

Mental Health Services Act (MHSA) FY2025 Community Program Planning Process Kick-Off Meeting

Wednesday, September 13, 2023

9AM – 12PM

Learning Partnership Training Rooms 3 & 4



COUNTY OF SANTA CLARA
Behavioral Health Services

Supporting Wellness and Recovery

MEETING AGENDA – September 13, 2023	TIME
1. Welcome & Background (Sherri Terao) <ul style="list-style-type: none"> a. Introductions b. Welcoming Remarks & Housekeeping 	9:00 AM
2. MHSA News <ul style="list-style-type: none"> a. Overview of MHSA (Jeanne Moral) b. Overview of SB 326: MHSA Modernization (Roshni Shah) 	9:15 AM
3. Impacts of MHSA Modernization on Santa Clara County (Sherri Terao & Katelyn Lu) <ul style="list-style-type: none"> a. Updates 	9:25AM
4. MHSA Fiscal Update (Tina Cordero) <ul style="list-style-type: none"> a. MHSA Projections b. MHSA Actuals vs Budgets 	9:45 AM
5. Questions & Answers - Impacts of MHSA Modernization & MHSA Fiscal Update	10:05 AM
6. Break	10:30 AM
7. MHSA FY 2025 Annual Update Community Program Planning Process Timeline (Roshni Shah) <ul style="list-style-type: none"> a. Overview b. Questions & Answers 	10:35 AM
8. Data Findings from 2023 MHSA Survey & Community Conversations (Dr. Joyce Chu) <ul style="list-style-type: none"> a. Presentation by Dr. Chu b. Questions & Answers 	10:45 AM
9. MHSA Innovation Updates (Juan Miguel Munoz-Morris) <ul style="list-style-type: none"> a. Innovation Project Updates b. Questions & Answers 	11:30 AM
10. SLC Subcommittee Activities & Updates (Siobhan Burgos & Dr. Joyce Chu)	11:45 AM
11. Closing Remarks & Next Steps	11:55 AM



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**

MHSA NEWS: OVERVIEW OF MHSA

MHSA 101: BACKGROUND

November 2, 2004 General Election:

"Should a 1% tax on taxable personal income above \$1 million to fund expanded health services for mentally ill children, adults, seniors be established?"

Prop. 63 passed with 6.2 million 'Yes' votes (53.8%)

Became effective as a California state law,

"the Mental Health Services Act" (MHSA) on January 1, 2005

The MHSA Provides:

- Funding, personnel, and other resources
- Best practices and innovative approaches
- Prevention, early intervention, treatment and recovery
- Community partnerships and stakeholder engagement



California Code of Regulations (CCR) § 3320



COUNTY OF SANTA CLARA
Behavioral Health Services

MHSA 101: PRIORITY POPULATIONS

Underserved: A client diagnosed with a serious mental illness (SMI) and/or serious emotional disturbance (SED) and are receiving some services but are not provided with the necessary or appropriate opportunities to support their recovery, wellness and/or resilience.

- Includes clients who are so poorly served that they are at risk for homelessness, institutionalization, incarceration, out of home placement or other serious consequences.
- Includes members of ethnic/racial, cultural and linguistic populations.

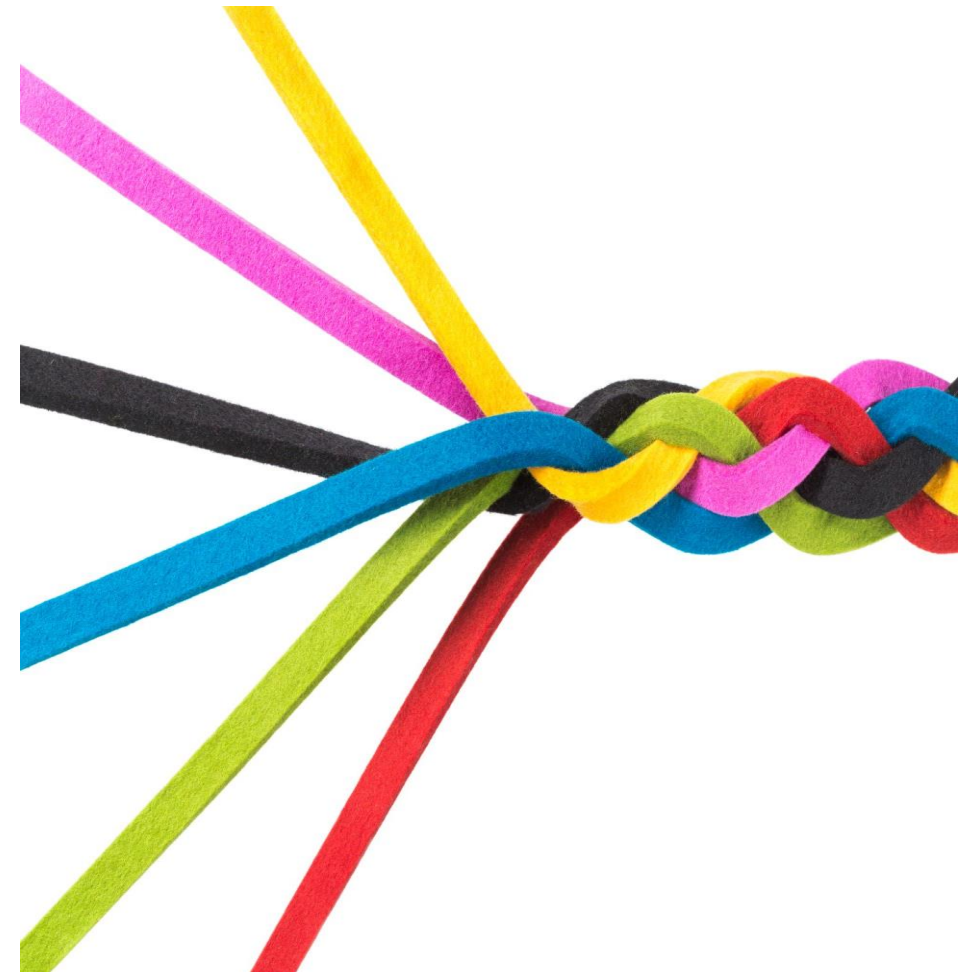
Unserved: Those individuals who may have SMI and/or SED and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with the county are also considered unserved.



MHSA 101: MHSA PLEDGES A COMMITMENT TO INCLUSION

“Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.”

Mental Health Services Act (Revised January 27, 2020)





MHSA STAKEHOLDER LEADERSHIP COMMITTEE (SLC)

Overview

- Since 2005 the MHSA SLC has been in place to provide input and to advise the BHSD in its MHSA planning and implementation activities.
- Serves as the BHSD's primary advisory committee for MHSA activities.
- Consists of representatives of various stakeholder groups, including consumers, family members, and underserved cultural communities.
- MHSA SLC members review, comment, and provide input on MHSA three-year plans and annual updates.
- MHSA SLC meetings serve as a forum to assure wide-ranging representation in the MHSA community planning process.
- All MHSA SLC meetings are open to the public and allow for public comment.

Visit: <https://bhsd.sccgov.org/about-us/mental-health-services-act/mhsa-stakeholder-leadership-committee>

MHSA COMPONENTS

CSS: Community Services & Supports

- Outreach and direct services for children, Transitional Aged Youth (TAY), adults, and older adults with SED and/or SMI. 51% of funds must be dedicated to Full-Service Partnership (FSP) programs.

PEI: Prevention & Early Intervention

Prevention services to prevent the development of mental health problems

- Early intervention services to screen and intervene with early signs of mental health issues. 51% of funds are dedicated to clients 25 years old and under.

WET: Workforce Education & Training

- Support to build, retain, and train a competent public mental health workforce

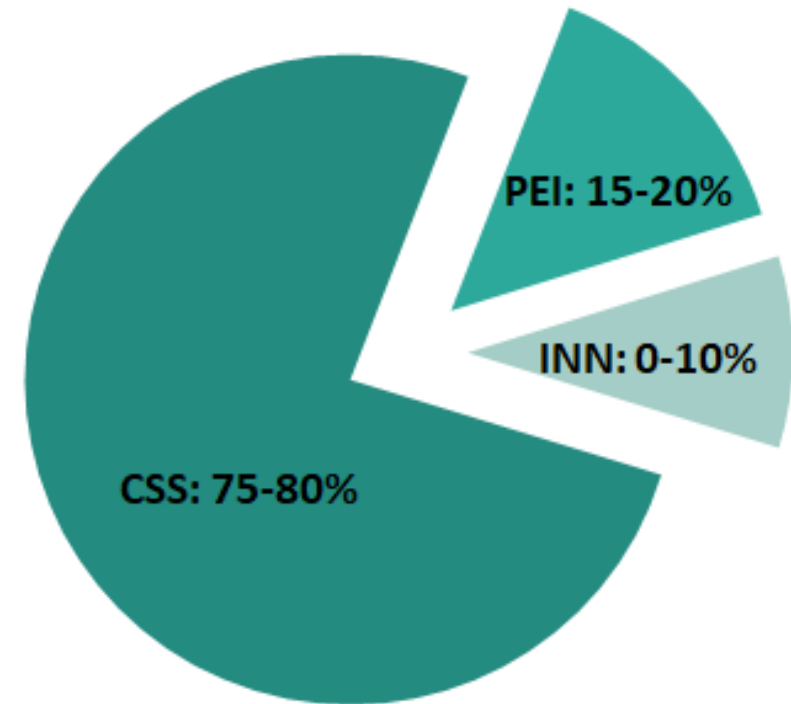
INN: Innovation

- Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un-, under-, and inappropriately-served populations. Projects are short-term, for up to 5 years, and require State approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

CFTN: Capital Facilities & Technological Needs

- Infrastructure to implement projects that are cost-effective/create efficient technological improvements and support facilities where MHSA-funded services will operate.

MHSA County Funding*





MHSA NEWS

Overview of SB 326: MHSA Modernization

MHSA Modernization Updates

SB 326: Reforming behavioral health care funding to provide services to the most seriously ill and to treat substance use disorders

- Expands eligible services to include treatment for substance use disorders (SUDs) alone and allows counties to use funds in combination with other state & federal funds to expand SUD services.
- Because of this expansion to cover SUD, the bill updates the name of the MHSA to the Behavioral Health Services Act (BHSA).
- Recognizes the need for treatment beds and housing with supports to address a variety of serious behavioral health disorders.

Vision for Behavioral Health: Whole-Person Prevention & Care for All

Services for those most in need –including serious mental illness and substance use disorders –and continued investments in prevention, early intervention, and innovation

Accountability for real results for all mental health funding

Housing -thousands of new treatment beds and supportive housing to finally deliver needed unlocked, community-based settings

Workforce to meet the need and reflect California's diversity

MHSA Modernization Updates

- Modernizes county allocations (90%) to require the following priorities and encourage innovation in each area:
 - **30% for Housing Interventions** for children and families, youth, adults, and older adults living with serious mental illness/serious emotional disturbance (SMI/SED) and/or SUD who are experiencing homelessness or are at risk of homelessness.
 - Authorizes housing interventions to include rental subsidies, operating subsidies, shared housing, family housing for children and youth who meet criteria, and the non-federal share for certain transitional rent.
 - Half of this amount (50%) is prioritized for housing interventions for the chronically homeless. Up to 25% may be used for capital development.
 - **35% for Full Service Partnership (FSP) programs**, which are the most effective model of comprehensive and intensive care for people at any age with the most complex needs. These funds will be used to expand the number of FSP slots available across the state and are key to CARE Court being successfully implemented.

MHSA Modernization Updates

- Modernizes county allocations (90%) to require the following priorities and encourage innovation in each area:
 - **35% for Behavioral Health Services and Supports (BHSS)**, including outreach & engagement, early intervention, workforce education and training, capital facilities and technological needs, and innovative pilots and projects, to strengthen the range of services individuals, families, and communities need.
 - A majority (51%) of this amount must be used for Early Intervention.
 - A majority (51%) of Early Intervention services must be for people 25 years and younger
- Provides counties with flexibility within the above funding areas by allowing each county to individually move up to 7% from one category into another, to allow locals the ability to address their different local needs and priorities – based on data.
 - Funding changes can only be made during the 3-year plan cycle.
 - Flexibility aligns with the transition to implementation and is on-going
 - Shift 7% from any one service to another; 14% max –2026-27 through 2028-29
 - Shift 6% from any one service to another; 12% max –2029-30 through 2031-32
 - Shift 5% from any one service to another; 10% max –2032 forward

MHSA Modernization Updates

- **Creates new state-wide, state-led investments (10% of total BHSAs funds):**
 - **Prevention (4% of total funding)** through population-based programming on behavioral health and wellness. These strategies target the entire population at the community level to reduce the risk of individuals developing a mental health or substance use disorder. For example, in school-linked settings, this prevention funding must focus on school-wide or classroom-based mental health and substance use disorder programs, not individual services.
 - A majority of Prevention (51%) programming must serve people 25 years and younger
 - **Workforce (3% of total funding)** investments to develop a culturally-competent and diverse behavioral health workforce to address our statewide need, and leverage these dollars to draw down additional federal funding that will benefit the entire state system with a \$2.4 billion investment over 5 years.
 - **Funding for state administration (3% of total funding)** used to develop statewide outcomes, conduct oversight of county outcomes, train and provide technical assistance, research and evaluate, and administer programs.

MHSA Modernization Updates

EXPANDS THE BEHAVIORAL HEALTH WORKFORCE TO REFLECT AND CONNECT WITH CALIFORNIA'S DIVERSE POPULATION

The proposal recognizes and supports the critical need to expand a culturally-competent and well-trained behavioral health workforce to address behavioral health capacity shortages and expand access to services.

- Provides up to 3% of annual BHSAs funds for the California Health and Human Services Agency (CalHHS), in collaboration with the Department of Health Care Access and Information, to implement a statewide behavioral health workforce initiative, including leveraging federal dollars for a \$2.4 billion workforce initiative under BH-CONNECT, a proposed federal waiver.
- Authorizes counties to also fund additional, local workforce initiatives using resources from their local BHSAs allocation prioritized for Behavioral Health Services and Supports

MHSA Modernization Updates

FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY

OUTCOMES: The proposal replaces the existing MHSA-specific plan with a new County Integrated Plan for Behavioral Health Services and Outcomes, which includes all local behavioral health funding and services

- Requires counties to demonstrate coordinated behavioral health planning using all services and sources of behavioral health funding (e.g., BHSA, opioid settlement funds, realignment funding, federal financial participation), to provide increased transparency and stakeholder engagement on all local services.
- Requires stratified local data analysis to identify behavioral health disparities and consider approaches to eliminate those disparities
- Requires the Department of Health Care Services (DHCS) to work with counties and stakeholders to establish outcome metrics for state and county behavioral health services and programs

MHSA Modernization Updates

FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY

ACCOUNTABILITY: The proposal establishes a new, annual County Behavioral Health Outcomes, Accountability, and Transparency Report to provide public visibility into county results, disparities, spending, and longitudinal impact on homelessness.

- Requires counties to report to DHCS their annual service utilization data and expenditures of state and federal behavioral health funds, unspent dollars, and other information. Authorizes DHCS to impose corrective action plans on counties that fail to meet the requirements established by this section
- Authorizes up to 2% (and up to 4% for counties with a population of 200,000 or less) of local BHSAs revenue to be used for local resources to assist counties in improving plan operations, quality outcomes, reporting fiscal and programmatic data and monitoring subcontractor compliance for all county behavioral health funding, on top of the existing 5% county administrative costs.
- Reduces authorized local prudent reserve amounts in the BHSAs to allow for needed investments while still saving for an economic downturn.
- Strengthens the independent state Oversight and Accountability Commission by increasing its scope of advisory review to all behavioral health funding, mirroring the county integrated plans and reports; continuing its status as an independent agency; and adding additional community representation, namely for transition-age youth and for individuals who are aging or disabled, and other critical community perspectives.

MHSA Modernization Updates

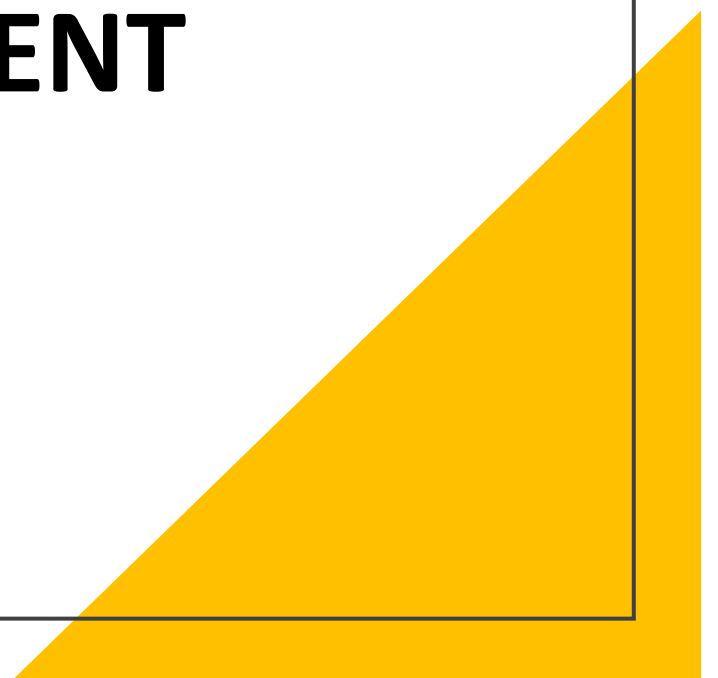
FOCUSING ON OUTCOMES, ACCOUNTABILITY, AND EQUITY

EQUITY: The proposal connects the Behavioral Health System statewide for all Californians.

- For those with Medi-Cal health insurance: Authorizes DHCS to align the terms of the county behavioral health plan contracts regarding administration, infrastructure, and organization with Medi-Cal managed care plan contracts.
- For those with commercial health insurance: Directs the Department of Managed Health Care (DMHC) and DHCS to develop a plan with stakeholder engagement for achieving parity between commercial and Medi-Cal mental health and substance use disorder benefit. This may include, but is not limited to, phasing in alignment of utilization management, benefit standardization, and covered services.

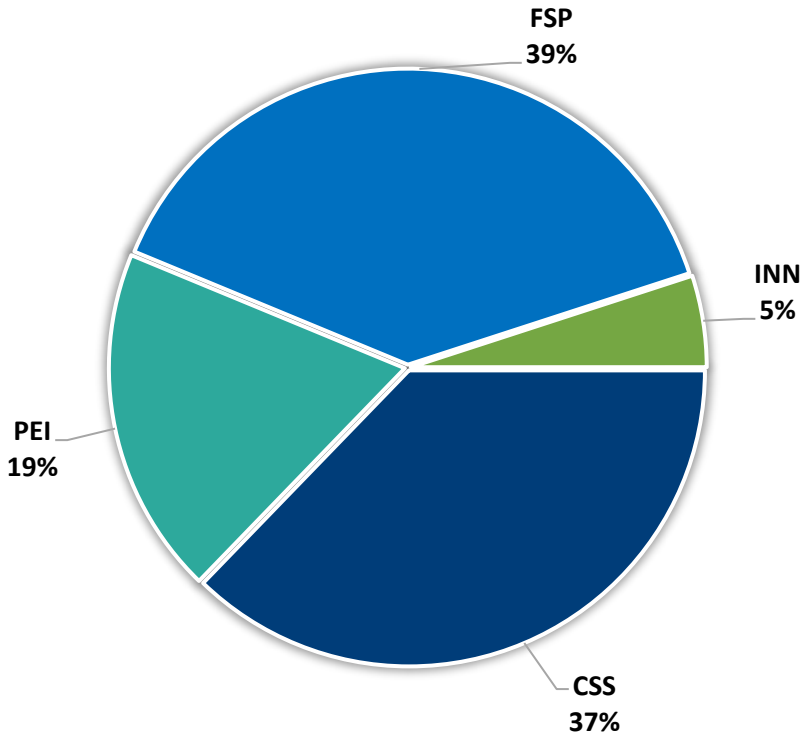
IMPACT OF PROPOSED BHSA MODERNIZATION ON SANTA CLARA COUNTY - AUGUST AMENDMENT

SEPT 2023

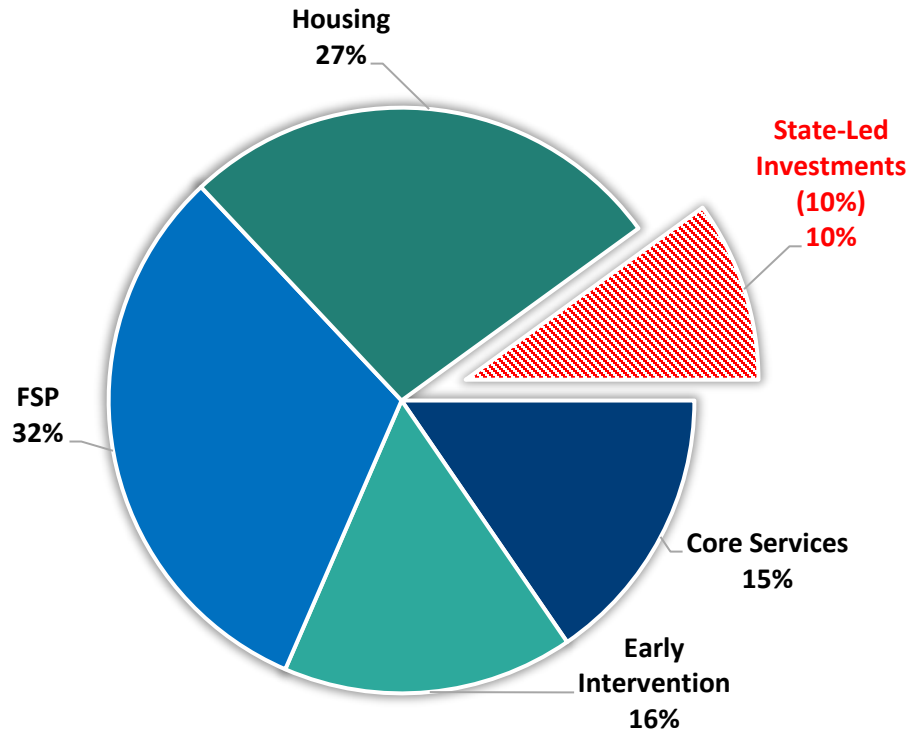


MHSA COMPONENTS VS BHSA CATEGORIES FUNDING ALLOCATIONS

MHSA Components



BHSA Categories



Key Takeaways



Modernization changes MHSA name to Behavioral Health Services Act (BHSA)

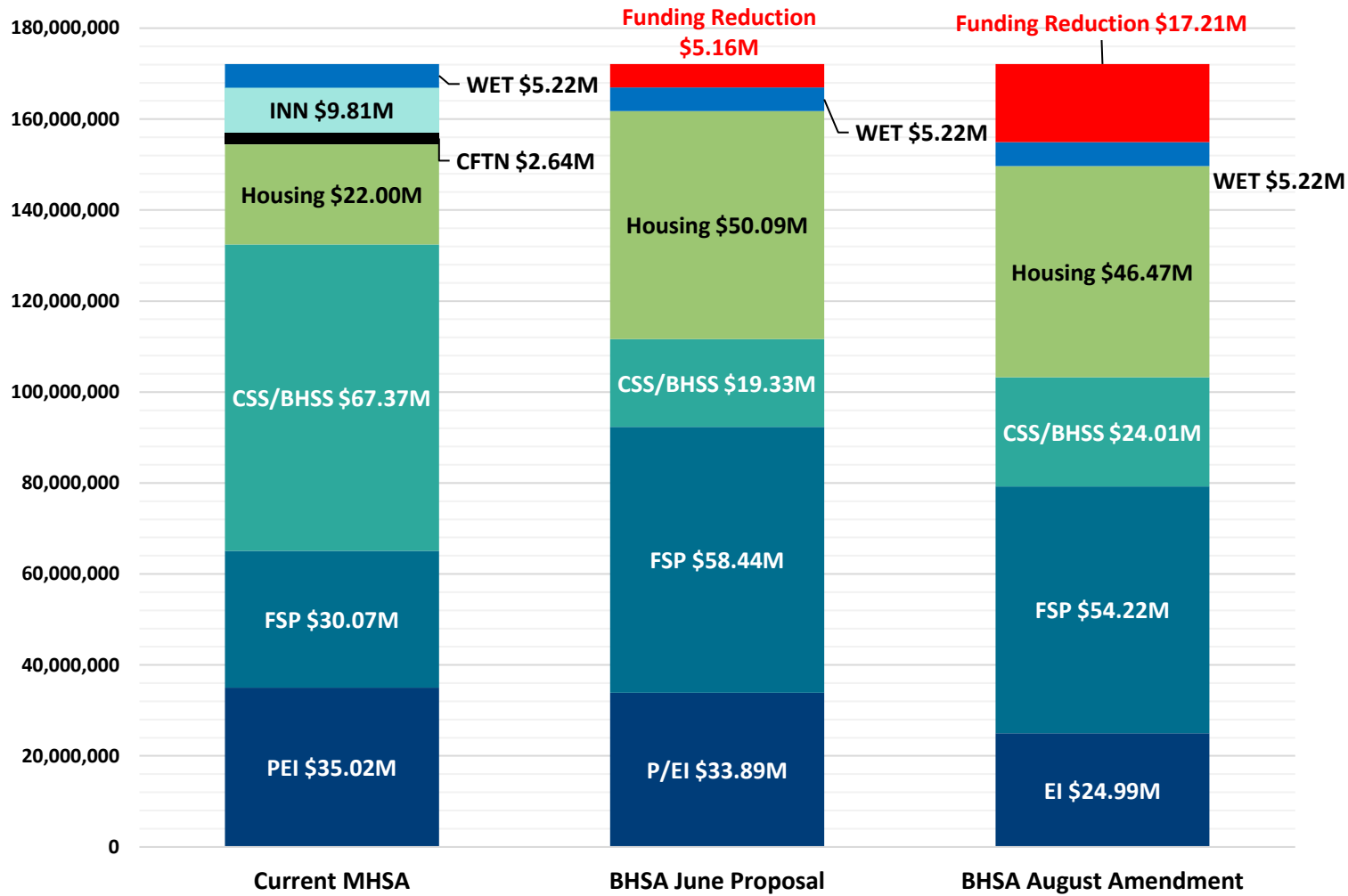


Loss of funding of 10% total BHSA funding to State-Led Investments (4% Prevention, 3% Workforce, 3% Admin)



Reallocating remaining 90% total BHSA funding to new categories, which increases Housing but reduce core mental health services.

IMPACT BASED ON \$172.1M PLANNED EXPENDITURES



Key Takeaways



Loss of 10% (\$17.2M) of total expenditure budget to state-led investments.



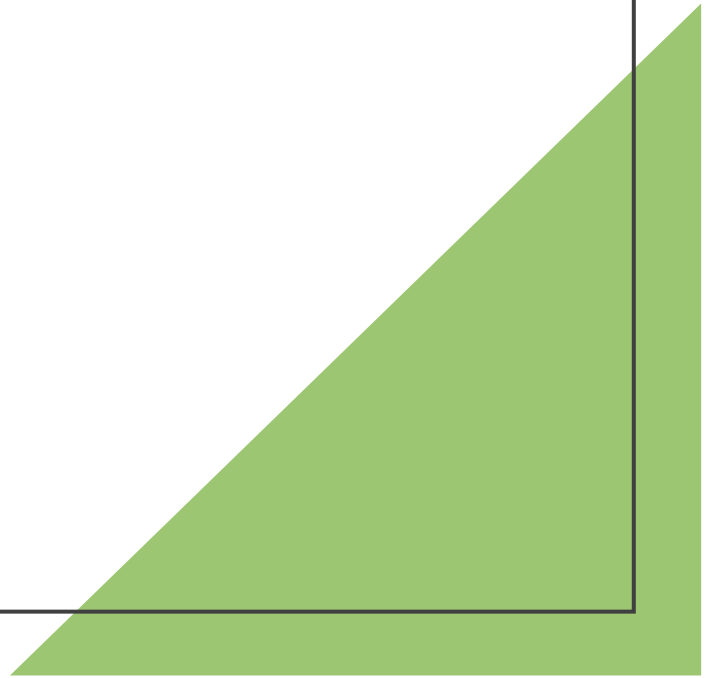
Loss of funding for core mental health outpatient, crisis, and recovery services by 64%.



Innovation and Capital Facilities and Technology Needs may be eliminated.

Footnote: Analysis does not reflect substance use disorders (SUD) requirements and loss of services due to Medi-Cal federal match (FFP)

MHSA Fiscal Updates



MHSA Financial Projections

MHSA FINANCIAL PROJECTIONS						
	CSS	PEI	INN	WET	CFTN	TOTAL
FY21-22						
Unspent Balance from FY21 (DHCS)	31,271,662	21,383,165	29,303,400	0	3,704,382	85,662,610
Revenue Distribution from State	109,687,474	27,516,193	7,431,359	0	30,667	144,665,693
ARER to State	(98,396,912)	(20,068,047)	(5,134,399)	(2,539,221)	(2,801,123)	(128,939,702)
Transfer from CSS	(2,539,221)	0	0	2,539,221	0	0
Unspent Balance/(Deficit) at FY22 (DHCS)	40,023,003	28,831,313	31,600,360	0	933,927	101,388,602
FY22-23						
Unspent from FY22 (DHCS)	40,023,003	28,831,313	31,600,360	0	933,927	101,388,602
Revenue Distribution from State (SAP FY23)	72,544,883	18,563,198	5,449,446	0	6,810	96,564,336
Projected Expenditure (JEAP12)	(101,439,440)	(24,918,479)	(11,208,523)	(2,219,292)	(5,885,822)	(145,671,556)
Transfer from CSS	(7,171,187)	0	0	2,219,292	4,951,895	0
Unspent Balance/(Deficit) at FY23	3,957,259	22,476,031	25,841,283	0	6,810	52,281,382
FY23-24						
Unspent from FY23	3,957,259	22,476,031	25,841,283	0	6,810	52,281,382
Revenue Distribution from State	139,866,329	34,966,808	9,200,501	0	0	184,033,638
Projected Expenditure	(119,044,027)	(35,024,983)	(10,202,223)	(5,216,582)	(2,640,000)	(172,127,815)
Transfer from CSS	(7,856,582)	0	0	5,216,582	2,640,000	0
Unspent Balance/(Deficit) at FY24	16,922,978	22,417,856	24,839,561	0	6,810	64,187,205

FY 2025 forecast pending updates on legislation

FY24-25						
Unspent from FY24	16,922,978	22,417,856	24,839,561	0	6,810	64,187,205
Revenue Distribution from State	95,306,185	23,822,601	6,268,727	0	0	125,397,513
Projected Expenditure	(118,576,112)	(38,516,000)	(7,930,973)	(5,216,582)	(2,640,000)	(172,879,667)
Transfer from CSS	(7,856,582)	0	0	5,216,582	2,640,000	0
Unspent Balance/(Deficit) at FY25	(14,203,530)	7,724,457	23,177,315	0	6,810	16,705,051

MHSA Actual vs Budget*

Component	FY21 MHSA Budget	FY21 MHSA Expense	FY22 MHSA Budget	FY22 MHSA Expense	FY23 MHSA Budget	FY23 MHSA Expense
1. CSS Total	83,773,829	90,797,258	90,559,055	98,396,912	111,635,191	103,576,336
2. PEI Total	25,889,255	20,965,975	25,902,571	20,068,045	30,151,830	25,671,985
3. INN Total	8,087,736	4,337,438	11,572,079	5,134,399	13,934,072	10,951,709
4. WET Total	3,129,104	2,445,332	2,621,821	2,539,221	4,092,788	2,322,113
5. CFTN Total	5,241,566	4,412,106	5,129,512	2,801,123	8,365,000	3,119,414
Grand Total	126,121,490	122,958,109	135,785,038	128,939,700	168,178,881	145,641,557

*Data based on DHCS Annual Revenue & Expenditure Report (ARER) FY2021 and FY2022 actuals and excludes one-time annual adjustments

Key Takeaways:

1. MHSA revenues have been declining & annual expenses are increasing each year

2. Historical unspent amount is declining

QUESTIONS?



BREAK



MHSA FY 2025 ANNUAL UPDATE

COMMUNITY PROGRAM PLANNING PROCESS TIMELINE

Timeline for the MHSA FY2025 Annual Plan Update Community Planning Process

Data Collection, Analysis & Review

Jan 1 – Mid-March 2023

Survey data collection
Community conversations

Mid-March to May 2023

Data compilation &
analysis

May to June 2023

BHSD reviews initial data
findings

Planning Process

September – January 2024

September – October 2023
BHSD System of Care data
findings & program updates

November – January 2024

Presentation & discussion of
BHSD program
recommendations

Local Review Process & Alignment with County Budget Process

February 2024: 30-day
public comment period*

April 2024: BHSD budget
proposals shared with
Health & Hospital
Committee (HHC)

May 2024: Countywide
budget workshops

May 2024: BHB hearing*

June 2024: BOS hearing*

Our Contributors - Thank you for your support with the MHSA Survey & with hosting Community Conversation Sessions!

Allcove	Cultural Communities Wellness Program	Los Gatos Union School District	Palo Alto Unified School District
Alum Rock Union School District	Downtown Behavioral Health	Mekong Community Center	Probation
Asian Americans for Community Involvement	East San Jose Public Library	Mexican Consulate	Project Safety Net
Behavioral Health Contractors Association	East Side Union High School District	Milpitas Unified School District	Q Corner
Behavioral Health Urgent Care	Evans Lane Wellness & Recovery Center	Momentum for Health	Re-entry Services
Bill Wilson Center	Forensic Diversion and Reintegration - BHSD	Moreland School District	San Jose State University
CalWORKS Community Health Alliance	Franklin McKinley School District	Morgan Hill Unified School District	San Jose Unified School District
Cambrian School District	Fremont Union High School District	Mothers against Murder	Santa Clara County Office of Education
Caminar	Gardner Health Services, Ethnic Wellness Center	Mount Pleasant Elementary School District	Silicon Valley Gurdwara
Campbell Union High School District	Gilroy Senior Center	Mountain View Los Altos School District	South County Behavioral Health
Campbell Union School District	Gilroy Unified School District	Mountain View Whisman School District	Stanford University School of Medicine
Central Treatment and Recovery	Indian Health Center	Muslim Center	Telecare Muriel Wright Recovery Center
Central Wellness and Benefits Center	Josefa Chaboya de Narvaez Behavioral Health	Muslim Community Association, Mexican Consulate and the Re-entry Resource Center	The LGBTQ Youth Space of Caminar
Collaborative Courts, Forensic Diversion and Reintegration-BHSD	Lived Experience Advisory Board Silicon Valley (LEABSV)	National Alliance on Mental Illness-Santa Clara County The Office of LGBTQ+ Affairs	Ujima
Community Solutions	Loma Preita School District	National Alliance on Mental Illness-Santa Clara County The Office of LGBTQ+ Affairs	Vietnamese American Service Center (VASC)
County Behavioral Health Services Department Teams (Access / Unplanned Services, Administrative Services, Children Youth & Families, Finance; and Adult/Older Adult)	Los Altos Union School District	Office of the Public Defender	Young Men's Christian Association (YMCA) of Silicon Valley
County of Santa Clara Probation Department – Juvenile Hall	Los Gatos Union School District	Orchard School District	

Public/Stakeholder Meetings/Activities*

To be Conducted Onsite/In-Person

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.)

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

QUESTIONS?



DATA FINDINGS FROM 2023 MHSA SURVEY & COMMUNITY CONVERSATIONS



Link to the Data report

<https://qr.page/g/3MPInqMAYfT>



Methodology & Participants of the Community Planning Process

Community Planning Process

*to inform the FY25
update*

3 Sources of Data

(collected Jan-Mar '23)



29 Community Conversation
Groups



SCC Mental Health & Substance
Use Survey

Consumer/Family Feedback



SCC Mental Health & Substance
Use Survey

Tracking MHSA domains over
time



In thinking about mental health & substance use services in Santa Clara County...

**What should stay the same?
What should the County not
change?**

**Suggestions or
Recommendations
for the Behavioral
Health
Department's
Priorities?**

In thinking about mental health & substance use services in Santa Clara County...

**What should be added or changed?
Any communities or programs that
need more attention?**

5 BHSD Community-Driven 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

Mental Health & Substance Use Community Survey

Sponsored by the Santa Clara County Behavioral Health Services Department

This questionnaire is for individuals who live in Santa Clara County, have utilized mental health or substance use services, or have feedback on what services are needed in Santa Clara County, especially after COVID-19. Your input will play a key role in creating improved and new mental health and substance use resources and supports in our community. The survey is sponsored by the Santa Clara County Behavioral Health Services Department.

This questionnaire takes about 10 to 15 minutes to complete. Your responses are confidential and anonymous, and your participation in the project is completely voluntary. Be sure to read the questions carefully.

To take this survey online, use the following web address or QR code: www.myvoiceourchange.org

Serbey pang-kumunidad ukol sa kalusugang pang-kaisipan at sa pag-gamit mga sangkapna

Itinataguyod ng Kagawaran sa Serbisyo ng Kalusugan ng Pag-u-ugali

Ang serbey ito ay para sa mga taong naninirahan sa kondado ng Santa Clara na gumagamit ng mga serbisyo sa kalusugan pang-kaisipan o sa pag-gamit ng ipinag-babawal na mga sangkap o yaong may mga nais sabihin ukol sa mga kinakailangang serbisyo sa Kondado ng Santa Clara lalong lalo na pagkatapos ng COVID-19. May gagampanang mahalalang papel ang inyong mga ibababagi sa pagbabago at pagpabuti ng mga mapagku-kunan ng suporta ukol sa serbisyo sa kalusugan pang-kaisipan o sa pag-gamit ng ipinag-babawal na mga sangkap sa atin kumunidad. Ang serbey na ito ay mula sa pagtataguyod ng Kagawaran ng Serbisyo sa Kalusugan ng Pag-u-ugali ng Kondado ng Santa Clara.

Aabutin ng 10 – 15 minuto upang tapusin ng serbey ito. Walang sinuman makakalam ng inyong mga sagot o ang inyong pagkakakilanlan, at ang inyo pakikilahok sa proyektong ito ay ganap na kusang luob lamang. Tiyaking binasa ninyo ng mabuti ang mga tanong.

Upang gawin ang serbey na ito online, sundan ang web address na ito o itong QR code: www.myvoiceourchange.org

Khảo sát cộng đồng về sức khỏe tâm thần và trị liệu cai nghiện

được tài trợ bởi Cơ Quan dịch vụ sức khỏe Tâm Trí của quận hạt Santa Clara

Cuộc khảo sát này dành cho những cá nhân sống ở Quận Hạt Santa Clara, đã sử dụng các dịch vụ sức khỏe tâm thần hoặc trị liệu cai nghiện, hoặc có cho ý kiến về những dịch vụ nào cần thiết ở Quận Hạt Santa Clara, đặc biệt là sau COVID-19. Ý kiến đóng góp của quý vị sẽ đóng một vai trò quan trọng trong việc tạo ra các nguồn hỗ trợ, sức khỏe tâm thần và trị liệu cai nghiện nhằm mục đích cải thiện dịch vụ cho cộng đồng của chúng ta. Cuộc khảo sát được tài trợ bởi Cơ Quan Phục vụ Sức Khỏe Tâm Trí Quận Hạt Santa Clara.

Cuộc khảo sát này sẽ mất khoảng 10 đến 15 phút để hoàn tất. Các câu trả lời của quý vị được giữ kín và ẩn danh, và việc quý vị tham gia vào dự án là hoàn toàn tự nguyện. Xin vui lòng đọc thật kỹ các câu hỏi trước khi trả lời.

Để thực hiện bản khảo sát trực tuyến này, hãy sử dụng địa chỉ trên mạng/web hoặc dấu QR sau đây: www.myvoiceourchange.org

心理健康和藥物濫用服務社區調查

由聖塔克拉拉縣行為健康服務部贊助

這問卷是針對住在聖塔克拉拉縣及使用過心理健康或藥物濫用服務或特別是自從新冠病毒後對聖塔克拉拉縣需要什麼服務的意見而設的。你的意見將會對我們的社區創造更好和新的心理健康和藥物濫用的資源及支持發揮關鍵作用。此問卷調查是由聖塔克拉拉縣行為健康服務部贊助的。

完成此問卷大約只需要 10 至 15 分鐘。你的回覆是保密和匿名的，而你參與這個項目完全是自願性質的。請務必仔細閱讀問題。

在線進行此調查，使用以下網址或二維碼：www.myvoiceourchange.org

نظر سنجی جامعه‌ای سلامت روان و مصرف مواد

این پرسشنامه برای افرادی است که در شهرستان سانتا کلارا زندگی می‌کنند و خدمات سلامت روانی یا مصرف مواد روانگردان بهره‌بردار شده‌اند یا در مورد اینکه چه نوع خدماتی در شهرستان سانتا کلارا به خصوص بعد از کووید-۱۹ ضروری است نظرانی دارند. نظر شما نقشی اساسی در ایجاد منابع و پشتیبانی جدید و بهتر برای سلامت روانی و استفاده از مواد روانگردان، در جامعه ما خواهد داشت. این نظر سنجی توسط اداره خدمات سلامت روانی شهرستان سانتا کلارا حمایت مالی می‌شود.

تکمیل کردن این پرسشنامه در حدود ۱۰ تا ۱۵ دقیقه طول می‌کشد. پاسخ‌های شما محرمانه و بدون نام است و مشکل شما در این پروژه کاملاً اختیاری است. حتماً سوالات را با دقت بخوانید.

برای شرکت در این نظر سنجی آنلاین، از آدرس وب یا کد QR زیر استفاده نمایید:

Encuesta comunitaria de salud mental y uso de sustancias

Patrocinada por el Departamento de Servicios de Salud Conductual del Condado de Santa Clara

Este cuestionario es para personas que viven en el condado de Santa Clara y han utilizado servicios de salud mental o por abuso de sustancias, o tienen comentarios sobre qué servicios se necesitan en el condado de Santa Clara, especialmente después del COVID-19. Su opinión jugará un papel muy importante en la creación de encuestas y apoyos mejorados y nuevos para la salud mental y el uso de sustancias en nuestra comunidad. La encuesta está patrocinada por el Departamento de Servicios de Salud Mental del Condado de Santa Clara.

Este cuestionario le tomara entre 10 y 15 minutos en completarse. Sus respuestas son confidenciales y anónimas, y su participación en el proyecto es completamente voluntaria. Asegúrese de leer las preguntas con atención.

Para tomar esta encuesta por el internet, use la siguiente dirección web o código QR: www.myvoiceourchange.org

Multi-Method Survey Outreach (Jan-March 2023)

to Recruit a Diverse Sample of County Consumers/Stakeholders

Online Campaign

Social media ads
Email messages
Newsletters

BHSD Partner Outreach

BHSD community-serving partners
County Clinics
County offices
Self-help centers
Providers

Cultural Community Outreach

Engagement of community peers
Cultural places / organizations

Department-level Participants

29 Community Conversations

435 stakeholders in Community Conversations

1603 stakeholder comments

186 consumers or family members on the survey

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

List of 29 Community Conversation Groups

(N=435)

Region

1. North County Community
2. South County Older Adults
3. South County Spanish & English Speaking, Some Unhoused

Children, Youth, Families

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

Cultural Communities

13. TGI+
14. LGBTQPA2S+
Youth Group 2, LGBTQ+
15. Spanish Speaking LGBTQ+ Adults
16. Spanish Speaking Adults
South County Spanish & English Speaking, Some Unhoused
17. African Immigrant Community
18. South Asian (Punjabi) Community
19. African American
20. Vietnamese Community
21. Middle Eastern Community
22. Providers: Refugee Services

Justice-Involved

23. Diversion Community
24. Reentry Community
Young Men Involved in Juvenile Justice
Young Women Involved in Juvenile Justice

Unhoused

25. Unhoused
26. Adults in Residential/Transitional Housing (Unhoused)
27. Providers: Supportive Housing
Youth who are Unhoused
South County Spanish & English Speaking, Some Unhoused

General / Other

28. Providers: Adult & Older Adult
29. Consumers/Clients, General

Older Adults

- South County Older Adults

South County Data

2 South County-related Community Conversations

45 South County stakeholders in Community Conversations

48 stakeholder comments re: South County

14 South County consumers or family members on the survey

Unhoused Data

5 Unhoused-related Community Conversations

26 Unhoused stakeholders in Community Conversations

134 stakeholder comments about housing

On the Survey: 69 individuals who not stably housed

22 were BHSD clients

7 were community members

31 did not answer items to determine if they were consumers/family members

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 of Consumer Survey Sample

Age

72% Adult / 18% Older Adult / 10% Youth

Disability

47% Yes / 53% No

Gender Identity

58% Cis Women / 37% Cis Men / 5% TGI+

Race / Ethnicity

30.9% Latinx / 30.1% White / 22.7% Asian / 17.1% Black or African American / 2.2% MENA / 1.1% Pacific Islander or Native Hawaiian

Stably housed

88% Yes / 12% No

City of Residence

Mostly from San Jose, followed by Santa Clara & Gilroy

Sexual Orientation

86% Heterosexual / 14% LGBTQAP2S+



Pause, check point:

Questions or Comments?

Department-Level Findings

BHSD System Strengths

(207 comments)

County Programs & Agencies

- Goodwill, Re-entry
- Allcove
- Evans Lane

(47 comments)

Quality of Care

(31 comments)

Youth & School Services

- Student Wellness Centers
- Downtown San Jose Youth Center

(28 comments)

Access to Care

- General Access comments
- 988
- Mobile Mental Health Vans/Trucks

(19 comments)

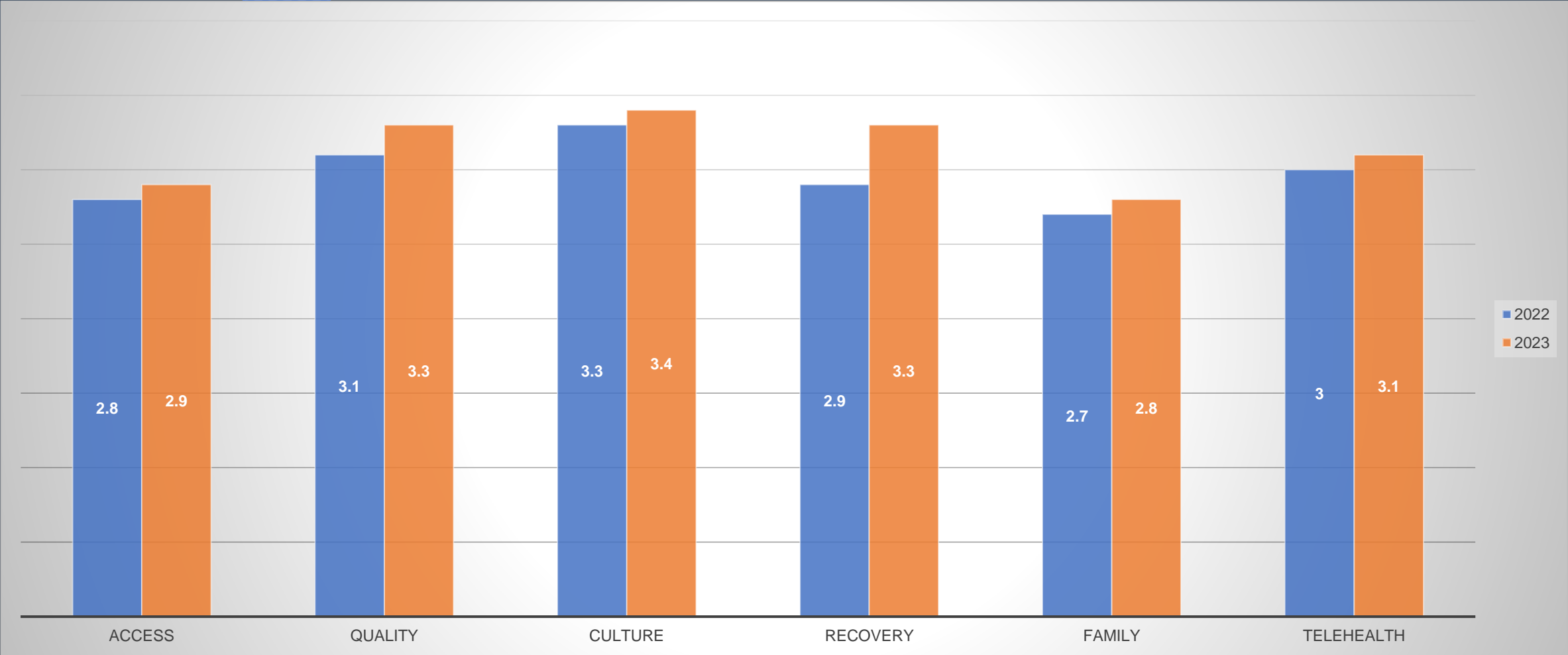
Strengths from the survey

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

- “Services are helpful.”
- “My mental health and substance use treatment providers talk to each other and coordinate services with other agencies.”
- “Services are focused on patient-centered recovery.”

Progress on MHSA domains & priorities

Consumer/Family Survey Averages, by Domain: 2022 vs. 2023



Top Community Needs: Year-by-Year Comparison

2022 Primary Stakeholder-Identified Needs	Number of comments
Treatment Services	309
Workforce Education and Training	225
Access Pipeline	186
Prevention/Outreach	158
Youth & Families	116
Quality of Care	90
Housing	83
Cultural Considerations	52
Criminal Justice	32

2023 Primary Stakeholder-Identified Needs	Number of comments
Treatment Services	498
Workforce Education and Training	265
Access to Care	225
Prevention/Outreach	162
Collaborative & Integrative Care	93
Housing	61
Quality of Care	33

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Treatment Services <i>(including Youth & Families, Criminal Justice)</i>	309 457
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Quality of Care	33

Cultural Considerations

Most Frequently Mentioned Primary Needs / Areas of Growth *(mapped onto BHSD priorities)*

#1: More Treatment Services

(498 comments)

#2: Workforce, Education, & Training

(265 comments)

#3: Access

(225 comments)

#4: Prevention/ Outreach

(162 comments)

#5: Collaborative/ Integrative Care

(93 comments)

#6: Housing

(61 comments)

Recommendations

More Treatment Services

(498 comments)

#1. More treatment services for high-need populations

Youth, LGBTQ+ individuals, refugees, immigrants, and women.

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

Detox services, dual diagnosis treatment, and youth substance use treatment and prevention

BHSD Priority #3 (Emerging Needs)

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

#3. Reduce stigma & increase MHSU knowledge among parents

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

(both school- and non-school-based)

Recommendations

More Treatment Services

#5. Expand criminal justice services

Additional Treatment in Jails, Expand beyond Collaborative Courts, Reentry Vocational Centers

#6. Continue LGBTQ+ services

BHSD Priority #3 (Emerging Needs)

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

#7. Maintain telehealth options while expanding in-person services

#8. Continue and expand BHSD services for those who are unhoused

BHSD Priority #3 (WET)

Develop Innovative Solutions to Address Professional Workforce Shortages

Recommendations for Workforce, Education, and Training

(265 comments)



WET Rec #1

Increase staff positions/retention
(clinicians/therapists, peer support, case managers)



WET Rec #2

Essential Strategies: Reduce Staff Turnover, increase pay



WET Rec #3

Hire Culturally-Matched Staff Members



WET Rec #4

More trainings for staff, particularly cultural trainings (e.g., LGBTQ+, Black and African Ancestry, Middle Eastern, DEI)

WET Rec #5: 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

Top Reasons for Not Applying:

#1

- Educational Background Didn't Match (N=89)

#2

- Didn't Know Where to Find Job Openings (N=88)

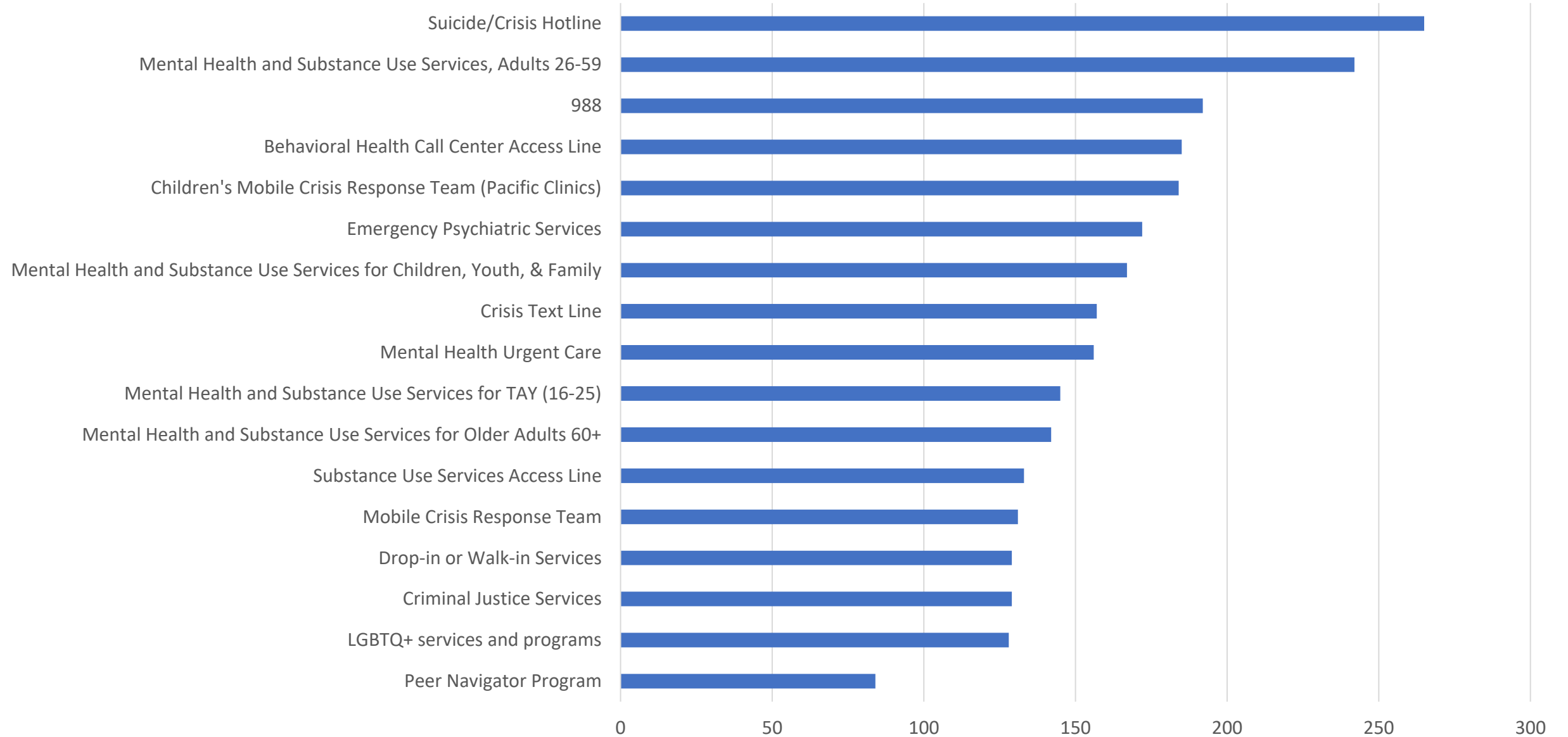
#3

- Needed Application Support (N=45)

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

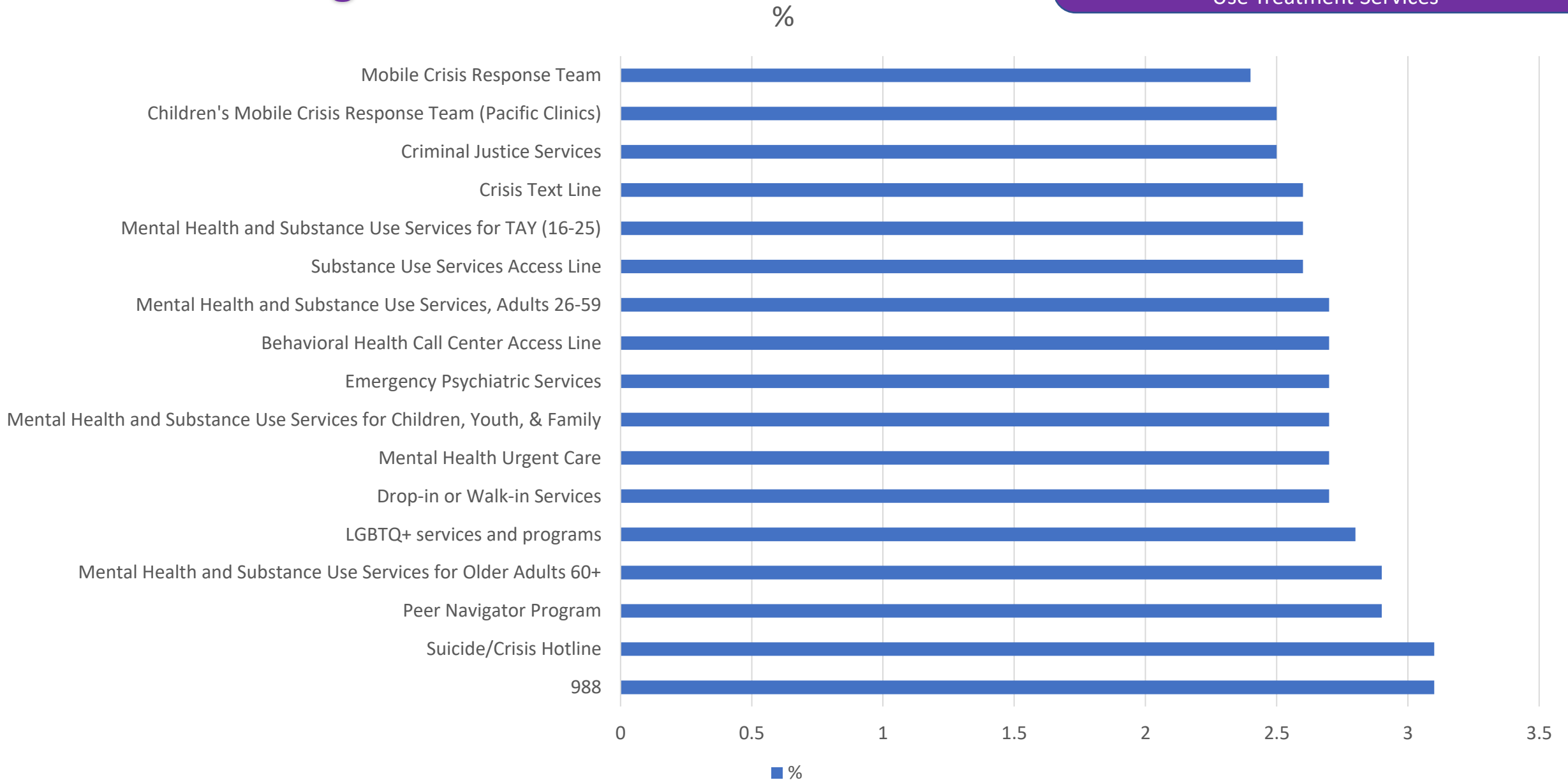


General Community Survey

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.”

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)

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

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?		
From a Provider	37.3%	(n = 57)
Word of Mouth	25.5%	(n = 39)
Call Center or Access Line	23.5%	(n = 36)
The Internet	19.6%	(n = 30)
Walk-In	11.8%	(n = 18)
Called the Clinic	10.5%	(n = 16)
988	2.6%	(n = 4)

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).

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



Recommendations:

Integrated Systems/Policy (93 comments)

BHSD Priority #5 (Integrated System/Policy)

Adapt to and Help Shape the Rapidly Shifting State Policy Landscape

#1: Streamline organizational structures to facilitate a unified system between **BHSD and external services**

Public schools, universities, community emergency services, the County's health and hospital system, law enforcement, primary care

#2: Increase communication/coordination **within BHSD services**

(e.g., direct agency referrals, a single EMR for all BHSD agencies)

#3: Collaborate with Santa Clara County schools to implement **peer referral systems**

Recommendation for Housing

(61 comments)

BHSD Priority #2 (Housing)

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

Housing Recommendation: Increase housing availability



Long-term housing stabilization



More Temporary Housing



More Permanent Supportive
Housing

Recommendations

Quality of Services (33 comments)

1

Continue current efforts at implementing recovery-oriented approaches

2

Implement and disseminate quality control measures

3

(6 comments)

LGBTQ+ training for staff at transitional & temporary housing sites



**63.6% of stakeholder
comments mapped directly
onto the 5 Main
Department Goals**

*Prevention/outreach comments which span Goals #1,2,3
account for an additional 12.7%*



Questions or Comments?

MHSA INNOVATION UPDATES



INNOVATION PROJECTS AT A GLANCE

Program	Annual Amount*	Clients Served**	Cost per Client
INN 12 Psychiatric Emergency Response Team (PERT)	\$ 922,087	455	\$ 2,092
INN 13 Allcove	\$ 3,197,014	477	\$ 7,931
INN 14 Independent Living Empowerment Program (ILEP)	\$ 372,851	N/A	(No clients receive services)
INN 15 Trusted Response Urgent Support Team (TRUST)	\$ 5,744,343	5,000	\$ 1,149
INN 16 Addressing Trauma/Stigma among Vietnamese & African American/Ancestry Communities	\$ 584,380	10,000	\$ 58

*Dollar amounts are estimates prior to FY23 ARER adjustment

Client numbers in **RED are estimates, while those noted in **BLACK** are actuals from FY23



During FY23 the PERT program had:

- **455 Incidents** (6 incarcerations)
- Average response time: **13 minutes**
- Average encounter time: **44 minutes**
- Over 460 resources provided

INN12: PSYCHIATRIC EMERGENCY RESPONSE PROGRAM (PERT)

Cumulative for the project:

- **2,398 Incidents** (20 arrests)
- Average response time: **14 minutes**
- Average encounter time: **46 minutes**





allcove

INN 13: ALLCOVE

Cumulative Results:

- **477 youth engaged** in the center(s) (48%)
- **83%** of young people visiting the center expressed interest in **mental health services**
- Consolidated to 1 site due to flooding
- Youth served resided in **75 different zip codes** in the Bay Area and Northern CA
- Significant challenges during implementation, resulting in changes but **maintaining fidelity**
- **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

INN 14: INDEPENDENT LIVING AND EMPOWERMENT PROGRAM (ILEP)

Highlights from FY23:

- Enrolled **6 member homes**, working on additional 7 applications (goal for the year was set at 15)
- Incorporated new partnerships and trainings
- 24 trainings offered to operators/staff
- prePRAT at Lewis House (master lease program, ACT, AOT)
- 3 grievances investigated (2 operators, 1 unaffiliated home)

Operator submits application with basic information

Operator attends Introduction to Independent Living Operations course

Operator acknowledges reading quality standards and submits all required documents

Peer Review Assessment Teams (PRAT)



INN 15: TRUSTED RESPONSE URGENT SUPPORT TEAM (TRUST)

- Soft launch November 2022
- **2,000+** calls received since launch:
 - **98%** of calls diverted from Law Enforcement
 - **25%** of calls stabilized over the phone
- Call Center, North County, San Jose, and Gilroy teams operating **24/7**
- Currently hiring for West Valley, anticipated launch in fall/winter 2023
- Accepting applications for the TRUST Community Advisory Board (CAB)
- TRUST vehicles near completion

TRUSTED RESPONSE URGENT SUPPORT TEAM



INN 16: TRAUMA/STIGMA IN AFRICAN AMERICAN/ANCESTRY & VIETNAMESE COMMUNITIES

Highlights from year 1



Ujima:

- 75 Healing Circle Events (806 dup., 453 und.)
- 29 Parent Cafes (124 dup., 35 und.)
- 22 Tabling Events (1,878 people reached)
- 26 referrals

VIVO:

- 56 workshops-cafes & circles (1,045 dup., 607 und.)
- 6 tabling events (570 people reached)
- Outreach: Weekly airtime on Vietnamese radio (40,000 est. listeners)
- 488 referrals



INN 17: TRANSGENDER, NONBINARY, AND GENDER EXPANSIVE (TGE) CENTER

Final plan approved by OAC on July 27, 2023!

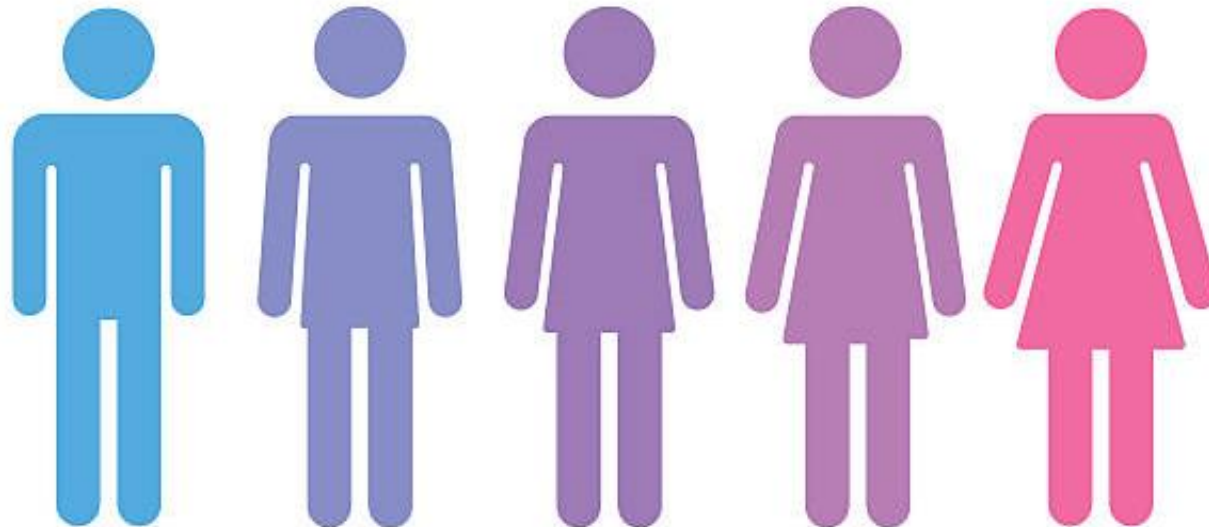
4.5-year project

\$11.9M Budget, 15 FTEs proposed

Steering committee will guide development

Working on RFP for services and hiring Program Manager 2

- Features:
1. Drop-in Respite Services
 2. Access to computers/tech
 3. Advocacy and Social Events Space
 4. Training and mentorship
 5. Clothing/garment closet
 6. Assistance securing housing



Please take a moment & provide your feedback on today's meeting!



QUESTIONS?

SLC Subcommittee Activities & Updates

SLC Outreach & Survey
Subcommittees

Members

- Armina Husic
- Mary Gloner
- Mary Ann Dewan
- Shelly Viramontez
- Rochelle Fong
- LouMeisha Brown
- Daniel Gutierrez

Goals

- Fill 16 SLC vacancies
- Improve SLC application process

Current Tasks

- Creating outreach materials
- Prioritizing positions and concentration efforts
- Updating SLC application to be accessible & user friendly

SLC Outreach Subcommittee Update



SLC Survey
Subcommittee Update

Challenges

Burnout for
stakeholders

Balance community
burden & utility

Length prohibitive
for diverse
stakeholder
engagement

Unused questions

Principles
for the
**Community
Planning
Process (CPP)
Redesign**

1. Keep the survey as brief as possible

2. Streamline the demographics

3. Streamline items assessing MHSA principles

4. Be intentional in determining how often to ask each item

Survey Subcommittee

Anne Baumgarten

Armina Husic

LouMeshia Brown

Peggy Cho

Drafted revised surveys

(3-3.5 pages in length, down from 14)

Pilot testing with

consumers

& community members



CLOSING REMARKS



<https://www.surveymonkey.com/r/XNZKTFM>



Thank you!

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

