

# Mental Health Services Act (MHSA) FY2025 Community Program Planning Process Access & Unplanned Services System of Care & Workforce Education & Training (WET) Data Meeting

**Wednesday, October 4, 2023, 1:00 PM - 4:00 PM**  
**333 W. Julian St., San Jose, CA 95110**  
**Auditorium**



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
Supporting Wellness and Recovery

MEETING AGENDA – October 4, 2023	TIME
<b>1. Welcome &amp; Background (Roshni Shah)</b> <ul style="list-style-type: none"> <li>a. Introductions</li> <li>b. Welcoming Remarks &amp; Housekeeping</li> </ul>	1:00 PM – 1:10PM
<b>2. Data Findings from 2025 MHSA Survey &amp; Community Conversations (Dr. Joyce Chu)</b> <ul style="list-style-type: none"> <li>a. Presentation by Dr. Chu</li> <li>b. Questions &amp; Answers</li> </ul>	1:10 PM– 1:55PM
<b>3. Break</b>	1:55 PM – 2:00 PM
<b>4. Data Findings from the Access &amp; Unplanned Services System of Care (Bruce Copley)</b> <ul style="list-style-type: none"> <li>a. Presentation of Data</li> <li>b. Questions &amp; Answers</li> </ul>	2 – 3:10 PM
<b>5. Data Findings from the MHSA Workforce Education &amp; Training (WET) Team (Jeannette Ferris)</b> <ul style="list-style-type: none"> <li>a. Presentation of Data</li> <li>b. Questions &amp; Answers</li> </ul>	3:10 – 3:50 PM
<b>6. Closing Remarks &amp; Next Steps</b>	3:50 - 4PM



Q/A sections are included in the schedule to provide an opportunity to ask questions and/or provide comment/input.



Give space, take space.

# Meeting Agreements

# Welcome & Background

## Introductions

## Housekeeping

- **Parking**
- **Access to Restrooms**
- **Safety Practices**

# Follow along with today's presentation!

<https://tinyurl.com/EventsCPP>





# DATA FINDINGS FROM 2023 MHSA SURVEY & COMMUNITY CONVERSATIONS



# Feedback Forms at your seats

If you prefer to provide comments in an online form, feel free to use this link or QR code:

*<https://tinyurl.com/MHSA2025>*



# Today's Agenda

## Data Presentation

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Access & Unplanned  
Services Findings /  
Recommendations

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Workforce, Education, &  
Training Findings /  
Recommendations

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Q&A



# Access/Unplanned Participants

# Access & Unplanned Services Participants

**29 Community Conversations**

**435 stakeholders in Community Conversations**

**577 stakeholder comments**

**90 consumers or family members on the survey**

# Access/Unplanned Demographics: Consumer/Family Survey Sample (n = 90)

## Age

80% Adult / 12.2% Older Adult /  
7.8% Youth

## Disability

53% Yes / 47% No

## Gender Identity

61.5%  
identified as  
cisgender  
women, 29.2%  
as cisgender  
men/boys, and  
9.2% TGI+

## Race / Ethnicity

42.7% Latino; 42.7%  
White; 18.3% Asian;  
12.2% Black; 12.2%  
Native American,  
American Indian, Alaskan  
Native; and 2.4% Middle  
Eastern / North African

## Stably housed

90% Yes /  
10% No

## City of Residence

Mostly from San  
Jose, followed  
Gilroy, Milpitas,  
Santa Clara, &  
Sunnyvale

## Sexual Orientation

84% Heterosexual / 16%  
LGBQPA2S+

# Access/Unplanned-Specific Findings

# Access / Unplanned System Strengths

(56 comments)

## Helpful Access Processes & Procedures

- Access to BHSD services
- 988
- Mobile mental health trucks/vans
- Offering services throughout the day (e.g., night-time classes)
- Navigator program

## LGBTQ+ Services

## Outreach & Prevention

## Crisis Services

# Access/Unplanned System Strengths from the survey

**The top  
strength from  
the survey can  
be  
conceptualized  
as Quality of  
Care**

- “MHSU services are helpful.” (n = 34)
- “Services are focused on patient-centered recovery.” (n = 25)
- “My mental health and substance use treatment providers talk to each other and coordinate services with other agencies.” (n = 24)
- “Services help me accomplish my goals.” (n = 18)
- “Providers understand my needs.” (n = 17)

# Access/Unplanned Services: Top Stakeholder Needs, Year-by-Year Comparison

2022 Primary Access/Unplanned Stakeholder-Identified Needs	Number of comments
Access	200
Prevention/Outreach	105
LGBTQ+ Needs	64
Access Pipeline	55
Cultural Considerations	54
Workforce, Education, & Training	21
Treatment Services	18
Quality of Care	2

2023 Primary Access/Unplanned Stakeholder-Identified Needs	Number of comments
Access	235
Prevention/Outreach	179
Treatment Services	88
Workforce, Education, & Training	54
Collaborative & Integrative Care	19
Quality of Care	1
Housing	1

# Top Stakeholder Access/Unplanned Needs & Corresponding BHSD Goals

**#1 Timely Access** Ensure Medi-Cal Beneficiaries are Provided Timely Access to High Quality Mental Health and Substance Use Treatment Services

**#2 Housing** Increase the Availability of Treatment beds, Permanent Housing, and Temporary Shelter


**#3 Emerging Needs** Proactively Address Ongoing and Emerging Needs for Specific High-Need Populations

**#4 WET** Develop Innovative Solutions to Address Professional Workforce Shortages

**#5 Integrated Systems / Policy** Adapt to and Help Shape the Rapidly Shifting State Policy Landscape

2023 Primary Access/Unplanned Stakeholder-Identified Needs	Number of comments	% Overlap with BHSD Goals
<b>Access</b>	235	42.6%
<b>Prevention/Outreach</b>	179	1.7%
<b>Treatment Services</b>	88	68.2%
<b>Workforce, Education, &amp; Training</b>	54	100%
<b>Collaborative &amp; Integrative Care</b>	19	100%
<b>Quality of Care</b>	1	100%
<b>Housing</b>	1	0%





**36.0% of Access &  
Unplanned stakeholder  
comments mapped directly  
onto the 5 Main  
Department Goals**

# Most frequently mentioned themes of change

**#1: Access**

(235 comments)

**#2: Outreach & Prevention**

(179 comments)

**#3: More Treatment Services**

(88 comments)

**#4: Workforce, Education, & Training**

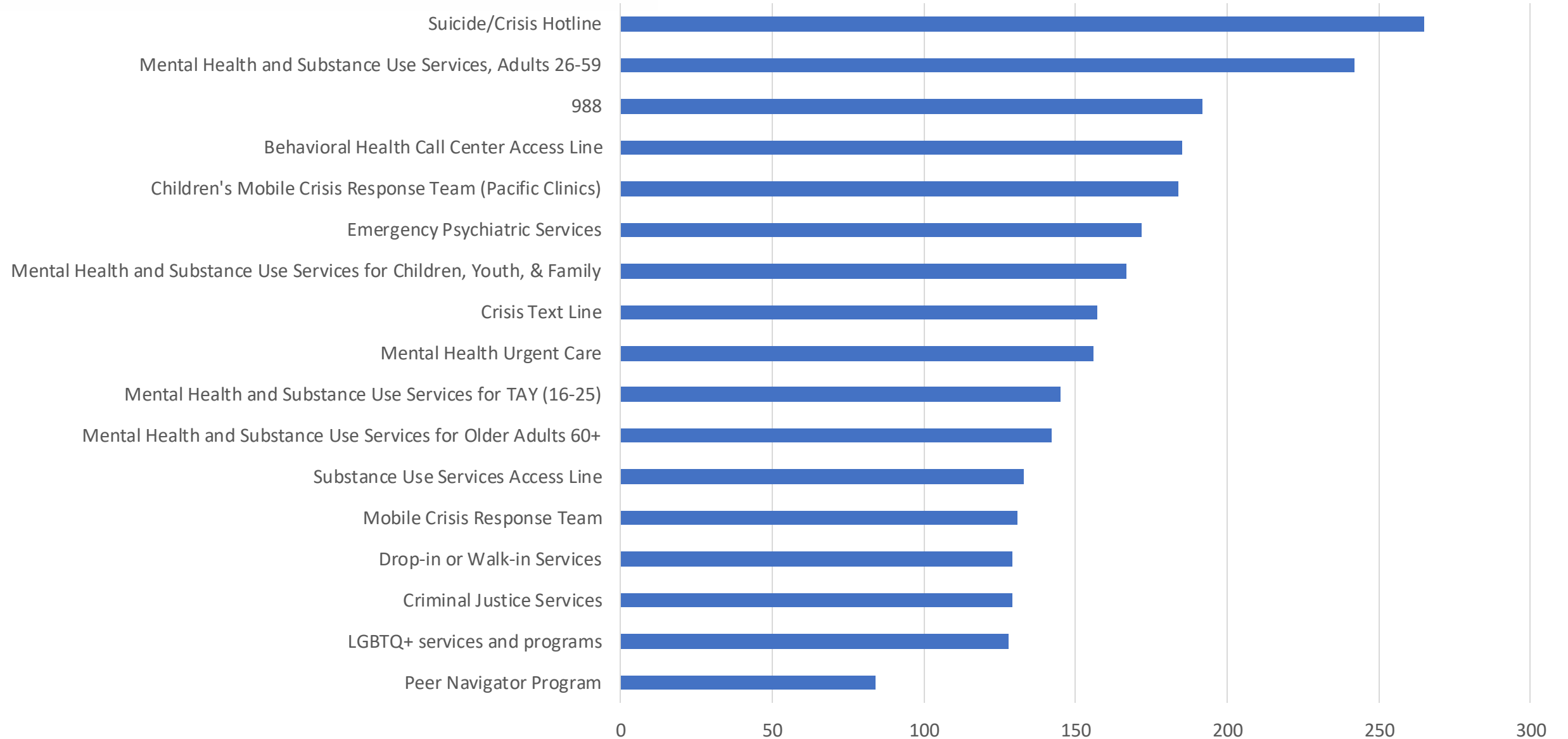
(54 comments)

**#5: Integrative & Collaborative Care**

(19 comments)

# General Community Survey Awareness of BHSD Services

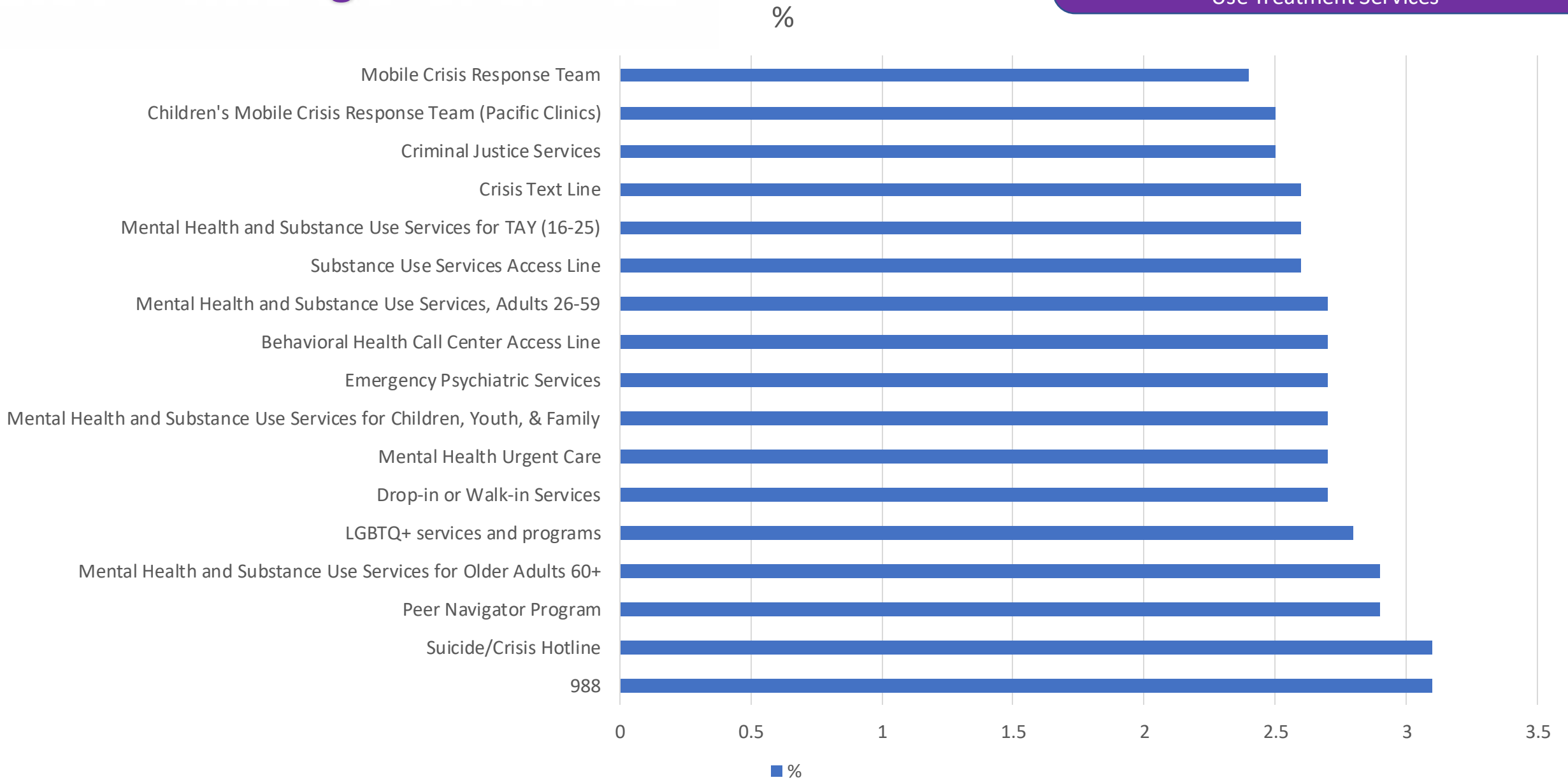
**BHSD Priority #1 (Timely Access)**  
Ensure Medi-Cal Beneficiaries are Provided Timely  
Access to High Quality Mental Health and Substance  
Use Treatment Services



# General Community Survey

## Ease of Accessing BHSD Services

**BHSD Priority #1 (Timely Access)**  
Ensure Medi-Cal Beneficiaries are Provided Timely  
Access to High Quality Mental Health and Substance  
Use Treatment Services



## **BHSD Priority #1 (Timely Access)**

Ensure Medi-Cal Beneficiaries are Provided Timely Access to High Quality Mental Health and Substance Use Treatment Services

# **General Community Survey**

## **Ease of Accessing BHSD services**

### **In the 2023 sample:**

Every single BHSD service was rated as “easy to access”

### **In the 2022 sample:**

Only 2 BHSD services were rated as “easy to access.”

# Access & Unplanned Services Recommendations

## Timely Access to Care

(235 comments)

### **BHSD Priority #1 (Timely Access)**

Ensure Medi-Cal Beneficiaries are Provided Timely Access to High Quality Mental Health and Substance Use Treatment Services

**Access Rec #1:** Continue to increase community awareness and accessibility of BHSD services, particularly 988, the peer navigator program, and walk-in services

**Access Rec #2.** Faster / easier connection to treatment services

**Access Rec #3.** Improve call center integrated screening processes

**Access Rec #4.** Options to access care without the Call Center (e.g., direct referral)

# Access & Unplanned Services Recommendations

## Access to Care (235 comments)

**Access Rec #5.** Continue language availability at the Call Centers

**Access Rec #6.** Increase language/translation services in treatment (i.e., in-person, Spanish, Vietnamese, Punjabi)

**Access Rec #7.** Offer clients the practical supports needed to participate in treatment, particularly transportation and childcare

# General Community Survey – Barriers to Help

## “Why did you not seek help?”

**#1**

**There aren't enough services**

N=36

**#2**

**My problems aren't serious enough**

N=22

**#3**

**There is a lack of help in my language**

N=17

**#4**

**Don't have the resources to get help** (money, childcare, etc.)

N=16



# Access & Unplanned Services: Prevention & Outreach

Community  
satisfaction  
with prevention  
and outreach  
programming:  
2.5 ("mostly  
true")

# Consumers find out about services from many sources

Importance of outreach to a variety of venues, partners, & community helpers

How did you <u>initially</u> find out about mental health and substance use services?		
<b>From a Provider</b>	37.3%	(n = 57)
<b>Word of Mouth</b>	25.5%	(n = 39)
<b>Call Center or Access Line</b>	23.5%	(n = 36)
<b>The Internet</b>	19.6%	(n = 30)
<b>Walk-In</b>	11.8%	(n = 18)
<b>Called the Clinic</b>	10.5%	(n = 16)
<b>988</b>	2.6%	(n = 4)

# Access & Unplanned Services Recommendations

## Prevention & Outreach

(179 comments)

(Spans many of the BHSD priorities #1-3)

### #1: Increase community awareness and decrease stigma through community helper trainings & outreach



In-person where communities gather (e.g., parents, youth, substances, on social media, child abuse, Sikh, Hispanic/Latin/o/a/e, immigrants, at faith-based organizations, etc.).

Outreach should occur through the variety of venues, partners, and community helpers that represent where individuals first find out about services (i.e., via providers, word of mouth, 988 or the call center, online, directly through clinics).

# Access & Unplanned Services Recommendations

## Prevention & Outreach

(179 comments)

(Spans many of the BHSD priorities #1-3)

### #2: Expand ethnic-specific outreach efforts

Address discrimination, low MHSU awareness, and high stigma among underserved ethnic minority populations (e.g., Middle Eastern, South Asian, immigrants, African American), at places where ethnic communities gather and trust.



### #3: Expand outreach to youth through schools and college campuses



# Access & Unplanned Services Recommendations

## Additional Treatment Services

(88 comments)

### BHSD Priority #3 (Emerging Needs)

Proactively Address Ongoing and Emerging Needs for Specific High-Need Populations

1

**Expand the variety and availability of LGBTQ+ services**

2

**Continue and expand crisis care efforts**

# Mobile Crisis & TRUST related comments

## Strengths (9 comments)

### Seen more mobile crisis services

- “I've seen a lot of mobile [crisis] services that the County is supporting.”
- “I have seen more [mobile crisis] teams”

### Positive experiences with mobile crisis

- 5 general comments mentioning the strength of mobile crisis services/teams
- “TRUST”
- “I think we should maintain a commitment to mobile response teams”
- “I think that that [the mobile crisis] model is wonderful.”
- “I concur with mobile response teams [being helpful]”
- “[Mobile crisis] came by a couple of times and talked to [my son] ...during Covid...pandemic times...on the front porch for a really long time. They had practitioners, and they also had police that came just in case to apparently...protect the practitioners...They would talk to [my son] for a really really long time, and that was very, very helpful...I think that it prevented some hospital[izations]”
- “Great things to say about some of the police services that end up occurring during my son's mental crisis stuff...”

# Mobile Crisis & TRUST related comments

## Areas of Need (7 comments)

### Increase Availability

- "...need to add more [mobile crisis team] coverage to all of Santa Clara County"

### Desire for Crisis Care Without Law Enforcement

- "Remove criminal justice involvement from mental health"
- "Break...up with the police."
- "Mobile Response model without automatically including police"
- "Once a lady told me about her daughter. She wanted to [die by] suicide, she called the police and what [the police] did was take the lady outside and talk to the girl. Of course, they weren't able to see the problem. When a person has problems, [the police] don't recognize it or they can't see it..."
- "Having services that don't require involvement by law enforcement, particularly with clients that may have active warrants and things... everybody is showing up [to a crisis] with a different goal in mind, the specific example was having requested mobile crisis for a client who is in crisis and law enforcement showing up and because there's an active warrant rather than serving the mental health crisis, they are immediately arrested... and this is not an isolated incident"

### Process Challenges

- Mobile crisis won't necessarily come unless PD. Is there, and PD won't necessarily come if we say mobile crisis is on the way"

# Mobile Crisis survey responses

## Family Involvement

- 6 out of 7 mobile crisis consumer respondents were asked if they wanted family or other supports to be part of their treatment

## Somewhat hard to get connected

**31. How hard was it to get connected to your mental health or substance use provider?**

1=Not at all hard

2=Not very hard

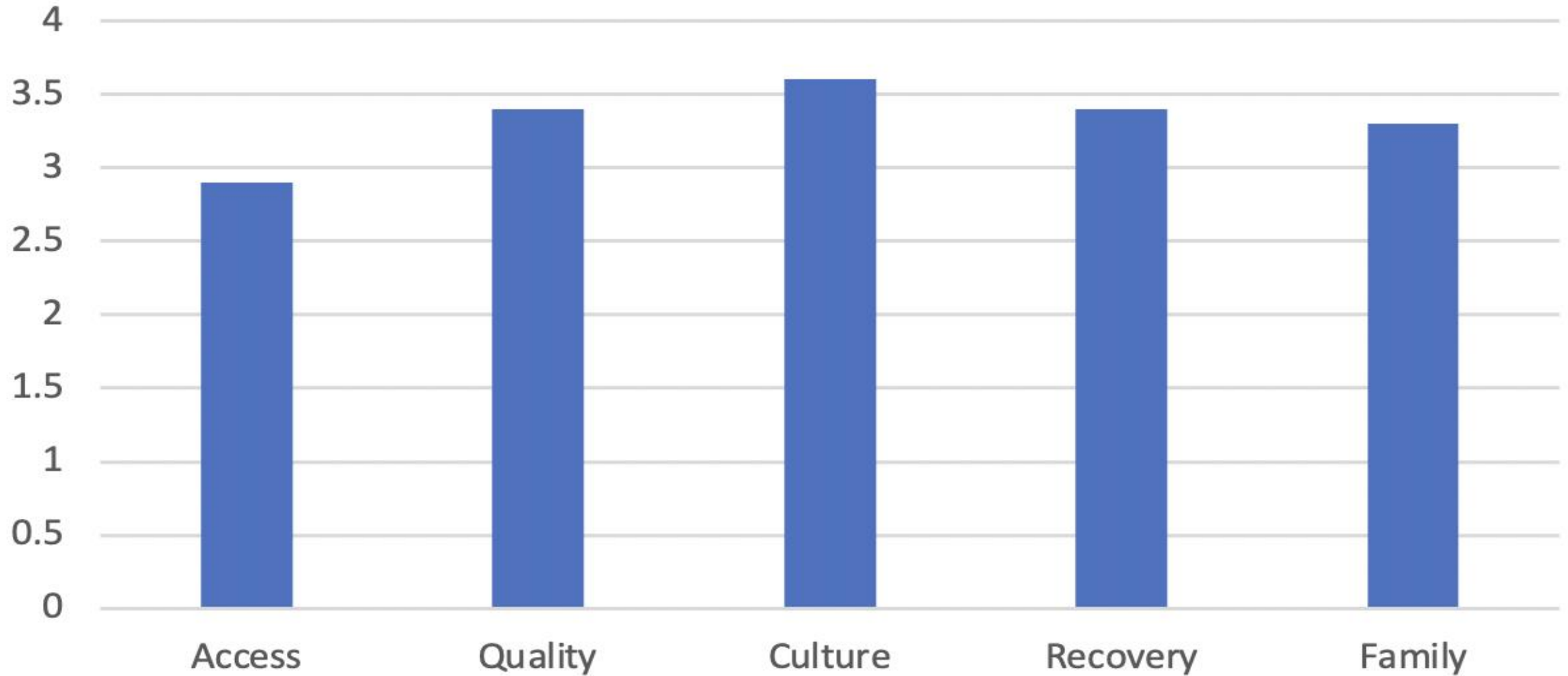
3=Somewhat hard

4=Very hard

$M=2.75, SD=1.2 (N=8)$



# MHSA Domain Ratings by Mobile Crisis Consumers (N=4 to 8 out of 13)



*1=Not at all true; 2=A little bit true; 3=Mostly true; 4=Very true*

# Access & Unplanned Services Recommendations

## Additional Treatment Services

(88 comments)

### BHSD Priority #3 (Emerging Needs)

Proactively Address Ongoing and Emerging Needs for Specific High-Need Populations

1

**Expand the variety and availability of LGBTQ+ services**

2

**Continue and expand crisis care efforts**

3

**Enhance services for high-need but treatment-declining individuals**

# Access & Unplanned Services Recommendations

## Workforce, Education, & Training

(54 comments)

### BHSD Priority #4 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

### #1: Culturally-matched staff

(e.g., LGBTQ+, TGI+, Spanish-speaking, African Ancestry women)

### #2: Continue and expand LGBTQPA2S+ & TGI+ trainings for staff

### #3: Increase staff positions & retention

(e.g., staff pay; include space for pronouns on Teams & County forms)

### #4: Consider specialized recruitment strategies for LGBTQ+ staff

(e.g., LGBTQ+ specific interview items, flexibility with education requirements)

# Access & Unplanned Services Recommendations

## Collaborative & Integrative Care

(19 comments)

BHSD Priority #5 (Integrated  
Systems/Policy)

Adapt to and Help Shape the Rapidly  
Shifting State Policy Landscape

**Facilitate integrated continuity of care  
between Access & Unplanned  
Services with other County services**

(e.g., unified EHR; improve referrals and trainings with adjunctive  
service entities like law enforcement & medical services.

# WET-specific Findings

# WET Strengths

*(6 comments)*

**Inflation  
adjustments**

**Cost-of-  
living  
adjustments**

**Internship  
stipends**

**Loan  
forgiveness  
grants**

**Efforts to recruit  
additional staff**  
*(specifically case managers and  
peer support)*

# WET: 5 Sub-Themes → 7 Recommendations

## BHSD Priority #3 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

### #1: Hire More Clinical Staff

(82 comments)

### #2: Hiring Suggestions

(59 comments)

### #3: Staff Retention

(51 comments)

### #4: Staff Training

(43 comments)

### #5: Increase Staff Pay

(31 comments)

100% of stakeholder comments  
mapped directly onto

BHSD Priority #3 (WET)

Develop Innovative Solutions to  
Address Professional Workforce  
Shortages



# WET Recommendation #1

## Increase staff positions / hires *(82 comments)*

Peer Support

Therapists, including  
for South County

Case Managers

Diversion Services  
Staff, including  
Collaborative Court  
assessors

More Youth-Focused  
Staff (e.g., licensed  
therapists)

Others: Psychiatrists,  
Addiction specialists,  
Staff for the African  
immigrant community

# WET Recommendation #2

## Hire Culturally-Matched Staff *(35 comments)*

**BHSD Priority #3 (WET)**

Develop Innovative Solutions to  
Address Professional Workforce  
Shortages

- LGBTQ+
- Middle Eastern
- Women
- Spanish-speaking
- TGI+
- Hispanic/Latin/o/a/e
- South Asian
- TAY-aged

# WET Recommendation #3

Consider essential strategies to retain staff & enhance the work environment

(51 comments)

## BHSD Priority #3 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

### Increase Staff Benefits

- **Childcare for BHSD staff**
- **Reinstate Covid-19 sick pay**
- **Fund Higher Education Degrees**
- **Fund Advanced Clinical Trainings** (e.g., Dialectical Behavioral Therapy, Eye Movement Desensitization & Reprocessing, DBT)

### Address Burnout

- **Vicarious trauma resources**
- **Support Permanent Supportive Housing Staff burnout due to pressures of housing crisis & dual agencies** (BHSD + Office of Supportive Housing)
- **HR/BHSD support after anti-LGBTQ+ workplace aggressions**

### Reduce Staff Workload

- **Smaller clinician caseloads**
- **Reduce Permanent Supportive Housing staff double burden for documentation/trainings/productivity**

# WET Recommendation #4

## Staff Trainings (43 comments)

### Cultural Trainings

- LGBTQ+
- Diversity, Equity, & Inclusion
- Middle Eastern culture
- Black & African Ancestry culture

### Other Trainings

- AB1424 (consideration of family information in involuntary psychiatric treatment)
- Trauma-informed care
- Harm reduction
- More staff trained in psychiatric emergency services
- “Soft skills” (e.g. customer services)
- Service access eligibility requirements at access points (e.g., Call Center & Cultural Wellness Center)
- Homeless Management Information Systems training

# WET Recommendation #5

## Increase Staff Pay (31 comments)

**BHSD Priority #3 (WET)**

Develop Innovative Solutions to  
Address Professional Workforce  
Shortages

**Increase pay for all clinical  
staff**

**Pay Staff based on the cost-  
of-living**

**PSH staff should be  
compensated for their dual  
skillsets in therapy & housing**

**Increase pay for  
paraprofessionals, CBO staff,  
and psychiatrists**

**BHSD Priority #3 (WET)**

Develop Innovative Solutions to Address Professional Workforce Shortages

**WET**

**Recommendation #6**

**Consider Innovations in the Recruitment Pipeline**

*(24 comments)*



Increase Intern Stipends



Work with colleges to educate and recruit graduates



Shifting more responsibilities to paraprofessionals



Focused efforts for LGBTQ+ staff



Explore exceptions for individuals applying with credentials from outside the U.S.

# WET Rec #7: Widely market job openings and provide application support

## BHSD Priority #3 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

Community recognition of BHSD staff shortage: 3.0 (“somewhat agree”)

Community member interest in seeking BHSD employment: 193 expressed interest

# Demographics of Those Interested in a Mental Health / Substance Use Job

## Age

78.5% Adult / 11.3% Older Adult / 10.2% Youth

## Disability

62.7% Yes / 37.3% No

## Gender Identity

66.4% Cisgender Women / 25.3% Cisgender Men / 8.2% TGI+

## Most Prevalent Race / Ethnicity

40% White / 31.7% Asian / 28.3% Latin

## Stably housed

88.4% Yes / 11.6% No

## City of Residence

89.3% from San Jose / 10.7% from South County

## Sexual Orientation

81.5% Heterosexual / 18.5% LGBTQAP2S+



# Areas of Interest for Employment in Mental Health & Substance Use

n

Peer Support

119

Counseling

99

Substance Use Treatment

56

Clinician

51

Psychiatrist

34

# 58 individuals had applied to a MHSU position over the last 12 months

Challenges in Applying for a Mental Health / Substance Use Position	n
“I was worried about my benefits being reduced or impacted.”	12
“I was worried about my employment gap / years out of the workforce.”	10
“I needed support to start the employment process (resume, filling out application, interviewing, etc.).”	8

# Reasons for Not Applying for a Mental Health or Substance Use Position

“My educational background didn’t match what was needed for the job.”	89
“I don’t know where to find job openings.”	88
“I needed support to start the employment process (resume, filling out application, interviewing, etc.).”	45
“Worried about my employment gap / years out of the workforce.”	41
“Worried about my benefits being reduced or impacted.”	36
“Concerns about my legal status or history.”	33
“There aren’t enough disability accommodations.”	25



# Questions or Comments?

[joycepchu@gmail.com](mailto:joycepchu@gmail.com)



BREAK

# Q&A

ONLINE FEEDBACK FORM

SCAN QR CODE OR

AVAILABLE AT:

[HTTPS://TINYURL.COM/MHSA2025](https://tinyurl.com/MHSA2025)





COUNTY OF SANTA CLARA

# **Behavioral Health Services**

**Access & Unplanned Services**

**MHSA Presentations**

# Agenda

## MHSA Program Presentations

• 988/CSPL	Lan Nguyen
• Behavioral Health Call Center	Joe Tansek
• TRUST Program	Jamina Hackett
• PERT Program	Sandra Hernandez
• LEL Program	Sandra Hernandez
• IHOT Program	Lindsay Cross
• Suicide Prevention Program	Mego Lien
• Navigator Program	Rosa Ortiz (Alicia fill in)
• The Q Corner & Caminar's LGBTQ Wellness	Alicia Musquiz
• Gender Affirming Care Clinic (GACC)	Ben Geilhufe







COUNTY OF SANTA CLARA

**Behavioral Health Services**

**988/CSPL**  
**CALL CENTER**

# CSPL Services

Crisis phone line  
24 hours a day /  
7 days a week

988 Crisis Text and  
Crisis Chat  
1pm – 9pm, Monday -  
Sunday

Provide direct support  
to individuals because  
of suicide attempt or  
self-harm injury.

Survivor of Suicide  
Support Group

Provide support to  
individuals who have  
lost a loved one due  
to suicide

Connect to resources

# CRISIS AND SUICIDE PREVENTION LIFELINE (CSPL) - ROLE WITH 988

- County-operated, toll-free, confidential phone line to help people in crisis, give emotional support, suicide prevention, crisis intervention, and referrals to resources
- **CSPL** *previously known as the Suicide and Crisis Services (SACS)*: assist in defusing and de-escalating the crisis and helping to return the individual to their usual level of functioning
- CSPL is now able to:
  - Refer callers to community mobile response programs including Mobile Crisis Response Teams (MCRT), In-Home Outreach Teams (IHOT), and Mobile Response and Stabilization (MRSS) as well as Crisis Stabilization Units

<u>PREVIOUS</u>	<u>CURRENT</u>
<p><b>Local Toll-Free Lifeline:</b> 855-278-4204</p> <p><b>National Suicide Prevention Lifeline:</b> 800-273-8255</p>	<p><b>Lifeline: 988</b></p> <ul style="list-style-type: none"><li>• The previous numbers remain active</li><li>• In September 2022 BHSD launched a 988 public awareness campaign.</li><li>• BHSD is working to inform residents about the new number with the hope that the public dials 988 when they need help/are in mental crisis.</li></ul>

## CSPL FY23 CALL VOLUME

Month	988				Local Lines 855-278-4204 & 800-704-0900			
	Offered	Answered	Unanswered	Answer Rate	Offered	Answered	Unanswered	Answer Rate
Jul-22	1,833	1,437	396	78%	4164	2870	1294	68.92%
Aug-22	2,195	1,728	467	79%	3908	2949	959	75.46%
Sep-22	2,246	1,578	668	70%	3854	2659	1195	68.99%
Oct-22	2,139	1,591	548	74%	4010	2706	1304	67.48%
Nov-22	1,716	1,449	267	84%	3664	2794	870	76.26%
Dec-22	1,805	1,597	208	88%	3485	2859	626	82.04%
Jan-23	1,921	1,711	210	89%	3466	2901	565	83.70%
Feb-23	1,784	1,595	189	89%	3267	2641	626	80.84%
Mar-23	2,055	1,893	162	92%	4092	3447	645	84.24%
Apr-23	2,216	2,057	159	93%	4050	3332	718	82.27%
May-23	2,348	2,217	131	94%	3900	3140	760	80.51%
Jun-23	2,239	2,127	112	95%	4282	3565	717	83.26%
<b>Total /Average Total</b>	<b>24,497</b>	<b>20,980</b>	<b>3,517</b>	<b>85%</b>	<b>46,142</b>	<b>35,863</b>	<b>10,279</b>	<b>77.83%</b>

## CSPL FY23 Referrals to Crisis Services

CSPL Referrals	MCRT			MRSS			TRUST *Go live 11/7			IHOT		911
	Referred	Field Visit (FV)	% FV	Referred	Field Visit (FV)	% FV	Referred	Field Visit (FV)	% FV	Referred	Field Visit	Referred
Jul 16 - Jul 31	75	9	12%	2	2	100%	0	0	0	1	0	1
Aug 2022	183	38	21%	14	12	86%	0	0	0	4	1	1
Sept 2022	156	36	23%	9	6	67%	0	0	0	1	0	1
Oct 2022	164	44	27%	13	10	77%	0	0	0	2	0	2
Nov 2022	84	22	26%	11	9	82%	32	19	59%	0	0	0
Dec 2022	172	46	27%	26	13	50%	221	77	35%	0	0	1
Jan 2023	158	45	28%	23	13	57%	216	82	38%	0	0	2
Feb 2023	166	33	20%	22	3	14%	187	70	37%	0	0	4
Mar 2023	99	27	27%	28	8	29%	178	59	33%	0	0	4
Apr 2023	197	57	29%	46	8	17%	268	90	34%	0	0	6
May 2023	146	39	27%	27	5	19%	213	71	33%	0	0	3
Jun 2023	106	47	44%	22	6	27%	216	58	27%	0	0	7
<b>Totals</b>	<b>1,706</b>	<b>443</b>	<b>26%</b>	<b>243</b>	<b>95</b>	<b>52%</b>	<b>1,531</b>	<b>526</b>	<b>37%</b>	<b>8</b>	<b>1</b>	<b>32</b>

## Promoting 988

In September 2022, BHSD launched a public awareness campaign promoting 988 among county residents

The campaign includes three phases targeting different cultural groups represented in the county (languages: English, Spanish, Vietnamese, Chinese, Tagalog, Farsi)

BHSD is collaborating with VTA to bring additional awareness to 988 throughout the county



COUNTY OF SANTA CLARA

**Behavioral Health Services**

**BEHAVIORAL HEALTH  
CALL CENTER**

# Overview of Services

- Toll free 24/7 call center available for screening and referral to Mental Health or Substance Use Treatment Services
- Staffing: mix of multilingual clinical staff (LMFT/LCSW, and Rehabilitation Counselors), and Clerical staff (Health Services Representatives and Office Specialists).
- Calls come in from the community, family members, EPS, hospital staff (both medical and psychiatric), Parents/guardians, law enforcement, and conservators.



# How to Access 1-800-704-0900

- BHSD Call Center services
  - Crisis and Suicide Prevention Lifeline
  - Referrals to Specialty MH or DMC/ODS services
  - Assisted Outpatient Treatment (AOT) services (AKA Laura's Law)
  - Navigation Services
  - Connection to Quality Improvement for Grievances and Appeals
  - Mobile Crisis and response Team (MCRT) connection
  - Screening and referrals to SUTS outpatient services and SUTS residential services
  - Medication Assisted Treatment referrals
  - Detox referrals

# Performance Tracking

FY23	Service Level	ASA	Calls Offered	Calls Answered	Abandoned Rate/#of Calls	AVG Abandoned Delay	ATT
July 2022	68%	9:26	2556	1726	32.47%/830	11:41	10:52
Aug 2022	80%	5:46	2215	1773	19%/442	9:49	10:04
Sept 2022	77%	7:14	2156	1664	20%/435	11:46	11:05
Oct 2022	70%	8:57	2393	1666	27%/647	12:28	11:05
Nov 2022	80%	5:24	2108	1677	17%/372	10:00	9:58
Dec 2022	81%	4:24	1870	1522	16.84%/315	10:04	10:21
Jan 2023	85%	3:46	2306	1949	13.23%/305	8:56	9:57
Feb 2023	84%	4:18	2320	1943	13.53%/314	7:28	9:56
Mar 2023	77%	6:05	2845	2204	19.61%/558	11:42	10:49
Apr 2023	74%	6:13	2359	1752	23.27%/549	11:20	8:31
May 2023	76%	5:02	2762	2107	19.15%/529	10:51	9:04
Jun 2023	81%	2:20	2234	1808	23.5%/426	7:43	10:12

# Successes

- **Successful integration of MH and SUTS line of business**
  - All agents cross-trained
  - Reduced the phone tree size and complexity
  - Progress regarding wait/hold times

# Challenges

- **Staffing Coverage**

- Currently staffed for 8-5 M-F operations and using on-call for afterhours and weekends
- Finding staff to volunteer to take weekend/evening shifts
- Covering breaks and lunches, which occur at the busiest times is a challenge

- **Training**

- Post integration, longer time required for training on MH and SUTS calls
- Training staff takes existing staff off the lines



COUNTY OF SANTA CLARA

**Behavioral Health Services**

**TRUST PROGRAM**



# TRUSTED RESPONSE URGENT SUPPORT TEAM

# Trusted Response Urgent Support Team (TRUST) Program Development

**2020:** Stakeholder Leadership Committee (SLC) stakeholders proposed **INN 15: The Community Mobile Response (CMR) Program**

**2021:** TRUST approved for a 4.5 year Innovation project

**2022:** TRUST Services Launch in November

**2023:** TRUST Fully Operational 24/7; West Valley Expansion Request



# TRUST

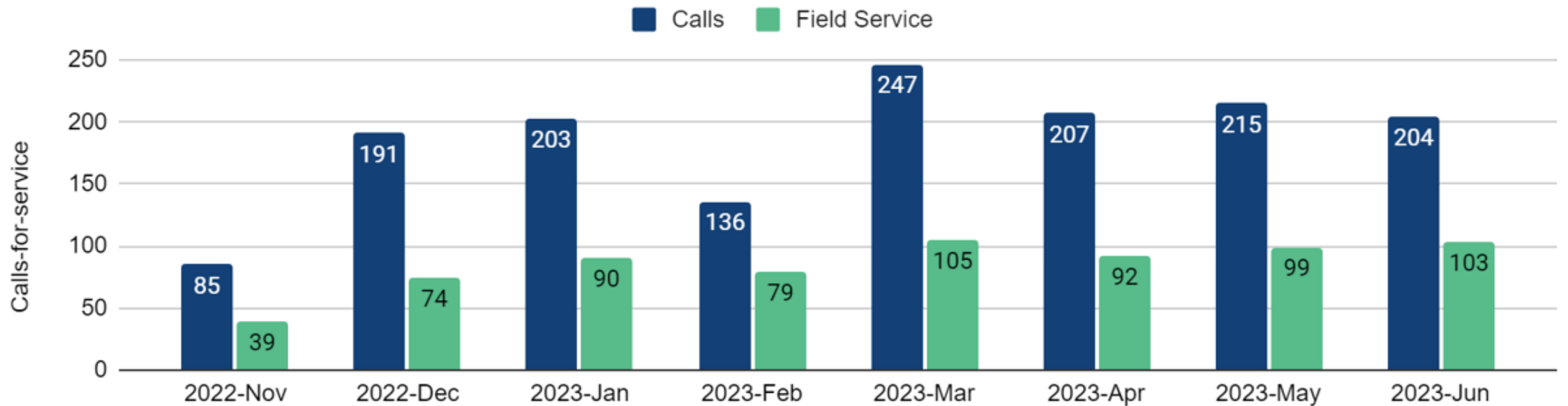


# NUMBERS SERVED

November 2022 – June 30, 2023

1,488 Total Calls

## Monthly Service Volume

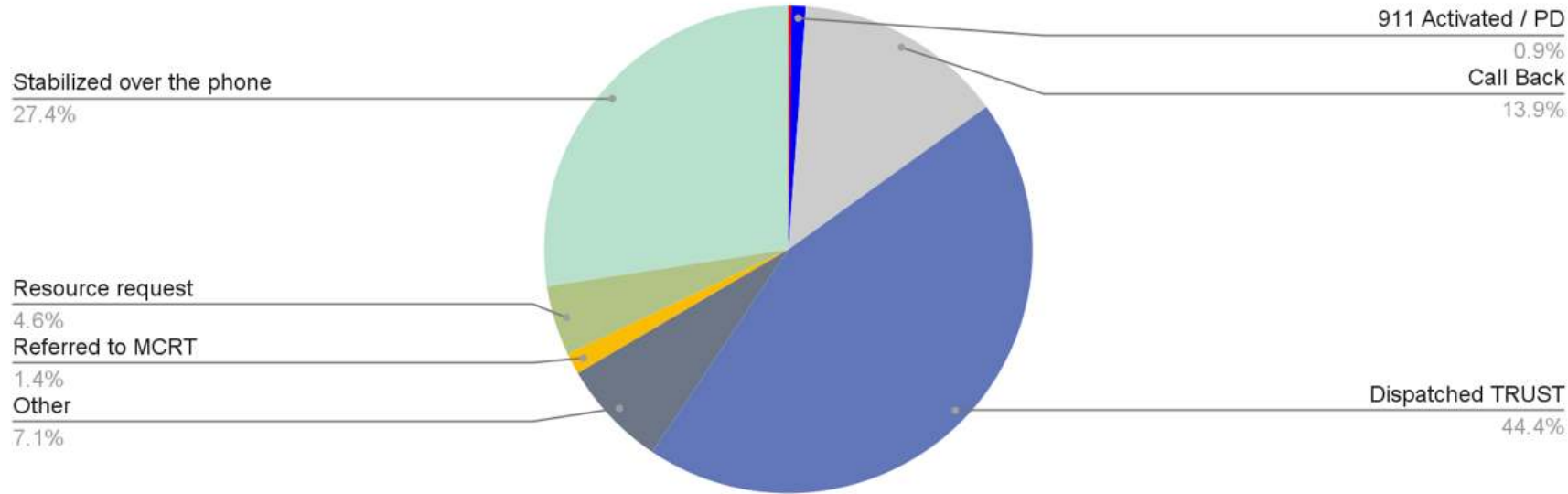


*\*Note: This is preliminary data and may not reflect what is included in the final MHSA report.*

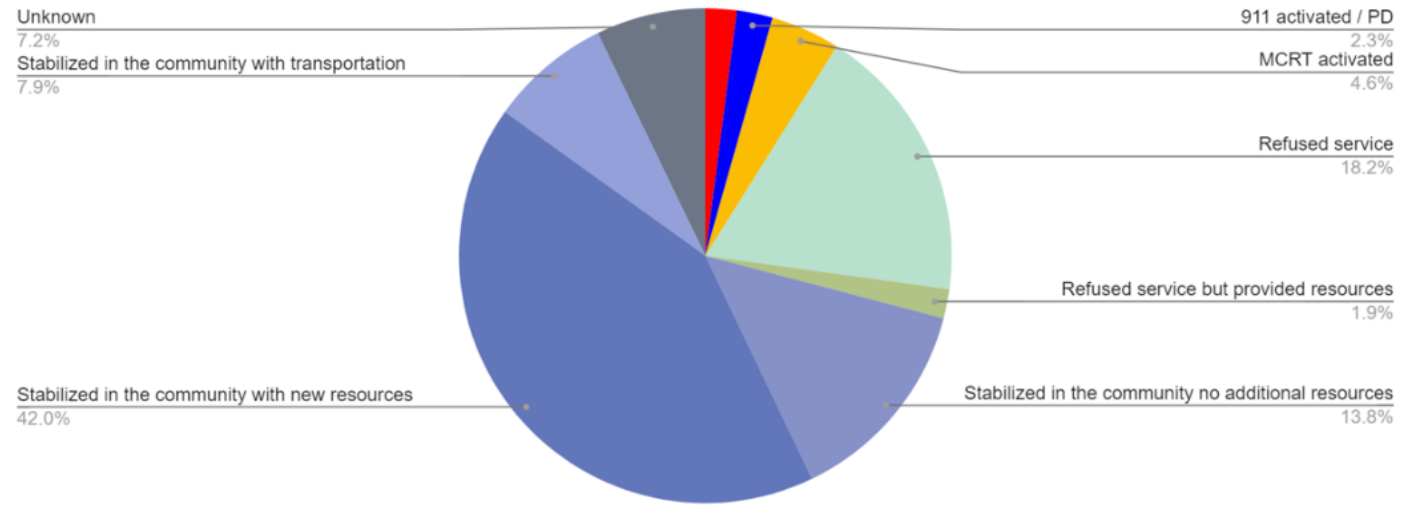


# TRUST DATA CONT.

Calls for Service Dispositions (Total: 1488)



Field Service Outcomes (Total: 681)



NOTE: The label for "911 activated / EMS" does not appear on this chart. EMS activation is represented in red, encompassing 2.1% of all field response outcomes.

\*Note: This is preliminary data and may not reflect what is included in the final MHSA report.



## TRUST CHALLENGES & ACCOMPLISHMENTS

### Challenges

- Staffing to full capacity
- Data Collection and Assessment
- Vehicles

### Accomplishments



- All teams operating 24/7
- West Valley Expansion
- Vehicles Completed
- Marketing Launch

# TRUST SUCCESS STORY

During an encampment clean up, a law enforcement officer came across an unhoused individual who needed assistance, prompting a call to TRUST. A TRUST field team arrived within 20 minutes of being dispatched, and was able to have a conversation with the client and the officers that were present.

The TRUST team explained the services available and developed a safety plan to support the client. TRUST was able to transport the client and their belongings to a safe place. The officer was surprised at the team's ability to swiftly find an appropriate location for transportation, as well as assist with transporting their items.

The officer shared their interaction with the Law Enforcement Captain who has made it a goal to spread knowledge of TRUST services as a resource to other officers.



**WHEREVER YOU ARE.  
SOMEONE TO CALL AND TRUST.**


Peer Support • De-Escalation • Community Stabilization

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A Service for Santa Clara County Residents

For local area codes, call 988 & ask for **TRUST**

All others call 800-704-0900, press 1



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
Supporting Wellness and Recovery



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

# **PERT & PEER LINKAGE EVALUATION PROGRAM**



# PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT)

- A licensed behavioral health clinician and law enforcement (LE) officer work in close collaboration to respond to mental health crises.
- Clinician and LE partner conduct assessments, de-escalate crises in the field, and offer resources, safety planning, and follow-up services as needed. Supports family with informing them of the AB 1424 form.
- Team is dispatched via 911 to the highest acuity behavioral health crises. Officer is dressed down/plain clothes and uses an unmarked vehicle.
- Jurisdictions: 2 teams in Unincorporated Santa Clara County (Sheriff's Office), Palo Alto PD, San Jose PD, Morgan Hill PD
- \*Unable to offer Peer Support however, program is open to including this position to the team.

# PROGRAM GOALS

Assist clients in need with immediate behavioral health services, de-escalate crisis situations, provide the best quality of crisis care, and connect clients to appropriate referrals, resources, and services. The overarching goals of the PERT and Peer Linkage program are to:

1. Increase access to and use of mental health services, particularly for transitional age youth, by connecting individuals to peer support services after crisis episodes to assist with their recovery.
2. Reduce stigma for clients in crisis by having law enforcement and clinicians respond to incidents in plain clothes and unmarked vehicles.
3. Promote help-seeking behavior by individuals, families, and the community.
4. Improve law enforcement officers' knowledge, attitudes, and behaviors in response to mental health issues.
5. Improve outcomes for clients using crisis services, including reduced hospitalizations and incarcerations.

# PERT DATA FY 2020-2021 THROUGH FY 2122-2023

**2,398 Total Number of PERT Incidents**

**14 min Average PERT Response Time**

**46 min Average PERT Encounter Time**

Table 1. Total PERT Incidents by Team and Incident Source, FY 20-23 (N=2,397)

Incident Source	Sheriff's Office	Palo Alto	San Jose	Morgan Hill	Total
Follow-ups	599	146	66	29	840
Dispatch Calls for Service	276	217	157	104	754
Consultations	433	47	32	14	526
Referrals	189	35	10	41	275
Critical Incidents	2	0	0	0	2
<b>Total</b>	<b>1,499</b>	<b>445</b>	<b>266</b>	<b>188</b>	<b>2,397</b>

*Note. San Jose PERT had one additional PERT incident whose incident source was unknown; this incident is not reflected in Table 1.*

# PERT DATA FY 2020-2021 THROUGH FY 2122-2023 CONTINUED

**Table 2. Frequency of PERT Incidents by Client Age, FY 20-23 (N=1,141)**

<b>Client Age Group</b>	<b>All PERTS</b>	<b>Sheriff's Office</b>	<b>Palo Alto</b>	<b>San Jose</b>	<b>Morgan Hill</b>
Children/Youth (0-15)	7%	10%	6%	5%	3%
Transition Age Youth (16-25)	16%	21%	13%	11%	13%
Adult (26-59)	50%	55%	43%	50%	43%
Older Adult (60+)	19%	11%	20%	27%	28%
Unknown/Declined	9%	4%	17%	7%	13%

*Note percentages may not precisely total 100% due to rounding.*



# SUCCESSSES

- The BHSD project team played an integral role in the implementation of PERT and overcame many initial and ongoing challenges.
- The Santa Clara County PERTs have built strong agency relationships that are viewed as foundational to the PERT model's success.
- Relationship-building among PERT staff is viewed as crucial in fostering the partnership and trust necessary for successful crisis co-response.
- By broadening crisis response, SCC PERT's approach is seen as the future of policing and has garnered wide-ranging attention and support.
- Created a culture shift amongst officers.

# CHALLENGES AND LESSONS LEARNED

- BHSD faced significant initial and ongoing barriers to establishing the Peer Linkage component of the PERT program.
- In response to the absence of a Peer Linkage component, PERT clinicians took on additional roles originally reserved for peer support staff, including data collection and incident follow-ups.
- The absence of the Peer Linkage component also offered lessons learned for PERT staff as it pertains to role clarity and capacity.
- Regional differences complicate efforts to standardize PERT across departments.

# PERT PROGRAM SUSTAINED

As a result of the success of the program and PERT's goals, including increasing access to and use of mental health services and promoting help-seeking behaviors with the goal of preventing or minimizing future crises, 8 clinicians have been approved by the BOS to continue the program. Additionally, some cities and university police departments did seek out and obtain alternative funding sources to continue PERT operations independently within their own jurisdictions. Cities and University BHSD is working with are: San Jose PD, Palo Alto PD, Santa Clara PD, San Jose State University PD, and Campbell PD.



COUNTY OF SANTA CLARA

**Behavioral Health Services**

**LAW ENFORCEMENT LIAISONS**

# LAW ENFORCEMENT LIAISON (LEL) TEAM

- The mission is to enhance teamwork, training, discussion, and collaboration with law enforcement agencies throughout the County.
- Provide specialized training to police officers to improve their responses to a person with a mental health issue.
- The goal of the LEL Team is to provide police officers and first responders with the support and tools they need to improve their responses to someone experiencing a mental health crisis.
- The training is meant to provide law enforcement departments, fire departments and EMS Staff with information so they can help residents get the mental health services and support they need.

# PROGRAM GOALS, OBJECTIVES & OUTCOMES

- Increase collaboration and enhance teamwork between law enforcement, other first responders and Behavioral Health Care Services.
- Increase the ability to interact more effectively and safely with those experiencing a mental health related crisis.
- Connect individuals experiencing mental health crisis to appropriate services.
- Trauma-Informed Policing
- Interactive Video Simulation Training (IVST)
- Mobile Response to a Crisis (De-escalation)

# CLIENTS SERVED

<b>FY 2022-2023</b>
<b>Unduplicated N =1167</b>
Number Served
1167

# SURVEY RESULTS FY 23

Quality of the Information provided: 99%

Quality of the debriefing & discussion post exercises: 99%

Exercises reflected real field situations: 96%

Student knowledge of de-escalation techniques: 96% \*Pre class 58%

Student recognitions of signs & symptoms of mental illness: 99% \*Pre class 69%

Student recognition of Dual Diagnosis signs and symptoms: 81% \*Pre class 45%

## SUCSESSES:

- Filming **ten** new IVST Scenarios that include LGBTQ+ situations, Multi-lingual situations and other realistic and contemporary situations.
- LELs have become a source to contact when other methods of connecting with BHSD may be lacking or falling through the cracks.
- LELs received **525** direct referrals and consultations





COUNTY OF SANTA CLARA

**Behavioral Health Services**

**IN HOME OUTREACH  
TEAM (IHOT) PROGRAM**

# In Home Outreach Team (IHOT)

- **Program Description:** The IHOT program is designed to provide intensive outreach and engagement, mental health screening, in-home intervention, family education, and support and linkage to treatment for individuals who are not voluntarily engaging in services and connect them with ongoing mental health treatment.
- **Objectives & Goals:** Reduce the number of repeat Emergency Psychiatric Services (EPS), Emergency Dept, Jail, Mobile Crisis Team and Law Enforcement visits for individuals that are not connected to behavioral health and substance treatment services. Outreach to and engage with individuals that have been resistant to care in the past and successfully link them to ongoing behavioral health services.



# Demographic Information & Numbers Served

FY22-23 Total individuals served=373

Age Group	Numbers Served
16-25	35
26-59	305
60+	33
Total	373

Residential Status	Numbers Served
Unhoused/Transient	170
Housed	169
Unknown	34
Total	373

# Program Outcomes

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Outcome 1: Targeted outreach and engagement would meet people “where they’re at” and facilitate connection to the appropriate level of services per consumer.

- The IHOT program increased their ability to connect with individuals in the community, in custody, at court dates or at the hospital by improving tracking of individuals in hospital or custody settings, outreaching to known locations/support systems and relying on support from community agencies i.e., MCRT, TRUST and Law Enforcement. IHOT staff increased ability to appropriately screen individuals for services needed and connect individuals to appropriate resources and behavioral health services using a centralized IHOT email address to screen referrals and support from Call Center staff.

Outcome 2: Utilization of higher cost services will decrease as utilization of more cost effective and levels of care that appropriately meet consumers' needs will increase.

- IHOT teams were able to connect 100 of 373 referred individuals to either community based or County behavioral health services which decreased these individuals visits to higher cost services i.e., EPS, ED, County Jail.
- During fiscal year 2022-2023, the IHOT program was able to increase the number of individuals connected with ongoing behavioral health services from 55 in FY2021-2022 to 100 in FY2022-2023.

# Challenges

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- The biggest barrier and challenge that has been faced by the IHOT programs are locating and connecting with referred individuals. Oftentimes, due to the individual's housing status, it has been challenging for the IHOT staff to contact referred individuals due to their phone numbers, addresses or locations changing since referral was made.
- The IHOT teams make every effort to outreach to referred individuals by attempting to locate individual at address provided, contacting phone number(s) provided and attempting to locate individual at hospitals, jail, court dates, community locations/programs or homeless encampments. Multiple attempts are made to locate and connect with referred individuals before referrals are closed out.



# Success Story

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The Bill Wilson Center IHOT team was able to outreach to and engage with one of their older adult clients that was homeless in San Jose. Several of these engagement efforts were joint visits with MCRT and Law Enforcement. Bill Wilson Center, with assistance from Law Enforcement and the County IHOT team, were able to contact this individual's family that lived in Sacramento and reconnect individual with her extended family. The client's family was able to provide some emotional support and financial support to client and temporarily housed this individual. The Bill Wilson Center IHOT team was able to connect this individual to behavioral health services in Santa Clara County.



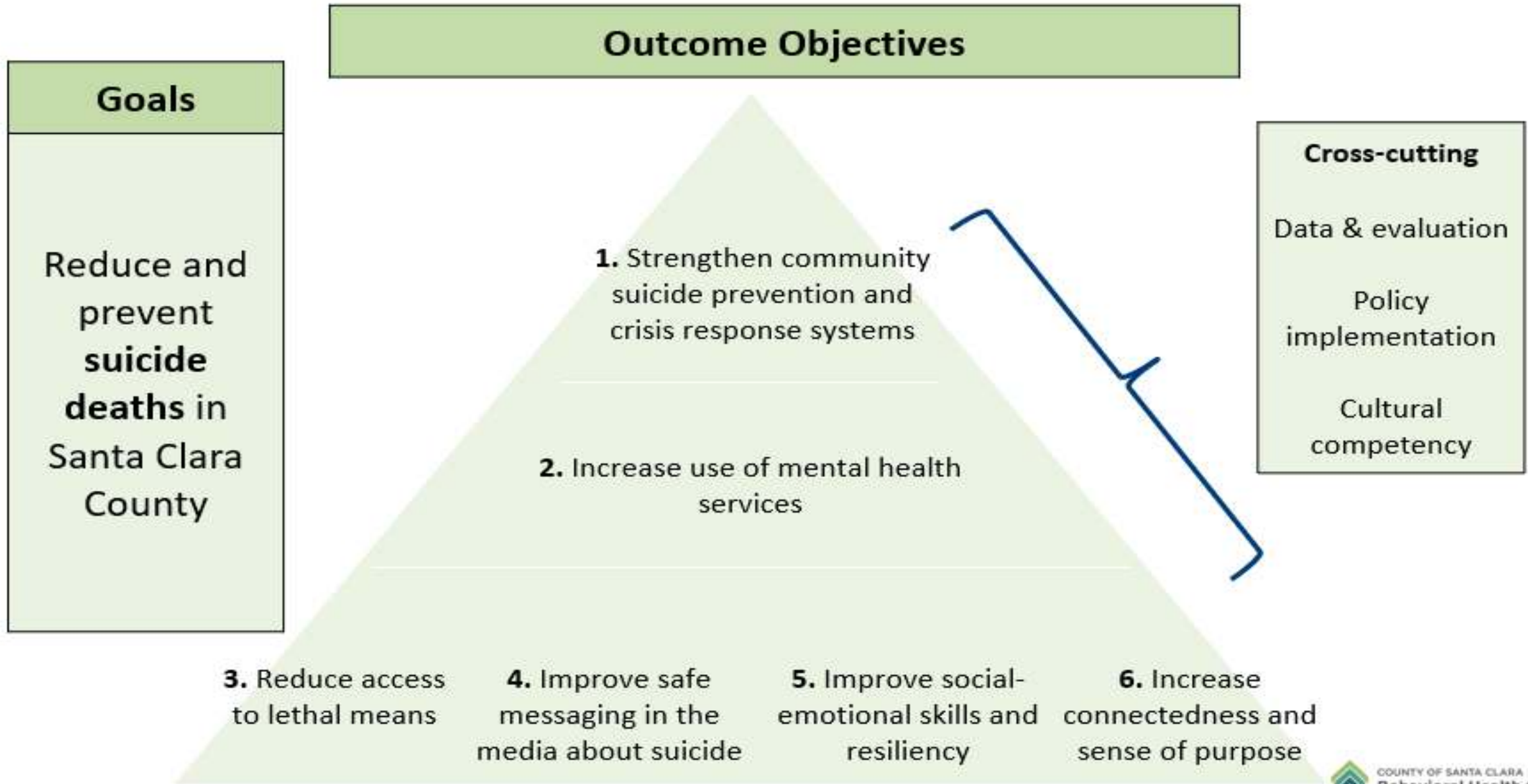


COUNTY OF SANTA CLARA

**Behavioral Health Services**

**SUICIDE PREVENTION  
PROGRAM**

# SUICIDE PREVENTION PROGRAM





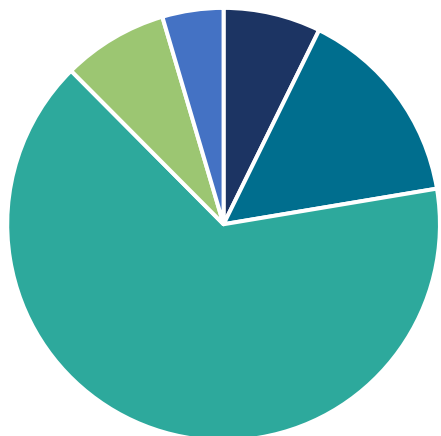
# FY23 Number Served (duplicated)

**1,191,200**

*\*Est. reach of 988 and SP campaigns = 1,181,257*

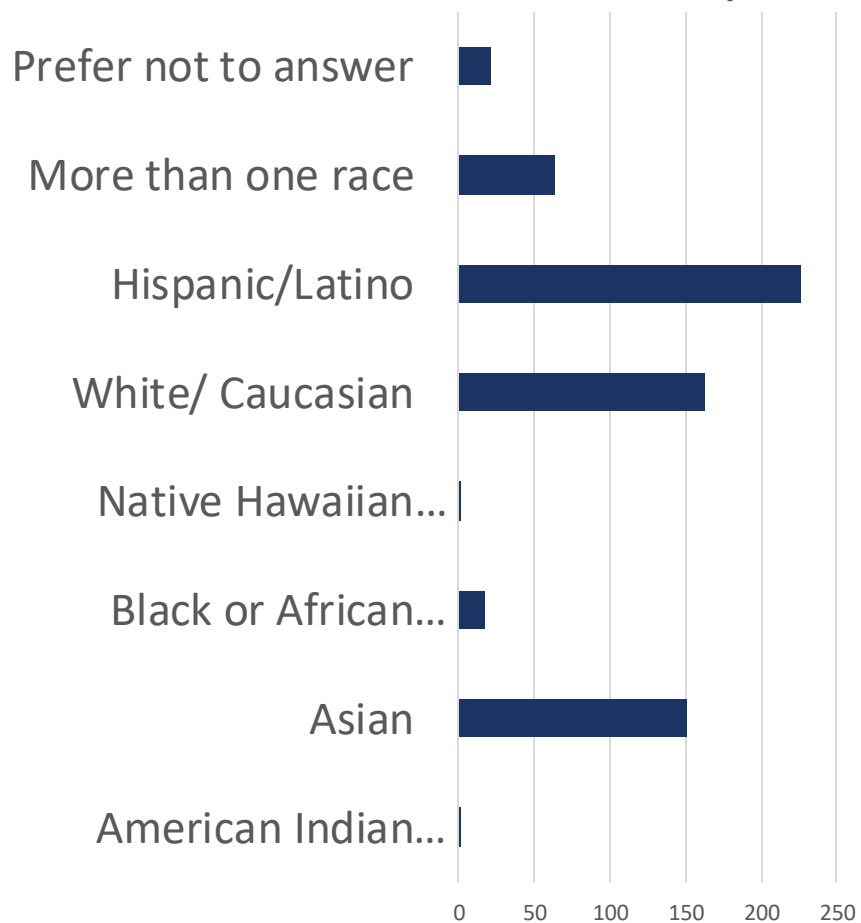
*\*Remaining served = 9,943*

### Age Groups Served (N=1,511)

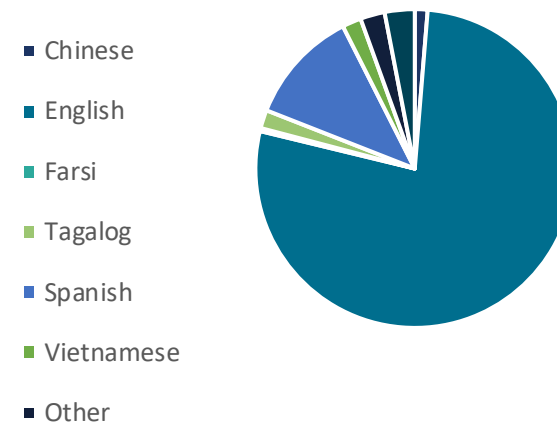


- 0 – 15 years
- 16 -25 years
- 26- 59 years
- 60+ years
- Prefer not to answer

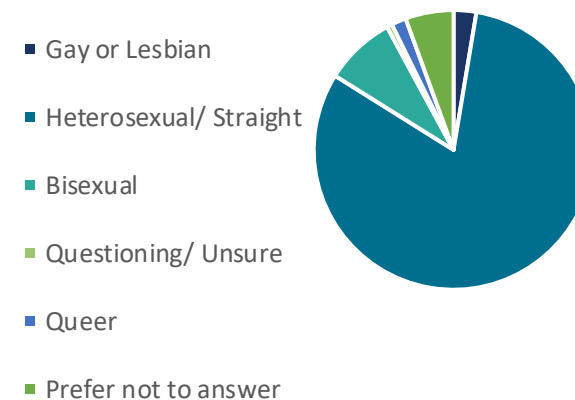
### Race/Ethnicities Served (N=646)



### Primary Language (N=1,673)

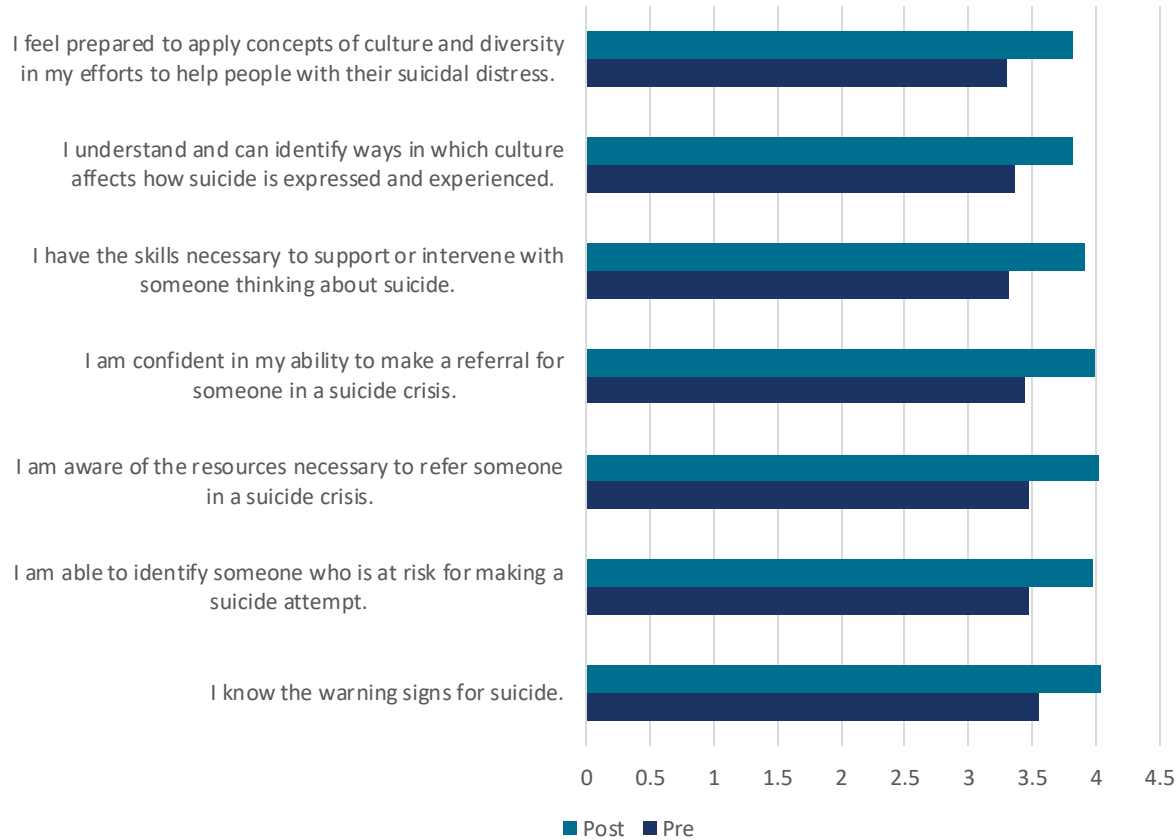


### Sexual Orientation (N=646)



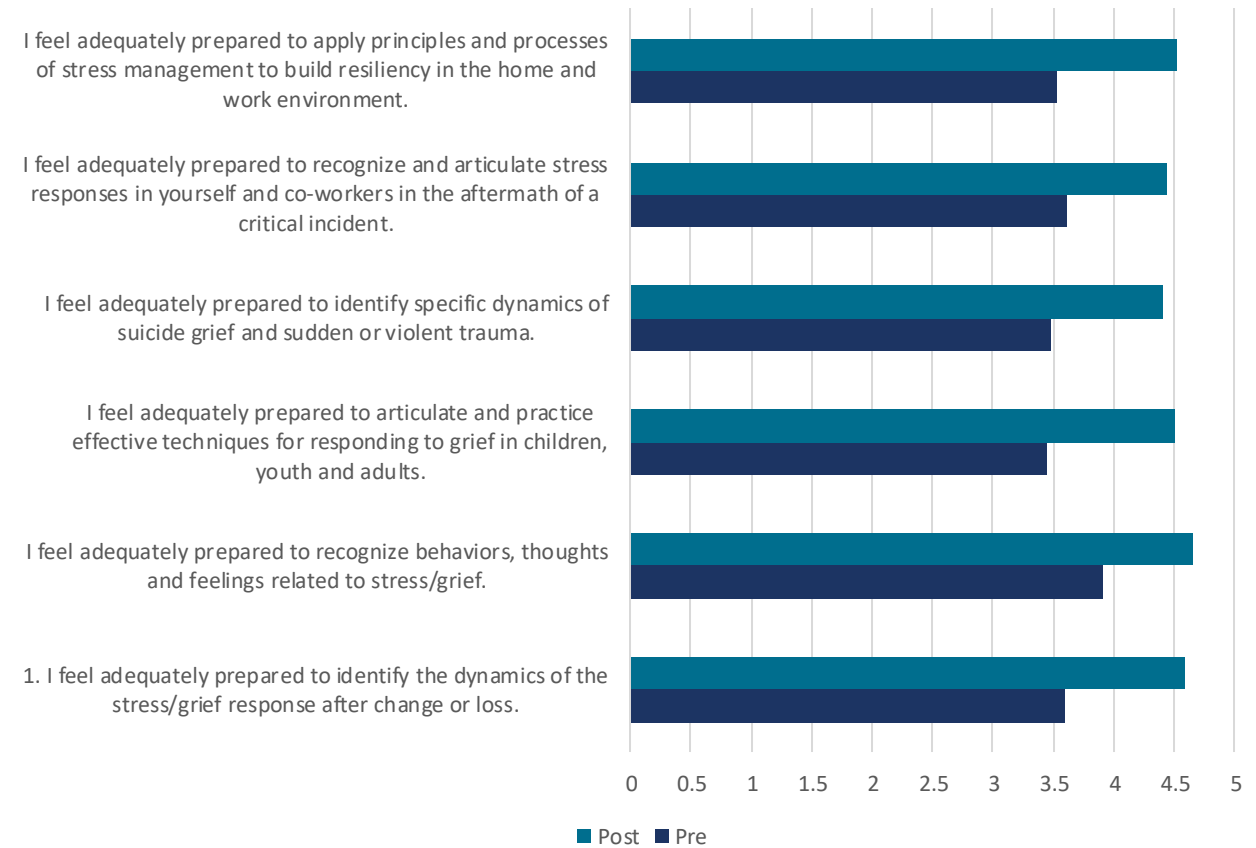
# Sample Program Outcomes: Trainings

## Community Helper Trainings (pre N=452-454; post N=293-295)



Measuring Suicide Prevention-Related Competencies: Pre-Post Training Differences in Overall Mean Score (7 items);  
Scores: 1=Strongly Disagree, 5=Strongly Agree

## Critical Incident Stress Management Trainings (N=34)



Change in Self-Report of Grief Response Preparedness for CISM trainings: Pre-Post Training Differences in Overall Mean Score (6 items);  
Scores: 1=Strongly Disagree, 5=Strongly Agree

# Sample Program Outcomes: Public Awareness Campaigns

## General Community Survey Awareness of BHSD Services

**BHSD Priority #1 (Timely Access)**  
Ensure Medi-Cal Beneficiaries are Provided Timely Access to High Quality Mental Health and Substance Use Treatment Services

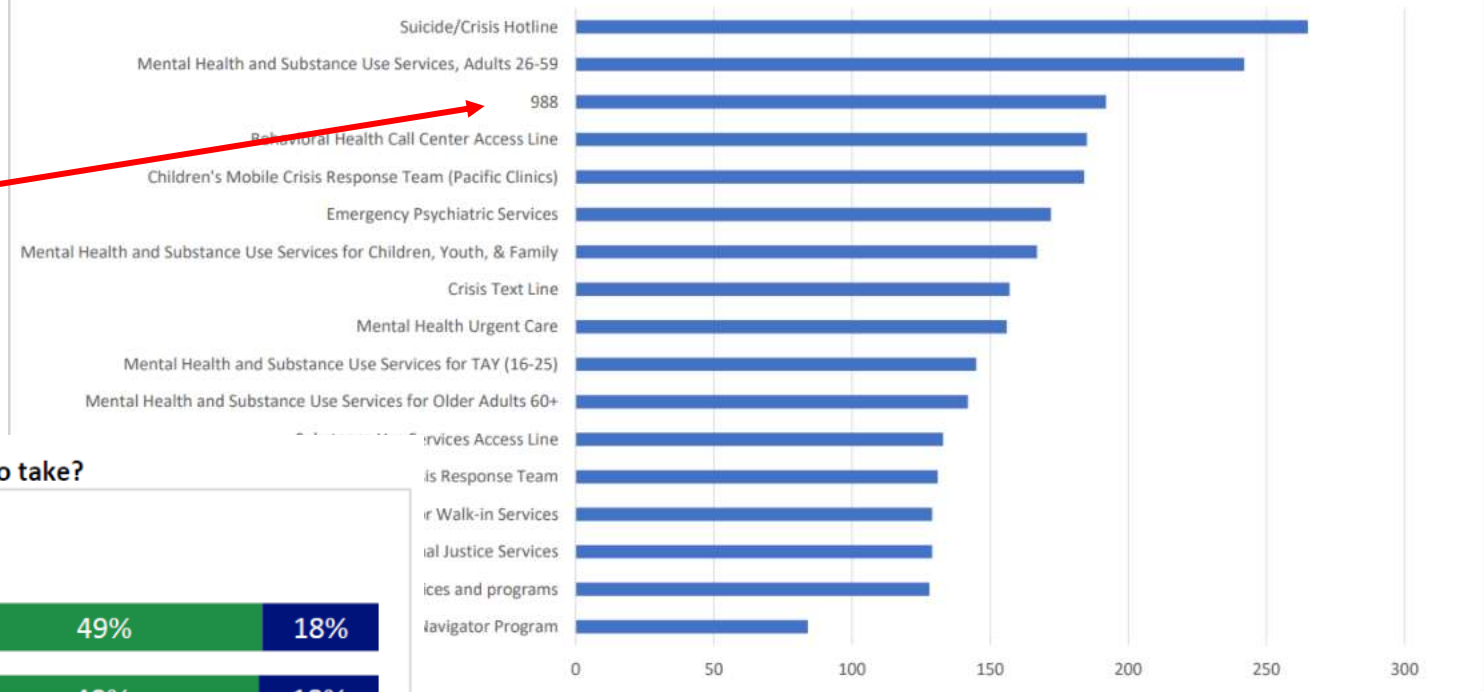
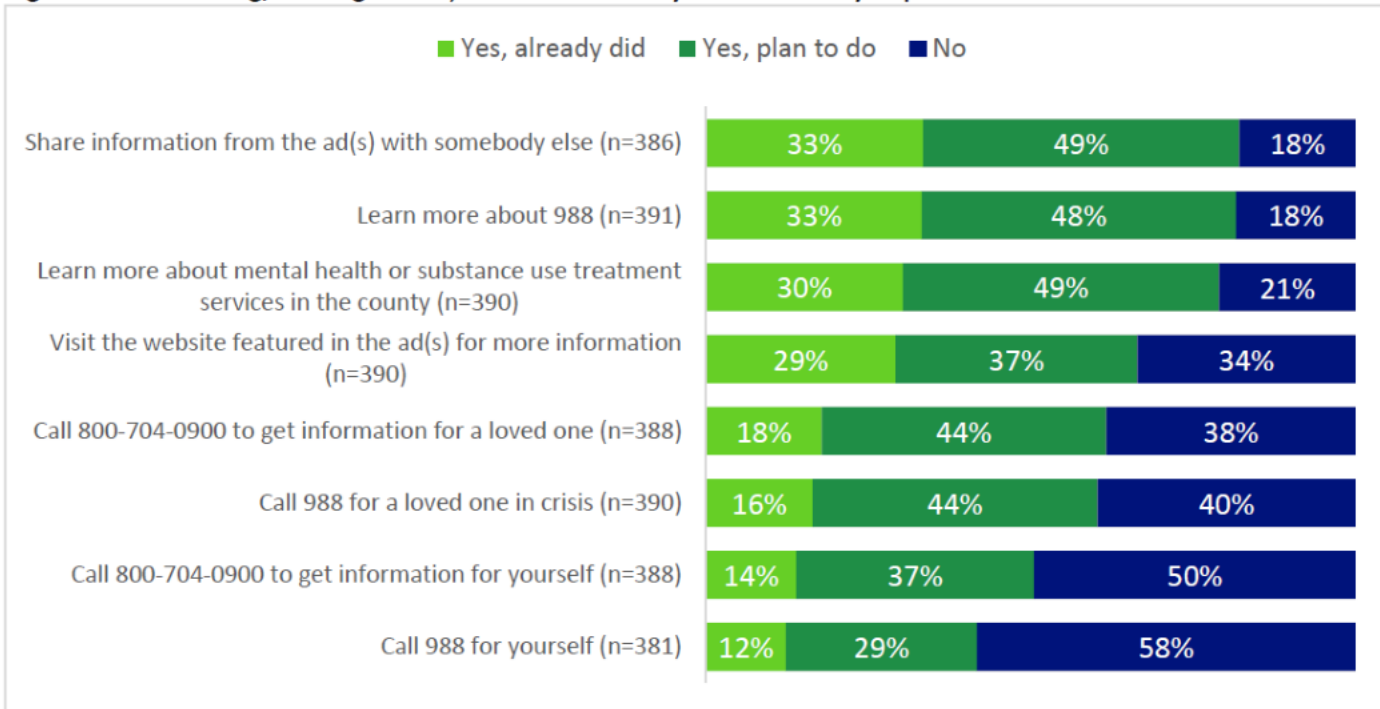


Figure 4: After seeing/hearing the ad, what actions did you take or do you plan to take?



Source: 988 Campaign Survey Data

# Successes



## A Description of Resources Suicide by Ligature

**Background**

Suicide by ligature, also known as hanging, involves an individual using items to suffocate themselves.

- Hanging is the number one method of suicide in the County, exceeding firearms, and representing 40% of suicides in the County between 2018-2022<sup>21</sup>
- Suicide by ligature is very deadly, similar to firearms<sup>22</sup>
- The majority of suicides by hanging occur in the community, within people's homes and public spaces<sup>23</sup>
- Asphyxiation "games" that are common among youth encourage them to choke themselves until they pass out, which can lead to unintentional death

**Common Ligatures/Ligature Points**

- Common ligatures include:
  - bolts, ropes, cables, and scarves
- Common ligature points include:
  - beams, trees, ceiling fans, windows, doors/door knobs, and curtain or shower rods
- While these are common, there are still many other items that can be used in the home and completely restricting them is nearly impossible



Suicide by Ligature: A Carers Support Guide

There are many resources available in our County and nationally to support you and your loved one through a time of crisis, such as:

**Suicide & Crisis Lifeline**  
For local area codes: 988  
For non-local area codes: 1-800-704-0900, Press 1  
Free, 24/7 support for anyone experiencing mental health distress, including:

- Thoughts of suicide
- Mental health or substance use crisis
- Just need to talk

**Mental Health & Substance Use Services**  
Call Center:  
1-800-704-0900  
Free, 24/7 access to County services, including:

- Specialty mental health
- Substance use treatment or prevention
- Support for survivors of suicide
- General information, grievances, and appeals

**Crisis Text Line**  
Text RENEW to 741741 (English only)  
Envia COMUNIDAD a 741741 (Spanish only)  
Free, 24/7 crisis support via text message.

**Crisis Intervention Team (CIT) Officer**  
911  
In emergency situations, ask for a CIT officer trained in mental health issues

17. Baker, S. D. et al. (2022). Increase in suicide by hanging/asphyxiation in the U.S., 2000-2019. American Journal of Preventive Medicine, 44(2), 146-149. 21) County of Santa Clara (Open Data Portal). HIC Case Database. (2022). HIC Case database (Database). County of Santa Clara. 22) Journal et al. (2020). The epidemiology and prevention of suicide by hanging: A systematic review. International Journal of Epidemiology, 49(2), 433-442.

For more information, contact  
SuicidePrevention@hhs.sccgov.org

County of Santa Clara  
Suicide Prevention Program

**Helping a Loved One In Times of Suicidal Crisis**

County of Santa Clara  
Behavioral Health Services  
Supporting Wellness and Recovery



Suicide by Ligature: A Provider's Guide

County of Santa Clara  
Suicide Prevention Program

**Combating the Rise In Suicide by Hanging**

Santa Clara County Office of Education | COUNTY OF SANTA CLARA Behavioral Health Services | 1290 Ridder Park Drive San Jose, CA 95131 www.sccoe.org

**TEAM**

**K-12 Suicide Prevention, Early Intervention & Crisis Response Team Training Series**

The Santa Clara County Office of Education, Santa Clara County Behavioral Health Services Department, and the HEARD Alliance are partnering to offer a K-12 Suicide Prevention, Early Intervention & Crisis Response Team (CRT) training series for schools who are seeking to establish a site-based CRT and/or who would like support with building a more robust CRT.

California Education Code (EC) Section 215, as added by AB 2246 and AB1767, mandates that "any local educational agency (LEA) that serves pupils in grades kindergarten to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention." This training series centers on the HEARD Alliance's K-12 Toolkit for Mental Health Promotion & Suicide Prevention, which draws on evidence-based national and state youth suicide prevention guidelines and serves as an implementation tool for California's suicide prevention policy.

This virtual five-part series will outline steps to ensure school personnel (teachers, staff, administration) and mental health professionals are trained to respond to student concerns and crises by strengthening their crisis response protocols and implementing best practice prevention efforts.

Location: Virtual (Zoom links to be provided)

- #1: Informational Session & Toolkit Overview  
Date & Time: 09/22/2022 @ 3:30 - 4:30  
Audience: All staff, including Mental Health Providers, School Leaders & District Leaders
- #2: Early Identification, Intervention & Crisis Response  
Date & Time: 10/27/2022 @ 3:30 - 4:30  
Audience: Crisis Response Team Members
- #3: Intervention Follow Up Session  
Date & Time: 12/06/2022 @ 3:30 - 4:30  
Audience: Crisis Response Team Members
- #4: Postvention in Prevention  
Date & Time: 01/19/2023 @ 3:30 - 4:30  
Audience: Crisis Response Team Members
- #5: Promotion of Mental Health & Wellness  
Date & Time: 03/02/2023 @ 3:30 - 4:30  
Audience: Crisis Response Team Members (site/district SEL teams/leaders also welcome)



**What is PCBH and why should I work with them?**

PCBH offers a medical & behavioral partnership designed to help you achieve your mental health goals from the comfort of your primary care clinic. At PCBH, your Primary Care Provider and PCBH Provider work as a team to support your goals.

**Meeting You Where You Are**

PCBH offers a variety of in-person and virtual services throughout Santa Clara County.

Virtual Health Clinics:

- VIC San Jose
- VIC Cupertino
- VIC East Valley
- VIC Gilroy
- VIC Menlo Park
- VIC Mountain View
- VIC Sunnyvale
- VIC Tully

**Primary Care Behavioral Health**

A Guide for Patients

"I found that with depression, one of the most important things you can realize is that you're not alone."

-Dwayne "The Rock" Johnson on his experience with a mental health condition.

**There are many paths to mental wellness. Just ask your doctor!**

PCBH can help with mild to moderate:

- Stress & anxiety
- Child and teen
- Depression
- Postpartum Depression
- Mood changes
- Trouble sleeping
- Respiratory struggles
- Substance misuse

**We'll start with a warm greeting and a helping hand.**

As you struggle with stress, anxiety, or feelings of hopelessness, it can be hard to know what to do next. We'll help you find a path to wellness that works for you.

**We're Here For You**

Mental health problems can be incredibly common. Many people benefit from PCBH's services for managing daily stress and other common mental health concerns.

**Mental Health Care in Many Languages**

PCBH offers services and resources in many languages with trained providers and interpreters.

Services include:

- Individual and couples counseling
- Psychiatry services
- Psychological testing
- Referral to community resources
- Connection to specialty mental health services

pag-asang. Tumawag sa 988

**There is hope. CALL 988**

**988 CRISIS & SUICIDE PREVENTION LIFELINE**  
COUNTY OF SANTA CLARA

**Có hny vng. Gól 988**

**Hay Esperanza. 988**

**此刻的您，是否需要支持？ 988 24小時熱線**

**撥打諮詢熱線：988 (本地區號)與別人傾談**  
其他地區號碼：800-704-0900 888

如果您或您身邊的人正處於危機之中，或有需要即時協助，請立即撥打此專線尋求協助。

**您是否在尋求心理健康或藥物治療？ 致電 800-704-0900**

有關詳情，請撥打：800-704-0900 888

**اميدواري وجود دارد. 988 ۲۴ ساعته يرد**

**Critical Incident Stress Management (CISM) Steps:**

- Acknowledge
- Express
- Identify Needs / Action Steps
- Reconnect

# Challenges

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- **Staffing + maintenance of programming**
  - Since Jan 2021, SP Manager role filled for 4 months
  - 1 of 2 Prevention Program Analyst codes cut
  - Currently 2 full-time SP staff
- **High 2022 suicide count**
  - Rising rate among Latinx/e population
- **Continuous improvement in data/evaluation efforts**
  - Logic model/evaluation merge with Substance Use Prevention





COUNTY OF SANTA CLARA  
**Behavioral Health Services**

**NAVIGATOR PROGRAM**

# BH Navigator Program

- **Program Description**

The peer run BH Navigator program helps connect individuals and families to County and community resources, and guide them through the behavioral health system, ensuring that all community members have access to accurate and relevant information, linkage to services, and partnership navigating various support opportunities.

- **Objectives and Goals**

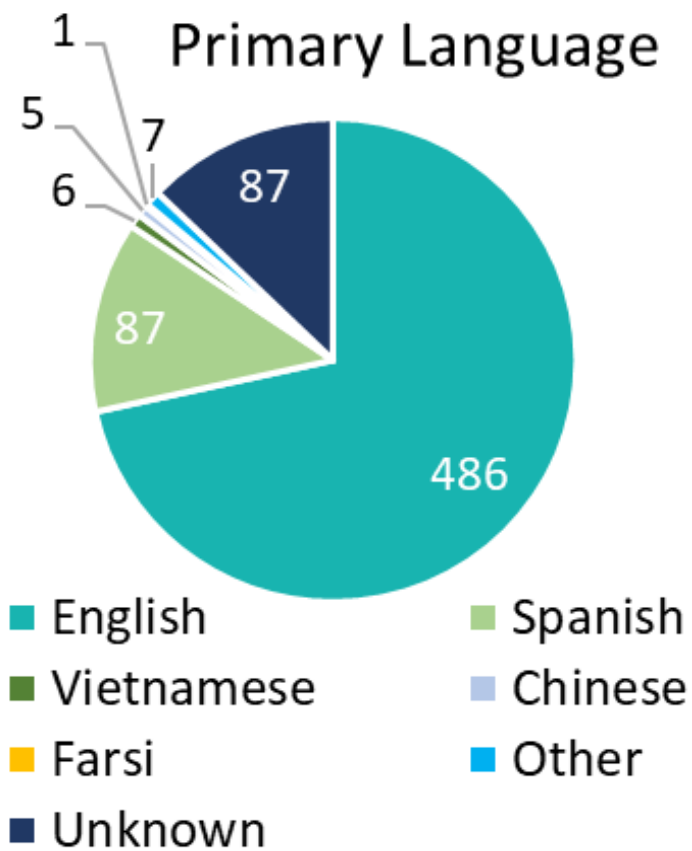
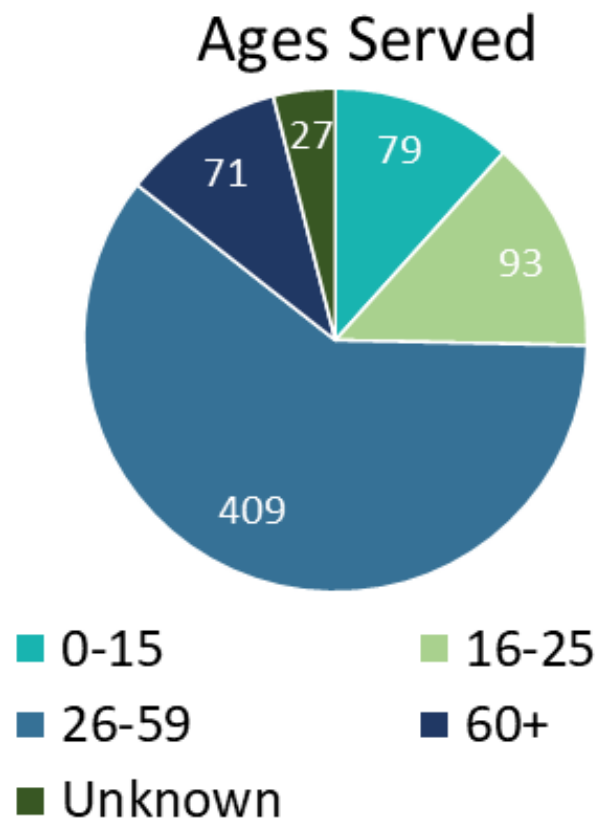
The BH Navigator Program launched in July 2022 to connect individuals and families to County, County-contracted, and community-based services, and when appropriate, even identifies private resources and helps guide the public through the mental health system. The goal is to connect residents with the resources that best fit their needs.



# DEMOGRAPHIC INFORMATION & NUMBERS SERVED

**FY22-23 Total individuals served= 7,750**

**Demographics collected = 679**





# DEMOGRAPHIC INFORMATION & NUMBERS SERVED

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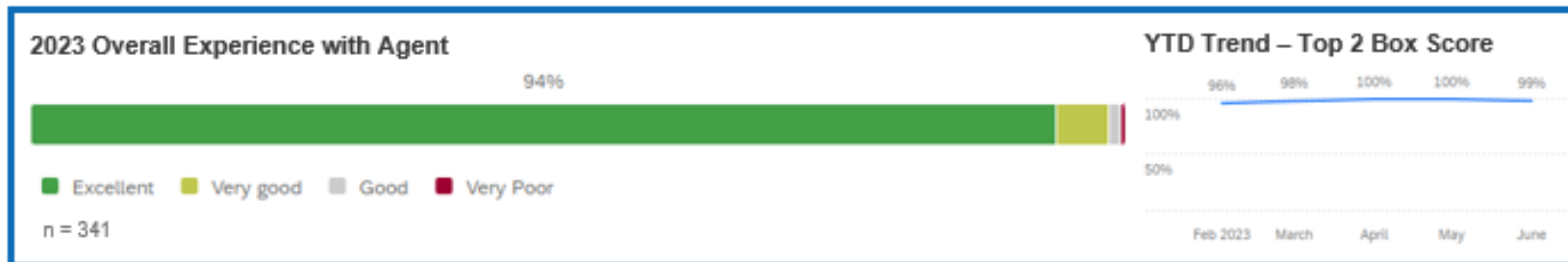
- Age Ranges 0-15: 79, 16-25: 93, 26-59: 409, 60+: 71, Unknown 27
- Race: American Indian/Alaska Native: 5, Asian (Cambodian, Chinese, Filipino, Indian, Japanese, Korean, Pakistani, Vietnamese and Other): 52, Black or African American: 30, White/Caucasian (Middle Eastern): 159, Other: 273, Prefer not to answer: 3, Unknown: 157
- Ethnicity: Caribbean: 2; Central American: 113; European: 1; Hispanic/Latino (undefined): 11; Other Hispanic/Latino: 151; Other Non-Hispanic/Non-Latino: 224; Prefer not to answer: 5; South American: 2; Unknown 170.
- Gender (Assigned at Birth/Current): Male: 332, Female: 344, Unknown: 3
- Sexual Orientation: Gay or Lesbian: 4, Heterosexual/Straight: 151, Bisexual, 4, another sexual orientation: 4, prefer not to answer: 77, Unknown: 439
- Primary Language English: 486, Spanish: 87, Vietnamese: 6, Chinese: 5, Farsi: 1, Other 7, Unknown: 87).
- Military Status: Veteran: 1, No Military: 86, Unknown: 592
- Disability Status: Difficulty hearing or speaking: 1, Other communication disability: 6, Physical/Mobility: 1, Other non-communication disability: 164, No Disability: 68, Unknown: 439

FY22-23 Total individuals served= 679

# PROGRAM OUTCOMES

The BH Navigator Program used a Qualtrics IVR Survey to obtain Customer Satisfaction starting in February 2023 through present.

- First 6 months of surveys = 462 Surveys
- Survey has 5 likert scale and 1 open answer. All questions are in the 90<sup>th</sup> percentile of Top 2 Box scores



- Highlights from the final open-answer question, which asks callers how they feel about the call, include people sharing that they were “able to locate resources,” it was “helpful to understand what options exist,” and that the agents were “clear and concise” and “patient, helpful, and supportive.”
- Dozens of answers expressed appreciation for the help provided for getting the information and clarification they were looking for, and callers shared feeling “prepared,” “relieved,” “a huge relief,” and “really grateful.”

# SUCCESSSES

The BH Navigator Program functions as a call center; however, we have been working on implementing in-person peer support services throughout Santa Clara County.

- In person services launched in June 2023 with other community service providers at the Los Gatos Public Library, West Valley Community Services - Cupertino, Community Services Agency – Mountain View, Sunnyvale Community Services, and Peninsula Healthcare Connection at the Palo Alto Superior Courthouse; and the Milpitas Library started the first week of September.
- This service modality offers increased access to services for individuals who are better supported in in-person and in their community, rather than by phone or email, including individuals who are unhoused in the locations served. Peer Navigators are at each of the new partnership sites once a week for half a day.
- Kaiser Foundation Grant funds Outreach Activities. BHSD has outreached to 1,024 community members and 47 providers throughout Santa Clara County and is in the process of creating three video advertisements to enhance outreach efforts. Grant was renewed for a second year!

# CHALLENGES

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- Difficult finding partners in the South County region due to limited confidential spacing; however, we are now in the planning phase with the Morgan Hill Unified School District.
- Still finalizing partnerships with community-based providers in the East San Jose area.
- Outreach challenges: Kaiser grant funds a half time position, so there are some challenges in this area due to scheduling conflicts and finding events taking place at the specific locations outlined in our grant.





COUNTY OF SANTA CLARA

**Behavioral Health Services**

**2SLGBTQIA+ WELLNESS PROGRAMS**

**PEI Programs:**

**THE Q CORNER &**

**CAMINAR'S LGBTQ WELLNESS**

# 2SLGBTQIA+ PEI WELLNESS PROGRAMS:

## The Q Corner & Caminar's LGBTQ Wellness

- **Program Description:**  
Peer driven support for 2SLGBTQIA+ Community Members in Santa Clara County to have access to welcoming, affirming, knowledgeable, and competent behavioral health services and community resources.
- **Objectives:**  
Address disparities in access and connectedness to safe, competent behavioral health resources and services and decrease the impacts of social isolation and other mental health challenges for 2SLGBTQIA+ adults in Santa Clara County through outreach initiatives, one on one and group peer support, community engagement activities, and linkage to safe, appropriate resources, along with capacity building efforts such as trainings, resource development, and consultation.



# 2SLGBTQIA+ PEI WELLNESS PROGRAM GOALS

## Goals:

- Diversify and multiply the reach of all 2SLGBTQIA+ Wellness Services across Geographical regions, Language needs, and Intersectional cultural identities (ie. across race/ethnicity)
- Increase Direct Clinical (through collaboration and colocation with the Gender Affirming Care Clinic) and Peer Support Services to 2SLGBTQIA+ Community Members, including specialized gender affirming care services for trans, nonbinary, and gender expansive folks
- Offer comprehensive menu of Supports and Services to Families/Caretakers and Schools supporting 2SLGBTQIA+ Youth including transgender, nonbinary, and gender expansive children, youth, and young adults
- Increase access and linkage to improved services through intensive collaboration with system partners across mental health, substance use, suicide and crisis prevention and response, health services, housing, criminal justice, etc.
- Establish systemwide Baseline Competency for 2SLGBTQIA+ knowledgeable, welcoming, and affirming environments and supports through foundational Training and Technical Assistance
- Expand Network of Specialized Services, including Behavioral Health Services through a community of practice of dedicated and individualized Training and Consultation staff and supports
- Improve Efficacy and Quality of System through implementation of culturally responsive SOGI Data Collection and Administrative and Clinical Best Practice Recommendations.



# Demographics and Numbers Served

- Ages: About 75% of folks at 26-59, 15% are 16-25, 5% are 60+
- SOGI: The program serves folks of all gender identities and sexual orientations, with a focus on reaching community members in the 2SLGBTQIA+ community and all kinds of service providers
- Other demographics: The program services folks of all races, ethnicities, abilities living situations, and languages (5% Spanish speaking, but anticipate that growing with new Spanish speaking team).



FY22-23 Total individuals served

The Q Corner Peer Support = 15,105

The Q Corner Trainings = 1,633

Caminar LGBTQ Wellness = 3,290

FY22-23 Total individuals served = **20,028**



# Program Outcomes

**THE Q CORNER HAS**  
*LCBTQIA+ Support Groups*

**Trans / Nonbinary Peer Support - English**  
1st Mondays, 6-7:15pm in person  
3rd Mondays, 6-7:15pm on zoom


**South Bay Queer & Disabled - English**  
2nd Mondays of the Month  
6-7pm on zoom


**Latinx Diversa - Spanish**  
1st Saturdays, 10am-12pm in person  
3rd Wednesdays, 5:30-7:30pm in person

**All Identities, All Bodies - English**  
3rd Wednesdays of the Month  
6-7pm in person

**Queer & Asian - English**  
2nd and 4th Thursdays of the Month  
6-7pm in person

Register here:  
[linktr.ee/theQCorner](https://linktr.ee/theQCorner)



 @Theqcorner

## Outcome 1:

Increase and diversity support to all 2SLGBTQIA+ individuals across Geographical regions, Language needs, and Intersectional cultural identities (ie. across race/ethnicity), through collaboration with clinical services (the Gender Affirming Care Clinic), to Families/Caretakers and Schools supporting 2SLGBTQIA+ Youth, through intensive collaboration with system partners across mental health, substance use, suicide and crisis prevention and response, health services, housing, criminal justice, etc.

- 5 Support groups and many activities (hiking, DND, holiday gatherings)
- Over 150 gender affirming garment and print resource orders were fulfilled
- Over 150 community events were attend
  - 5000+ connections through events
- 5000+ connections through social media
- Collaboration with the new Harm ReduQion Team
- Planning for School and Family supports began
- Resources expanded in Spanish and Vietnamese languages

# Program Outcomes

Outcome 2:  
Establish systemwide Baseline Competency for 2SLGBTQIA+ knowledgeable, welcoming, and affirming environments, expand specialized services for 2SLGBTQIA+ folks, and improve efficacy and quality of services through foundational and advanced Training and Technical Assistance, Consultation and supports, and the implementation of culturally responsive best practices and protocols.

- Over 80 trainings were conducted in FY23
- Over 20 different types of trainings were offered (which includes many new offerings)
- Participants from all County and community systems of care and services participated, including BHSD, the health system, social services, criminal justice, housing services, educational professionals, and so much more.
- Trans Care Coalition best practice recommendations are widely available and utilized.



COUNTY OF SANTA CLARA Behavioral Health Services THE CORNER

## LGBTQIA+ Trainings

### Regularly Occurring Courses

**Understanding Gender, Attraction, and Expression**

This foundational SOGIE 101 course will give participants a deeper understanding of terms and context of gender and attraction beyond the binary, through an intersectional and interactive framework.

Session: 6 hours, across two half days  
Registration through u2Learn, offered monthly

**Gender Wheel Workshops**

These sessions are based on a comprehensive, multidisciplinary gender theory, symbolized by the Gender WheelIC and will equip early childhood practitioners on ways to affirm gender and gender exploration in young children pre-school to 2nd grade

Foundational training session: 3 hours; Workshops: 6 hours  
Registration, when available, through u2Learn

**Queer Intentional Peer Support**

Intentional Peer Support (IPS) is a way to invite transformative peer to peer relationships and develop greater awareness of relational patterns and support. This course is focused on this type of peer support in LGBTQIA+ communities and services.

Session: 3 week course, across ten half days  
Offered once a year in the Spring, contact us for registration info

**Gender Affirmative Consultation**

A closed group of County service providers with a local specialist to navigate complex cases and provide gender affirming services for transgender, non-binary, and gender expansive clients and their families.

Register at: <https://hsync.com/jung2023>

**Family Acceptance Project Practices**

This evidence-based course focuses on helping families support LGBTQIA+ children and youth by promoting well-being and reducing health risks through increasing accepting behaviors. This interactive training by Dr. Caitlin Ryan is open to providers, educators, families, faith-based folks, etc. Topic specific trainings available periodically.

Session: 6 hours, one full day  
Registration available in u2Learn or [www.familyproject.org](http://www.familyproject.org) / SCC2PaindyAcademyProject  
Consultation services may be available upon request

**LGBTQ+ Clinical Academy**

This intensive clinical learning experience designed by Palo Alto University is a highly interactive mix of didactic and clinical consultation sessions. Participants will build advanced knowledge and skills to better serve LGBTQIA+ clients in Behavioral Health services.

Session: 40 hours, one half day a week for four months  
Offered once a year in the Fall, contact us for application info

**Kognito Suite of Trainings**

These interactive Kognito online modules include "Step In, Speak Up! For Inclusive Schools" and "Building a More Inclusive Workplace". They aim to reduce LGBTQIA+-related harassment, and increase support and knowledge, through simulated conversations, and resources.

Session: 30-60 minutes, self-directed online  
Contact us for connection to Office of LGBTQ+ Affairs

For more information, please contact:  
TheQCorner@hhs.sccgov.org  
408-977-8800



COUNTY OF SANTA CLARA Behavioral Health Services THE CORNER

## LGBTQIA+ Trainings

### Special Edition Offerings

**Writing the Support Letter for Gender-Affirming Health Services**

This workshop covers all the elements needed for clinicians to write support letters for gender-affirming medical services, including collaborative assessments.

Session: 3 hours  
Registration, when available, through u2Learn

**NeuroQueer Complexities**

This training provides an introduction to the Neuroqueer experience, and will unpack ableism in society, in psychology, and in the embodied experience of those who live at the intersections of gender and sexual and neuro minorities such as autism.

Session: 3 hours  
Registration, when available, through u2Learn

**Anti-Oppressive Communities**

This workshop will present basic frameworks of oppression and social justice, and consider action to create more equitable organizations and institutions.

Session: 6 hours, in one day  
Registration, when available, through u2Learn

**Eating Disorders in Trans Communities**

Eating disorders, disordered eating, and body image will be discussed assessing on a spectrum that is deeply embedded in disculture and body ideals.

Session: 6 hours, across two days  
Registration, when available, through u2Learn

**Comprehensive Care of Gender Expansive & Transgender Youth**

This comprehensive symposium by TransYouth Care is for professionals interested in providing sensitive and competent health and behavioral health care for trans and gender non-conforming children and youth.

Session: 14 hours, across four half days in one week  
Registration, when available, through u2Learn

**Consensual Nonmonogamy**

This training will examine a diversity of evidence-based approaches to conduct effective practice with consensually non-monogamous (CNM)-identified clients of all genders and sexual orientations.

Session: 3 hours  
Registration, when available, through u2Learn

**Affirming Care with Sex Workers**

Attendees will learn about evolving definitions of sex work, how current laws and legal structures impact the safety and functioning of sex workers, and relevant assessment, intervention, and research design strategies to make one's practice sex-worker affirming.

Session: 3 hours  
Registration, when available, through u2Learn

**La Cultura Cura & Circle Keeping**

National Compadres Network trains on the indigenous philosophy of transformation healing, and prepares facilitators to develop circle keeper practices of support responsive to LGBTQIA+ people and their families.

Contact us for connection to Office of LGBTQ+ Affairs

For more information, please contact:  
TheQCorner@hhs.sccgov.org  
408-977-8800



# Successes

## Quotes on Overall Services:

- "I have trained on quality care for LGBTQ children, youth and families in all of the states and in many other countries. The leadership BHS's LGBTQ Services have demonstrated in building comprehensive services for LGBTQ populations and, in particular, with transgender and gender expansive individuals, is unsurpassed."

## Quotes on Peer Support:

- "Thank you for being there for the community. I love coming in and seeing the welcoming faces and colorful decor. I'm happy to show my son that there is a place where he can always come and be accepted for who he is."
- "You have helped us to understand that we are not alone. We honestly have felt so alone in our struggles. I felt very seen and heard and affirmed on so many levels"
- "I think this experience will be life changing for me. With the right affirmations and tools, so much is possible"

## Quotes on Trainings:

- "The students were so appreciative of the knowledge and information you provided. Thank you for being so open and kind to students who are learning more about how to support the LGBTQ+ community as they grow professionally. I think your friendly disposition put many at ease to have discussions after your presentation. We had some really great discussion points afterwards and it was great to hear students being open and vulnerable."
- "I thought that it was very powerful, and I had a number of students come and talk to me today about how they want to continue that conversation and spread the message that you shared with other students on campus. I also plan on taking a lot of what you shared in my trainings with staff and faculty. So, thank you! We greatly appreciate the time, energy, humor, and wisdom that you shared with us."

# Challenges

- We continue to need the additional positions that were approved in last year's MHSA 3 year planned but deferred for FY25 implementation. These positions will allow us to continue to meet the diverse language, cultural, and geographic needs across our County.
- We continue to need to move into a space that accommodates the needs of our services, so that community members have a place that they can come to connect with staff and one another, where we can host wellness activities and groups, and where we can provide a holistic range of wellness services to clients participating in clinical behavioral health services through the GACC.
- Due to the time it takes to hire, the Spanish speaking Family Support Team just got into place at the end of FY23, so FY24 will see much expansion in these services.





COUNTY OF SANTA CLARA

**Behavioral Health Services**

**GENDER AFFIRMING CARE  
CLINIC (GACC)**

# 2SLGBTQIA+ CSS Wellness Programs: Gender Affirming Care Clinic (GACC)

## **Program Description:**

To provide specialty gender affirming outpatient Behavioral Health Services to transgender and gender diverse community members ages 5 and older. This clinic exists because of the significant mental health disparities faced by the TGD community and ongoing difficulty accessing quality, gender affirming care.

## **Population Served:**

- TGD community members, ages 5+
- Insurance: Medi-Cal, community members with no insurance

## **MHSA Survey & Community Conversation Findings:**

- Treatment Services Rec #1: focus on high-need populations, including LGBTQ+ clients
- Additional Treatment Services Rec: expand availability of LGBTQ+ services, specifically physical spaces and TGI sanctuary efforts



# 2SLGBTQIA+ CSS Wellness Programs: Gender Affirming Care Clinic (GACC)

## Program Goals:

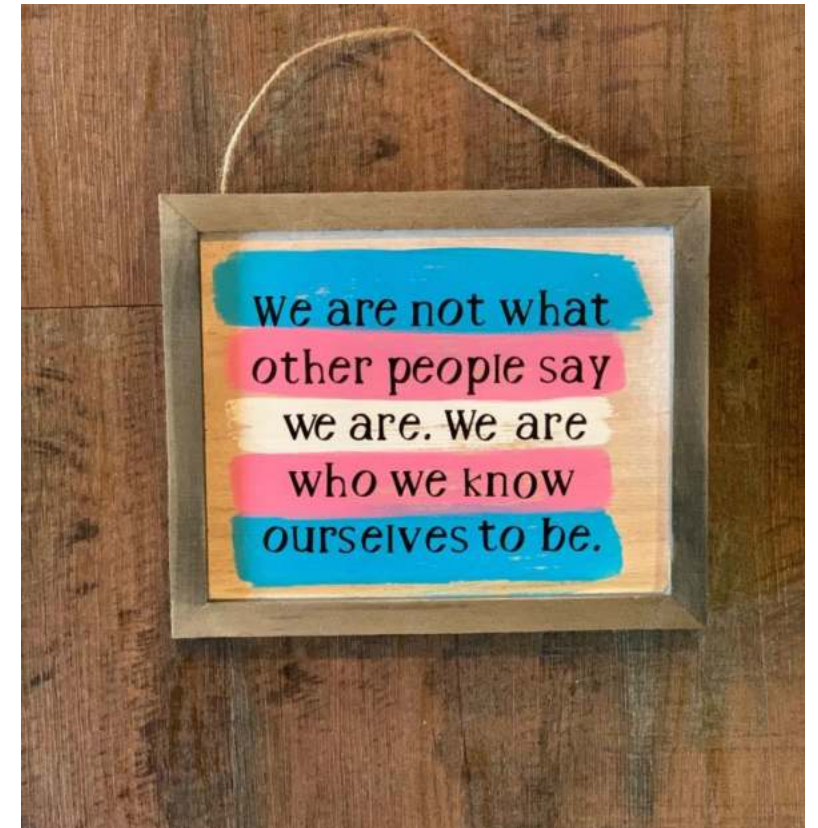
1. Expand access to specialty mental health services for transgender and gender diverse individuals through direct services provided at the Gender Affirming Care Clinic.
2. Increase comprehensive supports available to families of transgender and gender diverse children, youth, and young adults through collateral work at the Clinic.
3. Increase collaboration with other County and County contracted mental health providers to improve experience of all Transgender and gender diverse clients throughout all behavioral health services.
4. Increased collaboration with system partners across other service systems (ie. suicide and crisis prevention and response, health services, housing, criminal justice, etc.) to improve access and linkage to affirming services.
5. Establish community wide Baseline Competency for trans knowledgeable, welcoming, and affirming environments and supports through community-based education and subject matter expertise.
6. Expand Network of Specialized Services, including Behavioral Health Services through a community of practice of dedicated and individualized training and consultation supports
7. Improve workflows for patients navigating changes in levels of care to ensure all clients are paired with trans competent providers at all services (beyond only Clinic)
8. Reduce behavioral health disparities experienced by population, including feelings of isolation, thoughts of suicide, suicide attempts, disabling mental health challenges, and need for higher level of care interventions.

# 2SLGBTQIA+ CSS Wellness Programs: Gender Affirming Care Clinic (GACC)

## GACC Services (for enrolled participants):

- Screening, Intake, and Assessment for Specialty Mental Health Services
- Behavioral Health Counseling: Individual, Groups, Family system
- Specialized gender affirmative care
- Letters of Support for gender affirming medical intervention
- Peer Support connected to Treatment Goals
- Targeted Case Management
- Psychiatry
- Psychoeducation: providing resources on gender diversity including social affirmation, legal affirmation, medical affirmation, and more
- Connection to all Q Corner, LGBTQ Wellness, and other community services to provide holistic care

*Services available both in person and telehealth*





# GACC: Successes

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- Program structure and clinical operating systems have been identified and developed
- Completed full design of space and furniture in partnership with Facilities team and Pivot Design Firm
- GACC program EHR system has been developed in collaboration with TSS and is ready for intake, documentation and billing
- Medi-Cal Site Certification completed, GACC opened for telehealth services on September 5th, 2023
- All positions approved by the board of supervisors have been successfully filled:
  - ✓ Program Manager (hired October 31st, 2022)
  - ✓ 1 Mental Health Peer Support Worker, hired July 2023)
  - ✓ 1 Clinician (hired July 2023)
  - ✓ Clinical Supervisor (hired August 2023)



# GACC: Challenges

- We continue to need the additional 7 positions that were slated for the clinic and have not yet been submitted to the board for approval. These positions will support the overall operation of the GACC services, including individual, group and family therapy, psychiatry (medication management), clerical services, and peer support services.
  - ✓ 2 Clinicians
  - ✓ 1 Mental Health Peer Support Worker
  - ✓ 1 Psychiatrist
  - ✓ 1 Psych Tech
  - ✓ 2 Health Services Representatives
- We continue to need to move into a space that will accommodate our services. We have been working towards building out a physical location including renovations and full design of both clinical and drop-in spaces. There have been a few hurdles along the way but we are poised to complete the design portion and move into the space when we are cleared to do so, so that we can offer in-person services to clients contracted with the clinic.



Mental Health Services Act (MHSA)

**WORKFORCE EDUCATION &  
TRAINING (WET)**  
Annual Update FY23



COUNTY OF SANTA CLARA  
**Behavioral Health Services**  
Supporting Wellness and Recovery

# Declaration Of Mental Health And Substance Use As A Public Health Crisis In Santa Clara County

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- January 2022 Board of Supervisors: Ellenberg and Lee
- Substantial workforce shortages exist today for behavioral health workers, especially in publicly-funded systems, and forecasts indicate significant future shortages. These nationwide trends that are particularly pernicious in Santa Clara County, are worsening, and disproportionately exclude ethnic, racial, and economically marginalized groups.



# Declaration Of Mental Health And Substance Use As A Public Health Crisis In Santa Clara County

Work collaboratively with the Behavioral Health Contractors' Association, high schools, community colleges, universities, student groups, providers and other stakeholders to develop and fund short-term and long-term workforce strategies to meet local demand by the County and community behavioral health providers that is prepared to provide timely and effective care to residents by a behavioral health workforce that represents the diversity of our County.



# Declaration Of Mental Health And Substance Use As A Public Health Crisis In Santa Clara County

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- This should include strategies to address wage parity across publicly-funded, school and commercial care providers, expanding access to workforce development and training opportunities for students, and other innovative workforce development approaches that remove barriers to developing a diverse, non-traditional practitioner pool and workforce.





# WET Purpose

We strive to increase the capacity of a well-trained workforce that represents the community that we serve. It is critical to have a diverse workforce that includes consumers, family members, licensed professionals and others who share similar cultural perspectives and languages to provide client driven, recovery-oriented and strength-based behavioral health services.

# WET PRIORITIES

Develop & maintain well-trained workforce

Trainings that promote equity for unserved and underserved populations

Trainings that support recovery orientation across all programs

Evidence-based approaches to maximize improvements in health

Address workforce shortages

Peer Certification Program

Develop & maintain retention strategies





# WET PROGRAMS

TRAININGS

WORKFORCE DEVELOPMENT COMMITTEE

LOAN REPAYMENT PROGRAM

WORKFORCE TUITION PROGRAM

SCHOLARSHIPS

STUDENT INTERNS

PEER INTERNS

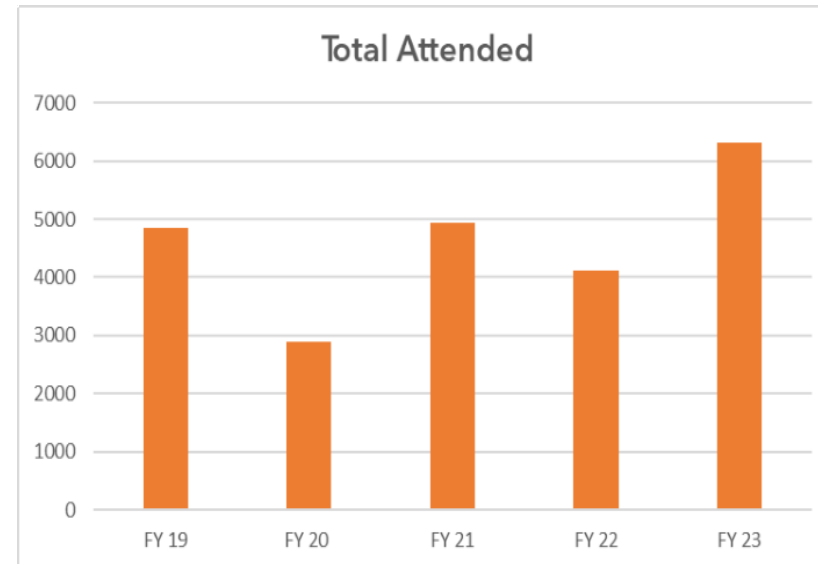
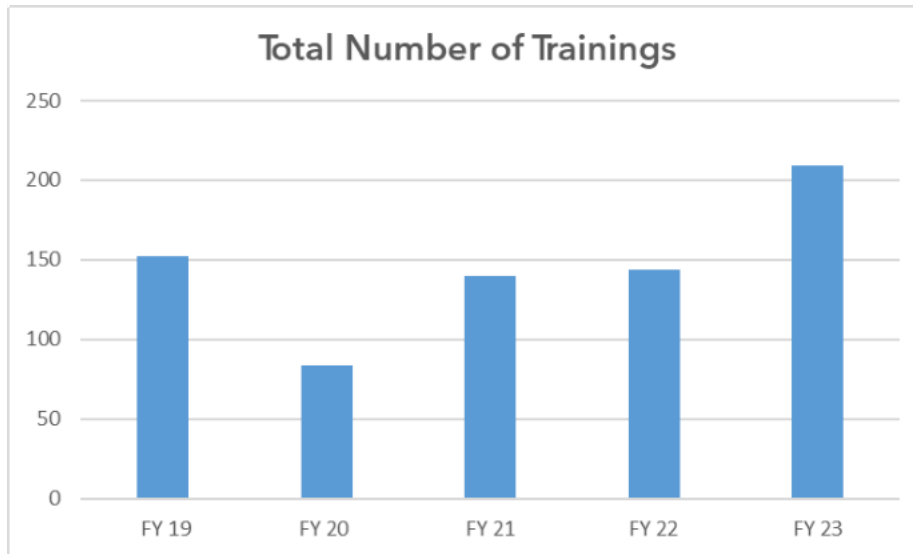
# WET Training Programs

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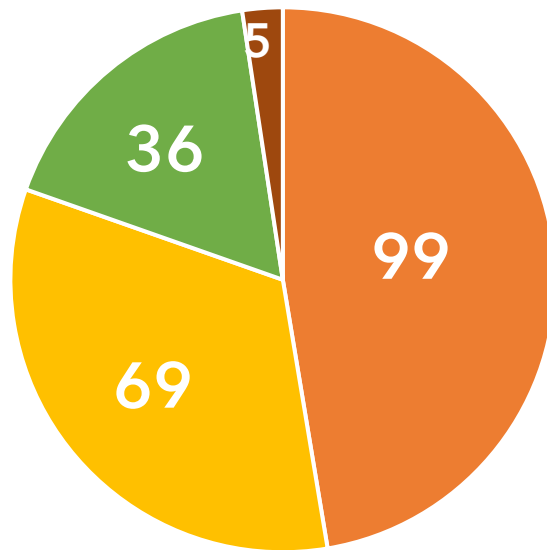
# FIVE (5) YEAR TRENDS

5 Year Summary	FY 19	FY 20	FY 21	FY 22	FY 23
Number of Trainings Provided	152	84	140	144	209
Number Attended	4861	2886	4927	4127	6322

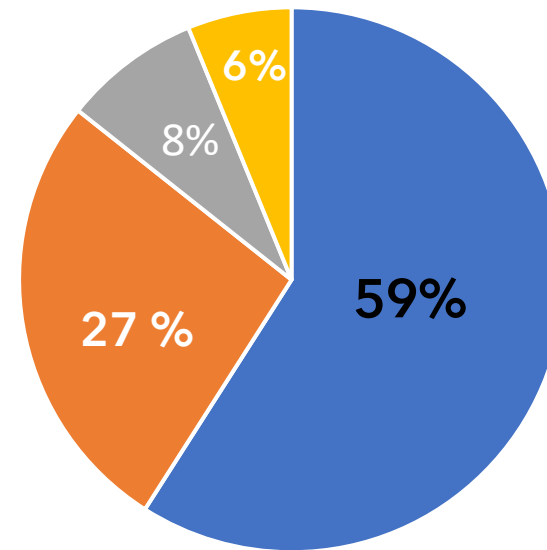


# Training Data FY 23

Number of Trainings		Number of Training Participants	
Quality Practice	99	Quality Practice	3733
Cultural Humility	69	Cultural Humility	1683
Welcoming	36	Welcoming	515
Collaborative	5	Collaborative	391



■ Quality Practice    ■ Cultural Humility  
■ Welcoming    ■ Collaborative

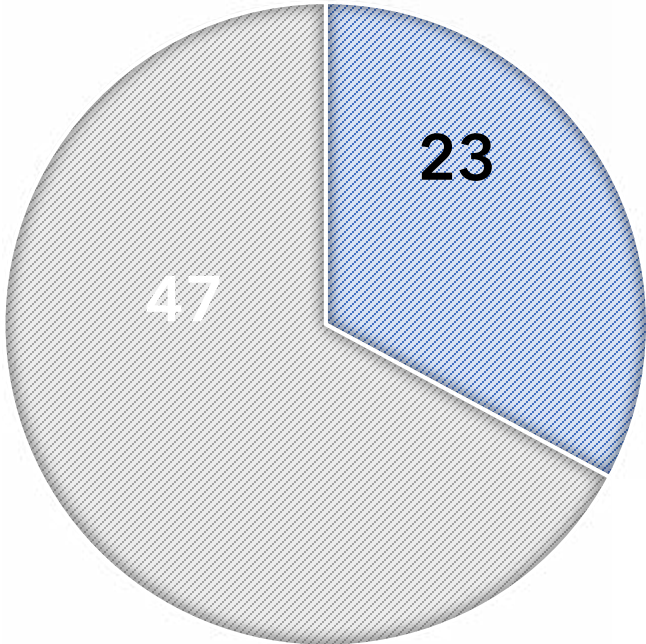


■ Quality Practice    ■ Cultural Humility  
■ Welcoming    ■ Collaborative

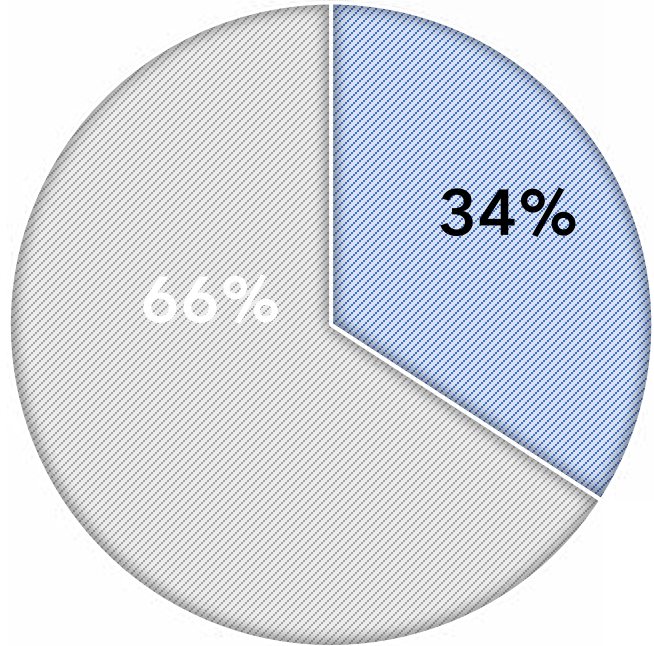
# Cultural Humility & LGBTQ+ Trainings

Total Number of Trainings			Number of Training Participants	
LP Cultural Humility	23		LP Cultural Humility	575
LGBTQ+	47		LGBTQ+	1108

■ LP Cultural Humility ■ LGBTQ+ Trainings ■ ■



■ LP Cultural Humility ■ LGBTQ+ Trainings ■ ■



# Overall Top 10 Trainings FY23

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1. Cultural Humility Trainings
2. CPT Code Training
3. Co-Occurring Trainings
4. Trauma Informed Services 101
5. 5150 Trainings
6. Reflective Practice
7. Law & Ethics
8. Client Culture
9. Motivational Interviewing
10. NAMI

# Co-Occurring Trainings

## Informed Level

Foundation level that identifies core skills for treatment support.

Status: Trainings are available in sccLearn for County & CCP staff to attend for their Informed certification.

## Capable Level

Next level training that provides an integrated assessment and treatment for mild to moderate co-occurring disorders.

Status: Capable Level trainings available for County & CCP to attend. San Jose City College professors are the primary instructors. Certification in sccLearn will go live in October/November.

## Enhanced Level

Highest level of training for integrated treatments for moderate to severe co-occurring disorders.

Status: Pending development upon the completion of the Co-Occurring Capable certification program.





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## Peer Specialist Certification Training

- Peer Support Services
- Specialty Mental Health Services
- Drug Medi-Cal Organized Delivery System
- Crestwood provided 2 Trainings for Santa Clara County
- Approximately 30 peer support staff attended the 2-week in-person training





# FY23 TRAINING SUCCESSIONS

## Co-Occurring Disorder (COD) Trainings

Roughly 650 staff attended COD trainings that increased their knowledge and skills to work with clients with both Mental Health and Substance Use challenges.

Provided over 200  
Trainings to  
approximately  
**6,300 workforce  
members**

**Hired Training Manager  
in May 2023**

## CPT Training

Provided CPT training to approximately 650 staff in May and June 2023



## Workforce Development Committee

# Workforce Development Committee Members

## County Participants

- Program Manager II
- Program Manager III
- Psychiatric Social Worker II
- Associate Management Analyst
- Management Analyst
- IT Business Analyst

## County Contracted Provider Members

- Alum Rock Counseling Center
- Community Solutions
- Family & Children Services, a division of Caminar
- Gardner Family Health Network
- HealthRIGHT 360
- Momentum for Health
- Rebekah Children's Services
- Stars Behavioral Health Group

**Behavioral Health Contractor Association**

# Workforce Development Committee

## Promotion of Public Behavioral Health

### Conduct a Behavioral Health Profession Public Awareness Campaign

- Provided information to over 200 High School students regarding working in the Behavioral Health systems. Of those 200 students, 148 wanted to learn more about behavioral health as a result.
- Fostered development of behavioral health certificate programs at San Jose City, Mission and Gavilan Community Colleges
- Planned to pilot a summer skill building course and internship program during summer 2023.
- Secured funding for the Youth in Technology program to develop interactive marketing material and promotional videos.

## Recruitment

### Increase the impact and scope of the Educational Loan Repayment and Workforce Tuition Programs

- Successfully awarded 150 workforce members to be in the Loan Repayment Program or Workforce Tuition Program

### Increase the impact and scope of Student and Peer Internship Stipend Programs

- Additional slots for Students and Peers were added to the WET stipend program for both County and CCP programs.
- County received funding for 6 new student interns and 1 new peer intern. CCP received WET funding for 28 new student interns and 14 new peer interns.
- Participated in seven (7) career fairs and promotional events.
- Hosted a virtual behavioral health career fair with 26 local employers present.

## Staff Development & Retention

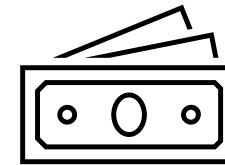
Recommendations were made to BH Executive Team on how to **revise any County requirements** that exceed State requirements.

Committee members continue to research and evaluate **trainings for Behavioral Health middle managers**

Implemented a regional behavioral health **compensation survey** Workforce Analysis.

# Loan Repayment and Workforce Tuition Programs

- Funding is available from the Department of Health Care Access and Information for 226 Behavioral Health workforce members (County & Contract Providers) to receive \$10,000 per student/staff to help with either tuition or loan repayment costs in exchange for a 24-month work commitment.
- **Loan Repayment Program** provides funding to qualified staff working in a recognized hard-to-fill or hard-to-retain positions within the Behavioral Health system of care.
- **Workforce Tuition Program** provides funding for post-graduate clinical master and doctoral education for services performed in our Behavioral Health system of care. Approved students will be in their final year of education.



# Award Information



	Cohort 1	Cohort 2	Awarded
<b>Loan Repayment Program</b>	71	77	\$1,480,000
<b>Workforce Tuition Program</b>	2	0	\$20,000
<b>Total</b>	73	77	\$1,500,000




# FY23 INTERN PROGRAM

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**Building the future workforce.**



# INTERN PROGRAM OVERVIEW



- The Student Intern Program recruits local graduate-level clinical interns, and undergraduate level social work interns. We provide training and placement opportunities as well as career pathway into public behavioral health services.
- Student interns are provided with training and guidance to be highly employable. Many students apply and obtain employment within BHSD upon graduation.
- We also coordinate the development and implementation of peer support workers, and recruits peer interns.





# CURRENT AFFILIATED SCHOOLS

- **Master Social Work (MSW)**
  - San Jose State University - MSW
  - California State University Monterey - MSW
  - UC Berkeley – MSW
  - San Francisco State University MSW Program
- **Marriage Family Therapist (MFT) and Professional Clinical Counselor (PCC)**
  - San Jose State University – M.S. Clinical Mental Health
  - Santa Clara University – M.A. Counseling Psychology
  - Palo Alto University – M.A. Counseling
  - National University - M.A. Clinical Psychology
  - University of San Francisco - M.A. in Counseling Psychology
  - William Jessup University – M.A. in Counseling Psychology





# FY23 County Student Internship Placement

- Children Youth and Family Clinics
- Adult Clinics
- Criminal Justice Involved Programs for youth and adult
- Crisis response program



# Stipend Criteria

Stipends are funded through the Workforce, Education and Training (WET) component of the Mental Health Service Act (MHSA)

WET supports the development of a public mental health workforce which can service the identified disparities in our community.

Stipends are available for 2<sup>nd</sup> year MSW/MFT/LPCC students as well as people with lived experience who meet eligibility criteria.

Stipends recipients are selected based on their background and ability to serve the diversity in our community.

Stipend recipients are expected to commit to one year of employment in the Santa Clara County public mental health field.

# Stipend Rate Increases

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## Student Intern Rate

- Increased for both County and CCP's
- The hourly rate increased from \$13.85 to \$18.00.

## Peer Intern Rate

- The hourly rate increased from \$16.00 to \$18.00 for CCP Peer Interns





Years	2019-2020	2020-2021	2021-2022	2022 - 2023
County Student Interns	16	16	NA	14
County Student Stipends	4	6	NA	10
Collaborative Student Interns	14	12	18	12
County Peers	1	1	1	3
Collaborative Peers	2	2	1	1
<b>TOTALS</b>	<b>33</b>	<b>31</b>	<b>20</b>	<b>30</b>

## STIPEND RECIPIENTS

- Most of our Stipend recipients are bicultural and/or bilingual, and many are from diverse cultural background. We have been able to retain most of the stipend recipients in the Santa Clara County Public Behavioral Health System upon graduation.

# COUNTY STUDENT INTERN PROGRAM

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- Fourteen (14) Student Interns for County programs
- Students are placed in the following divisions: Adult/Older Adult, Children Youth & Family, Forensic Diversion and Reintegration & Access and Unplanned Services
- Ten (10) are receiving Stipends with commitment to work for the BHSD or partner agencies upon graduation.
- Seven (7) Student Interns passed bilingual tests
  - Five (5) Spanish speaking student interns
  - One (1) Mandarin speaking student intern
  - One (1) Vietnamese speaking student intern



# PEER INTERN PROGRAM

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The mission of the Peer Intern Program is to provide training opportunities for consumers and family members so that they will successfully complete their internship training, develop knowledge, skills and self-care tools necessary to manage employment, stay healthy and obtain permanent employment in the behavioral health field.

Trainings include:

- Peer Support
- Group Facilitation
- Program Development
- Clerical/Computer Skills
- Community Outreach
- Information and Referral



# COUNTY PEER INTERN PROGRAM

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- Three (3) new BHSD Programs were identified for Peer Intern Placement and the three Peer Interns were accepted to work in the respective programs.
- Successful outcomes for the three peer interns are indicated below:
  - Hired into a coded position,
  - Transitioned into a different BHSD position, and
  - Pursuing higher education in a related health field.





# CCP STUDENT AND PEER INTERN PROGRAMS

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- County Contract Providers (CCP) Student Intern Program
- Twelve (12) graduate level students (MSW/MFT/PCC) received stipends
- AACI (4 students), HOPE Services (3 students), Pacific Clinics (1 student), and Momentum (4 students).
- One (1) Peer Intern at Caminar
- First Peer Intern Collaborative Meeting was held on November 4, 2022 - to support CCP recruiting and hiring efforts to increase number of Peer Interns



# INTERN COLLABORATIVE

- Monthly meetings
- Collaboration on internship program
- Promotion on careers in behavioral health
- Eligible for WET Stipends for student & peer interns

## Current 10 County Contracted Programs

- Asian American for Community Involvement (AACI)
- Alum Rock Counseling Center
- Caminar
- Community Solutions
- Gardner Family Care Corporation
- Hope Services
- Momentum for Health
- Pacific Clinics
- Rebekah Children's Services
- Starlight Community Services



# Recruitment Strategies

## Increase More Intern Positions

### County Intern Increase

- Number of Student Interns with stipend spots for BHSD increased from twelve (12) to eighteen (18)
- Number of Peer Intern stipend spots for BHSD increased from three (3) to four (4)

### County Contract Provider Intern Increase

- Number of Student Intern stipend spots for CCP's increased from twenty (20) to forty-eight (48)
- Number of Peer Intern stipend spots for CCP's increased from ten (10) to twenty-four (24)





# Recruitment Challenges Continue

Despite Extra Intern Slots

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# STUDENT INTERN SUCCESSSES

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Student Intern Program resumed in FY23 after a one-year pause.

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Four (4) previous and experienced Intern Supervisors returned to continue supporting the Student Intern Program.

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Recruited seven (7) new Intern Supervisors



# STUDENT INTERN SUCCESSSES

Three (3) new placement sites that included justice involved programs.

MH Diversion Program  
BH Treatment Court  
Narvaez Clinic

Virtual Open House and Fairs for Recruitment

50% of the Student Interns passed bilingual test in threshold languages (Spanish, Vietnamese & Chinese)

Hired 11 Student Interns

# Positive Support for our Student Intern Program

My internship was such an enriched, supportive, and clinically challenging opportunity. I enjoyed everything about it. I am excited to be further engaging in this role as a clinician!

My internship was beyond what I could have imagined. I had a growth of learning because of all the staff that ensured I met my personal and clinical goals. My supervisor was the reason why I was able to grow so much as he was very dedicated to my learning and ensured I was always meeting the expectations of my internship duties.

I have had a wonderful experience at the SIP! It has been such a gift to be able to be a part of such an amazing internship opportunity! The amount of knowledge I have gained has been truly a gift. I had the privilege to work with seasoned clinicians and have learned so much.





# PEER INTERN SUCCESSES



Successful transition to a permanent position of the Peer Intern



Identified three (3) new BHSD programs to host and train peer interns



Collaboration with BHSD programs to recruit and hire peer interns



Hired and successfully trained three (3) new peer interns



# Scholarships

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Increasing the number of scholarships for a total of 30 Bachelor Level students is paused.

We are maintaining 14 slots at SJSU.



# SCHOLARSHIPS

- San Jose State University's (SJSU) Bachelor of Arts Social Work (BASW) program
- Requirements to volunteer in a Santa Clara County public behavioral health agency for 100 hours and receive sixteen (16) hours of seminar class on mental health topics at SJSU.
- Upon graduation, requirement to work for One calendar year (2080 hours) for a Santa Clara County public behavioral health system, or to pursue graduate study in a related field.
- Career pathways for bachelor's students.
- In FY23 due to staffing issues at SJSU, there was minimal promotion for the scholarships which is why the number of recipients are low.



ACADEMIC YEAR	NUMBER OF RECIPIENTS
2020-2021	10
2021-2022	14
2022-2023	3



# SCHOLARSHIP SUCCESES

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Collaborated with SJSU to identify flexible options for students to complete program requirements

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Conducted Virtual Informational Session and Video Recording to promote interest

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WET staff and the new SJSU Scholarship Coordinator are meeting on a bimonthly/monthly basis to collaborate and strategize on promoting the scholarships.

# CAREER SUMMER INSTITUTE

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- One-week-long summer program for high school students to learn about the public mental health services and employment in the mental health field to support workforce development
- Collaborating with Andrew Hill High School and the Intern Collaborative to create and coordinate the event
- In FY23, we had 23 High School students participate in this program



# HIGH SCHOOL ENGAGEMENT SUCCESS



Continual collaboration to offer 1 weeklong Career Summer Institute to Andrew Hill High School Students



Career Summer Institute was brought back in person for the first time after the Pandemic.

## Comments from Andrew Hill High School Students

“I truly enjoyed this CSI Program this summer. It was very informing, especially to someone who's about to go to college and decide what part of the medical field they want to follow.”

“Thank you for this amazing opportunity!!!”

“CSI is probably one of the most valuable field trips that I went to.”

“I really liked the CSI program; this program is a very good way to learn about the health field no matter which career path or job you chose. Also, you will learn more about job opportunities.”

“I had a lot of fun, thank you!”



## PAUSED

### Peer Mentoring for High School and Community College Students

Eight high school students to participate in 4-week summer program - Student Intern I

Sixteen community college students to participate in 6-week program - Student Intern II

Program Manager I - Oversee program development & implementation and provide support for Career Pathways program.

- Ambassadors
- Peer Mentors
- Engaging Young Adults

# Audio Visual Needs

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Upgrade Audio Visual (AV) Equipment for Learning Partnership Trainings Rooms

Update: Specifications for the room upgrades were completed. Working with procurement specialist to secure vendor to update training rooms.





# TRAINING TEAM PAUSED

2.0 FTE Program Manager I

2.0 FTE Training & Staff  
Development Specialists

Blended staffing model - both  
licensed and non-licensed staff





# STUDENT INTERN III PAUSED



Psychology



Public Health



Health  
Science



Sociology



A close-up photograph of several hands raised in a gesture of support or agreement. The hands are of various skin tones and are positioned in a way that suggests a group of people. The word "QUESTIONS" is overlaid in white, bold, sans-serif capital letters in the center of the image.

QUESTIONS

# Thank you!

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# CLOSING REMARKS & NEXT STEPS

**PLEASE TAKE A FEW MINUTES TO FILL IN THE SURVEY**

# Public/Stakeholder Meetings/Activities\*

MHSA FY2025 Annual Plan Update

Date	Meeting
October 4, 2023 1-4pm	Access & Unplanned + Workforce Education & Training (WET) data SSA Auditorium (333 W. Julian St.)
October 11, 2023 1-4pm	Children, Youth & Families (CYF) Data Charcot Training Rooms 1 & 2 (2310 N. First Street, Suite 102)
October 18, 2023 1-4pm	Housing + Adult/Older Adult (AOA) data SSA Andrew Hill Training Room (353 W. Julian)
November 1, 2023 1-3pm	Round 1 Program Recommendations: Housing + AOA SSA Auditorium (333 W. Julian St.)
November 16, 2023 1-3pm	Round 1 Program Recommendations: Access & Unplanned, WET, CYF SSA Andrew Hill Training Room (353 W. Julian)
November 29, 2023 1-3pm	Round 2 Program Recommendations: Access & Unplanned, WET, CYF SSA Auditorium (333 W. Julian St.)
December 15, 2023 10am-12pm	Round 2 Program Recommendations Housing + AOA SSA Auditorium (333 W. Julian St.)



# Thank you!

For any questions about MHSA and the FY2025  
MHSA Planning Process, please email  
[MHSA@hhs.sccgov.org](mailto:MHSA@hhs.sccgov.org).

