

Mental Health Services Act (MHSA) FY2025 Community Program Planning Process Children, Youth & Families System of Care Retreat

Wednesday, October 11, 2023, 1:00 PM - 4:00 PM
2310 N. First Street, Suite 102, San Jose, CA 95131
Charcot Training Center, Rooms 1 & 2



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

MEETING AGENDA – 10/11/2023	TIME
1. Welcome & Background (Roshni Shah) a. Introductions b. Welcoming Remarks & Housekeeping	1:00 PM - 1:10 PM
2. Data Findings from 2023 MHSA Survey & Community Conversations (Dr. Joyce Chu) a. Presentation by Dr. Chu b. Questions & Answers	1:10 PM - 2:10 PM
3. Break	2:10 PM - 2:20 PM
4. Highlights from the Children, Youth & Families System of Care (Zelia Faria Costa) a. Program Highlights b. Questions & Answers	2:20 PM - 3:50 PM
5. Closing Remarks & Next Steps	3:50 PM - 4:00 PM

Welcome & Background

Introductions

Housekeeping

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



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

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>



CYF Participants

Efforts to Boost Youth, South County, and Unhoused Participation



Hosted multiple Youth-, South County-, and Unhoused-focused community conversations

Convened a Survey Recruitment Committee which met bi-weekly to brainstorm ways to enhance participation

Coordinated with SCCOE to facilitate youth participation

Encouraged survey participation & dissemination from all community conversations participants

Asked community conversation host agencies to disseminate the surveys within their networks

Recruitment Advisory Committee

Catherine Aspiras

Gabby Olivarez

LouMeshia Brown

Jennifer Pham

Dinh Chu

Elania Reis

Rita Mamarian

Juan Troy

List of 9 CYF Community Conversations

Children, Youth, Families

4. Youth Group 1 (7, *English*)
5. Youth Group 2, LGBTQ+ (3, *English*)
6. Youth Group 3 (14, *English*)
7. Youth Group 4, University students (12, *English*)
8. Youth who are Unhoused (6, *English*)
9. Family Members, General (10, *English*)
10. Providers: Children, Youth, & Family Services (32, *English*)
11. Young Men Involved in Juvenile Justice (9, *English*)
12. Young Women Involved in Juvenile Justice (2, *English*)

Youth Data

9 Youth-related Community Conversations

95 Youth stakeholders in Community Conversations

441 stakeholder comments re: Youth

25 Youth consumers or family members on the survey

Average Demographics: CYF Consumer/Family Survey Sample (n = 25)

Age

64% Adult / 12% Older Adult /
24% Youth

Disability

26% Yes / 74% No

Race / Ethnicity

45.8 % Latinx / 33.3% White / 20.1%
Asian / 16.7% Black or African
American / 4.2% MENA / 0% Pacific
Islander or Native Hawaiian

Gender Identity

70% Cis Women /
30% Cis Men / 0%
TGI+

City of Residence

Mostly from San
Jose (83%),
followed by North
County (12.5%)
and South
County (4.2%)

Sexual Orientation

81% Heterosexual / 19%
LGBQPA2S+

CYF-Specific Findings

CYF System Strengths

**Youth & Student Wellness
Centers**

Quality of CYF Services

Specific services

- Early childhood services
- Strengthening Families workshop
- TAY services

**CYF Services in Juvenile
Justice**

CYF Strengths from the survey

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

- “My mental health and substance use treatment providers talk to each other and coordinate services with other agencies.” (25%)
- “Services are focused on patient-centered recovery.” (20%)
- “MHSU services are helpful.” (20%)
- “Services are available from peers.” (20%)
- “Services help me accomplish my goals.” (20%)
- “Services are available in a crisis.” (20%)

Top Stakeholder CYF Needs: Year-by-Year Comparison

2022 Primary CYF Stakeholder-Identified Needs	Number of comments
Treatment Services	94
Youth & Families	69
Workforce Education and Training	68
Access Pipeline	55
Prevention/Outreach	40
Quality of Care	33
Criminal Justice	6
Cultural Considerations	2
Housing	1

2023 Primary CYF Stakeholder-Identified Needs	Number of comments
Treatment Services	185
Workforce Education and Training	62
Prevention/Outreach	38
Access	29
Collaborative & Integrative Care	20
Housing	15
Quality of Care	8

Top Stakeholder CYF 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 CYF Stakeholder-Identified Needs	Number of comments	% Overlap with BHSD Goals
Treatment Services	186	100%
Workforce Education and Training	62	100%
Prevention/Outreach	38	21.1%
Access	29	34.5%
Collaborative & Integrative Care	20	100%
Housing	15	100%
Quality of Care	8	0%

68.1% of CYF stakeholder
comments mapped directly
onto the 5 Main
Department Goals

Most frequently mentioned themes of change

#1: More Treatment Services

(186 comments)

#2: Workforce, Education & Training

(62 comments)

#3: Outreach & Prevention

(38 comments)

#4: Access

(29 comments)

#5: Integrative & Collaborative Care

(20 comments)

#6: Housing

(8 comments)

CYF Recommendations

More Treatment Services

(185 comments)

BHSD Priority #3 (Emerging Needs)

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

#1. Expand variety and availability of CYF-specific services & treatment

Sexual assault prevention/intervention, outpatient services

#2. Reduce stigma & increase MHSU knowledge among parents

#3. Increase capacity for substance use-related services & programs

Detox services & dual diagnosis treatment, for youth

CYF Recommendations

More Treatment Services

(185 comments)

BHSD Priority #3 (Emerging Needs)

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

#4. Continue and expand support to facilitate youth access to Wellness Centers

(both school- and non-school-based)

#5. Enhance services for high-need by treatment-declining TAY

BHSD Priority #3 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

CYF Recommendations

WET

(62 comments)



#1. Increase CYF clinical staff (e.g., youth support staff, therapists in schools)



#2. Hire culturally-matched CYF staff (LGBTQ+ staff, staff from marginalized backgrounds)



#3. Essential Strategies to retain CYF staff: Reduce Staff Turnover, increase pay, provide staff trainings

CYF Recommendations: Prevention & Outreach

(38 comments)

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

#1. Expand families' knowledge of MHSU through increased community helper trainings and outreach

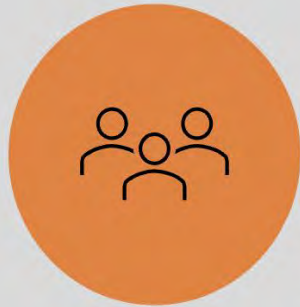
#2. More Outreach to schools & college campuses

#3. More mental health & substance use education in schools
(e.g., vaping prevention, integrating activities to increase engagement, ethnic specific outreach)

CYF Recommendations: Access to CYF services (29 comments)

BHSD Priority #1 (Timely Access)

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



#1: More Non-Call Center Access Options

Direct referrals (from agencies, and for unhoused) and more walk-in options



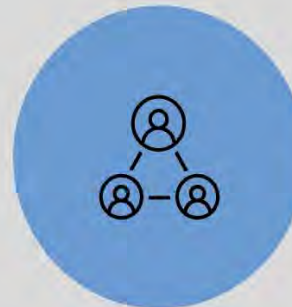
#2. Increase Youth Awareness of BHSD Services

Stakeholders noted that many SCC youth are unaware of BHSD services and the ways that they might benefit.



#3: Translation/Language Services

In-person translation, Spanish, and Vietnamese



#4. Transportation & Childcare for Parents

Youth noted that their parents need BHSD services but are unable to access care without childcare services.

CYF Recommendations: Collaborative & Integrated Care

(20 comments)

BHSD Priority #5 (Integrated Systems/Policy)

Adapt to and Help Shape the Rapidly
Shifting State Policy Landscape



#1. Facilitate smooth integrated care between BHSD & other County departments/agencies

Single EHR; SCC Medical Services / Primary Care



#2. Collaborate with Santa Clara County schools to implement peer referral systems

CYF Recommendations

Housing

(15 comments)

BHSD Priority #2 (Housing)

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

#1. Increase housing availability

Housing Generally

Temporary Housing

Permanent Supportive
Housing

“especially with the families too... single mom with two kids... you don’t call every day and you lost your spot [on the list]”

CYF Recommendations

Quality of Care (7 comments)

#1. Create a more LGBTQ+ affirming environment in temporary/transitional housing
To address anti-LGBTQ+ aggressions in BHSD housing settings



Questions or Comments?

joycepchu@gmail.com



BREAK

Q&A

ONLINE FEEDBACK FORM

SCAN QR CODE OR

AVAILABLE AT:

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





MENTAL HEALTH SERVICES ACT
Children, Youth & Family System of Care



CYF System of Care Overview

School Linked Services
Initiatives Division Updates

Family & Children Specialty
Services Division Updates

Cross Systems & Intensive
Services Updates





Children, Youth, & Family System of Care

Our Vision

The Children, Youth, and Family System of Care promotes healing, hope, wellbeing, and improved life outcomes for all.

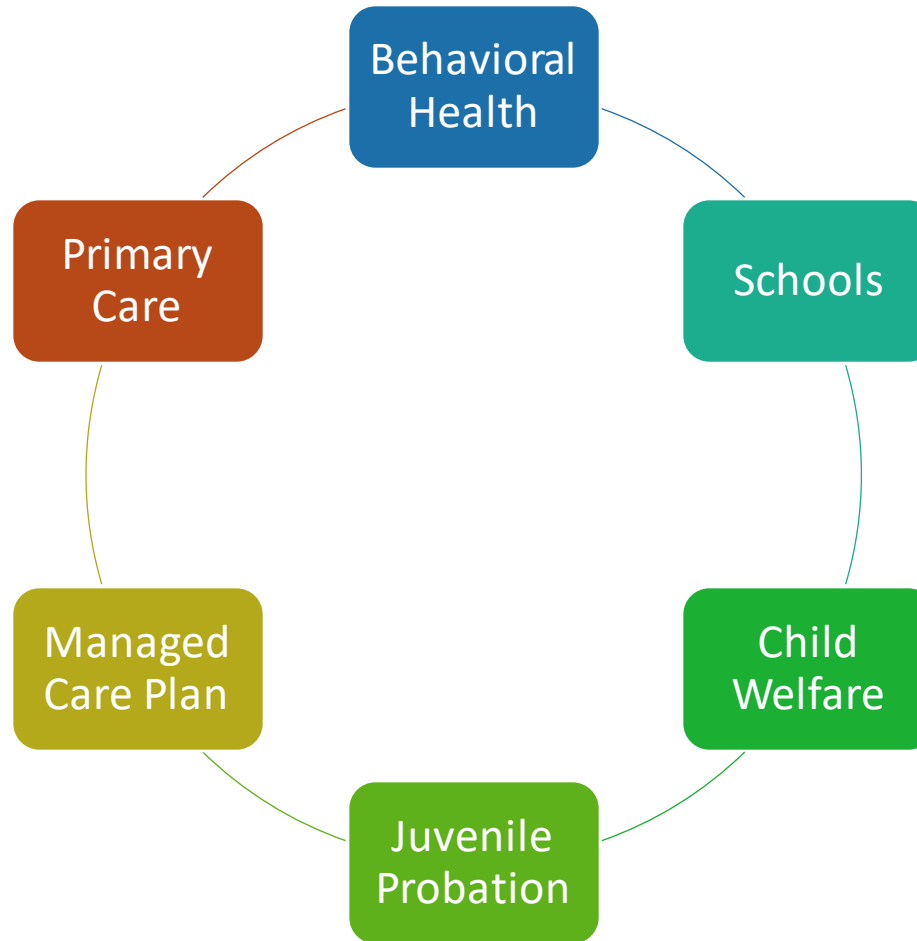
Our Mission

To be alongside children, youth, and families in affirmation of the values of cultural humility, inclusion, hope and equity. Our transformative work is accomplished through coordinated, integrated, growth, recovery and resiliency-oriented approaches.



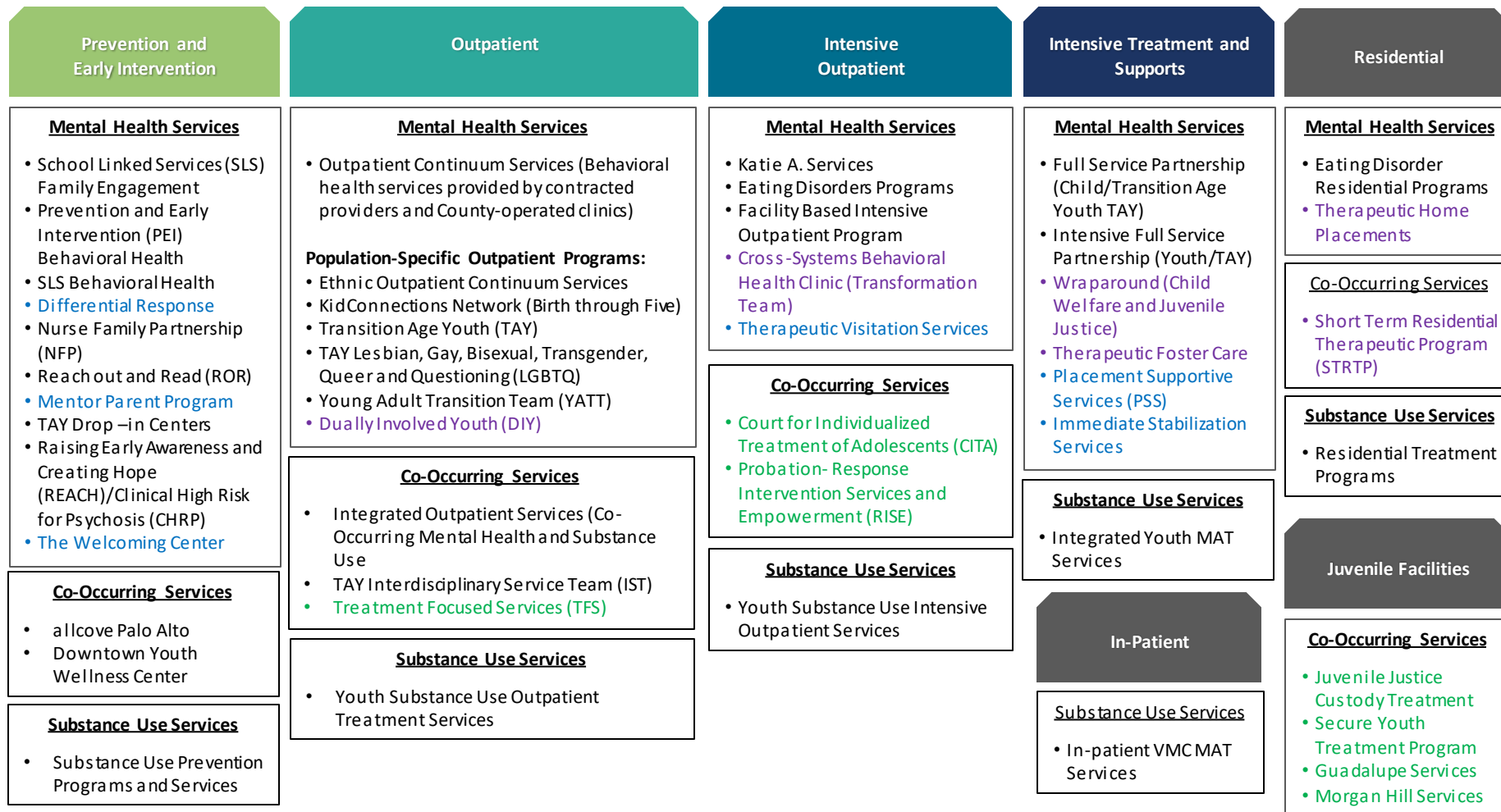
COUNTY OF SANTA CLARA
Behavioral Health Services

COORDINATED SYSTEM OF CARE



Children's services exist in a complex set of legislation with a variety of stakeholders

CHILDREN, YOUTH, TRANSITION AGE YOUTH, AND FAMILY SYSTEM OF CARE



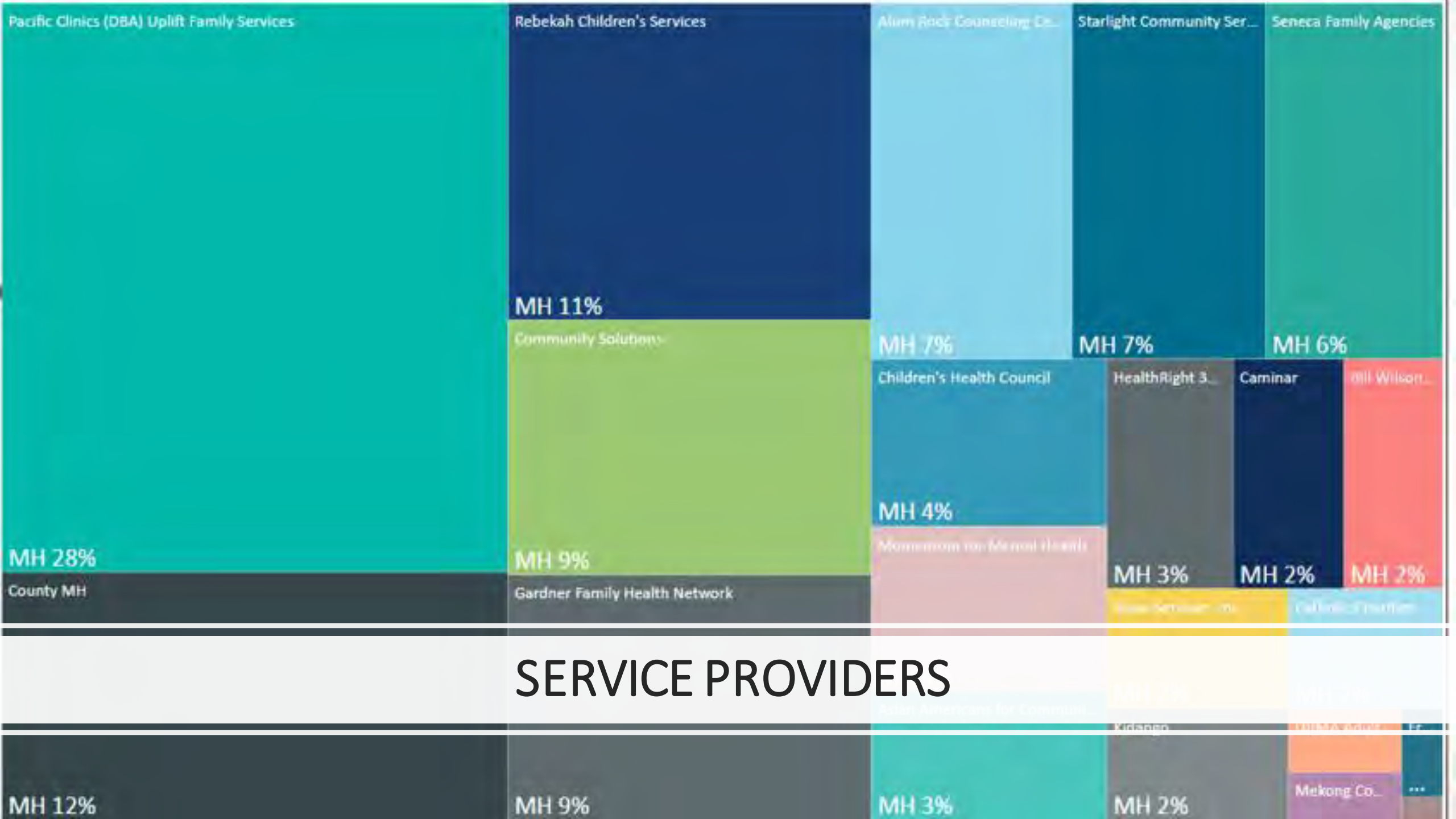
The r apeutic Behavioral Services (TBS/TBS-ID) can be a ccessed a cross the continuum of care, but cannot be received as a standalon e service

Crisis Services can be a ccessed a cross the continuum of care and offers Mobile Crisis, Community Transition Service (CTS), Crisis Stabilization Unit (CSU)

Child Welfare/Juvenile Justice Referred

Child Welfare Referred

Juvenile Justice Referred



SERVICE PROVIDERS

FY24 SYSTEM PRIORITIES

Access to timely services

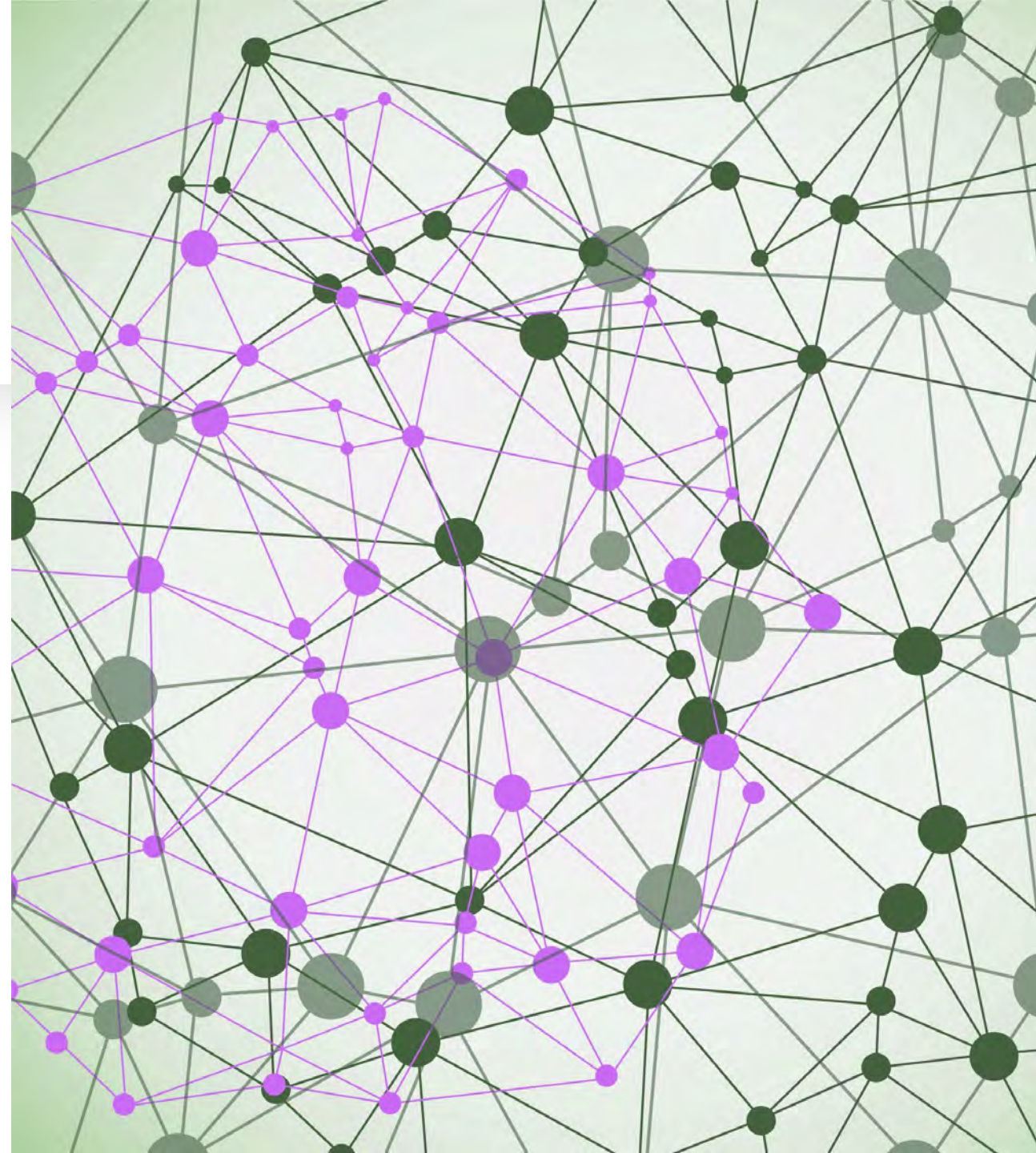
Opioid Crisis:
Proactively address the needs of young people

Expansion of Wellness Services

Evidence-based approaches to maximize improvements in health

Trauma-informed and culturally responsive system of care

Equity for unserved and underserved populations



SCHOOL-LINKED SERVICES PROGRAMS AT-A-GLANCE

Family Engagement

PEI Prevention

PEI Early Intervention

SLS Behavioral Health



TIER 1

Universal - Support strategies provided to all. Serves majority of students. (90%-100%)



TIER 2

Targeted - Supplemental support to address risk. Small group of students served. (10-25%)


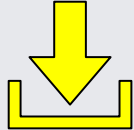



TIER 3

Selected - Individual support to remediate significant challenges. Serves less students. (<10%)

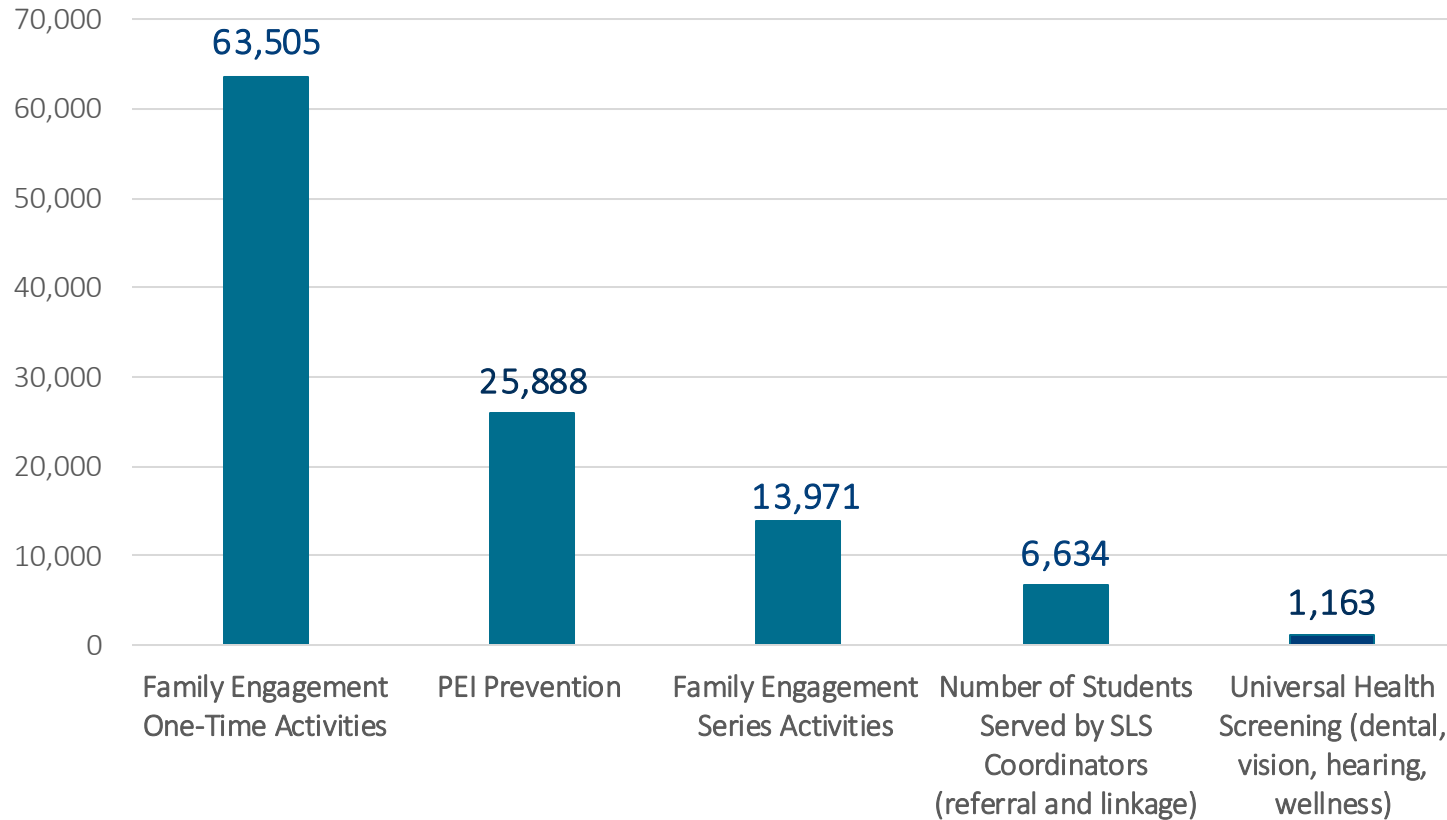
- **Family Engagement** includes activities such as one-time events or series, to welcome students and families on school campuses, increase families’ knowledge about available resources and services, provide tools to help improve their child’s health and well-being, academic success, and their abilities to advocate for their child.
- **SLS Coordinators**, located on school campuses/school districts, provide access to school-based services and community-based resources through linkage and referrals.
- **Prevention services** include mental health screening, outreach, mental health promotion, psychoeducation, and Classroom-wide SkillStreaming curriculum.
- **Early intervention** includes parenting workshops such as Strengthening Families and Triple P, student skills groups, behavioral support services, and early intervention therapy – individual, group, family.
- **Intensive services** include individual and group therapy in school settings for students experiencing moderate behavioral and emotional needs.
- **Medication and Crisis Intervention** support
- **Additional services and support staff** by paraprofessionals are provided to students and their families with higher acute needs.

SLS FY24 RECOMMENDATIONS – STATUS UPDATES

RECOMMENDATIONS FROM MHSA SLC JUNE 2022	STATUS	SUMMARY
<p>Repurpose COVID recovery support for schools 10% increase (\$1,484,055) to ongoing budget</p> <ol style="list-style-type: none"> Expand PEI to provide universal services to all school districts (\$890,336) on-going. Convert 10% increase to on-going SLS capacity (52 slots, \$593,719) 		<p>In FY2024, 10% funding remained in the CCP contracts.</p> <ol style="list-style-type: none"> Funding for PEI remained in outreach to provide universal supports and strategies. Funding for SLS BH was used to leverage to increase capacity for Medi-Cal clients
<p>Support the implementation of Wellness Centers</p>		<ul style="list-style-type: none"> In May 2023, BHSD contracted with Valley Health Foundation to conduct pre-development activities and planning for the wellness center grant program. In August 2024, \$10M was budgeted to support the implementation of new wellness centers, enhance existing wellness centers, and support infrastructure. \$5M of the \$10M is funded through MHSA PEI. An additional \$2M from Juvenile Probation will support this program.
<p>Re-design programs to be fully implemented in FY2025</p> <ol style="list-style-type: none"> PEI Universal Supports and Services SLS BH OP/IOP programming 		<ol style="list-style-type: none"> In FY2024, PEI CCPs and BHSD met monthly to re-design PEI to increase Tier 1 supports and services (i.e. Triple P Level 2 and 3, MH Screenings, etc). In FY2023, SLS BH CCPs and BHSD met monthly to re-design SLS BH to include paraprofessionals, extend the continuity of care to include intensive services, and identify training and supports for direct services staff.

SLS HIGHLIGHTS & DATA: TIER 1 - FAMILY ENGAGEMENT & PREVENTION

Number of Students and Families Served
Fiscal Year 2022-2023 (July 1, 2022-June 30, 2023)

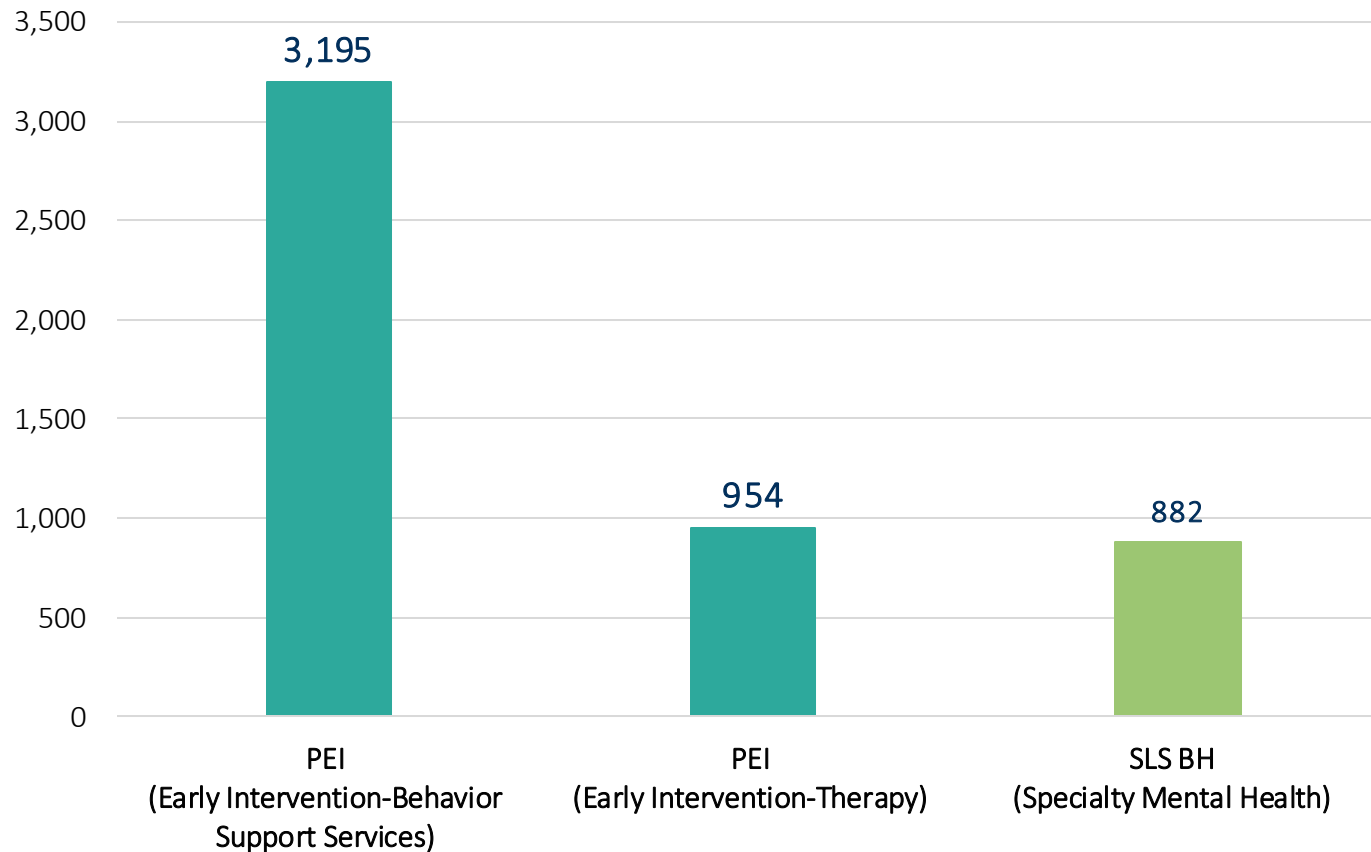


FY 2022-2023 Highlights

1. BHSD executed service agreements with **7 new school districts**. SLS Coordinator at **25 of the 32 school districts (78%)**.
2. SLS Coordinators received 8,260 referrals and **80.4% referrals were successfully linked to services**.
3. Since FY 2021-2022, student/family participation in Family Engagement events and in Workshop Series **increased by 48%**.
4. In FY 2022-2023, **88%** of surveyed families reported **feeling more comfortable and welcomed** at school, and **87%** of families indicated that the events and workshops allowed them to learn about available resources and services in the community.
5. **80%** of teachers were satisfied with the SkillStreaming lessons provided.
6. **43%** of students screened by HKF for emotional wellness, were **connected to a parent advocate for additional support**.

SLS HIGHLIGHTS & DATA: TIER 2 – EARLY INTERVENTION AND TIER 3- SLS BH

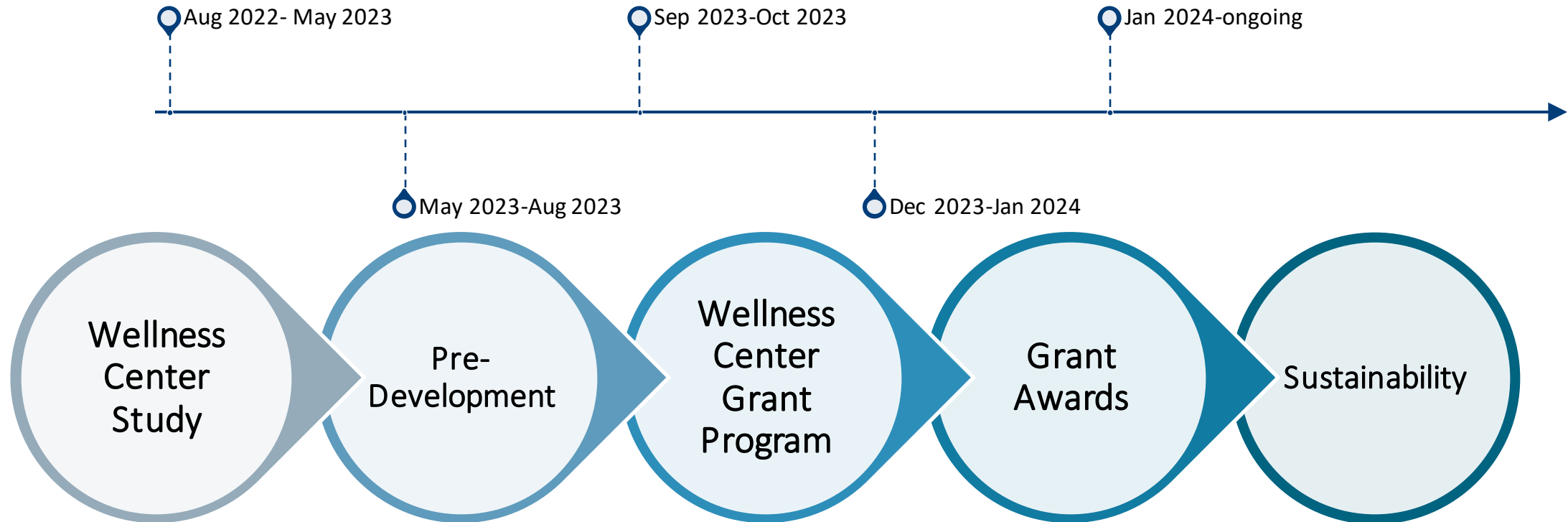
Number of Students and Families Served
Fiscal Year 2022-2023 (July 1, 2022-June 30, 2023)



FY 2022-2023 Highlights

1. **83% of students were successfully discharged** from SLS BH and other SBBH programs upon satisfactory levels of improvement and stabilization in their behavioral/emotional well-being.
2. Students receiving therapeutic school-based behavioral health services **showed improvement in behavioral and emotional domain and life functioning domain**, as measured by the Child and Adolescent Needs and Strengths questionnaire.

WELLNESS CENTER GRANT PROGRAM



- Best practices
- County Investments
- \$5M MHSA PEI funds
- \$5M ARPA
- \$2M Juvenile Probation

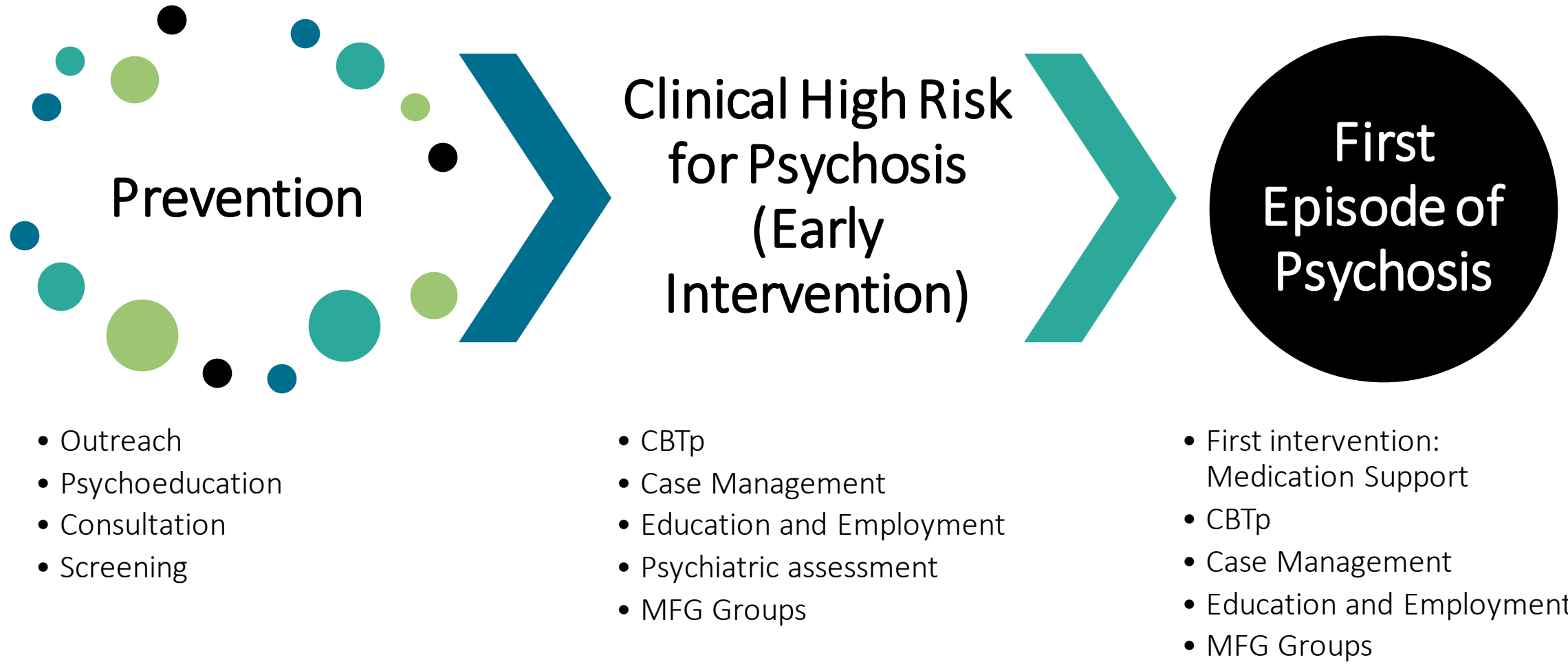
- Letter of Interest
- Outreach
- Create application

- NOFA
- Bidder's Conference
- Continued outreach

- Implement new wellness centers
- Enhance existing wellness centers
- Infrastructure

- School-Linked Fee Schedule

REACH PROGRAM AT-A-GLANCE



REACH HIGHLIGHTS & DATA

Number Served:
129
(includes 17 FEP
clients)

76% Successful
Discharge

CANS Outcomes:

- LDF -10%
- YBEN -12%
- YRB -30%


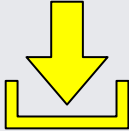
Outreach Campaign

- New digital campaign
- New brochures and flyers

Outreach to 989
individuals

Developing a
continuum of care
from CHR-P to FEP

REACH FY24 RECOMMENDATIONS – STATUS UPDATES

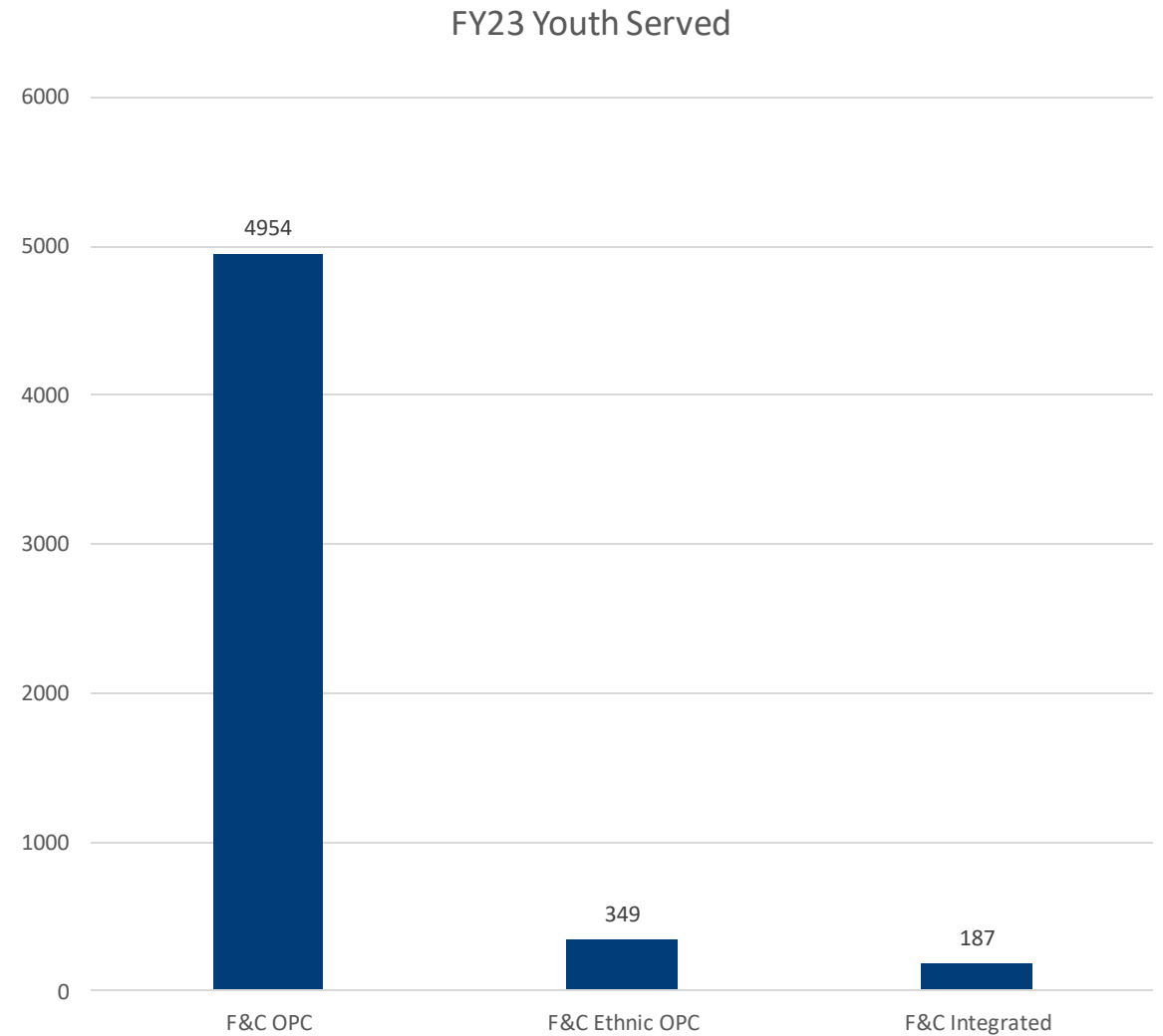
RECOMMENDATIONS FROM MHSA SLC JUNE 2022	STATUS	SUMMARY
<p>Create 6 FEP conversion slots (3/agency) through EPI+ program/grant</p> <ul style="list-style-type: none"> • Reduce total EPI+ capacity from 26 to 8. • Pilot conversion slots, refine programmatic parameters to meet clients with FEP 		<p>In mid-year FY2023, CCP contracts were amended to reduce EPI+ capacity to create FEP conversion slots. Currently, there are 17 FEP clients.</p>
<p>Review REACH capacity, budget, and program needs and increase FEP conversion slots for REACH, if needed.</p>		<p>BHSD and CCPs are reviewing FEP capacity, existing clients, and funding needs such as additional Flex Funding to support housing needs.</p>

F&C OUTPATIENT SPECIALTY SERVICES

Programs:

- Family & Children Outpatient Continuum (F&C OPC)
- Family & Children Ethnic Outpatient Continuum (F&C Ethnic OPC)
- Family & Children Integrated Outpatient (F&C Integrated OP)
- Transitional Age Youth Outpatient (TAY OP)
- Transitional Age Youth LGBTQ Outpatient (TAY LGBTQ)
- Transitional Age Youth Interdisciplinary Service Team (IST)
- Child Full Service Partnership (Child FSP)
- Youth Intensive Full Service Partnership (Youth IFSP)
- Transitional Age Youth Full Service Partnership (TAY FSP)
- Transitional Age Youth Intensive Full Service Partnership (TAY IFSP)
- Support for Parents
- County Clinical Services

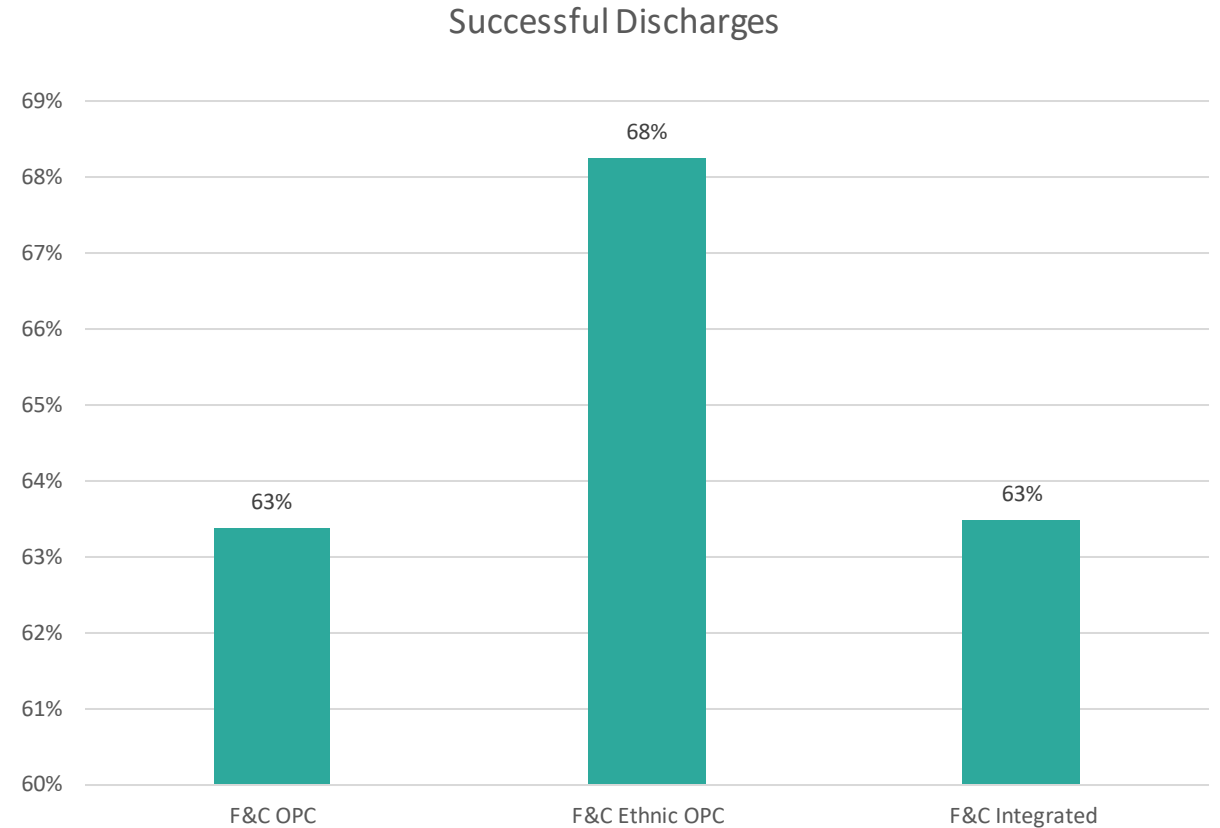
- ✓ **F&C OUTPATIENT CONTINUUM**
- ✓ **ETHNIC OUTPATIENT CONTINUUM**
- ✓ **INTEGRATED OUTPATIENT**



F&C OUTCOMES

Child and Adolescents Needs and Strength (CANS) Outcomes

- Youth receiving F&C OPC services showed positive improvement in Behavioral Emotional Needs, Risk Behaviors and Life Functioning domains
- Youth receiving F&C Ethnic OPC services showed positive improvement in Behavioral Emotional needs and life functioning domains
- Youth receiving F&C Integrated Services showed positive improvement in Behavioral Emotional Needs, Risk Behavior, and Life Functioning domains.

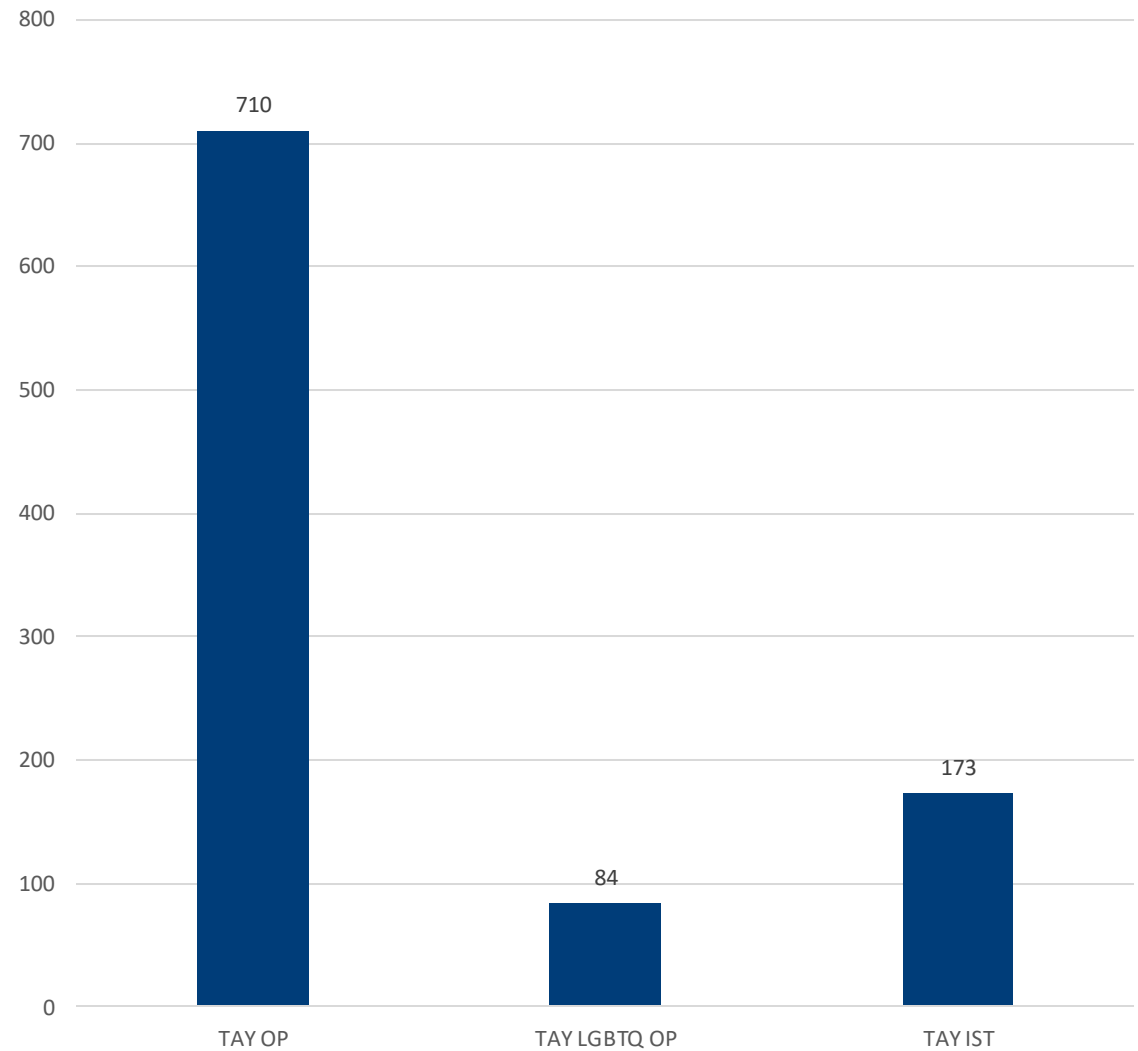


F&C HIGHLIGHTS

- F&C Outpatient Continuum (OPC) Services began their first full fiscal year of continuum services in FY23. The program now provides the flexibility in level of service to meet the needs of the youth when they need it.
- F&C Ethnic Outpatient was re-designed to a continuum in the middle of the FY23 to provide a similar range of service levels as F&C OPC.
- Services have been smooth for youth with the flexibility to move up and down service levels dependent on their needs at that moment.

- ✔ TAY OUTPATIENT
- ✔ TAY LGBTQ OUTPATIENT
- ✔ TAY INTERDISCIPLINARY SERVICE TEAM

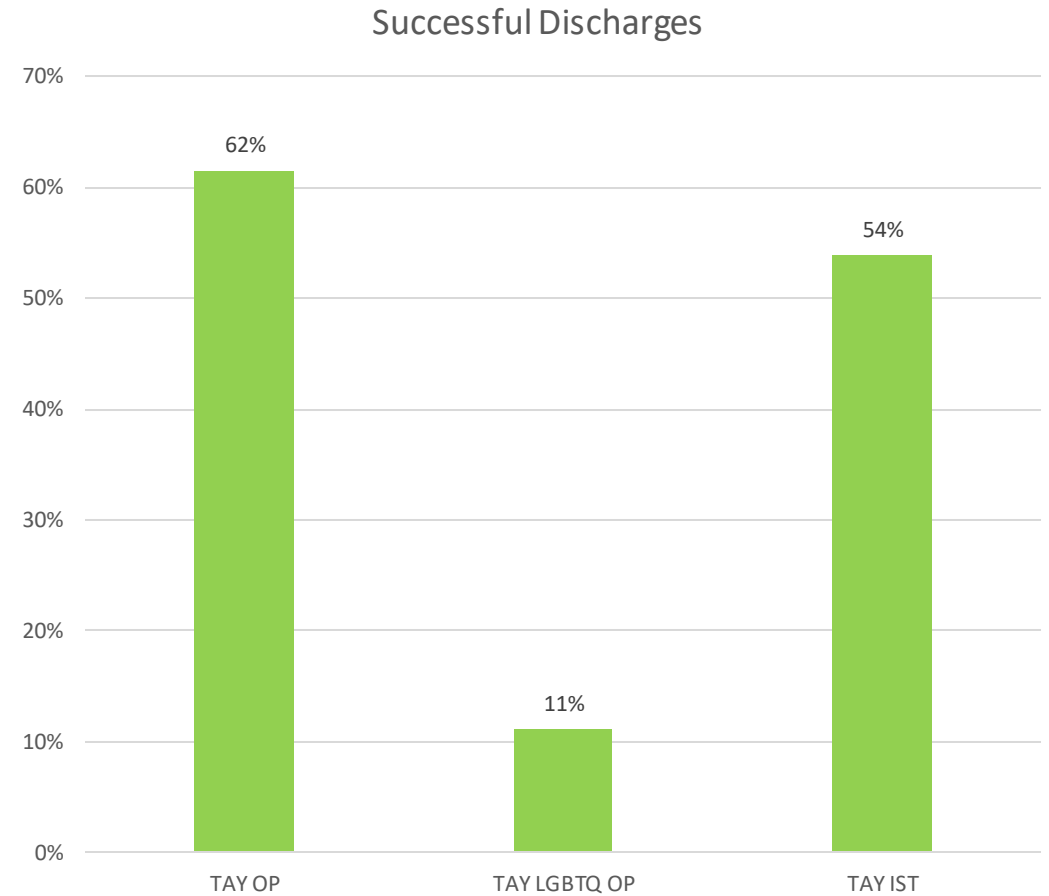
FY23 Youth and Young Adults Served



TAY OUTCOMES

Child and Adolescents Needs and Strength (CANS) Outcomes

- TAY receiving services showed positive improvement in Behavioral Emotional Needs, Risk Behaviors and Life Functioning domains
- TAY receiving IST services showed positive improvement in Behavioral Emotional Needs and Life Functioning domains.



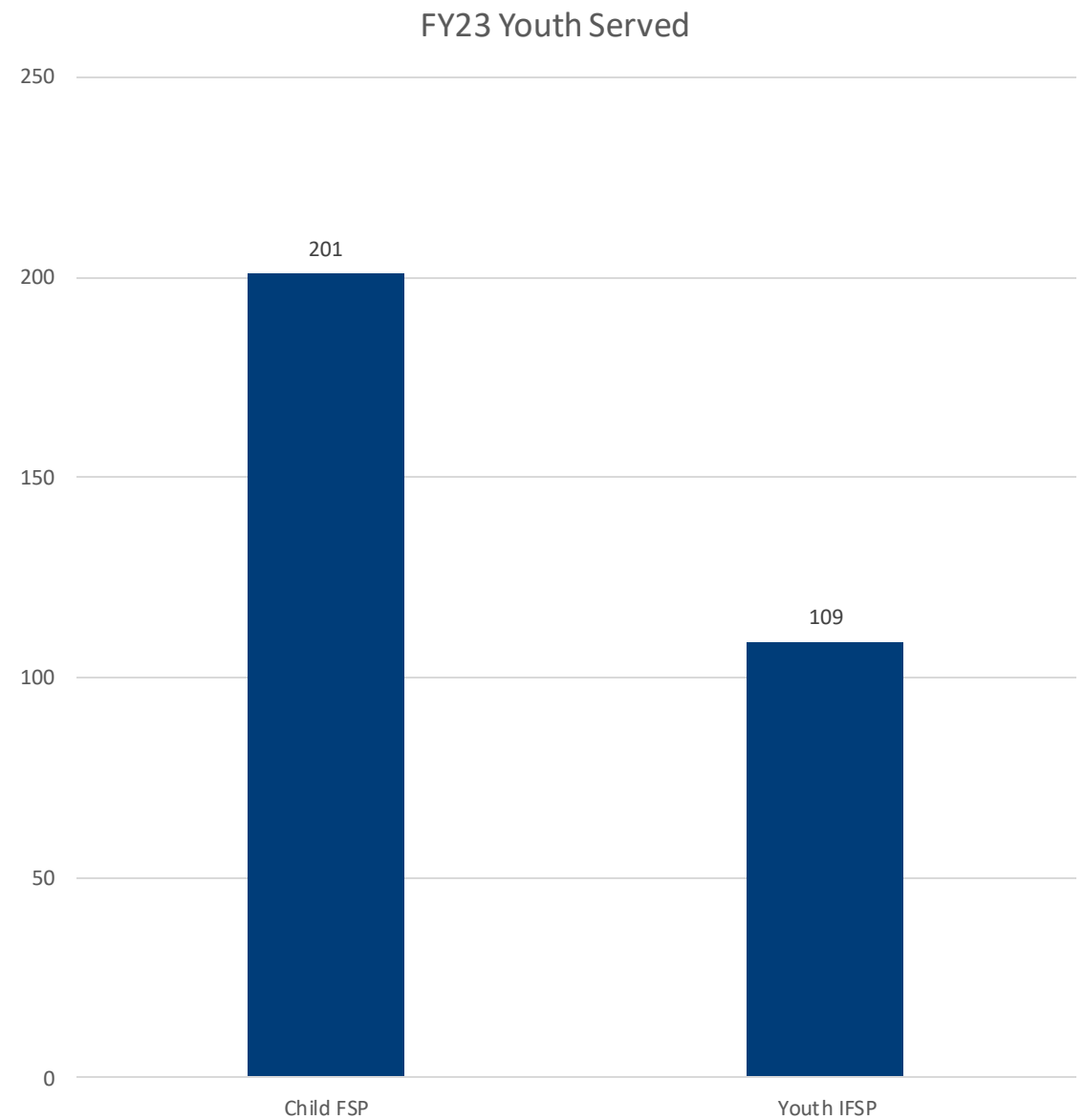
TAY HIGHLIGHTS

- TAY LGBTQ services increased in FY23 to support the needs of the target population
- TAY OP and LGBTQ programs began discussions for redesign to provide a continuum of level of services, similar to F&C OPC and Ethnic OPC



✔ **CHILD FULL SERVICE PARTNERSHIP**

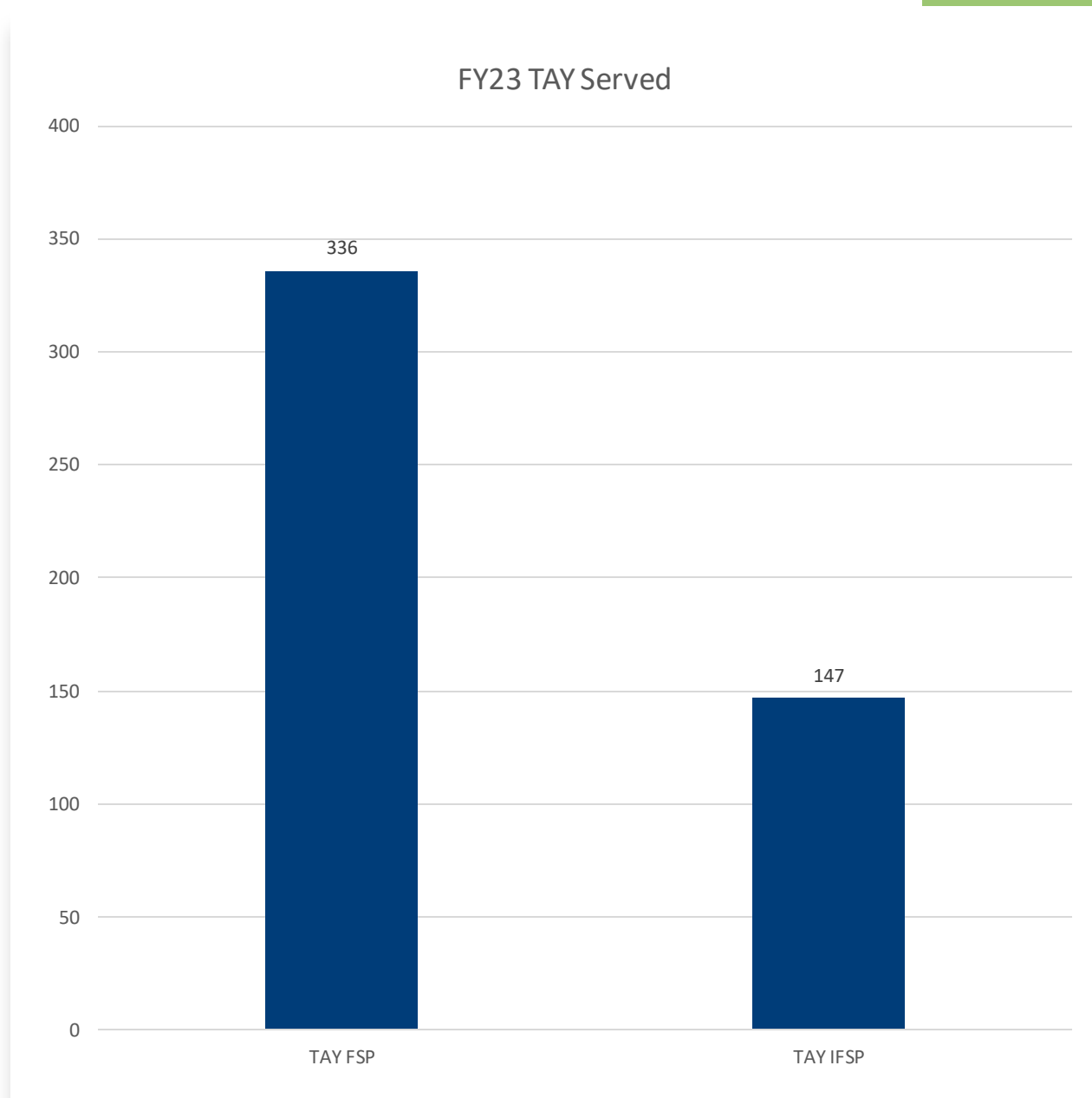
✔ **YOUTH INTENSIVE FULL SERVICE PARTNERSHIP**





✔ **TAY FULL SERVICE PARTNERSHIP (FSP)**

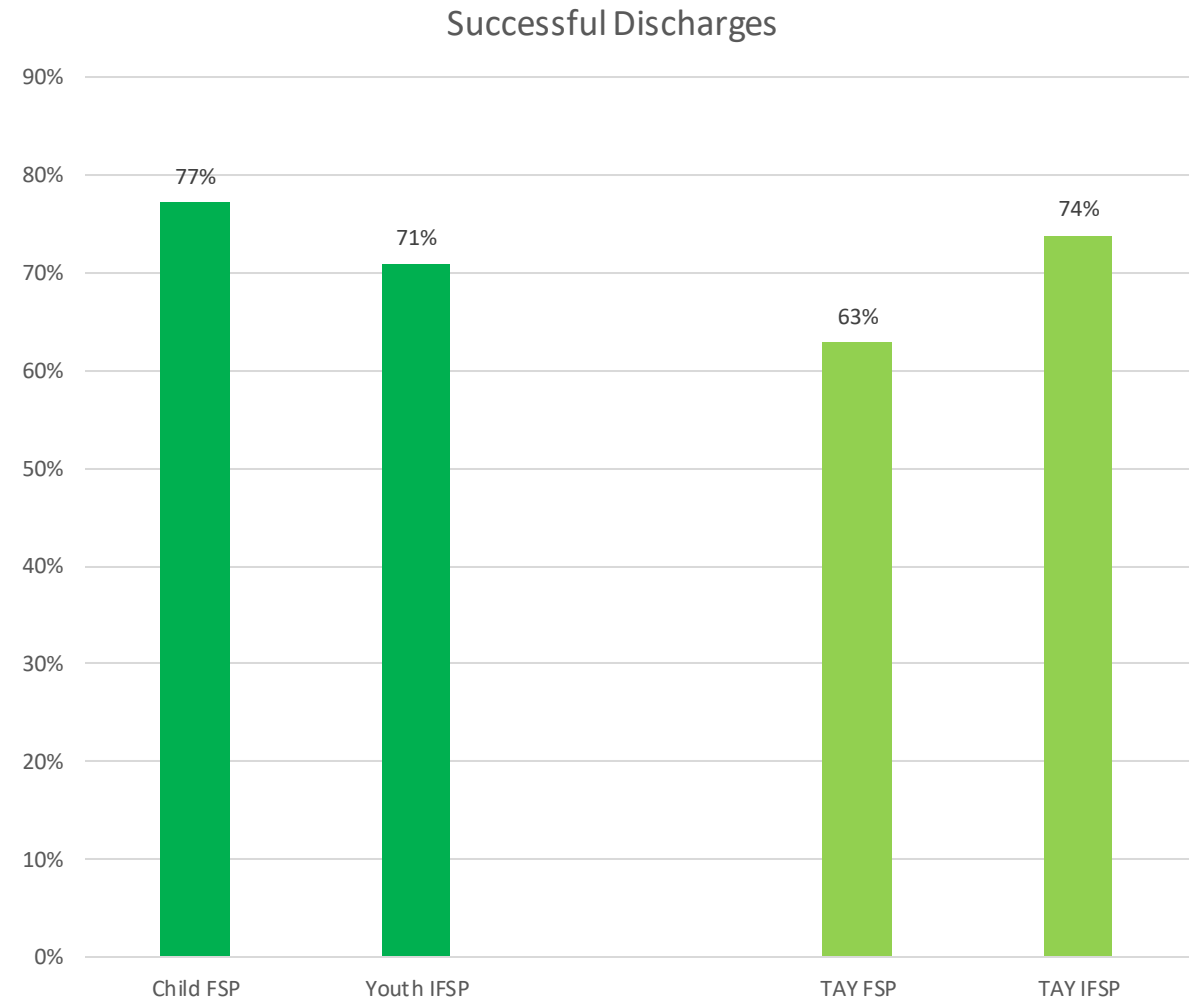
✔ **TAY INTENSIVE FULL SERVICE PARTNERSHIP (IFSP)**



FSP OUTCOMES

Child and Adolescents Needs and Strength (CANS) Outcomes

- Child FSP and IFSP services showed positive improvement in Behavioral Emotional Needs, Risk Behaviors and Life Functioning domains
- TAY FSP services showed positive improvement in Behavioral Emotional Needs, Risk Behavior and Life Functioning domains.
- TAY IFSP services showed positive improvement in Behavioral Emotional Needs and Risk Behavior domains



FSP HIGHLIGHTS

- Both Youth and TAY FSP programs began discussion on program redesign in FY23 to provide a continuum of services that provides both FSP and IFSP service levels under one program
- FSP providers boosted re-engagement efforts to support youth and young adults who disengage while in services to re-engage.

SUPPORT FOR PARENTS HIGHLIGHTS

Reach out and Read (ROR)

- FY23 reached 12,940 children, providing books to children and caregiver to promote ROR model supporting attachment and early literacy

Triple P – Positive Parenting Program

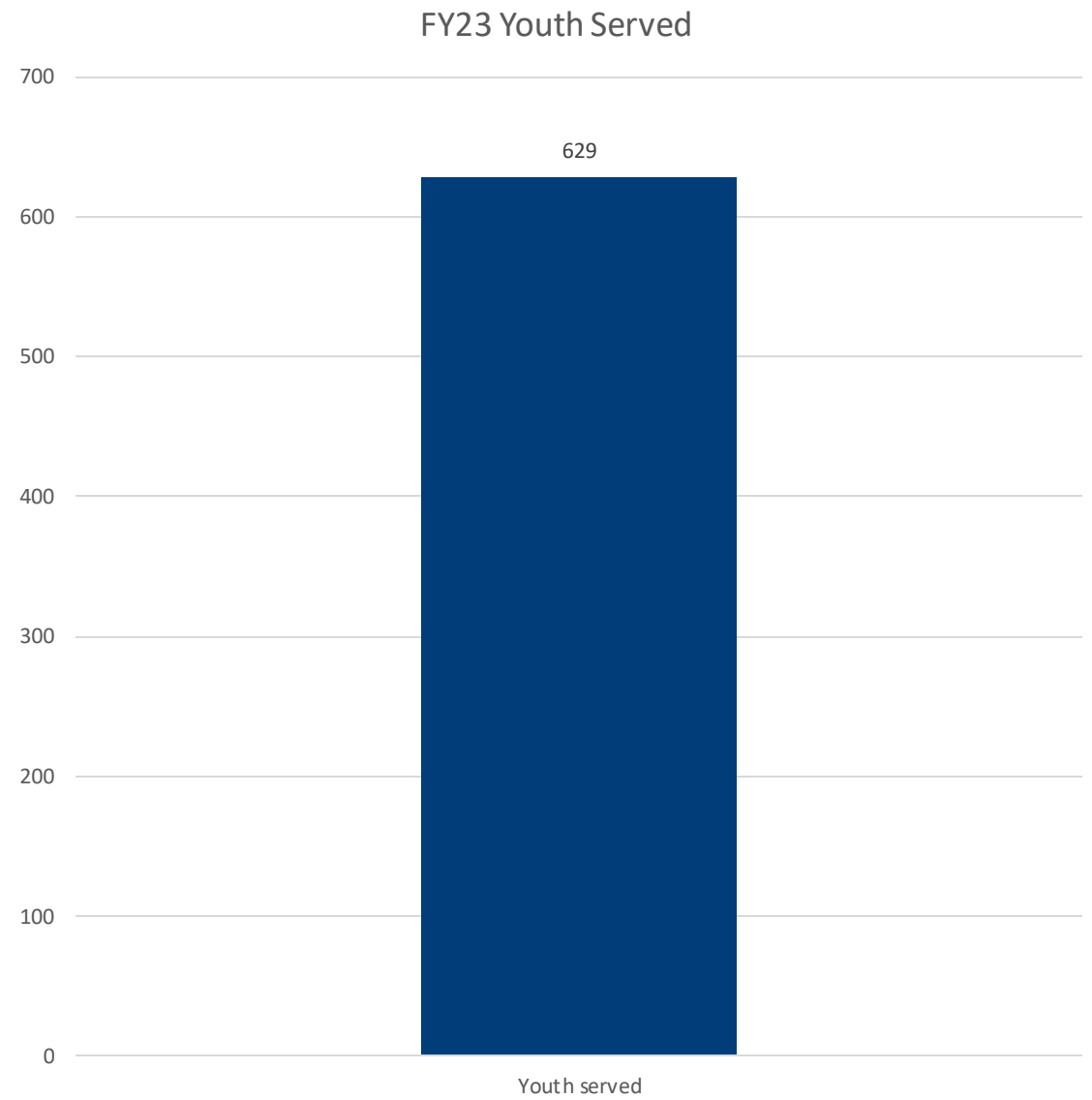
- 37 providers trained
- 275 Parents received Triple P services
- Trainings brought in focused on parents with Teens, and workshop style supports targeted to identified behaviors.

Dependency Advocacy Center (DAC) Mentor Parent Program

- 118 parents participated in program
- 21 parents reunified with their children
- Over 681 referrals made/supported to various community resources



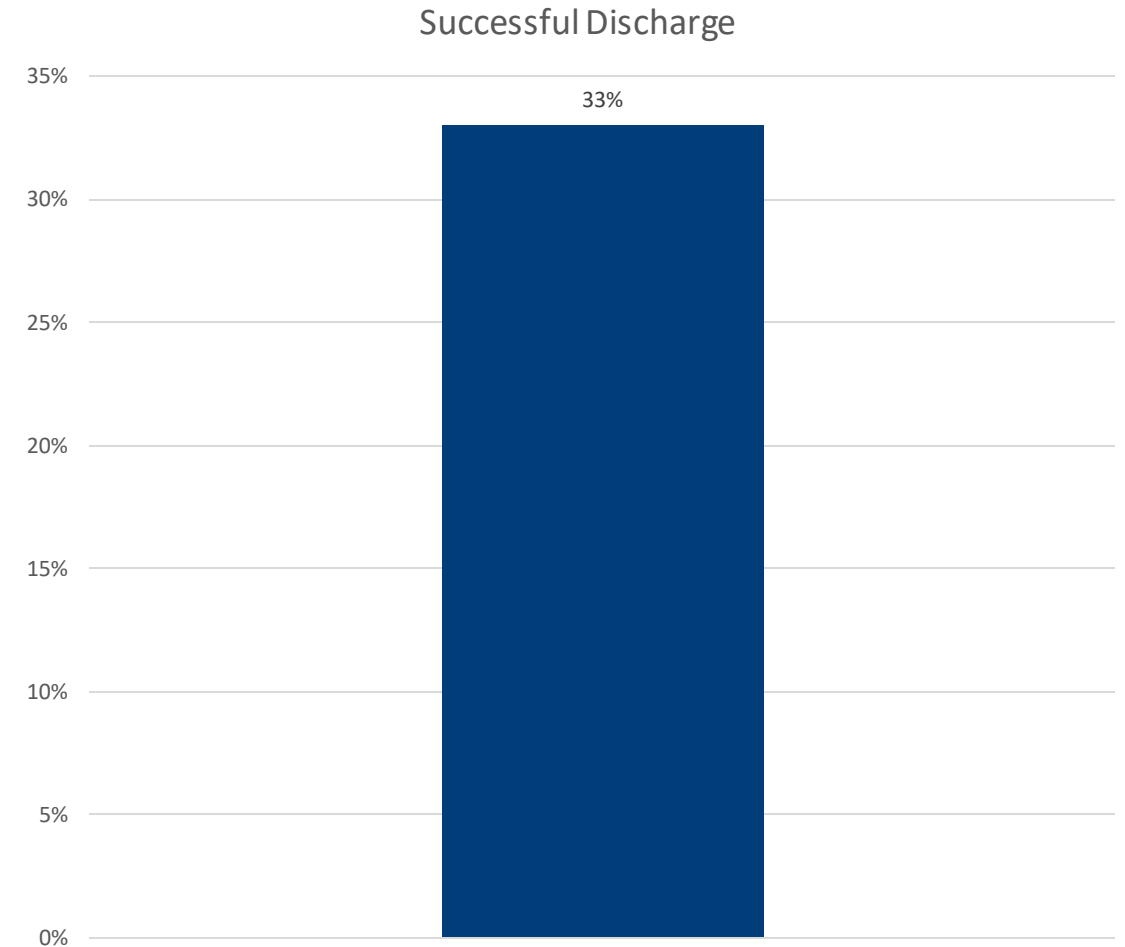
COUNTY CLINICAL SERVICES



COUNTY CLINICAL SERVICES HIGHLIGHTS

Child and Adolescents Needs and Strength (CANS) Outcomes

- County Clinical Services demonstrated a positive change in Behavioral Emotional Needs and Life Functioning Domains

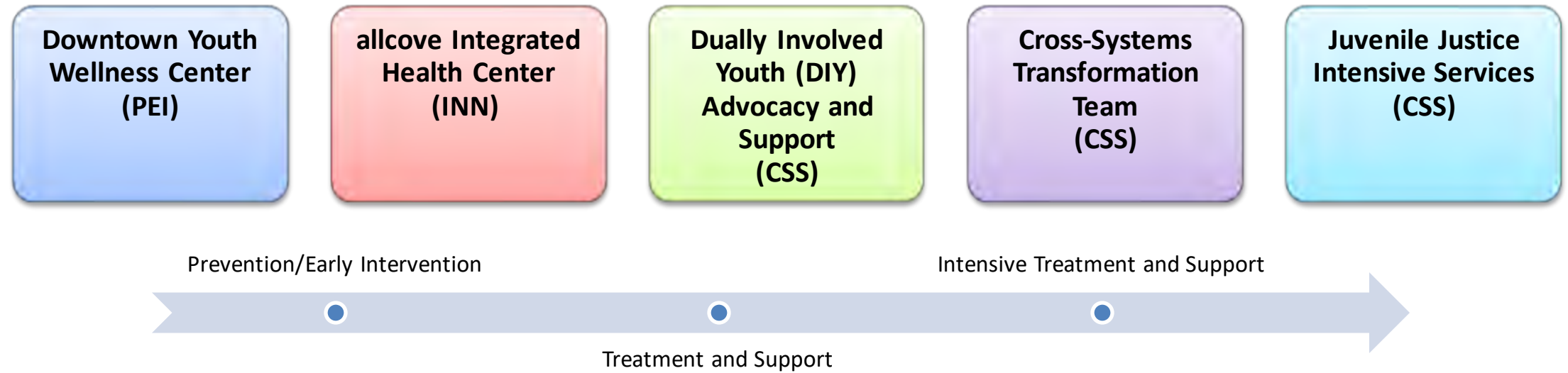


ADDITIONAL CYF HIGHLIGHTS

Youth Advisory Council –
development and planning
began in FY23

Integration of Integrated
Core Practice Model (ICPM)
into additional CYF
programs to support
collaboration and family
voice into decision making

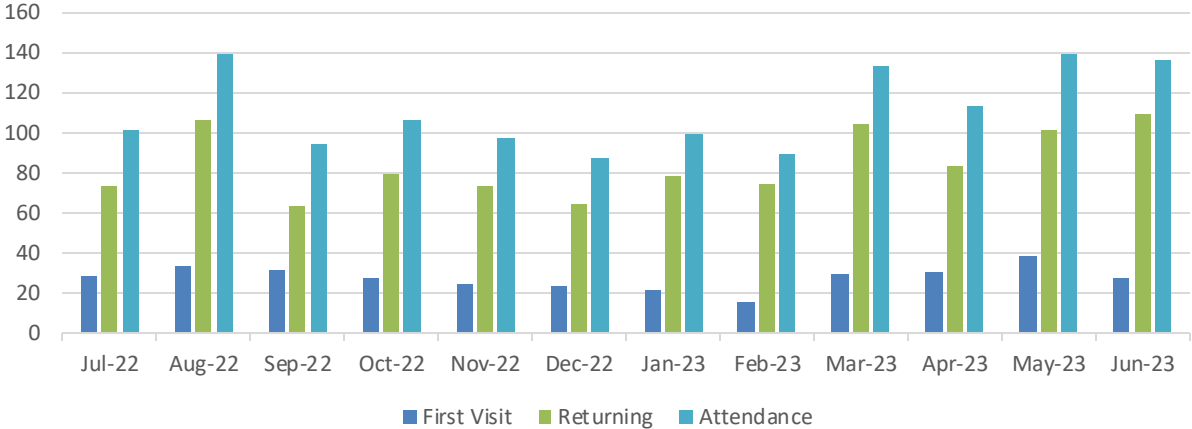
CROSS-SYSTEMS INITIATIVES (CSI) MHSA PROGRAMS



COMMUNITY WELLNESS CENTER FY23 DATA REVIEW AND SUCCESSES*

ALLCOVE PALO ALTO

allcove Attenance



Highlights

- **83%** of young people visiting the center expressed interest in **mental health service**
- **Continued expansion** of the program and increased community presence
- **Overwhelming satisfaction** from youth with the staff and center, and would recommend the allcove program to a friend

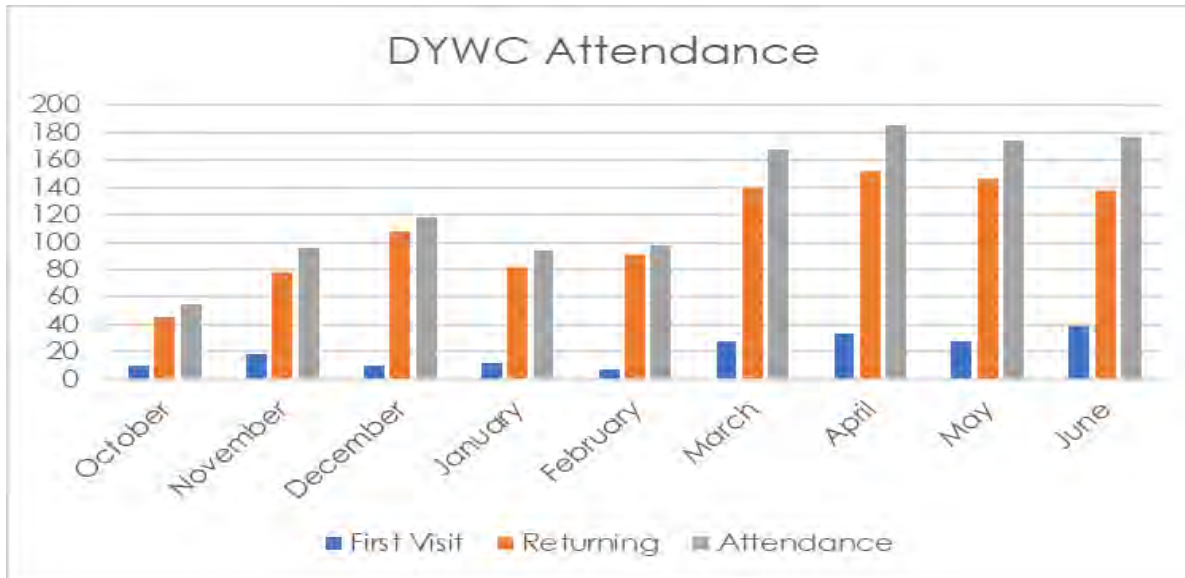
Service Numbers

Unduplicated Youth served: 326
 Outreach events: 73
 Community tours: 275

Encounters

Behavioral health: 939
 Psychiatry: 66
 Medical: 31
 Peer support: 527
 Supportive Education and Employment: 56

COMMUNITY WELLNESS CENTER FY23 DATA REVIEW AND SUCCESSES* DOWNTOWN YOUTH WELLNESS CENTER



Service Numbers (since October 2022)

Unduplicated Youth served: 220

Outreach events: 74

Community tours: 217

Encounters (since January 2023)

Behavioral health: 103

Other counseling/support: 100

Peer support and general center activities: 778

Qualitative Highlights

- Parenting youth are utilizing the center and infant supplies are on-hand to assist/support
- Outside providers have high regard for the program
- Returning youth numbers are high
- Several youth come to the center multiple times a week
- Unhoused youth have successful assistance to become housed
- Youth are reaching out to DYWC for substance use support. One youth called DYWC during an overdose and life-saving help was able to be dispatched to them.



CROSS-SYSTEMS SERVICES FY23 DATA REVIEW AND SUCCESSES*

Juvenile Justice includes Guadalupe, Competency and DIY (IOP Level of Care)

641 youth served
75% successful or administrative discharges**
Continuity of care, integrated treatment, engagement, and cross systems collaboration

Morgan Hill Services (Intensive Services)

51 youth served
Provider change - discharge rates being established
Continuity of care / integrated treatment / engagement

Transformation Team (CSEC) (IOP Level of Care)

27 youth served
71% successful or administrative discharges**
Access and no-wrong door approach; staff retention rates; coordination across systems

Notes:

*time frame July 1, 2022 – June 30, 2023

**common for program to transition youth to higher level of care



**CRISIS AND INTENSIVE SERVICES (CIS)
MOBILE RESPONSE AND STABILIZATION (MRSS)**

MRSS Activated

**Stabilized by
phone**

Mobile Response in field

**Hospital Diversion
Safety Plan
(72% of mobile
responses)**

**Hospital Diversion- Crisis
Stabilization Unit (CSU)
(28% of mobile responses)**

**Hospital
Diversion
from CSU-
Safety
Planned**

**Admitted
to
Psychiatric
Hospital**

Additional Highlights

- Increased capacity/access and community awareness through 988 access and additional teams and expansion to serve up to age 21
- Focused on quality of services through diversion efforts and time to service through launch of Salesforce (to support dispatch and tracking in Spring 2023 (via CCMU grant))

Additional Data

- ❖ 86% hospital diversion rate
- ❖ Access to same or next day post-crisis stabilization services (PCSS)
- ❖ 71% successful engagement for youth referred to PCSS after CSU discharge
- ❖ 64% successful discharges from PCSS



CRISIS AND INTENSIVE SERVICES (CIS) EATING DISORDERS CONTINUUM – CHILD, YOUTH AND ADULT

Outpatient (New in FY23)

- Youth to Adult
- Clinic or virtual
- Therapy, nutrition, psychiatry provided weekly or as clinical indicated
- Symptoms minimally impact daily life
- Length of stay based on clinical need

Intensive Outpatient (Expanded in FY23)

- Youth to Adult
- Daily meal support
- Individual, family, and group treatment
- Weight and vitals checks
- Meal planning
- Length of treatment average 21-30 day
- **Treatment dosage varies per provider** on average 3-5 hours per day 3-5 days per week

Partial Hospitalization Program (Expanded in FY23)

- Youth to Adult
- Meal support multiple times a day
- Clients able to control symptoms away from program
- Clients provide own meals
- Length of treatment average 21-30 days
- **Treatment dosage varies per provider average** is 6 hours a day 5 days per week

Residential (Expanded in FY23)

- Youth to Adult
- 24/7 supervision in residential treatment setting
- 2-4 sessions per week, group, family, individual services provided
- Psychiatric, physician and dietician services
- Individual requires daily supervision to manage ED behaviors

EATING DISORDER SERVICES HIGHLIGHTS FY23

Notable demographics for treatment services

- 9% identify as transgender
- 60% under age 16; 27% 16-25 years; 13% 26 years or older
- 59% receiving treatment identified Spanish as the primary language

Service Expansion in FY23- Full Continuum of Care

- Increased treatment capacity and clinical services through additional locations with two new provider agencies; additional capacity and levels of care (including virtual options)
- Focus on family-inclusive services and communication; eating disorders coordinator support readiness for treatment and engagement and communication with other providers





QUESTIONS



MHSA FY2025 ANNUAL PLAN UPDATE

COMMUNITY PROGRAM PLANNING PROCESS TIMELINE

Public/Stakeholder Meetings/Activities*

To be Conducted Onsite/In-Person

MHSA FY2025 Annual Plan Update

Date	Meeting
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.)

*Note: Additional planning /refinement meetings may be scheduled. Please stay connected for schedule info: <https://bhsd.sccgov.org/about-us/mental-health-services-act>.

CLOSING REMARKS & NEXT STEPS

PLEASE TAKE A FEW MINUTES TO FILL IN THE SURVEY



Thank you!

For any questions about MHSA and the FY2025 MHSA Planning Process, please email MHSA@hhs.sccgov.org.

