating of the BHSD public and intranet sites to more clearly show the integration of mental health and substance use into a single department. As the redesign progresses, BHSD staff was asked to provide their input through an online survey to obtain information and preferences on the look, design and content of the new BHSD external and intranet websites. This is an ongoing process that assists both the Behavioral Health Services Department and the County's Information Services Department in their continued efforts to improve the usability and content of these sites. The BHSD site development was completed in conjunction with County ISD to assure conformance with County standards. The site is at the following web address: https://www.sccgov.org/sites/bhd/Pages/home.aspx

Innovation (INN)

***allcove* Ramp Up and Implementation** (formerly known as *headspace*)			
Program Status	**Priority Population**	**Primary Purpose**	**Service Category**
Continuing	☒ Children Ages 12-15 ☒ TAY Ages 15-25	INN: Increase access to mental health services	Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
Outcome 1:	*headspace* (now called *allcove*) increases youth connection to needed mental health services and provides support during the early stages of mental health issues		

Description:

The *allcove* Project is an integrated model of behavioral health services for youth ages 12-25 that provides equitable access in a "one-stop shop" setting. Integrated and co-located services distinguish *allcove* from other youth mental health care models, assists providers in identifying early warning signs of mental health issues and suicide risk, and provides more effective primary health care. Two *allcove* centers would be located in the intended service areas of Central San Jose and North County (Palo Alto/Mountain View). Santa Clara County, in partnership with the Stanford Psychiatry Center for Youth Mental Health and Wellbeing, would introduce the first *allcove* model in the United States. The Ramp Up Phase was approved by the MHSAOC on November 16, 2017, and the Implementation Phase was approved on August 23, 2018. The estimated costs for the four-year *allcove* implementation project is $14,960,943. It is estimated that facility improvements in the additional amount of $1.5 million per site would be required to upgrade existing clinic spaces to promote health and wellness for *allcove* participants. The BHSD proposes to transfer $3 million from Community Services and Supports (CSS) to Capital Facilities and Technological Needs (CFTN) to cover these additional costs.

Project Update

During the ramp up phase, through a contract with the Stanford Center for Youth Mental Health and Wellbeing (SCYMHW), BHSD developed an innovative,

integrated service model. The stepped-care model consists of behavioral health services, primary care services and employment and educational support. Youth would be assessed and assigned to appropriate levels of services before navigating the stepped-care model. The stepped-care model would increase or decrease service type and intensity based on additional service needs. The navigation of services would be facilitated by a Youth Partner hired by the community-based organization at the center.

Additionally, the model would include a consortium – a network of support - that consists of various community agencies that may co-locate services at the *allcove* centers or serve as partners to which youth may be linked for services. The purpose of the consortium is to mobilize the community by uniting youth, family members, community stakeholders, and service providers to review and identify services needs of youth and support them in the community.

In addition, two Youth Advisory Groups (YAG) representing the County's diverse population were developed. The YAG is one of the innovative pieces of *allcove*, as members are involved in every step of the program development (e.g., development of service delivery model, branding and marketing) as well as evaluation planning and implementation. During the ramp up phase, the brand for the *allcove* model in the United States was identified by the YAG facilitated by SCYMHW. BHSD and SCYMHW would issue an official announcement once a website and the logo are completed. The brand is also being filed with the U.S. Patent and Trademark Office by SCYMHW. This process typically takes between six to twelve months for application approval. Other developments of *allcove* during the ramp up phase included identifying potential sites for the San Jose location (North County site is pending) and developing a contract with an independent evaluator to implement the comprehensive evaluation plan, which includes initial process evaluation and planning the integration of multiple data systems.

allcove, now in the implementation phase, is a four year project. The implementation phase would provide an opportunity to explore the advantages and challenges of integrating behavioral health, physical health and social support in one setting, as well as a blended fiscal model.

The following items are underway to begin the established service delivery:

- BHSD is continuing to work with the County's Facilities and Fleet (FAF) Department to solidify two centers, after which service delivery would commence. A couple of locations are currently being reviewed as prospects.

Once the centers are identified, services would commence; services may roll out in a staggered method as the procurement process may take some time for services provided through contracted vendors.

- BHSD began preliminary discussion with the County of Santa Clara Health System Finance Department of the new financial model to better understand how BHSD may partner with commercial payers to serve all youth with different types of health coverage. This new financial model is one of the main innovative pieces of the project to be piloted and evaluated during the implementation phase. Once the centers are identified, services may commence while BHSD is finalizing the new financial model.
- BHSD released the Request for Proposal on October 2, 2018 to identify a community-based contract provider to provide the following services at the *allcove* centers: case management by Youth Partners and coordination of community collaboration by the Community Coordinator for the consortium. The RFP process should be completed by March 2019. The contracts with the partnering contract provider for the project should be in place by the time the centers are identified.
- The SCYMHW is in the process of recruiting new YAG members who would represent our diverse County. Recruitment would occur in partnership with existing programs in the County (e.g., School Linked Services and other County programs). The new members would begin next fiscal year.
- BHSD is partnering with Informing Change, the contracted vendor for evaluation planning, to finalize the comprehensive evaluation plan for the implementation phase. The YAG members and SCYMHW staff, as well as an Implementation Scientist from Stanford University, have been a part of the monthly evaluation planning meetings. Informing Change's evaluation planning would end in January 2019, after which a new vendor would be identified to conduct the implementation evaluation.
- BHSD released a RFP on December 3, 2018 to identify a vendor to provide the implementation of evaluation services during the implementation phase. BHSD plans to identify a vendor before the end of FY 2019. The implementation of evaluation services would provide opportunities for tracking longitudinal data and long term impact evaluation across the years a client comes to *allcove* for services. It would also explore the unique needs of 18-25 year olds, which are distinct from 12-17 year olds, and track workflow components related to treating minors and involving parents/guardians.
- For current updates, check the official *allcove* site: https://www.allcove.org/

Faith Based Training and Supports Project			
Program Status	**Priority Population**	**Primary Purpose**	**Service Category**
Continuing	☒ Adults Ages 26-59 ☒ Older Adults Ages 60+	INN: Increase access to services	introduce a new mental health practice or approach
Outcome 1:	This project will expand referrals and linkages to services for faith community members seeking mental health services		

Description

The Faith Based Training and Supports Project will develop a customized educational training program tailored and implemented for use by faith and spiritual leaders in the County of Santa Clara. The program will be designed to provide them the necessary tools, skills, and resources to better serve those in their communities who suffer from mental health issues and co-occurring diagnoses. Specifically, the project will teach faith and spiritual leaders how to provide appropriate behavioral health referrals to their congregants and how to directly link them to needed mental health and/or substance use treatment services. The project will also give faith and spiritual leaders a better understanding of safe boundaries between their role and professional/clinical treatment without the necessary credentials to practice.

Project Update

The Faith Based Training and Supports Project was approved by MHSOAC on November 16, 2017. The County has selected a contracted evaluator and re-issued a Request for Proposals in October 2018. The review and evaluation process has not been finalized and a vendor has not been selected at the time this Plan Update was posted.

Client and Consumer Employment			
Program Status	**Priority Population**	**Primary Purpose**	**Service Category**
Continuing	☒ TAY Ages 16-25 ☒ Adults Ages 26-59 ☒ Older Adults Ages 60+	INN: Increase the quality of services, including better outcomes	Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
Outcome 1:	This project supports consumers with serious mental illness in developing employment recovery goals and achieving those goals		

Description

The Client and Consumer Employment project aims to transform how the overall system views employment and promoting employment as a wellness goal for consumers. This project builds on the premise that having a job contributes to a person's overall sense of well-being and can be a significant contributor toward achieving and maintaining recovery from mental illness. Employment also can promote stability and help consumers develop tools for managing life circumstances.

Project Update

The Client and Consumer Project was approved by MHSOAC on November 16, 2017 and the County has identified the Individual Placement and Support (IPS) Employment Center as the provider of trainings, technical assistance and evaluation for this project. The IPS Employment Center provides technical assistance to counties in California and across the county. The first kick off has been scheduled for early February 2019. The County issued an RFP for up to three contractors to provide these services. Three vendors were selected for the implementation of this 3-year project.

Psychiatric Emergency Response Team (PERT) and Peer Linkage			
Program Status	**Priority Population**	**Primary Purpose**	**Service Category**
Continuing	☒ TAY Ages 16-25 ☒ Adults Ages 26-59 ☒ Older Adults Ages 60+	INN: Increase access to services	Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
Outcome 1:	Increase access to services for Transition Age Youth experiencing mental health crisis.		
Outcome 2:	Improve outcomes for youth participating in peer linkage project as a result of increased help-seeking behavior		
Outcome 3:	Comparison analysis with existing stand-alone CIT efforts with PERT model to demonstrate benefits of a combined approach		
Outcome 4:	Improve law enforcement attitudes and abilities to safely respond to mental health related calls, link people to mental health services, and to some degree reduce the number of persons with mental illnesses entering the front door of the criminal justice system		

Description

The Psychiatric Emergency Response Team (PERT) and Peer Linkage project are designed to reduce utilization of EPS and acute psychiatric hospitalization services for County of Santa Clara residents experiencing acute mental health crises. The PERT model is a co-response crisis intervention model staffed by a licensed mental health clinician paired with a law enforcement officer. The PERT model was initially implemented in San Diego County and has demonstrated that it is an effective community-based crisis intervention program. The innovative aspect of this project is that it adapts the PERT model to Santa Clara County and integrates a Peer Linkage component for peer support post-crisis services. The intent of the PERT and Peer Linkage project is to provide immediate behavioral health assessment and service referrals to ensure that individuals are referred to

community-based treatment as appropriate. The MHSOAC approved this project on November 16, 2017.

Project Update

The BHSD has commenced agreements with law enforcement agencies to launch teams. Hiring delays of critical team staff has slowed down implementation of all projected four teams. An evaluation consultant has been identified. It is projected that all teams will be in place by the end of FY2019.

Multicultural Center

Transitional Age Youth Ages 16 – 24

Consumers from underserved and unserved ethnic groups will have increased access to culturally responsive services through the Multi-Cultural Center.

The Multi-Cultural Center (MCC) project is designed to increase access to housing activities and services for underserved and inappropriately served ethnic minorities in Santa Clara County. The 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 to find appropriate ways to combat stigma and internalized oppression. The project has yet to start, as an appropriate space has not been identified, however, BHSD is looking for a space that will meet the needs of the MCC project. Currently, BHSD is proposing the second floor of the Downtown Mental Health (DTMH) Center for the project.

Projects Pending Further Development for Potential FY2020 Launch:

Technology Suite for Mental Health

Santa Clara County would like to join multiple counties across California in implementing the Innovative Tech Suite. This project will bring interactive technology tools into the public mental health system through a highly innovative suite of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed. The Department will meet with the MHSA SLC to discuss and strategize on the recommended applications and

content and identify those which would be the most beneficial to the populations we serve.

The goals of this project include:

- Increase access to care needed and desired
- Reduce time to recognition and acknowledgment that a symptom needs to be addressed and reduce time to receiving appropriate level of care.
- Increase ability to analyze and collect data from a variety of sources to improve mental health needs assessment and delivery of services
- Increase purpose, belonging and social connectedness for users
- Reduce stigma associated with "mental illness" by promoting mental optimization

Room Match

Santa Clara County has identified insecure housing as a barrier to mental health care access and consistent utilization of mental health services. The goal of Room Match is to support the housing needs of consumers receiving or in need of mental health services through systemized connections to available rooms within the community. Meeting housing needs and incorporating choice for both consumers and renters aims to reduce the risk of homeless, relapse, hospitalization, and arrest for individuals with mental health needs. This proposed housing project seeks out available bedrooms in homes that might be used for both short- and long-term housing.

Older Adult In-Home Outreach Team

The Friendly Calling Older Adult In-Home Outreach Team is a proposed project that will provide culturally responsive mental health services for isolated adults over 60 in Santa Clara County via a multilingual phone line. This project will target underserved or unserved older adults who experience isolation and/or depression and who may be homebound. For this population, isolation may be the result of many factors such as the loss of a life-long partner or other loved ones, medical problems, financial constraints, unstable housing, and caregiving responsibilities. Mental health resources that could benefit isolated older adults tend to be inaccessible to them due to a lack of information and support in accessing services. Friendly Calling is designed to connect isolated older adults to supportive services they would otherwise have difficulty accessing.

FY19 MHSA Annual Update:
Community Program Planning Process
BHB Meeting: April 8, 2019
BOS Meeting: May 21, 2019

SANTA CLARA COUNTY
Behavioral Health Services
Supporting Wellness and Recovery

Program Outcomes Reports/Updates	Community Program Planning (CPP) MHSA SLC/Public Planning Meetings	Plan Review
Annual Kick Off Event with SLC **Date: October 16, 2018 3:30-5:00pm** **Location:** Learning Partnership, TR 4 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116 • Overview of CPPP and Timeline • Review MHSA Components • INN Program Updates/Outcomes	**North County** **November 6, 2018 4:00pm – 6:00pm** Graham Middle School Multi-Use Room 1175 Castro St. Mountain View, CA 94040 **South County** **November 8, 2018 3pm – 5pm** Valley Health Center Gilroy El Toro Conference Room 7475 Camino Arroyo, 2nd Floor Gilroy, CA 95020 **Central San Jose** **November 15, 2018 3pm - 5pm** Learning Partnership, TR 3 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116 Topics at all meetings above: • MHSA Three Year Plan program updates • Presentation on INN Projects • Q&A	**MHSA SLC Review Meeting** **Tuesday, February 12, 2019 4:30-6:00pm** Location: BHSD Administration, Suite 200 Large Conference Room 828 S Bascom Avenue San Jose, CA 95125 Program review before 30-Day public comment period begins • summary of all changes before start of public comment period • Q&A **30-Day Draft Plan Update Public Review** **March 8 – April 6, 2019** • Copies will be distributed at Community Centers, County Office of Education, Learning Partnership, and County Public Libraries for stakeholder review and input. • Offers an opportunity for public review and community input. Utilize comment form found at: www.sccbhsd.org/mhsa and email completed form to: evelyn.tirumalai@hhs.sccgov.org
For more information contact: Evelyn Castillo Tirumalai, MPH Mental Health Services Act (MHSA) Senior Manager 408-885-5785 office evelyn.tirumalai@hhs.sccgov.org **www.sccbhsd.org/mhsa**	**MHSA SLC Planning Meeting** **December 10, 2018 2:00pm – 5:00pm** Location: Santa Clara Valley Medical Center Valley Specialty Center, Conference Room BQ160 751 S Bascom Ave, San Jose, CA 95128 Program validation before 30-Day public comment period begins • Public input • Q&A **Behavioral Health Board Presentation of Preliminary Plan** **January 14, 2019** **12:00pm – 2:00pm** Location: 1075 E Santa Clara Street, San Jose, CA • Program Updates Overview • MHSA Budget review • Q&A	**BHB Public Hearing of the Draft Plan Update as required by MHSA Regulations** **April 8, 2019 10:45am – 11:45am** *Lunch Provided* Uplift Family Services 251 Llewellyn Avenue Campbell, CA 95008 Request BHB to take a motion to validate FY19 MHSA Plan Update (Draft Plan) **Request Board of Supervisor (BOS) approval of FY19 MHSA Plan Update (Draft Plan)** **May 21, 2019** 70 W. Hedding Street San Jose, CA 95110 Request BOS to approve/adopt FY19 MHSA Plan Update (Draft Plan) and authorize BHSD to submit plan to the state in accordance with WIC Section 5847 (a) Revised 3/04/2019

SANTA CLARA COUNTY
Behavioral Health Services

MHSA Stakeholder Leadership Committee (SLC) Planning Meeting
Learning Partnership, 1075 E. Santa Clara Street, 2nd Floor, San José, CA 95116
October 16, 2018

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AGENDA

TOPIC	TIME
1. Check-In	3:30 – 3:40
2. Welcome by Director/Executive Team	3:40 - 3:50
3. Overview of CPPP and Timeline	3:50 – 4:15
4. MHSA Legislative Updates	4:15 – 4:25
5. Innovations Projects Update and Q& A	4:25 – 4:35
6. Next Steps	4:35– 5:00
7. Adjourn	5:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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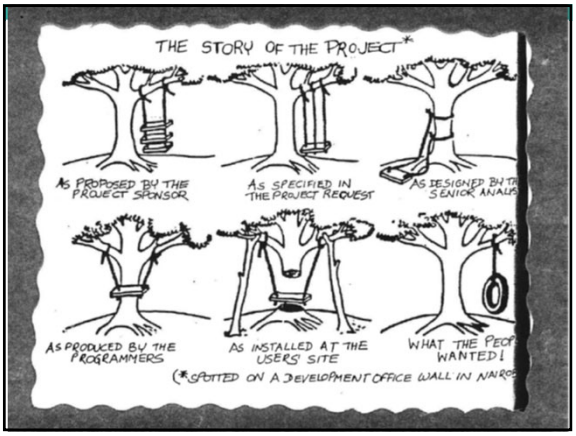

3

OVERVIEW OF COMMUNITY PROGRAM PLANNING PROCESS

Kick Off
October 16, 2018
3:30-5:00pm
Overview of CPPP and Timeline
Review MHSA Components
INN Program Updates, Outcomes

Community Program Planning Process
November 6, 2018 4pm-6pm
Graham Middle School
Mountain View, CA
November 8, 2018 3pm-5pm
VMC Gilroy
November 15, 2018 3pm-5pm
Learning Partnership San Jose
December 10, 2018 2pm-5pm
Valley Specialty San Jose
January 11, 2018 12pm-2pm
Behavioral Health Board

Plan Review
January 30 – February 28, 2019
30-Day Draft Plan for Public Review
March 11, 2019
Behavioral Health Public Hearing of Draft Plan
March 26, 2019
Request Board of Supervisor Approval

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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MHSA LEGISLATIVE UPDATES

- SB 1004 (Wiener) Approved by Governor September 27, 2018 (enhances public understanding of PEI and creates metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved)
- SB 192 (Beall) Approved by Governor September 10, 2018 (the value of a local prudent reserve shall not exceed 33% of the average CSS revenue received for the fund in preceding 5 years)
- SB 688 (Moorlach) Approved by Governor September 14, 2018 (improve financial reporting standards when using MHSA funds in compliance with generally accepted accounting principles/GAAP)

SANTA CLARA COUNTY Behavioral Health Services
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INNOVATIONS PROJECT UPDATE

SANTA CLARA COUNTY Behavioral Health Services
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FAITH BASED TRAINING AND SUPPORTS

- Design and implement customized faith-based behavioral health training for faith community leaders
- Design and implement faith-informed workshop series for behavioral health direct care providers to learn about spirituality and faith in assisting faith communities
- Amount: $608,964; Project Length: 24 months
- Evaluator has been awarded
- RFP for vendors will be re-released on October 29th

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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CLIENT AND CONSUMER EMPLOYMENT

- Adopt Individual Placement & Support Supported Employment (IPS/SE) model
- Amount: $2,525,148; Project Length: 36 months
- Evaluator has been selected, contract almost finalized
- Vendors have been awarded, contract is currently in negotiation

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE

- Utilize a co-response intervention model with teams that include a licensed clinician paired with law enforcement officer
- Connect individuals to appropriate services and provide post crisis peer support services
- Amount: $3,688,511; Project Length: 24 months
- ICP for evaluation services has been released

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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HEADSPACE: IMPLEMENTATION

Ramp-up findings:

- Developed an integrated service model.
- Formed two Youth Advisory Groups (YAG) representing the County's diverse population.
- Identified potential sites at both locations (i.e., San Jose and North County) in partnership with YAG members.
- Developed site design concept and branding
- Implementation of initial process evaluation, development of evaluation plan and data system
- Amount: $16.5 million; Project Length: 48 months
- RFP for CBO was released on October 2nd

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

10

NEW INNOVATION PROJECTS

Tech Suite

Santa Clara County would like to join multiple counties across California to bring interactive technology tools into the public mental health system through a highly innovative suite of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional/behavioral destabilization, connect individuals seeking help in real time, and increase user access to mental health services when needed.

- Estimated amount: $6,000,000; Project Length: 36 months

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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NEW INNOVATION PROJECTS

Room Match

To support the housing needs of consumers receiving or in need of mental health services through systemized connections to available rooms within the community. Meeting housing needs and incorporating choice for both consumers and renters aims to reduce the risk of homeless, relapse, hospitalization, and arrest for individuals with mental health needs. This proposed housing project seeks out available bedrooms in homes that might be used for both short- and long-term housing.

- Estimated to begin in 2020

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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NEW INNOVATION PROJECTS

Reach-out, Engage, and Connect (REC)

REC is a proposed project that will provide culturally responsive mental health services for adults over 60 in Santa Clara County via a multilingual phone line. This project will target underserved or unserved older adults who experience isolation and/or depression and who may be homebound. REC is designed to connect older adults to supportive services they would otherwise have difficulty accessing.

- Estimated to begin in 2020

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NEXT STEPS

- COMMUNITY LIVING COALITION
- UPCOMING PLANNING MEETINGS
- COMPLETE THE STAKEHOLDER INPUT FORM

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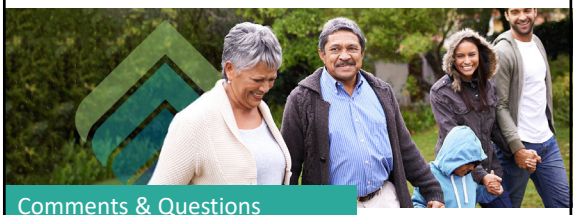

Comments & Questions

SANTA CLARA COUNTY Behavioral Health Services

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THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Evelyn Tirumalai, MPH
Senior Manager, MHSA

Lily Vu, MSW
Coordinator, MHSA Innovations

SANTA CLARA COUNTY Behavioral Health Services
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SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Update Kick Off
October 16, 2018
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

What is your age?
- ☐ 0-15 yrs
- ☐ 16-24 yrs
- ☒ 25-59 yrs
- ☐ 60+ yrs

What is your gender?
- ☐ Male
- ☐ Female
- ☐ Other_____

What group do you represent? (Check All that Apply)
- ☐ Family/Consumer of MH services
- ☐ Consumer of Mental Health Services
- ☑ Social Services Provider
- ☐ Law Enforcement
- ☐ Veterans and/or representatives
- ☑ MH and Substance use Provider
- ☐ Education
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- ☐ Faith Community
- ☐ Cultural Competence and diversity
- ☐ Disabilities advocate
- ☐ Health care

What is your ethnicity?
- ☐ Latino/Hispanic
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- ☐ Other_____

What is your primary system transformation interest?
- ☐ Community Collaboration (CCR § 3200.060)
- ☐ Cultural Competency (CCR § 3200.100)
- ☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- ☒ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- ☑ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

Good kick-off - it got us oriented - We may need reminders from time to time about our goal to keep us focused.

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

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Public Defenders Office
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very informative, thank you
looking forward to learning more

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- ☒ Cultural Competency (CCR § 3200.100) really all...
- ☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

ideally to look at program/outcome data for CSS/PEI programs...

the meeting went well; very succinct. Looking forward to Nov meetings to go deeper!

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

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Behavioral Health Services

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

I was hoping to get an update on the AOA - FSP, Older A.C.S. what is the schedule for putting new programing out for bid.

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

Implementation and focus on PEI

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SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

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What is your primary system transformation interest?

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- ☒ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
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- ☐ Integrated Service Experience (CCR § 3200.190)

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Your Voice Matters!

SANTA CLARA COUNTY
Behavioral Health Services

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Update Kick Off
October 16, 2018
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

What is your age?
- ☐ 0-15 yrs
- ☐ 16-24 yrs
- ☒ 25-59 yrs
- ☐ 60+ yrs

What is your gender?
- ☐ Male
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- ☐ Other_____

What group do you represent? (Check All that Apply)
- ☐ Family/Consumer of MH services
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What is your primary system transformation interest?
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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

TODAY'S MTG
- GREAT TO COME TOGETHER WITH FELLOW MHSA SLC MEMBERS
- PLEASE ENGAGE MORE OF THE QUIET MEMBERS
- REVISIT GROUND RULES (STEP UP/STEP BACK)

FUTURE MTG
- CONTINUE ENGAGEMENTS
- MONITOR/TRACK IMPACT PLAN

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

THANK YOU. I FEEL PROVALUED & IMPACTFUL.

Your Voice Matters!

SANTA CLARA COUNTY Behavioral Health Services

SANTA CLARA COUNTY
Behavioral Health Services

MHSA Community Program Planning Process Meeting
Graham Middle School, MUR, Mountain View, CA 94040
November 6, 2018 4:00pm – 6:000pm

1

AGENDA

TOPIC	TIME
1. Check-In	4:00 – 4:15
2. Welcome and Introductions	4:15 – 4:30
3. MHSA Overview	4:30 – 5:00
4. Overview of CPPP and Timeline	5:00 – 5:15
5. MHSA Assessment and Response	5:15 – 5:30
6. MHSA and Specialty Populations	5:30 – 5:45
7. Next Steps/Adjourn	5:45 – 6:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

2

WHAT IS THE MENTAL HEALTH SERVICES ACT (MHSA)?

The Mental Health Services Act (MHSA) is a ballot measure passed by California voters in November 2004 that provides funding for public mental health services. The Act imposed a 1% taxation on personal income exceeding $1 million.

The purpose and intent of the MHSA is to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

1. Suicide
2. Incarcerations
3. School failure or dropout
4. Unemployment
5. Prolonged suffering
6. Homelessness
7. Removal of children from their homes

Source: California Welfare and Institutions Code (WIC) § 5840 (d)

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

3

MHSA CORE PRINCIPLES

Counties shall use these standards in planning, implementing and evaluating MHSA funded programs and services (California Code of Regulations § 3320).

1. Community Collaboration (CCR § 3200.060)
2. Cultural Competence (CCR § 3200.100)
3. Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

4

MHSA COMPONENTS

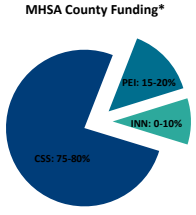
CSS: Community Services & Supports
- Outreach and direct services for children, TAY, adults and older adults with SED/SMI

PEI: Prevention & Early Intervention
- Prevention services to prevent the development of mental health problems
- Early intervention services to screen and intervene with early signs of mental health issues

CFTN: Capital Facilities & Technology Needs
- Infrastructure to implement an electronic health record and support MH facilities

WET: Workforce Education & Training
- Support to build, retain, and train a competent public mental health workforce

INN: Innovation
- Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un-, under-, and inappropriately-served populations



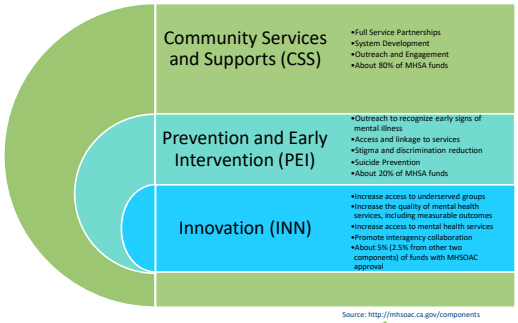
*Counties received 10-year allocations for WET and CFTN activities

RDA

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

5

MHSA COMPONENTS: ONGOING FUNDING



Source: http://mhsoac.ca.gov/components

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

6

OVERVIEW OF COMMUNITY PROGRAM PLANNING PROCESS

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

7

MHSA ASSESSMENT AND RESPONSE

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

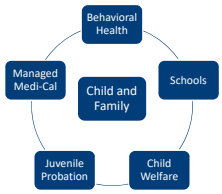
8

Children, Youth, and Families

R D A

9

Children-Focused Services



- SCC BHSD provided services for **11,950 children and youth**, including:
  - Kid Connections 0-5
  - School-Linked Services
  - Katie A. and Juvenile Justice MH services
  - FSP and other outpatient mental health services
  - Crisis and emergency services

R D A

10

CHILDREN'S FINDINGS AND RECOMMENDATIONS

11

- There's a **variety of specialized services** available for child welfare and justice-involved youth as well as co-occurring and eating disorder-specific services.
- In light of unfolding policy changes, it may be important to **ensure that children and families are able to easily access timely services** that are likely to be helpful, such as school-linked services.
- Where there are a lot of quality services, there is a need to **strengthen care coordination and maintain continuity of care** across providers and systems.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

11

Adults and Older Adults

R D A

12

Adult/Older Adult System of Care (SOC) Findings

SCC BHSD serves approximately 16,500 adults and older adults annually across a variety of levels of care.

Approximately 25% of adults and older adults only access crisis services.

Findings	Recommendations
❑ There is a group of consumers who **cycle in and out of Emergency Psychiatric Services (EPS), hospital, and jail** and do not connect to ongoing services. ❑ Community-based programs, specifically FSP, are not able to adequately **serve people with the highest needs**. ❑ The "No Wrong Door" approach creates **barriers to access, level of care determinations, and oversight.**	• Targeted Outreach and Engagement Teams • MH Urgent Care (MHUC) Redesign • Full Service Partnership – Build FSP capacity (500 additional consumers) – Increase per person funding ($25-30,000/year) – Implement 2 Assertive Community Treatment (ACT) Teams (200 consumers) • Adult Residential Treatment – 2 Institution of Mental Disease (IMD) Step-down/Diversion – 1 Co-Occurring Treatment

13

Older Adult Issues

Findings	Recommendations
• **Isolation** continues to be a primary issue for older adults as well as **caregiver fatigue**. • Intersections between **depression, early dementia, and physical health concerns** make serving older adults more challenging, specifically in residential environments. • Many older adults are **seeking services in culture-specific settings**.	• Strengthen capacity to provide services in the home that focus on **preserving independence and supporting caregivers**. • Develop additional capacity for **integrated health and behavioral health care** specifically for older adults. • Include older adult **socialization and home visiting programs** in PEI component and culture-specific services.

14

Specialty Populations

15

Specialty Populations

Overreliance on 5150 and crisis response
+
Access and service authorization processes
+
Stigma, discrimination, current events and political climate
↓
Reasonable mistrust in government
↓
Reduced service access and increased likelihood of crisis

- **Promote safe and sustained engagement amongst un, under, and inappropriately served groups**
  - Develop culture-specific Wellness Centers for Latino, African American, Asian/Pacific Islander (API), and LGBT communities
- **Consider ways to minimize trauma related to crisis response**
  - Trauma-informed police training for law enforcement agency (LEA) partners
  - Mobile crisis/psychiatric emergency response teams (PERTs)
  - LEA support for differential response
  - Trans-positive protocols in gendered settings
- **Increase cultural competency throughout system**
  - Provide culture-specific training throughout system
  - Identify experts to receive referrals and provide consultation, including services that are trans-positive and available to LGBT adults and older adults

16

Consolidated Recommendations

17

CSS	PEI	Other
FULL SERVICE PARTNERSHIPS ❖ **Children**: Create additional ~100 slots ❖ **TAY**: Create ~100 slots, increase per person funding to ~22-25K, clarify model. ❖ **Adult/Older Adult**: Create additional ~500 slots, develop 2 ACT teams, explore Forensic Assertive Community Treatment (FACT) for Criminal Justice Mental Health (CJMH)	**PREVENTION** ❖ Consider adding older adult and caregiver support programs ❖ Strengthen PBHCI efforts for older adults **OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS** ❖ Consider LEA trauma-informed training and other support to non-MH providers	❖ Explore **INN concepts submitted by community** and other stakeholders for applicability to identified community needs ❖ Explore mechanisms to **leverage CSS and CFTN funds** for creative **housing solutions** ❖ Consider strengthening **performance expectations** in **service contracts** ❖ Workforce Education Training (**WET**) program to **improve cultural responsiveness and to address professional shortages**
SYSTEMS DEVELOPMENT ❖ Develop 3 ART facilities ❖ Redesign MHUC	**ACCESS AND LINKAGE TO TREATMENT** ❖ Develop A&L program, consider children, youth, and families as priority population	
OUTREACH AND ENGAGEMENT (O&E) ❖ Develop 5 targeted O&E teams ❖ Fully Implement Mobile Crisis/ PERTs	**SDR** ❖ Build multi-generational culture-specific wellness centers for Latino, API, African American, and LGBT+ communities	

18

Discussion

What stood out?

Is there anything missing?

What are the most important issues to consider in this Annual Update?n?

Please complete the questionnaire.

19

Comments & Questions

20

THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Evelyn Tirumalai, MPH
Senior Manager, MHSA

21

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Update Kick Off
November 6, 2018
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

What is your age?
- ☐ 0-15 yrs
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- ☒ 25-59 yrs
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What is your gender?
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What is your primary system transformation interest?
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- ☐ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

Would like to see/include asylum seekers included in accessing services. PE & I, New Refugee Program to extend resources to asylum seekers

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Behavioral Health Services

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Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Update Kick Off
November 6, 2018
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Great Presentation!

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Behavioral Health Services Department
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November 6, 2018
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SANTA CLARA COUNTY
Behavioral Health Services

SANTA CLARA COUNTY
Behavioral Health Services

MHSA Community Program Planning Process Meeting
Valley Health Center, Gilroy, CA El Toro Conference Room
November 8, 2018 3:00pm – 5:00pm

1

AGENDA

TOPIC	TIME
1. Check-In	3:00 – 3:15
2. Welcome and Introductions	3:15 – 3:30
3. MHSA Overview	3:30 – 4:00
4. Overview of CPPP and Timeline	4:00 – 4:15
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6. MHSA and Specialty Populations	4:30 – 4:45
7. Next Steps/Adjourn	4:45 – 5:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

2

WHAT IS THE MENTAL HEALTH SERVICES ACT (MHSA)?

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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

3

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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

4

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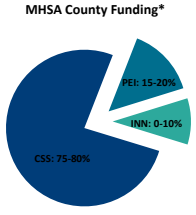

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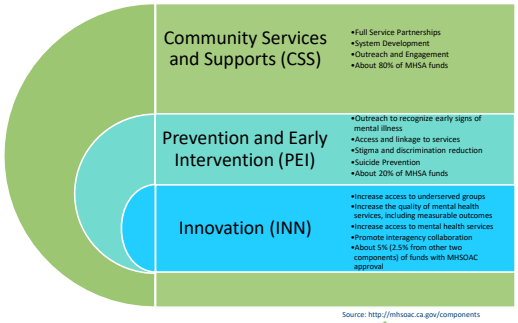
RDA

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

5

MHSA COMPONENTS: ONGOING FUNDING



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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

6

OVERVIEW OF COMMUNITY PROGRAM PLANNING PROCESS

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

7

MHSA ASSESSMENT AND RESPONSE

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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Children, Youth, and Families

R D A

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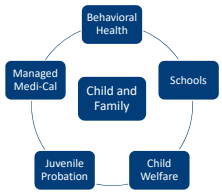
Children-Focused Services



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R D A

10

CHILDREN'S FINDINGS AND RECOMMENDATIONS

11

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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

11

Adults and Older Adults

R D A

12

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Findings	Recommendations
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Specialty Populations

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+
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Reasonable mistrust in government
↓
Reduced service access and increased likelihood of crisis

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- **Increase cultural competency throughout system**
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16

Consolidated Recommendations

17

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SYSTEMS DEVELOPMENT ❖ Develop 3 ART facilities ❖ Redesign MHUC	**ACCESS AND LINKAGE TO TREATMENT** ❖ Develop A&L program, consider children, youth, and families as priority population	
OUTREACH AND ENGAGEMENT (O&E) ❖ Develop 5 targeted O&E teams ❖ Fully Implement Mobile Crisis/ PERTs	**SDR** ❖ Build multi-generational culture-specific wellness centers for Latino, API, African American, and LGBT+ communities	

18

Discussion

What stood out?

Is there anything missing?

What are the most important issues to consider in this Annual Update?n?

Please complete the questionnaire.

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Comments & Questions

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THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Evelyn Tirumalai, MPH
Senior Manager, MHSA

21

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Community Planning Process
November 8, 2018
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

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- ☐ 0-15 yrs
- ☐ 16-24 yrs
- ☒ 25-59 yrs
- ☐ 60+ yrs

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- ☐ Disabilities advocate
- ☐ Health care

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What is your primary system transformation interest?
- ☒ Community Collaboration (CCR § 3200.060)
- ☒ Cultural Competency (CCR § 3200.100)
- ☒ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- ☒ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- ☐ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

- More psychiatrists in South County 0-99
- LGBT Services in South County
- Build connection w/ undocumented families → lots of fear → outreach & connection
- Suicide prevention in Morgan Hill

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SANTA CLARA COUNTY
Behavioral Health Services

connect empower transform

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

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Would like to have and receive information about the outcomes of new RFP's, providers chosen, services offered, where and what when they will start. Marketing of new services needs to improve, for community and agencies.

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- please reach out to include more community voice (ACS can host)
- more Christ services for 0-99 ages in Gilroy & Morgan Hill
- increase outreach & promotion of services.

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SANTA CLARA COUNTY
Behavioral Health Services

SANTA CLARA COUNTY
Behavioral Health Services

MHSA Community Program Planning Process Meeting
Learning Partnership, San Jose, CA
November 15, 2018 3:00pm – 5:00pm

1

AGENDA

TOPIC	TIME
Check-In	3:00 – 3:10
Welcome and Introductions	3:10 – 3:20
AOA Programs and Services Update	3:20 – 3:35
CYF Programs and Services Update	3:35 – 3:50
MHSA and Specialty Populations and table discussions	3:50 – 4:20
Community Living Coalition, Q&A	4:20 – 4:35
Next Steps/Survey/Adjourn	4:35 – 5:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

2

WHAT IS THE MENTAL HEALTH SERVICES ACT (MHSA)?

The Mental Health Services Act (MHSA) is a ballot measure passed by California voters in November 2004 that provides funding for public mental health services. The Act imposed a 1% taxation on personal income exceeding $1 million.

The purpose and intent of the MHSA is to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

1. Suicide
2. Incarcerations
3. School failure or dropout
4. Unemployment
5. Prolonged suffering
6. Homelessness
7. Removal of children from their homes

Source: California Welfare and Institutions Code (WIC) § 5840 (d)

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

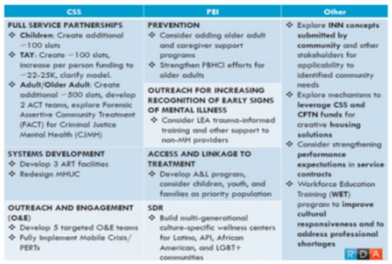
3

MHSA NEEDS ASSESSMENT

Community Participants

- **879 consumers, families and staff participated**
  - **712 Survey responses**
  - **167 focus group participants**
- **Half of survey respondents identified as person with lived experience**
- **Two-thirds of survey respondents identified as a person of color**

RDA presented the MHSA Needs Assessment results at the Board of Supervisor's Health and Hospital Committee on February 14, 2018.



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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

4

Programs for Children, Youth, and Families

Initiative	Program	Program Status
Community Services and Supports: Full Service Partnership		
Full Service Partnership for Children, Youth, and Families	Children's Full Service Partnership	Modified
	TAY Full Service Partnership	Modified
Community Services and Supports: General System Development		
Outpatient Services for Children and Youth	Children and Family Outpatient/Intensive Outpatient Services	Continuing
	TAY Outpatient Services/Intensive Outpatient Services	Continuing
	Specialty Services: Integrated MH/SUD	Modified
	Specialty and Outpatient Services: Eating Disorders for Children, Youth and Adults	**New – vendors identified**
Foster Care Development	Foster Care Development	Modified
	Independent Living Program (ILP)	Continuing
	CSEC Program	**New: county-operated, launched**
Juvenile Justice Development	Services for Juvenile Justice Involved Youth	Continuing
	TAY Triage to Support Re-Entry	**New – planning stages**
Crisis and Drop-In Services for Children and Youth	Uplift Mobile Crisis	Modified
	TAY Crisis and Drop-In Center	Continuing
School Linked Services	School Linked Services (with PEI Coordinators)	Continuing
TAY Interdisciplinary Services Teams	TAY Interdisciplinary Services Teams	**New – planning stages**
System Enhancement	Technical Assistance to Community Based Organizations	**New - TBD**
Prevention and Early Intervention		
Prevention Services for Children, Youth, and Families	Support for Parents	Continuing
Access and Linkage for Children 0-5 and their Families	Services for 0-5	Continuing
Early Intervention	Raising Early Awareness Creating Hope (REACH)	Continuing

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Programs for Adults and Older Adults

Initiative	Program	Program Status
CSS: Full Service Partnership		
Full Service Partnership for Adults and Older Adults	Assertive Community Treatment	**New - RFP release 1/25/19**
	Full Service Partnerships for Adults	**Modified – RFP release 1/25/19**
	Criminal Justice FSP	Modified
	Full Service Partnerships for Older Adults	Modified
CSS: General System Development		
Permanent Supportive Housing	Permanent Supportive Housing	Continuing
Outpatient Clinical Services for Adults and Older Adults	County Clinics	Continuing
	HOPE Services	Continuing
	CalWORKs Community Health Alliance	Continuing
	Outpatient Services for Older Adults	Continuing
Criminal Justice Initiative	Criminal Justice Residential and Outpatient	Continuing
	Criminal Justice IOP/Outpatient	Continuing
	Faith-based Resource Centers	Continuing
Crisis and Hospital Diversion Initiative	Mental Health Urgent Care	Continuing
	Crisis Stabilization and Crisis Residential	Continuing
	Adult Residential Treatment	**New - TBD**
	Community Placement Team/IMD Alternatives	Continuing
Older Adult Community Services Initiative	Clinical Case Management for Older Adults (Elder Health Community Treatment Services)	**New - TBD**
	Connections Program	Continuing
	Older Adult Collaboration with San Jose Nutrition Centers	Modified
CSS: Outreach & Engagement		
In Home Outreach Team	In Home Outreach Teams (1 county-operated)	**New – RFP release 10/15/2018**
Prevention and Early Intervention		
Primary Care Integration	Integrated Behavioral Health	Modified
Criminal Justice System PEI Enhancement	The Re-Entry Resource Center – PEI enhancement	**New - TBD**
Peer and Family Support	Office of Consumer Affairs	Continuing
	Office of Family Affairs	Continuing
	Mental Health Advocacy Project	Continuing
	Older Adult In-Home Peer Respite	**New - TBD**

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Community-Wide Programs		
Initiative	**Program**	**Program Status**
Prevention and Early Intervention		
Outreach for increasing recognition of early signs of mental illness	Community Wide Outreach and Training	Continuing
	Law Enforcement Trainings and De-Escalation Mobile Response	Modified
Stigma and discrimination reduction	New Refugees Program	Modified
	Ethnic and Cultural Community Advisory Committees	Continuing
	Culture Specific Wellness Centers	**New - TBD**
	Culture is Prevention	Continuing
Prevention	Violence Prevention and Intimate Partner Violence Prevention	Modified
Access and Linkage	Promotores	**New - TBD**
	LGBTQ+ Access & Linkage and Technical Assistance	**New - TBD**
Suicide Prevention	Suicide Prevention Strategic Plan	Continuing
Innovation, WET, and CFTN		
Innovation	*headspace* Ramp Up	**Completed**
	Faith Based Training and Support Project	**RFP released 10/29/18**
	Client and Consumer Engagement	**Evaluator and vendor identified**
	Psychiatric Emergency Response Team and Peer Linkage	**Evaluator identified, MOUs planning**
	Multi-Cultural Center	Approved
	headspace Implementation	**CBO RFP released 10/02/18**
	Technology Suite	*Proposed*
	Room Match	*Proposed*
	Older Adult In-Home Outreach Team	*Proposed*
Workforce Education/Training (WET)	Workforce Education and Training Coordination	Continuing
Capital Facilities/Technology (CFTN)	EHR Development and Implementation Support	**AB114 to spend by 6/30/20**
	Facilities Acquisition and Remodel (*headspace*)	**AB114 to spend by 6/30/20**

7

Specialty Populations

Overreliance on 5150 and crisis response
+
Access and service authorization processes
+
Stigma, discrimination, current events and political climate
↓
Reasonable mistrust in government
↓
Reduced service access and increased likelihood of crisis

- **Promote safe and sustained engagement amongst un, under, and inappropriately served groups**
  - Develop culture-specific Wellness Centers for Latino, African American, Asian/Pacific Islander (API), and LGBT communities
- **Consider ways to minimize trauma related to crisis response**
  - Trauma-informed police training for law enforcement agency (LEA) partners
  - Mobile crisis/psychiatric emergency response teams (PERTs)
  - LEA support for differential response
  - Trans-positive protocols in gendered settings
- **Increase cultural competency throughout system**
  - Provide culture-specific training throughout system
  - Identify experts to receive referrals and provide consultation, including services that are trans-positive and available to LGBT adults and older adults

8

Table Discussions

1. What stood out?
2. Is there anything missing?
3. What are the most important issues to consider in this Annual Update?

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Community Living Coalition

Presentation

Q&A

10

Next Steps, Stakeholder Form, Adjourn

11

OVERVIEW OF COMMUNITY PROGRAM PLANNING PROCESS

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

12

Comments & Questions

13

THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Evelyn Tirumalai, MPH
Senior Manager, MHSA

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To connect with folks who are interested in faith based resources.

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APPRECIATE ENGAGEMENT WITH DIVERSE STAKEHOLDERS COMMITTED TO MENTAL HEALTH, ESPECIALLY IMPACTING OUR MOST VULNERABLE COMMUNITIES.

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Have ya'll gone directly into communities to gather input? Access to transportation, community event awareness, and ability to be self-organized is difficult for folks struggling with mental illness

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Increase use of paraprofessional in TAY services.

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- examining PEI strategies currently in place to provide outreach to ~~Spec~~ specialty / vulnerable populations across multiple settings (schools, healthcare, BH programs)
- gathering data regarding barriers that specialty populations face in obtaining MH care and addressing those barriers
- implementation of additional features for programs to support the family system

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* Evelyn is a fantastic facilitator of the MHSA workgroup.

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- ☐ Veterans and/or representatives
- ☐ MH and Substance use Provider
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- ☐ Health care

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What is your primary system transformation interest?
- ☐ Community Collaboration (CCR § 3200.060)
- ☒ Cultural Competency (CCR § 3200.100)
- ☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- ☐ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- ☐ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

Your Voice Matters!

SANTA CLARA COUNTY
Behavioral Health Services

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual
Community Planning Process
November 15, 2018
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

What is your age?
- ☐ 0-15 yrs
- ☐ 16-24 yrs
- ☐ 25-59 yrs
- ☒ 60+ yrs

What is your gender?
- ☐ Male
- ☒ Female
- ☐ Other_____

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Family Collaboration

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Want information/conversation about some of the new Community-wide programs. Particularly the culturally Specific Wellness Centers and the current process at the office of LGBTQ affairs with the proposed LGBTQ Wellness Center.

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To include asylum seekers to be eligible to access MH services through existing programs such as New Refugee Program.

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I liked getting the updates the most.- Feedback is important But knowing whats moving forward with MHSA programs IS important.

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Behavioral Health Services

Santa Clara County
Behavioral Health Services Department
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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

Good meeting - Thankyou
We hope that results with lived experience
Have more opportunity to provide service

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SANTA CLARA COUNTY
Behavioral Health Services

connect empower transform

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual
Community Planning Process
November 15, 2018
Stakeholder Comment Form

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting. What are your goals for future meetings?

BH needs to look at access without waiting & direct contract contacts
On-Call needs to develop an immediate warm handoff system with immediate response for disasters homelessness & aggregate Care for Aging & Older Adult Client.

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Your Voice Matters!

SANTA CLARA COUNTY Behavioral Health Services

Community Living Coalition

Grassroots Network to Protect Rights of Consumers in Unlicensed Homes

Presented by

Lorraine Zeller, CPRP
Office of Consumer Affairs, BHSD
408-792-2132
lorraine.zeller@hhs.sccgov.org

1

1

THE PROBLEM?

Patients at the group home were housed in 20-foot-by-40-foot converted chicken coops with five bedrooms each and no plumbing. Some had padlocks on the outside and no emergency exits.
The Times, 9/5/09.

2

2

THE SOLUTION

- Independent Living Coalitions!
  - Independent Living Association – San Diego County
  - Independent Living Association – Alameda County
  - Peer Driven Room & Board Advisory Coalition – San Bernardino County
  - **Community Living Coalition – Santa Clara County**

3

3

Community Living Coalition develops:

- Standards for independent living homes
- A problem resolution process
- A list of independent living homes that ensures a minimum standard of housing
- Relevant trainings, education and support for its members
- A referral process to member homes

4

4

The coalition consists of:

- Independent living operators
- Peer leaders
- Advocates
- Family members
- Providers
- Residents

5

5

An effective coalition requires:

- Leadership and management
- Member recruitment
- Independent living site visits
- Support to resolve complaints
- Training, education & support for operators and stakeholders
- A directory of approved member homes

6

6

#1 - Member recruitment

- Outreach to:
  - ✓ Independent living operators
  - ✓ Providers and dischargers
  - ✓ Family members
  - ✓ Consumers

7

7

#2 – Site reviews

- Recruit/reschedule site inspection team (3)
  - Client, peer, or family member
  - Peer and/or family advocate
  - Provider
- Schedule site inspection
- Arrange transportation
- Coordinate meeting time/place for team
- Notify operator (no more than) 24 hrs before visit
- Convene team to determine membership disposition

8

8

#3 – Complaint resolution

- Receive and review written complaints
- Contact complainant to follow up
- Review relevant documents
- Contact / advise independent living operator of nature of complaint
- Schedule and conduct interviews with all disputants when appropriate
- Mediate solution-focused discussion between disputants
- Provide written summary, including disposition

9

9

#4 – Training, education, and support

- Expands rights and skills knowledge to consumer population
- Enhances the quality of home management and operation
- Provides awareness about community resources
- Who should do it?
  - Consumers
  - Family members
  - Independent living operators
  - Providers

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10

#5 – Member Directory

- Includes only approved IL homes
- Is made available to providers, consumers, family members
- Web posting of directory will also include relevant information and resources
- Highlights details about the home to allow for informed choices and best fit

11

11

Impact on residents, operators, and providers

ILA's Story

12

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SANTA CLARA COUNTY
Behavioral Health Services

MHSA Community Program Planning Process Meeting
Valley Specialty Center, San Jose, CA
December 10, 2018 2:00pm – 5:00pm

1

AGENDA

TOPIC	TIME
Check-In	2:00 – 2:10
Welcome and Introductions	2:10 – 2:35
MHSA Fiscal Update, Q & A	2:35 – 3:00
Break	3:00 – 3:15
Local News and Updates	3:15 – 3:30
Proposed Changes to MHSA Programs and Services	3:45 – 4:30
Discussion of Programs and Services	4:30 – 4:45
CPPP Activities to Date	4:45 – 4:50
Next Steps/Survey/Adjourn	4:50 – 5:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

2

FY19 MHSA ANNUAL UPDATE PLANNING MEETING
FISCAL UPDATE

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

3

MHSA FUNDING

- 1% income tax on income >$1 million
- Periodic updates provided by CA Behavioral Health Directors' Association (CBHDA)/M. Geiss
- CBHDA Statewide Projections as of December 2018

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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STATEWIDE MHSA COMPONENT FUNDING ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$1,078.3	$1,388.6	$1,527.0	$1,350.2	$1,444.6
PEI	$269.6	$347.1	$381.8	$337.6	$361.1
INN	$70.9	$91.4	$100.5	$88.8	$95.0
Total[1]	$1,360.0	$1,827.0	$2,009.3	$1,776.6	$1,900.7
% Change		34%	10%	-12%	7%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
  - 19% to PEI
  - 5% to INN

[1] The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied to these totals as of December 2018.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA FUNDING ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$49.9	$63.4	$69.2	$61.2	$65.5
PEI	$12.5	$15.8	$17.3	$15.3	$16.4
INN	$3.3	$4.2	$4.6	$4.0	$4.3
Total[1]	$65.7	$83.4	$91.1	$80.5	$86.2
% Change		27%	9%	-12%	7%
% Share of State	4.8%	4.6%	4.5%	4.5%	4.5%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA EXPENSE ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18[1]	FY19 Estimate	FY20 Estimate
CSS	$42.6	$59.2	$60.2	$75.6	$105.0
PEI	$16.4	$16.1	$15.3	$20.2	$21.7
INN	$2.3	$1.0	$1.0	$8.6	$12.6
WET	$0	$2.2	$2.3	$3.8	$3.8
CFTN	$3.2	$2.4	$2.0	$1.7	$1.7
Total	$64.5	$80.9	$80.8	$109.9	$144.8
Unspent Balance		$139.9[2]			

1 FY18 RER has not been finalized
2 This amount includes $20.8M in the Prudent Reserve, WIC § 5847(b)(7).

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

7

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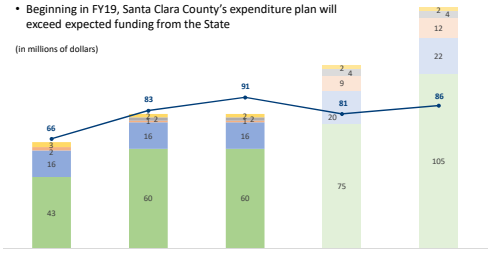
SANTA CLARA COUNTY MHSA FUNDING AND EXPENSE

- Beginning in FY19, Santa Clara County's expenditure plan will exceed expected funding from the State

(in millions of dollars)



Total Expenses	64	81	81	110	145

1 FY18 RER has not been finalized
2 The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied as of December 2018.
- Unspent dollars will be up for reversion by July 1, 2020

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA PRUDENT RESERVE

- In FY08, $8.2M was transferred into the Prudent Reserve
- In FY10, an additional $11.2M was transferred
- As of December 2018, there was a total of $20.8M, including accumulated interest
- Department of Health Care Services (DHCS), Information Notice 18-033 states a County's Prudent Reserve cannot exceed 33% of the largest CSS distribution in a fiscal year. This is a change from the previous 20% limit.
  - Based on FY18's State apportionment, if CSS were based on the net 76% (to account for INN funding), then $22.8M would be allocated to the Prudent Reserve
  - If CSS were based on the gross 80%, then $24.1M would be allocated to the Prudent Reserve

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
LOCAL NEWS

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
LOCAL NEWS/UPDATES

BHSD launches text-based crisis counseling option
→ Crisis Text Line, text "RENEW" to 741741 to free, 24/7 confidential support

CRISIS TEXT LINE

8th Annual Santa Clara County Behavioral Health Board Community Heroes Awards Luncheon, May 1, 2019.
→Now accepting applications
SUBMISSION DEADLINE for award nominations is Monday, January 14, 2019

First Annual Suicide Prevention Conference
→Mental Health Month in May

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES

SANTA CLARA COUNTY Behavioral Health Services Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
PROGRAMS FOR CHILDREN, YOUTH, AND FAMILIES

- Integrate the Unconditional Education (UE) program at Legacy Academy, a Multi-Tiered System of Supports (MTSS) framework, to address trauma-informed prevention and early intervention within the provision of academic, behavioral, and social-emotional interventions for all students (New program).

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
PROGRAMS FOR ADULTS AND OLDER ADULTS

- Support the Community Living Coalition's efforts to bring community-wide efforts focused on supporting owners, residents and the community by promoting high quality "independent livings." These efforts would serve residents that do not need medication oversight, are able to function without supervision, and live independently (New program).
- Expand the New Refugees Program to include "all asylum seekers," to address current needs in these communities
- Increase bed accessibility at IMD step down for older adults, Drake House.
- Increase the emergency housing budget to accommodate current need at Evan's Lane, Justice System Services
- Increase staffing at BHSD Self-Help Centers (increase peer support, paraprofessionals)

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
COMMUNITY WIDE EFFORTS

- Increase staffing in Suicide Prevention Program to focus on middle-aged adult/older adult population and communications program functions
- Integrate Social Thinking skills training in *Community Wide Outreach and Training* initiative

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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Table Discussions

1. What stood out?
2. Is there anything missing?
3. What are the most important issues to consider in this Annual Update?

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
REVISED TIMELINE

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

17

Next Steps, Stakeholder Form, Adjourn

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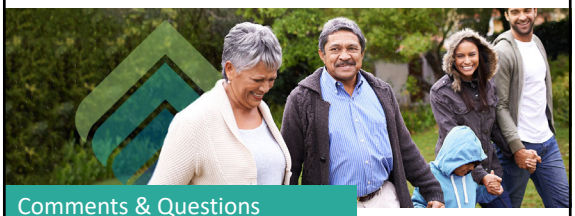

Comments & Questions

SANTA CLARA COUNTY Behavioral Health Services

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THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Tess Tiong
Director, General Fund Financial Services

Virginia Chen
Health Care Financial Manager

For questions, additional information or other concerns, contact:

Evelyn Tirumalai, MPH - Senior Manager, MHSA
Evelyn.Tirumalai@hhs.sccgov.org
1-408-885-5785

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual
Community Planning Process
December 10, 2018
Stakeholder Comment Form

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- ☐ Cultural Competency (CCR § 3200.100)
- ☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
- ☐ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
- ☒ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Good MTG - like the updates + explanations of MHSA budgeting + spending.
maybe try to get a lot of attendees for nicka discussions - nice to have Toni Tulleys @ mtg.

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Good meeting
lot of information
Good presentation
Table Discussion was great

thankyou

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

LOVE the new updates & VERY excited about the Childrens Psychiatric Unit coming in 4-6 years!!
THANK You for all your advocacy!

XO
Nicole

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

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AT A FUTURE MHSA SLC OR BEHAVIORAL HEALTH BOARD MTG, OR SUICIDE PREVENTION OVERSIGHT COMMITTEE WOULD LIKE CRISIS TEXTLINE STAFF/VOLUNTEER TO SHOW DEMO OF CTL COUNSELING PROCESS & PORTAL. TO (CRISIS TEXTLINE)
SEE THE BEHIND THE SCENES PRACTICES.

• THANK YOU FOR TAILORING MHSA Initiatives to meet community identified needs & priorities

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Increase Mtl Peer Support Workers in both Consumer & Family Affairs. Besides 2 positions at Esperanza with OS III there should be positions at Replay & Clinics. More positions with Family Affairs

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Thankyou for the opportunity & request for input

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Happy Holidays and Happy New Year! Great job Evelyn and BHS team!

A.

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

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Thank you for your ongoing committment to suicide prevention!

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

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SANTA CLARA COUNTY
Behavioral Health Services

Behavioral Health Board Presentation of FY19 MHSA Preliminary Plan
Learning Partnership, San Jose, CA
January 14, 2019 12pm-2pm

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
FISCAL UPDATE

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

2

MHSA FUNDING

- 1% income tax on income >$1 million
- Periodic updates provided by CA Behavioral Health Directors' Association (CBHDA)/M. Geiss
- CBHDA Statewide Projections as of December 2018

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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STATEWIDE MHSA COMPONENT FUNDING ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$1,078.3	$1,388.6	$1,527.0	$1,350.2	$1,444.6
PEI	$269.6	$347.1	$381.8	$337.6	$361.1
INN	$70.9	$91.4	$100.5	$88.8	$95.0
Total[1]	$1,360.0	$1,827.0	$2,009.3	$1,776.6	$1,900.7
% Change		34%	10%	-12%	7%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
  - 19% to PEI
  - 5% to INN

[1] The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied to these totals as of December 2018.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA FUNDING ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$49.9	$63.4	$69.2	$61.2	$65.5
PEI	$12.5	$15.8	$17.3	$15.3	$16.4
INN	$3.3	$4.2	$4.6	$4.0	$4.3
Total[1]	$65.7	$83.4	$91.1	$80.5	$86.2
% Change		27%	9%	-12%	7%
% Share of State	4.8%	4.6%	4.5%	4.5%	4.5%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA EXPENSE ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$42.6	$59.2	$63.8	$75.6	$105.0
PEI	$16.4	$16.1	$15.5	$20.2	$21.7
INN	$2.3	$1.0	$0.6	$8.6	$12.6
WET	$0	$2.2	$2.3	$3.8	$3.8
CFTN	$3.2	$2.4	$1.9	$1.7	$1.7
Total	$64.5	$80.9	$84.1	$109.9	$144.8
Unspent Balance[1]	$115.7	$119.4	$129.0[2]		

1 Unspent balance excludes Prudent Reserve.
2 In FY18, the County received higher than expected funding ($9.1 M) from the State.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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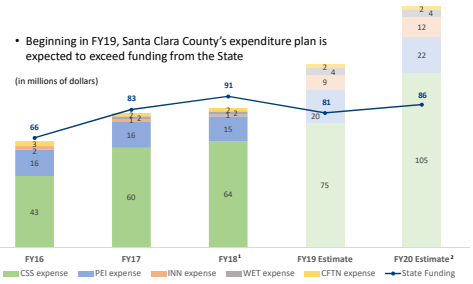
SANTA CLARA COUNTY MHSA FUNDING AND EXPENSE

- Beginning in FY19, Santa Clara County's expenditure plan is expected to exceed funding from the State



Total Expenses	64	81	84	110	145

¹ FY18 RER was submitted to the State on December 27, 2018.
² The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied as of December 2018.

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SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA PRUDENT RESERVE

- In FY08, $8.2M was transferred into the Prudent Reserve
- In FY10, an additional $11.2M was transferred
- As of December 2018, there was a total of $20.8M, including accumulated interest
- Department of Health Care Services (DHCS), Information Notice 18-033 states a County's Prudent Reserve cannot exceed 33% of the largest CSS distribution in a fiscal year. This is a change from the previous 20% limit.
  - Based on FY18's State apportionment, if CSS were based on the net 76% (to account for INN funding), then $22.8M would be allocated to the Prudent Reserve
  - If CSS were based on the gross 80%, then $24.1M would be allocated to the Prudent Reserve

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SANTA CLARA COUNTY Behavioral Health Services
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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
LOCAL NEWS

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
LOCAL NEWS/UPDATES

BHSD launches text-based crisis counseling option
→ Crisis Text Line, text RENEW to 741741 to free, 24/7 confidential support

First Annual Suicide Prevention Conference
→Mental Health Month in May

SANTA CLARA COUNTY Behavioral Health Services
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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES

SANTA CLARA COUNTY Behavioral Health Services
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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
PROGRAMS FOR CHILDREN, YOUTH, AND FAMILIES

- Integrate the Unconditional Education (UE) program at Legacy Academy, a Multi-Tiered System of Supports (MTSS) framework, to address trauma-informed prevention and early intervention within the provision of academic, behavioral, and social-emotional interventions for all students (New program).

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
PROGRAMS FOR ADULTS AND OLDER ADULTS

- Support the Community Living Coalition's work to bring community-wide efforts focused on supporting owners, residents and the community by promoting high quality "independent livings." These efforts would serve residents that do not need medication oversight, are able to function without supervision, and live independently (New program).
- Expand the New Refugees Program to include "all asylum seekers," to address current needs in these communities
- Increase bed accessibility at IMD step down for older adults, Drake House.
- Increase the emergency housing budget to accommodate current need at Evan's Lane, Justice System Services
- Increase staffing at BHSD Self-Help Centers, Office of Family Affairs, and Office of Consumer Affairs (increase peer support, paraprofessionals)

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
PROPOSED CHANGES
COMMUNITY WIDE EFFORTS

- Increase staffing in Suicide Prevention Program to focus on middle-aged adult/older adult population and communications program functions
- Integrate Social Thinking skills training in *Community Wide Outreach and Training* initiative

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
TIMELINE

SANTA CLARA COUNTY Behavioral Health Services
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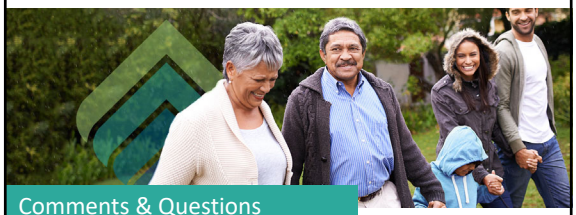

Comments & Questions

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Director, Behavioral Health Services

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Deputy Director, Behavioral Health Services

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SANTA CLARA COUNTY
Behavioral Health Services

Health and Hospital Committee Presentation
Mental Health Services Act
January 30, 2019

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MHSA OVERVIEW

- California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA) in November 2004 to expand and improve public mental health services
- 1% income tax on income above $1 million

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MHSA CONSISTS OF FIVE COMPONENTS AND EACH HAS ITS DISTINCT REQUIREMENTS

Ongoing Funding

- **Community Services and Supports (CSS)—**provides funds for direct services to individuals with severe mental illness. Full Service Partnerships (FSP) are in this category; FSPs provide wrap-around services or "whatever it takes" services to consumers. Housing is also included in this category.
- **Prevention and Early Intervention (PEI)—**provides funds to recognize early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination.
- **Innovation (INN) –** provides funds to evaluate new approaches that increase access to the unserved and/or underserved communities

One Time Funding (Counties can opt in to fund from 20% of the CSS distribution)

- **Capital Facilities and Technological Needs (CFTN)—**provides funds for building projects and increasing technological capacity to improve mental illness service delivery.
- **Workforce, Education and Training (WET)—**provides funds to improve and build the capacity of the mental health workforce.

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STATEWIDE MHSA COMPONENT FUNDING ESTIMATES

(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$1,078.3	$1,388.6	$1,527.0	$1,350.2	$1,444.6
PEI	$269.6	$347.1	$381.8	$337.6	$361.1
INN	$70.9	$91.4	$100.5	$88.8	$95.0
Total[1]	$1,360.0	$1,827.0	$2,009.3	$1,776.6	$1,900.7
% Change		34%	10%	-12%	7%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
  - 19% to PEI
  - 5% to INN

1 The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied to these totals as of December 2018.
2 Periodic State updates provided by CA Behavioral Health Directors' Association (CBHDA)/M. Geiss

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SANTA CLARA COUNTY MHSA FUNDING ESTIMATES

(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$49.9	$63.4	$69.2	$61.2	$65.5
PEI	$12.5	$15.8	$17.3	$15.3	$16.4
INN	$3.3	$4.2	$4.6	$4.0	$4.3
Total[1]	$65.7	$83.4	$91.1	$80.5	$86.2
% Change		27%	9%	-12%	7%
% Share of State	4.8%	4.6%	4.5%	4.5%	4.5%

- Total funding distribution is to be allocated as follows (WIC § 5892(a)(3)&(a)(6)):
  - 76% to CSS
  - 19% to PEI
  - 5% to INN

1 The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied to these totals as of December 2018.

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SANTA CLARA COUNTY MHSA EXPENSE ESTIMATES

As of December 2018:
(in millions of dollars)

	FY16	FY17	FY18	FY19 Estimate	FY20 Estimate
CSS	$42.6	$59.2	$63.8	$75.6	$105.0
PEI	$16.4	$16.1	$15.5	$20.2	$21.7
INN	$2.3	$1.0	$0.6	$8.6	$12.6
WET	$0	$2.2	$2.3	$3.8	$3.8
CFTN	$3.2	$2.4	$1.9	$1.7	$1.7
Total	$64.5	$80.9	$84.1	$109.9	$144.8
Unspent Balance[1]	$115.7	$119.4	$129.0[2]		

1 Unspent balance excludes Prudent Reserve.
2 In FY18, the County received higher than expected funding ($9.1 M) from the State.

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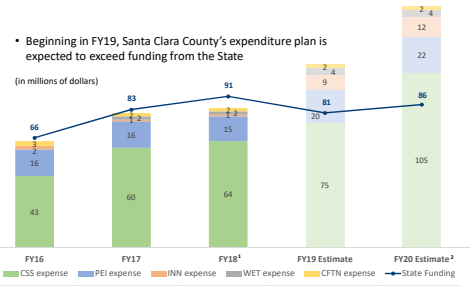
SANTA CLARA COUNTY MHSA FUNDING AND EXPENSE

- Beginning in FY19, Santa Clara County's expenditure plan is expected to exceed funding from the State



Total Expenses	64	81	84	110	145

[1] FY18 RER was submitted to the State on December 27, 2018.
[2] The fiscal impact of the voter-approved Proposition 2 (No Place Like Home) has not been applied as of December 2018.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY MHSA PRUDENT RESERVE

- In FY08, $8.2M was transferred into the Prudent Reserve
- In FY10, an additional $11.2M was transferred
- As of January 2019, the balance including accumulated interest was $20.8M
- Department of Health Care Services (DHCS) is in the process of issuing an Information Notice that will revise the methodology of the Prudent Reserve balance.

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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SANTA CLARA COUNTY
Behavioral Health Services

MHSA SLC Review Meeting
BHSD Administration, San Jose, CA
February 12, 2019 4:30pm-6:00pm

1

AGENDA

TOPIC	TIME
Check-In	4:30
Welcome and Introductions	4:40
Plan Update and Proposed Changes to FY 19 MHSA Programs and Services	4:50
Discussion	5:30
Timeline/Next Steps/Survey/Adjourn	6:00

PlanForBetterHealth

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

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Programs for Children, Youth, and Families

Initiative	Program	FY18-FY20 Plan	FY2019 Proposed Plan Update
CYF Administration			Add 1 FTE Admin Assistant
Community Services and Supports: Full Service Partnership			
Full Service Partnership for Children, Youth, and Families	Intensive Children's Full Service Partnership	New - Released 1/25/2019	
	Intensive TAY Full Service Partnership	New - Released 1/25/2019	
Community Services and Supports: General System Development			
Outpatient Services for Children and Youth	Specialty and Outpatient Services: Eating Disorders for Children, Youth and Adults	New – In progress	
Foster Care Development	CSEC Program	New - In progress	
Juvenile Justice Development	TAY Triage to Support Re-Entry	New - In development	
TAY Interdisciplinary Services Teams	TAY Interdisciplinary Services Teams	New - In development	
System Enhancement	Technical Assistance to Community Based Organizations	New - In progress	
Prevention and Early Intervention			
School Linked Services	**Early Childhood Coordination Services** to serve at the Family Resource Center at Alum Rock Union School District and Franklin-McKinley School District		New
	Add **SLS Evaluation** consultant		New
	Integrate the **Unconditional Education** (UE) program at Legacy Academy to address trauma-informed prevention and early intervention among system-involved middle school students.		New

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Programs for Adults and Older Adults

Initiative	Program	FY18-FY20 Plan	FY2019 Proposed Plan Update
Administration			Add .50 FTE (1 FTE MHPSII) Add .50 FTE (1 FTE Admin Assistant)
CSS: Full Service Partnership			
Full Service Partnership for Adults and Older Adults	Assertive Community Treatment (ACT)	New - RFP released 1/25/19	
	Intensive Full Service Partnerships for Adults/OA	New - RFP released 1/25/19	
	Forensic ACT	New - RFP released 1/25/19	
CSS: General System Development			
Permanent Supportive Housing	Permanent Supportive Housing	Continuing	Add 1 FTE Admin Assistant in PSH
Justice Services Initiative (formerly CJS)	Justice Services Residential and Outpatient Services	Continuing	Increase emergency housing funding
Crisis and Hospital Diversion Initiative	Adult Residential Treatment	New - In development	
	Community Placement Team/IMD Alternatives	Continuing	Increase capacity to 22 beds
Older Adult Community Services Initiative	Clinical Case Management for Older Adults (Elder Health Community Treatment Services)	New - In development	
	Older Adult Collaboration with San Jose Nutrition Centers	Modified - In development	
	Elder's Story Telling	Modified - In development	
CSS: Outreach & Engagement			
In Home Outreach Team	In Home Outreach Teams (1 county-operated)	RFP released 10/15/2018 - In Review	
Prevention and Early Intervention			
Primary Care Integration	Integrated Behavioral Health	Modified - In Review	
Justice Services PEI Enhancement	The Re-Entry Resource Center – PEI enhancement	New - In development	
Peer and Family Support	Office of Consumer Affairs	Continuing	Staff expansion, 3 FTE (2 FTE MHPSW)
	Office of Family Affairs	Continuing	Staff expansion, 8 FTE (6 FTE MHPSW)
	Independent Living Facilities		New
	Older Adult In-Home Peer Respite	New - In development	

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Community-Wide Programs

Initiative	Program	FY18-FY20 Plan	FY2019 Proposed Plan Update
Prevention and Early Intervention			
Stigma and discrimination reduction	New Refugees Program	Modified	Revise language to include Asylum seekers in provision of services
	Culture Specific Wellness Centers	New - In development	
Prevention	Violence Prevention and Intimate Partner Violence Prevention	Modified - In development	
Outreach for Increasing Recognition of Early Signs of Mental Illness	Community Wide Outreach and Training	Modified	Revise language to include Social Thinking Training to workshops offered
Access and Linkage	Promotores	New - In development	
	LGBTQ+ Access & Linkage and Technical Assistance	New - In development	
Suicide Prevention	Suicide Prevention Strategic Plan	Continuing	Add 1 FTE PPA I/II Increase funds for SP Summit
Innovation, WET, and CFTN			
Innovation	Faith Based Training and Support Project	RFP released 10/29/18 - In review	
	Client and Consumer Engagement	Evaluator and vendor identified - Implementation in progress	
	Psychiatric Emergency Response Team and Peer Linkage	Evaluator identified, MOUs planning - Implementation in progress	
	headspace Implementation	CBO RFP released 10/02/18 - In review	
Workforce Education and Training (WET)	Learning Partnership		Add 1 FTE PM I
Capital Facilities/Technology (CFTN)	Facilities Acquisition and Remodel (*headspace*)	AB114 to spend by 6/30/20	Transfer funds from CSS to Capital Facilities for capital improvements at *headspace* sites.*

Transfers from Community Services and Supports to Capital Facilities and Technology Needs:
*Pursuant to the **Welfare and Institutions Code Section 5892(b)**, Counties may use a portion of their CSS funds for WET, CFTN and the Local Prudent Reserve. It is further specified that the total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years. Once allocated to either the WET or CFTN Plan, in order to expend those funds, the County must also conduct a public process to specifically outline the intended use of those monies and receive final approval from their Board. Rev 2.12.19

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FY19 MHSA ANNUAL UPDATE PLANNING MEETING
REVISED TIMELINE

Kick Off
October 16, 2018
3:30-5:00pm
Overview of CPPP and Timeline
Review MHSA Components
INN Program Updates, Outcomes

Community Program Planning Process
November 6, 2018 4pm-6pm
Graham Middle School
Mountain View, CA
November 8, 2018 3pm-5pm
VMC Gilroy
November 15, 2018 3pm-5pm
Learning Partnership San Jose
December 10, 2018 2pm-5pm
Valley Specialty San Jose
January 14, 2019 12pm-2pm
Behavioral Health Board

Plan Review
February 12, 2019
MHSA SLC Review
March 8 – April 6, 2019
30-Day Draft Plan for Public Review
April 8, 2019
Behavioral Health Public Hearing of Draft Plan
May 21, 2019
Request Board of Supervisor Approval

SANTA CLARA COUNTY Behavioral Health Services
Supporting Wellness and Recovery

6

Next Steps, Stakeholder Form, Adjourn

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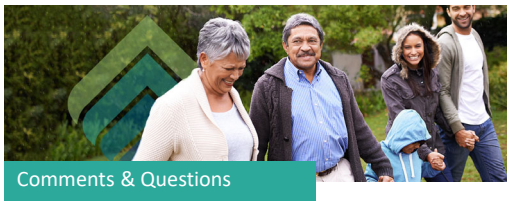

Comments & Questions

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THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Cha See, PhD, MPH
School Linked Services Director

Virginia Chen
Health Care Financial Manager

For questions, additional information or other concerns, contact:
Evelyn Tirumalai, MPH - Senior Manager, MHSA
Evelyn.Tirumalai@hhs.sccgov.org
1-408-885-5785

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Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual
Community Planning Process
February 12, 2019
Stakeholder Comment Form

PLEASE TELL US ABOUT YOURSELF

What is your age?
☐ 0-15 yrs ☐ 16-24 yrs ☐ 25-59 yrs ☐ 60+ yrs

What is your gender?
☑ Male ☐ Female ☐ Other_____

What group do you represent? (Check All that Apply)
☑ Family/Consumer of MH services
☐ Law Enforcement
☐ Education
☐ Cultural Competence and diversity
☐ Consumer of Mental Health Services
☐ Veterans and/or representatives
☐ Community Member
☐ Disabilities advocate
☐ Social Services Provider
☐ MH and Substance use Provider
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What is your ethnicity?
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What is your primary system transformation interest?
☑ Community Collaboration (CCR § 3200.060)
☑ Cultural Competency (CCR § 3200.100)
☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
☐ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
☐ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Good presentation
Good Discussion
Questions Answering Session
Comment:
Prevention, prevention and Intervention.

Thank you

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please contact Evelyn Tirumalai, MHSA Coordinator, if you have questions. Evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.

Your Voice Matters!

SANTA CLARA COUNTY
Behavioral Health Services

Santa Clara County
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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

This has been a great opportunity to receive information about advancements + improvements in funding for MHSA programs. The BHSD has worked hard to develop innovative services — some 1st in the nation programs. Very valuable

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Behavioral Health Services

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Please consider ~~&~~ adding child care space ~~and~~ and family resource center space for pregnant and parenting TAY, so they can access headspace sites or wellness centers without having to worry about ~~H~~who ~~can~~ will care for their child.

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SANTA CLARA COUNTY
Behavioral Health Services

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Santa Clara County
Behavioral Health Services Department
FY19 Mental Health Services Act (MHSA) Annual Community Planning Process
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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

love to hear more about the different LGBTQ pwgrams and how they are doing.

Awesome meeting.

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PLEASE PROVIDE COMMENT/FEEDBACK BELOW Regarding today's meeting and the FY19 recommended changes:

Thank you for the guidance and support in building strong and healthy community.

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SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

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Please consider (MTSS) support to integrate services into one framework that can be shared by education stakeholders specifically.

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County of Santa Clara
Behavioral Health Services Department
DRAFT Annual Plan Update
FY19 Mental Health Services Act (MHSA)
30-Day Public Comment Period
March 8 - April 6, 2019
Stakeholder Comment Form

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☐ Community Collaboration (CCR § 3200.060)
☐ Cultural Competency (CCR § 3200.100)
☐ Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)
☐ Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)
☐ Integrated Service Experience (CCR § 3200.190)

PLEASE PROVIDE COMMENT/FEEDBACK BELOW:

Thank you for taking the time to provide your input. Please visit www.sccbhsd.org/mhsa for information on the County's MHSA Programs and Services. Please email your completed form to Evelyn.tirumalai@hhs.sccgov.org or Fax at(408) 885-5788.

COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD-MHSA PUBLIC HEARING
FY19 MHSA Plan Update (draft)
Monday, April 8, 2019 (10:45 – 11:45 AM)

Uplift Family Services ~ 251 Llewelyn Ave, Campbell, CA 95008
Action may be taken on any item posted on the agenda

Contact Debra Boyd with questions, 408-885-5782

AGENDA

Behavioral Health Board Members: Gary Miles (Chair), Charles Pontious (1st Vice Chair), June Klein (2nd Vice Chair), Larry Blitz, Mary Crocker Cook, Patrick Fitzgerald, Teresa Downing, Robert Gill, Marsali Hancock, Thomas Jurgensen, June Klein, Wesley Mukoyama, Victor Ojakian, Rev. Evelyn Vigil, Joel Wolfberg, and Supervisor Cindy Chavez, Board Delegate.

1. Call to Order:
   a. Roll Call:
   b. Introductions:

2. Public Comment: Members of the public may address the BHB on any item described in this Agenda. In the interest of time and equal opportunity, speakers will be called by the Chair and are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). Members of the public who wish to address the BHB should complete a Request to Speak form available on the table, near the sign-in sheet. Please complete and give it to BHB Liaison, Debra Boyd

3. Overview of Hearing Process by Behavioral Health Board Member, Chair Miles

   Open Public Hearing Regarding DRAFT FY19 Mental Health Services Act (MHSA) Annual Plan Update (Draft Plan). To view the Draft Plan visit Draft Plan Update.

4. Motion to Close Public Hearing

5. Motion for the Behavioral Health Board to Take Action on the DRAFT FY19 Mental Health Services Act (MHSA) Annual Plan Update (Draft Plan).

In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify SCC Behavioral Health Board Liaison Debra Boyd 24 hours prior to the meeting by email at Debra.Boyd@hhs.sccgov.org or at: (408) 885-5782, TDD (408) 993-8272.

COMMUTE ALTERNATIVES: The Board of Supervisors encourages the use of commute alternatives including bicycles, carpooling, and hybrid vehicles. Bicycle parking racks are available at this location.

Public transit access is available to and from Downtown Behavioral Health Dept., 1075 E. Santa Clara St., San José, California by VTA bus lines 23, 60, 82 and 902. For trip planning information, contact the VTA Customer Service Department at 408-321-2300 Monday through Friday between the hours of 6:00 a.m. to 7:00 p.m., and on Saturday from 7:30 a.m. to 4:00 p.m. Schedule information is also available on the web at www.vta.org.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to all or a majority of the Behavioral Health Board less than 72 hours prior to that meeting are available for public inspection at Behavioral Health Services Department Administration, 828 S. Bascom Avenue, Suite 200, San Jose, CA during normal business hours, as well as online at http://sccgov.iqm2.com/Citizens/Calendar.aspx?View=Calendar.

All meetings are open to the public. ***You are welcome and encouraged to attend***.

COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD PUBLIC MEETING
Behavioral Health Board, Monday, April 8, 2019

Uplift Family Services ~ 251 Llewelyn Ave, Campbell, CA 95008

Behavioral Health Board Members: Gary Miles (Chair), Charles Pontious (1st Vice Chair), June Klein (2nd Vice Chair), Larry Blitz, Mary Crocker Cook, J. Patrick Fitzgerald, Teresa Downing, Robert Gill, Marsali Hancock, Thomas Jurgensen, Wesley Mukoyama, Victor Ojakian, Rev. Evelyn Vigil, Joel Wolfberg, and Supervisor Cindy Chavez, Board Delegate or Maja Marjanovic, Liaison/Representative.

MINUTES

For meeting, materials go to BHB Meeting Materials

1. **Call to Order: Chair Miles called the meeting to order at 12:36 p.m.**
   a. Roll Call: Ms. Boyd called the roll.
      - Present: Gary Miles, Mary Crocker Cook, (left at 1:45 pm) June Klein, Larry Blitz, J. Patrick Fitzgerald, Teresa Downing (left at 1:30 p.m.), Thomas Jurgensen, Wesley Mukoyama, Victor Ojakian, Rev. Evelyn Vigil, and Joel Wolfberg.
        - A quorum was present
      - Absent: Charles Pontious, Robert Gill, Marsali Hancock and Supervisor Cindy Chavez Board Delegate, Maja Marjanovic, Liaison/ Representative.
   b. Welcome: Chair Miles welcomed everyone to the meeting.

2. **Public Comment**
   a. Ms. Beverly Lozoff, NAMI-SCC expressed her concerns regarding the lack of funding programs in all religious communities and underserved groups.
   b. BHB Member Terry Downing commented on efforts to extend child support to divorced custodial parents of children with mental illness.

3. **Approve or Modify 4/8/19 Agenda Order**
   Motion: Downing, **Second**: Jurgensen; to approve the 4/8/19 Meeting Agenda as submitted. Vote: Passed.

4. **Review/accept 3/11/19 BHB Meeting Minutes**
   Motion: Ojakian, **Second**: Vigil; to accept the 3/11/19 Meeting Minutes as submitted Vote: Passed.

5. **Report from Supervisor Cindy Chavez/Maja Marjanovic, Liaison/Representative: None**

6. **Chair's Report/Update:**
   a. BHB Committee's FY19 Annual Reports are due by Friday, June 21, 2019
   b. Reminder Form 700 (Annual) and Ethics Training (Link attached http://www.fppc.ca.gov/learn/public-officials-and-employees-rules-/ethics-training.html | Due by April 2019)

7. **Announcements:**
   a. The 8th Annual SCC BHB Community Behavioral Health Heroes Awards Luncheon will take place on Wednesday, May 1st, 2019, 11:00 a.m. –3:00 p.m. at Three Flames Restaurant, 1547 Meridian Ave, San José, CA 95125. County Executive Jeffrey V. Smith, M.D., J.D., is this year's Keynote Speaker.
   b. BHB System Planning & Fiscal will meet on May 10, 2019 (9:00-11:00 am) at this location in training room 2.

c. Please join the Santa Clara County Suicide Prevention Program and community partners for the first-ever Suicide Prevention Conference. Breakfast and lunch will be served. The conference is co-sponsored by the Santa Clara County Office of Education and the County of Santa Clara Behavioral Health Services Department. May 31, 2019, (8:30 AM – 1:00 PM); Santa Clara County Office of Education, 1290 Ridder Park Drive, San Jose, CA 95131. Please register on **Event Brite.**
d. NAMI's general meeting on Ending the Silence will take place tomorrow, April 9th, 2019; Good Samaritan Hospital Auditorium, 2425 Samaritan Drive, San Jose, CA from 7:00 pm to 9:00 pm.
e. Cindy McCalmont will present on Faith-Based Mental Health at the next NAMI Santa Clara County General Meeting, May 14th at Good Samaritan Hospital Auditorium, 2425 Samaritan Drive, San Jose, CA from 7:00 pm to 9:00 pm.

8. **Possible Action Item:**
   a. For the Behavioral Health Board to validate the FY19 MHSA Plan
   Motion: Ojakian, **Second**: Mukoyama; to accept the FY19 MHSA Plan as submitted.
   Vote: Passed.

9. **Behavioral Health Services Director's Report**: Toni Tullys, MBA / Deane Wiley, Ph. D
Director Tullys updated on current activities and focus areas within BHSD.

10. **Contractor's Association of SCC, (BHCA-SCC) Report:** Elisa Koff-Ginsborg
Ms. Koff-Ginsborg updated on behavioral health providers current issues, concerns, and activities.

11. **For Review, Discussion and Action Items**
   a. BHB Members were assigned a Community Hero to introduce at the May 1, 2019 Awards.
      - Mukoyama -Agency Hero -BHSD Central Wellness and Benefits Center (CWBC)
      - Fitzgera ld-Consumer Hero - Karen Flink, Mental Health Peer Support Worker, SCC BHS
      - Jurgensen-Educator Hero - Barry Goldman-Hall, LCSW, Clinical Professor, School of Social Work at San Jose State
      - Vigil - Family Member - Kathy Burden
      - Downing - Family Member - Carol DeCarvalho
      - Downing - Family Member - Nancy Boyle
      - Ojakian - Media - Ed Clendaniel, San Jose Mercury News Editorial Page Editor
      - Vigil - Mover and Shaker - Adrienne Keel, Director of LGBTQ Programs, Family & Children Services of Silicon Valley
      - Klein - Program - Community Integrated Work Program (CIWP)
      - Cook - Volunteer – Bill Fritz
      - Miles - Appreciation Award - Llolanda M. Ulloa, Management Analyst, SCC
   b. BHB Bylaws are currently under review by SCC Lead County Counsel
   c. Continue the discussion on merging BHB Sub-Committees – Chair Miles requested all BHB Subcommittee Chairs to reach out to their members and encourage them to attend BHB meetings.
      - System Planning and Fiscal
      - Cultural Competence Advisory Committee
      - Intake
      - Wellness
   d. Vote to decrease the membership of the Cultural Competence Advisory Committee at the 4/26/19 Executive Committee. (Mukoyama)
   e. 2019-2020 Goals and Mission Statements (pending outcome of item #11c)

f. 2019-2020 BHB Chair Officers – Vote will take place at the 4/26/19 BHB Executive Committee Meeting.
   - Charles Pontious – Chair
   - June Klein - 1st Vice Chair
   - Evelyn Vigil - 2nd Vice Chair

g. Consent Calendar
   Motion: Cook **Second**: Jurgensen; close the items 195-197 on the consent calendar. Vote: Passed.

12. Behavioral Health Board Standing Committee Updates – Possible Action Items*

a. Adult System of Care: Crocker Cook, Jurgensen and Pontious - None
b. Cultural Competence Advisory: Mukoyama, Vigil, Gill, and Klein - Cancelled
c. Family, Adolescent, and Children: Hancock and Downing - None
d. Older Adult: Wolfberg, Mukoyama, and Ojakian
   - Alexandra Morris, Professional Training Specialist- Alzheimer's Association presented today on 'How dementia and cognitive disorders relate to mental health'.

e. System Planning & Fiscal: Blitz, Fitzgerald, and Miles
   - Dr. Kakoli Banerjee presented on the 180 SCAN: System Performance – DMC-ODS Mid-Year 2

f. **Ad-Hoc Committees Updates** -BHB Recruitment Ad-Hoc Committee (Mukoyama, Wolfberg and Crocker Cook)
   - BHB-Bylaws Subcommittee (Miles, Pontious, and Ojakian)
   - BHB-Community Heroes Planning Committee (Crocker Cook, Klein, and Vigil)
   - BHB-HHC Representative (Jurgensen)
   - BHB-Webpage (Pontious/Miles)
   - CALBHB/C Representative (Vigil/Miles)
   - Reentry Network (Crocker Cook/Mukoyama)
   - Legislation Update by Victor Ojakian
     - Mr. Ojakian updated on current legislation affecting mental health.
   - MHSA-SLC (Miles, Pontious, and Klein)

Adjournment: The meeting adjourned at 1:48 p.m. The next BHB meeting will convene on May 13, 2019, at Downtown Mental Health Center ~ 1075 E. Santa Clara Street, 2nd Floor; Training Room 3 San José, CA 95116.

These minutes are respectfully submitted by:

Debra Boyd

Debra Boyd, (408) 885-5782
SCC Behavioral Health Board Support Liaison
Debra.Boyd@hhs.sccgov.org / www.sccmhd.org

SANTA CLARA COUNTY
Behavioral Health Services

COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD PUBLIC TOUR Includes FB Meeting 12:00 - 2:00pm
Monday, April 8, 2019 (11:30 AM - 12:00 PM)

San Jose Behavioral Health, 455 Silicon Valley Blvd., San Jose, CA 95138
Action may be taken on any item posted on the agenda

Contact **Debra Boyd** with questions at 408.885-5782

Behavioral Health Board Members: Gary Miles (Chair), Joel Wolfberg (1st Vice Chair), Charles Pontious (2nd Vice Chair), Larry Blitz, Mary Crocker Cook, Teresa Gallo, Robert Bob Gill, Marsali Hancock, Thomas Jurgensen, June Klein, Hilbert Morales, Wesley Mukoyama, Victor Ojakian, Rev. Evelyn Vigil, and Supervisor Cindy Chavez, Board Delegate.

Updated 7/27/17

Sign-In Sheet

	Print Name (attendees list Optional)	Organization/Program
1.	Miles Gary, Chair	Behavioral Health Board Member
2.	Wolfberg, Joel, 1st Vice Chair	Behavioral Health Board Member
3.	Klein, June 2nd Vice Chair	Behavioral Health Board Member
4.	Blitz, Larry	Behavioral Health Board Member
5.	Crocker Cook, Mary E.	Behavioral Health Board Member
6.	Downing, Teresa (Terry)	Behavioral Health Board Member
7.	Gill, Robert (Bob)	Behavioral Health Board Member
8.	Hancock, Marsali	Behavioral Health Board Member
9.	Jurgensen, Thomas	Behavioral Health Board Member
10.	Klein, June	Behavioral Health Board Member
11.	Wolfberg, Joel	Behavioral Health Board Member
12.	Mukoyama, Wesley	Behavioral Health Board Member
13.	Ojakian, Victor VO	Behavioral Health Board Member
14.	Supervisor Cindy Chavez /Maja Marjanovic	Office of the Board of Supervisors
15.	Vigil, Evelyn – Rev.	Behavioral Health Board Member
16.	Toni Tullys, MPA – Director	Behavioral Health Services Dept.
17.	Debra Boyd, BH Board Liaison	Behavioral Health Services-Admin.
18.		
19.		
20.		

Includes FB Mtg 12:00–2:00p

COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD PUBLIC HEARING
MHSA-FY 18-20 Three Year Plan, Expenditure Plan and Four Innovation Projects
Monday, April 8, 2019 (10:45 – 11:45 AM)

Downtown Mental Health Center ~ 1075 E. Santa Clara Street, 2nd Floor; Training Room 4
San José, CA 95116
Action may be taken on any item posted on the agenda

Contact Llolanda Ulloa with questions, 408-793-5677

Updated 6/07/18

Sign-In Sheet

	Print Name (attendees list Optional)	Organization/Program
1.	Miles Gary, Chair	Behavioral Health Board Member
2.	Pontious, Charles, 1st Vice Chair	Behavioral Health Board Member
3.	Klein, June 2nd Vice Chair*	Behavioral Health Board Member
4.	Blitz, Larry	Behavioral Health Board Member
5.	Crocker Cook, Mary E.	Behavioral Health Board Member
6.	Fitzgerald, J. Patrick, Rev.	Behavioral Health Board Member
7.	Downing, Teresa (Terry)	Behavioral Health Board Member
8.	Gill, Robert (Bob)	Behavioral Health Board Member
9.	Hancock, Marsali	Behavioral Health Board Member
10.	Jurgensen, Thomas	Behavioral Health Board Member
11.	Wolfberg, Joel	Behavioral Health Board Member
12.	Mukoyama, Wesley	Behavioral Health Board Member
13.	Ojakian, Victor	Behavioral Health Board Member
14.	Supervisor Cindy Chavez /Maja Marjanovic	Office of the Board of Supervisors
15.	Vigil, Evelyn – Rev.	Behavioral Health Board Member
16.	Toni Tullys, MPA – Director	Behavioral Health Services Dept.
17.	Debra Boyd, BH Board Liaison	Behavioral Health Services-Admin.
18.	JARED MLEKUSH	BHSD
19.	Patricia Wu	BHSD.
20.	Arming Music	AACI/CST & RIF
21.	Kathy Forward	NAMI SCC

Attendance List (Optional)	Print Name	Organization/Program
22.	Elisa Kuff-Ginsberg	BHCA
23.	Kelly Vedi	BOS District 4 Ellenberg
24.	BEVERLY LOZOFF	NAMI-SCC
25.	Diana Wilkey	BHCA
26.	Jesse Ferguson	BHSD
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COUNTY OF SANTA CLARA
Behavioral Health Services

BHB Public Hearing of the DRAFT FY19 MHSA Annual Plan Update (Draft Plan)
Uplift Family Services, San Jose, CA
April 8, 2019 10:45am – 11:45am

COUNTY OF SANTA CLARA
Behavioral Health Services

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FY19 MHSA ANNUAL UPDATE PUBLIC HEARING
AGENDA

I. Welcoming and Opening Comments
II. Overview of MHSA
III. Community Planning Process Activities to Date
IV. FY19 Annual Update Recommendation Highlights and New Programs Update
V. Proposed changes for Future Planning
VI. Public Comment
VII. Behavioral Health Board Action
VIII. Next Steps

2

COUNTY OF SANTA CLARA
Behavioral Health Services

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MHSA OVERVIEW

- California voters passed Proposition 63, also known as the Mental Health Services Act (MHSA) in November 2004 to expand and improve public mental health services
- 1% income tax on income above $1 million

COUNTY OF SANTA CLARA
Behavioral Health Services

MHSA CONSISTS OF FIVE COMPONENTS AND EACH HAS ITS DISTINCT REQUIREMENTS

Ongoing Funding

- **Community Services and Supports (CSS)—**provides funds for direct services to individuals with severe mental illness. Full Service Partnerships (FSP) are in this category; FSPs provide wrap-around services or "whatever it takes" services to consumers. Housing is also included in this category. Funded at 76% of all MHSA revenue.
- **Prevention and Early Intervention (PEI)—**provides funds to recognize early signs of mental illness and to improve early access to services and programs, including the reduction of stigma and discrimination. Funded at 19% of all MHSA revenue.
- **Innovation (INN) –** provides funds to evaluate new approaches that increase access to the unserved and/or underserved communities. Funded at 5% of all MHSA revenue.

One Time Funding (Counties can opt in to fund from 20% of the CSS distribution)

- **Capital Facilities and Technological Needs (CFTN)—**provides funds for building projects and increasing technological capacity to improve mental illness service delivery.
- **Workforce, Education and Training (WET)—**provides funds to improve and build the capacity of the mental health workforce.

COUNTY OF SANTA CLARA
Behavioral Health Services

FY19 MHSA ANNUAL UPDATE PLANNING MEETING
ACTIVITIES TO DATE

5

COUNTY OF SANTA CLARA
Behavioral Health Services

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FY19 MHSA ANNUAL PLAN UPDATE

- ✓ The County of Santa Clara's FY 2019 MHSA Annual Plan Update ("Plan Update" or "Update") to the **Three-Year Program and Expenditure Plan for Fiscal Years 2018 through 2020** has been carried out as required by the California Code of Regulations (CRR) Section 3300.
- ✓ A public notice was posted on the County's MHSA website **www.sccbhsd.org/mhsa.** The Draft Plan can be downloaded electronically along with public comment forms with instructions on how to submit stakeholder input. Paper copies were also made available at BHSD offices in San Jose, as well as other locations throughout Santa Clara County.
- ✓ Any interested party could request a copy of the Draft Plan by submitting a written or verbal request to the MHSA Coordinator at evelyn.tirumalai@hhs.sccgov.org or by calling (408) 885-5783.

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COUNTY OF SANTA CLARA
Behavioral Health Services

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FY19 MHSA Annual Update Recommendation Highlights and New Programs Updates

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COUNTY OF SANTA CLARA
Behavioral Health Services

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Programs for Children, Youth, and Families (CYF)			
Initiative	**Program**	**FY18-FY20 Plan**	**FY2019 Proposed Plan Update**
CYF Administration			Add 1 FTE Admin Assistant
Community Services and Supports: Full Service Partnership			
Full Service Partnership for Children, Youth, and Families	Intensive Children's Full Service Partnership	New - Request for Proposal (RFP) Released 1/25/2019. RFPs received under evaluation through May 29, with protest deadline on June 5.	
	Intensive Transitional Age Youth (TAY) Full Service Partnership	New – RFP Released 1/25/2019. RFPs received under evaluation through May 29, with protest deadline on June 6.	
Community Services and Supports: General System Development			
Outpatient Services for Children and Youth	Specialty and Outpatient Services: Eating Disorders for Children, Youth and Adults	New – Program in progress	
Foster Care Development	Commercially and Sexually Exploited Children (CSEC) Program	New – Program in progress	
Juvenile Justice Development	TAY Triage to Support Re-Entry	New - In program development	
TAY Interdisciplinary Services Teams	TAY Interdisciplinary Services Teams	New - In program development	
System Enhancement	Technical Assistance to Community Based Organizations	New - Program in progress	
Prevention and Early Intervention			
School Linked Services (SLS)	**Early Childhood Coordination Services** to serve at the Family Resource Center at Alum Rock Union School District and Franklin-McKinley School District		New
	Add **SLS Evaluation** consultant		New
	Integrate the **Unconditional Education** (UE) program at Legacy Academy to address trauma-informed prevention and early intervention among system-involved middle school students.		New

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Programs for Adults and Older Adults

Initiative	Program	FY18-FY20 Plan	FY2019 Proposed Plan Update
Administration			Add 1 FTE MHPSII Add 1 FTE Admin Assistant (from a 0.5 FTE)
	CSS: Full Service Partnership		
Full Service Partnership for Adults and Older Adults	Assertive Community Treatment (ACT)	New - RFP released 1/25/19. RFPs under evaluation through May 29, with protest deadline on June 5.	
	Intensive Full Service Partnerships for Adults/OA	New - RFP released 1/25/19. RFPs under evaluation from now until May 29, with protest deadline on June 6.	
	Forensic ACT	New - RFP released 1/25/19. RFPs received under evaluations from now until May 29, with protest deadline on June 5.	
	CSS: General System Development		
Permanent Supportive Housing	Permanent Supportive Housing	Continuing	Add 1 FTE Admin Assistant in PSH
Justice Services Initiative (formerly CJS)	Justice Services Residential and Outpatient Services	Continuing	Increase emergency housing funding
Crisis and Hospital Diversion Initiative	Adult Residential Treatment	New - In program development	
	Community Placement Team/Institution of Mental Disease (IMD) Alternatives	Continuing	Increase capacity to 22 beds
Older Adult Community Services Initiative	Clinical Case Management for Older Adults (Elder Health Community Treatment Services)	New - In program development	
	Older Adult Collaboration with San Jose Nutrition Centers	Modified - In program development	
	Elder's Story Telling	Modified - In program development	
	CSS: Outreach & Engagement		
In Home Outreach Team	In Home Outreach Teams (1 county-operated)	RFP released 10/15/2018 - Procurement completed and vendors selected	
	Prevention and Early Intervention		
Primary Care Integration	Integrated Behavioral Health	Modified - In program review	
Justice Services PEI Enhancement	The Re-Entry Resource Center – PEI enhancement	Modified - Planning recruitment	
Peer and Family Support	Office of Consumer Affairs	Continuing	Staff expansion, 3 FTE (2 FTE MHPSW)
	Office of Family Affairs	Continuing	Staff expansion, 8 FTE (6 FTE MHPSW)
	Independent Living Facilities		New
	Older Adult In-Home Peer Respite	New - In program development	

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Community-Wide Programs

Initiative	Program	FY18-FY20 Plan	FY2019 Proposed Plan Update
	Prevention and Early Intervention		
Stigma and discrimination reduction	New Refugees Program	Modified	Revise language to include Asylum Seekers in provision of services
	Culture Specific Wellness Centers	New - In program development	
Prevention	Violence Prevention and Intimate Partner Violence Prevention	Modified - In program development	
Outreach for Increasing Recognition of Early Signs of Mental Illness	Community Wide Outreach and Training	Modified	Revise language to include Social Thinking Training to workshops offered
Access and Linkage	Promotores	New - In development	
	LGBTQ+ Access & Linkage and Technical Assistance	New - In development	
Suicide Prevention	Suicide Prevention Strategic Plan	Continuing	Add 1 FTE PPA I/II Increase funds for SP Summit
	Innovation, Workforce Education and Training		
Innovation	Faith Based Training and Support Project	RFP released 10/29/18 - Procurement completed and vendor selected	
	Client and Consumer Engagement	Evaluator and vendor identified - Project implementation in progress	
	Psychiatric Emergency Response Team and Peer Linkage	Evaluator identified, MOUs planning - Implementation in progress	
	*allcove (*formerly known as *headspace)* Implementation	RFP released 10/02/18 - Procurement completed, evaluation vendor and community partner vendor selected	
Workforce Education and Training (WET)	Learning Partnership		Add I FTE Social Media/Internet Communications Specialist to oversee BHSD website across Department

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Community-Wide Programs			
Initiative	**Program**	**FY18-FY20 Plan**	**FY2019 Proposed Plan Update**
Capital Facilities and Technological Needs (CFTN)			
Capital Facilities/Technology (CFTN)	Facilities Acquisition and Remodel (*allcove,* formerly known as *headspace*)	AB114 to spend by 6/30/20	Transfer funds from CSS to Capital Facilities for capital improvements at *headspace* sites.*
	Adult Residential Facilities (ART)	-ARTs represent part of the AOA expansion and redesign, slated for FY2020	Transfer funds from CSS to Capital Facilities for purchase of facilities to house ARTs Program.*

Transfers from Community Services and Supports to Capital Facilities and Technological Needs:
*Pursuant to the **Welfare and Institutions Code Section 5892(b)**, Counties may use a portion of their CSS funds for WET, CFTN and the Local Prudent Reserve. It is further specified that the total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years. The transferred funds have up to 10 years to be spent.

COUNTY OF SANTA CLARA
Behavioral Health Services

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PROPOSED CHANGES FOR FUTURE PLANNING

1. Add **five** additional **Client/Consumer** seats to the MHSA Stakeholder Leadership Committee (SLC)

2. Language translation consultation services to commence for FY2020 MHSA Plan Update

COUNTY OF SANTA CLARA
Behavioral Health Services

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FY19 MHSA ANNUAL UPDATE PUBLIC HEARING

PUBLIC COMMENT

COUNTY OF SANTA CLARA
Behavioral Health Services

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Behavioral Health Board (BHB) Action

- Motion to review and recommend
  FY19 MHSA Annual Update Draft Plan
- BHB membership vote

COUNTY OF SANTA CLARA
Behavioral Health Services

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FY19 MHSA ANNUAL UPDATE PUBLIC HEARING
NEXT STEPS

- On May 21, 2019 request County Board of Supervisors (BOS) to approve and adopt the FY19 MHSA Annual Update Plan (Plan).

- After BOS approval, BHSD will submit a copy of the approved Plan to the State-MHSOAC before the June 30, 2019 deadline.

- Commence the next FY20 MHSA Plan Update in June 2019.

COUNTY OF SANTA CLARA
Behavioral Health Services

THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Virginia Chen
Health Care Financial Manager

For questions, additional information or other concerns, contact:

Evelyn Tirumalai, MPH - Senior Manager, MHSA
Evelyn.Tirumalai@hhs.sccgov.org
1-408-885-5785

COUNTY OF SANTA CLARA
Behavioral Health Services

Comment sent by	Comment/Feedback
Cathy Pasek	1. Without resiliency and honesty, recovery is often slow and difficult. I have stayed on the path of recovery for many years and I am still learning. Without constructive feedback from peers and professionals, it is difficult to feel relevant in a large and sometimes confusing system. Trying to find reasons for mental illness can lead to a blame game that is often self-defeating. However, being given a chance to be heard is so important. Finding balance is my long-term goal. Thank you for the MHSA programs that focus on older adults.
	BHSD RESPONSE: Thank you. We appreciate your input.
Lorraine Zeller	2. Recordkeeping/Transparency: Our 2019 MHSA annual update planning process doesn't show documentation of meaningful participation. Meeting minutes were not kept. There is no record of any votes or prioritization of MHSA spending by members of the stakeholder leadership committee or the public at the SLC planning meetings. No roster of the stakeholder leadership committee is posted on the web site so it's hard to tell how many consumers or family members were permitted on the leadership team. San Mateo and Sacramento counties post SLC member rosters and identify those who are consumers, family members, and members of other constituencies. Please provide more opportunities for stakeholders to engage in discussions/decisions regarding program development, revenues and expenditures, and outcome measures. Both San Mateo and Sacramento counties hold monthly public stakeholder meetings and keep minutes.
	BHSD RESPONSE: The MHSA Stakeholder Leadership Committee (SLC) reflects the MHSA regulations that identify specific areas of experience/expertise for participants. The SLC does not have voting authority, which is not an MHSA requirement. The SLC role is to offer lived experience as consumers and family members, make recommendations and provide subject matter expertise. In addition, the SLC validates proposed changes to the Draft Plan before the required Public Hearing at the Behavioral Health Board (BHB). When the County's new SLC was first organized, the 25 member roster was added to the Board of Supervisor's meeting held on June 19, 2018, Legislative File ID# 91647, which is accessible online. While it is not required that the SLC roster be made public, the Department understands the importance of posting this information and will discuss making this document public with the SLC members prior to the May 21, 2019 Board of Supervisors meeting. Complete slide decks of presentations are posted on the MHSA website www.sccbhsd.org/mhsa within 2-3 days after a meeting takes place. These presentations document the meeting discussions and provide a progression of actions leading to the Draft Plan. While meeting sign-in sheets are not required to be made public; they can be made available upon request and the Department will consider posting sign in sheets going forward. As in the past, the community program planning process timeline will be made public and posted on the MHSA website. For future planning, meetings will be held

Comment sent by	Comment/Feedback
	in community environments, where stakeholders work, live and play. BHSD is working with community-based organizations on establishing listening circles as well as community input sessions at various geographical locations. The Bill Wilson Center and Rebekah Children's Services have already offered meeting opportunities and staff are working on finalizing dates in the calendar for the next FY20 Plan Update.
	3. Make Up of Stakeholder Participants: The MHSA planning and validation meetings were attended mostly by director and staff of CBOs. These are agencies that may benefit from decisions about MHSA spending. The thirty-seven public comment forms collected for the October orientation, November, and December meetings were completed by six consumers (16%), fifteen family members (40%), and twenty providers (54%). Two meetings were held outside of San Jose, one in Mountain View and one in Gilroy, but it looks like attendance at those meetings was low and preference given to those who were able - and felt comfortable – to participate at meetings in San Jose county facilities. Some public comments suggested that MHSA meetings be held at agency sites making it convenient and a more comfortable environment for consumer stakeholders to participate.
	BHSD RESPONSE: Thank you for your comments. The Department reviewed the current 25 member SLC and has added five (5) dedicated positions for client/consumer stakeholders to ensure consumer voice and participation. These new SLC positions will be open to the public in July 2019, in preparation for the next MHSA planning process. The Department is taking measures (such as meeting where the community gathers) to expand community involvement and increase understanding about the MHSA input process. The Department also plans to launch a series of MHSA 101 trainings to educate consumers and the public about the MHSA community program planning process, as well as existing MHSA programs and services. This orientation training is provided to all SLC members, when they join the SLC. This year, additional meeting locations were identified to garner interest from stakeholders in these areas. We hope interest will expand as new meeting locations and times are selected. Timelines, meeting dates and locations will continue to be posted at least one month in advance of meetings and the public will continue to be informed through email lists and word of mouth about planning meetings. Staff post all planning meetings on the MHSA website as required by MHSA regulations, www.sccbhsd.org/mhsa
	4. Recordkeeping and Funding Categories: Would you please explain why Consumer and Family Affairs programs are now under the PEI Access & Linkage to Treatment budget rather than original funding under Community Services and Supports (CSS)? According to the *data requirements for PEI Access & Linkage to Treatment that would mean peer support workers would need to refer peer "clients" to higher level of care treatment and track the kind of treatment peers were referred to, number of persons who followed through on the referred treatment, average interval between referral and participation in

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	treatment, and additional data points. Referrals are to be in writing to one or more specific service providers for a higher level of care and treatment. This is not the role of Consumer and Family Affairs employees. *Source: MHSA DATA REQUIREMENTS: Prevention and Early Intervention (PPT) by Celeste Cramer BCDBH MHSA Administrative Analyst – see page 16 for data requirements according to Mental Health Services Oversight and Accountability Commission http://www.mhsoac.ca.gov/components: Community Services and Supports *is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience.*
	BHSD RESPONSE: New MHSA Prevention and Early Intervention (PEI) regulations define the activities in this area. Prevention in mental health is focused on reducing risk factors or stressors, building protective factors and skills, and increasing support; these are the main components found in the Consumer and Family Affairs Programs. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being. Providing mental health education, outreach and early identification can mitigate costly and negative long-term outcomes for mental health consumers and their families. These are the goals at the heart of the Office of Consumer and Family Affairs. These programs also offer low-intensity intervention to measurably improve wellbeing and avoid the need for more extensive mental health treatment; this is the basis for all PEI programs. County PEI program managers and contract monitors have completed trainings on the PEI regulations to facilitate understanding of the new data collection and reporting requirements. Additional trainings are forthcoming for the BHSD contract providers that are implementing PEI programs in the community.
	5. Access Issues for Stakeholder Participation: Is the Stakeholder Comment Form available on the website the only way people can provide public comments? What if people who would like to comment have no access to a printer to print out the form, a scanner to prep the form for emailing, or a fax? It would be easier to allow for the form to be completed online for those who are comfortable doing so, to be provided an address so they can mail in their comments, and to be allowed to write "outside-the-box" with an additional option of emailing comments without needing to use the form. All MHSA documents were only provided in English presenting barriers to any monolingual stakeholders who may wish to participate. As stated above, most meetings were in San Jose and in county facilities that may not have felt like a more welcoming environment for some stakeholders to attend.
	BHSD RESPONSE: The Department appreciates your comments. Stakeholder access to the community program planning process is a critical element of the County's MHSA efforts and the Department is always looking at new ways to conduct outreach. Through MHSA website updates, mass emails, notices through the Behavioral Health Board email lists, website

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	postings and community presentations, staff are focused on communicating with the public to inform them of the planning process and encourage their participation. Staff also respond to calls, walk-ins and emails as a form of public comment. Moving forward, the Department will translate the MSHA Three-Year Plans and Annual Plan Updates in the County threshold languages and will communicate with the County's cultural and ethnic communities. Preparations for this action are already in the planning process.
Alan L Brinker Owner, Do-I.T. Making Technology Work for Small and Medium Business.	6. I feel that the County's mental health treatment program is not forthcoming in what they do and don't provide. That causes great harm to patients and cost to the County. For example, I signed up for counseling services and spent three six week periods with three different counselors before I found out that that was all the county would provide – 6 weeks. It was very painful explaining my issues three times and in each case all for naught since my issues seem to be very complex. It wasted almost a year of my time, 18 wasted visits for the county and delayed me from getting into something that might work. The county also refused to give me other options. A second issue is that the county has absolutely no backup system for assigning workers. If the person who does one particular service leaves, then you can pretty well county on the fact that that service won't be available for three (or more) months. That prevents continuity of care, great confusion and a waste of county money trying to pick up loose ends when a new person comes in. That has been a major factor in the quality of treatment I have received.
	BHSD RESPONSE: Thank you for providing information on your experience with mental health services. The Department's priority is providing quality care to the clients/consumers we serve. Clients/consumers can contact the Mental Health Quality Assurance program to learn about grievance and appeal rights using this weblink: https://www.sccgov.org/sites/bhd/info/Grievance/Pages/default.aspx
Samantha Chen Clinical Supervisor	7. As a front-line supervisor for clinicians and case workers who provide services to asylum seekers, I have the opportunities to get to know the asylum seeker's personal history and needs. I am often moved by the resiliency they demonstrate in spite of the multifaceted challenges they face in a world that is totally foreign to them. Their stories and hardships are real and warrant attention. The good news is when the appropriate amount of case management and counseling services are provided, the asylum seekers can actually strive for successful survival and become productive members of the communities. Comprehensive services that are culturally competent and trauma informed are the critical components to ensure the success of the asylum seekers. The combination of increased accessibility to comprehensive services in an integrated facility produces best cost-effective outcome in the overall social welfare agenda.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.

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Natasha Wright, MSW	8. I would like to express my strong support for adding language to the MHSA FY19 Plan to allow asylum seekers to receive outreach, engagement, and prevention services through the new refugees program (pg. 127 of the Plan Update). Asylum seekers are among the most vulnerable and underserved members of our community. Most have experienced extreme trauma and are at high risk for serious mental health conditions, such as PTSD and Major Depression. Due to their immigration status, language and cultural needs, and the current political climate, they are unlikely to seek and receive adequate care through the mainstream system of care. They need access to providers who are familiar with the unique needs of immigrant trauma survivors. They also need education and outreach in community spaces, where they feel safe, in order to have a chance of engaging with mental health treatment.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
Garrett Johnson Program Manager, Litteral House, Momentum for Mental Health	9. I manage a Crisis Residential Program and feel that an Outreach worker to inform/educate/assist my Clients and Staff in the Program would go a long way towards achieving our shared goals of integration, connection, self-determination, and hope. John Hardy form Zephyr does an excellent job in regard to the Client's Rights advocacy but something similar informing Clients of the community-based services and resources (such as other MHSA programs, Zephyr, Grace Wellness Center, Esperanza, Recovery Cafe, NAMI, Peer Supports, Etc.)
	BHSD RESPONSE: In this FY19 MHSA Plan Update (Draft Plan) and in the overall MHSA Three-Year Plan, BHSD adds 12 Full Time Equivalent (FTE) Mental Health Peer Support Workers (MHPSW) in total. The Department recognizes the value peers provide as outreach workers and navigators in connecting individuals to existing behavioral health programs and services. Staff will reach out to you to make sure this support is provided and sustained.
Mary Ojakian, Suicide Prevention Oversight Committee (SPOC); American Foundation for Suicide Prevention (AFSP)	10. Suicide is the fatal outcome of an illness involving the brain. This has historically been poorly understood or addressed. Santa Clara County is making great progress in its suicide prevention efforts. It now has the lowest suicide rate in California. In order to continue saving lives the County plan needs to be fully supported and implemented. Dedicated staff have made tremendous strides in bringing awareness about suicide prevention to our community. They have just begun implementing the Santa Clara County Suicide Prevention Strategic Plan. With ongoing and increasing County support the tragic and preventable loss of life to illnesses of the brain can be further reduced.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
Vic Ojakian, Behavioral Health Board; Suicide	11. A total annual budget of $121,405,531 million for FY2019: Isn't this significant funding growth from past spending?
	BHSD RESPONSE: The MHSA Three-Year Plan for Fiscal Years 2018-2020 includes modified and new programs and services that started in FY2019 and continue through FY2020. The increase in spending reflects the County's commitment to the

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Prevention Oversight Committee (SPOC), Co-Chair	SLC and community stakeholders, close services gaps identified in the 2018 MHSA Needs Assessment and expand services, with a focus on the new, community-based, intensive, Adult/Older Adult programs.
	12. Have all excess prudent reserve funds and associated interest income been allocated?
	BHSD RESPONSE: Department of Health Care Services Informational Notice # 19-017 (published on March 20, 2019) establishes that the prudent reserve cannot exceed 33% of the average amount allocated to the CSS component in FY14-FY18. Counties have until June 30, 2019 to calculate their maximum prudent reserve level. If the amount exceeds the 33% maximum level, then Counties must decrease its Prudent Reserve and transfer to CSS and PEI by June 30, 2020. At this moment, County of Santa Clara has not yet allocated the excess Prudent Reserve funds and plans to follow the State's guidelines and timelines.
	13. Facility improvements of the MHSOAC-approved headspace centers at $3 million and Capital improvements at two *allcove* (headspace) sites. Add $3 million. Facility renovation of the MHSOAC-approved *allcove* centers for building improvements and redesign guided by a Youth Advisory Group in consultation with headspace experts and the county's Fleets and Facilities team. How is this effected by SB 12 that would require 100 *allcove* facilities in California?
	BHSD RESPONSE: The Mental Health Services Oversight and Accountability Commission (MHSOAC) is encouraging counties across California to use MHSA Innovations funding to develop their own *allcove* centers. The County of Santa Clara is the first to implement this concept and will serve as a demonstration project for other counties. SB 12 language has been modified and the bill is currently going through the California Legislative Policy Committee process at the time of this response.
	14. For School Linked Services, School Linked Services --Screening, identification, referral, and counseling services for school age children/youth in school-based settings -- No changes: is there adequate funding if the program need to be expanded to additional schools ?
	BHSD RESPONSE: BHSD appreciates this inquiry and plans to continue to fund School Linked Services as needed, based on the data driven needs of children and youth being served and/or new needs in schools.
	15. Add funds to provide early childhood coordination services at the Family Resource Center at Alum Rock Union School District and Franklin McKinley School District. Adjust the FY2019 budget to fund a SLS Evaluation consultant. Adjust the FY2019 budget to support trauma informed prevention and early intervention efforts addressing the specific needs of system-involved middle school students.: Is this adequate? Should there be a concern about in ability to meet goals? (56% successful discharges (program goal was 60%) ; 30% improvement in life functioning/social health (program goal was 50%)
	BHSD RESPONSE: BHSD is adjusting the School Linked Services Program services to improve client/consumer outcomes and create positive discharges for those stepping down from intensive service.
	16. Programs for Adults and Older Adults (AOA) Proposed Changes: hooray!

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	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	17. Add 2 FTE Mental Health Peer Support Worker positions to expand the peer support services offered at Esperanza Self Help Center and to sustain a safe and healthy environment that supports wellness and recovery and Add 6 FTE Mental Health Peer Support Workers to provide peer support in South County (Morgan Hill, San Martin and Gilroy) and North County area (Sunnyvale, Palo Alto, Mountain View, Alviso, Milpitas, Santa Clara and north San Jose). The peers would establish working relationships with NAMI and other Behavioral Health programs in their respective areas to identify needs and provide support to family members and individuals with behavioral health challenges.: This is important and essential.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	18. PEI – Suicide Prevention • Add 1 FTE Prevention Program Analyst to coordinate the outreach and program implementation efforts among older adults (60+) in the County of Santa Clara and to establish communications strategies for hard-to-reach communities. • Add $10,000 for annual Suicide Prevention Summit.: With some recent years showing important reductions in suicide deaths, this additional funding is deserved and hopefully will help in continuing this trend.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	19. Crisis and Drop-In Services for Children and Youth: Uplift Mobile Crisis -- Onsite rapid-response crisis assessment and intervention for children who are depressed, suicidal, or having acute psychological crisis -- No Changes : Is the current funding adequately meeting the need? Are all people in need being served? (Capacity to meet demand for crisis services continues to be a challenge.)
	BHSD RESPONSE: BHSD appreciates this inquiry and plans to continue to fund these services based on need. BHSD has set in place comprehensive outcomes data collection and reporting measures to help better understand the service gaps throughout the system.
	20. For the TAY Full Service Partnership (FSP) program: Are these considered good results? • 40% of consumers had successful discharges from the program. • 17% improvement in life functioning/social health for clients served.
	BHSD RESPONSE: The 40% successful discharge captures a period of time. Although 40% may appear lower than expected, the historical data indicates an upward trend over time in terms of successful discharges. The FY19 Year-To-Date indicates an average of 67.6% successful discharge rate. The Transitional Age Youth (TAY) programs serve a vital link between children's' behavioral health programs and the adult behavioral health system. The transition from one system of care to another is a critical point for a TAY youth and a point where one might see less successful discharges. To support TAY youth and their successful transitions, the Family and Children (F&C) Division is designing and implementing a trauma informed transition process to improve care coordination between the F&C TAY programs and the Adult System of Care.

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	Although 17% improvement in life functioning/social health for clients served might appear low, any improvement that shows a shift from an actionable item to a non-actionable item is significant. This reflects one item. What is more significant is the overall health and well-being of the whole child/youth and how behavioral health services have stepped down significantly to transition the child/youth to the natural support systems within their family and community.
	21. The REACH program had insufficient cases in the past. Is this program reaching an adequate number of participants?
	BHSD RESPONSE: BHSD appreciates this inquiry. Existing outreach efforts have resulted in lower than expected participation which has prompted the development of a new strategic outreach plan moving forward. This plan would be inclusive of school districts, community colleges, medical and mental health providers in order to increase outreach to potential participants.
	22. Through the work of the Suicide Prevention Program's Policy and Advocacy Workgroup, two cities passed city level suicide prevention policies in FY18. The Cities of Morgan Hill and Milpitas joined Mountain View, Los Gatos, and Palo Alto as cities that passed such policies, which declare suicide prevention to be city priorities and call for multi-sector partnerships to address suicide.: Sunnyvale also approved a city suicide prevention policy and the City of San Jose prioritized doing a policy in March 2019.
	BHSD RESPONSE: Thank you; this is great news. The Department will add these additional cities to the Draft Plan.
	23. How much of the CFTN 's $12,711,566 is allocated for EPIC/ HealthLink electronic health record project? (I always felt historically we have used too much of the CFTN funding for this one outcome)
	BHSD RESPONSE: BHSD has allocated $1,241,566 to the EPIC/HealthLink electronic health records project, it represents the technical support staff carrying out these functions – this is the Technological Needs (TN) portion. The additional funding has been put in place for the proposed facilities upgrades for *allcove* and the potential facilities acquisitions to house Adult Residential Treatment Facilities – this is the Capital Facilities (CF) needs portion in this component.
Elisa Koff-Ginsborg Executive Director, Behavioral Health Contractors' Association (BHCA) of Santa Clara County	24. Stakeholder: Community Program Planning Process Feedback: It is clear BHSD attempted to expand community participation by locating a meeting in South and North County. Unfortunately, turnout was extremely low. We recommend utilizing SLC provider members offers to host meetings at their sites around the County at a time when clients will typically be there in order to improve the number of community members and consumers involved. Further, we recommend that the membership of the SLC be listed on the County website. This will make the committee process more accessible to community members.
	BHSD RESPONSE: For future planning, meetings will be held in community environments, where stakeholders work, live and play. BHSD is working with the contract providers and community-based organizations to host future MHSA SLC meetings. In addition, the Department would like to establish listening circles, as well as community input sessions, at various geographical locations across the County. Please see Question 2, related to posting the SLC list.
	25. Program Name: TAY Triage to Support Re-entry Page Number in Document: 19

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	Feedback: We do NOT support creation of this new program as written in the 3-year plan. We continue to support the feedback provided last year: It is duplication of existing services. There are providers currently conducting intakes and providing services at the Re-Entry Center that already serve TAY. TAY also make up a small number of youth in jail. We recommend this funding earmarked for services on the jail population be redirected to creation of new program in the Pretrial Office where TAY could use support before court.
	BHSD RESPONSE: BHSD appreciates your comments and will consider them when these services are procured in FY2020.
	26. Program Name: Children and Family Outpatient (OP)/ Intensive Outpatient Services Page Number in Document: 25 Feedback: In paragraph 2 on page 25, we recommend the description of the focus population be revised to add youth experiencing homelessness or youth at-risk of homelessness.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	27. Program Name: School Linked Services Page Number in Document: 20, 36 Feedback: We support the addition of early childhood coordination at the Family Resource Center at ARUSD and FMSD. This will increase capacity of the existing SLS Coordinator's ability to focus on the many schools she serves. We recommend a change to address students with higher needs. The plan states, "For students with higher needs, they are referred to SLS clinical services which provide long term clinical services…": This happens only when SLS services are available at the same school. Otherwise these students need to be referred to other programs. We also recommend that paragraph 2 on page 36 be revised to include youth and families experiencing homelessness or are at-risk of experiencing homelessness. We recommend that paragraph 1 on page 37 language be revised to include service linkages to housing providers.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	28. Program Name: Prevention Services for Children, Youth and Families Page Number in Document 40 Feedback: In the second paragraph we recommend including students experiencing homelessness or at-risk of homelessness as part of target population.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	29. Program Name: TAY Full Service Partnership Page Number in Document 55-56

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	Feedback: On page 55 bullet point #2, we propose the first sentence be revised to reflect the first area to improve is to "Increase awareness of resources for referral and linkage to ongoing supports that can increase self-sufficiency". On page 55, Program Changes Section bullet point #2 there appear to be some missing words.
	BHSD RESPONSE: Thank you for bringing this to our attention. The Department will correct this omission on the Draft Plan.
	30. Program Name: TAY Outpatient Services Page Number in Document: 56 Feedback: We recommend paragraph 1 on page 56 be revised to include age-appropriate services and gender-responsive services. The age range states 16-24 but current programs serve TAY ages 14-25.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	31. Program Name: Foster Care Development Page Number in Document: 58 Feedback: We recommend paragraph 1 page 58 include language about Dually- Involved Youth (DIY).
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	32. Program Name: Services for Juvenile Justice Involved Youth Page Number in Document: 61-63 Feedback: In paragraph 1 page 61 include language about youth exiting into homelessness or unstable housing. In the section entitled Program Improvements on page 62 bullet point #1, we recommend including language about culturally competent services. In the section entitled "Proposed Program Changes…." on page 63 bullet point #1 we recommend the services be described as culturally competent services. In regard to the proposed program changes, we support developing strategies focused on engagement- however we recommend that engagement strategies need to start 30-60 days prior to a youth's release, instead of "as soon as youth leaves the detention facility." We recommend adding "The opportunity to have the same Provider/Counselor for the youth in custody and continue to work with the youth when released. This has more success than a youth transitioning to another Provider/Counselor. We agree that taper down approach is needed. Youth in a lock down facility with regular counseling and support services should have prompt and regular on-going follow up with a counselor in the first 2 weeks of release to ensure continued engagement.
	BHSD RESPONSE: Thank you for your comments. Staff will review these comments and meet with community partners to discuss the proposed recommendations.
	33. Program Name: REACH Page Number in Document: 66 Feedback: The age bracket is incorrect. Providers currently serve 10-25, not 16-25, and span both F&C and TAY systems.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	34. Program Name: The Re-Entry Resource Center: PEI Enhancement Page Number in Document: 74

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	Feedback: The current description on page 74 is a County operated clinical team for FY2020 in development. The description references multi-disciplinary team but does not specifically reference Peer Navigators. Last year, in response to a question about the program description of PEI Enhancement funds to be used at re-entry stated: *As part of a Prevention and Early Intervention (PEI) program enhancement, Peer Navigators will be embedded in the Re-Entry Centers to provide instrumental assistance and interpersonal support. A vast amount of evidence shows that those working with peer navigators are significantly more engaged in services than participants who were randomly assigned to integrated care. In addition, peer navigators support show significant improvements in health, recovery, and quality of life compared to those navigating the system alone. Using a multi-disciplinary team approach, these services offer linkage to: mental health outpatient services; alcohol and drug treatment and care; resources to the faith communities; peer mentoring; housing; general assistance benefits; health referrals; transitional case management; and a clothes closet.* A Clinical Team is a very different model then Peer Navigators. Is this in addition to the Peer Navigator Program or has this been changed to a new model?
	BHSD RESPONSE: Thank you for bringing this to our attention. This is not a new model and the description on the original FY18-FY20 MHSA Plan stands. The Department will clarify this language in the Draft Plan.
	35. Program Name: Criminal Justice Services Page Number in Document: 94-95 Feedback: The plan addresses housing for those with a criminal record in that it includes an increase in flex funds for housing for those at Evans Lane. Criminal Justice Clients in all programs are facing extreme difficulty in securing housing. We recommend the County consider creating housing for this very hard to house population or create a cost differential to incentivize property owners to rent to those with a criminal record.
	BHSD RESPONSE: The County agrees with the feedback as it pertains to increasing housing resources for criminal justice involved adults. As such, BHSD is continuously exploring funding opportunities to increase available housing resources that would be utilized for this specialized population. The Criminal Justice System Division partners with the Office of Supportive Housing to explore and facilitate housing resources for those individuals exiting incarceration and those who have criminal justice involvement who, in addition to a having a behavioral health condition, are homeless or at risk of homelessness.
	36. Program Name: Criminal Justice Services - Outpatient Page Number in Document: 97 Feedback: How does the IOP 120 relate to the new intensive outpatient programs in regard to level in a continuum of care?
	BHSD RESPONSE: IOP 120 is a short-term intensive outpatient program which provides 10 hours per month of case management, mental health services, medication support services, crisis intervention, outreach services and housing flex funds for up to 120 days during which time the program will facilitate clients' stabilization prior to transitioning into lower

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	levels of care within the Criminal Justice System of Care. In turn, the new intensive outpatient program, known as the Forensic Assertive Community Treatment (FACT) program will offer a longer term of service (a minimum of 12 months) and will be the highest level of outpatient services for criminal justice involved individuals. This program will provide 16.69 hours per month of case management, mental health services, medication support services, crisis intervention, substance abuse treatment, linkage to education and vocational services, benefits assistance and housing support. Additionally, it is expected that 80-90% of services will be delivered in the community, rather than a clinic setting.
	37. Program Name: Crisis Stabilization Page Number in Document: 103-104 Feedback: What is the definition of semi-locked? Please describe how this would work. The legislation creating this program did not include involuntary clients and the current provider has clearly communicated that the program they operate is entirely voluntary
	BHSD RESPONSE: BHSD appreciates your comment. During program reporting, staff meant to emphasize the need to *closely monitor* clients to prevent escalating injury or harm. Using the term, "semi-lock" was the wrong choice of words and it will be revised on the Draft Plan. The program is and continues to be entirely voluntary.
	38. Program Name: WET: Workforce Education and Training Page Number in Document: page 153 Feedback: The Plan indicates that WET funding was exhausted in 2016 and in SCC it is now carved out of CSS. The State created a one year extension of WET funds through FY 19. Did SCCBHSD access those funds or use CSS carve out? SB 539 proposes to expand WET with OSHPD's 5 year plan. If that bill passes, how will SCC expand WET? Also, the report indicates no shows and poor attendance at SCC WET trainings, but no change in plan to address the no shows/poor attendance. Will an improvement plan be put in place?
	BHSD RESPONSE: The one-year extension referenced was for counties with unspent WET balances from the one-time allocation received and to prevent reversion. County of Santa Clara WET funds balance has been fully expended as of FY 2016. SB 539 was introduced on February 21, 2019 and as of April 3, 2019 the hearing for this bill was postponed by committee. If the bill passes, it would not apply to the current Fiscal Year 2019 as it is expected for the period of FY20-FY25. For now, and until further notice from the State, the County continues to fund WET through CSS in accordance with current law. The need for WET funds is evaluated annually. Regarding attendance to current trainings and workshops, the Department is in the process of evaluating the current course listings to determine if they meet system needs. Courses will be added/deleted/or modified to enhance attendance and reduce no show rates. In addition, new functionality with the learning management system is being explored to send additional class reminders to participants.
	39. Program Name: Headspace (*allcove*) Page Number in Document: 135- 136; 143-144, Section on AB114 Plan

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	Feedback: The plan calls for an additional $1.5 million per site ($3 million total). The previous plan allocated $940,000 total. What is the cost per square foot for renovation and the total cost for the facilities?
	BHSD RESPONSE: Initially, BHSD looked at County sites for these clinics; however, no County facilities met the space needs and design plan for *allcove*. The funding included in the Draft Plan is based on the one-time renovations costs per the two sites as provided by the County's Fleet and Facilities Department (FAF): **Hard costs** (constructions costs, such as labor, materials, etc.) are $200 square feet. 6,611 square feet x $200= $1,322,200 **Soft Costs** (Engineering, architectural, permits, etc.) 35% of $1,322,200= $462,770 **FF&E** (Furniture, fixtures and equipment) 5% of $1,322,200= $66,110 **Project Management** is 5 % of Construction Costs = $66,110 **ESTIMATED TOTAL**: $1,917,190 - $470,000 current allocation per site = $1,447,190 per site.
	40. Program Name: Capital Facilities Page Number in Document: 135 Feedback: Regarding capital facilities, we support the use of funds to obtain and upgrade existing facilities to promote health and wellness but are concerned that no funding is directed toward existing community provider facilities as there is currently no mechanism to include any repair/upkeep in contracts. Last year we provided similar input and recommend that in addition to focusing on the new Headspace program, Capitol Facilities funds also be directed to the dire need for work on facilities beyond Headspace, where community-based providers have long been serving the vast majority of clients in the system and have not received support to improve the physical environment so that it also can better promote health and wellness.
	BHSD RESPONSE: The current Allowable Expenditures in Capital Facilities component state that the County may utilize Capital Facilities funds to: a) acquire and build upon land that will be County-owned; b) acquire buildings that will be County-owned; c) construct buildings that will be County-owned; d) renovate buildings that are County-owned or operated; and e) establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds and/or personnel cost directly associated with a Capital Facilities Project, i.e., a project manager. BHSD is using the existing guidance crafted when the CFTN component was defined by the State in 2008. Reference: https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice08-09_Enclosure_1.pdf
	41. Program Name: Technology Needs Page Number in Document: 135 Feedback: What is the plan for reporting and making available data from all these systems?
	BHSD RESPONSE: The plan for reporting and making available data from the systems is under review by the County's Compliance Office as it must follow existing HIPAA and client protection regulations.

Comment sent by	Comment/Feedback
Harold Brown Vice President, Fundraising NAMI Santa Clara County 1150 S Bascom Avenue, Suite 24 San Jose, CA 95128-3509 Phone: 408.666.7970 Fax: 408.453.2100 www.namisantaclara.org hbrown@namisantaclara.org.	42. There is always a struggle to prioritize prevention, treatment and cure for mental health resources. For diseases of the brain, the primary challenges are increasing awareness and reducing stigma so that those suffering will seek treatment early to increase their chances of a better outcome. There is no higher priority or better investment than to educate our youth about mental illness. Young people are less susceptible to the stigma that prevents adults from seeking treatment. They will seek help earlier and demand access to the system. When they do gain access, they will learn more easily to adapt their thinking and be more resilient for their entire lives. They will be less likely to attempt and successfully die by suicide. The National Alliance on Mental Illness sponsors an evidence-based program to educate our youth called Ending-the-Silence. <https://www.nami.org/EndingtheSilence> These presentations are quite powerful in that they include videos that include student experiences and conclude with the live, in-person, intimate sharing by a young person of their personal story of on-set, diagnosis, treatment and recovery. NAMI Santa Clara County's Ending-the-Silence presentations in our public and private schools are currently quite limited due to inadequate funding. Please take time to attend an Ending-the-Silence presentation at our monthly meeting on Tuesday April the 9th in the auditorium of Good Samaritan Hospital in Los Gatos. I think you will agree that expanding this program to all middle and high school students in our county is a top priority for the investment of our MHSA funds.
	BHSD Response: The County of Santa Clara spends 19% of the MHSA revenues in prevention, in accordance with the MHSA regulations. In response to your question on Ending the Silence (ETS), BHSD staff consulted with the County's Suicide Prevention Oversight Committee (SPOC) last year, when this same request was submitted during the Three-Year MHSA Plan development. During this period, the SPOC members had the opportunity to preview ETS and perceived the training as too basic for high school students; staff will explore the possibility of ETS for middle schools. Staff learned that ETS is not yet evidence-based, it is not listed on SAMHSA's National Registry of Evidence-based Programs and Practices, NREPP or in the Suicide Prevention Resource Center's Best Practices Registry. Staff is coordinating with NAMI Santa Clara's Executive Director and connecting them with some of the Suicide Prevention Program's schools and school districts regarding this additional resource for schools.

The County of Santa Clara
California

Approved
May 21, 2019 9:30 AM

Fiscal/Budget Item
95210

Consider recommendations relating to the Fiscal Year 2019 Mental Health Services Act (MHSA) Annual Plan Update.

Information

Department:	Mental Health Services (Santa Clara Valley Health and Hospital System)	**Sponsors:**	
Category:	Appropriation Modification (4/5 Roll Call Vote)		

Links

Link 91647 : Consider recommendations relating to the Adoption of the Fiscal Years 2018-2020 Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan and New Innovations (INN) Projects.

Link 94174 : Receive report from Behavioral Health Services Department relating to County Mental Health Services Act programs.

Link 93058 : Approve Request for Appropriation Modification No. 65- $6,716,977, transferring funds within the Behavioral Health Services Department budget, increasing revenues and expenditures to align with the approved Fiscal Year 2018-2020 Mental Health Services Act Plan and returning $2,500,000 to the General Fund Contingency Reserve. (4/5 Roll Call Vote)

Link 92807 : Approve Request for Appropriation Modification No. 33- $5,228,916 transferring funds within the Behavioral Health Services Department (BHSD) budget and increasing revenues and expenditures within the BHSD budget as a result of allocation of MHSA funds. (4/5 Roll Call Vote)

Link 93368 : Approve Request for Appropriation Modification No. 95 - $695,267 increasing revenue and expenditures and transferring funds within the Behavioral Health Services Department budget relating to allocation of Mental Health Services Act funds. (4/5 Roll Call Vote)

Link 95449 : Adoption of Salary Ordinance No. NS-5.19.116 amending Santa Clara County Salary Ordinance No. NS-5.19 relating to compensation of employees adding two Administrative Assistant positions, one Associate Training & Staff Development Specialist position, one Executive Assistant I or Administrative Assistant position, two Health Services Representative positions, twelve Mental Health Peer Support Worker positions, one Mental Health Program Specialist II or Mental Health Program Specialist I position, two Office Specialist III positions, two Prevention Program Analyst II or Prevention Program Analyst I positions, four Program Manager II positions, three Psychiatric Social Worker II or Marriage & Family Therapist II or Marriage & Family Therapist I or Psychiatric Social Worker I positions, three Senior Health Care Program Analyst or Health Care Program Analyst II or Health Care Program Analyst I, and one Social Media/Internet Communications Specialist position in Behavioral Health Services.

Attachments

Printout
FY 2019 MHSA 30-Day Public Review and Comment Period
FY 2019 F85-263 BU 415 BHSD FY 2019 MHSA Plan Update
FY 2019 MHSA Plan Update Overview and Executive Summary
FY19 MHSA Annual Plan Update (Draft Plan)

Multiple Recommendations

Possible action:
a. Adopt the Fiscal Year 2019 MHSA Annual Plan Update.
b. Authorize the Behavioral Health Services Department to submit the Fiscal Year 2019 MHSA Annual Plan Update to the Mental Health Services Oversight and Accountability Commission by June 30, 2019.
c. Approve Request for Appropriation Modification No. 263 - $14,588,083 transferring funds within the Behavioral Health Services Department budget, and increasing revenues and expenditures related to allocations made in the Fiscal Year 2019 MHSA Annual Plan Update. (4/5 Roll Call Vote)

Body

FISCAL IMPLICATIONS

Approval of the recommended action would have no net impact to the County General Fund. The total cost is approximately $14,588,083 in Fiscal Year (FY) 2019 and $11,138,921 ongoing across all funds. There are adequate General Fund appropriations in the current fiscal year to absorb the FY 2019 recommended actions and updates outlined in the plan. The ongoing General Fund impact is an increase in expenditures and MHSA transfer-in revenues of $2,913,453. To properly account for MHSA fund transfers and allocate funds as outlined in the FY 2019 MHSA Annual Plan Update, additional budget adjustments are incorporated in this action, as detailed below, and are funded from existing fund balances in the various MHSA trust funds.

Actions related to Fiscal Year (FY) 2019 MHSA Annual Plan Update

The current FY 2019 MHSA Annual Plan Update includes a budget of $121,405,531. The Behavioral Health Services Department (BHSD) requests to add 16 positions, expand contract services, and include a one-time transfer of Capital Facilities and Technological Needs (CFTN) funds. The increase in appropriation will spend down fund balances from the MHSA trust funds.

The 16 positions are not anticipated to be filled until FY 2020. Therefore, no costs would be incurred in FY 2019. The ongoing position cost is approximately $1,703,568. The expansion of contract services supports ongoing programs related to School Linked Services (SLS), the Independent Living Facilities Project, Criminal Justice System (CJS) residential and outpatient services at Evans Lane, Institutes for Mental Disease

(IMD) step downs, and suicide prevention. There is adequate appropriation in FY 2019, and the ongoing contracts appropriation would be increased by $1,209,885.

The BHSD is also requesting a one-time transfer of $11,000,000 in FY 2019 from the MHSA Community Services and Support (CSS) trust fund to the MHSA CFTN trust fund in order to set aside funds intended for *allcove* (formerly known as *headspace*) facility renovations and property acquisition for Adult Residential Treatment (ART) programs. The BHSD would have until FY 2028 to spend down the one-time transfer. Both programs were approved by the Board of Supervisors, June 19, 2018 (ID# 91647).

Actions to align budget with the approved FY 2018-2020 MHSA Program and Expenditure Report

The alignment between the FY 2018-2020 MHSA Program and Expenditure Report and the BHSD's budget was approved by the Board of Supervisors on October 16, 2018 (ID# 93058). However, a salary ordinance amendment for 18 of the positions incorporated in the FY 2018-2020 MHSA Program and Expenditure Report was not included at that time. The BHSD had focused on filling the initially requested positions to support immediate program needs and to hire all positions requested prior (ID# 92807 and #93368). The requested 18 positions remaining are not expected to be filled until FY 2020. Therefore, no costs would be incurred in FY 2019. The ongoing position cost is approximately $2,327,761, which is entirely offset by a reduction in the contract services budget, where the funding was originally allocated.

Finally, the BHSD is adjusting the transfers among the different MHSA trust funds in order to more accurately align with the 2018-2020 MHSA Program and Expenditure Report. Workforce Education and Training (WET) and CFTN funding both come from the CSS distribution. For FY 2019, after accounting for the $11,000,000 one-time transfer, the remaining cost of $3,588,083 reflects the transfer of CSS funds into WET funds to capture expected WET expenditures in the current fiscal year. For FY 2020, after accounting for the $2,913,453 increase to the general fund from the FY 2019 MHSA Annual Plan Update, which is entirely funded by transfers from the MHSA CSS and PEI trust funds, the remaining cost reflects a transfer of $3,628,093 from CSS funds into WET funds and a transfer of $1,683,922 from CSS funds into CFTN funds to capture expected ongoing WET and CFTN expenditures. Planned expenditures exceeding incoming MHSA revenue from the State will be covered by fund balances.

REASONS FOR RECOMMENDATION

Approval of the recommended actions would allow the BHSD to further implement the following recommendations included in the FY 2019 MHSA Annual Plan Update:

New or Modified Programs: Contract Expansions

- Include funds to provide early childhood coordination services at the Family Resource Centers at Alum Rock Union School District and Franklin McKinley School District.
- Include funds for a SLS evaluation consultant.
- Include funds to support trauma-informed prevention and early intervention efforts addressing the specific needs of system-involved middle school and high school students.
- Include funds to meet current demand in Community Placement Team/ IMD alternatives and increase capacity by five additional beds in FY 2020 for a total of 22 beds (including unsponsored clients).
- Include funds to provide adequate emergency housing/residential support to the Criminal Justice System residential and outpatient services at Evans Lane, effective in FY 2020.
- Support the Independent Living Facilities Project by adding $500,000 from the Prevention and Early Intervention (PEI) component of MHSA to fund a new contracted service to provide technical assistance, consultation, and start-up operational services addressing the housing needs of clients seeking safe and independent living opportunities.
- Include funds for the Annual Suicide Prevention Summit.

Program Language Revisions and Modifications

- Revise the language in the New Refugees Program to include "asylum seekers" in the provision of services.
- Include Social Thinking training workshops for direct care service providers as an initial offering in the Community Wide Outreach and Training Program.

Allowable MHSA CSS Transfers

- Transfer funds from CSS to CFTN for:
    a. Capital improvements at two MHSOAC-approved *allcove* sites. This includes $3,000,000 for facility renovations of the *allcove* centers. Renovations would include building improvements and redesign guided by a Youth Advisory Group in consultation with *allcove* experts and the County's Fleet and Facilities team.
    b. $8,000,000 for the potential purchase of residential care facilities for adults with serious mental illness. If the County is successful in purchasing these properties, the intent would be to house new ART programs for adults with

serious mental illnesses. Services would help clients step down from intensive services and ensure successful reintegration into the community.

Addition of New Staff in BHSD: Service Expansions and Improvements

- Add 16 FTE positions listed for the full implementation of the FY 2019 MHSA Annual Plan Update (see attached **"FY 2019 MHSA Annual Plan Update Overview and Executive Summary"** document). The full document is available on the MHSA website: www.scbhsd.org/mhsa.
- Add 18 FTE positions and recognize the revenue and expenditures associated with the alignment between the FY 2018-2020 MHSA Program and Expenditure Report and the BHSD's budget approved by the Board of Supervisors on October 16, 2018 (ID #93058).

In total, the BHSD will add 34 FTE new positions to fully implement the approved FY 2018-2020 MHSA Program and Expenditure Report and the FY 2019 MHSA Annual Plan Update as part of the FY 2019 MHSA Annual Plan Update approval. These 34 FTE positions are described below:

Direct Services (20 FTEs)

The 12 Mental Health Peer Support Workers (MHPSW) would serve in various programs as peer navigators to conduct outreach and engagement. Two (2) MHPSW's would serve in CJS reentry services and another two (2) would serve in a new Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+) Access and Linkage Program. The Office of Family Affairs (OFA) peers would have six (6) MHPSW's to provide support through establishing working relationships with service providers and existing behavioral health programs for family members and clients in South County (e.g., Morgan Hill, San Martin, and Gilroy) and North County (e.g., Sunnyvale, Palo Alto, Mountain View, Alviso, Milpitas, Santa Clara, and North San Jose). The Office of Consumer Affairs (OCA) peers would have two (2) MHPSW's to expand peer support services offered at the Esperanza Self-Help Center and to sustain a safe and healthy environment that supports wellness and recovery.

Two (2) Office Specialists III's would support the clerical needs of the peer support workers and manager to ensure peers have more time with clients for wellness support. One position would be located at the OCA and the other at the OFA.

Three (3) Psychiatric Social Workers and/or Marriage and Family Therapists (PSW/MFT) would provide and coordinate direct clinical services, case consultation, clinical assessment, case management, and treatment services for teens and young adults (ages 12-25) seeking early intervention services at *allcove*. These positions would be a part of an integrated care team.

Two (2) Health Services Representatives (HSR) would serve as the main points of contact for teen and young adult clients at the *allcove* sites and perform clerical tasks. Tasks include, but are not limited to, greeting and registering clients as they walk in, scheduling visits, assisting with administering screenings, and processing documents.

One (1) Associate Training and Staff Development Specialist would conduct in-field training and technical assistance to MHSA-funded programs and provide training support for short-term INN projects requiring additional assistance (e.g., the Client and Consumer Employment Project).

Administrative Services (14 FTEs)

Four (4) Program Managers (PM II) would manage various programs. One (1) PM II would support the CSS component of MHSA, while another PM II would serve the Child, Youth, and Family System of Care as the Trauma Coordinator to support trauma -informed services across the County. The third PM II would serve as the clinical manager and supervisor for the PSWs/MFTs at the *allcove* sites as part of the senior management team and be responsible for directing and evaluating clinical services and other wellbeing programs (e.g., Employment and Educational Support) as part of the overall integrated care model in *allcove*. This PM II would also oversee and coordinate contractors providing services at *allcove*. The fourth PM II would oversee the staff at the OFA and provide support and guidance to the peer workers on-site.

One (1) Social Media/Internet Communications Specialist in the Learning Partnership initiative would provide support to improvethe BHSD website and Intranet site, act as a resource for social media/marketing and prevention and educational campaigns, improve information sharing with external partners, develop and promote communications, and promote wellness and recovery resources and events.

Three (3) Senior Health Care Program Analysts (SHCPA) would also be requested. One (1) SHCPA would serve as the point of contact for MHSA-related data and analysis within the BHSD Decision Support Program. The other two (2) would provide direct project management support to the Children, Youth, and Family System of Care, which includes Transitional Age Youth (TAY) programming.

One (1) Mental Health Program Specialist (MHPS) would support the Adult and Older Adult (AOA) expansion by performing contract monitoring duties for new AOA programs and services.

Two (2) Prevention Program Analysts (PPA) would support the outreach, training, and field efforts focused on older adults and county-wide communications strategy functions in the Suicide Prevention Program. In CJS, the other PPA would monitor contracts and conduct data analytics associated with program outcomes and reporting.

Two (2) Administrative Assistants (AA) would support various programs. One (1) AA would support Permanent Supportive Housing Program efforts and work directly with the Division Director overseeing the program. The other AA would support expanding critical services within the Children, Youth, and Family System of Care.

The one (1) Executive Assistant I in the Decision Support Division would provide direct support to the Quality Management Division Executive.

The recommended actions support the County of Santa Clara Health System's Strategic Road Map by improving client experience and outcomes through the provision of accessible, integrated, and comprehensive behavioral health services.

CHILD IMPACT

The recommended actions would have a positive impact on children and youth by ensuring that MHSA programs are sufficiently staffed and implemented appropriately to serve this target population.

SENIOR IMPACT

The recommended actions would have a positive impact on seniors by ensuring that MHSA programs are sufficiently staffed and implemented appropriately to serve the senior target population.

SUSTAINABILITY IMPLICATIONS

The recommended actions balance public policy and program interests and enhance the Board of Supervisors' sustainability goal of social equity and safety by providing adequate staffing to support the provision of direct and indirect behavioral health services according to the adopted FY 2018-2020 MHSA Program and Expenditure Plan and the FY 2019 MHSA Annual Plan Update.

BACKGROUND

The California Welfare and Institutions Code (WIC) Section 5847 states that County Mental Health Plans shall prepare and submit a MHSA three-year program expenditure plan and annual updates to be adopted by the Board of Supervisors and submitted to the MHSOAC within 30 days after adoption. Per WIC Section 5848, each three-year program and expenditure plan and update must be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults,

seniors with severe mental illness, providers of services, and other stakeholders.

In early February 2018, a new MHSA Stakeholder Leadership Committee (SLC) was formed that included 25 new community members whose primary role was to provide input on community needs and priorities. The MHSA SLC participated in a total of eight community meetings, which were conducted to address the MHSA CSS, PEI, and INN components. In addition, members of the public were invited to participate in discussions to provide additional insight and direction for the FY 2019 MHSA Annual Plan Update. The 30-day public comment period took place from March 8, 2019 through April 6, 2019, followed by a Behavioral Health Board (BHB) public hearing on April 8, 2019 for review and recommendation. The BHB approved the motion to accept the FY 2019 MHSA Annual Plan Update unanimously and to submit it to the Board of Supervisors for adoption. Following the public comment period, the BHSD provided written responses to the comments and posted these responses on the BHSD MHSA website (see attached **"FY 2019 MHSA 30-Day Public Review and Comment Period"** document). A notable update to the public input response is the addition of five new Client/Consumer seats to the SLC to strengthen their voice, participation, and recommendations. Recruitment for these seats will commence in July 2019. This will bring the total SLC seats to 30.

The FY 2019 MHSA Annual Update Plan represents the BHSD's investment in a three-year vision to create and expand prevention and early intervention and direct services in the systems of care. This effort reflects the deep commitment of the BHSD leadership and staff, clients/consumers and family members, service providers, partners, and community stakeholders to develop MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, and address the needs of Santa Clara County residents.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended actions would result in the BHSD's inability to present the FY 2019 MHSA Annual Plan Update to the MHSOAC and also result in a lack of sufficient staffing to support MHSA programming.

STEPS FOLLOWING APPROVAL

The Clerk of the Board of Supervisors is requested to send e-mail notifications to Lingxia Meng (Lingxia.Meng@hhs.sccgov.org), Evonne Lai (Evonne.Lai@hhs.sccgov.org), and Evelyn Tirumalai (Evelyn.Tirumalai@hhs.sccgov.org).

Meeting History

May 21, 2019 9:30 AM Video	**Board of Supervisors**	**Regular Meeting**

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Cindy Chavez, Vice President
SECONDER:	Dave Cortese, Supervisor
AYES:	Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian