Mental Health Services Act FY17 Annual Update Plan & New Innovation Projects

SANTA CLARA COUNTY BEHAVIORAL HEALTH SERVICES DEPARTMENT

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LETTER FROM THE BEHAVIORAL HEALTH SERVICES DIRECTOR

July 14, 2017

Dear MHSA Stakeholders and Santa Clara County Community Members:

The Behavioral Health Services Department (the Department) is pleased to present you with the FY17 Mental Health Services Act (MHSA) Annual Plan Update. Across the County – in schools, cultural and ethnic communities, clinics and homes – clients, consumers and families engage in prevention services, partner with peer workers, receive social and emotional supports, access clinical and psychiatric services, use community-based crisis services, and live in permanent supportive housing. All of these services receive MHSA funding and are included in the FY17 MHSA Annual Plan Update.

Highlights of the County's FY17 MHSA Annual Plan Update reflect the Department's commitment to wellness and recovery through an array of prevention programs and a continuum of care across the lifespan. The Department solicited public input and recommendations for a new round of MHSA Innovations grants, and the plan includes four new projects, described in detail. Following the County's local stakeholder process, including the 30-day public/comment review process and public hearing, the final FY17 MHSA Annual Plan Update will be brought to the Board of Supervisors (the Board) for their approval and adoption in September 2017. Following the Board's approval, the Department will submit the Innovations proposals to the State Mental Health Services Oversight and Accountability Commission (MHSOAC) for review and approval. The four Innovations projects, listed below, will support service delivery transformation; integrated, culturally-sensitive approaches to wellness; and a new prevention/early intervention model for youth, modelled after an internationally recognized best practice.

1. **Client/Consumer Individual Placement and Support (IPS) Employment Program**: This three-year project seeks to transform how the service delivery system views and supports employment, shifting from a single service to a critical component of recovery and element of treatment. Using the consumer-driven Individual Placement and Support (IPS) evidence-based practice, this project will integrate employment as a wellness goal for clients/consumers and provide an array of individual supports to help achieve their goals.

2. **Faith-Based and Spiritual Training and Supports**: This two-year project aims to increase access to faith-based services through the development of customized behavioral health training plans for faith/spiritual leaders, enhancing their knowledge, skills and responses to individuals seeking their help. In turn, faith/spiritual leaders will enhance behavioral health services providers' understanding of the role of spirituality in client/consumer wellness and recovery goals.

3. **Psychiatric Emergency Response Teams (PERTs) and Peer Linkage Project:** This two-year project will utilize a co-response intervention model with teams that include a licensed clinician paired with a law enforcement officer. The goals are to de-escalate crisis situations, prevent unnecessary hospital visits, connect individuals to appropriate services and provide post-crisis peer support services.

4. ***headspace***: This four-year project is presented in partnership with Stanford University's Center for Youth Mental Health and Wellbeing. The project will develop a "one stop shop" integrated health and mental health care prevention center for youth ages 12-25, which will include on-site counseling and psychiatric services, alcohol and substance use services and educational and employment resources. Two centers are expected to open during the launch period. The centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth, with involvement from a youth advisory board, helping to develop the centers from the ground up. With direct youth input and guidance, the services will be tailored to meet the needs of the adolescents and young adults served in each of the centers.

Lastly, BHSD has contracted with Resource Development Associates (RDA), a Bay Area consulting firm, working on a number of Santa Clara County projects, to conduct a system-wide MHSA Needs Assessment. The assessment is designed to identify gaps and opportunities in prevention efforts and direct services that will inform next year's MHSA three-year planning process. RDA has completed Children, Youth and Families and Adult/Older Adult system maps of mental health services. Multiple stakeholder interviews and focus groups are taking place in June and July, and the Department anticipates a final report and set of recommendations in September/October 2017.

I invite you to review the FY17 Annual Update Draft Plan and Innovations Projects which summarize Santa Clara County's progress in the planning, implementation and evaluation of programs and services funded by MHSA.

Thank you for your continued support and participation in the County's MHSA planning process. Your voice and participation are critical to our collective success in preventing serious mental illness, supporting clients/consumers, families and communities, and testing innovative ways to address the mental health needs of Santa Clara County residents.

Sincerely,

Toni Tullys, MPA

Behavioral Health Services Director

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Santa Clara County

☐ Three-Year Program and Expenditure Plan

☒ Annual Update

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three- Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on September 26, 2017.

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

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

Toni Tullys
Local Behavioral Health Director (PRINT)

Toni Tullys 10/4/17
Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Santa Clara County

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

Local Behavioral Health Director	County Auditor-Controller / City Financial Officer
Toni Tullys, MPA Telephone Number: 408-885-7581 E-mail: Toni.Tullys@hhs.sccgov.org	Emily Harrison Telephone Number: 408-299-5201 E-mail: Emily.Harrison@fin.sccgov.org
Local Mailing Address: Santa Clara County Behavioral Health Services Department Administration 828 South Bascom Avenue, Suite 200, San Jose, CA 95128	

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

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

Toni Tullys
Local Mental Health Director (PRINT)

Toni Tullys 10/4/17
Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Alan Minato
County Auditor Controller I City Financial Officer (PRINT)

Alan Minato 10/6/17
Signature Date

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

SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT FY17 ANNUAL UPDATE PLAN AND NEW INNOVATION PROJECTS

INTRODUCTION

The Behavioral Health Services Department (BHSD) is pleased to present the following Mental Health Services Act (MHSA) Annual Update Plan covering fiscal year (FY) 2017 and four new Innovation (INN) projects. Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA programs and expenditures. WIC § 5848 also requires that the Plan be posted for public comment for 30 days followed by a public hearing conducted by the Mental Health Board. The Plan must be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisors adoption.

The November 2004 statewide passage of Proposition 63, now referred to as the MHSA, provided a much needed increase in revenues to support mental health programs throughout California. The MHSA became law in January 2005; and it called on counties to transform their public mental health systems to achieve the goals of making access easier, services more effective, out-of-home and institutional care utilization reduced, and stigma toward those with severe mental illness or serious emotional disturbance eliminated. Through the provisions of the MHSA, California counties have been challenged to work with stakeholders to create comprehensive, state-of-the-art, culturally competent mental health services systems that promote recovery and wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their families.

The County's initial MHSA Community Services and Support (CSS) Plan was authorized by the Board of Supervisors on December 13, 2005, and approved by the California Department of Mental Health (DMH) on June 30, 2006. The County's initial Prevention and Early Intervention (PEI) and Workforce, Education, and Training (WET) Plans, as well as its Technological Needs (TN) projects under the Capital Facilities and Technological Needs (CFTN) component, were authorized by the Board of Supervisors on June 24, 2009, and subsequently approved by DMH in Fall 2009. The County's initial Innovation (INN) Plan was authorized by the Board of Supervisors on August 24, 2010, and subsequently approved by the State on September 23, 2010. In Fall 2013, the MHSOAC instructed counties to prepare a Three-Year Program and Expenditure Plan covering FY2015 through FY2017. This was the first time counties were requested to prepare a Three-Year Integrated Plan that includes all five components of the MHSA. The County's FY15-17 MHSA Three-Year Plan was approved by the Board of Supervisors in October 2014; and the FY16 Annual Update report was approved by the Board of Supervisors in December 2015. This report, covering FY17, is an update to the County's FY15-17 Three-Year Plan. In addition, this update includes information about four new INN projects, refer to section titled "Proposed New Innovation (INN) Projects".

MHSA COMPONENTS

MHSA funds five categories of funding for direct services, outreach, education, and infrastructure development to local public mental health systems. They are:

1. **COMMUNITY SERVICES AND SUPPORTS (CSS)** is the largest component providing 80% of ongoing annual MHSA funds. This component funds ongoing system expansion and improvement for new and current clients and comprises the largest portion of MHSA funding.

2. **PREVENTION AND EARLY INTERVENTION (PEI**) is the second largest component providing 20% of ongoing funds. This component funds early intervention and prevention services.

3. **INNOVATIVE PROGRAMS (INN)** is drawn from CSS and PEI funding in the amount of 5% of the combined CSS and PEI annual pool of funds. This component is to be used for innovative projects and programs that will test new models of service delivery or system improvement.

4. **WORKFORCE EDUCATION AND TRAINING (WET)** provides one-time funds from initial years of MHSA funding which is to be spent over 10 years for consumer, family and staff training and workforce development at the state and local levels.

5. **CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN**) provides one-time funds from initial years of MHSA which is to be spent over 10 years funding for facilities, and technology.

6. **STATE ADMINISTRATIVE COSTS** provides funds for the costs of State implementation of the MHSA, including support for the MHSOAC. Funds are to be used to assure consumer and family participation and adequate research and evaluation regarding the effectiveness of services. Assembly Bill (AB) 100 signed by the Governor on March 24, 2011 reduced allowable MHSA state administrative expenditures from up to 5% of total annual funds to 3.5%. Recently, Senate Bill (SB) 82: Investment in Mental Health Wellness Act of 2013, chaptered into law June 27, 2013, restores the maximum MHSA state administrative fund percentage from the current 3.5% to the original level of 5%.

MHSA COUNTY COMPONENT LEVEL GOALS

CSS	PEI	INN	WET	CFTN
• Reduction of subjective suffering from mental illness • Increase meaningful use of time and capabilities in school, work, activity • Reduce homelessness and increase safe and permanent housing • Increase access to substance abuse treatment • Increase natural networks of supportive relationships • Reduction in multiple foster care placements • Reduction in incarceration/juvenile justice involvement • Reduction in disparities in service access • Increase in self-help and consumer/family involvement	• Reduction of Stigma and Discrimination • Reduction of Disparities in Access to Mental Health Services • Reduction of Psycho-Social Impact of Trauma • Prevention and Early Intervention of At-Risk Children, Youth and Young Adult Populations experiencing onset of serious Psychiatric Illness • Reduction and Prevention of Suicide Risk	• Increase access to underserved groups • Increase the quality of services, including better outcomes • Promote interagency collaboration • Increase access to services	• Have a workforce fully integrated and reflective of the cultural and ethnic diversity of consumers and family members at all levels of the workforce, including employees, interns, and volunteers • Provide employment opportunities and integrated support mechanisms throughout the system • Enhance staff training and develop opportunities and career pathways for County and Community Based Organization (CBO) staff • Provide training and educational opportunities in the mental health system	• Provide a comprehensive electronic medical record for consumers that can be shared in a secure & shared across service providers (EHR) • Create a single data repository for all of the MHD information (EDW) • Provide computer labs and basic PC skills training for consumers in established Wellness Centers across the County (CLC) • Enhance the current Mental Health Department website (WEB) • Provide a housing and/or bed availability database (BHX) • Create secure, real-time data system of client records accessible across agencies to provide a cross agency view of registered consumer's demographic , service & other information (CHR) • Improve access to high risk populations in the downtown & east San Jose service areas; areas with the highest concentration of at-risk youth (Medi-Plex) • Improve the current space for Self-Help Center to have a computer training room and several activity rooms which will allow multiple group activities (DTMH)

MHSA FUNDING

MHSA created a one percent tax on income in excess of $1 million to expand mental health services. Approximately 1/10 of one percent of tax payers are impacted by the tax. There are two primary sources of deposits into the State Mental Health Services (MHS) Fund:

- 1.76% of all monthly personal income tax (PIT) payments (Cash Transfers)
- Annual Adjustment based on actual tax returns (Settlement between monthly PIT payments and actual tax returns)

STATEWIDE MHSA ESTIMATED REVENUES

Below is a table that reflects the current MHSA statewide revenue as of April 2017 provided by the California Behavioral Health Directors' Association (CBHDA).

(in millions of dollars)

Table 1	FY14	FY15	FY16	FY17	FY18	FY19
Cash Transfers	$1,189.0	$1,355.0	$1,422.3	$1,480.0	$1,538.0	$1,592.0
Annual Adjustment	$153.5	$479.8	$94.3	$464.1	$446.0	$383.0
Interest	$1.2	$0.6	$0.6	$0.6	$0.6	$0.6
Total	$1,343.7	$1,835.4	$1,517.2	$1,944.7	$1,984.6	$1,975.6

Current projections reflect a significant increase in distributions from FY16 to FY17. As of April 2017, the year-to-date personal income tax revenues are approximately 4% higher compared to last year. In addition, the Annual Adjustment posted last July was significantly higher than prior year. Please note five percent of the total revenues received shall be reserved for the State: Department of Health Care Services (DHCS), Office of Statewide Health Planning Development, Mental Health Services and Accountability Commission, and any other state agency tasked with implementing MHSA duties (WIC § 5892(d)).

STATEWIDE MHSA COMPONENT FUNDING ESTIMATES

Below is a table that reflects the current MHSA statewide component funding estimates as of April 2017 provided by CBHDA. Overall there is a 30.2% increase in component funding expected for FY17; FY18 is currently projected at approximately the same level as FY17; and FY19 estimates slightly below the FY18 projection.

(in millions of dollars)

Table 2	Actual			Estimated		
	FY14	FY15	FY16	FY17	FY18	FY19
CSS	$939.2	$1,314.6	$1,078.3	$1,404.1	$1,420.7	$1,399.0
PEI	$234.8	$328.7	$269.6	$351.0	$355.2	$349.8
INN*	$61.8	$86.5	$70.9	$92.4	$93.5	$92.0
Total	$1,235.8	$1,729.8	$1,418.8	$1,847.5	$1,869.4	$1,840.8
% Change		40.0%	-18.0%	30.2%	1.2%	-1.5%

*5% of the total funding must be utilized for innovative programs (WIC § 5892(a)(6)).

SANTA CLARA COUNTY MHSA COMPONENT FUNDING ESTIMATES

BHSD applied the percentage factors from Table 2 to the County's local numbers to obtain the County's estimated MHSA component funding for FY17 as shown in Table 3 which also incorporates updated allocation percentage factors provided by DHCS as described in the next section below.

(in millions of dollars)

Table 3	Actual			Estimated		
	FY14	FY15	FY16**	FY17**	FY18	FY19
CSS	$43.2	$60.4	$50.0	$63.9	$64.6	$63.6
PEI	$10.8	$15.1	$12.5	$16.0	$16.2	$15.9
INN From CSS	$2.3	$3.2	$2.6	$3.4	$3.4	$3.3
INN From PEI	$0.6	$0.8	$0.7	$0.8	$0.9	$0.8
INN*	$2.8	$4.0	$3.3	$4.2	$4.3	$4.2
Total	$56.8	$79.5	$65.8	$84.0	$85.0	$83.7
% Change		40.0%	-17.2%	27.7%	1.2%	-1.5%

*5% of the total funding must be utilized for innovative programs (WIC § 5892(a)(6)).

**Allocation percentage allocation updated by DHCS, refer to MHSUDS Information Notice No.: 15-019 (October 2015) and 16-40 (August 2016).

WIC Section 5891(c) requires DHCS to provide the State Controller's Office (SCO) a schedule for the purpose of distributing funds from the Mental Health Services Fund to each Local Mental Health Services Fund on a monthly basis. Since October 2010, per a Department of Mental Health (DMH) Information Notice, Santa Clara County's allocation percentage was set at 4.596636% based on the component funding level the County received for FY12. In recent years, Santa Clara County's allocation percentage was updated. Per DHCS MHSUDS Information Notice No. 15-019 published on October 21, 2015, the allocation was updated to 4.644066% covering periods October 2015 through July 2016. In August 2016, DHCS provided an updated allocation to the SCO and per DHCS MHSUDS Information Notice No. 16-40, Santa Clara County allocation percentage was updated to 4.548739%.

Per DHCS, the criteria and data sources that were used to develop the percentage of funds that each county received are:

1. The need for mental health services in each county based on total population of each county on January 1, 2016, according to the State of California, Department of Finance, E-1 City/County Population Estimates, with Annual Percent Change, January 1, 2015 and 2016;

2. Population most likely to apply for services: the poverty population, defined as households with incomes below 200% of the federal poverty level, according to the 2000 U.S. Census Bureau survey and updated to reflect the 2016 population; and

3. Population most likely to access services, which represents the prevalence of mental illness among different age groups and ethnic populations of poverty households in each county as estimated through a study conducted by Dr. Charles Holzer, Ph.D., in 2000. The 2000 results were updated to reflect the 2016 population.

REPORT OVERVIEW

This report summarizes Santa Clara County's progress in implementing services funded by the Mental Health Services Act (MHSA). In addition, it provides a brief synopsis of changes, if any, recommended for the County's Annual Update Plan covering FY17 for each of the work plans (projects) in each of the five MHSA program components, including MHSA Housing.

In the years since its passage, MHSA funding has enabled Santa Clara County to make significant improvements in the types, scope and availability of public mental health services. This Plan will provide an overview of the programs and expenditures that make up the collective scope of services for the five components of the MHSA.

The County's FY17 MHSA Annual Plan Update and information about the County's four new Innovation projects (included in this Annual Update) are being posted for public review and comment for 30 days. Following the review period, the Santa Clara County Behavioral Health Board (BHB) will hold a public hearing where there will be an opportunity for further public input. Following the public hearing BHSD will summarize the input and will include the summary in the final Plan document, noting where comments have resulted in modifications to the Plan, where they have not been incorporated into the Plan, and with an explanation for the rationale for the decision to include or not include changes to the Plan. Following the BHB public hearing, the Plan will be submitted to the County Board of Supervisors for approval and adoption.

COMMUNITY SERVICES AND SUPPORTS (CSS) PLAN

CSS DESCRIPTION

The first component of the Mental Health Services Act (MHSA) was the Community Services and Supports (CSS) Plan. This component includes those elements of the Act that define the requirements of service delivery to children, youth, adults and older adults with serious emotional disturbances (SED) and/or severe mental illnesses (SMI). The County's original CSS proposal submitted to the State Department of Mental Health (DMH) in 2005 were evaluated for their contribution to meeting specific outcomes for the individuals served including:

- Meaningful use of time and capabilities
- Safe housing
- A network of supportive relationships
- Access to help in a crisis
- Reduction in incarceration
- Reduction in involuntary services

Five elemental concepts were required to be embedded in County plans. These include:

- Community collaboration and stakeholder involvement
- Cultural and language competence programs and services as methods for elimination of racial and ethnic mental health disparities
- Client/family driven mental health system
- Wellness focus, which includes the concepts of recovery and resilience
- Integrated service experiences for clients and their families throughout their interactions with the mental health system

Services were defined in three categories: Full Service Partnerships, System Development, and Outreach/Engagement. This component of the MHSA is the largest, with 80% of ongoing MHSA funds to be allocated to these three categories of service.

ESSENTIAL PLAN PRINCIPLES

The County's initial CSS local planning process identified the following essential principles to guide the CSS plan:

- Lifespan approach
- Community engaged and supported
- Cultural competence
- Social ecology focus
- Connectedness emphasis
- Recovery and resiliency guided
- Consumer and family driven
- Based in system partnerships
- Emphasis on quality and continuous learning
- Grounded in respect, hope, self-help, and empowerment

PRIMARY OBJECTIVE OF CSS

The local planning process prioritized the following objectives for the initial CSS Plan. Those objectives are to achieve the:

- Reduction of subjective suffering from mental illness
- Increase meaningful use of time and capabilities in school, work, and activity
- Reduce homelessness and increase safe and permanent housing
- Increase access to substance abuse treatment
- Increase natural networks of supportive relationships
- Reduction in multiple foster care placements
- Reduction in incarceration/juvenile justice involvement
- Reduction in disparities in service access
- Increase in self-help and consumer/family involvement

CSS PROGRAMS

Below is a listing of current CSS initiatives offering a broad range of services and system improvements targeted to age groups across the lifespan. Each initiative may have multiple program components.

- C01 Children's Full Service Partnerships
- C02 Child System Development
- C03 Children/Family Behavioral Health Outpatient Systems Redesign
- T01 Transition Age Youth System of Care Development
- T02-04 Behavioral Health System Redesign/TAY Crisis and Drop-In Services
- A01 Adult Full Service Partnerships
- A02 Adult/Older Adult Behavioral Health Services Outpatient System Redesign
- A03 Criminal Justice System Jail Aftercare Program
- A04 Central Wellness and Urgent Care Services
- A05 Consumer and Family Wellness And Recovery Services
- OA01 Older Adult Full Service Partnerships
- OA02-04 Older Adult Behavioral Health Services Outpatient Redesign
- HO01Housing Options Initiative
- LP01 Learning Partnership
- AD01 CSS Administration

FY17 CSS PROGRAMS RECOMMENDED BUDGET

The table below illustrates the approved FY16 budget for each initiative, along with the proposed budget for FY17, which begins July 1, 2016.

Work Plan	Name	FY2016 Approved	FY2017 Proposal	Change
C01	Children's Full Service Partnerships	$1,189,675	$1,053,098	($136,577)
C02	Child System Development	$282,603	$315,905	$33,302
C03	Children/Family Behavioral Health Outpatient Systems Redesign	$2,962,709	$3,045,475	$82,766
T01	Transition Age Youth System of Care Development	$1,250,705	$1,112,070	($138,635)
T02-04	Behavioral Health System Redesign/TAY Crisis & Drop-In Services	$1,514,078	$1,200,301	($313,777)
A01	Adult Full Service Partnerships	$4,804,469	$5,340,031	$535,562
A02	Adult/Older Adult Behavioral Health Services OP System Redesign	$12,232,080	$12,884,829	$652,749
A03	Criminal Justice System Jail Aftercare Program	$7,374,261	$8,881,659	$1,507,398
A04	Central Wellness and Urgent Care Services	$8,619,434	$8,769,644	$150,210
A05	Consumer and Family Wellness and Recovery Services	$1,108,305	$1,105,394	($2,911)
OA01	Older Adult Full Service Partnerships	$439,556	$467,461	$27,905
OA02-04	Older Adult Behavioral Health Services Outpatient Redesign	$1,612,803	$1,221,348	($391,455)
HO01	Housing Options Initiative	$2,479,899	$3,175,821	$695,922
LP01	Learning Partnership	$1,927,853	$1,755,706	($172,147)
AD01	Administration	$2,057,516	$2,250,202	$192,686
Total		**$49,855,946**	**$52,578,944**	**$2,722,998**

C01 PLAN – CHILDREN'S FULL SERVICE PARTNERSHIP (FSP)

DESCRIPTION

Intensive, comprehensive age-appropriate project for seriously emotionally disturbed (SED) children ages 0 to 15 that combines critical core services within a wraparound model. The targeted population is juvenile justice-involved and SED African American, Native American and Latino youth at risk of, or returning from, out-of-home placement.

PROGRESS UPDATE

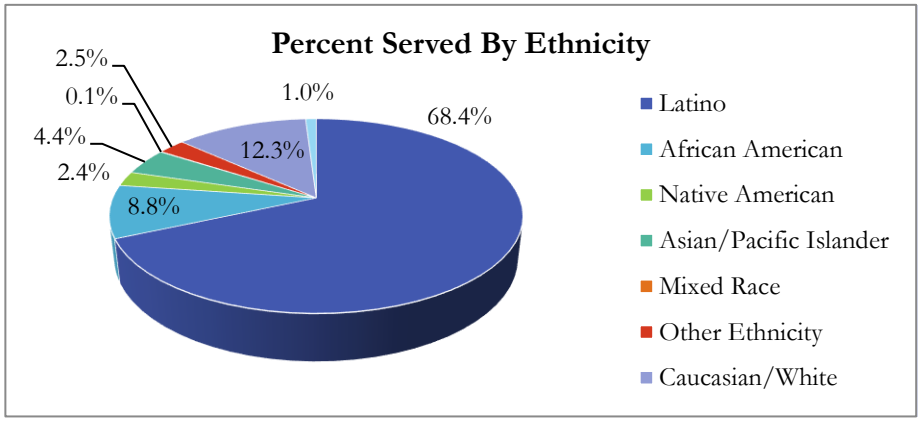
The MHSA FSP programs are a compliment to the County's wraparound programs providing a total capacity of close to 250 slots for youth from the foster care, juvenile justice and mental health systems. In comparing the total number of emergency psychiatric services (EPS) admissions, a year before FSP enrollment, and a year after FSP enrollment, the data for Children/Youth show a 20% decline in the number of EPS admissions a year after FSP enrollment (County's FY14/FY15 FSP progress report).

The Children's FSP Program has served 1,104 Youth from FY07 to FY16 (Source Data: Unicare):

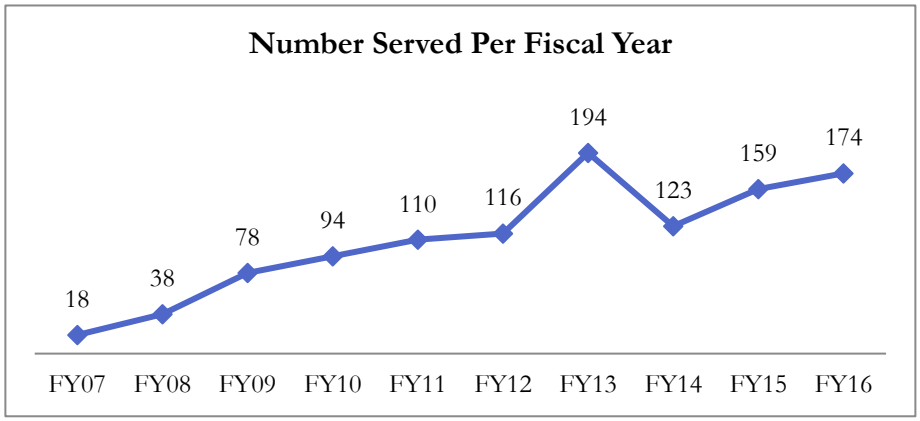
- 68.4% (N=755) Latino
- 8.8% (N=97) African American
- 2.4% (N=27) Native American
- 4.4% (N=49) Asian/Pacific Islander
- 0.1% (N=1) Mixed Race
- 2.5% (N=28) Other Ethnicity
- 12.3% (N=136) Caucasian/White
- 1.0% (N=11) Unknown Ethnicity

In addition, 84.1% (N=928) were from Underserved Populations:

- 68.4% (N=755) Latino
- 8.8% (N=97) African American
- 2.4% (N=27) Native American
- 4.4% (N=49) Asian/Pacific Islander



C01 PLAN – CHILDREN'S FULL SERVICE PARTNERSHIP (FSP)



FY17 PROPOSAL

1. Two new providers were selected through a Request For Proposal (RFP) procurement process; Gardner Family Care Coordination and Uplift Family Services will provide Child FSP services in FY17.

2. Budget adjustments includes: FY17 adjustments and Cost of Living Adjustment (COLA) increase for the following Community Based Organizations (CBOs): Community Solutions, Starlight, Gardner, and Uplift Family Services. The MHSA portion decreased while the overall funding for the Child FSP contracts remains at the same level based on all funding sources.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,189,675	$1,053,098	($136,577)

C02 PLAN – CHILD SYSTEM DEVELOPMENT

DESCRIPTION

This plan establishes systems of care for at-risk young children and families through key Santa Clara County child-serving agencies involved in 0 through 5-age services. The objectives are to establish quality screening, assessment, service linkages and parent support models that achieve the outcomes of increased school readiness and success among at-risk young children through early identification, treatment and support interventions for children with significant developmental, behavioral and emotional challenges.

PROGRESS UPDATE

In October 2006, a multi-agency collaborative, KidConnections Network of Care (KCN), was established through the leadership of FIRST 5 Santa Clara County in partnership with the County Mental Health Department now known as the County Behavioral Health Services Department. KCN is a coordinated system that identifies children from birth through age five with suspected developmental delays and/or social-emotional and behavioral concerns. KCN provides screening, assessments, family consultations, and

connections to behavioral health and social services. FIRST 5 is both a funder and a sponsor of children and family services, investing more than $30 million annually to support critical issues such as children's health insurance, infant and early childhood mental health, early care and education, and health promotion.

KCN is an innovative funding model, utilizing two California ballot initiatives, tobacco tax for early childhood programs (FIRST 5/Proposition 10) and MHSA, and including County General Funds, Medi-Cal, and the State's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) reimbursement. Utilizing FIRST 5 funds as match, KCN providers leverage Medi-Cal and EPSDT, ensuring KidConnections is sustainable. KidConnections functions seamlessly with KidScope, operated by Behavioral Health Services Department (BHSD) in conjunction with Valley Medical Center (VMC) Developmental Behavioral Pediatricians.

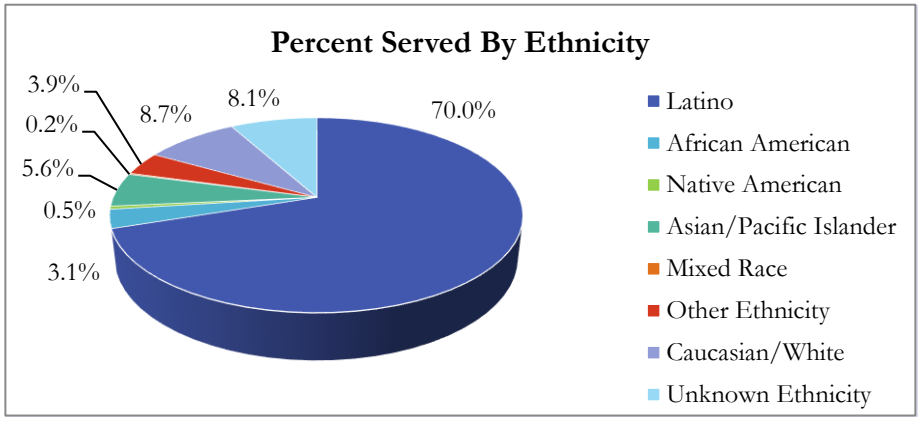
KidScope is one of the KCN providers to which children and families may be referred for further evaluation and the only provider equipped to perform complex medical and developmental assessments. More children than ever before are being screened early for developmental delays to ensure they receive coordinated intervention and treatment services. Thousands of children now have a better chance to begin their school and family lives with the support they need to succeed.

From FY07 to FY16, the BSHD and FIRST 5 Collaboration has served 13,705 Children (Source Data: Unicare):

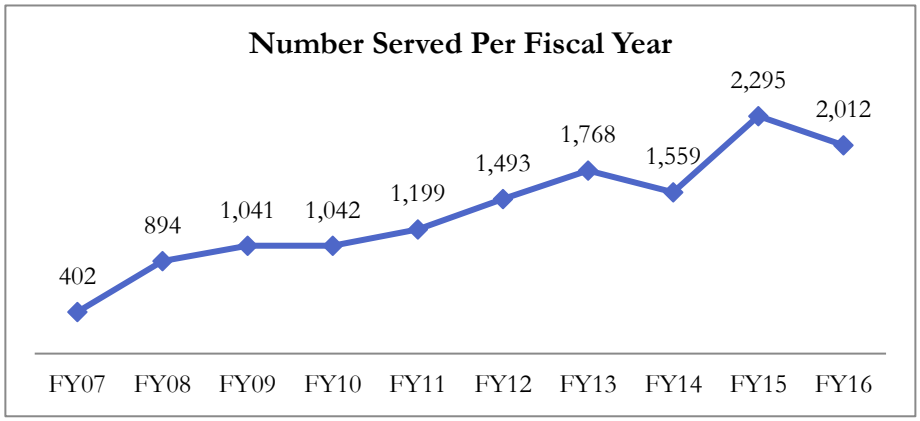
- 70.0% (N=9,587) Latino
- 3.1% (N=431) African American
- 0.5% (N=69) Native American
- 5.6% (N=772) Asian/Pacific Islander
- 0.2% (N=21) Mixed Race
- 3.9% (N=529) Other Ethnicity
- 8.7% (N=1,186) Caucasian/White
- 8.1% (N=1,110) Unknown Ethnicity

In addition, 79.2% (N=10,859) were from the Underserved Population:

- 70.0% (N=9,587) Latino
- 3.1% (N=431) African American
- 0.5% (N=69) Native American
- 5.6% (N=772) Asian/Pacific Islander



C02 PLAN – CHILD SYSTEM DEVELOPMENT



In FY16, BHSD Call Center received approximately 1,908 referrals for children birth through age 5 into KCN. Of those referrals, 1,693 were linked to a KCN provider.

FY17 PROPOSAL

1. Maintain funding for KidConnections Network and KidScope services for children ages 0-5 and their families.
2. Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget and Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$282,604	$315,905	$33,302

C03 PLAN – CHILDREN & FAMILY BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN

DESCRIPTION

This project involves the research, design and implementation of system-wide level-of-care screening, assessment, practice guidelines, and treatment services to improve the system of care for children and youth, particularly those from unserved and underserved ethnic and cultural populations. Services include screening, assessment and service linkages for young children; services for seriously emotionally disturbed (SED) youth involved in the juvenile justice system; service system redesign for foster care youth; partial funding for independent living programs that provide services to TAY foster youth; services to uninsured youth; and the juvenile competency restoration program.

PROGRESS UPDATE

In 2009, the County initiated a system redesign planning process to increase the effectiveness of services as a means to improve quality and maximize resources. A multi-agency project team, appointed to carry out this redesign, initially convened in October 2009. The goals of the redesign were to:

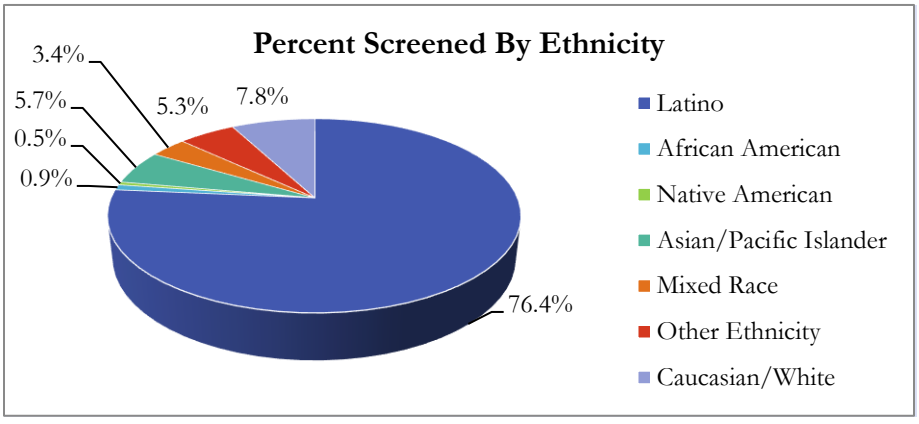
- Identify the strengths and weaknesses of the current service continuum.
- Identify gaps in the continuum of services that impact effectiveness, with specific focus on juvenile justice and social services-referred youth.
- Compare the County's current system of care with peer counties, with specific focus on range of services, interagency collaboration, and authorization/quality improvement systems.
- Develop an integrated continuum of care.
- Implement measurement and outcome measures that provide continuous quality improvement and efficiency to the system of care.

F&C system standards were developed along with identification of a system-wide assessment tool: Child Adolescent Needs and Strengths (CANS) implemented in July 2012, as well as implementation of Transformational Care Planning (TCP), a person-centered approach to treatment and care planning. In 2013, the redesign work transitioned to focus on system-wide capacity; a pilot project was established to test the efficacy of a capacity reporting tool that would be used to monitor service capacity in the Family & Children's Division. The pilot offered an opportunity to help refine the tool prior to implementation. The C03 work plan has three main components: foster care development, juvenile justice development, and KidScope/SED services.

COMPONENT 1: FOSTER CARE DEVELOPMENT

- The COUNTY FOSTER CARE staff comprised of one rehabilitation counselor and two clinicians provides assessment, treatment, and linkages to children and youth assessed through the Children's Shelter.

- The EARLY SCREENING AND ASSESSMENT PROGRAM provides early screening, consultation, and developmental assessments for children ages birth through five years, as well as school aged children by referral to the BHSD's KidScope program and the FIRST 5 KidConnections network of care services. Program serves approximately 360 clients annually.



As noted in the C02 work plan, BHSD released a Request for Proposal (RFP) in January 2015 regarding KCN services. To ensure that children through age five and their families receive appropriate and timely service along with a comprehensive team approach to working with families, all KCN providers incorporated a developmental specialist position into their team. FY15/16 also

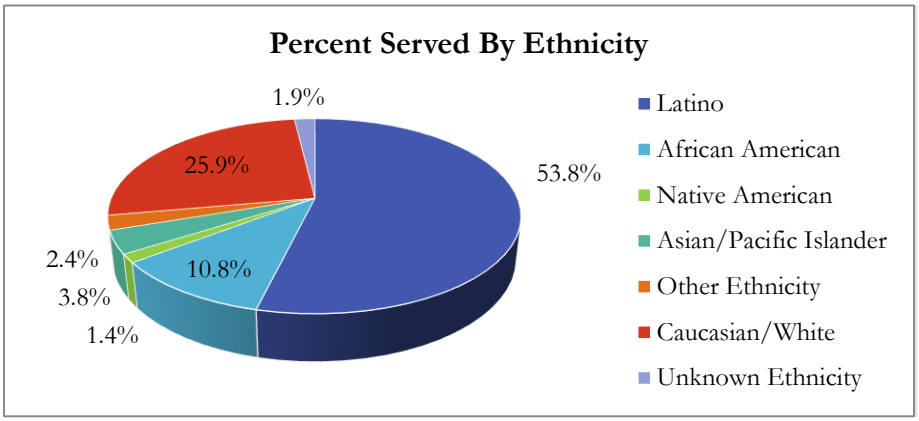
included an expansion of the County's KidScope clinic to provide targeted diagnostic assessments with an internal team. This is the result of services formerly provided by Via Services being transitioned due to FIRST 5 funding and contract. The MHSA funds were reallocated in order to incorporate developmental specialists into existing Early Childhood Mental Health (ECMH) teams.

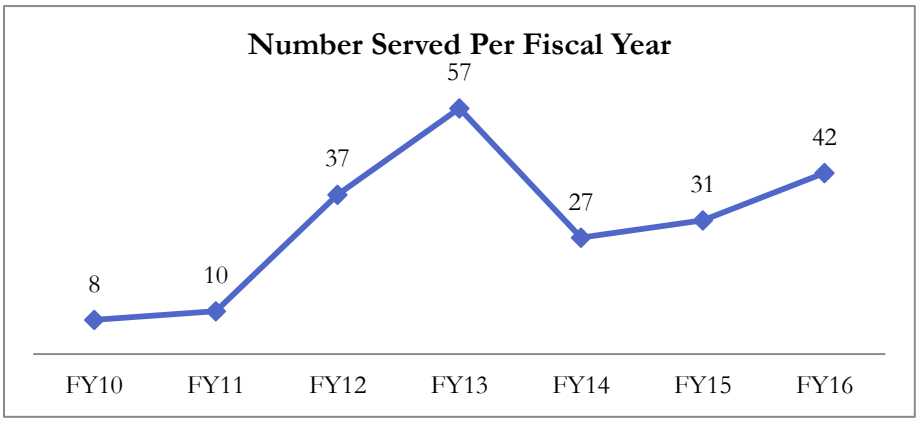
- A DEVELOPMENTAL BEHAVIORAL PEDIATRICIAN for KidScope. BHSD is responsible for the oversight of the FIRST 5 System of Care (KidConnections) program. Through KidConnections, children through age five receive assessment and treatment services aimed to intervene and address early signs of mental health and developmental delays. As part of these services, KidScope provides comprehensive, multi-disciplinary assessments, led by a developmental behavioral pediatrician (DBP) for children who present with complex mental health and developmental concerns. During this past year KidScope has been in process of hiring an additional DPB, to fill the program staff needs, and increase access and accessibility for children needing this level of assessment. Children are directly referred from providers within KidConnections and the referring provider participates as part of the assessment team. One of the primary successes during this past year is being able to have an internal assessment team at KidScope providing for easy accessibility and scheduling for families needing this level of care. This type of access is essential when aiming to intervene as early as possible to treat conditions that can be ameliorated through early intervention.

- MENTAL HEALTH WELLNESS SERVICES TO FOSTER YOUTH PARTICIPATING IN THE INDEPENDENT LIVING PROGRAM (ILP) serves transitional aged youth ages 16-21 by supporting their transition along the spectrum of independence and self-sufficiency. The model of services utilizes case management, rehabilitation, and a full complement of intensive/specialized mental health outpatient services geared towards recovery and independence for both current and emancipating foster care youth.

  From FY10 to FY16, ILP Wellness Outpatient services has served 212 Foster Care youth (Source: Unicare):
  - 53.8% (N=114) Latino
  - 10.8% (N=23) African American
  - 1.4% (N=3) Native American
  - 3.8% (N=8) Asian/Pacific Islander
  - 2.4% (N=5) Other Ethnicity
  - 25.9% (N=55) Caucasian/White
  - 1.9% (N=4) Unknown Ethnicity

  In addition, 69.8% (N=148) were from the Underserved Population:
  - 53.8% (N=114) Latino
  - 10.8% (N=23) African American
  - 1.4% (N=3) Native American
  - 3.8% (N=8) Asian/Pacific Islander





COMPONENT TWO: JUVENILE JUSTICE DEVELOPMENT

The intent of this component is to provide culturally competent services reflective of the beliefs and custom of each family served through this program; services will support the return of youth to their community and school programs; and incorporation of the "wellness and recovery" principle in which all services are consumer-centered, strengths-based, promote recovery and resiliency. Elements of this component includes:

- The CHILD BHSOS JUVENILE JUSTICE MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR) staffing comprised of three clinicians and one health services representative.

- MHSA JUVENILE PROBATION DEPARTMENT (JPD) AFTERCARE PROGRAM AND JPD RANCH MH SERVICES. The goal of the Aftercare Program is to reduce the number of youth that return to Juvenile Hall, reduce number of youth who are sent to out of home placements and enhance the services for wards of the court who are identified as high risk probationers; reduce the return of youth to detention and ranch programs through stabilizing the family and community systems, and reducing the high-risk and criminal behaviors that result in re-incarceration. The program assists youth and their families in developing life

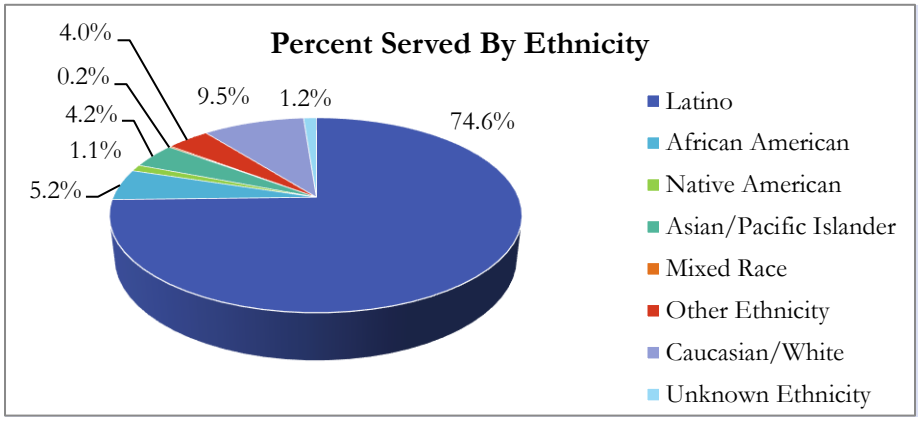
skills that will improve their ability to live and thrive in the community; the return of the minor to the public school setting; attend school conferences as appropriate; assist the minor participating in pro-social recreational activities, sports and other community activities as is appropriate. While the services at the Ranch includes providing mental health consultation that supports the youth's successful completion of the Ranch program; providing screening, assessment and linkages; providing interventions to maintain the stability of youth and milieu in the Ranch program; and serve as an advocate for youth with mental health issues during their ranch placement.

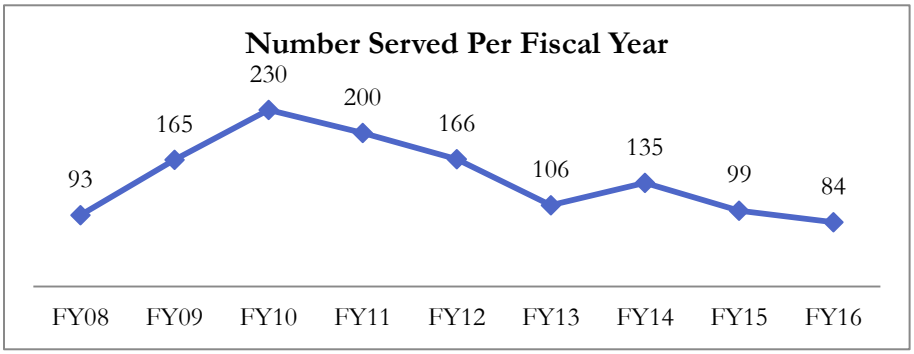
The Aftercare Program has served 1,278 Juvenile Probation Involved youth from FY08 to FY16 (Source: Unicare):

- 74.6% (N=953) Latino
- 5.2% (N=67) African American
- 1.1% (N=14) Native American
- 4.2% (N=54) Asian/Pacific Islander
- 0.2% (N=3) Mixed Race
- 4.0% (N=51) Other Ethnicity
- 9.5% (N=121) Caucasian/White
- 1.2% (N=15) Unknown Ethnicity

In addition, 85.1% (N=1,088) were from the Underserved Population:

- 74.6% (N=953) Latino
- 5.2% (N=67) African American
- 1.1% (N=14) Native American
- 4.2% (N=54) Asian/Pacific Islander





- The JUVENILE COMPETENCY RESTORATION (JCR) Program's focus is on education and training services that have been developed to be age appropriate and geared to restore a juvenile to competency to stand trial (meaning the juvenile understands the charges against them, the roles of the various players in the court process, and is able to participate in their own defense with the assistance of his legal counsel). Included in the program are the Independent Competency Evaluations services contracted out to forensic evaluators to evaluate juvenile offenders. Evaluation service includes a mental status examination, discussion of the nature and severity of any emotional disturbance, psychological and medical factors (e.g. developmental maturity, intellectual impairment, neurological impairment, family dynamics, substance/alcohol abuse, etc.), and an opinion regarding the impact of the above factors on the youth's competence to stand trial according to the Standards for Competence (Dusky v. United States, 362 US, 402, 1960)

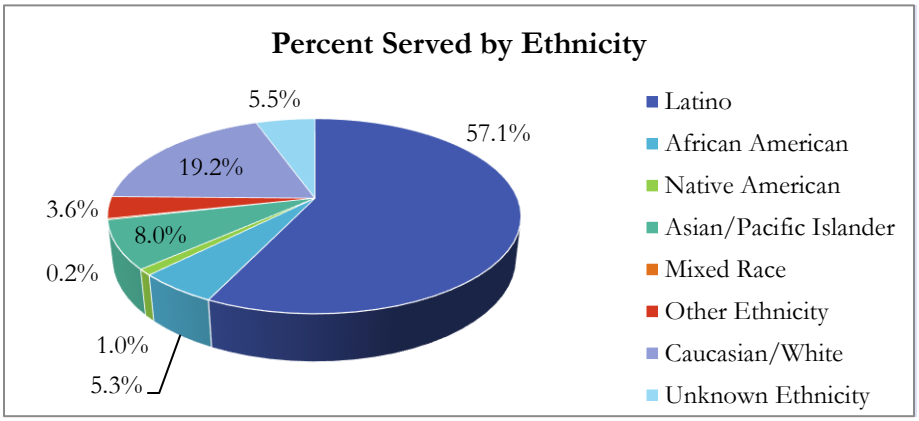
COMPONENT THREE: KIDSCOPE/SERIOUSLY EMOTIONALLY DISTURBED (SED)

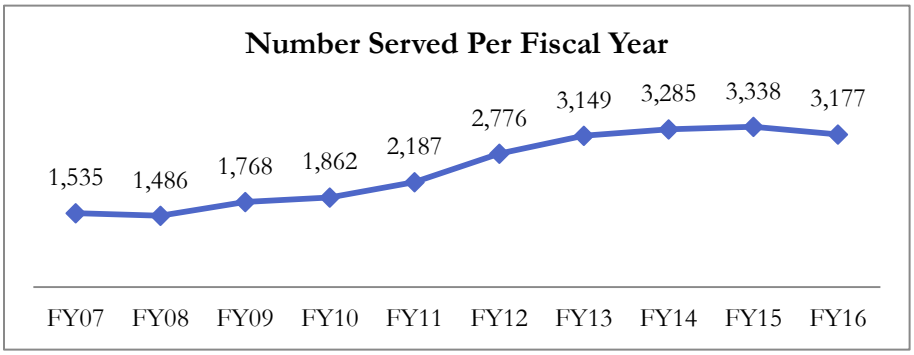
The SED component includes the following:

- Two full-time clinicians providing services to uninsured children and youth.
- The OPD F&C REDESIGN PROGRAM includes MHSA funding for EPSDT expansion. Overall, the program has served 24,563 from FY07 to FY16 (Source: Unicare):
  - 57.1% (N=14,037) Latino
  - 5.3% (N=1,298) African American
  - 1.0% (N=234) Native American
  - 8.0% (N=1,975) Asian/Pacific Islander
  - 0.2% (N=55) Mixed Race
  - 3.6% (N=896) Other Ethnicity
  - 19.2% (N=4,713) Caucasian/White
  - 5.5% (N=1,355) Unknown Ethnicity

In addition, 71.4% (N=17,544) were from the Underserved Population:

- 57.1% (N=14,037) Latino
- 5.3% (N=1,298) African American
- 1.0% (N=234) Native American
- 8.0% (N=1,975) Asian/Pacific Islander





FY17 PROPOSAL

1. Foster Care Staffing includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and Reallocation of funding for the creation of a new Senior Mental Health Program Specialist (MHPS) to support the various F&C crisis programs.

2. Foster Care Contract includes FY17 CBO adjustments and COLA increase of CBO contract (Family & Children Services).

3. KidScope: Transition Via Services contract to FIRST 5 funding/contract and reallocate MHSA funds to incorporate Developmental Specialists into existing Early Childhood Mental Health (ECMH) teams and create a new Senior MHPS, as listed in item #1.

4. Child BHSOS Juvenile Justice (MIOCR) Staffing includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis.

C03 PLAN – CHILDREN & FAMILY BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN

5. JPD Aftercare contract services includes FY17 CBO adjustments and COLA increase and combined with aftercare Linkages to Children and Youth at the Ranches - JPD MH contract services.

6. Aftercare Linkages to Children and Youth at the Ranches - JPD MH Services JPD Mental Health Service for service contracts were combined with JPD Aftercare contracts services and funding were reallocated to JPD Aftercare contract services and EPSDT F&C Expansion during FY16 RFP process.

7. County KidScope program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget and Analysis and reallocation of funding to support the creation of a new Senior MHPS as described in item #1.

8. Aftercare Discharge Planning Staffing & Children's Uninsured Service Model Staffing includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

9. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) F&C Expansion includes FY17 CBO contract adjustments by reallocating funding from JPD MH Services as described under item #6 and CBO COLA increase (Alum Rock Counseling Center, Asian Americans for Community Involvement, Bill Wilson Center, Catholic Charities, Chamberlains, Children's Health Council, Community Solutions, EMQFF, Family & Children Services, Gardner, HealthRight 360, HOPE, Indian Health Center, Mekong, Momentum, Seneca Center, Rebekah Children's Services, Starlight, Ujima, Unity Care and Uplift Family Services).

BUDGET

FY16 Approved	FY17 Proposal	Change
$2,962,709	$3,045,475	$82,766

T01 PLAN – TAY FULL SERVICE PARTNERSHIPS (FSP)

DESCRIPTION

This is an intensive, comprehensive, age-appropriate project for Transitional Aged Youth (TAY) consumers ages 16 to 25 with high levels of need. The project targets TAY "aging out" of other child-serving systems, and those from underserved communities. The FSP TAY program combines critical core services within a wraparound model and reflects the core values of the Transition to Independence Process (TIP). The targeted population is Juvenile Justice/Foster Care-involved and SED African American, Native American and Latino youth at risk of, or returning from, out-of-home placements; with multiple Emergency Psychiatric Service (EPS) episodes and/or frequent hospitalizations.

T01 PLAN – TAY FULL SERVICE PARTNERSHIPS (FSP)

PROGRESS UPDATE

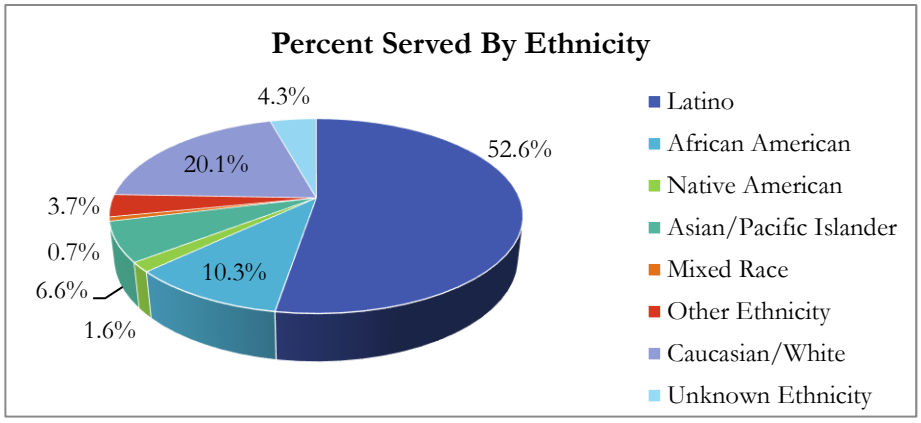
The County's FY14/FY15 FSP progress report (Unicare data) reflect the following: in terms of psychiatric hospital admissions, the total number of psychiatric admissions a year after FSP enrollment, compared with the total number of psychiatric admissions a year before FSP enrollment, show that the rate of admissions declined for TAY FSP by 46%.

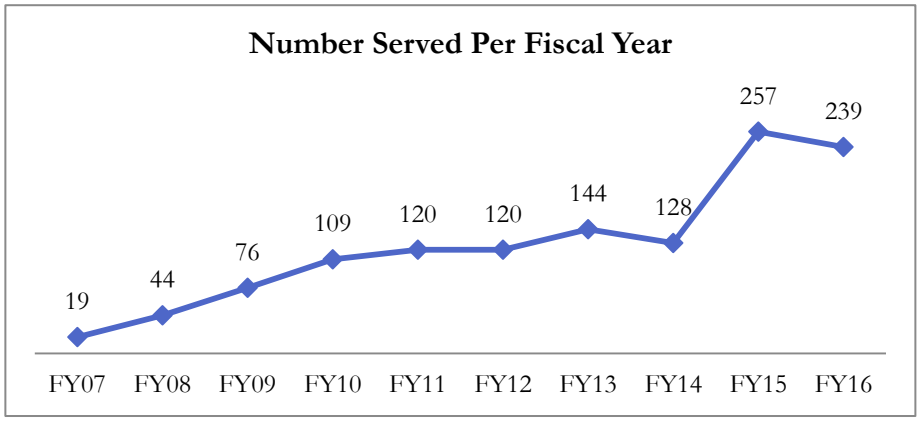
The TAY FSP Program has served 1,256 TAY from FY07 to FY16 (Source Data: Unicare):

- 52.6% (N=661) Latino
- 10.3% (N=129) African American
- 1.6% (N=20) Native American
- 6.6% (N=83) Asian/Pacific Islander
- 0.7% (N=9) Mixed Race
- 3.7% (N=47) Other Ethnicity
- 20.1% (N=253) Caucasian/White
- 4.3% (N=54) Unknown Ethnicity

In addition, 71.1% (N=893) were from Underserved Populations:

- 52.6% (N=661) Latino
- 10.3% (N=129) African American
- 1.6% (N=20) Native American
- 6.6% (N=83) Asian/Pacific Islander





T01 PLAN – TAY FULL SERVICE PARTNERSHIPS (FSP)

FY17 PROPOSAL

1. Develop a standardized average level of care for TAY FSP Program. This will result in a slight decrease in number of youth served but will provide a more equitable range of service dosage for youth enrolled in the program.

2. Includes FY17 adjustments and COLA increase for CBOs: Community Solutions, Momentum and Starlight. The MHSA portion decreased but the TAY-LGBTQ services overall contract total from all funding sources remains the same.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,250,705	$1,112,070	($138,635)

T02-04 PLAN – BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN / TAY CRISIS AND DROP-IN SERVICES

DESCRIPTION

This expands the system of care for TAY ages 16-25 through a continuum of services that include specialized outreach, crisis intervention, linkages, self-help, peer support and case management. The initiative includes community based Drop-In Center locations, overnight respite care (for ages 18-25), workforce development for TAY peers with lived experiences and use of engagement strategies to facilitate access to care and supports.

PROGRESS UPDATE

Bill Wilson Center (BWC) and Family & Children's Services (FCS) provide outreach and treatment services under this initiative. BWC provides TAY outpatient mental health and overnight respite services to TAY through their drop-in center location. Overnight respite services can accommodate up to 10 TAY ages 18-25 who are in need of temporary shelter care as a result of a crisis situation or who are at risk of homelessness. Respite services are designed to give TAY the ability to self-manage and remain within the community before a crisis is out of control. In addition, BWC is able to offer services to unsponsored/uninsured youth which ensure that these youth do not fall through the cracks with untreated mental health conditions and allows TAY homeless population to access needed supports.

FCS provides both outreach education within the community and outpatient mental health services through their Youth Space Drop-In center serving LGBTQ TAY. FCS' provision of services through a drop-in center model and ability to serve unsponsored/uninsured youth ensure that access to mental health services is available for this underserved vulnerable population of youth.

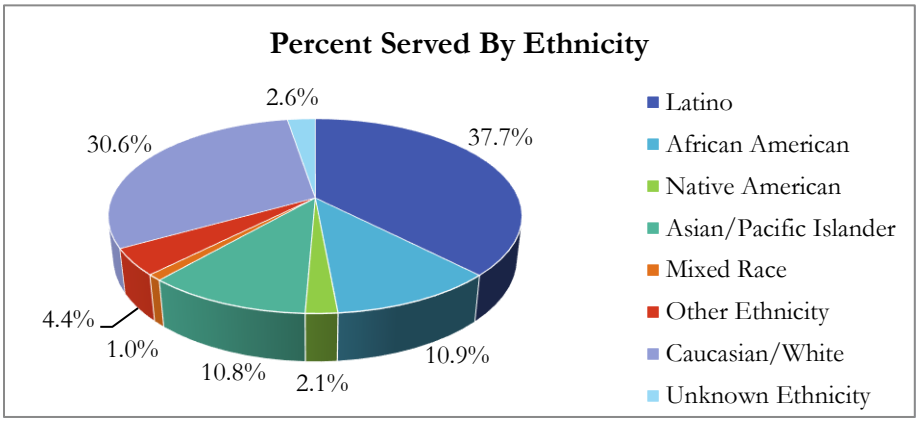
T02-04 PLAN – BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN / TAY CRISIS AND DROP-IN SERVICES

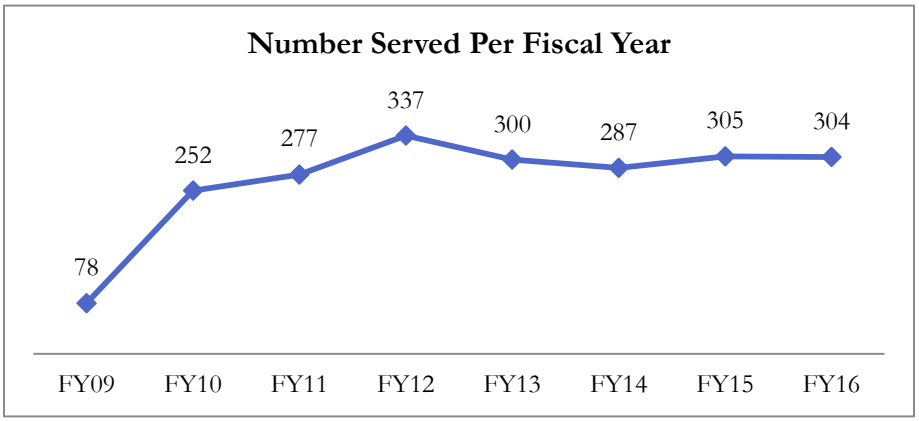
T02-04 programs combined served 2,140 TAY from FY09 to FY16 (Source Data: Unicare):

- 37.7% (N=807) Latino
- 10.9% (N=233) African American
- 2.1% (N=44) Native American
- 10.8% (N=231) Asian/Pacific Islander
- 1.0% (N=21) Mixed Race
- 4.4% (N=94) Other Ethnicity
- 30.6% (N=654) Caucasian/White
- 2.6% (N=56) Unknown Ethnicity

In addition, 61.4% (N=1,315) were from Underserved Populations:

- 37.7% (N=807) Latino
- 10.9% (N=233) African American
- 2.1% (N=44) Native American
- 10.8% (N=231) Asian/Pacific Islander





T02-04 PLAN – BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN / TAY CRISIS AND DROP-IN SERVICES

DROP IN CENTER AND OUTREACH

LGBTQ Youth Space

- Drop-In Center Visits: FY15 = 3,787 and FY16 = 3,873. LGBTQ Youth Space does not require youth visiting the drop-in center to report personally identifying information; the data reflects number of visits made to the Youth Space rather than unique participation counts.

- Average of 16 individuals visited the Drop-In Center daily.

YOUTH LEADERSHIP DEVELOPMENT UPDATES

- The LGBTQ Youth Space is staffed by peer LGBTQ young adults including former program participants. Youth outreach coordinators, youth outreach workers, and consumer interns engage youth in drop-in center activities, supervise the center to maintain safety and facilitate peer-led support and activity groups. These staff members serve as youth mentors and offer role models of leadership.

- The Queer Coalition, the Youth Space's youth advisory council is a group of about 20 youth participants who meet monthly with the full drop-in center staff team to advice on such topics as creating a safe space, outreach plans, and offering engaging youth groups and activities.

- The Youth Space maintains a Speakers Bureau which consists of 25 youth participants who are trained to share their experiences as LGBTQ consumers of mental health services.

- Since June 2016, youth speakers have participated in a number of speaker panels as part of outreach services for youth and providers. In addition, to fostering leadership though public speaking skills, the speakers' panels increase awareness of diverse LGBTQ identities, promote acceptance, and encourage help-seeking behavior including LGBTQ Youth Space counseling services.

FY17 PROPOSAL

1. Includes FY17 County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

2. As a result of the TAY LGBTQ Request for Proposal procurement process, BHSD included a new LGBTQ provide-Bill Wilson Center for FY17. This resulted in a reduction of the FY17 budget allocation for FCS. The County Board of Supervisors recommended an augmentation to FCS's program budget in order to maintain their current level of service.

3. As a result of the TAY Outpatient Request for Proposal procurement process, two new TAY outpatient providers were added to the TAY network: Uplift Family Services and Gardner Family Care Corporation will provide TAY Outpatient services in FY17.

T02-04 PLAN – BEHAVIORAL HEALTH SERVICES OUTPATIENT SYSTEM REDESIGN / TAY CRISIS AND DROP-IN SERVICES

4. T02-04 related contracts includes FY17 COLA and CBO contract adjustments as described above. The MHSA portion decreased but the overall contract total from all funding sources remain at the same level.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,514,078	$1,200,301	($313,777)

A01 PLAN – ADULT FULL SERVICE PARTNERSHIPS (FSP)

DESCRIPTION

This is an intensive, comprehensive program for 259 highest risk seriously mentally ill (SMI) adults who are frequent users of involuntary care and/or underserved homeless consumers with high levels of need. Based on the AB2034 philosophy, the project provides treatment, case management and community resources necessary to meet the needs of each individual's life circumstances.

PROGRESS UPDATE

In FY 15/16 the number of slots was increased from 175 to 259 as a result of the need to serve high risk SMI individuals discharging from acute inpatient hospital settings who require wrap around services to maintain them in the community.

A request for proposal was conducted in FY15/16 which led to the selection of a contracted provider who can serve African–Americans thereby reducing the disparity and increasing the penetration rate of individuals from this ethnic background.

Currently BHSD is in the process of re-designing and re-structuring the housing flex fund program component attached to the Adult FSP contracts, as well as the service delivery of the program.

- Re-structuring the housing flex-fund will enable individuals who are no longer require FSP level of care to transition to less intensive programs without losing their housing subsidy.
- In order to improve service delivery, average length of stay (12-months) and dosage of services (9.73) was added to the FY15/16 contracts to track the performance metric of the contractors and services; and to ensure clients are receiving the appropriate dosage for the FSP program.

Key Achievements to date:

- Improved coordination between FSP providers, inpatient units, emergency psychiatric services (EPS), and primary care physicians.

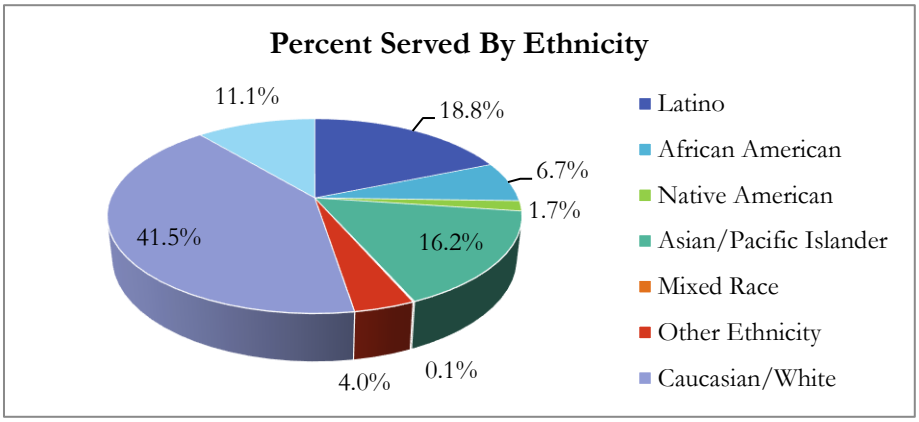
- Developed a system for monitoring clients through outreach and engagement to increase access to FSP services.
- Increased the number of clients who are served by the program by updating and reducing the criteria for entry into the program to two hospitalizations within the last 12 months.
- Reduced the length of time for outreach and engagement period from 90 to 30 days.

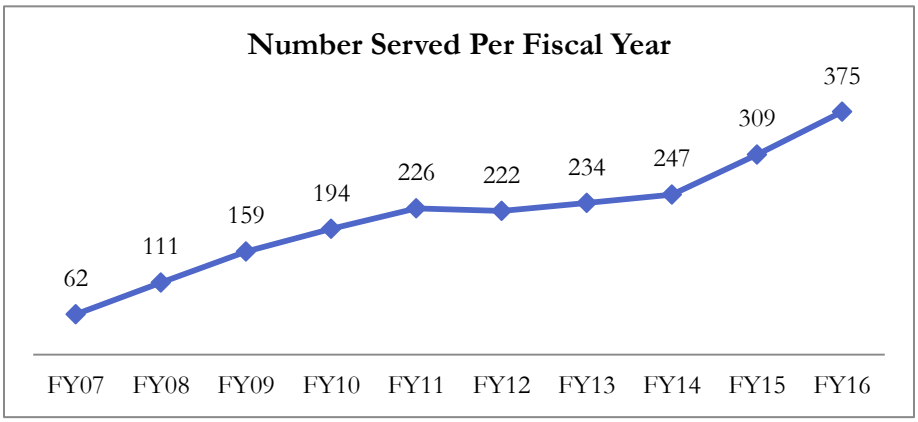
The ADULT FSP PROGRAM has served 2,139 from FY07 to FY16 (Source Data: Unicare):

- 18.8% (N=402) Latino
- 6.7% (N=143) African American
- 1.7% (N=37) Native American
- 16.2% (N=346) Asian/Pacific Islander
- 0.1% (N=2) Mixed Race
- 4.0% (N=85) Other Ethnicity
- 41.5% (N=887) Caucasian/White
- 11.1% (N=237) Unknown Ethnicity

In addition, 43.4% (N=928) were from Underserved Populations:

- 18.8% (N=402) Latino
- 6.7% (N=143) African American
- 1.7% (N=37) Native American
- 16.2% (N=346) Asian/Pacific Islander





MHSA FSP IMD/BAP DIVERSION PROGRAM (FSP 90)

FSP 90 program works in partnership with the traditional outpatient service team, providing intensive support for adults (18+) with SMI who are, directly prior to enrollment, residing in an Institute for Mental Disease (IMD) or inpatient psychiatric setting; and who desire to reside in the community outside of a locked setting. Clients also have a history of homelessness, substance abuse, and minimal engagement with traditional outpatient mental health supports. Service duration is up to 90 days, at which time the traditional outpatient service provider continues to support the consumer with recovery services geared towards living in the community.

In FY14 the FSP 90 program was redesigned to serve only clients discharging directly from the IMDs and inpatient hospital settings to increase the number of clients served by the regular FSP program. Since the diversion program is only for 90 days, clients in IMDs are only assigned or offered FSP services when they are truly ready to be discharged.

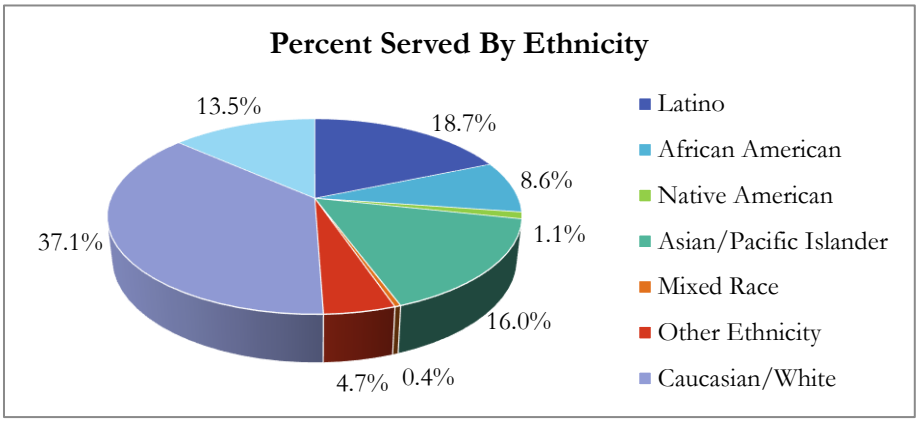
The FSP 90 Program has served 795 from FY11 to FY16 (Source Data: Unicare):

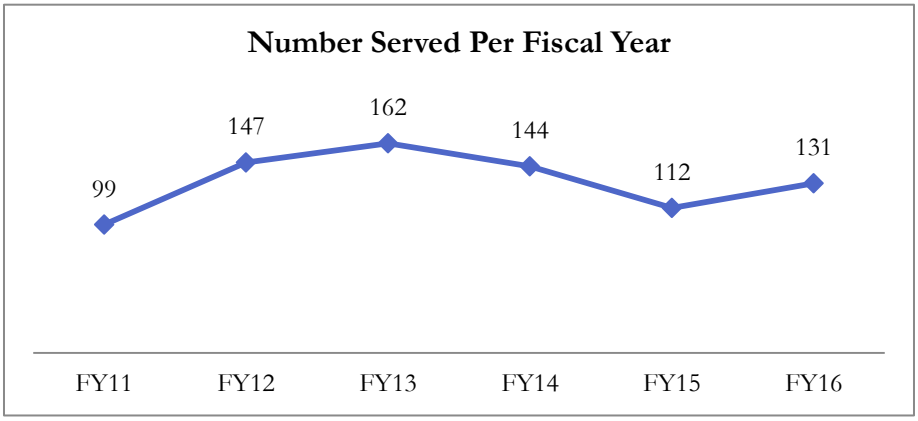
- 18.7% (N=149) Latino
- 8.6% (N=68) African American
- 1.1% (N=9) Native American
- 16.0% (N=127) Asian/Pacific Islander
- 0.4% (N=3) Mixed Race
- 4.7% (N=37) Other Ethnicity
- 37.1% (N=295) Caucasian/White
- 13.5% (N=107) Unknown Ethnicity

In addition, 44.4% (N=353) were from Underserved Populations:

- 18.7% (N=149) Latino
- 8.6% (N=68) African American
- 1.1% (N=9) Native American
- 16.0% (N=127) Asian/Pacific Islander

A01 PLAN – ADULT FULL SERVICE PARTNERSHIPS (FSP)





FY17 PROPOSAL

1. Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and the addition of a Sr. Mental Health Program Specialist in FY17.

2. Includes the following contract related budget adjustments:

   a. FY17 COLA increase for CBO Contracts (Community Solutions, Gardner, Indian Health Center, Mekong, Momentum, Ujima, Peninsula).

   b. Ujima was added in FY17.

   c. The caseload increased by 40 for Momentum for Mental Health.

   d. Other adjustments to reflect current contract level and funding sources reallocation as a result of the FY16 RFP/procurement process.

BUDGET

FY16 Approved	FY17 Proposal	Change
$4,804,469	$5,340,031	$535,562

A02 PLAN – ADULT/OLDER ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN

DESCRIPTION

This project expands self-help and peer support services, redesigns outpatient clinics toward a recovery model, incorporates consumer involvement, modifies levels of care to appropriately meet consumers' levels of need, and works with system partners to improve the care consumers receive when they interface with multiple systems. The service expansion component addresses specific population disparities in the adult system for concurrent mental health/substance abuse disorders, concurrent mental health/developmental disabilities, and unserved and underserved ethnic and cultural groups.

PROGRESS UPDATE

In November 2014, Behavioral Health Services Department released a request for proposal (RFP) to rebid the outpatient services. The RFP included services for the following programs: 1) Intensive Outpatient Services; 2) Outpatient Mental Health Services, 3) Ethnic Specific Outpatient Services, 4) CalWORKs Mental Health Services; 5) Shelter Services, and 6) Transitional Housing Services.

As a result of the RFP, the Adult Outpatient programs gained two new providers. With the addition of new outpatient providers came the creation of new Ethnic Specific Outpatient Services and a mechanism to track service outcomes of the providers. The objective of developing the performance learning measures is to improve client outcomes and create a mechanisms for collection and reporting of data. Services provided through the A02 initiative include:

COMMUNITY PLACEMENT TEAM AND 24-HOUR ALTERNATIVES: The Community Placement Team coordinates placement at MHSA funded residential, non-MHSA funded and temporary housing programs for consumers being discharged from emergency psychiatric services (EPS) and/or the Barbara Aarons Pavilion (BAP) in order to avoid institutionalization or releasing clients to the streets. The Team:

- Processes over 1,000 referrals each month and 1,350 referrals for crisis residential programs alone in 2015, e.g., Institutes for Mental Disease (IMDs), crisis residential, transportation, supplemental residential programs, and shelters.
- Monitors and provides case management services to 230 consumers placed in IMDs, 60 individuals in the State hospitals, and 260 consumers placed in supplemented residential care facilities (RCFs).
- Conducts bi-annual reviews of all county contracted residential placements and conducts investigations when there is a citizen complaint of the residential homes. The team also acts as a liaison to acute hospitals, Valley Medical Center, and primary care physicians for Santa Clara County residents.

In FY 15/16 additional responsibilities was added to the team:

- The team has a staff designated to attend weekly meetings at three contracted acute hospitals in order to provide coordinated care and transition from hospital to the community in a timely manner.

- Monitors and coordinates referrals into the New Pay for Success program, a new initiative developed in the County. The team diligently track clients referred into the contracted program that will span over a six year period. Success of the program will be measured by the amount of savings achieved through decreased utilization of County emergency, inpatient, and contracted inpatient psychiatric facilities. Total potential savings will be determined by comparing actual utilization of services by Telecare's clients over the six year project term with the anticipated utilization of the target population.

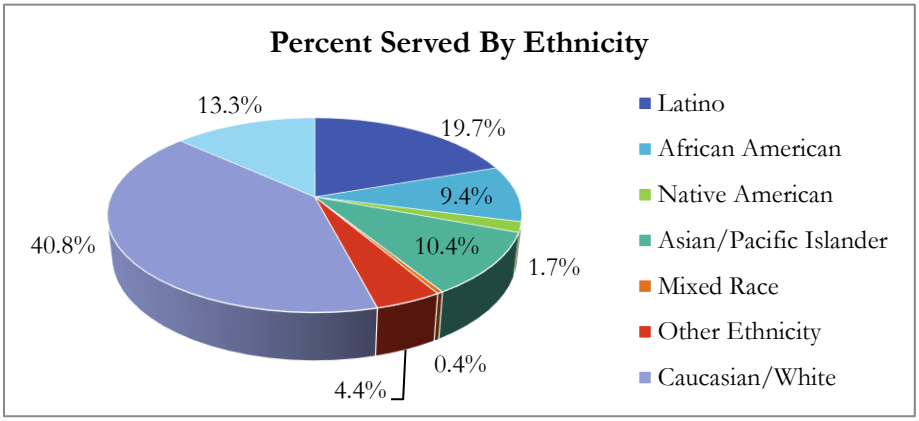
The MHSA CRISIS RESIDENTIAL PROGRAM assists clients' return to the community from acute psychiatric units and locked psychiatric treatment facilities, and conversely, prevents readmission to acute psychiatric hospitals and EPS. The crisis residential program for the calendar year 2015 received approximately 1,350 referrals. Overall, the program served AB109 clients, Sexual Assault Response Team (SART) clients, Litteral House clients, and FSP clients.

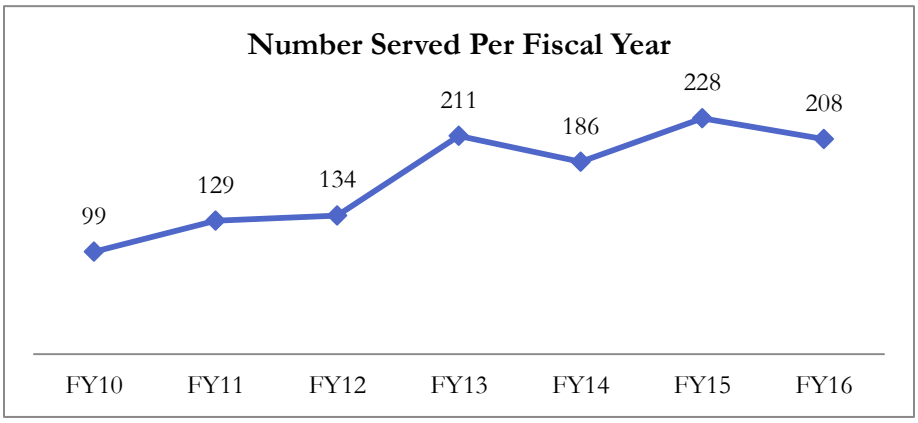
The MHSA Crisis Residential Program has served 1,195 from FY11 to FY16 (Source Data: Unicare):

- 19.7% (N=235) Latino
- 9.4% (N=112) African American
- 1.7% (N=20) Native American
- 10.4% (N=124) Asian/Pacific Islander
- 0.4% (N=5) Mixed Race
- 4.4% (N=52) Other Ethnicity
- 40.8% (N=488) Caucasian/White
- 13.3% (N=159) Unknown Ethnicity

In addition, 41.1% (N=491) were from Underserved Populations:

- 19.7% (N=235) Latino
- 9.4% (N=112) African American
- 1.7% (N=20) Native American
- 10.4% (N=124) Asian/Pacific Islander





The DOWNTOWN MENTAL HEALTH CENTER (DTMH) has two full-time service teams operating Monday through Friday and serves more than 650 clients. The outpatient team works with SMI clients who exhibit severe problems in normal daily functioning. In addition, the teams assist individuals within the context of a mutual partnership effort to achieve higher levels of functioning, and to develop community and/or family support systems whenever possible. All teams are comprised of case managers, peer support workers, community workers, and psychiatrists that offer a full array of mental health services, including case management services, mental health services, crisis intervention and medication support services. In FY15, the teams opened 140 new cases and served 728 clients. DTMH has increased the number of wellness groups provided at the center to two wellness groups, held on Monday and Wednesday every week. BHSD is in the process of re-designing the DTMH team service delivery to include a step down level of care for individuals who do not require intensive outpatient services but could continue to benefit from wellness and recovery services that includes WRAP groups, medication services, case management, and self-help groups. The team has identified 200 clients who will be eligible for this service.

Staff at the OUTPATIENT CLINIC AND PRIMARY CARE BEHAVIORAL HEALTH (PCBH) serves clients who require mild to moderate mental health services, provide case management services, and improve care coordination by having the primary care physician and psychiatrist in one location.

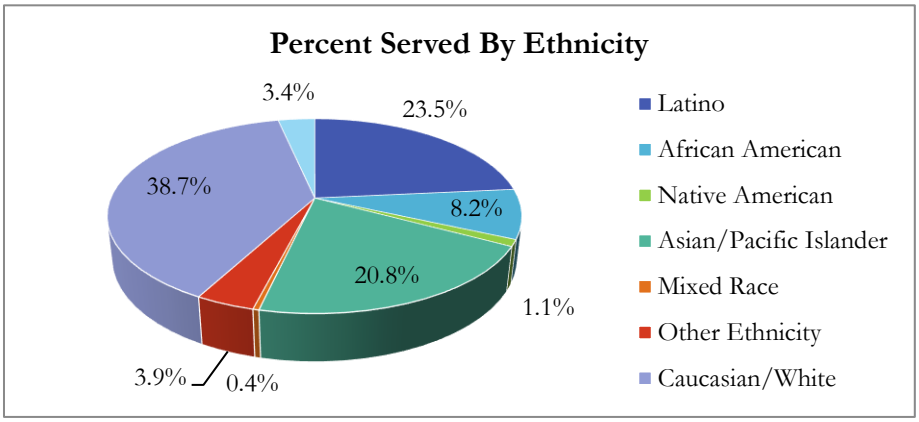
Through the MHSA ADULT/OLDER ADULT REDESIGN PROGRAM, CBOs provide services to SMI clients whose level of functioning, symptoms and psychiatric history necessitate service intervention to maintain the individual in community settings. The CBO contracted program has served 29,157 from FY09 to FY16 (Source Data: Unicare):

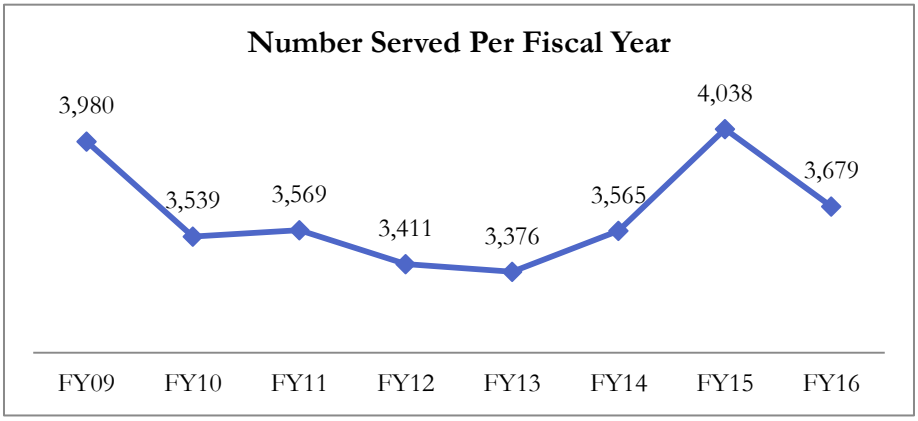
- 23.5% (N=6,853) Latino
- 8.2% (N=2,402)African American
- 1.1% (N=317) Native American
- 20.8% (N=6,070) Asian/Pacific Islander
- 0.4% (N=106) Mixed Race
- 3.9% (N=1,142) Other Ethnicity

- 38.7% (N=11,276) Caucasian/White
- 3.4% (N=991) Unknown Ethnicity

In addition, 53.6% (N=15,642) were from Underserved Populations:

- 23.5% (N=6,853) Latino
- 8.2% (N=2,402)African American
- 1.1% (N=317) Native American
- 20.8% (N=6,070) Asian/Pacific Islander





The MHSA Adult/Older Adult Redesign programs experienced a decline in the number of clients served following the implementation of the Primary Care Behavioral Health (PCBH) clinics (formerly known as Federally Qualified Health Clinics – FQHC). In 2009, the redesign programs began to transfer clients to PCBH clinics and in FY11 and FY12, 605 clients were transferred out of the specialty mental health system into the PCBH system of care.

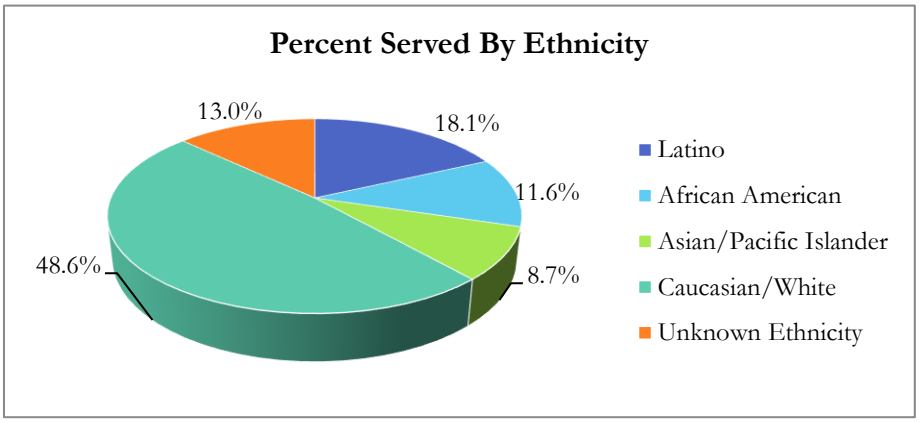
The IMD ALTERNATIVE PROGRAM transitions patients diagnosed with SMI and co-morbid medical issues from a higher level of care such as locked settings and State Hospitals to a less restrictive residential facility based on their ability to function independently. Additionally, it aims to reduce readmissions to emergency treatment and acute inpatient hospital settings, subsequently preventing homelessness of SMI clients, providing patients with stability and a home-like setting and reducing the cost of patient care.

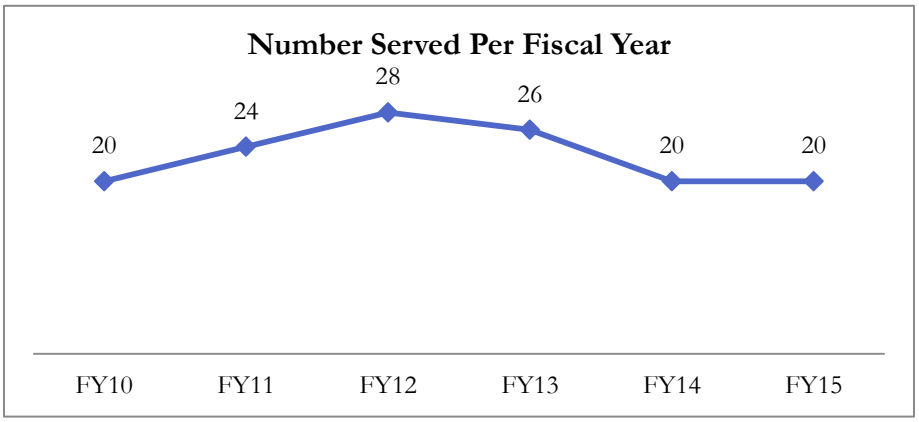
The program operated by Drake House has served 138 from FY10 to FY15 (Source Data: Unicare):

- 18.1% (N=25) Latino
- 11.6% (N=16) African American
- 8.7% (N=12) Asian/Pacific Islander
- 48.6% (N=67) Caucasian/White
- 13.0% (N=18) Unknown Ethnicity

In addition, 38.4% (N=53) were from Underserved Populations:

- 18.1% (N=25) Latino
- 11.6% (N=16) African American
- 8.7% (N=12) Asian/Pacific Islander





INTEGRATED SERVICES SEVERE MENTAL ILLNESS (SMI) WITH CO-OCCURRING INTELLECTUAL DISABILITIES PROGRAM AND THE ADULT WITH AUTISM PROGRAM:

The Adult with Autism and Co-occurring Mental Health Disorders program initially was an MHSA Innovation (INN) project that ended in June 2013. Due to the positive results of the two-year project it was determined to sustain the program and transition it to the

A02 PLAN – ADULT/OLDER ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN

MHSA CSS A02 work plan effective FY14. During the INN pilot project duration, 90 consumers with classic autism and co-occurring mental health disorders living in Santa Clara County were identified through referrals from San Andreas Regional Center (SARC), Santa Clara County Behavioral Health Call Center (BHCC), other mental health agencies and clinics that participated in the INN project were referred to Hope Services, the CBO contracted to provide program services.

In FY2015, Integrated Services SMI with Co-occurring Intellectual Disabilities Program and the Adult with Autism program merged into one program. The merged program is designed to accurately assess co-occurring mental health disorders in SMI adults with intellectual disabilities and adults with autism who require specialized services due to complex risk factors that may include substance abuse; community violence; general neglect and exposure to trauma. The merger was facilitated in order to increase access to all consumers with intellectual disabilities entering the Adult/Older Adult System of Care instead of limiting access to consumers based on diagnosis exclusively. During the merge, the use of the SAPPA instrument was further streamlined to more precisely identify co-occurring mental health disorders which included eliminating redundant questions. Since this program has reached its fifth year, BHSD released a request for proposal in FY17.

CALWORKS HEALTH ALLIANCE PROGRAM: In FY15, the program transitioned from the County's PEI plan to the CSS A02 plan. The CalWORKs Health Alliance program provides behavioral health services to adult CalWORKs clients and their families to help them address mental health and substance abuse issues.

The combined funding for this program comes from the County Department of Social Services, Employment Services Division for CalWORKs and BHSD for MHSA/Medi-Cal. BHSD manages the program and services which consist of culturally diverse outpatient counseling services and a small number of transitional housing unit (THU) beds for clients in need of a safe place to stay with their children while engaging in employment and educational activities. A residential care facility near Morgan Hill offers onsite services for one CalWORKs client who is experiencing substance abuse issues. One bed for a child is also available. All of the clients entering the Welfare to Work (WTW) program are screened for behavioral health issues. The screenings are held at client orientations in North County, Central San Jose, and South County Employment Service facilities. Additionally, the Health Alliance partners with community colleges, CalWORKs Employment Services (CWES) facilities and adult education programs to provide onsite individual counseling, support groups, and educational forums for CalWORKs clients.

Starting in FY14 the Health Alliance's scope of CalWORKs clients eligible for counseling services expanded beyond the WTW Program to include other CalWORKs status categories. The categories now include: WTW program, child-only cases (Safety Net), sanctioned clients, exempt clients, good cause clients, timed-out clients, and family reunification clients. In FY16 the Health Alliance added a Health Care Program Manager position to coordinate the CalWorks program and monitor the service delivery.

In FY15, new program elements were included in CalWORKs:

- The CalWORKs Health Alliance is currently engaged in expanding the outreach (co-location) activities to include service locations frequented by CalWORKs clients, include Continuing Benefits Services (CBS). These activities include disseminating information about the program and engaging clients who are interested in our services. A pilot is being established at the central CBS facility in San Jose that will provide program information to clients initially on the first week of each month. Depending on the level of response, this activity might be expanded to additional days each month.

- A new group therapy, Moral Reconation Therapy (MRT) will be introduced this fiscal year. This group therapy modality focuses on the decision making process that clients use to arrive at solutions to individual issues.

- Co-location counseling services are being established at Mission College for their CalWORKs students. Mission College has historically had a high number of CalWORKs clients enrolled in their classes.

- The CalWORKs Health Alliance will be working closely with the Call Center to identify clients eligible for our services. Additional Call Center staff will be trained to look up CalWORKs eligibility information on SSA's application, CalWIN.

- The CalWORKs Health Alliance client satisfaction survey will be restarted this year. This survey will run for one month at the five provider locations. The survey results will help us better understand our clients' demographic composition and service needs.

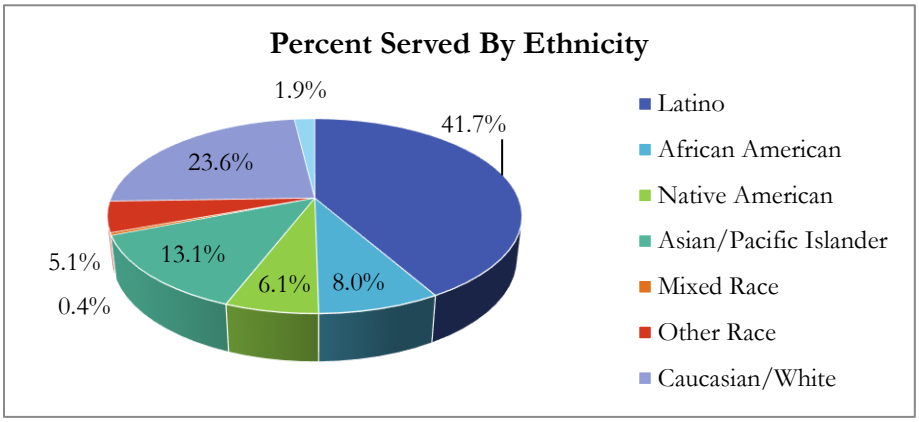
The CalWorks program has served 2,575 from FY12 to FY16 (Source Data: Unicare):

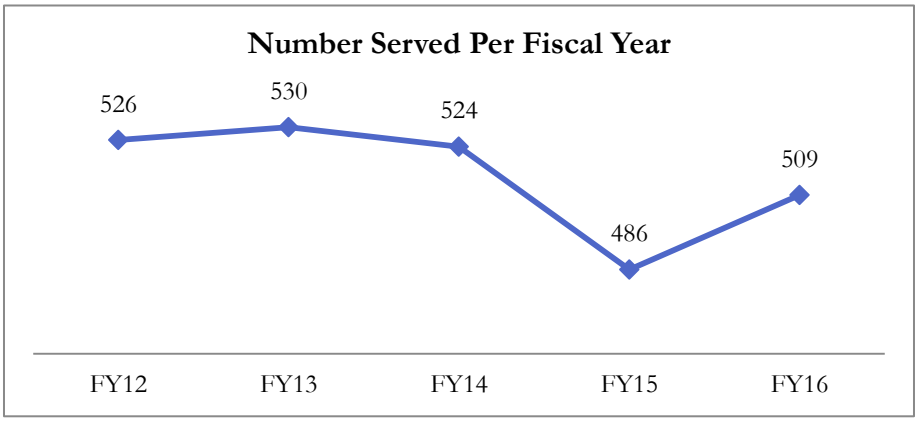
- 41.7% (N=1,074) Latino
- 8.0% (N=207) African American
- 6.1% (N=157) Native American
- 13.1% (N=338) Asian/Pacific Islander
- 0.4% (N=11) Mixed Race
- 5.1% (N=132) Other Ethnicity
- 23.6% (N=608) Caucasian/White
- 1.9% (N=48) Unknown Ethnicity

In addition, 68.9% (N=1,776) were from Underserved Populations:

- 41.7% (N=1,074) Latino
- 8.0% (N=207) African American
- 6.1% (N=157) Native American
- 13.1% (N=338) Asian/Pacific Islander

A02 PLAN – ADULT/OLDER ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN





FY17 PROPOSAL

1. Consumer Wellness and Recovery Service program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

2. MHSA Downtown Mental Health Clinic program includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis.

3. Community Placement Team Staffing includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

4. OP Clinics & FQHCs program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

5. MHSA OPD Redesign and MHSA Crisis Residential program include a) FY17 COLA increase to CBO contracts (Asian Americans for Community Involvement, AARS - Healthright360, Community Solutions, Family & Children Services, Gardner, Hope, Mekong, Momentum for Mental Health, Ujima), b) Unity Care Group is

A02 PLAN – ADULT/OLDER ADULT BEHAVIORAL HEALTH OUTPATIENT SERVICES REDESIGN

added in FY17, and c) adjustments to reflect current executed contract level and funding sources reallocation.

6. 24-Hour Care Alternatives program includes FY17 adjustments and COLA for CBO Contracts (Community Solutions, HomeFirst and InnVision) and funding reallocation from Day Rehab Program as described below.

7. Day Rehab Program (Intensive Transition Services) includes FY17 adjustments and COLA for CBO Contract (Momentum). In addition, the Alibaba contract ended in FY16 and the funding has been reallocated to RCF programming under the 24-Hours Care Alternatives program under item #6 above.

8. CalWORKs Services County program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

9. CalWORKs service contracts: Asian Americans for Community Involvement, Catholic Charities, Gardner and Unity Care. Adjustments based on FY17 contract budget exhibits with COLA and funding sources reallocation. Continue one-time funding for the CalWorks program.

10. Integrated Services SMI w/ Co-Occurring Intellectual Disabilities Program with Adults w/ Autism program includes FY17 adjustments and COLA for CBO Contract (Hope Services).

BUDGET

FY16 Approved	FY17 Proposal	Change
$12,232,080	$12,884,829	$652,749

A03 PLAN – CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE FULL SERVICE PARTNERSHIP PROGRAM

DESCRIPTION

This project currently serves 486 adults 18 to 59 years old with concurrent mental health and substance abuse problems who also are involved in the criminal justice system. A continuum of intensive, comprehensive services, including residential, outpatient, and aftercare linkage and case management, is offered to clients based on individual need.

PROGRESS UPDATE

The County's FY14/FY15 FSP progress report (Unicare data) reflect the following for the CRIMINAL JUSTICE SYSTEM (CJS) FSP PROGRAM: in terms of psychiatric hospital admissions, the total number of psychiatric admissions a year after FSP enrollment, compared with the total number of psychiatric admissions a year before FSP enrollment, show that the rate of admissions declined for CJS FSP by 26%. When comparing the total number of arrests a year before and after FSP enrollment, the data shows a decline of 80% in the number of arrests a year after FSP enrollment for CJS consumers.

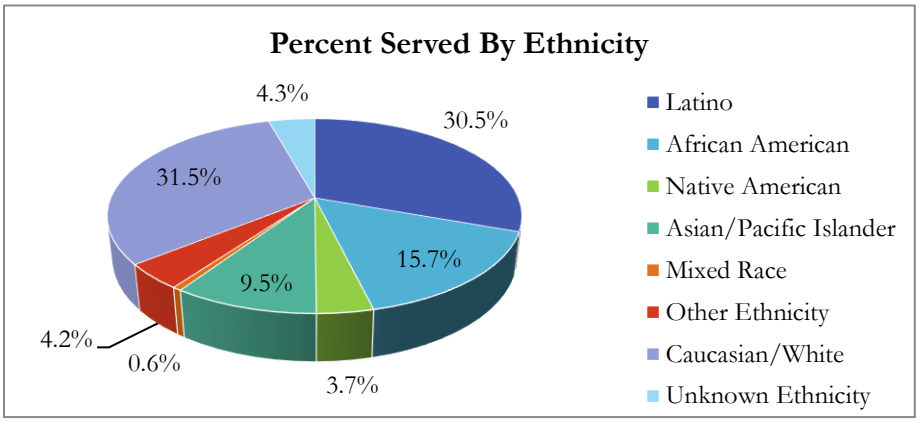
A03 PLAN – CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE FULL SERVICE PARTNERSHIP PROGRAM

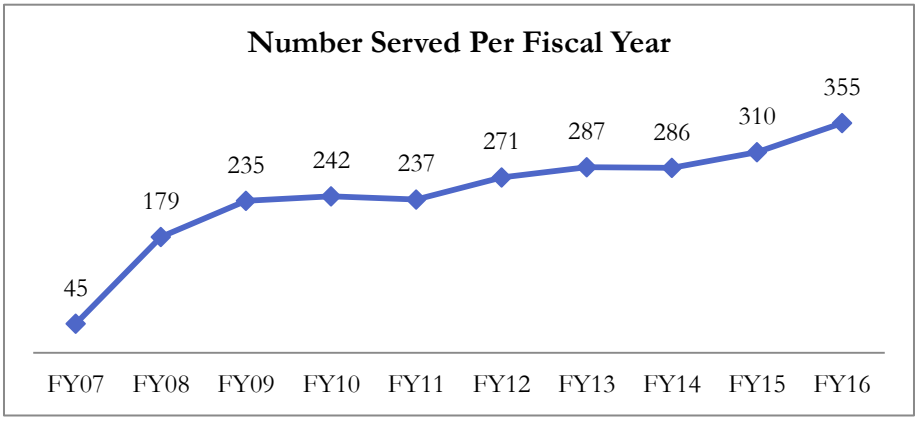
The Criminal Justice System FSP program served 2,447 from FY07 to FY16 (Source Data: Unicare):

- 30.5% (N=746) Latino
- 15.7% (N=384) African American
- 3.7% (N=91) Native American
- 9.5% (N=232) Asian/Pacific Islander
- 0.6% (N=15) Mixed Race
- 4.2% (N=103) Other Ethnicity
- 31.5% (N=772) Caucasian/White
- 4.3% (N=104) Unknown Ethnicity

In addition, 59.4% (N=1,453) were from Underserved Populations:

- 30.5% (N=746) Latino
- 15.7% (N=384) African American
- 3.7% (N=91) Native American
- 9.5% (N=232) Asian/Pacific Islander





A03 PLAN – CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE FULL SERVICE PARTNERSHIP PROGRAM

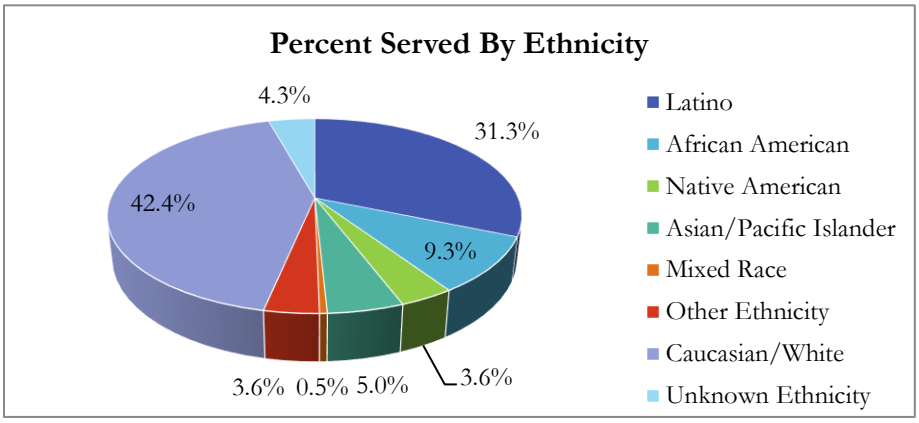
The EVANS LANE WELLNESS AND RECOVERY Center is dedicated to serving adults who suffer from mental health illness, substance abuse issues, and involvement in the criminal justice system. Evans Lane provides both transitional housing, and a separate outpatient program. The philosophy of the center is grounded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

The CRIMINAL JUSTICE SYSTEM AFTERCARE PROGRAM served 1,348 from FY08 to FY16 (Source Data: Unicare):

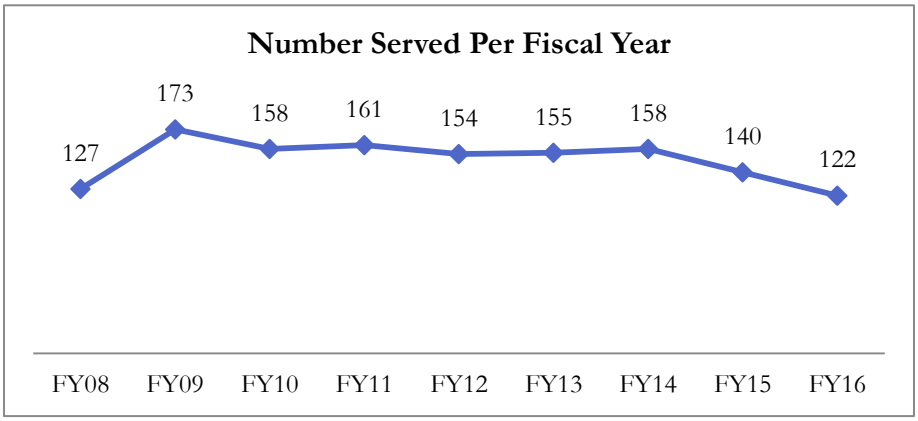
- 31.3% (N=422) Latino
- 9.3% (N=126) African American
- 3.6% (N=49) Native American
- 5.0% (N=67) Asian/Pacific Islander
- 0.5% (N=7) Mixed Race
- 3.6% (N=48) Other Ethnicity
- 42.4% (N=571) Caucasian/White
- 4.3% (N=58) Unknown Ethnicity

In addition, 49.3% (N=664) were from the Underserved Population:

- 31.3% (N=422) Latino
- 9.3% (N=126) African American
- 3.6% (N=49) Native American
- 5.0% (N=67) Asian/Pacific Islander



A03 PLAN – CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE FULL SERVICE PARTNERSHIP PROGRAM



FY17 PROPOSAL

1. Evans Lane Admin Staffing program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

2. Evans Lane Housing/Residential Program includes: County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis and the addition of a Health Care Program Manager II to work on Evans Lane Residential evening shift and will develop a curriculum for co-occurring treatment groups.

3. Evans Lane Treatment Outpatient Program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

4. Evans Lane Services and Supplies budget reflected a one-time appliance purchase in FY16 and no cost in FY17.

5. Criminal Justice System (CJS) FSP program includes FY17 adjustments and COLA for CBO Contracts (Catholic Charities, Community Solutions, and Gardner).

6. Aftercare Services to CJS Adults program includes FY17 adjustments and COLA for CBO Contract (Family and Children Services).

7. Emergency Housing MH PALS Program includes FY17 adjustments and COLA for CBO Contracts (Emergency Housing Consortium-Home First and Heaven Gate).

8. The Jail Diversion program will be adding a new Health Care Program Manager II to oversee the Jail Diversion Programs.

9. Jail Diversion Program as recommended by the Santa Clara County Jail Diversion and Behavioral Health Subcommittee (JDBHS): expand the 90-day Intensive Outpatient Service Team which is specifically to serve post-custody clients.

A03 PLAN – CRIMINAL JUSTICE SYSTEM JAIL AFTERCARE FULL SERVICE PARTNERSHIP PROGRAM

10. Add Three Faith Based Resource Self-help Centers (Maranatha / Breakout Prison Outreach / Bible Way) to provide a variety of services and supports to reentry-individuals and their families. The contracts have been funded by MHSA and AB109 and sustained under A03 after INN-06 ended in FY16.

11. Enhanced Treatment Court Service program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

12. Housing Options Program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

13. Transitional Housing Units (THUs) component includes FY17 adjustments and COLA for CBO Contracts (Community Solutions, InnVision, and Rainbow Recovery).

BUDGET

FY16 Approved	FY17 Proposal	Change
$7,374,261	$8,881,659	$1,507,398

A04 PLAN – CENTRAL WELLNESS AND URGENT CARE SERVICES

DESCRIPTION

This program provides consumers and individuals with emergent needs with critical services and is an alternative to Emergency Psychiatric Services (EPS). Mental Health Urgent Care (MHUC) services include crisis counseling, referrals, education, medications, aftercare hospital discharges for new clients, telephone consultation as well as intensive follow-up in the community for a short period of time. This service is available to individuals who walk in for assistance. The program is open from 8:00 AM – 10:00 PM each day, 7 days a week, and works closely with EPS staff and County Law Enforcement Liaisons (LEL). On a limited basis, the staff provides mobile crisis response services in collaboration with the LELs as they are called to highly emotionally charged situations.

PROGRESS UPDATE

The MENTAL HEALTH URGENT CARE (MHUC) program opened in 2008 and provides screening, assessment, crisis intervention, short-term treatment, medication support services, and referral to community resources. One of the main goals of MHUC is to avoid unnecessary hospitalization to reduce cost, and prevent unnecessary stress to clients. Prior to the existence of MHUC, clients who were in crisis but might not be meeting the 5150 criteria to be on a legal hold were sent to EPS for screening as there was no alternative program. With MHUC, consumers who do not meet 5150 criteria get immediate mental health services such as crisis intervention and/or medication evaluation. Consumers also get linked to an ongoing outpatient service provider. MHUC serves an adjunctive function to EPS as the MHUC lobby is being used as a visitor area for families of EPS consumers. The clinic serves uninsured clients and staff assists them to

obtain benefits. Community resource information is available in the MHUC lobby through NAMI and Family Affairs. Program evaluations are undertaken on a regular basis to ensure that MHUC meets the needs of consumers, families, and the community. Ongoing service improvements are implemented to address consumers and families' needs, improvements to customer service, and strengthen relationships with EPS, law enforcement, and community partners. In the past year, MHUC created additional walk-in slots to ensure that clients in crisis who need medications can immediately be linked to psychiatrists. A transfer process was implemented to provide more efficient access to ongoing outpatient services which increases available walk-in slots for new incoming clients.

In November 2014, MHUC began to serve as an aftercare program for hospital-discharged clients (Level 1) who are new to the system. MHUC collaborates with Mental Health Call Center (MHCC), EPS, county-operated sites, and county-contracted behavioral health acute hospitals to link clients with services in a timely manner by providing follow-up appointments for new clients within five days of discharge. Once the Level I individual is stabilized, MHUC refers the client to MHCC for ongoing care and treatment. These individuals have received a psychosocial assessment and medication evaluation by a Psychiatrist at MHUC, thereby, not needing a new full psychosocial assessment or full medication evaluation. Upon transition from MHUC to a service team, the individual receives 30 days of medication plus two refills.

In early 2015 a new workflow scheduling process was implemented to ensure timely access for clients to MHUC. As of September 2016, MHUC is 100% in compliance with the goal of having clients scheduled and seen at MHUC within five days of hospital discharge. In addition, MHUC implemented a "reminder call" process. This process involved MHUC staff to call clients to remind them of their upcoming appointment one day prior to their scheduled appointment date. The implementation of the new process significantly reduced no show rate. Prior to implementation of the "reminder call" process, the no show rate was 71-83%. After the process was implemented the no show rate immediately dropped to an average of 20%. The MHUC continues to see improvements in the reduction of no show rates. It is also noteworthy that about 20-25% of the no show population no telephone number, or address. Reminder calls will continue to be utilized to reduce the no show rates, and quarterly data will be studied and analyzed to improve client care and services. The purpose of reducing no show rates is to support continuous care, reduce clients' unpleasant experiences of re-hospitalization and reduce un-necessary hospitalization cost.

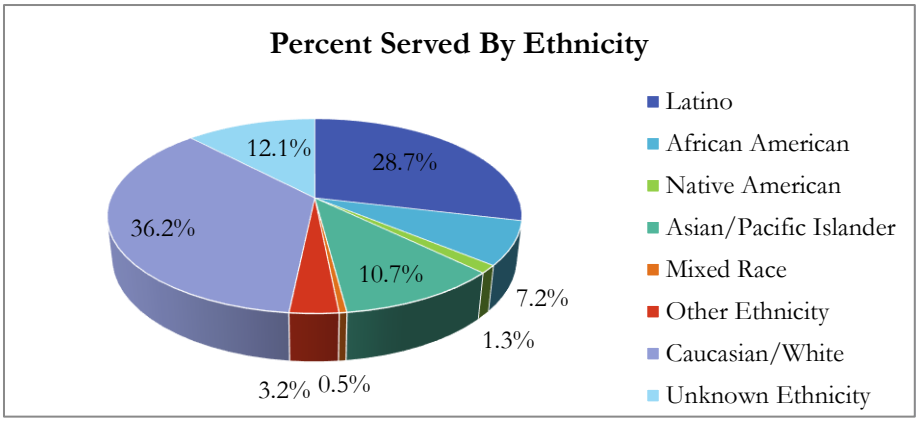
The MHUC Program has served 14,325 clients from FY09 to FY16 (Source Data: Unicare):

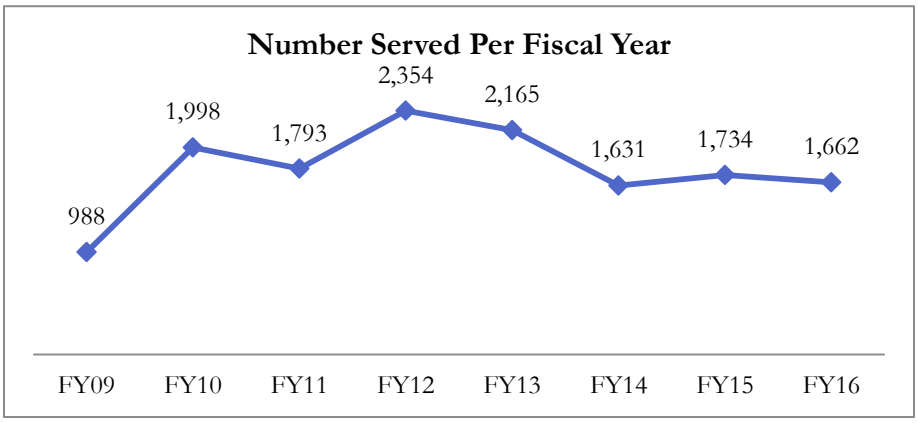
- 28.7% (N=4,108) Latino
- 7.2% (N=1,038) African American
- 1.3% (N=187) Native American
- 10.7% (N=1,538) Asian/Pacific Islander
- 0.5% (N=69) Mixed Race
- 3.2% (N=461) Other Ethnicity
- 36.2% (N=5,187) Caucasian/White
- 12.1% (N=1,737) Unknown Ethnicity

In addition, 48.0% (N=6,871) were from Underserved Populations:

- 28.7% (N=4,108) Latino
- 7.2% (N=1,038) African American
- 1.3% (N=187) Native American
- 10.7% (N=1,538) Asian/Pacific Islander

Overall, there were 33 different languages serviced and the most common threshold languages served were English, Spanish, and Vietnamese.





In addition, MHUC has a LAW ENFORCEMENT LIAISON (LEL) TEAM PROGRAM component that currently consists of two retired law enforcement officers. The role of the LELs are to act as the BHSD liaison to facilitate and bridge communication between the BHSD and law enforcement. In addition, the LEL team provides trainings to law enforcement agencies, county, and community providers to increase education and knowledge on mental health and the related services to prevent 5150s, and to connect clients to the right place for immediate treatment and intervention. Some key goals of the LEL program are:

- Provides Interactive Video Stimulation Training (IVST) to officers. The purpose of IVST is to provide tools, skills and increase officers' knowledge on cases that may involve individuals with behavioral health symptoms to prevent the use of

force. From FY2015 to 2016, a total of 986 peace officers and correction officers within the Santa Clara County were trained. The LEL team continues to facilitate Crisis Intervention Team (CIT) training in the form of IVST for both Santa Clara County, and San Jose Police Department's 40-hour CIT academies. The LEL team has also trained California State University (CSU) law enforcement personnel in IVST. In spring 2015, the IVST trainings have been expanded to include a comprehensive IVST Train the Trainer course for the CSU system.

- Provides mobile crisis services with joint participation of mental health professionals and officers. From FY 15-16, MHUC LEL program took in 122 consultations, 93 referrals, and facilitated 17 field visits with MHUC staff clinicians. These referrals required the LELs to complete case research, connect with or to service providers, collaborate with the court system, conduct field visits, attend strategy meetings and follow up.

- Integrates and collaborates with community based services which include but not limited to:

    - Participates in EMQ Advisory committee as a training/information sharing mechanism for police agencies dealing with minors seeking mental health services; plays a significant role with PAR (or known as Alternative Services Mental Health Court) serving the North County Police agencies. The purpose of the collaboration is to move mental health related cases out of the criminal justice system and into long term, problem solving services, and treatment.

    - Participates in the Responsible Landlord Engagement Initiative (RLEI) Committee (City of San Jose Strong Neighborhood Initiative). The purpose is to work with property owners, residents on neighborhood problems or issues. The LEL team serves as a resource to situations that involve cases or situations that may require behavioral health support and services.

    - Maintains and updates resource guide for officers to use while referring those with mental illness, and their families into supportive services.

    - Maintains and updates a flow chart to instruct police officers how to access mental health services at EPS and MHUC.

    - Provides joint training sessions that involve behavioral health staff and San Jose Police officers to improve interaction and dialogue in coordination of services.

A04 PLAN – CENTRAL WELLNESS AND URGENT CARE SERVICES

CENTRAL WELLNESS BENEFIT CENTER (CWBC): Effective FY14, work plan HC01 was bundled with work plan A04 and renamed from Urgent Care to Central Wellness and Urgent Care Services. With the opening of the Central Wellness and Benefits Center (CWBC) in 2009, along with the establishment of the Federally Qualified Health Clinics (FQHC) in 2009, also known as Primary Care Behavioral Health (PCBH) clinics in the County's Valley Health Centers, behavioral health services has seen a significant increase in service capacity within the system.

The CWBC program provides mental health services to underserved and uninsured individuals. Services include, clinical assessment, medication management, time limited case management, brief-therapy and crisis intervention services. From 2009-2013, clients received access to a Financial Counselor to assist with eligibility for benefits, i.e., APD, Valley Care II (The Valley Care II program served individuals who would be eligible for Medi-Cal in 2014 and is was part of the new Health Care Reform legislation), Medi-Cal, SSI, Medicare, Medicare Part-D, Minor Consent Medi-Cal, and Low Income Subsidy (LIS). In 2009, with the collaboration of Social Services Administration, a SSI Advocate was embedded in CWBC to further assist clients with accessing SSI and SSDI benefits.

The program includes five Financial Counselors/Senior Health Service Representatives who are California certified to assist with insurance coverage, have assisted clients in obtaining insurance benefits. Even with the Affordable Care Act (ACA), many clients are still referred to CWBC with no insurance, have Medicare A only coverage, are clients who have lost their insurance coverage, clients who are transitioning from another California county to Santa Clara County, or who have Medicaid from another state and are in transition to establish residency in Santa Clara County.

Working in close collaboration with MHUC, the CWBC team implemented a streamlined process to eliminate the number of new referrals coming from MHUC via the Call Center. As a result, all new clients referred to the CWBC from the MHUC are considered a transfer and no longer directed to the Call Center for referral to the CWBC. With the transfer process, clients are now being connected to CWBC sooner without having to be returned to the Call Center for assignment. These individuals have received a psychosocial assessment and medication evaluation by a psychiatrist at the MHUC thereby not needing a new full psychosocial assessment or full medication evaluation. Upon transition to CWBC from MHUC, clients receive a prescription for 30 days of medication plus two refills. This new workflow has resulted in a quicker ability for "new" referrals coming directly from the Call Center to the CWBC, to be seen sooner - within 14 days – as medication evaluation time slots are freed up due to the transfer cases needing less time for the Medical Doctor to see the transferred client. This change has resulted in a positive, timely access to services at the CWBC for clients. It has also decreased the number of referrals needing to be processed at the Call Center.

In January 2014, Santa Clara Family Health Plan (SCFHP) contracted with the Behavioral Health Services department (BHSD) to manage the mild to moderate mental health benefit for their Medi-Cal members. We are currently utilizing CWBC and the County's Valley Health Center (VHC) primary care clinics (FQHCs) to deliver this service within a primary care setting. By expanding the program's ability to provide both specialty MH services and mild to moderate services, BHSD is able to provide a continuum of services to SCFHP Medi-Cal Managed Care members with an array of credentialed providers with a broad scope of linguistic, cultural, and therapeutic specialties.

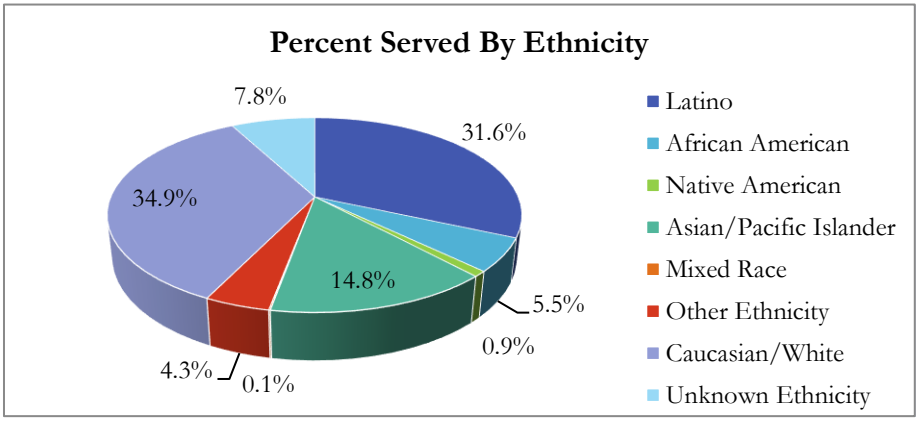
A04 PLAN – CENTRAL WELLNESS AND URGENT CARE SERVICES

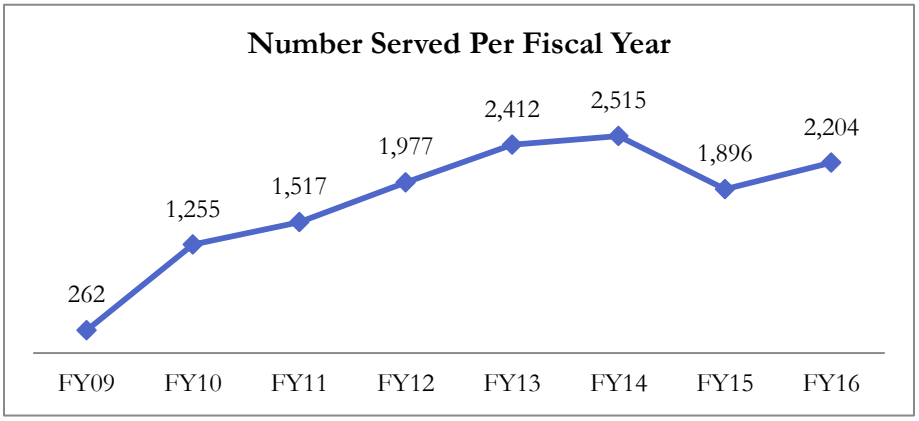
The CWBC served 14,038 clients from FY09 to FY16 (Source Data: Unicare):

- 31.6% (N=4,435) Latino
- 5.5% (N=766) African American
- 0.9% (N=130) Native American
- 14.8% (N=2,082) Asian/Pacific Islander
- 0.1% (N=21) Mixed Race
- 4.3% (N=606) Other Ethnicity
- 34.9% (N=4,903) Caucasian/White
- 7.8% (N=1,095) Unknown Ethnicity

In addition, 52.8% (N=7,413) were from Underserved Populations:

- 31.6% (N=4,435) Latino
- 5.5% (N=766) African American
- 0.9% (N=130) Native American
- 14.8% (N=2,082) Asian/Pacific Islander





FY17 PROPOSAL

1. Urgent Care program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

A04 PLAN – CENTRAL WELLNESS AND URGENT CARE SERVICES

2. Add New Jail Diversion Program -East San Jose Urgent Care Center based on recommendations provided by the Santa Clara County Jail Diversion and Behavioral Health Subcommittee (JDBHS): develop an Urgent Care Center to divert individuals to assessments for treatment needs and referred to the appropriate level of care in the community.

3. County FQHC BH Expansion program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

4. Central Wellness program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

5. Integrated Behavioral Health program include County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$8,619,434	$8,769,644	$150,210

A05 PLAN – CONSUMER AND FAMILY WELLNESS AND RECOVERY SERVICES

DESCRIPTION

This is an initiative to transform the outpatient services of County and CBO-operated clinics. The initiative provides clinic staff with the training and practical skills to move toward a recovery and wellness-oriented service model, which emphasizes the consumer's principal role in his or her own recovery, appropriate levels of care, and infuses and expands the role of peer mentors, peer-directed services and self-help programs throughout the system. Another component of the A05 work plan is the Office of Family Affairs also staffed with Mental Health Peer Support Workers to provide peer support services to family members in clinics at Urgent Care and inpatient hospitals.

PROGRESS UPDATE

In the FY12, the Board of Supervisors approved the creation of Mental Health Peer Support Worker (MHPSW) positions which were specifically created to hire consumers and family members into the workforce. The MHSPW functions as an entry-level position that provides peer support services. The Consumer Affairs program offer peer support services in two distinct settings: clinic setting and self-help centers.

In the clinic setting, MHPSW provide WRAP (Wellness and Recovery Action Plan) groups, tobacco cessations services and one on one support. The Self-Help Centers are drop-in centers that also provide WRAP groups, social and recreational activities, and one on one support as needed. Consumer Affairs staff use several approaches to support and validate consumers in their recovery process.

Activities recommended for the next three-years include increasing the engagement of peers and support the wellness and recovery plan that each consumer will receive.

SELF-HELP CENTERS – ZEPHYR AND ESPERANZA (SOUTH COUNTY)

- Data was collected in FY16 and established a baseline of 127 clients that received one on one support services provided in the Self-Help Centers and in the clinics.
- Provided services to 541 unduplicated mental health consumers at Zephyr Self-Help Center and 144 unduplicated mental health consumers at South County's Esperanza Self-Help Center.
- While working on the evaluation tool, it was realized that before developing an evaluation tool, there needed to more curriculum development. The evaluation tool would than reflect the outcomes based from the curriculum.
- Conducted WRAP groups for 95 unduplicated self-help clients.
- Provided Employment Seminar and Employment Support Group for 69unduplicated self-help clients.
- Provided weekly beading and rock art groups that help promote social interaction and provide task oriented activities for 138 self-help clients.
- Provided Positive Thinking to 111 self-help clients.

CLINIC PEER SUPPORT

- Provided WRAP groups at two clinics: Sunnyvale and East Valley to 41 clients.
- Provided Positive Thinking to 82 clients.
- Provided Tobacco Cessation services to twelve clients.

FAMILY AFFAIRS

- Data was collected in FY 16 and established a baseline of 261 clients that received one on one support services provided by Family Affairs staff from referrals from Urgent Care and Barbara Arons Pavilion.
- In FY16, approximately 113 individuals attended eight family focused WRAP groups (4) English and (4) Spanish.
- Family Affairs staff also conducted four Mental Health First Aid Trainings; four presentations of the Shaking Tree; and presented at the 2 (Crisis Intervention Team) CIT trainings.

A05 PLAN – CONSUMER AND FAMILY WELLNESS AND RECOVERY SERVICES

MENTAL HEALTH ADVOCACY PROJECT (MHAP)

The Santa Clara County Behavioral Health Services Department (BHSD) is required by the Welfare and Institutions Code of the State of California to designate a patients' rights advocate for Santa Clara County mental health clients. The Law Foundation of Silicon Valley, a contractor, was appointed as the Director's designee to perform these duties as described in Welfare and Institutions Code Section 5326.1; Section 5326.15 (ECT Reports); and California Code of Regulations Title 19, Section 866 (Denial of Rights Reports). Additionally, BHSD is empowered by the Welfare and Institutions Code of the State of California to designate a representative for patients at certification reviews, medication capacity and Roger S. hearings as set forth in Welfare and Institutions Code Sections 5255, 5256.4 and 5332. The Law Foundation of Silicon Valley also was appointed to perform these duties as described in these sections and in Welfare and Institutions Code Sections 5333 and 5334. Annually, 170 clients are to be served through MHAP administered by Law Foundation of Silicon Valley. In addition, the contract provider annually conducts one outreach event to mental health consumers and provided three trainings to the following groups: Crisis Intervention Team (CIT), Lanterman–Petris–Short (LPS), and FSP CBO service providers.

FY17 PROPOSAL

1. Continue providing peer support services in a self-help and clinic settings and for family members.
2. Self-Help Development and Peer Support program including Self Help Centers and Family Affairs FY17 budget reflects County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,108,305	$1,105,394	($2,911)

OA01 PLAN – OLDER ADULT FULL SERVICE PARTNERSHIPS (FSP)

DESCRIPTION

This project offers intensive wraparound services folder adults, aged 60 and above. FSPs for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age that include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other forms of institutionalization, and the risk of being harmed physically, financially or psychologically.

PROGRESS UPDATE

The Older Adult FSP has continually increased the number of older adults served year over year. In addition, the County's FY14/FY15 FSP progress report (Unicare data) reflect the following outcomes data for the Older Adult FSP program: In terms of psychiatric hospital admissions, the total number of psychiatric admissions a year after FSP enrollment, compared with the total number of psychiatric admissions a year before FSP enrollment, show that the rate of admissions declined for Older Adult FSP by 33%.

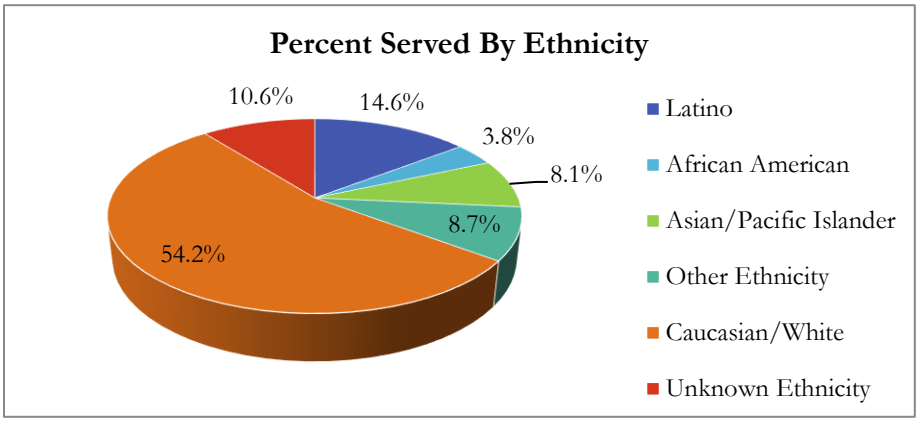
OA01 PLAN – OLDER ADULT FULL SERVICE PARTNERSHIPS (FSP)

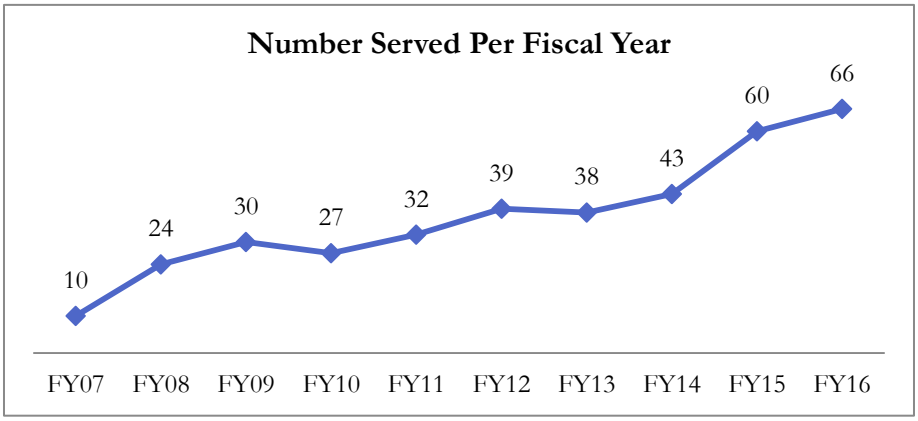
The Older Adult FSP Program has served 369 clients from FY07 to FY16 (Source Data: Unicare):

- 14.6% (N=54) Latino
- 3.8% (N=14) African American
- 8.1% (N=30) Asian/Pacific Islander
- 8.7% (N=32) Other Ethnicity
- 54.2% (N=200) Caucasian/White
- 10.6% (N=39) Unknown Ethnicity

In addition, 26.6% (N=98) were from Underserved Populations:

- 14.6% (N=54) Latino
- 3.8% (N=14) African American
- 8.1% (N=30) Asian/Pacific Islander





FY17 PROPOSAL

Includes FY17 adjustments, alignment to FY16 budget and COLA for CBO Contracts (Catholic Charities and Community Solutions).

BUDGET

FY16 Approved	FY17 Proposal	Change
$439,556	$467,461	$27,905

OA02-04 PLAN – OLDER ADULT BEHAVIORAL HEALTH SERVICES OUTPATIENT REDESIGN

DESCRIPTION

This initiative is intended to result in improved design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services; as well as geriatric training and staff development plans to ensure incorporation of core transformation principles and new intervention models throughout the system, including recovery-focused services, consumer/family member involvement, and cultural competency.

PROGRESS UPDATE

The GOLDEN GATEWAY COMPREHENSIVE OLDER ADULT PROGRAM is intended to provide comprehensive services to SMI Older Adults (60+), who may be physically; linguistically or culturally isolated; or homebound with primary health and other age-related conditions through comprehensive outreach and education, which includes extensive outreach to diverse communities, and ongoing education at senior centers, housing communities and faith communities; engagement; assessment and referral; and treatment and support services.

The program has been established to address the following:

- The needs of unserved and underserved older adults diagnosed with SMI and age-related conditions.
- Cultural and linguistic needs of seniors with mental illness who are monolingual, and are culturally or physically isolated.

The program provides:

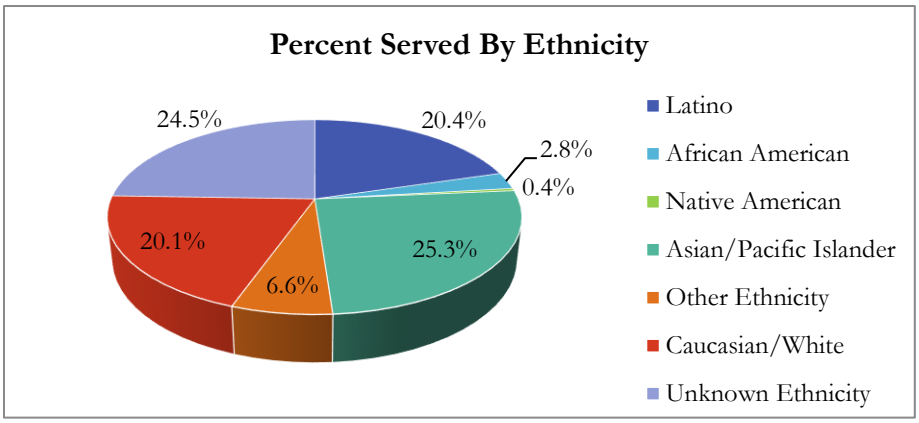
- Older adults support through outreach and in-home services at their personal residence or out-of-home placements.
- Social and other needed support services to the older adult population.
- Peer mentors and family members as part of the outreach, engagement, treatment and support team process.
- Full scope of services through the use of a multidisciplinary team which includes psychiatry, case managers, family and peer partners, nursing & other clinical staff.

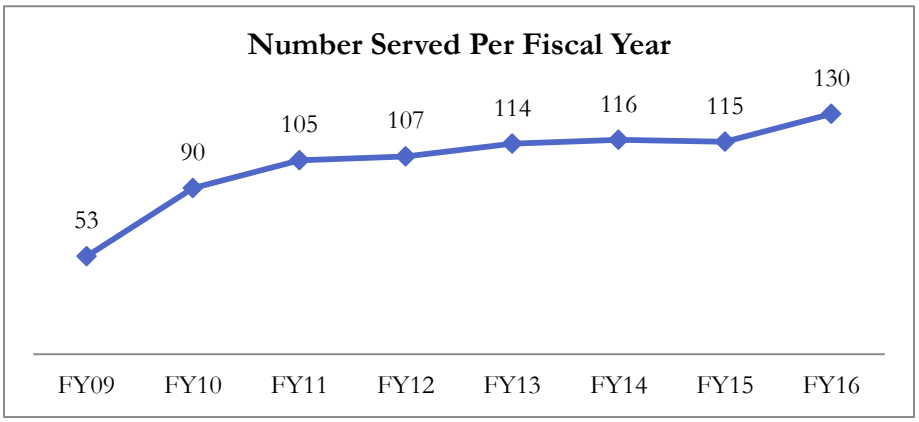
The Golden Gateway program served 830 from FY09 to FY16 (Source Data: Unicare):

- 20.4% (N=169) Latino
- 2.8% (N=23) African American
- 0.4% (N=3) Native American
- 25.3% (N=210) Asian/Pacific Islander
- 6.6% (N=55) Other Ethnicity
- 20.1% (N=167) Caucasian/White
- 24.5% (N=203) Unknown Ethnicity

In addition, 48.8% (N=405) were from Underserved Populations:

- 20.4% (N=169) Latino
- 2.8% (N=23) African American
- 0.4% (N=3) Native American
- 25.3% (N=210) Asian/Pacific Islander





The CONNECTIONS PROGRAM started as a pilot program in February 2012 serving vulnerable adults and older adults who come to the attention of Adult Protective Services (APS). APS, under the County's Social Services Agency (SSA), responds to calls regarding potential elder and dependent adult abuse and neglect. Referrals are primarily first time clients of mental health services and most are over 60 years of age.

All program services are delivered by one County Behavioral Health Services Department (BHSD) licensed clinician stationed at APS. The program coordinates with community mental health providers including County and contract agency services. When there are critical community emergency services required the program coordinates with the BHSD Law Enforcement Liaisons. The program clinician provides services to individuals who are very isolated and often homebound with mental illness, possibly experiencing untreated symptoms. The program has server 116 clients in FY14, 182 in FY15, and 267 in FY16. The number of clients include those served by mental health case consultations with APS social workers.

OA02-04 PLAN – OLDER ADULT BEHAVIORAL HEALTH SERVICES OUTPATIENT REDESIGN

OLDER ADULT COLLABORATION WITH THE CITY OF SAN JOSÉ SENIOR NUTRITION CENTERS: In FY13, the OA02-04 work plan budget included one-time funds to support collaboration with the City of San José. In FY16, the work plan budget again included one-time funding for this program. As a result the following was achieved:

- Geriatric specialists employed by the City of San José received mental health training and worked collaborated with the BHD to identify key mental health issues faced by the senior participants at their center and as requested by senior participants, link individuals to mental health interventions.
- Senior participants of the community centers received on-going mental health education to become knowledgeable about general wellness strategies and mental health risks and services, and how better able to address mental health related issues they personally experience.

The Older Adult Collaboration with the City of San José Senior Nutrition Centers project serve seniors at 14 Senior Nutrition Centers of the City of San José. BHSD has participated in the project by providing monthly educational presentations for seniors at the program sites on topics relevant to senior wellness and mental health.

FY17 PROPOSAL

1. Older Adult BHOS Redesign program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and one Mental Health Program Specialist responsible for Older Adult Contract monitoring and overseeing the CalWorks program/contracts under work plan A02.
2. Golden Gateway program includes FY17 adjustment and COLA for CBO contract (Catholic Charities). The MHSA portion decreased but overall contract remains at the same level based on all funding sources.
3. Older Adult Contract Monitoring Staffing budget includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.
4. Pilot SSA/APS program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.
5. San Jose Senior Centers (Geriatrics Positions) was allocated a total of $280,000 one-time funding: $29,623 was spent in FY15. The remaining balance of approximately $250K was budgeted in FY16 and actual expenditures was $115,377. At the start of FY17, $135,000 remains unspent and allocated as the FY17 budget amount. The program and funding will be re-evaluated in FY18.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,612,803	$1,221,348	($391,455)

HO01 PLAN – HOUSING OPTIONS INITIATIVE

DESCRIPTION	This plan was established to help the BHSD and the County prevent and reduce homelessness among consumers through the development and operation of supportive housing. Through this work plan, the BSHD partners with the County's Office of Supportive Housing (OSH) to meet the County's housing priorities. Housing special needs populations is a county service and therefore the County must take an active role in developing, financing and supporting various types of affordable housing for the populations that the County serves. The County's efforts to prevent and reduce homelessness are clustered in six functional areas, two of which are a part of the BHSD and/or other County health system departments. The six functional areas are: (1) Continuum of Care (CoC) Quality Improvement; (2) Permanent Supportive Housing (PSH); (3) Rapid Rehousing (RRH) and Homeless Prevention (HP); (4) Crisis Response – Shelter & Transitional Housing; (5) Housing and Community Development; and (6) High Need Population Initiative. MHSA CSS funds primarily support PSH programs.
PROGRESS UPDATE	The PSH component consists of County-operated and contracted services that are designed to meet the housing and service needs of chronically homeless households or of individuals who are homeless and who are high users of the specialty mental health system. The County manages the countywide network of PSH programs. The County coordinates directly with other jurisdictions and community-based organizations (CBOs) to identify, assess, prioritize and effectively serve the most vulnerable and persons in the County through the provision of intensive services and permanent housing (also known as permanent supportive housing). The PSH PROGRAMS operate very similarly to FSP programs. The PSH programs take a Housing First approach to assisting clients obtain and maintain permanent housing. In addition, they follow a "whatever it takes" approach a Harm Reduction philosophy to ensure that services address the needs of the client to function at his or her best level in the community, often arranging for appropriate services such as mental health, social work, educational, health care, vocational, housing, transportation, advocacy, respite care, and recreational services, as needed. The network of agencies and resources that provide PSH for chronically homeless persons in Santa Clara County is known as the Care Coordination Project (CCP). At the end of FY 2016, the CCP will had sufficient resources to provide PSH for 1,000 chronically homeless persons. The CCP was initiated in the Fall of 2011 with the capacity to serve 60 chronically homeless persons. • The CCP's primary outcome measure is housing retention. As of July 31, 2016, 85.5% of CCP clients who had been housed at least 12 months ago, maintained their housing for at least 12 months. • In FY2016, the County also launched Project Welcome Home, California's first Pay for Success project. • At the end of FY2016, the County Board of Supervisors approved placing a $950M General Obligation Bond on the November 2016 ballot which was eventually approved by Santa Clara County voters. The bond proceeds will be

HO01 PLAN – HOUSING OPTIONS INITIATIVE

used to develop housing for the county's poorest and most vulnerable clients, including persons with a serious mental illness (SMI).

FY17 PROPOSAL

1. Effective FY2017, the Office of Supportive Housing (OSH) transitioned to the County Executive Office (CEO). Critical functions related to the mission of OSH will remain within BHSD to maintain level of care for homeless and coordination among SCVHHS. The transition resulted in staff moves from BHSD to the CEO.
2. One-time funding for BlueBell Nguyen Family – PSH program for five SMI clients who are predominantly monolingual-Vietnamese (funded by OSH and MHSA CSS One-time).

BUDGET

FY16 Approved	FY17 Proposal	Change
$2,479,899	$3,175,821	$695,922

LP01 PLAN – LEARNING PARTNERSHIP

DESCRIPTION

This is a division of the SCC BHSD-Mental Health that is comprised of three units, Decision Support (the department's research and evaluation unit), Cultural Competency (ensures that cultural needs of the County's ethnic and racial populations are met by the Department), and Continuous Learning (responsible for staff development and consumer and family member workforce education and training). These units are tasked with working together to aid and support the transformation of the BHSD to a client driven/family supportive wellness and recovery system.

PROGRESS UPDATE

Fully staffed, the units are operating as planned and continually work to expand their ability to support the quality improvement efforts of the Department. The Decision Support Unit continues to generate the County's FSP report as well as other data reports utilized by the various BHSD mental health program divisions. The most recent report is the FY14/15 Santa Clara County Full Service Partnership Progress (FSP) Report also included in the County's FY17 Annual Update Plan document – Attachment E.

FY17 PROPOSAL

1. Learning Partnership (LP) program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and transfer of staff from LP01 to AD01.
2. Reflects an adjustment to the office rental cost for LP site.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,927,853	$1,755,706	($172,147)

AD01 PLAN – ADMINISTRATION

DESCRIPTION	This includes support staff positions and contracts for Administration, Contracts, Finance and Quality Improvement.
PROGRESS UPDATE	Administration and contracts unit staff members are responsible for executing standard/non-standard contracts, memorandums of understanding, operational agreements, Board of Supervisors legislative files, Health and Hospital Committee board items, conducting requests for proposals, and informal competitive process solicitations. Overall, the AD01 work plan supports managerial and clerical positions in Mental Health Administration, Contracts, Finance, Information Systems, Quality Assurance and other system-wide administrative functions.
FY17 PROPOSAL	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and staffing moves from LP01 to AD01.
BUDGET	FY16 Approved: $2,057,516 FY17 Proposal: $2,250,202 Change: $192,686

PREVENTION AND EARLY INTERVENTION (PEI) PLAN

PEI DESCRIPTION

The PEI component includes strategies to help prevent and address the early symptoms of mental disorders regardless of their etiology. Many of the PEI strategies are being implemented countywide. Others are focused in high risk areas in which overburdened and underserved families face multiple stressors. There is particular emphasis on reaching and serving individuals and families who are subject to cumulative risk factors and on reducing disparities in access to help.

Consistent with the County's CSS Plan, the PEI Plan continues the emphasis on a lifespan approach, based on strong system partnerships, rooted in cultural competency throughout, and with an emphasis on connectedness. We expect to create improvements in a range of life stages and domains by preventing and reducing the incidence, prevalence and severity of mental illness.

KEY COMMUNITY NEEDS

1. Stigma and Discrimination
2. Disparities in Access to Mental Health Services
3. Psycho-Social Impact of Trauma
4. At-Risk Children, Youth and Young Adult Populations
5. Suicide Risk

PRIORITY POPULATIONS

1. Underserved Cultural Populations
2. Trauma Exposed Individuals
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement

PEI PROJECTS

In June 2009, the County's initial PEI plan was authorized by the Board of Supervisors and subsequently approved by the State Department of Mental Health in the fall of 2009. There are currently five PEI initiatives offering a broad range of services and system improvements targeted to age groups across the lifespan. Each initiative may have multiple program components.

1. PEI P1: Community Engagement and Capacity Building for Reducing Stigma and Discrimination
2. PEI P2: Strengthening Families and Children
3. PEI P3: PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness
4. PEI P4: Primary Care and Behavioral Health Integration for Adults and Older Adults
5. PEI P5: Suicide Prevention Strategic Plan

FY17 PEI PROJECTS RECOMMENDED BUDGET

The table below illustrates the approved FY16 budget for each initiative, along with the proposed budget for FY17, which begins July 1, 2016.

Work Plan	Name	FY2016 Approved	FY2017 Proposal	Change
P1	Community Engagement/Capacity Building for Reducing Stigma & Discrimination	$1,970,908	$1,986,984	$16,076
P2	Strengthening Families and Children	$10,306,613	$10,756,594	$449,981
P3	PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness	$1,200,266	$1,242,096	$41,830
P4	Primary Care/Behavioral Health Integration for Adults & Older Adults	$4,085,183	$5,042,957	$957,774
P5	Suicide Prevention Strategic Plan	$1,230,431	$1,159,325	($71,106)
PEI	Administration	$1,840,932	$1,858,698	$17,766
Subtotal PEI		$20,634,333	$22,046,654	$1,412,321
CalMHSA - Statewide PEI Initiatives		$400,000	$250,000	($150,000)
Total		**$21,034,333**	**$22,296,654**	**$1,262,321**

PEI P1 PLAN – COMMUNITY ENGAGEMENT AND CAPACITY BUILDING FOR REDUCING STIGMA AND DISCRIMINATION

DESCRIPTION	This is an initiative to reduce disparities in service access by unserved and underserved communities; increase knowledge of mental illness; reduce stigma and discrimination within the context of culture; and increase community prevention and healing capacity through natural support systems through the efforts of the BHSD's Ethnic and Cultural Community Advisory Committees (ECCACs). Activities will include community engagement and education through outreach to ethnic communities and their cultural leaders and institutions. The intent is to breakdown cultural barriers to mental help seeking, decrease stigma and discrimination, and for the ECCACs to act as cultural ambassadors to community members in need of services.
PROGRESS UPDATE	In January 2012, the Mental Health Department now known as the Behavioral Health Services Department (BHSD) started hiring for seven full-time and 14 half-time Mental Health Peer Support Worker (MHPSW) positions. Due to challenges in recruiting and retaining bilingual individuals with lived experience as mental health consumers and/or family members for half-time positions, BHSD has been converting vacant half-time positions into full-time positions. Currently, eight full-time and four half-time positions are filled. BHSD is actively recruiting for the vacant positions. It is estimated that all positions would be filled in the next six months. The ECCACs originally included seven groups providing peer support, outreach, engagement and educational services to nine underserved and unserved communities to reduce stigma and discrimination and increase access to mental health services. In the County's approved FY14 MHSA Annual Update, two new groups, Veteran's group and LGBTQ group, were added bringing the overall total to nine groups. During the FY 15-17 planning process, it was decided that the Veteran's group funding be allocated to the MHSA Housing Program Division to provide dedicated services towards Veterans. ECCAC will still oversee the LGBTQ group, but the services will be contracted out to a community agency. An Informal Competitive Process (ICP) for $165,000 was completed for the LGBTQ group and Family Children Services (FCS) was the agency that was selected to provide the LGBTQ peer support services with oversight from the BHSD. ECCAC activities are categorized into three main components: 1. Community outreach and engagement includes site outreach (weekly, biweekly, or monthly outreach tables at libraries, schools, community centers, etc.), community events, mental health (MH) workshops and presentations, support groups, and one-on-one peer support services. 2. Mental Health Literacy services includes providing Mental Health First Aid (MHFA), Question Persuade, and Refer (QPR), and Wellness Recovery Action Plan (WRAP) trainings. 3. Cultural specific programs includes collaborating with community agencies to organize events targeting underserved ethnic communities.

PEI P1 PLAN – COMMUNITY ENGAGEMENT AND CAPACITY BUILDING FOR REDUCING STIGMA AND DISCRIMINATION

In FY16, ECCAC provided the following:

- 88 site outreach events
- 86 site outreach events
- 86 community events
- 86 mental health workshops and presentations
- 5 support group sessions (note that WRAP sessions are replacing group support sessions)
- 36 MHFA trainings.
- 16 QPR trainings
- 306 WRAP group sessions
- 16 Other Mental Health Literacy trainings (Client Culture, cultural considerations in mental health)
- Note: Currently, ECCAC has the capacity to provide trainings in Amharic, English, Somali, Spanish, Tagalog, Tigrinya, and Vietnamese.

FY15-17 Goals:

- Increase positive perceptions of and actions toward persons with mental health conditions (reduce stigma and discrimination).
- Increase ethnic cultural communities' knowledge about mental health.
- Increase the community's knowledge and ability to help someone with mental health issues.
- Increase access to peer support services.
- Increase community's knowledge in their ability to recognize suicide warning signs and provide interventions.
- Increase willingness for individuals to seek help and to easily access mental health services.

Accomplish the goals by:

- ECCAC will either sponsor or cosponsor 14 events annually to foster positive interactions with individuals with mental illness. The goal is to reach and serve 800 community members. (FY16: 29 events and 1,103 served)
- ECCAC will provide 40 MHFA trainings annually to communities and agencies, with the goal of reaching 600 community members. (FY16: 36 MHFA trainings, 487 served, we expanded trainings to include QRP).
- ECCAC will provide 50 mental health presentations annually to communities and agencies with the goal of reaching 800 community members. (FY16: 86 presentations and workshops, 768 served)
- ECCAC staff will attend community outreach events to distribute mental health information to 1,000 community members. (FY16: 8 community events, 86 site outreach and 1,751 served)
- ECCAC will provide seven WRAP groups annually. (FY16: 306 WRAP sessions and about 1,006 served.)

PEI P1 PLAN – COMMUNITY ENGAGEMENT AND CAPACITY BUILDING FOR REDUCING STIGMA AND DISCRIMINATION

FY17 PROPOSAL

Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,970,908	$1,986,984	$16,076

PEI P2 PLAN – STRENGTHENING FAMILIES AND CHILDREN

DESCRIPTION

This initiative is divided into two components; component one is intended to prevent or intervene early in the development of emotional and behavioral problems in young children by providing the parents with outcome-based parenting strategies, support services, and access to screenings to identify developmental delays; and component two builds upon the first by implementing a continuum of services targeting four geographic areas of high need (Investment Communities) for children and youth ages 0-18 who may be experiencing symptoms ranging from behavioral/emotional distress to depression and anxiety caused by trauma or other risk factors.

PROGRESS UPDATE

In 2010, the STRENGTHENING FAMILIES AND CHILDREN IN INVESTMENT COMMUNITIES PROJECT launched initial regional planning. The County's PEI Plan served as a blueprint for the Strengthening Families and Children Project, informed by more than two years of extensive research and collaborative development by a diverse group of stakeholders.

In order to ensure that direct services met the unique needs of each identified high risk region, local planning teams were formed in four geographical areas of the County: East, Central, South, and North. These planning teams met for six months, reviewing data on census tracts, school performance, demographics, and other key factors in determining the target populations and appropriate service strategies. Each team ultimately selected schools as the hub for service delivery, while expanding eligibility to all family members of students attending the identified schools.

The planning teams also opted to recommend those strategies promoted by the PEI plan, while suggesting additional evidence-based practices in each specialized regional investment community plan. The recommended practices included Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Strengthening Families Program, Triple P Levels 4 and 5, and a brief family therapy model. Finalized investment community plans for North County, South County, East and Central Regions were published in 2011, and developed into scopes of work for the project's Request for Proposals program description. The selected contractor agencies rolled out the program throughout Santa Clara County in January 2013, starting with the initial 53 schools identified by the regional planning teams. In FY14, five additional schools were added through school district collaboration regarding needs and available resources. One of the original designated PEI schools closed down and those resources were redirected to another school with comparable demographics and needs, located in the same high risk area (HRA).

The Mental Health Department now known as the Behavioral Health Services Department (BHSD) conducted outreach to the eleven school districts selected by the regional planning teams. Simultaneously, a competitive procurement process was underway that resulted in the selection of five community based organizations (CBOs) to deliver the services. In FY13, operational agreements outlining the responsibilities of each party were developed and executed between the County Department and each of the 11 school districts. Contracts were negotiated and executed with each of the five CBOs to deliver direct services utilizing the evidence-based practices recommended through the planning processes. The program was integrated into BHSD's broader School Linked Services (SLS) program, which includes 13 school district partners and over 15 government entities and other organizations providing a continuum of services to local families.

New systems were developed for processing the unique requirements of this novel project, including methods for outcome evaluation and seamless integration of non-medical necessity clients with the standard Medi-Cal eligible services. Processes were developed to streamline the prevention oriented services to minimize paperwork requirements and make services easier to access for families. Multiple advisory meetings were held on an ongoing basis to ensure continuous quality improvement and the incorporation of school recommendations. Hundreds of staff from Strengthening Families and Children Project, the mental health county clinics, and other system of care providers were trained in the evidence-based practices identified for the program.

More than 50 new clinicians, family partners, behavioral specialists, and supporting staff were brought on to launch the Strengthening Families and Children Project in the 53 targeted schools. Over 600 students and their families were served through this program in its inaugural three months, with capacity created to serve many more. Preliminary data from the program indicates success in reducing office referrals for discipline, improving attendance rates, and improving the academic performance of students in the schools receiving Strengthening Families and Children Project services.

In year two of the Strengthening Families and Children in Investment Communities Project, advisory meetings were held in every school district involved in the program as part of the County's mission to utilize schools and teachers as key partners in all aspects of the PEI program. PEI service providers conducted extensive outreach services within each school district community.

A process was created to provide feedback to the schools about service receipt of clients by acknowledging referral receipt and providing additional information once release forms were signed. PEI service providers developed, implemented and managed a streamlined referral system for PEI mental health services. The referral system is accessible for families to self-refer for services, as well as for teachers, school administrators and other professionals generating referrals.

In year three of the PEI project, each agency developed and launched a procedures and polices manual, which included staff contact information and pictures, staff schedules for onsite work, referral diagrams, program descriptions, managers contact information, parenting and family workshop schedules, program flyers, and other documents supporting program implementation and communication.

The program has also served as a key connector to specialized early childhood services for 0-5 year old siblings of PEI students, as well as transitional kindergartners who qualify for 0-5 KidConnections services. PEI schools with preschool programs have also had increased access to 0-5 services through their connection with the PEI service providers.

Families participating in the PEI program with 0-5 year old children are informed about the availability of assessment services and the FIRST 5 Family Resource Centers.

Also in year three of the program, the evidence based practice (EBP) PEI approved options were greatly expanded. These alternative evidence based practices met criteria of being well articulated, usually in the form of a written manual, applicable to the target population, and having extensive demonstrated effectiveness.

- Skill streaming, a classroom wide social skills education system aimed at improving children's emotional regulation and pro-social skills, rolled out with great reviews from teachers and school staff. This has allowed the PEI program to expand its reach and serve hundreds of more children who otherwise would not access PEI services.

- Cognitive Behavioral Therapy (CBT) was another early intervention strategy added in year three, and has met the needs of children who benefit from individual therapy support not related to trauma exposure.

- Motivational Interviewing was another EBP added, as well as new mental health promotion opportunities, such as large scale multi classroom assemblies on topics such as bullying prevention.

- Additional Triple P interventions expanded to include Triple P Teen, Triple P Levels 2 and 3, as well as Triple P Transitions for divorced and separating families.

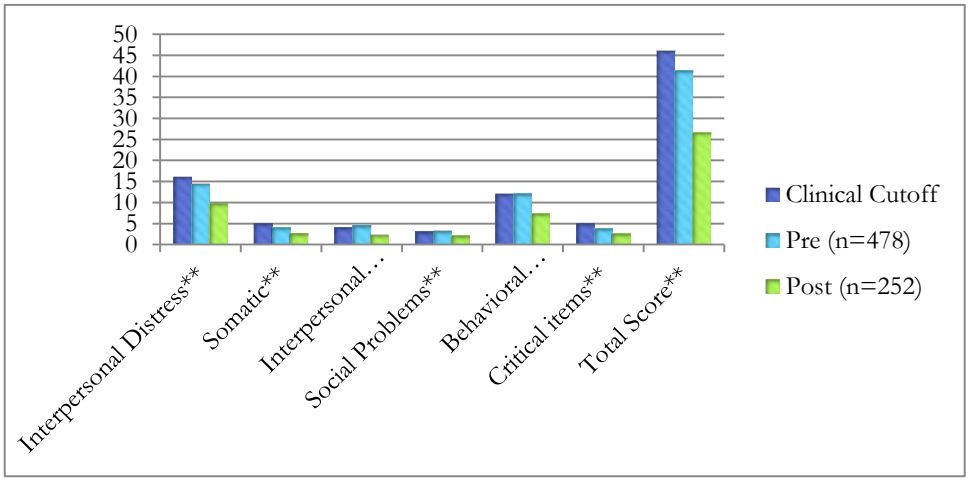
The third year of the program also saw the hiring of a contracted evaluator, a professor from Santa Clara University. The evaluator has been tasked with developing a more robust evaluation system and working with school individual student level data. Discussions are underway with multiple school districts to streamline the collection and analyses of student attendance, achievement, and office referrals for discipline. At the end of year three, BHSD will have comprehensive outcomes and evaluation reports for all three years of the program.

OUTCOMES AND EVALUATION

Based on analysis of the PEI outcomes and assessment data, clients overall demonstrated significant improvements. Assessment tools included the Eyberg Child Behavior Inventory, Youth Outcome Questionnaire, Outcome Questionnaire, UCLA Post Traumatic Stress Disorder Reaction Index, and Client Satisfaction Questionnaire.

Examining findings from pre-test to post-test for the Youth Outcome Questionnaire (YOQ) demonstrates that the general quality of life and functioning for the child improved from pre to post-test. Parent functioning, as measured by the Outcome Questionnaire (OQ), improved from pre-test to post-test on all subscales. Parent and teacher ratings of the child's problematic behavior improved from pre to post-test on the Eyberg Child Inventory. Overall, clients are satisfied with the services they have received, however service needs is the lowest rated item. Few clients completed the UCLA PTSD Reaction Index, which measures trauma history and symptoms with most reporting symptoms below the clinical or sub-clinical range.

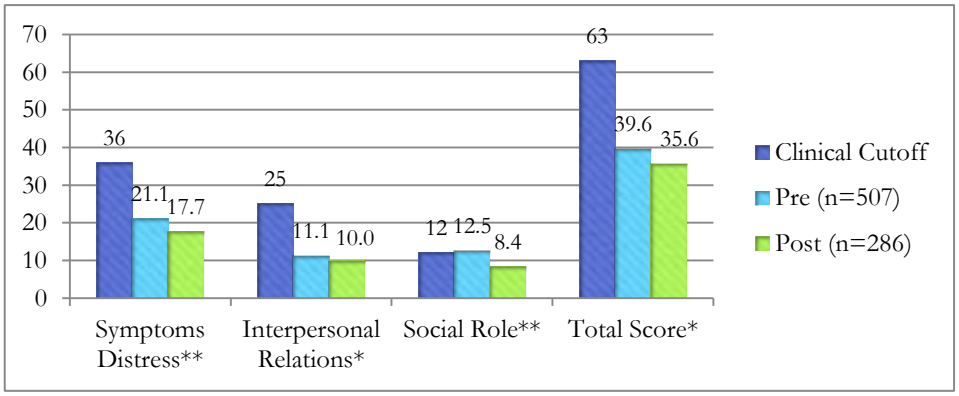
Youth Outcome Questionnaire – Measuring the general quality of life and functioning of PEI Program youth: Means and Clinical Cutoffs Pre and Post PEI Services.



Note: * p< .05; ** p< .01

An improvement in child life functioning as reported by the parents was found on all domains. Figure contains the clinical cutoff scores for each domain of the Youth Outcome Questionnaire (blue). Results from a t-test demonstrate significant reductions from pre to post test on all domains. Child life functioning on all domains improved.

Outcome Questionnaire measuring the general quality of life and functioning of Caregivers: Means and Clinical Cutoffs Pre and Post PEI Services



For FY16 July 1, 2015 – June 30, 2016, there were 6,844 children, youth, and families served with PEI services. This includes children and families served with County endorsed evidence based practices, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Brief Family Therapy, Triple P, Skill Streaming, and the Strengthening Families Program.

SCHOOL LINKED SERVICES (SLS) INITIATIVE

This PEI project provides support to 11 partnering school districts in coordinating the School Linked Services (SLS) initiative. The 11 school districts include Alum Rock Union School District, Campbell Union School District, East Side Union High School District, Franklin McKinley School District, Gilroy Unified School District, Luther Burbank School District, Morgan Hill Unified School District, Mount Pleasant Elementary School District,

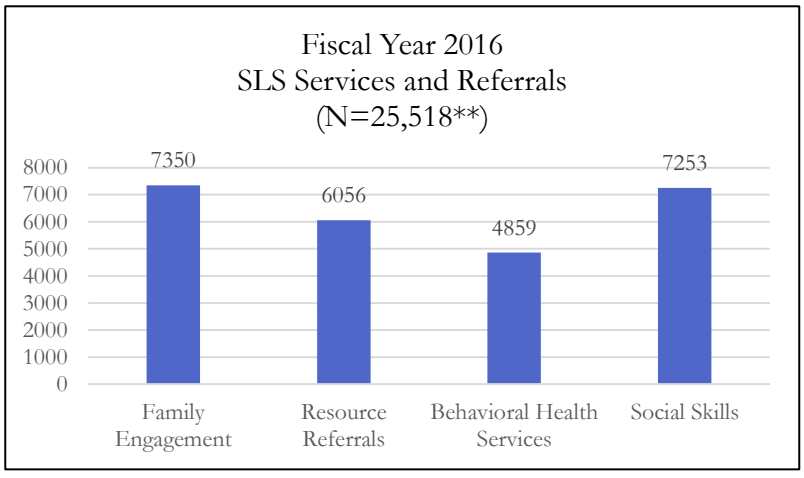
Mountain View Whisman School District, Oak Grove School District and San Jose Unified School District. Selected schools from each of these districts were identified for receipt of the PEI mental health services through countywide and regional PEI planning processes. Additionally, these districts are committed to the SLS initiative and are participating in the initiative as funding partners.

Through engagement with school districts over the course of the Strengthening Families and Children Project's planning and implementation processes, as well as through the development of the SLS strategic plan, the need for enhanced district- and campus-level service coordination emerged as a strategic priority.

The District Coordinators are located at their respective districts to assist with district-level integration and coordination of resource referrals among students and families. The campus-level service coordination is conducted by the school-specific coordinators, two coordinators per district, one coordinator per school, to assist in planning, implementing, and evaluating the following services: (1) Behavioral health service coordination for students and families in need of behavioral support, (2) Resource and service referrals to community-based organizations and resources, (3) Family engagement workshops to encourage parent/guardian involvement in their child's academic success and school, and (3) Social skills workshops for students focusing on a variety of topics, such as anti-bulling and prevention of drug use. Although the district- and campus-level coordinators work collaboratively, their daily roles and responsibilities may vary depending on the needs of the districts and schools. Based on needs, each of the 11 districts selected the two schools on which they wanted the campus-level coordinator.

During the SLS strategic planning process, research informed models utilized throughout the nation were combed for critical elements applicable to local needs. Models reviewed included the Community Schools model, Coordinated School Health model and UCLA Center for Mental Health in Schools model. These approaches all recognize that when utilizing school campuses as a hub for services, improved coordination through dedicated personnel improves appropriate service utilization by maximizing efficiency and reach of available resources.

From July 2015 through June 2016 (i.e., Fiscal Year 2016), the SLS coordinators, including both the district- and campus-level coordinators, provided over 25,500** coordinated care and linkages among children and families.



Family engagement activities ranged from parenting skill workshops at the schools to nutrition education classes and coffee with the principals. Most of the families received resource referrals relative to food, health and dental screenings, and housing support. Behavioral health services included evidence-based modules such as the Prevention and Early Intervention (PEI) services (e.g., Strengthening Families, Triple P, Brief Family Therapy and Trauma-Focused Cognitive Behavioral therapy). The social skills group education, intended for students, focused on topics such as drug prevention and respecting each other.

Category	Fiscal Year 2015-2016
Gender	
Male	50%
Female	50%
Other	N/A
Age Group	
CYF (0-15)	68%
TAY (16-25)	2%
Adults (26-64)	29%
Older Adults (65+)	1%
Race/Ethnicities	
Hispanic/Latino	73%
Asian	7%
Caucasian	11%
Pacific Islander	2%
Native American	1%
African American	3%
Multiracial	2%
Other	1%
LGBTQ	N=19
Vision Impaired	N= 1
Hard of Hearing	N =1
Veterans	N= 1
Homeless	N= 64

CAMPUS COLLABORATIVE

The SLS Strategic Plan calls for the development of school-level "collaborative" that includes school personnel, parents, families and community members. The purpose of the Campus Collaborative, hosted by the SLS Coordinator on a monthly basis, is to ensure that parents and community members guide the efforts of the collaborative, including the family engagement plans and service coordination that meet the needs of the children and family. To achieve desired results, support services must be organized within a collaborative structure where education and provider system entities, in collaboration with families and community supporters, form partnerships on school campuses. The campus-level coordinators currently facilitate a monthly Campus Collaborative for their respectively school. The district-level coordinators also facilitate the Campus Collaboratives on an as-needed basis.

Currently, there are four SLS Committees that consists of community stakeholders to help with the implementation, evaluation, sustainability, and capacity building of the SLS initiative. Below are the synopsis of each committee:

- **The Executive Steering Committee** focuses on providing leadership and serve as a catalyst to sustain comprehensive implementation and integration of the SLS initiative among the schools, districts, and county. The Committee also helps advance advocacy of the SLS initiative and co-investment of SLS among schools and communities.

- **The Stakeholders Committee** allows community stakeholders, school districts and Behavioral Health Services Department to come together and share updates on the SLS initiative, as well as share ideas or practices that could help build and improve the capacity of the SLS.

- **The Data Assessment and Evaluation Committee** focuses on developing, implementing and monitoring a comprehensive evaluation plan and systems in measuring program efficacy. The committee will review quarterly evaluation data to ensure the SLS initiative is in progress to meet its goals and objectives, as well as provide technical assistance to the school districts in gathering process and outcome data.

- **The Capacity Building Committee** focuses on improving the capacity of the SLS Coordinators and the initiative, as a whole. The committee members will identify evidence-based or promising programs and services relative to family engagement and Service Coordinator, as well as develop

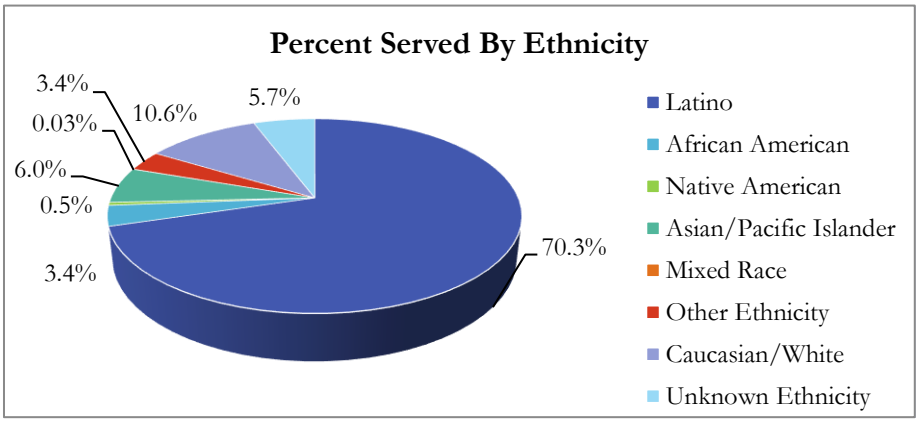
SCHOOL LINKED SERVICES (PROVIDED BY COMMUNITY BASED ORGANIZATIONS) AND COUNTY MENTAL HEALTH CLINICAL STAFF: In an effort to develop and offer a full continuum of services ranging from promotion, prevention, early intervention and intervention, funds that were formerly allocated to AB114 (Transition of Special Education and Related Services Formerly Provided by County Mental Health Agencies) were transitioned to support Medi-Cal eligible mental health services at the intervention level. These services are currently being offered by various community based service providers and County Clinics to support children and youth identified by schools to have mental health needs.

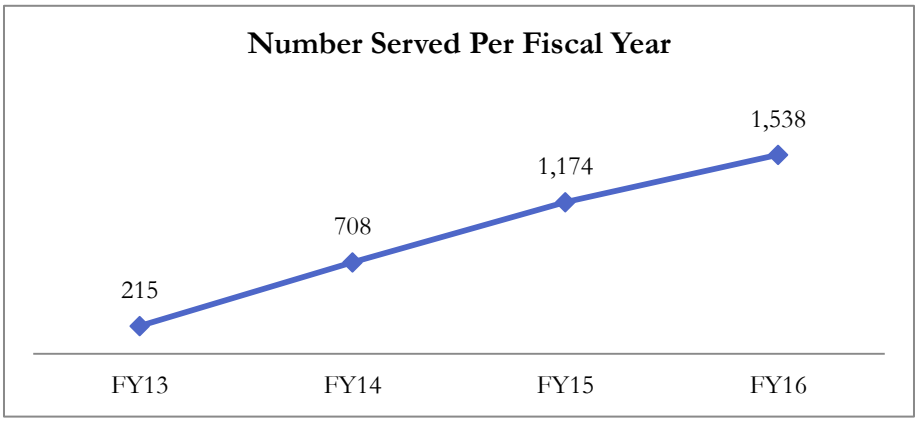
The School Linked Services (provided by Community Based Organizations) served 3,635 youth from FY13 to FY16 (Source Data: Unicare):

- 70.30% (N=2,556) Latino
- 3.40% (N=122) African American
- 0.50% (N=18) Native American
- 6.00% (N=219) Asian/Pacific Islander
- 0.03% (N=1) Mixed Race
- 3.40% (N=125) Other Ethnicity
- 10.60% (N=387) Caucasian/White
- 5.70% (N=207) Unknown Ethnicity

In addition, 80.2% (N=2,915) were from the Underserved Population:

- 70.30% (N=2,556) Latino
- 3.40% (N=122) African American
- 0.50% (N=18) Native American
- 6.00% (N=219) Asian/Pacific Islander





MOBILE CRISIS/TRANSITION SERVICES also known as EMQFF's Child and Adolescent Crisis Program: The EMQFF Child and Adolescent Crisis Program (CACP) provide onsite, rapid-response crisis assessment and intervention to children and families who are depressed, suicidal. A potential danger to themselves, others or are in some other form of acute psychological crisis. CACP utilizes a family-centered, strengths based approach. Children and families are viewed as living within many interrelated systems, including extended families, schools and communities as well as professional external resources. Opportunities to involve and draw support from these systems are incorporated with the intervention. The CACP staff is diverse, multi-lingual and multi-disciplinary. All CACP clinicians are authorized 5150 evaluators, and can place youth on 72-hour holds for emergency hospitalization when needed. The mobile crisis services portion is to serve 222 clients per year while the crisis community transition services 100 clients per year.

DIRECT REFERRAL PROGRAM (DRP) is a diversion program that serves youth ages 17 years of age and younger, who are arrested for the first time by the San Jose Police Department on a minor offense. The citations are diverted from the regular court process and youth are referred to community based services in lieu of an official arrest record. The goal of this program is to provide services and immediate interventions to address the youth's behavior while positively impacting the overrepresentation of minority youth in the juvenile justice system. In FY14, 510 youth were screened for eligibility for DRP with 246 youths found to be eligible and referred for services. Latino youth represented 75% of the youth in the program. In FY15 and FY16 there was a reduction in the number of referrals to this program due to a decrease in the number of citations to youth by the San Jose Police Department on minor offenses. The total number of referrals was 140 of which 64% represented Latino youth.

Ethnicity	Referrals to DRP	% of Total
Asian	6	4%
Black	8	6%
Caucasian	27	19%
Latino	89	64%
Other	10	7%
Total	140	100%

VIOLENCE REDUCTION PROGRAM (VRP) provides services in the community and addresses prevention, early intervention, intervention, and intensive intervention in the spectrum of service level need. The VRP is based on the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Comprehensive Gang Program, designed to reduce violence by implementing five core strategies: community mobilization; organizational change and development of local agencies and groups; provision of social opportunities; social intervention team; and suppression team. Currently, the program includes a two Mental Health Peer Support Worker (MHPSW) position intended to provide support to the unit by assisting with youth outreach in gang impacted neighborhoods, act as a "violence interrupter", recognize and identify youth needs such as mental health, substance abuse and pro-social activities, and work to develop a service response if one does not already exist. The MHPSW provides linkages to community based services and coordinate with the Probation's Gang Resistance and Intervention Program (Pro-GRIP). The MHPSW also may serve to engage and retain youth in therapeutic pro-social athletic activities such as sports leagues by helping youth navigate the system and provide transportation.

In April 2016, the Probation Department provided the following overview to the Board of Supervisors in the regards to the five strategies mentioned above.

CORE STRATEGY	DESCRIPTION
COMMUNITY MOBILIZATION	Team meets to provide social interaction opportunities.
ORGANIZATIONAL CHANGE AND DEVELOPMENT OF LOCAL AGENCIES AND GROUPS	Strategy allows former gang members to provide input to the Suppression Team about what is and is not working in the current effort to suppress violence.
PROVISION OF SOCIAL OPPORTUNITIES	Strategy addresses the needs of older youth by providing vocational training and of younger youth by providing educational support.
SOCIAL INTERVENTION TEAM	Team reaches out to youth who are unable to connect through legitimate social institutions and provides referrals to crisis counseling, drug treatment, jobs, training, educational programs, and recreational services. Additionally, the Social Intervention Team will operate a crisis response program for juvenile justice youth 13 years of age and under.
SUPPRESSION TEAM	Team meets to understand the local gang structure and work with youth who score high on the Juvenile Assessment and Intervention System (JAIS) and are struggling at home on probation.

MENTOR PARENTS PROGRAM with Dependency Advocacy Center (DAC) provides early intervention supports to a selective population of substance dependent parents whose children have been or are currently at risk of being removed from their care. The program is a public-private collaboration funded by grants from different agencies; the BHSD's Mental Health Department and the Department of Substance Use Treatment Services, and the Social Services Agency (SSA).

Mentor parents work in conjunction with DAC attorneys to encourage early engagement in recovery-oriented services and guidance to parents by addressing barriers impacting recovery and reunification efforts. Mentor Parents, because of their own previous involvement with the child welfare system, can provide lived experiences to those parents currently entering the dependency system.

Mentors parents are instrumental in helping the attorneys identify clients who will be a good fit for Dependency Wellness Court (DWC). By supporting the attorneys and clients through the DWC application process, mentors assist parents who elect to participate early as well as provide continuing encouragement to those parents who are not ready to engage in treatment in the initial stages of their dependency case.

DAC administers the program and is a non-profit law firm which represents indigent parents involved in the County's dependency system. DAC hires, trains and supervises

mentor parents to provide outreach and supports to those parents who may be resistance to engage in formal treatment as ordered by the Dependency Court. *Jen – can you update this section?

Dependency Advocacy Center – Mentor Parent Program 2014-15 Annual Report:

- From April 2015 – March 2016 mentor parents had contacts with 497 Parents: 221 (42%) fathers and 286 (58%) mothers.
- Mentor parents accumulated 7,049 hours of client contact. There was an average of 881 instances of client contacts per mentor over a 12-month reporting period.
- Aggregated evaluation findings from self-sufficiency matrix's completed by program participants demonstrated that participation in program services significantly increased self-sufficiency across all criteria. The San Jose State University evaluation team indicated positive results and the program support existing research on the impact of mentor parent programs in improving outcomes for participants in multiple domains.
- Findings from client satisfaction surveys in all phases of working with mentor parents indicate that mentors parents are instrumental in helping clients engage with critical services and suggest a high level of client satisfaction. Mentor parent services include high levels of support, timely access, assistance with navigating court systems, locating critical resources for recovery, and helping the whole family are significantly valuable to the parents they are serving.

CULTURE IS PREVENTION PROGRAM with Indian Health Center (IHC) is a program developed to improve linkages to high need populations with a particular focus on American Indian/Alaska Native youth and families involved in the foster care and juvenile justice systems. The program provides outreach and engagement services conducted in a variety of settings, including home, clinic, school, and community agencies as necessary and needed by the clients served. The program conducts community gatherings and cultural meetings/events around outreach and services.

TRIPLE P POSITIVE PARENTING PROGRAM

Triple P training and implementation began in April 2011. Triple P draws on social - learning, cognitive-behavioral and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioral problems in children. The program's multi-level framework aims to tailor information, advice and professional support to the needs of individual families. It recognizes that parents have differing needs and desires regarding the type, intensity and mode of assistance they may require.

Triple P interventions range from the provision of media message on positive parenting, through to brief information resources such as tip sheets and videos, and brief targeted interventions (for specific behavior problems) offered by primary care practitioners at

Levels 2 and 3, to more intensive parent training at Level 4 and Level 5 programs targeting broader family issues such as relationship conflict and parental depression, anger and stress. For FY16, 4 Triple P trainings were scheduled with an estimated 80 practitioners to be trained in levels 2/3 Primary Care/Select Seminars, level 4 Group, level 4 Stepping Stones, and level 5 Family Transitions.

Triple P is offered and provided in various programs throughout the County such as: KidConnections Network of Care Provider (KCN), FIRST 5 Family Resource Centers (FRC), School Linked Services (SLS) and Prevention and Early Intervention (PEI) to name a few. For FY16, a total of 743 families were served in various levels of Triple P through FIRST 5 programs (KCN, FRC, and Inclusion Collaborative,) with a demographic breakdown of 74 Caucasian, 632 Latino, 14 African American, 106 Asian, 3 Pacific Islander, 2 Native American, 13 Multi-ethnic, and 87 other ethnicity parent/caregiver participants. Through the PEI Program, which serves 57 schools in 11 school districts located in high risk areas (HRA) across the County, 208 families were served with various levels of Triple P. The PEI Program was originally designed to provide Triple P Levels 4 and 5. In FY14 and FY15, PEI Triple P interventions expanded to include Triple P Teen, Triple P Levels 2 and 3, as well as Triple P Transitions for divorced and separating families.

FIRST 5 PROGRAM – TRIPLE P BY SERVICE TYPE

Service Type	# of Participants
Triple P Level 2/3, Individual	0
Triple P Level 2/3, Group	514
Triple P Level 4, Stepping Stones	35
Triple P Level 4, Standard	123
Triple P Level 4, Group	66
Triple P Level 5, Family Transitions	0
Triple P Level 5, Pathways/Enhanced	5
Total	743

REACH OUT AND READ

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

The NURSE FAMILY PARTNERSHIP (NFP) PROGRAM is a county-wide and community based program reaching first time mothers who reside in the County's high risk communities and offers prenatal and postpartum support. The majority of these mothers are teen moms. The NFP Program began in October 2010, as a unique collaboration between the Santa Clara County Public Health and Mental Health Department. The NFP is an evidenced-based model that partners first-time mothers with a public health nurse to work towards the following goals:

- Improving pregnancy outcomes by helping women engage in good preventive health practices;
- Improving child health and development by helping parents provide responsible and competent care; and
- Improving the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

The NFP targets low-income expectant mothers who are pregnant with their first child before the 28th week of pregnancy. Priority is given to expectant mothers involved with the mental health system, foster care system, juvenile justice/criminal justice system, and schools in identified investment communities. These investment communities which have been identified as having the highest need for prevention and intervention services include: the northern and southern areas of the County, east San Jose and central San Jose, though home visitation services are provided to any client residing in Santa Clara County that meet the above program qualification criteria.

The NFP is comprised of a team of seven public health nurse home visitors. Each public health nurse is able to carry a caseload of 25 first-time mothers at a given time to deliver home visits from pregnancy until the child's second birthday.

Since the initiation of the program in October 2010 through December 2015, the NFP has provided services to 448 low-income, first-time mothers. Cumulative enrollment data has shown that approximately 66% of the mothers served were 19 years of age or younger; 85% were of Hispanic ethnicity; with 61% speaking English and 34% speaking Spanish. The median household income of the mothers served was $9,000 per year with the majority claimed to be dependent on their parent/guardian. 88% of the mothers enrolled were single and not married.

Of the 448 NFP clients enrolled into the program from October 2010 – December 2015, the top two referral sources were: 1) 80% Healthcare Providers/Clinics (VHC ambulatory Care Clinics/CPSP Providers) and 2) 7% schools.

Outcome data collected since the initiation of the program on October 2010 through December 2015 has demonstrated the impact of the NFP Program on the community. Some of the significant outcomes related to subsequent pregnancies, workforce participation and education, preterm birth and low-birth weight infants, and developmental screening and referral are discussed later in this report. The program has also produced other significant outcomes in the areas of breastfeeding and the use of emergency visits or hospitalizations:

1. Breastfeeding initiation rates of NFP participants was at 96%, which is above the Healthy People 2020 Target of 81.9%.

2. Decrease in the use of emergency room visits or hospitalizations.

3. Data collected on infants, birth to six-months of age, showed that only one child had an emergency room visit or hospitalization. At seven to 12 months of age, five children had a visit to their local hospital, while at 13 to 18 months of age, nine children had a visit. Only two children in the program between 19-24 months, had an emergency room visit or hospitalization.

MATERNAL AND CHILD OUTCOMES (*BASE PERIOD 07/01/2014 – 06/30/2015, UNLESS OTHERWISE NOTED)

Smoking

Prenatal use of tobacco has been associated with adverse birth outcomes, such as low birth weight, preterm delivery, and spontaneous abortion. Assessments of personal health habits, including smoking are conducted periodically during pregnancy by the nurse home visitors: at intake and at 36 weeks of pregnancy. The number of clients claiming to smoke at intake and at 36 weeks, was zero.

Premature Birth & Low Birth Weight Infants

Gestational age and birth weight are measures of infant health. The occurrence of infant death and/or disability is highly correlated with low birth weight. In addition, reduction of preterm births is considered the best way to reduce infant illness, disability, and death. Preterm births is defined as births that occur before 37 weeks gestation, while low birth weight is defined as less than 2,500 grams/5.5 lbs. During the base period, 11% (N=31) of infants were born prematurely. This is on target for the NFP objective of a Preterm birth rate of 11.4% or less. The NFP objective for Low Birth Weight is 7.8% or less. During the base period, 11% (N=31) of infants met the criteria for low birth weight, also correlating with the number of infants born preterm.

ASQ & ASQ-SE

The Ages and Stages Questionnaires (ASQ) are screening tools that are designed to check children's development and identify children who may be at risk for social or emotional difficulties. Scores obtained on the ASQ provides the nurse home visitor with a framework for monitoring or referring the child for further evaluation. ASQ data is collected by the nurse home visitor at four months, 10 months, 14 months and 20 months of age. During the base period, 59 children were screened and none were identified as needing further evaluations.

Edinburgh Postnatal Depression Scale

The purpose of the Edinburgh Postnatal Depression Scale is to screen for perinatal depression. The nurse home visitors may be the first point of contact for women experiencing perinatal depression. The use of a reliable screening instrument is intended to supplement the nurse home visitor's clinical judgment and assist with decision making about the client's care. Its use provides women with the opportunity to discuss their feelings and enables the nurse home visitor to discreetly raise the issue of potential perinatal depression with the client.

The nurse home visitors are recommended to screen their clients using the Edinburgh at the following intervals: Intake, 36 weeks pregnancy, one to eight weeks postpartum, four to six months postpartum, and 12 months postpartum. The maximum score on the Edinburgh is 30, with a score of 10, indicating possible depression. During the base period, the nurse home visitors conducted 48 perinatal depression screenings. Four

screenings had scores of 10 or greater. Based on data captured for referrals made to mental health treatment or therapy, 29 referrals were made to mental health services.

Subsequent Pregnancies, School Enrollment & Workforce Participation

The NFP Program focuses on helping clients achieve life course developmental goals through the planning of future pregnancies. The timing and number of subsequent pregnancies has implications for a client's ability to stay in school, find work, and/or find appropriate child care. Subsequent pregnancies that are timed appropriately also contribute to positive health implications. The NFP objective for the rate of subsequent pregnancies within two years following the birth of the first infant is 25% or less.

School enrollment data is collected throughout the NFP Program at six month intervals beginning at intake. Data is reported for clients 17 years and younger with no high school diploma, GED, or vocational certification at intake, as well as for clients 18 years and older. For those clients 64% of clients had no High School Diploma/GED, 36% had a High School Diploma/GED and 53% were enrolled in school.

FY17 PROPOSAL

1. Family Wellness Court program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and staffing moves as described under item #6

2. PEI P2 Program Staffing reflects County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

3. PEI P2 – Training funding has been reallocated to support new positions described under item #6.

4. Strengthening Families and Children (Investment Communities) program includes
    a. FY17 adjustments and COLA for CBO Contracts (Community Solutions, Rebekah Children Services, Uplift Family Services, Catholic Charities).
    b. The addition of Indian Health Center.
    c. Adjustments to reflect current contract level and funding sources reallocation as a result of the completed FY16 RFP/procurement process.

5. F&C PEI Mobile Crisis & Transition program includes FY17 adjustments and COLA for CBO Contract (EMQFF).

6. School Linked Services (SLS) County program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and the addition of staff through the reallocation of funds as listed under item #1 and #2.

7. School Linked Services (SLS) Marketing with FIRST 5 and Social Services Agency. The total one-time allocation of $30,000 has been expended: $15,000 in FY15 and $15,000 in FY16.

8. Violence Prevention Mayor's Gang Task Force program includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

PEI P2 PLAN – STRENGTHENING FAMILIES AND CHILDREN

BUDGET

FY16 Approved	FY17 Proposal	Change
$10,306,613	$10,756,594	$449,981

PEI P3 PLAN – PEI INTERVENTIONS FOR INDIVIDUALS EXPERIENCING ONSET OF SERIOUS PSYCHIATRIC ILLNESS

DESCRIPTION

The REACH (Raising Early Awareness Creating Hope) project implements a continuum of services targeting youth and transition age youth (TAY), ages 11 to 25, who are experiencing At Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the PIER-Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is a replication study which occurred at six sites nationwide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.

PROGRESS UPDATE

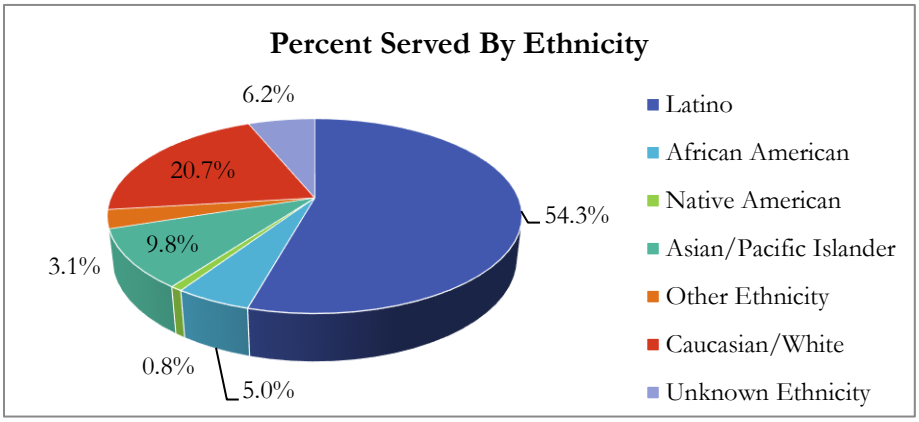
In 2010, the REACH program administered by Starlight, one of the County's service providers of the REACH program, began hiring and formulating a multidisciplinary team. Starlight REACH collaborated with Momentum REACH in developing the guidelines of the program, developing Outreach and Education materials, creating a website, setting up delivery systems and participated in an extensive PIER training (future fidelity monitoring with PIER to include 7 different categories of ongoing consultation calls including video recording and review). In November of 2010 Starlight REACH began to conduct Outreaches. From November 2010 until August 2016 the team conducted 408 Outreaches to over 9,150 participants. Of these 408 Outreaches 189 focused on providing an educational component about Prevention and Early Intervention, mental health, identification of mental health symptoms, and a strong message/effort to reduce the stigma surrounding mental health treatment. 219 of these Outreaches targeted other agencies in Santa Clara County to assure that other professionals who interact with the target population were informed about our program. Momentum for Mental Health 277 completed outreach activities from October 2010 through September 13, 2016.

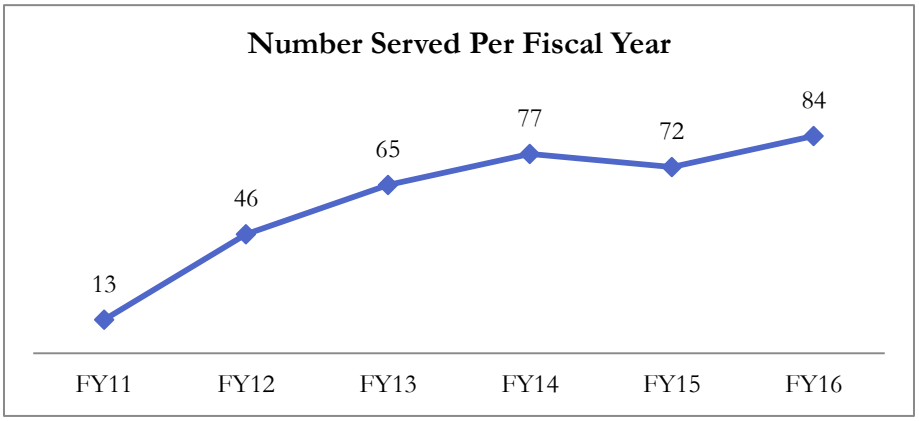
The REACH Program has served 357 Youth and TAY from FY11 to FY16 (Source Data: Unicare):

- 54.3% (N=194) Latino
- 5.0% (N=18) African American
- 0.8% (N=3) Native American
- 9.8% (N=35) Asian/Pacific Islander
- 3.1% (N=11) Other Ethnicity
- 20.7% (N=74) Caucasian/White
- 6.2% (N=22) Unknown Ethnicity

In addition, 70.0% (N=250) were from Underserved Populations:

- 54.3% (N=194) Latino
- 5.0% (N=18) African American
- 0.8% (N=3) Native American
- 9.8% (N=35) Asian/Pacific Islander





BHSD Decision Support's REACH Report as well as Starlight's and Momentum's Annual REACH reports for FY16 indicates:

- 87 youth were assessed for eligibility of prevention and early intervention services.
- 71.4% were eligible and opened to prevention services
- 1.1% were eligible but chose not to utilize services
- 71.4% were eligible opened to early intervention services

FY17 PROPOSAL

1. PEI P3 Plan Staffing budget includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and staffing adjustments as also reflected under INN admin.

PEI P3 PLAN – PEI INTERVENTIONS FOR INDIVIDUALS EXPERIENCING ONSET OF SERIOUS PSYCHIATRIC ILLNESS

2. PEI Early Onset Program includes FY17 adjustments and COLA for CBO Contracts (Momentum and Starlight).

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,200,266	$1,242,096	$41,830

PEI P4 PLAN – PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION FOR ADULTS AND OLDER ADULTS

DESCRIPTION

This project has two major components: 1) services to new refugees drawing upon outreach and focus groups with refugees and organizations serving refugees; and 2) implementation of integrated behavioral health services within local non-profit Federally Qualified Health Centers (FQHCs) that serve underserved ethnic communities.

PROGRESS UPDATE

NEW REFUGEES PROGRAM: Since July 2011, Asian Americans for Community Involvement (AACI) has been the CBO service provider for the New Refugees program. Since then, AACI has collaborated with multiple community partners serving the refugee population to coordinate a robust system of referrals, providing and coordinating numerous culturally & linguistically appropriate outreach, engagement, and prevention activities, as well as early intervention treatment. For a community whose personal experiences have led to an understandable distrust of authorities and governmental systems, one sign of success is the willingness of individuals in the refugee community recommending these services to their community, which demonstrates the budding trust that has developed for the New Refugee program among the ever changing refugee community. The New Refugee Program treats refugees settled in our county for five years or less.

With an increased number of high profile world events, there has been additional challenges to reach this vulnerable community. A full 52% of the newly settled refugees came from Iran or Afghanistan, many of whom worked as translators for the American military. These refugees and the New Refugees' outreach team have endured public scorn, intense discrimination, and threatening behavior based on their ethnicity and religion, based on public fear. Many of them suffered re-traumatization. In this hostile environment, these services are critical, and the outcomes that much more significant.

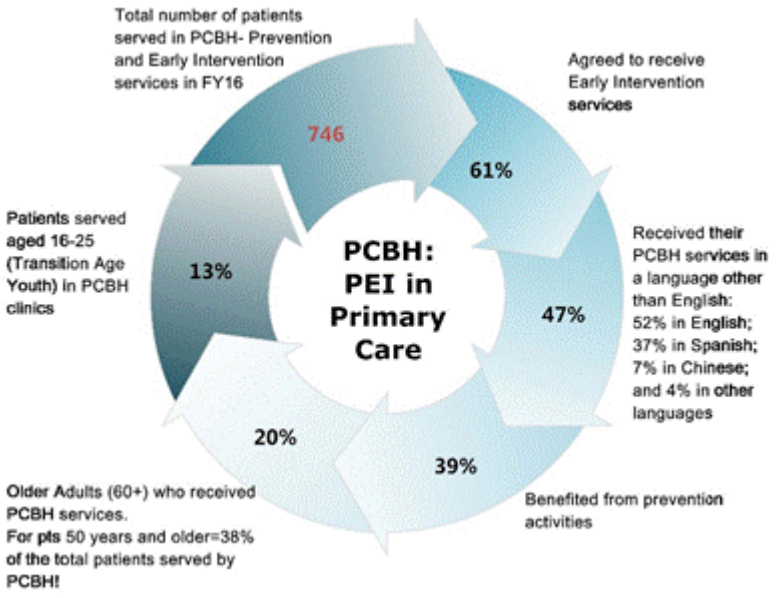
The robust outreach and prevention activities are a vital gateway to reducing stigma and increasing awareness of mental health services. From July 2015 to June 2016 the program has shown the following outcomes:

- Over 2,600 people (duplicated count) have participated in a variety of outreach and prevention activities, a 437% achievement over target!

- Early Intervention Therapeutic Services-187 unduplicated individuals have received brief and extended treatment ranging from less than 60 days to an average of six to eight months for a mental health issue. The results of this treatment, as measured by the Current Adaptive Functioning Index-Cross Cultural (CAFI-XC) tool (April-June 2016) are:
    - 86% of these clients demonstrate an improvement in their mental health.
    - 71% reported improved social Connections among other improvements.

ADULT/OLDER ADULT PEI OUTPATIENT SERVICES: In FY12, as a one-time measure, $200,000 of PEI funds were distributed across eight different community mental health service providers to provide outpatient Prevention and Early Intervention (PEI) services to older adults who had been involved with the specialty mental health system for less than 12 months. In FY16 all contracts were aligned to specialize in OA. It is proposed to continue one-time funding for FY17; pending full review if these services meet the basic need and meet the recent MHSA regulatory and reporting changes completed. This program was initially conceived to cover both prevention and early intervention (EI) services. Based on funding limitations, current population and treatment access needs, the program now focuses exclusively on EI type services. The program served 163 clients in FY16.

PRIMARY CARE BEHAVIORAL HEALTH (PCBH) CBO Service Contracts: Asian Americans for Community Involvement (AACI) and Gardner Family Health Network, the two remaining community-based PCBH clinics, continue to expand their PCBH services, and are exploring greater cooperation on chronic physical health conditions.

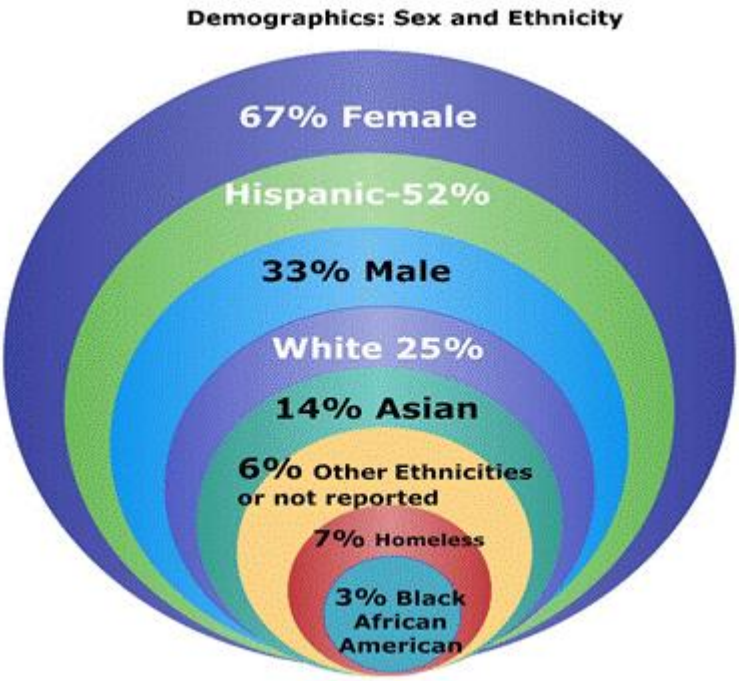


PEI P4 PLAN – PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION FOR ADULTS AND OLDER ADULTS

Expanding from last year's Technology for Health group grant, AACI progressed to offering joint behavioral health and medical visits. AACI and Gardner also focused on increasing collaboration with pediatricians through screening efforts and connecting youths 16 and older, and their families to PCBH services.

Both clinics struggled in FY16 to overcome significant challenges: change in their Medical Directors (both), loss of program managers (GFHN) and turnover in PCBH staff (both) and turn over in Primary Care Providers (AACI). In spite of these significant setbacks, these contractors managed to complete the contracted goals.

The past five years have consistently demonstrated that these services reach a diverse population. For FY16, that remains true.



MHSA PEI funds have funded critical training, guidance, evidence-based practice models on implementing PCBH services, consultation and a learning community. Going forward, these vital services will be moved out of MHSA funding and into the Santa Clara Valley Medical Center's (SCVMC) office, in support of the Affordable Care Act and Santa Clara Health and Hospital System's key strategy to decrease the burden of illness and injury through the improvement in system integration and the delivery of coordinated and integrated, personalized care. To that end, these contracts were extended for an additional three months, July-September 2016, after which time, the provision of these services will be integrated into Primary Care clinic contracts with SCVMC, and monitored by SCVMC.

PEI P4 PLAN – PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION FOR ADULTS AND OLDER ADULTS

PCBH (PREVIOUSLY KNOWN AS FQHC) PEI SERVICES: In FY13, the Mental Health Department recommended use of one-time MHSA funding to support PCBH clinic implementation of behavioral health services in FQHC sites. The funding addresses a projected revenue shortfall in this service, due to the current reimbursement structure which prohibits billing for a mental health treatment on the same day as a medical visit for the same diagnosis. Serving over 5,000 individuals across five PCBH clinics, fulfilling a critical service need for the Santa Clara County Health and Hospital System, this program, partially funded with MHSA funds, has achieved the following successes:

- Continued close collaboration between BHSD and Ambulatory Care Health Services (ACHS) to improve and refine the PCBH model of care where it already exists.
- Piloting and expanding on embedding licensed clinical social workers (LCSWs) to work side-by-side with the Primary Care Providers offering critical, non-billable services that are important for collaborative care such as being present for warm-handoffs, provide same day face-to-face screening, provide crisis assessment when needed, triage individuals referred to PCBH, scheduling follow up appointments, and providing team-based care to these individuals.
- Developed critical Electronic Medical Record reports on Depression Screening, Substance Use Screening, and other reports, as a baseline to critical outcome metrics mandated by CMS for PCBH services.
- Developed a cross-system, multi-disciplinary Workgroup to achieve the CMS mandated PCBH Integration outcomes.
- HHS allocated more budget dollars to enable the expansion of behavioral health providers (Psychiatric Nurse Practitioners and Psychologists) to round out the existing PCBH staff.

IMPACT TECHNICAL ASSISTANCE TRAINING: In November 2011, the University of Washington's IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) was awarded the contract to provide all needed technical assistance and core trainings as an aid to implement the collaborative care framework recommended by the community in the development of the County's PEI P4 plan. All training and technical assistance continues to be leveraged across both implementation efforts, the PCBH CBO operated clinics and six of the County's Valley Medical Center's (VMC) PCBH clinics. This past year an additional six clinicians were trained in Problem Solving Therapy (PST) and the IMPACT Collaborative Care Framework. The staff who were trained in PST found it very helpful for a group of the PCBH patients, and have added it to their array of therapeutic interventions.

PEI P4 PLAN – PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION FOR ADULTS AND OLDER ADULTS

FY17 PROPOSAL

1. PEI P4 Plan Staffing includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and staffing moves also reflected under INN Admin.

2. PEI Services for New Refugees program includes FY17 adjustments and COLA for CBO contracts (Asian Americans for Community Involvement).

3. FQHC PEI Services: The one-time allocation was set at $1.5 million but based on actual needs of the program the budget allocation needed to be adjusted to $2.5 million for FY17.

4. IMPACT Training to Practitioners (with the University of Washington) has been completed.

5. Adult / Older Adult PEI Services program includes FY17 adjustments and COLA to CBO contracts (Asian American for Community Involvements, Community Solution, Family & Children Services, Gardner, Hope, Mekong, Momentum, and Ujima).

BUDGET

FY16 Approved	FY17 Proposal	Change
$4,085,183	$5,042,957	$957,774

PEI P5 PLAN – SUICIDE PREVENTION STRATEGIC PLAN

DESCRIPTION

This initiative seeks to reduce suicide risk among all age groups throughout Santa Clara County and is intended to directly support the implementation of the County's Suicide Prevention Strategic Plan (SPSP), which was approved by the Board of Supervisors in August 2010. The goal of the SPSP is to reduce the number and rate of suicides in Santa Clara County as well as to reduce the number of suicide attempts. Through this plan, the County will implement all five distinct but related strategies of the SPSP, resulting in comprehensive suicide prevention and awareness activities countywide. The SPSP's five strategies have multiple recommendations, all of which will be implemented over time with input from the Suicide Prevention Oversight Committee (SPOC) and its work groups. Below are the five strategies:

1. Strategy 1: Implement and coordinate suicide intervention programs and services for targeted high risk populations.

2. Strategy 2: Implement a Community Education and Information Campaign to Increase Public Awareness of Suicide and Suicide Prevention.

3. Strategy 3: Develop Local Communication "Best Practices" to Improve Media Coverage and Public Dialogue Related to Suicide.

4. Strategy 4: Implement Policy and Governance Advocacy to Promote Systems Change in Suicide Awareness and Prevention.

5. Strategy 5: Establish a Robust Data Collection and Monitoring System to Increase the Scope and Availability of Suicide-Related Data and to Evaluate Suicide Prevention Efforts.

PROGRESS UPDATE

In this second year of implementation, the Suicide Prevention Initiative (SPI) focused primarily on increasing public awareness, conducting community education and reducing stigma associated with mental illness. The implementation approach has been designed with one priority in mind: suicide prevention for everyone. SPI is also linking directly with other prevention and early intervention (PEI) project such as EECAC and SLS to support and provide suicide prevention resources as well as subject matter expertise.

Below are the implementation updates of the five strategies:

Strategy 1: Implement and coordinate suicide intervention programs and services for targeted high risk populations.

The following community-based services and strategies are in place to carry out the suicide prevention and intervention strategy:

SUICIDE AND CRISIS SERVICES (SACS) is a 24-hour crisis hotline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7-days a week. In FY14, SACS' crisis hotline provided services to 24,176 crisis callers.

- In November 2015, SACS received re-accreditation by the American Association of Suicidology (AAS) for a period of five years.
- In FY 15, SACS' crisis hotline provided services to 24,482 crisis callers.
- In collaborating with the Valley Medical Center's Emergency Department (ED), SCC BHSD Suicide and Crisis Services (SACS) implemented a program supporting Suicide Attempt individuals received treatment at ED for self-harm injuries/behavior. Services included suicide risk assessment, referrals to needed services, support groups, and follow up service. One hundred and eight (108) ED clients were served by SACS crisis counselors.
- SACS provides weekly Survivors of Suicide (SOS) support groups to individuals that lost their relatives or loved ones to suicide. Fifty (50) individuals received support from SOS Support Group.
- In addition, SACS also provides Suicide Assessment/Crisis Intervention presentations to high school teachers, staff, and administrators as well as self-care presentations for students in schools/school districts throughout Santa Clara County.

- SACS is part of the State wide initiative called Common Metrics. The underlying rationale for developing a set of common metrics is based on the need to provide consistent services. Additionally, the development of common metrics helps identify and define what is considered best practice in the field. Common metrics provide another way to measure the number of people affected by suicide across the state. These six common metrics provide an opportunity to tell a story about suicide prevention in California, which includes information on populations that are served/under-served, and the current needs in the state. We expect that these efforts will help educate our communities on the role and effectiveness of crisis centers, facilitate additional funding opportunities, and provide ongoing dialogue and collaboration in the field of suicide prevention.

- Suicide Risk Assessment Trainings: Since 2014, Provided 8 (and another 6 in 2016-2017) Assisted Suicide Intervention Skills Training (ASIST) two-day trainings; certified 240 county-based participants with suicide intervention first aid skills from the following groups: agency social workers, school counselors, therapists, and other community representatives.

Strategy 2: Implement a Community Education and Information Campaign to Increase Public Awareness of Suicide and Suicide Prevention.

The following community-based services and strategies are in place to carry out the community education and public awareness strategy:

- Suicide Prevention Gatekeeper Trainings:
  - Question, Persuade, Refer (QPR) class room and online: Over 3500 individuals have been reached with suicide prevention skills online and in classroom settings.
  - safeTALK (suicide alertness for everyone Talk-Ask-Listen-Keepsafe): Over 400 county residents have been certified as suicide alert helpers.

- Capacity Building Initiative:
  - Conducted QPR Train-the-Trainer Workshops.
  - An additional 10 QPR instructors were trained using self-study materials among ECCAC staff. QPR instructors provide suicide prevention presentations reaching teachers, parents, clergy, agency staff and high school students.

- Mental Health First Aid – Introduced in 2014, over 10 MHFA trainings have been implemented in the community in both English and Spanish languages among county residents, VMC/county staff, school teachers/administrators, law enforcement officers and community-based agencies.

- Youth Mental Health First Aid – launched in 2015, in collaboration with Learning Partnership, has been offered at school settings and in collaboration with Project Safety Net in Palo Alto.

- In Winter 2105, the Santa Clara County Behavioral Health Services Department launched Suicide Prevention Campaign for middle age-males in order to increase self-seeking behaviors. A series of focus groups were conducted to identify key messages and outreach venues. As a result three Public Service Announcements were created and aired via sports radio (KNBR). The campaign

has ran for none months demonstrating possible increase among male callers based on SACS call volume rate comparisons. In addition, a website was created with campaign information can be found at: www.suicideispreventiblescc.org

- In Summer 2016, Suicide Prevention Program launched a separate initiative targeting transitional age youth, ages 18-25, to also increase self-seeking behavior and increase awareness about programs and services. Focus groups have been conducted. The initiative is still in its planning phase.

Strategy 3: Develop Local Communication "Best Practices" to Improve Media Coverage and Public Dialogue Related to Suicide.

- SP Communications Workgroup oversees all public awareness campaigns (as described in the prior section).

- Planning Best Practices reporting on suicide prevention for reporters, elected officials and school staff (planning phase with SCC VMC Public Information Officer) launched Winter 2016-2017.

- In collaboration with Public Health Department, SP Coordinator has served as liaison between Behavioral Health Services and PHD in communications strategies related to the Centers for Disease Control and Prevention Epi-Aid investigation of youth suicides in Santa Clara County.

- CDC/SAMHSA Preliminary Report was released early this summer creating much response form the community to do its lack of depth and substance, according to critics. The SP Coordinator's role has been to address the media with these concerns and inform our school districts mentioned on the report regarding best reporting practices.

- As an active participant in the CDC/SAMHSA Communications Workgroup Co-Chaired by Sara Cody (Santa Clara County Public Health Officer) and Mary Gloner (Project SafetyNet Executive Director), the SP Coordinator has informed and consulted as a subject matter expert on suicide prevention in the development of talking points and media education.

Strategy 4: Implement Policy and Governance Advocacy to Promote Systems Change in Suicide Awareness and Prevention.

- 29 Santa Clara County school districts have adopted suicide prevention policies since 2012.

- In Fall 2016, the Governor signed Student Suicide Prevention Bill, SB2246. The Bill requires that the California Department of Education (CDE) develops and maintains a model suicide prevention policy.

- SP Coordinator attended the regional training on Positive Behavioral Interventions and Supports (PBIS) as a representative from Santa Clara County and in a growing partnership with County Office of Education to provide comprehensive education and training to all schools districts on suicide prevention and youth social emotional wellness.

PEI P5 PLAN – SUICIDE PREVENTION STRATEGIC PLAN

Strategy 5: Establish a Robust Data Collection and Monitoring System to Increase the Scope and Availability of Suicide-Related Data and to Evaluate Suicide Prevention Efforts.

- Prepared 2015 Annual Report for the HHC which includes annual statistics on county suicide deaths.
- Assisted the CDC/SAMHSA Epi-Aid investigators on data abstraction from Medical Examiner case files.
- Attended as a voting member of the County's Child Death Review Team and provided suicide prevention information and updates to members as necessary for death investigations, specifically for suicide-death investigations.
- Recruited and retained a Co-Chair for Data Workgroup. Dr. Joyce Chu will be co-chairing the workgroup with Dr. Shashank Joshi.
- Data Workgroup will be tasked with overseeing the implementation and data monitoring of CDC/SAMHSA Epi-Aid recommendations for countywide implementation.

FY17 PROPOSAL

1. Suicide Prevention Staffing includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.
2. Portion of Suicide and Crisis Services (SACS) program budget has been reallocated to fund portion of Suicide Prevention extra help positions.
3. One-time funding for the Community Education and Information program budget line item has been adjusted based on the available remaining balance.
4. One-time funding for the Consultants for Strategy 4 and 5program budget line item has been adjusted based on the available remaining balance.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,230,431	$1,159,325	($71,106)

CALMHSA – STATEWIDE PEI PROJECTS

DESCRIPTION

In 2008, the County Board of Supervisors authorized the assignment of approximately $7.7 million of the County's PEI funds to the State Department of Mental Health to implement statewide, state-administered PEI projects. CalMHSA is an Independent Administrative and Fiscal Government Agency focused on the efficient delivery of California mental health projects.

CALMHSA – STATEWIDE PEI PROJECTS

PROGRESS UPDATE

In 2008, state strategic plans were developed for suicide prevention, stigma and discrimination reduction and student mental health. CalMHSA, a Joint Powers Authority, was created by counties in 2009 to implement the PEI Statewide projects efficiently and effectively. For more information please visit: www.calmhsa.org.

Starting in FY15, CalMHSA members (member counties) were requested to annually fund PEI Statewide Plans within the target range of 4-7% of local annual PEI funds, with a minimum request of 1%.

Counties shall have the option of selecting which initiative(s) to support: Suicide Prevention, Student Mental Health, and Stigma and/or Discrimination Reduction.

FY17 PROPOSAL

For the past years Santa Clara County has contributed to CalMHSA in support of PEI the three statewide prevention and early intervention (PEI) initiatives: suicide prevention, stigma and discrimination, and student mental health. For FY17, the BHSD recommends funding of $250,000 on a one-time basis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$400,000	$250,000	($150,000)

PEI ADMINISTRATION

DESCRIPTION

Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health-wide administrative functions (e.g. Quality Improvement).

PROGRESS UPDATE

These funds are supporting managerial and clerical positions in Mental Health Administration, Contracts, Finance, Information Systems, Quality Assurance and other system-wide administrative functions.

FY17 PROPOSAL

Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,840,932	$1,858,698	$17,766

INNOVATION (INN) PLAN

INN DESCRIPTION

Mental Health Services Act (MHSA) Innovation funds provide exciting opportunities to learn something new that has the potential to transform the mental health system. An Innovation program is defined as one that contributes to learning and one that tries out new approaches that can inform current and future practices. In general, INN projects are time-limited projects.

All projects included in the innovative program portion of the County's plan shall meet the following requirements:

- Address one of the following purposes as its primary purpose:
  - Increase access to underserved groups.
  - Increase the quality of services, including measurable outcomes.
  - Promote interagency and community collaboration.
  - Increase access to services.

- Support innovative approaches by doing one of the following:
  - Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
  - Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
  - Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

In August 2010, the County's initial Innovation (INN) Plan was authorized by the Board of Supervisors and subsequently approved by the State in September 2010.

1. INN-01 Early Childhood Universal Screening Project
2. INN-02 Peer-run TAY Inn
3. INN-03 Co-Occurring MH Disorders in Adults with Autism and Developmental Disabilities
4. INN-04 Elders' Storytelling Project (Prior Name: Merging the Old with the New)
5. INN-05 Multi-Cultural Center (MCC) Project
6. INN-06 Transitional Mental Health Services for Newly Released Inmates (Faith Based Resource Collaborative)
7. INN-07 Mental Health and Law Enforcement Post Crisis Intervention Team (PCIT)
8. INN-08 Interactive Videos Scenarios Training (IVST)
9. INN-09 AB109/117 Re-Entry Multi-Agency Pilot also known as "Re-Entry MAP"

FY17 INN PROJECTS RECOMMENDED BUDGET

The table below illustrates the approved FY16 budget for each initiative, along with the proposed budget for FY17, which begins July 1, 2016.

Work Plan	Name	FY2016 Approved	FY2017 Proposal	Change
INN-01	Early Childhood Universal Screening	$691,163	$40,671	($650,492)
INN-02	Peer-run TAY Inn	$1,004,571	$0	($1,004,571)
INN-04	Elders' Storytelling Project	$280,225	$0	($280,225)
INN-05	Multi-Cultural Center Project	$499,567	$499,567	$0
INN-06	Transitional Mental Health Services for Newly Released	$628,287	$0	($628,287)
INN	Administration	$644,690	$747,224	$102,534
Total		**$3,748,503**	**$1,287,462**	**($2,461,041)**

Please note INN projects are time-limited projects. The projects listed above were included in the County's initial INN plan and have ended (except for INN-05). A new set of INN projects slated for FY2018 are described in this Annual Update document in detail. Please refer to the section titled: Proposed New Innovation (INN) Projects to find out information about the four new recommended INN projects; including budget details for each new project:

- INN-10: Faith Based Training and Supports Project
- INN-11: Client and Consumer Employment
- INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project
- INN-13: *headspace* Project

INN-01 PLAN – EARLY CHILDHOOD UNIVERSAL SCREENING PROJECT

DESCRIPTION	The goal of this project is to develop a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental and/or social-emotional concerns. This project will test whether the implementation of a multi-language electronic developmental screening tool in a pediatric clinic provides an economically feasible and effective method for early identification of young children at risk of developmental and social-emotional delays. With earlier screening, pediatricians are able to utilize the information gathered at well child checks to link families sooner to mental health and other indicated services.
PROGRESS UPDATE	This innovation project offers a vital opportunity to screen children for developmental concerns during well-baby and well-child pediatric visits. It examines the utility of electronic developmental screening as a way to identify a greater number of children and to increase bilingual capacity of screening, as well as an audio component to support caregivers with limited literacy. The utilization of a standardized screening tool enhances the traditional developmental surveillance conducted by the pediatrician. A dual-phased implementation approach was selected. The first phase embedded a full time screener at a Santa Clara County Valley Health Center (VHC) pediatric clinic to perform paper based ASQ-3 and ASQ-SE (Ages and Stages Questionnaire and Ages and Stages Questionnaire – Social Emotional) screenings at well-baby and well-child pediatric visits. In addition to providing screenings and integrating the screening process into the clinical flow, data collection during this phase of implementation established baseline productivity rates and identification rates of children whose screenings indicate recommended follow-up screening or assessment. Phase two utilized an off-network electronic application. Data collection for this phase focused on determining whether use of this electronic tool impacts the screener's productivity and the identification rates of children who require additional follow-up. The Universal Developmental Screening Project is a trailblazing effort to enhance the long established processes of pediatric well baby/well child visits and identify children from birth through age five with developmental concerns. Early detection and prevention and early intervention services may then equip identified children to enter mainstream school. The INN project funded three developmental screener positions to support each of the three VHC sites (VHC Bascom, VHC East Valley and VHC Gilroy). These screeners primarily worked part-time since the project implementation; but, in September 2015, a full-time screener was dedicated to VHC East Valley. In October 2015, screenings were expanded to include VHC Tully. Since the implementation of the project at the four VHC clinics, 18,654 screenings have been completed. The following is a breakdown of the total number of ASQ screenings completed for children ages birth through five by VHC site: VHC Bascom since January 2013: 6,600 VHC Gilroy since February 2014: 4,307 VHC East Valley since March 2014: 6,805

VHC Tully since October 2015: 942

Total screens from the four clinics: 18,654

Reviewing the data from July 1, 2015 through June 30, 2016, there were 11,132 children, ages six months through 60 months, who came to the four VHC clinics for their well-baby/well-child visits. There were 8,049 children, ages six months through 60 months (VHC Bascom: 2,199, VHC East Valley: 3,262, VHC Gilroy: 1,646, VHC Tully: 942), who received an ASQ screening. Offering the early detection and identification process within the VHC clinics resulted in 4.6% (374) of the children screened being referred to ESP and/or KCN for further developmental assessment and services.

Technological Developments of iPad

FIRST 5 and BHSD collaborated on the iPad Application (App) pilot version of the ASQ-3 and ASQ-SE, which incorporated the Spanish and English audio and video enhancements necessary for the MHSA INN-01 research. All SCVHHS standards of security and privacy were maintained and anti-theft equipment was utilized for the iPads assigned to VHC East Valley.

Phase II of the MHSA INN-01 project occurred in the VHC East Valley from October 2015 to March 2016, where the staffing structure allowed for full implementation of the iPad ASQ App, in lieu of the current paper based. In the end, the VHC pediatric clinics at Bascom, Gilroy and Tully chose to continue with the paper-based screenings. There were a few factors that contributed to this decision: problems were encountered with the reliability of the electronic device and although the Phase I research was conducted in the VHC Bascom Clinic, demographics for East Valley were also considered and through evaluation it was found that a paper based administration is best suited at the aforementioned VHC pediatric clinics.

Evaluation

BHSD contracted with Resource Development Associates (RDA) to evaluate MHSA INN-01. RDA used a mixed-methods approach to both Phase I and Phase II of this evaluation by combining quantitative and qualitative data across multiple sources to triangulate process and outcome findings. While the study sites changed from Phase I to Phase II, the evaluation approach and tools remained consistent, allowing for findings that may be applicable across multiple sites.

RDA produced an interim report of findings in November 2014 on Phase I of MHSA INN-01 implementation of paper based ASQ screenings at VHC Bascom. The results emphasized the benefits of utilizing a universal developmental screening tool during well baby/well child visits. Pediatricians reported the benefits of having the ASQ screenings, and that the ASQ results provided much more detailed information with which to make the referrals to ESP and KCN.

Pediatricians emphasized that the screeners were able to assist the family in understanding the questions, which were sometimes a barrier for the family to complete the screening, independently. They reported that the ASQ screenings had been especially helpful in borderline cases, providing more depth and detail and informing the decision to refer for services or not.

RDA completed Phase II of the evaluation of MHSA INN-01, implementation of the electronic screening device, iPad ASQ App, at VHC East Valley. The original research site was Bascom but was later changed to East Valley. With the change in the VHC site, RDA reviewed both pre-implementation screenings as well as post-implementation

screenings at VHC East Valley. Having among the largest client population of the clinics, VHC East Valley had sufficient data to conduct comparative analyses in response to each of the study's research questions. RDA combined the screening productivity data with clinic staff interviews to gain a better understanding of the benefits and challenges of systematic screening using the iPad-based ASQ in comparison to the paper-based ASQ.

Phase II of RDA's report reflected the following findings:

1. Universal screening continues to be beneficial in helping physicians identify developmental delays. Clinic staff indicated that they were detecting developmental delays more frequently as a result of universal screening, and that using the ASQ was resulting in more referrals for services.

2. Video and audio features of the iPad ASQ had minimal impact on screening accessibility and efficiency. Parents/guardians rarely used the video and audio features. Because of this, it was not clear if these features improved parent/guardian comprehension of ASQ questions and results.

3. Spanish-speaking families with limited English proficiency encountered few barriers in accessing and completing the ASQ. This was due to the fact that there is a Spanish translation of the screening tool and the screener is bilingual.

4. As VHC East Valley increased its screener staffing, the clinic was able to screen more children using the ASQ. According to clinic physicians, the screener's availability and level of involvement in the screening process is among the most important factors impacting productivity. The most important part of the whole screening is the actual screener.

This project highlights the importance of routine, regular and formalized developmental and behavioral screening for all infants and toddlers as the most effective way for early detection and identifying needs for supports and services. It also emphasizes how critical a system of universal developmental and behavioral screenings should work in partnership with a system of coordinated care. In Santa Clara County, the KCN, for the birth through age five population, is a hallmark of the partnership between FIRST 5, BHSD and Community Based Organization providers. Through collaboration, the referral process and linkage for those children identified for additional supports and services through the Universal Developmental Screening Project have been refined.

FY17 PROPOSAL

BHSD's MHSA INN-01 project has been completed and INN funding cannot be used for ongoing services. With the anticipated loss of MHSA funding for developmental screeners at the VHC clinics, SCVHHS Ambulatory Care assumed the responsibility for the project and provided the financial resources to support three half-time screeners. These screeners will provide the personal interface, customer care and assistance to parents to complete the ASQ screening tool.

BUDGET

FY16 Approved	FY17 Proposal	Change
$691,163	$40,671	($650,492)

INN-02 PLAN – PEER RUN TAY INN

DESCRIPTION

The aim of this project is to increase access to services and improve outcomes for high-risk, transition age youth in a voluntary 24-hour care setting. The project model proposes the implementation of an innovative 24-hour service that involves a significant expansion of the role of TAY employees in decision-making and provision of program services. This innovation project expands a promising new peer mentoring approach in a 24-hour care setting designed to promote wellness and recovery for Transition Age Youth (TAY). Peer-led staff with support from professional staff will assume the lead responsibility for decision-making to run the facility and the program services. The programs offered will be informed by wellness and recovery approaches that are effective in helping TAY develop skills and increase capacity to achieve life goals. In addition to helping TAY stabilize and gain self-awareness and skills within a safe environment, the program also will serve as a bridge for access into appropriate ongoing services and supports in the broader system of care within the County. Bill Wilson Center (BWC) is the community based organization (CBO) provider for this project.

PROGRESS UPDATE

The full evaluation reports generated for the INN-02 project can be accessed on the www.sccmhd.org/mhsa/inn site or by clicking at the hyperlinks provided below.

- Evaluating an Innovative Approach to Transition Age Youth Self-Sufficiency and Recovery
- TAY INN Extension Year Report: A summary of findings for the extension year evaluation of INN-02 Peer-Run TAY Inn project

FY17 PROPOSAL

The project ended in FY2016 and the learning from this Innovation Program will continue to advise the TAY System of Care.

BUDGET

FY16 Approved	FY17 Proposal	Change
$1,004,571	$0	($1,004,571)

INN-04 PLAN – ELDERS' STORYTELLING PROJECT

DESCRIPTION

This project develops a model to increase the quality of services for isolated older adults by adapting a culturally-based "story-telling" approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is encouraged to reminisce about his/her life and express and capture significant memories and personal accomplishments.

INN-04 PLAN – ELDERS' STORYTELLING PROJECT

The Elders' Storytelling Project is an innovation project that was developed to find out if the storytelling approach will increase quality of services for isolated, moderately depressed older adults who primarily speak either Spanish or Vietnamese.

PROGRESS UPDATE

The project was evaluated on four outcome measures: depression, loneliness, life satisfaction and treatment satisfaction. These outcomes for program clients were measured before and after services using these instruments: The Patient Health Questionnaire (PHQ-9), The Geriatric Depression Scale (GDS-15), The Short Portable Mental Status Questionnaire, the Short Loneliness Scale, the Life Satisfaction Index and Treatment Satisfaction (after services only). The clients showed improvements in the areas of depression, loneliness, life satisfaction and treatment satisfaction after they completed the Elders' Storytelling Program.

FY17 PROPOSAL

The project ended in FY2016 and the learning from this Innovation Program will continue to advise the Adult/Older Adult System of Care. As part of the needs assessment being conducted by RDA as described in the Director's letter, there will be an opportunity to review older adult programming for the upcoming three-year planning process covering fiscal years 2018-2020.

The INN-04 evaluation report can be accessed by visiting the County's MHSA INN site or by clicking here.

BUDGET

FY16 Approved	FY17 Proposal	Change
$280,225	$0	($280,225)

INN-05 PLAN – MULTI-CULTURAL CENTER PROJECT

DESCRIPTION

This project is designed to increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. The Multi-Cultural Center (MCC) project will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression.

PROGRESS UPDATE

The project has yet to start but BHSD is actively looking for potential buildings/space that will meet the needs of the MCC project. Currently, BHSD is proposing to utilize space at the Downtown Mental Health (DTMH) Center for the project, specifically the second floor of the center. The plan will involve relocating current county staff to make space for the MCC project.

INN-05 PLAN – MULTI-CULTURAL CENTER PROJECT

FY17 PROPOSAL

There are no proposed changes.

BUDGET

FY16 Approved	FY17 Proposal	Change
$499,567	$499,567	$0

INN-06 PLAN – TRANSITIONAL MENTAL HEALTH SERVICES FOR NEWLY RELEASED INMATES

DESCRIPTION

The aim of this 36-month project is to develop a model that examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative, and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management, relationships, work/meaningful activities, and satisfaction with service).

PROGRESS UPDATE

Since the beginning of the project, BHSD has worked with local faith organizations to develop a strategic plan for the faith collaborative. The collaborative continues to outreach, invite, and add new faith partners to the network. The Faith Reentry Resource Centers (FBRCs) have provided immediate linkage and navigation through peer mentoring/case management to available resources and system of care as individuals return into community from incarceration. Services offered by the FBRCs are 24/7 warm line and resource directory; employment support, housing support; service coordination; peer/family support; and connection to friendly "faith homes."

The project ended in FY16. Services provided by the project are led by the faith sector, and is informed and designed through collaboration between consumer and/or family members, faith communities, BHSD, service providers, and advocacy groups. The FBRCs have promoted voluntary connection of individuals with faith organizations and/or volunteers that offer social, emotional and spiritual support; advocacy; and linkage to access available community resources.

FY17 PROPOSAL

Sustain program under CSS work plan A03-Criminal Justice System Jail Aftercare Program.

BUDGET

FY16 Approved	FY17 Proposal	Change
$200,000	$0	($200,000)

FUTURE INN PROJECTS

DESCRIPTION	The County's approved MHSA FY15-17 Three-Year Plan and FY16 Annual Update include a placeholder for future/new Innovation projects. Please refer to the section in this Annual Update titled "**Proposed New Innovation (INN) Projects**".
PROGRESS UPDATE	Included in this FY17 Annual Update are four new INN projects slated for FY18.
FY17 PROPOSAL	Include a project/budget placeholder for future INN projects as reflected in the approved County's MHSA FY15-17 Three-Year Plan.
BUDGET	Not Applicable for FY17 as the new projects are slated to be implemented in future fiscal years. Please refer to the section titled "**Proposed New Innovation (INN) Projects**". Each new INN project proposal includes budgetary details by fiscal year.

INN ADMINISTRATION

DESCRIPTION	This includes the indirect administrative overhead costs for Mental Health Administration, the County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, and Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).
PROGRESS UPDATE	These funds are supporting managerial and clerical positions in Mental Health Administration, Contracts, Finance, Information Systems, Quality Assurance and other system-wide administrative functions.
FY17 PROPOSAL	Include County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.
BUDGET	FY16 Approved: $644,690 FY17 Proposal: $747,224 Change: $102,534

PROPOSED NEW INNOVATION (INN) PROJECTS

DESCRIPTION

In 2009, Santa Clara County began planning and working on the initial Mental Health Services Act (MHSA) INN plan which was subsequently approved by the State-MHSOAC in Fall 2010. The majority of the projects generated from the County's initial INN community planning process (CPP) have ended and Santa Clara County Behavioral Health Services Department (BHSD) is now proposing a set of new INN projects. BHSD is pleased to present four new MHSA Innovation projects which are being posted for public review and comment for 30 days as part of the County's FY17 MHSA Annual Update process.

- INN-10: Faith Based Training and Supports Project
- INN-11: Client and Consumer Employment
- INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project
- INN-13: *headspace* Project

COMMUNITY PLANNING PROCESS FOR THE NEW INN PROJECTS

In 2015, BHSD initiated the solicitation of new ideas from MHSA community stakeholders and the public for the County's new set of INN projects. BHSD held an MHSA SLC meeting to present and launch the County's new INN projects planning process. A set of "guiding principles" that support MHSA values were presented as listed below and stakeholders were asked to consider these six principles as they developed potential INN ideas for consideration for the County's INN plan.

1. Consumer and Family Member Involvement
2. Culturally Responsive Approaches
3. Life Span Focus (Across the Age Continuum)
4. Innovative Care Practices
5. Strategic Care Transitions (Between Levels of Care)
6. Meaningful Outcomes

Stakeholders were requested to submit their idea utilizing an INN idea form which was made available on the County's MHSA website: www.sccmhd.org/mhsa. In February 2016, BHSD held an MHSA Stakeholder Leadership Committee (SLC) meeting to share results and the selection of the ideas moving forward, refer to Attachment G – first PowerPoint presentation for details. From the 2015 activity, 16 ideas were submitted by MHSA stakeholders and addressed the following program areas: Criminal Justice and Juvenile Justice (2), Domestic Violence (1), Employment (3), Outreach Education and Training (3), Peer Support (2), Prevention and Early Intervention (2), Respite Services (1), and Technology (2). From this set of ideas, three new INN projects were developed as listed here:

- **For the INN-10: Faith Based Training and Supports Project**, BHSD considered idea submitted by Wesley Mukoyama, Behavioral Health Board (BHB) Member, to provide mental health educational training for Faith/Spiritual Leaders.

- As for **INN-11: Client and Consumer Employment Project**, BHSD reviewed submitted ideas received from Bill Wilson Center, Catholic Charities, and Momentum for Mental Health; considered concepts included in their submissions for one INN project regarding employment for clients and consumers.

- In regards to **INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project INN Project** Development: Peer Support and Prevention Services, BHSD considered ideas submitted by David DeTata of NAMI Santa Clara County (SCC) around TAY Peer Support and Evelyn Tirumalai-SCC Suicide Prevention Coordinator on Suicide Prevention.

From April – March 2016, BHSD held focus group meetings, one meeting for each new project. Input received at the focus group meetings were considered as BHSD refined the concept for each new INN project. In addition, in BHSD's review of the 2015 submitted ideas, BHSD Leadership also identified broad areas in which additional innovative ideas and practices would support clients, consumers, families, and communities. As a result, BHSD solicited additional INN ideas from stakeholders, the community, and the public and commenced another submission window from February – March 2016 for new INN ideas focused on the following four areas. For this process, information about the solicitation and idea form were also posted on www.sccmhd.org/mhsa.

- **Culturally responsive training and/or culturally responsive approaches to outreach and engagement developed by Santa Clara County's diverse communities and cultures**. The intent is to provide trainings and pilot outreach approaches developed by cultural communities that would enhance cultural understanding, strengthen culturally focused outreach, engagement and direct care services, and increase the number of diverse individuals engaging in BHSD services. These trainings would reflect the County's diverse ethnic and cultural communities, including, but not limited to: African Heritage, African Immigrant, Chinese, Filipino, Latino, LGBTQ, Native American, and Vietnamese.

- **Outreach and engagement approaches for older adults with linkage to behavioral health services**. BHSD is soliciting new ideas or practices to outreach, engage and serve the older adult population, which includes individuals 60 years of age and older with behavioral health needs. The intent is to pilot new approaches that would improve outreach and engagement to older adults and address their behavioral health and/or behavioral health and physical health care needs.

- **New and emerging prevention services for children**. BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.

- **Transitional Aged Youth (TAY) Support and Care Transitions**. BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers, to support and ensure successful transitions into the community and Adult services, as needed.

In August 2016, BHSD held an MHSA SLC meeting and presented information about the 18 ideas that were submitted from the 2016 round. At the meeting, attendees were requested to participate in the selection of the ideas moving forward that would be developed as an INN project. One of the ideas that was selected from the activity was submitted by Steven Adelsheim, MD, Stanford Department of Psychiatry Center for Youth Mental Health & Wellbeing, around the adaption and replication of the *headspace* model in Santa Clara County. The

project is titled: **INN-13: *headspace* project** and a focus group meeting was also held about this new INN project in June 2017 and the presentation provided at the meeting is included under the Attachment G section of this Annual Update document. Additional new INN ideas were selected from the August 2016 SLC activity and will be presented in the future once the community planning process has been completed for the four new INN projects that are included in this Annual Update.

NEW INN Project Description
County: Santa Clara County
Program Number/Name: INN-10: Faith Based Training and Supports Project
Date: July 2017

1. **Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.**

   ☐ Increase access to underserved groups
   ☐ Increase the quality of services, including better outcomes
   ☐ Promote interagency collaboration
   ☒ Increase access to services

2. **Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.**

   Santa Clara County has approximately 1.8 million residents, is the sixth largest county in California, and the largest of the nine Bay Area counties (County of Santa Clara, 2014). In addition, Santa Clara County has a culture rich in history, ethnic diversity with over 100 languages and dialects spoken, and various religious/spiritual groups. The Center for Religion and Civic Culture at the University of Southern California (2015) generated a listing of Santa Clara County's ten largest faith groups based on 2010 data as shown in the table. The data is based on information from the Glenmary Research Center which utilizes a self-reporting method by denominational "headquarters" and/or associations. Although the data reflects a snapshot of religious demographic groups in Santa Clara County from six years ago, the information still illustrates that there is great opportunity to reach new individuals who are in mental health distress but first seek help from their faith or spiritual leaders who themselves may not be aware of behavioral health programs and services provided by Santa Clara County Behavioral Health Services Department (BHSD). The aim of the new project is to educate and provide the necessary tools and information to faith and spiritual leaders so that they are able to serve their congregants appropriately and make the necessary referrals to County BHSD services as needed.

Santa Clara County's Ten Largest Faith Groups

Religious Group	Number of temples, mosques, churches,	Number of adherents	% of total population
Roman Catholic	56	447,369	25.11
Nondenominational	125	76,984	4.32
Hindu, Traditional Temples	5	31,340	1.76
Mormon	45	24,739	1.39
Buddhism, Mahayana	43	19,243	1.08
Muslim	17	18,851	1.06
United Methodist	32	16,731	0.94
Southern Baptist	71	16,587	0.93
Assemblies of God	45	15,643	0.88
Hindu, Indian-American Hindu Temples	12	10,096	0.57
Total	**451**	**677,583**	**38.04**

Source: Center for Religion and Civic Culture University of Southern California (2015)

When Santa Clara County consumer and family members are in behavioral health distress, more often than not, they first seek out assistance from their faith/spiritual communities and faith leaders before going to public and/or private behavioral health professionals. Unfortunately, many of these faith leaders do not have the skill set or understanding about mental health and/or substance abuse issues to respond appropriately. In addition, some faith and spiritual leaders may also perhaps shy away from discussing suicide related issues/prevention with their congregants. To address these concerns, the County's new

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Innovation (INN) project will develop a customized educational training program that will be tailored and implemented for use by faith and spiritual leaders in Santa Clara County. The program will be designed to provide them the necessary tools, skills, and resource options to better serve those in their communities who suffer from mental health and/or substance abuse issues. The new INN project will also give faith and spiritual leaders a better understanding of their boundaries in not providing professional/clinical treatment without the necessary credentials to practice. First and foremost the project will teach the faith and spiritual leaders to be informed at making the appropriate behavioral health referrals to their congregants and directly link them to needed mental health and/or substance use treatment services.

References:

Center for Religion and Civic Culture University of Southern California. (2015). California Religious Demographics: Religious Profiles of Sample California Counties. Retrieved from https://crcc.usc.edu/california-religious-demographics

Center for Religion and Civic Culture University of Southern California. (2015). Santa Clara County's Ten Largest Faith Groups. Retrieved from http://crcc.usc.edu/santaclara/

County of Santa Clara, Office of the County Executive, Office of Public Affairs County. (2014). County of Santa Clara 2013 Annual Report: Embracing Change. Retrieved from https://www.sccgov.org/sites/opa/resources/reports/Documents/2013AnnualReport%20Online%20FINAL.pdf

3. **Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

The primary goal of the project is to determine if a customized training plan will help engage and outreach to specific communities and provide individuals in those certain communities the access to needed behavioral health services. Most counties in California have utilized the Mental Health First Aid (MHFA) training course which is geared towards the general population whereas Santa Clara County's new INN project will make a change to an existing mental health practice by implementing a customized behavioral health training program tailored to the various faith and spiritual communities in Santa Clara County. The project will include an assessment phase that will be conducted at the beginning of the project and the purpose is to identify the behavioral health knowledge of the faith and spiritual leaders from the five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese. Information gathered during the assessment phase of the project will serve as the foundation in the development of a customized behavioral health training plan(s). In addition, the project will utilize a two-way learning approach: not only will trainings be provided to the faith and spiritual communities but in turn the faith and spiritual leaders will also teach licensed behavioral health professionals, County behavioral health staff and contract service providers, the role of faith and spirituality in wellness and recovery of clients.

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4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

Orange County currently has an INN project in place titled "Religious Leaders Behavioral Health Training Services" which utilizes a standardized Mental Health First Aid (MHFA) training program not specific to a particular community or group. On the other hand Santa Clara County's new INN project will involve creating, developing, and utilizing a customized behavioral health training plan(s) tailored to the faith/spiritual communities in the County, specifically targeting the African-American, Chinese, Filipino, Latino, and Vietnamese populations. There are two innovative elements in Santa Clara County's new INN project. First, at the start of the INN project, focus groups will be held to assess behavioral health knowledge of faith and spiritual leaders from the five population target areas. Based on the assessment results from the focus groups, a customized behavioral health training plan(s) will be generated. Secondly, another component of the new INN project includes the faith and spiritual leader participants providing technical assistance trainings to behavioral health professionals (County staff and behavioral health contract providers) to help them gain a better understanding of their clients who consider faith and/or spirituality as part of their path to wellness and recovery.

BHSD plans to procure and release a request for proposal (RFP) for services related to the Faith Based Training and Supports INN Project which will include the following features:

- The project will target faith and spiritual communities in five populations: African-American, Chinese, Filipino, Latino, and Vietnamese.
- A half-time faith/spiritual coordinator will be established for each target population. The five coordinators will work with one part-time faith/spiritual leader who will oversee and help strategize the coordination efforts of the five faith/spiritual coordinators and trainings in the various communities.
- At the start of the project, the selected contract provider(s) will:
    - Utilize established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of seven ethnic groups, Santa Clara County's Faith Based Collaborative, BSHD ethnic contract service providers and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations and engage their participation in the project.
    - Conduct behavioral health assessments of faith/spiritual leaders in the five target populations to ensure that the development of a new customized behavioral health training plan(s) meets cultural needs of the various religious/spiritual communities and assess needed language translation services in the implementation of the project.
    - Develop customized behavioral health training plan(s) based on assessment results.
    - Train the faith/spiritual leaders in the five target population and provide the leaders with behavioral health resources and information about how they can refer their congregants to County behavioral health services. The aim of the project is to have the faith/spiritual leaders conduct outreach and work directly with their congregation.
    - Faith and spiritual leaders will conduct technical assistance trainings to County behavioral health staff and service providers about the role of faith/spirituality in wellness and recovery.

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4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

The INN project focuses on serving individuals across the age continuum, from children to older adults; specifically faith and spiritual communities in five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese.

4b. If applicable, describe the estimated number of clients expected to be served annually.

The aim of the project is to target faith and spiritual communities in five populations: African-American, Chinese, Filipino, Latino, and Vietnamese. Based on the information provided in item #2 and as shown below, about 38% of Santa Clara County residents, approximately 680,000 individuals, are linked to a religious/spiritual group. The project aims to penetrate and provide outreach and behavioral health service referrals to these particular groups of residents. Specific target penetration rates will be set for years one and two of the project. At a future date, the County and the selected contract provider will work together to finalize the penetration targets based on the information in the table below. As part of the County procurement process, the County will include the data provided in this exhibit and will request potential bidders their outreach approach and their recommended penetration targets for the five target populations taking into account the various religious and spiritual groups in the County.

Santa Clara County's Ten Largest Faith Groups

Religious Group	Number of temples, mosques, churches,	Number of adherents	% of total population
Roman Catholic	56	447,369	25.11
Nondenominational	125	76,984	4.32
Hindu, Traditional Temples	5	31,340	1.76
Mormon	45	24,739	1.39
Buddhism, Mahayana	43	19,243	1.08
Muslim	17	18,851	1.06
United Methodist	32	16,731	0.94
Southern Baptist	71	16,587	0.93
Assemblies of God	45	15,643	0.88
Hindu, Indian-American Hindu Temples	12	10,096	0.57
Total	**451**	**677,583**	**38.04**

Source: Center for Religion and Civic Culture University of Southern California (2015)

4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSA general standards:

- **Community Collaboration**: In December 2014, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN

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Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Faith Based Training and Supports. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting was held for each new INN project. BHSD considered the input that were received at the focus group meeting as the department refined and finalized the concept for each new INN project. Please refer to the Community Planning Process section of the Plan Document for additional details.

In addition, the project will involve collaboration with faith/spiritual community in the development of the behavioral health training plan(s) as well as working with established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of nine groups, Santa Clara County's Faith Based Collaborative, BSHD ethnic contract service providers, and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations and engage their participation in the project.

- **Cultural Competence**: This new project seeks to increase access to services by engaging faith/spiritual leaders who are culturally embedded in the five target populations: African-American, Chinese, Filipino, Latino, and Vietnamese to conduct outreach activities and provide necessary referrals directly to their specific congregation and communities who may not be connected to the public mental health system. In addition, another component of the new project is to hold focus group meetings and assess the behavioral health knowledge of the faith/spiritual leader participants from the five population target areas with the aim of developing a customized behavioral health training plan(s) based on the assessment results and meet the cultural needs of the target populations.

- **Client Driven and Family Driven**: When Santa Clara County consumer and family members are in behavioral health distress, more often than not, they first seek help from their faith/spiritual communities and faith leaders before going to public or private behavioral health professionals. This project will enable the County to reach individuals in a setting that they are most comfortable in and the new project will enable participating faith/spiritual leader to provide the appropriate referrals directly to their specific congregants and their families who foremost seek their help with behavioral health issues and concerns.

- **Wellness, Recovery, and Resilience Focused**: The project design encourages wellness and recovery by providing faith/spiritual leaders in the community with trainings and knowledge to help them outreach to their specific congregations and help their congregants by linking them to appropriate behavioral health referrals and information. In addition, as part of this project, faith/spiritual project participants will provide technical assistance trainings to Santa Clara County staff and contract service providers about the role of spirituality in wellness and recovery and have the trainings eligible for continuing education units (CEUs).

- **Integrated Service Experiences for clients and their families**: The project's goal is to increase access to services. By training faith/spiritual leaders for the five target populations, the leaders will be

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better prepared at providing assistance to congregants in behavioral health distress who first seek their help and appropriate referrals to behavioral health services.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Not applicable. The new project will be linked to existing County behavioral health services/programs which are funded with other non-MHSA INN funds.

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

The project is slated to be a two-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in October 2017.

The County plans to procure and release a request for proposal (RFP) for services related to the Faith Based Training and Supports Project. The RFP development, release, and final selection of the proposal typically takes about six months based on current Santa Clara County procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in October 2017, the RFP development can commence soon after. The aim is to complete the procurement process by June 2018 with the awarding of new contract services with a start date of July 1, 2018.

October 2017: Obtain State-MHSOAC approval of the new INN project.*

November 2017 – June 2018: Pre-planning activities, BHSD RFP Development, and Award Phase

- Develop the scope of work based on the approved INN project described in this exhibit.
- Release RFP for Faith Based Training and Supports INN project.
- Conduct an evaluation of bidder proposals.
- Select and award RFP contract with a project service contract start date of July 1, 2018.

July 2018 – June 2020: Project Implementation Phase of the Two-Year INN Project
The estimated implementation dates of the project is July 1, 2018 – June 30, 2020 and will be completed by selected vendor(s). Below is an estimated timeline based on a July 1, 2018 contract service start date:

July 2018 – August 2018 (two months):

- Selected contract provider(s) to hold focus groups to assess behavioral health knowledge of faith/spiritual leader participants from the five target areas.

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September 2018 – October 2018 (two months):

- Selected contract provider(s) to create customized "101" BH training plan(s) to Faith/Spiritual Leaders based on assessment results.

November 2018 – December 2018 (two months):

- Selected contract provider(s) to conduct customized "101 trainings" to the five target communities.

January 2018 – June 30, 2020 (18-months):

- Faith Leaders identified as representatives from each of the five target communities will:
  - Conduct outreach activities and provide necessary referrals directly to their specific congregation.
  - Provide technical assistance trainings to BHSD staff and contract service providers about the role of spirituality in wellness and recovery and have the trainings eligible for continuing education units (CEUs).
- Selected contract provider(s) will track outcomes data and provide a monthly report to BHSD.
- An outside evaluator will evaluate program's progress during the two year term of the project and generate an initial annual report and a final evaluation report due at the end of the project duration.
- Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

6. **Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

The primary intended outcome of this project is to increase access to services by implementing a customized behavioral health (BH) "101" training plan(s) that will be provided to faith and spiritual leaders which help them respond appropriately to individuals seeking their help and assist with linkage and referrals to County behavioral health services. At the start of the project's implementation, focus groups will be administered to conduct a pre-test assessment to gauge the knowledge and understanding of faith/spiritual leaders in regards to mental health and substance issues. Based on focus group results, create a customized Behavioral Health "101" Training plan(s) to meet the needs determined by the pre-test. After the trainings

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are completed, a couple months afterwards, a post-test assessment will be conducted to gauge the present knowledge of behavioral health issues of the participating faith/spiritual leaders and also determine if they were able to do a better job at providing the necessary behavioral health resources to their congregants seeking their help. As part of the evaluation, all participants will be tracked for completion of the new customized behavioral health 101 training program. In addition, referrals provided by the participants-faith and spiritual leaders will be tracked by referral service type including demographic information. The data gathered through this process will be compiled, prepared and reported on a monthly basis by the contract service provider.

As part of the learning and evaluation, there is also a plan to create a faith and spiritual advisory group. In an advisory capacity, the group will review real-life stories and case studies and provide feedback to the selected contracted provider of this new INN project about how to address and handle certain situations in culturally responsive manner. In addition, service referrals will be tracked by each participating faith/spiritual community. The expectation is that service referrals to County behavioral health services will increase overtime as well as increase knowledge of behavioral health issues and services by the project participants.

A final evaluation report will be published at the end of the project which will be prepared by an outside contractor and will be shared with Santa Clara County MHSA stakeholders and the public.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

It is estimated the project will be completed by end of June 2020. As part of the County's FY2021-2023 MHSA three-year planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's three year community planning process.

8. If applicable, provide a list of resources to be leveraged.

Not applicable**.**

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET				
A. EXPENDITURES				
Type of Expenditure		FY2019 (12 Months)	FY2020 (12 Months)	Total (24 Months)
Contract Operated Program Expense				
1	Personnel expenditures, including salaries, wages, and benefits Staff will include: • Five 0.50 FTE coordinators: one coordinator for each target population. • One 0.25 FTE position to manage/oversee coordination efforts of the five coordinators.	$439,875	$586,500	$1,026,375
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	$65,981	$87,975	$153,956
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program	N/A	N/A	N/A
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	$65,981	$87,975	$153,956
Subtotal of Contract Operated Program Expense		$571,838	$762,450	$1,334,288
5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative • INN project evaluation contract	$50,000	$50,000	$100,000
Total Proposed Expenditures		$621,838	$812,450	$1,434,288
B. REVENUES				
1	MHSA Innovation Funds	$621,838	$812,450	$1,434,288
2	Medi-Cal Federal Financial Participation			
3	1991 Realignment			
4	Behavioral Health Subaccount			
5	Any other funding (specify)			
Total Revenues		$621,838	$812,450	$1,434,288

Proposal: INN-10 FAITH BASED TRAINING AND SUPPORTS PROJECT

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C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)	$621,838	$812,450	$1,434,288

D. BUDGET NARRATIVE

Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

Regarding expense items 1-4: The project's budget will include half-time faith/spiritual coordinators with one designated for each target population: African-American, Chinese, Filipino, Latino, and Vietnamese who will help conduct outreach activities with the faith/spiritual communities, monthly data reporting activities, and other program related activities. The five coordinators will also work with one part-time faith/spiritual leader who will oversee and help strategize the coordination efforts of the five faith/spiritual coordinators and trainings in the various communities and will work with established groups in Santa Clara County such as the Ethnic Cultural Community Advisory Committees (ECCACs) comprised of seven ethnic groups, Santa Clara County's Faith Based Collaborative, BSHD ethnic contract service providers and NAMI of Santa Clara County to help reach out to the faith/spiritual leaders in the five target populations. In addition, the service contract operated program expense will cover:

- Activities related to the assessment phase of the behavioral health knowledge of the faith/spiritual leaders including conducting focus groups as well as the development and implementation of customized behavioral health training plan(s) to the various religious/spiritual communities amongst the five target populations;
- Language translation related expenses;
- Behavioral health technical assistance component of the project which will be facilitated by faith and spiritual leaders and provided to County behavioral health staff and service providers; and
- Any other cost related to the implementation of the project.

Proposal: INN-11 CLIENT AND CONSUMER EMPLOYMENT PROJECT

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Program Number/Name: INN-11: Client and Consumer Employment Project
Date: July 2017

1. **Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.**

   ☐ Increase access to underserved groups
   ☒ Increase the quality of services, including better outcomes
   ☐ Promote interagency collaboration
   ☐ Increase access to services

2. **Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.**

   Studies have indicated that an average two-thirds of people with mental illness want to go to work, yet only a small number are employed (Bonds, 2016). SAMHSA's (2016) Uniform Reporting System reflects that the Mental Health National Outcome Measures (NOMS) data for 2015 indicated an employment rate of only 8.3% in California for adults with a mental illness; the figure is based on the total number of consumers employed, unemployed, and not in labor force. Since 1992, Santa Clara County Mental Health Department, now known as the Santa Clara County Behavioral Health Services Department (BHSD), has contracted with the Department of Rehabilitation (DOR) to provide employment services utilizing two community based service providers, Momentum for Mental Health and Catholic Charities, as part of a Mental Health Cooperative. The DOR funded County employment programs have been a stable but the sole option available in Santa Clara County for individuals with serious mental illness (SMI) seeking employment. The DOR program is based on a model of service provision structured to fit the general disability population and includes requirements that are contrary to what has been proven to be most effective for the SMI population. Locally, DOR also developed their own criteria for eligibility that screens out many SMI clients who would like to go to work and have the ability to succeed if given the right kind of supports. The intake criteria of the DOR program is strict and successful placements of SMI clients have been low: between 31%-47% from FY11/12 to FY14/15.

Santa Clara County DOR/Mental Health Cooperative Data FY 11/12 - FY14/15

	Goals				Actuals				As a % of Goal			
Fisal Year	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	**Placed**	Successful closures
FY 11/12	260	400	240	124	186	343	104	59	72%	86%	**43%**	48%
FY 12/13	260	400	240	124	145	297	113	69	56%	74%	**47%**	56%
FY 13/14	260	400	240	124	138	233	72	50	53%	58%	**30%**	40%
FY 14/15	260	400	240	164	138	222	75	59	53%	56%	**31%**	36%

Today, advancing recovery initiatives for mental health consumers is a current focus and aim of BHSD. It is BHSD's belief that the implementation of the Individual Placement & Support Supported Employment (IPS/SE) model, an effective evidence-based practice, in Santa Clara County will help transform the culture of how the overall system views employment and start recognizing employment as a wellness goal for behavioral health clients and this will be the innovative element of this project. Having a job contributes to a person's overall sense of well-being and can be a significant contributor toward achieving and maintaining recovery from mental illness. Employment brings stability as well as tools for managing life circumstances

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and symptoms. It also leads to systemic change. Individuals becoming self-reliant reduce the burden on our public social and mental health services systems. Employment provides income necessary to live, a social structure, a means to develop self-worth, meaning, a sense of accomplishment, social assets. Employed individuals create abundance for themselves, their families and their communities.

References:
Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx
Substance Abuse and Mental Health Services Administration. (2016). California 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved from http://www.samhsa.gov/data/sites/default/files/California.pdf

3. **Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

The new INN project adapts the Individual Placement & Support Supported Employment (IPS/SE) model to a new setting-Santa Clara County with the intention of transforming how the overall system views employment and start recognizing employment as a wellness goal for behavioral health clients and an element of their treatment. Until the development of the Individual Placement & Support Supported Employment (IPS/SE) model, there were no alternatives to the traditional delivery of employment supports specifically targeted for people with serious mental illness (SMI). This model is a widely-researched evidence-based practice developed to significantly increase employment outcomes. To date, there have been 23 randomized controlled trials of IPS/SE and the competitive employment rates for IPS/SE has been more successful at 55% compared to the control groups at 23% (Bonds, 2016). The IPS/SE model reflects zero exclusion in the employment program model and will enhance Santa Clara County employment based programming for SMI clients by including employment as a component of their treatment goal. The Dartmouth Psychiatric Research Center (2014) indicates there are eight practice principles of IPS/SE and overall it is intended to help people with SMI work at regular jobs of their choosing.

References:
Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx
Substance Abuse and Mental Health Services Administration. (2016). California 2015 Mental Health National Outcome Measures (NOMS): SAMHSA Uniform Reporting System. Retrieved from http://www.samhsa.gov/data/sites/default/files/California.pdf

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4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The Dartmouth Psychiatric Research Center (2014) provides the following eight IPS/SE practice principles:

1. **Focus on Competitive Employment**: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with serious mental illness seeking employment.

2. **Eligibility Based on Client Choice**: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.

3. **Integration of Rehabilitation and Mental Health Services**: IPS programs are closely integrated with mental health treatment teams.

4. **Attention to Worker Preferences**: Services are based on each person's preferences and choices, rather than providers' judgments.

5. **Personalized Benefits Counseling**: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.

6. **Rapid Job Search**: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling.

7. **Systematic Job Development**: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.

8. **Time-Unlimited and Individualized Support**: Job supports are individualized and continue for as long as each worker wants and needs the support.

IPS supported employment helps people with severe mental illness work at regular jobs of their choosing. It is an evidenced -based practice with practitioners focusing on each person's strengths. This model is therapeutic and promotes recovery and wellness. IPS works in collaboration with state rehabilitation counselors and uses a multi-disciplinary team approach. Services are individualized and long lasting. Long-term studies show that 49% of IPS consumers maintained employment, compared to 11% receiving traditional services (Bonds, 2016).

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	WHAT IS CURRENTLY IN PLACE THROUGH THE DEPARTMENT OF REHABILITATION (DOR) EMPLOYMENT PROGRAMS?	WHAT IS INTENDED TO BE IN PLACE THROUGH THE NEW INN PROJECT?
1	Outreach is conducted once or at most twice a year with presentation(s) provided at program contract agency sites about employment services and encourage staff to make referrals.	Integration of employment specialists in service teams to provide routine and on-going resources, services, consultations regarding client goals and employment services.
2	Employment goals are sporadic and not integrated as part of the client's treatment goals.	Include employment goal(s) as part of the clients' treatment. The presence of employment specialists, key component of the IPS/SE, at regular team meetings will help team members to better develop employment goals with their clients.
3	When employment goal(s) is/are included in a clients' treatment there is little or no regular discussions that occurs in team meetings.	Given that employment specialists will be embedded in service teams, an up-to-date status on clients' employment related services and goals will be readily available at team meetings and discuss on a regular basis.
4	Limited or outdated knowledge of Social Security administration programs, regulations on benefits regarding client employment.	Employment specialist will be an onsite resource at the program sites and be informed on current regulations and benefit information.
5	The DOR/BHSD Cooperative intake criteria and DOR process are more stringent with an emphasis on long term employment placements.	Applying IPS principles, more clients will be assisted, referred and connected to paid job placements based on their personal goals and skill sets including duration/level of work such as part-time or a specific number of hours per week.
6	The current DOR program is not inclusive but only a small number of clients make it through the state's eligibility process and the process can be lengthy. It may take up to five months before a consumer gets employment support.	The IPS model does not have a lag in services. The model aims to provide employment services as soon as possible and focuses on each person's strength and motivation.

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BHSD plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment INN Project which will include the following features:

- The project will target transitional aged youth (TAY), adults, and older adults with mental health conditions as well as those with co-occurring disorders.
- The implementation of the IPS/SE model will occur in three sites in SCC.
- The aim will be to engage clients and consumers to identify their employment goal(s) as part of their treatment plan.
- The entire project will include specific staff for each IPS/SE program site: two full-time employment specialists, a half-time job finder position and a clinical management supervisor at 0.25 FTE.

References:

Bonds, G. (2016). Evidence for the Effectiveness of Individual Placement and Support Model of Supported Employment [PowerPoint slides]. Retrieved from https://www.ipsworks.org/wp-content/uploads/2016/08/16-ips-evidence-7-28-16-rev.pptx

Dartmouth Psychiatric Research Center. (2014). IPS Supported Employment Practice & Principles. Retrieved from https://www.ipsworks.org/wp-content/uploads/2014/04/ips-practice-and-principles.pdf

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

The INN project focuses on serving transitional aged youth (TAY), adults, and older adults with mental health conditions as well as those with co-occurring disorders.

4b. If applicable, describe the estimated number of clients expected to be served annually.

The current Department of Rehabilitation (DOR) employment program has not met four program goals for the past few years as shown in the table below: number of referrals, number of clients served, placements and successful case closures. Through the new project, the aim is to improve outcomes and increase actuals across the four goals. The project is intended to be implemented at three sites. **Initially the Draft Plan reflected a placement target goal of 92%. The target employment rate goal has been revised to 60% (240 placements out of 400 clients served including rollover). This is a more realistic projection based on IPS outcomes.**

Santa Clara County DOR/Mental Health Cooperative Data FY 11/12 - FY14/15

	Goals				Actuals				As a % of Goal			
Fisal Year	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	Placed	Successful closures	Referrals received	Clients served, including rollover	**Placed**	Successful closures
FY 11/12	260	400	240	124	186	343	104	59	72%	86%	**43%**	48%
FY 12/13	260	400	240	124	145	297	113	69	56%	74%	**47%**	56%
FY 13/14	260	400	240	124	138	233	72	50	53%	58%	**30%**	40%
FY 14/15	260	400	240	164	138	222	75	59	53%	56%	**31%**	36%

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4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSA general standards:

- **Community Collaboration**: In December 2014, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Client and Consumer Employment. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting was held for each new INN project. BHSD considered the inputs that were received at the focus group meeting as the department refined and finalized the concept for each new INN project. Please refer to the Community Planning Process section of the Plan Document for additional details.

  In addition, one of the IPS/SE principle is in regards to *Systematic Job Development* in employment specialists will reach out and visit employers situated in Santa Clara County and learn about their business needs and hiring preferences as they assist clients in obtaining successful employment placements in the County.

- **Cultural Competence**: This new project aims to integrate employment goal(s) as part of a client's treatment plan that focuses on each client's strength and motivation. As part of the core IPS/SE practice principles, employment specialists embedded in the program will also help clients obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government benefit information.

- **Client Driven and Family Driven**: The IPS/SE model includes a zero exclusion element and clients are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement (Dartmouth Psychiatric Research Center, 2014). The model focuses on the client's preferences and job support activities are individualized and continue for as long as each client wants and needs the support.

- **Wellness, Recovery, and Resilience Focused**: The project will help transform the culture of how the overall system in Santa Clara County views employment and start recognizing employment as a wellness goal for clients/consumers which will be the innovative element of this project and have it be the standard to include employment as part of a client's wellness goal.

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- **Integrated Service Experiences for clients and their families**: The project's goal is to integrate employment as an element of a client's treatment plan and not have it be as a separate service goal.

Reference:
Dartmouth Psychiatric Research Center. (2014). IPS Supported Employment Practice & Principles. Retrieved from https://www.ipsworks.org/wp-content/uploads/2014/04/ips-practice-and-principles.pdf

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Please refer to the response to item #7.

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

The project is slated to be a three-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in October 2017.

The County plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment Project. The RFP development, release, and final selection of the proposal typically takes about six months based on current Santa Clara County procurement guidelines and workflow for new contract services. Provided the County obtains MHSOAC approval in October 2017, the RFP development can commence soon after. The aim is to complete the procurement process by June 2018 with the awarding of new contract services with a start date of July 1, 2018.

October 2017: Obtain State-MHSOAC approval of the new INN project.*

November 2017 – June 2018: Pre-planning activities, BHSD RFP Development, and Award Phase

- Develop the scope of work based on the approved INN project described in this exhibit.
- Release RFP for Consumer and Employment INN project.
- Conduct an evaluation of bidder proposals.
- Select and award RFP contract with a project service contract start date of July 1, 2018.

July 2018 – June 2021: Project Implementation Phase of the Three-Year Project
The estimated implementation dates of the project is July 1, 2018 – June 30, 2021 and will be completed by selected vendor(s). Below is an estimated timeline based on a July 1, 2018 contract start date:

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- **July 2018 – September 2018 (three months):**
  - Selected contract provider(s) to conduct project start up and training.

- **October 2018 – June 2021 (21 months):**
  - Selected contract provider(s) to start implementing the IPS/SE model in three sites.
  - Selected contract provider(s) will track outcomes data and provide a monthly report to BHSD.
  - Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.
  - An outside evaluator will evaluate program's progress during the three-year term project, provide an annual report and a final evaluation report.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

6. **Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

   The aim of the project is to provide a positive impact on the number of people in the county system who are currently unemployed. The project will integrate employment as part of a client's wellness and recovery and include it as part of their treatment plan. Through the project, BHSD intends to change how the overall system views employment and start recognizing employment as a wellness goal for clients/consumers. An evaluation of the project will occur throughout the term of the project. A final evaluation report will also be published at the end of the project which will be prepared by an outside contractor. As part of the evaluation, the following data elements will be tracked by the selected contract service provider(s):

   - The number of participants in the project.
   - The number of people who achieved job placement.
   - The length of time it took to secure employment for all the program participants.
   - The number of hours worked per week per participant, including earnings and total number of months participants were employed.
   - The efficiency and length of time it takes using IPS/SE model versus traditional vocational/rehabilitation services. BHSD can utilize available DOR program outcomes and compare it to the outcomes that will be generated through the new IPS/SE INN project.
   - Conduct a survey of the participants in terms of how they view employment as part of their treatment goal. Their initial perspective and a post-survey to assess their current view.

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7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

It is estimated the project's end date is slated at the end of June 2021. Accordingly, as part of the County's FY2022 MHSA Annual Update planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's community planning process planned for FY2022 MHSA Annual Update process.

8. If applicable, provide a list of resources to be leveraged.

Not applicable.

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET					
A. EXPENDITURES					
Type of Expenditure		FY2019 (12 Months)	FY2020 (12 Months)	FY2021 (12 Months)	Total (36 Months)
Contract Operated Program Expense					
1	Personnel expenditures, including salaries, wages, and benefits. Total of three IPS/SE program sites. Each program site includes: • Two Full-Time Employment Specialists **now referred to as Vocational Generalists to align with the IPS/SE model to preserve the direct service functions of Employment Specialist and Job Finder into a single position.** • ~~**0.50 FTE Job Finder**~~ **Delete and reallocate funding to Vocational Generalist positions; and maintain the overall personnel expense budget.** • 0.25 FTE Clinical Management Supervisor	$591,102	$608,835	$627,100	$1,827,037
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	$88,665	$91,325	$94,065	$274,056
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program.	N/A	N/A	N/A	N/A
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	$88,665	$91,325	$94,065	$274,056

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Subtotal of Contract Operated Program Expense		$768,433	$791,486	$$815,230	$2,375,148
5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative • INN project evaluation contract	$50,000	$50,000	$50,000	$150,000
Total Proposed Expenditures		$818,433	$841,486	$865,230	$2,525,148
B. REVENUES					
1	MHSA Innovation Funds	$818,433	$841,486	$865,230	$2,525,148
2	Medi-Cal Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Any other funding (specify)				
Total Revenues		$818,433	$841,486	$865,230	$2,525,148
C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)		$818,433	$841,486	$865,230	$2,525,148

D. BUDGET NARRATIVE

Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

The County plans to procure and release a request for proposal (RFP) for services related to the Client and Consumer Employment Project, a three-year term project. Expense items 1- 4 noted in section 9A of this exhibit reflects the service contract operated program related expenses while item 5 reflects the expense related to the evaluation of the INN project that will also be contracted out.

Regarding expense items 1-4: The project's service contract operated program expense reflects specific staffing requirements. **In the initial Draft Plan, each IPS/SE program site included two full-time employment specialists, one part-time job finder and a 0.25 FTE clinical management supervisor but to align with the IPS/SE model, employment specialist and job finder functions will roll in one single**

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position, eliminating the 0.50 FTE for job finder. The combined positions will be called Vocational Generalists which will include both employment specialist and job finder functions at all sites. These salaries will be commensurate with experience and training and the 0.50 FTE allocation will be reallocated into the two more skilled positions with no change in the overall budget. There will be a total three program sites. In addition the requested funding covers IPS/SE training related expenses and other ongoing training expenses needed for the implementation and fidelity to the IPS/SE model.

Proposal: INN-12 PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

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1. **Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.**

   ☐ Increase access to underserved groups
   ☐ Increase the quality of services, including better outcomes
   ☐ Promote interagency collaboration
   ☒ Increase access to services

2. **Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.**

   Santa Clara County Behavioral Health Services Department (BHSD) provides an array of behavioral health services including services for crisis, acute inpatient psychiatric care, subacute, residential care, full service partnerships, and outpatient. Although various behavioral health services are available to the community there is also a need to expand community-based crisis services and create new diversion programs to reduce utilization of emergency psychiatric services (EPS) and acute psychiatric hospitalization services which are the main clinical and service options available to Santa Clara County residents experiencing acute mental health crises. BHSD has been working to implement additional community based crisis services including launching the County's new mobile crisis response team program which will be focused on serving adults and older adults experiencing mental health crises but there is also a need to create crises services specifically for individuals ages 18-25. In recent years, there has been a high number of suicides-suicide clusters by young adults in the City of Palo Alto in Santa Clara County. In November 2015, the California Department of Public Health, on behalf of the Santa Clara County Public Health Department, requested assistance from the Centers for Disease Control and Prevention (CDC) to conduct an investigation with the aim to help Santa Clara County better understand youth suicide occurrences in the County. In partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the CDC conducted an Epi-Aid investigation on Santa Clara County youth suicides. The preliminary report prepared by the Epi-Aid team was based on Santa Clara County data for 2005 to 2015 (2016) and reflects the following:

   - 203 suicide deaths occurred among youth ages 10-24.
   - About 6 in 10 decedents (62%) were ages 20-24.
   - The average age of decedents was 20.2 years.
   - Majority of the youth suicides were among male youths ages 20-24.
   - About 1 in 3 decedents (29%) had a history of suicide attempts.

   Suicide is preventable but suicide has been the second leading cause of death among young people ages 18 to 25 (CDC, 2016). Having behavioral health crisis services embedded in the community that is readily available will be beneficial. Santa Clara County's new Innovation (INN) project will involve implementing the Psychiatric Emergency Response Team (PERT) model, a co-response crisis intervention model which utilizes a PERT team: a licensed mental health clinician paired with a law enforcement officer. The new INN project will also include a linkage component to peer support post-crisis services. The intent of the new INN project

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is to provide on the scene behavioral health assessment and service referrals to ensure clients receive needed services, divert individuals to community based treatment and reduce EPS use as appropriate, and also connect individuals to peer support services post-crisis to assist individuals with their recovery and prevent future suicide attempts.

References:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). National Suicide Statistics: Ten Leading Causes of Death by Age Group, United States – 2014. Retrieved from http://www.cdc.gov/violenceprevention/suicide/statistics/index.html

Epi-Aid Team: Garcia-Williams, A., O'Donnell, J., Spies, E., Azofeifa, A., & Vagi, K. (July 2016). Undetermined risk factors for suicide among youth, ages 10–24 — Santa Clara County, CA, 2016, Epi-2 Report. Retrieved from https://cma.sccgov.org/sites/sccphd/en-us/Partners/collabproj/epi-aid/Documents/scc-epi-aid-preliminary-rpt.pdf

3. **Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

The new INN project adapts the Psychiatric Emergency Response Team (PERT) model in a new setting-Santa Clara County and also integrates a linkage component for peer support post-crisis services to the model. PERT is a program that was initially implemented in San Diego County in 1996 in collaboration with various stakeholders: San Diego County law enforcement agencies, San Diego County Behavioral Health Services, Community Research Foundation, National Alliance of Mental Illness (NAMI) of San Diego, mental health providers, and mental health consumers and their families living in San Diego County. The PERT model utilizes a co-response crisis intervention model and each PERT team includes a licensed mental health clinician paired with a law enforcement officer. San Diego's PERT program has been successful and has grown to a total of 33 PERT teams. In fiscal year 2014-2015, San Diego's PERT program received 10,591 community service calls where the intervention resulted in referrals to community-based resources or educational information about mental health services, and during the same time period 6,208 crisis interventions resulted in the individual being assessed for harm to self or others and referred to the most clinically-appropriate level of care (County of San Diego, 2016). One of the innovative elements of the County's INN project is the peer support services enhancement to the PERT model. Through the project, the aim is to connect clients to behavioral health services and also link the clients to the County's peer support services: Consumer Affairs, Self-Help Centers, services provided by the County's Ethnic & Cultural Communities Advisory Committee (ECCAC) Teams and other peer support services. Research has shown that peer-run/consumer operated services help individuals in their wellness and recovery (SAMSHA, 2011).

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References:
County of San Diego Health and Human Services Agency (2016). County of San Diego MHSA Fiscal Year 2016-17 Annual Update. Retrieved from http://sandiego.camhsa.org/files/Attachment-A-MHSA-FY2016-17-Annual-Update.pdf
U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (2011). The Evidence: Consumer-Operated Services. Retrieved from http://store.samhsa.gov/shin/content//SMA11-4633CD-DVD/TheEvidence-COSP.pdf

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The PERT model has been in place since the 1990s in San Diego County and is a well-established program that has shown to be an effective community-based crisis intervention program. The innovative element of Santa Clara County's new INN project will involve enhancing the PERT model to include a linkage component which will provide peer support services post-crisis to assist clients and individuals with their recovery and prevent future suicide attempts. Based on the Epi-Aid Team's preliminary report regarding youth (ages 10-24) suicides in Santa Clara County from 2005 to 2015, about one in three decedents (29%) had a history of suicide attempts with the average age of decedents at 20.2 years. By linking individuals ages 18-25 to rapid connection to behavioral health services coupled with peer support services post-crisis, the expected outcome is to increase access to services and decrease future suicide attempts.

The new INN project will:

- Pilot two County-operated PERT Teams in the initial six months of the project: Palo Alto, CA partnering with the City of Palo Alto Police Department and Santa Clara County Sheriff's Office.
- After the initial six months, assess preliminary results for rollout and adjust as needed and rollout two additional PERT teams in other local jurisdictions-focusing on the Central area of the County.
- A PERT Team will be comprised of one law enforcement officer and one behavioral health clinician-County staff.
- At the start of the project, the PERT Team Staff will be trained on the PERT model, CIT Training, and other related BHSD-law enforcement training.
- The primary aim of the project is to connect individuals to appropriate services, and provide post-crisis services including peer support services provided by BHSD Consumer Affairs, ECCAC and other peer support services.
- Hours of operation will be from 11:00 AM to 11:00 PM.

References:
Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). National Suicide Statistics: Ten Leading Causes of Death by Age Group, United States – 2014. Retrieved from http://www.cdc.gov/violenceprevention/suicide/statistics/index.html

Proposal: INN-12 PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

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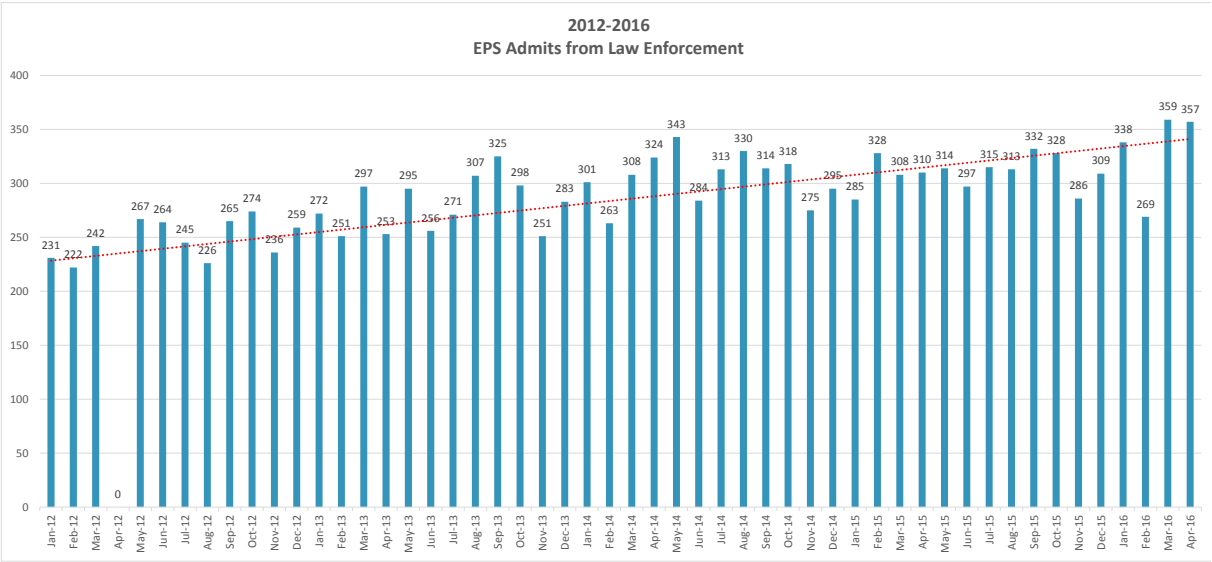
4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

The INN project focuses on serving individuals ages 18-25. The intent is to pilot one PERT Team in Palo Alto, CA for six months; and based on interest from Santa Clara County Sheriff's Office and other local jurisdictions expand the pilot project to other areas after initial six months and establish another PERT Team.

4b. If applicable, describe the estimated number of clients expected to be served annually.

The primary goal of the PERT model is to provide effective crisis intervention to individuals in mental health crises, de-escalate crisis situations, provide the appropriate behavioral health service referrals when necessary and avoid hospitalizations (Kingkade, 2012). Illustrated below are the number of emergency psychiatric services (EPS) admits in Santa Clara County from 2012 to 2016 by law enforcement. The aim of the project is to decrease EPS admits by law enforcement by 20% in the first year of the project's implementation.



Source: Santa Clara County Emergency Psychiatric Services 2012-2016 Data

References

Kingkade, Marla. (October 2012). PERT Handout Document and Emergency Response Plan. Retrieved from https://docs.google.com/presentation/d/18ZE3ilyYHkAAqQndLineRTcoLPPGisG24C1CODHJjFE/pub?start=false&loop=false&delayms=3000#slide=id.p

4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9

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Program Number/Name: INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project
Date: July 2017

California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSA general standards:

- **Community Collaboration**: In 2015, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Psychiatric Emergency Response Team (PERT) and Peer Linkage Project. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting was held for each new INN project. BHSD considered the input that were received at the focus group meeting as the department refined and finalized the concept for each new INN project.

  In addition, the establishment of the PERT Teams in Santa Clara County will involve collaboration between various stakeholders: Behavioral Health Services Department, County law enforcement agencies, and mental health consumers and their families living in the County.

- **Cultural Competence**: The PERT model/program is modeled based on the Crisis Intervention Training (CIT) program, a first responder model. CIT is intended to teach law enforcement officers how to effectively interact with and de-escalate individuals experiencing a mental health crisis. CIT is based on a community approach and developing partnerships with law enforcement, mental health organizations-providers and community based organizations, and individuals and/or families with lived experience.

- **Client Driven and Family Driven**: One of the primary purpose of the PERT and CIT model is to ensure safety and improve interactions between law enforcement officers and individuals with mental health illness. PERT, a CIT-based model is focused on developing partnerships with the community and law enforcement agencies including family members of individuals with mental health illness, mental health community-based partners, providers, and community based-organizations.

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- **Wellness, Recovery, and Resilience Focused**: The project design encourages wellness and recovery by providing law enforcement officers the skills to effectively interact and deescalate situations with individuals experiencing a mental health illness with the aim of reducing risk of injury to the individuals involved including law enforcement and divert individuals to mental health treatment instead of jail when appropriate.

- **Integrated Service Experiences for clients and their families**: The project's goal is to increase access to services. The linkage component will help clients gain access to a full range of needed behavioral services and post-crisis services will support the clients' wellness and recover. The new project seeks to increase access to services by creating community-based crisis services and partnering with law enforcement agencies in the target areas who have experience serving the target community. The post-crisis services component of the project aims to provide post-crisis support services specifically for ages 18-25 and to have peer support groups for the target population.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Not applicable. The new project will be linked to existing County behavioral health services/programs which are funded with other non-MHSA INN funds.

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

The project is slated to be a two-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in Fall 2017.

Once the County obtains MHSOAC approval, estimated to occur in October 2017, the implementation of the new INN project can soon start. The estimated implementation dates of the project is January 1, 2018 – December 31, 2019. Below is detailed plan of the implementation.

October 2017: Obtain State-MHSOAC approval of the new INN project.*

November 2017 – March 2018 (Pre-planning activities prior to project start date):

- Develop and finalize Memorandum of Understanding (MOU)/Agreement with the first two PERT Teams: Palo Alto Police Department and Santa Clara County Sheriff's Office with an expected start date of the project of April 2018. In collaboration with Palo Alto Police Department and Santa Clara County Sheriff's Office generate and finalize PERT MOU and obtain the necessary approvals – including the development of training requirements and protocols for the PERT project.

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- Recruitment of County staff: Health Care Program Manager II, Health Service Representative, and Psychiatric Social Worker positions designated for the first two teams.

April 2018 – September 2018 (six months - 1st rollout with two PERT Teams):

- Project starts in April 2018 with the rollout of the first two teams: Palo Alto Police Department and Santa Clara County Sheriff's Office.
- Conduct an onsite visit of the PERT program in San Diego County by County BHSD program leads and PERT partners from the first two law enforcement teams.
- Conduct training for all members of the PERT Team: law enforcement officers and BHSD staff. Trainings will include PERT model, Crisis Intervention Training (CIT), Interactive Video Simulation Training (IVST), and other BHSD-Law Enforcement related trainings.
- Prepare and finalize the MOU in collaboration with the next two PERT Teams: law enforcement agencies located in the central area of Santa Clara County.
- Start training protocol for the next PERT in preparation for a July 2018 start date.

October 2018 – March 2020 (I18-months – Includes four PERT Teams):

- Implement two new PERT Teams with a focus on the Central area of Santa Clara County.
- An outside evaluator will evaluate program's progress during the two year term of the project and generate an initial annual report and a final evaluation report at the end of the project.
- Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

6. **Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

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A final evaluation report will be published at the end of the project which will be prepared by an outside contractor and will be shared with Santa Clara County MHSA stakeholders and the public.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

It is estimated the project's end date is slated at the end of December 2019. Accordingly, as part of the County's FY2021-23 Three-Year MHSA planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's community planning process planned for FY2021-23.

8. If applicable, provide a list of resources to be leveraged.

Not Applicable.

Proposal: INN-12 PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

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County: Santa Clara County
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Date: July 2017

9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES					
Type of Expenditure		FY2018 (3 Months)	FY2019 (12 Months)	FY2020 (9 Months)	Total (24 Months)
County Operated Program Expense					
1	Personnel expenditures, including salaries, wages, and benefits. Project will include 1.0 FTE Health Care Program Manager II, 0.50 FTE Health Service Representative, and each PERT Team will consist of two Psychiatric Social Worker positions. In total, there will be four PERT Teams.	$213,763	$1,366,213	$1,180,418	$ 2,760,393
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	$32,064	$204,932	$177,063	$414,059
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program				
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	$32,064	$204,932	$177,063	$414,059
Subtotal of County Operated Program Expense		$277,892	$1,776,076	$1,534,543	$3,588,511

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5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative • INN project evaluation contract	$50,000	$50,000	$50,000	$150,000
Total Proposed Expenditures		$290,392	$1,826,076	$1,572,043	$3,688,511
B. REVENUES					
1	MHSA Innovation Funds	$290,392	$1,826,076	$1,572,043	$3,688,511
2	Medi-Cal Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Any other funding (specify)				
Total Revenues		$290,392	$1,826,076	$1,572,043	$3,688,511
C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)		$290,392	$1,826,076	$1,572,043	$3,688,511

D. BUDGET NARRATIVE

Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

The new INN project will be County-operated and will involve partnerships with law enforcement agencies in County. The PERT project budget includes 1.0 FTE Health Care Program Manager II who will provide program oversight as well as act as the County liaison to the PERT law enforcement partners, 0.50 FTE Health Service Representative for client clerical support, and each PERT team will consist of two Psychiatric Social Worker positions. The hours of operation is slated from 11:00 AM to 11:00 PM.

Proposal: INN-12 PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

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The first team will be rolled out in Spring 2018 with the City of Palo Alto Police Department and the County Sheriff's Office. After six months, the next set of PERT Teams will be rolled out in Fall 2018 with a focus on Law Enforcement partners located in the Central area of the County.

The budget includes expenses related to training as well as onsite travel related costs to the County of San Diego PERT Program by County lead staff and PERT law enforcement partners which will be covered under the operating expense budget line item.

Proposal: INN-13 *HEADSPACE* PROJECT

NEW INN Project Description
County: Santa Clara County
Program Number/Name: INN-13: *headspace* Project
Date: July 2017

1. **Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.**

   ☐ Increase access to underserved groups
   ☐ Increase the quality of services, including better outcomes
   ☐ Promote interagency collaboration
   ☒ Increase access to services

2. **Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.**

   Young people with emerging mental health issues have difficulty finding timely, appropriate treatment and a service system that can respond to their needs. Where support is available, young people rarely receive holistic services even though mental health problems often coexist with other physical, social and emotional problems. Because of this lack of early identification and intervention services, young people often do not reach our health, social service, or justice systems until their mental health problems have become more severe and often more difficult and costly to treat. This can lead to devastating outcomes for young people.

   In 2016, Santa Clara County's Behavioral Health Services Department (BHSD) solicited Innovation (INN) ideas from MHSA stakeholders and the public and opened a submission window for potential ideas focused on four areas of need. Two of these areas specifically targeted children and transitional aged youth (TAY) as described below:

   - **New and emerging prevention services for children**. BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.

   - **Transitional Aged Youth (TAY) support and care transitions.** BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Family and Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers that will support and ensure successful transitions into the community and Adult services, as needed.

In August 2016, BHSD convened an MHSA Stakeholder Leadership Committee meeting and shared the 18 INN ideas that had been submitted. Meeting attendees were invited to participate in the selection of ideas that would be developed for the County's INN Plan. Participants selected an idea submitted by Steven Adelsheim, MD, from the Stanford Psychiatry Center for Youth Mental Health and Wellbeing, on the adaptation and replication of the *headspace* model in Santa Clara County, which addressed both of the County's identified INN program areas and is described below.

Proposal: INN-13 *HEADSPACE* PROJECT

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Other countries have made decisions over the past few years to prioritize support for the early mental health needs of adolescents and young adults. One innovative example of a national commitment to early mental health support is *headspace*, an Australian model for treating youth with emerging mental health needs, which has quickly become a significant component of that nation's mental health landscape. *headspace* was developed in response to statistics showing that within Australia, mental health is the single biggest health issue facing young people, and that Australian youth with mental health issues typically did not seek help and failed to gain access to care. Bringing the *headspace* model to the United States (US) provides an opportunity to disrupt the inadequate system of adolescent and young adult healthcare in our country and create a revolutionary culture of youth health that could dramatically reduce the burden of mental illness in our population through early detection and treatment. Doing so responds to the call from national leaders to shift educational and health care services to address the national crisis in youth mental health and health supports that are the primary morbidities of our young people. It also has the potential to offer a supportive, culturally friendly environment for young people during a challenging and neuro- developmentally critical time in their lives. The success of *headspace* in Australia, with a 60% rate of improvement in those that receive care, shows the overwhelming interest and need young people have to access early mental health in a setting that is uniquely tailored to their needs.

Beginning in the Fall of 2014, with funding from the Robert Wood Johnson Foundation, Stanford Psychiatry Center for Youth Mental Health and Wellbeing conducted a feasibility study to assess the feasibility of successfully importing *headspace* to the US (1). This study concluded that, while financial modeling for a *headspace* model in the US is certainly complicated, there is clear value in developing this model in the US, since currently there is no similar public mental health early intervention structure in place for young people in the US. In this INN project plan, BHSD will partner with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, which conducted the initial US *headspace* feasibility study, to design a framework for *headspace* during a ramp up period of 8 months.

The primary aim of the ramp up phase is to design a framework for the implementation plan and sustainability components to adapt and replicate *headspace* in Santa Clara County. This new framework will provide an innovative approach to mental health services and supports for young people ages 12-25. The framework will also provide guidance on the complicated financial modeling required in a system that is not a national healthcare model, as it exists in Australia. Hence, *Santa Clara County seeks to make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community* (2). This adaptation or "Santa Clara County *headspace*," will address issues related to the multi-service components of two centers, as well as the need for a public/private insurance structure to support all youth regardless of their insurance coverage. BHSD intends to follow a "no wrong door approach" without exclusion, supporting youth needs and limiting interruptions to care in the *headspace* centers.

There is nationwide interest reported from sites in New York, Michigan, Illinois and others on potential *headspace* model development. There is also interest in other counties in California, including Sacramento, San Mateo and Santa Barbara, in creating this model. These potential sites are eager to learn from Santa Clara County, the central hub for innovation. BHSD seeks to build a sustainable model that will expand the Children, Youth and Families prevention, early intervention and treatment continuum from our nationally recognized 0-5 system of care, through school-linked services to an expanded early psychosis program. *headspace* will fill an important gap and serve as a critical component for adolescents and young adults.

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Source:
(1) Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace*: US Feasibility Report.
(2) Innovative Project Regulations. Issued 2015, Section 3910.

3. **Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?**

   Santa Clara County's *headspace* project seeks to make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community. This includes a community-driven approach that has been successful in a national health insurance model to be adapted in a public/private health insurance setting with a primary focus on prevention and early intervention.

4. **Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**

   Santa Clara County BHSD, under the direction of the Children, Youth and Families Division, seeks to adapt and replicate the Australian *headspace* model as the first of its kind in the US. The County seeks to roll out this project in two phases: (1) ramp up, and (2) implementation. This project is expected to last four years, including ramp up and implementation.

   Santa Clara County BHSD, in collaboration with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, will develop a foundational framework for youth mental health services providing equitable access regardless of ability to pay or type of health care coverage. The *headspace* "one stop shop" model will be an integral part of the ramp up period. Extensive research, site visits and planning will inform this phase. At its core, equality services to youth ages 12-25 in Santa Clara County will be prioritized as new venues for public-private partnerships are explored and key data components are established. The integration of mental health care and primary health care will serve to better identify early warning signs of mental illness and suicide for more effective preventive care, a critical component of the model and a key area of distinction from other models.

   In addition, the ramp up phase will incorporate the *headspace* design of centers that are youth-friendly, culturally and linguistically responsive, and accessible to youth, as high priorities with valuable input and guidance from youth advisory groups from the ground up. With the input of youth in the community from the initiation of the project, the services will be tailored to best meet the needs of the youth in the community the centers will serve.

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The target age range, which will include 12-25 year olds, adds another innovative element to the project. The majority of services for youth are often bifurcated and serve either 18 and under or over 18.

Santa Clara County will return to the Mental Health Services Oversight and Accountability Commission (MHSOAC) at the end of the ramp up phase to submit a budget augmentation pending the successful implementation of the 8-month ramp up phase.

Following the MHSA stakeholder process, County Board of Supervisors' approval, and MHSOAC granting a budget augmentation request, the implementation phase of the *headspace* centers will begin at the end of the ramp up phase. The implementation phase will provide an opportunity to explore the advantages and challenges of serving a broad age range within the centers, such as peer leadership and peer-to-peer mentorship opportunities wherein older youth can serve as mentors and role models to their younger peers; continuity of care for youth throughout adolescence with opportunities for them to work with their services providers over a long period; opportunities for tracking longitudinal data and longer term impact evaluation across the years a young person comes to *headspace* for services; explore the unique needs of 18-25 year olds which are distinct from 12-17 year olds; and, workflow components related to treating minors and involving parents/ guardians.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

According to the U.S. Census in July 2015, the estimated population of Santa Clara County was 1,918,044. Approximately 23% of the population was under the age of 18. Fifty six percent (56%) of the population was White, 36% Asian, 26% Latino or Hispanic, some White and some non-White, and 3% African American. The population to be served are youth ages 12-25 years of age, who will receive services whether they are on MediCal, private insurance or are underinsured or uninsured. The intended population also includes traditionally marginalized youth, such as youths who identify themselves as Lesbian, Gay, Bisexual, Transsexual and Queer (LGBTQ), foster and homeless youth, and youth whose primary language is not English.

4b. If applicable, describe the estimated number of clients expected to be served annually.

During the ramp up phase, BHSD and the Stanford Psychiatry Center on Youth Mental Health and Wellbeing will work with two youth advisory groups, with an anticipated total of 24 youth founding members for the headspace centers in Santa Clara County. Youth advisors will be representative of the intended service areas, Central San Jose and North County (Palo Alto/Mountain View).

During the implementation phase, the estimate is that 1,000 youth will seek services and supports from each of the two *headspace* centers, with a total of 2,000 youth ages 12-25 served annually.

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4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSA general standards:

- **Community Collaboration**: Through a series of community forums and focus groups across Santa Clara County, the *headspace* project intends to engage young people, families, and service providers, to ensure that an array of community voices and perspectives will inform the development and implementation of the program.

- **Cultural Competence**: An important component of the *headspace* model is to be culturally responsive and sensitive. Australia's programs acknowledge the aboriginal people of Australia in all of their marketing materials, and they create campaigns which feature youth who are representative of the community they are serving. In Santa Clara County's communities, BHSD staff understand the importance of having mental health and health care providers who are linguistically and culturally sensitive. This includes, but is not limited to, Spanish-speaking and/or Latino/a, Asian-American, African-American, LGBTQ, as well as gender minorities. The Santa Clara County *headspace* centers will reflect culture in all intake and program materials.

- **Client Driven and Family Driven**: Another core component of the *headspace* model is that it is youth-centered and guided by a Youth Advisory Group which informs the decision-making process from the initiation to implementation of the centers. Youth Advisors will meet monthly to address decisions relating to marketing campaigns, the look and feel of the centers, and the provision of services. Focus groups with youth sub-groups (e.g. LGBTQ, Asian-American, young men) will be an integral component of the process. One of the limitations of the Australian *headspace* model has been a lack of focus on family engagement. The adapted model for Santa Clara County will include family members in the young person's treatment, when appropriate, in order to address the needs of youth and the family systems supporting youth that are struggling.

- **Wellness, Recovery, and Resilience Focused**: Inherently, a prevention and early intervention model like *headspace* will bolster protective factors of young people and ensure they have the coping skills and support systems in place to successfully transition into adulthood. The *headspace* model of integrated health and mental health care, in tandem with educational and employment services and substance use treatment services, supports the whole-child and promotes overall wellness. The cornerstone of the *headspace* model is its emphasis on youth wellness, rather than illness, and paths to recovery, so that youth will thrive as adolescents and adults.

Integrated Service Experiences for clients and their families: The *headspace* model focuses on collaboration with community agencies and service providers to promote continuity of care. It is essential that youth and their families (when appropriate) feel equipped to navigate community resources as outlined in the individualized treatment plan. This creates a continuum of care from current school-linked services provisions for school–age youth and their guardians as needed extending into the community bringing down the accessibility barriers of time and language for many youth and their families.

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4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Not applicable. The INN project is only designed to provide services in prevention and early intervention.

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek MHSOAC approval of this project in October 2017, and request approval of INN funding for the ramp up phase of the project.

The *headspace* model comes from Australia which is a country that utilizes a universal healthcare system. One of the unique challenges of this project is to successfully replicate and adapt the model in the United States, a country with a very different health care system compared to Australia. To ensure the project's success it is critical that BHSD, in partnership with Stanford Psychiatry Center for Youth Mental Health and Wellbeing, allocate time prior to standing up the *headspace* centers, to develop and refine project plans in relation to the following components during the project's eight-month ramp-up phase:

1. **Finalize services that will be provided at the *headspace* centers:** based on input from youth advisory groups, the centers will display welcoming youth ambiance as well as youth-centered services addressing the core services of the Australian model through a Santa Clara County youth-centered lens. Also, in tandem, BHSD will develop the scope of work that will be included in the RFP for direct services to provide substance use treatment services, mental health services, etc.
2. **Identify *headspace* centers**: The intended service areas of the centers, Central San Jose and North County (Palo Alto/Mountain View). BHSD will work with the County's Facilities and Fleet (FAF) Team in collaboration with Stanford to scout and identify potential sites for *headspace*, determine/finalize plan designs based on input from youth advisors, and develop renovation plans for the sites as needed.
3. **Develop Staffing Infrastructure at the *headspace* centers:** In collaboration with Stanford, BHSD will finalize the staffing mix at the sites to include, but not limited to: psychiatry, psychology, primary care, substance use treatment, and other mental health services in order to maintain fidelity with the original *headspace* model.
4. **Develop a billing and financing model for the *headspace* program**: The project is intended to provide services to youth ages 12- 25, regardless of insurance coverage, Medi-Cal population, commercially-insured youth. The Australian *headspace* model is based on a universal health care system and this project provides an opportunity for BHSD and the County to develop a billing mechanism that will enable all payor types for the services provided at the sites.
5. **Develop the Data Management System for the project:** Develop a data agreement for data collection and data management and identify and address contract requirements by County

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Counsel and Stanford Counsel. *headspace* evaluation will be conducted by an independent consultant.

Provided the County obtains MHSOAC approval in October 2017*, the BHSD will launch the contract amendment process, which will be led by the BHSD Director and County Counsel with the Stanford Counsel and contracts team. Current program exploratory funding comes from a Fiscal Year (FY) 17 budget referral item from Santa Clara County Board of Supervisor, Joseph Simitian, which received full Board approval. The BHSD Children, Youth and Families Division oversees the Stanford Psychiatry Center for Youth Mental Health and Wellbeing efforts to fund: one (1) Youth Support Specialist (YSS) to develop a Youth Advisory Board to inform initial program messaging and marketing campaigns for *headspace* as well as to run focus groups to elicit youth and family voices in the development and evaluation of the *headspace* pilot, and develop a peer support model at *headspace*; and, one (1) Supported Employment and Education Specialist (SEES) to ensure that youth receiving treatment can coordinate their treatment plans with their educational and employment goals as well as act as community liaison with youth and schools and community at large. These are one-time funds and contingent on the opening of the first *headspace* site in Santa Clara County.

Once the new framework plan is in place, with defined roles for BHSD, Stanford and community-based organizations, BHSD will submit a budget augmentation to the MHSOAC for the remaining 40 months of the project for a total of 48 months. Based on initial planning for ramp up, facilities, implementation, services, independent evaluator, print marketing support and technical assistance, the BHSD estimates a four year cost of $7 to $8.5 million dollars for this project. The budget will be developed during the ramp up phase and include revenue estimates. The final budget augmentation request will be brought to the MHSOAC as noted above. BHSD is committed to funding the *headspace* project, as the department recognizes that this program could address a significant service gap, support Santa Clara County's youth with early signs of mental health issues, result in a new model for public/private billing, and provide a new service model for other counties and states.

As stated in the INN regulations, counties cannot expend INN funds unless approval is granted through the MHSOAC. Given the County's commitment to fiscal responsibility, BHSD must allocate time to finalize the project components described above to ensure the County has conducted its due diligence and research to ensure the success of the *headspace* project rollout.

The intent is to return to the MHSOAC in Spring 2018 with a *headspace* framework for adaptation and replication in Santa Clara County which will detail specific plans covering the five items above.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

Ramp-Up Phase: November 2017-June 2018 (8 months)

a. Joint Planning Activities:
   - Design the *headspace* model and plan services related to mental health, physical health, substance use and vocational support with efforts to maintain the fidelity of the Australian *headspace* model in the Santa Clara County *headspace* replication.

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- Conduct sites visits of newly established *headspace* centers in British Columbia (BHSD leads and Stanford leads).

b. Santa Clara County BHSD Activities:
- Serve as the lead agency providing program oversight and administration.
- Develop a contract amendment to the Stanford *headspace* contract, based on Supervisor Joseph Simitian's FY17 budget referral item.
- Develop a data agreement for data collection and data management and identify and address contract requirements by County Counsel and Stanford Counsel.
- Procure and fund an independent consultant to develop a process evaluation and outcome evaluation plans, as well as a robust logic model to help guide project implementation. The process evaluation will be monitored to inform project revisions during implementation.
- Explore development of a public/private insurance infrastructure to support the project.
- Return to the MHSOAC in Spring 2018 to provide a status report and request approval of a budget augmentation for the project's remaining 40 months.
- Develop an RFP for *headspace* services by community-based providers.

c. Stanford Psychiatry Center for Mental Health and Wellbeing Activities:
- Provide expertise in child psychiatry and community mental health, knowledge of the *headspace* model and technical assistance in project development, implementation, service delivery and evaluation.
- Finalize Youth Advisory Groups to provide program/service design, implementation, and evaluation led by Youth Support Specialist, funded by budget referral item. Youth groups will design community assessment plans to include youth, families and community at large.
- Research and develop the model for engaging youth in and of school with vocational support and integrate into *headspace* modeling led by Supported Employment and Education Specialist, funded by budget referral item.
- Seek private funding for a comprehensive marketing, branding and public awareness campaign from foundation and private donor support. Marketing will include Santa Clara County's threshold languages (Spanish, Vietnamese, Chinese and Tagalog) on all marketing campaign materials to create awareness about this new program.

Implementation Phase Broad Scope: July 2018-October 2021 (40 months)
Aim to open first center with full implementation and evaluation components by July 2018
- Commence the implementation phase with MHSOAC approval and budget augmentation.
- Aim to launch first *headspace* center in July 2018.
- Procure and fund direct services from service providers to include substance use treatment services, mental health services and center management and administrative staff. Having started this process in advance, contract award would be in place at beginning of implementation phase.
- Continue print and social media marketing and public awareness campaign leading up to the opening of the first site and at beginning of implementation phase.

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6. **Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.**

   An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the *headspace* project with emphasis on sustainability and feasibility within the existing health care reimbursement structure.

   A variety of measurements will be in place to assess and understand the lessons learned (e.g., process evaluation) of *headspace* during the ramp up phase. The overarching goal of the *headspace* project is to increase access to services. *headspace* intends to reach marginalized youth, as well as those that may be stigmatized by institutionalized services already in place.

   During the initial phase, comprehensive evaluation plan and data collection systems will be developed to systematically capture information from both private and public sector services, models of health care delivery will be researched and adapted to address the local services needs of Santa Clara County youth. This project will add an extensive outreach and marketing campaign, direct to consumers as well as families and through collaborations with schools and community agencies through procurement and funding initiated by Stanford. Baselines measures will be in place at the end of the ramp up phase to help with pre/post implementation comparisons and success of this outreach.

   The final integrated infrastructure and sustainability analysis will include, but not limited to, the following overarching components:
   1. Service activity (youth and parent service activities)
   2. Client profile
   3. Program/Service Outcomes/Effectiveness
   4. Program/Service Awareness
   5. Services Integration
   6. Accessibility
   7. Cost/Financial Sustainability

   Stakeholders Perspectives
   The *headspace* project will be informed and evaluated through a community participatory process, including input from stakeholders during the planning, implementation and evaluation phases. For example, the Youth Advisory Groups will be a critical component of *headspace* development for evaluation and information dissemination.

   Methods
   The evaluation will be conducted in a qualitative and quantitative method, respectively. Administration of surveys, as well as group discussions, will help to gather evaluation information. These methods apply to

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both the ramp up phase as well as the implementation phase. The items referenced here will be critical elements in the implementation phase:

Quantitative Data
Individual level data will be collected via electronic surveys, with the results being compared against each client's medical record. Clients will complete their surveys on iPads, which will be located in the center's waiting room, or surveys will be sent electronically to individuals after a designated interval of time. Providers will complete their surveys on *headspace* computers at the centers.

Qualitative Data
At the end of the pilot period, focus groups will be conducted with *headspace* participants and staff to learn more about participants (youth and family) and staff experiences with the project and to identify barriers/strengths to program implementation.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

BHSD estimates the project's ramp up phase will be completed by June 30, 2018. Provided a budget augmentation is granted by the MHSOAC, the remaining 40 months for this four year project is projected to end on October 2021. As part of the County's FY2021-23 Three-Year MHSA planning process, BHSD is currently conducting a needs assessment of all MHSA programs and services to evaluate program reach and effectiveness with the intent to identify and address gaps in services and prevention strategies. BHSD anticipates that *headspace*, as a prevention program, is likely to become a component of our Prevention and Early Intervention initiatives, providing a continuum in services to youth from school-linked services for school-aged youth to *headspace* and community. Stakeholders will contribute to his decision by attending public meetings and providing input at all decision points. The BHSD reviews the MHSA Annual Update with stakeholders and solicits input where recommendations will be shared and stakeholders will be able to contribute to this decision.

8. If applicable, provide a list of resources to be leveraged.

Since the initiation of this project concept, there has been high interest from the private sector regarding headspace. There is high potential for future public/private partnerships to help leverage and sustain a comprehensive initiative like *headspace*. The Stanford Psychiatry Center for Youth Mental Health and Wellbeing has received multiple requests for supports from foundations committed to, for example, fund the marketing campaign development. In addition, Stanford Psychiatry and Lucile Packard Children's Hospital will provide in-kind support in benefits and overhead expenses associated with the current Youth Support Specialist and Supported Employment and Education Specialist that are not currently included in the budget referral item.

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET							
A. EXPENDITURES							
Type of Expenditure		FY2018 (8 Months)	FY2019* (12 Months)	FY2020* (12 Months)	FY2021* (12 Months)	FY2020* (4 Months)	Total* (48 Months)
Program Expense							
(a) County Family & Children (F&C) Services Program Administration							
i.	SCC BHSD Program Administration and Oversight (BHSD C&F Director, Program Manager, MHPS II)	$41,022					
ii.	Operating expenditures at 15% of personnel/benefits costs as listed for expense item (b).	$6,153					
iii.	Overhead expenses 15% of personnel/benefits costs as listed for expense item (b).	$6,153					
Subtotal County F&C Program Administration		$53,328					
(b) Stanford Psychiatry Center for Youth Mental Health and Wellbeing							
i.	Personnel expenditures, including salaries, wages, and benefits (Technical Assistance Team)	$100,320					
ii.	Overhead expenses 26% of personnel/benefits costs as listed for expense item (a).	$26,083					
iii.	Miscellaneous expense (one-time travel to BC, meetings, supplies, etc)	$13,342					
iv.	Any other funding (specify) County General Fund– (Santa Clara County Board of Supervisors) -personnel expenditures including salaries, wages and benefits for 1.0 FTE Youth Support Specialist, 1.0 FTE Supported Employment and Education Specialist) – allocation provided for FY2018.	$131,882 (see Other Funding Source Revenue below)					
Subtotal Stanford Psychiatry Center for Youth Mental Health and Well-being		$271,627					
Total (a) and (b)		$324,955					

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(c) Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative.							
i.	Facilities: one-time facility improvements at $75,000 for the first center located in **North County** with a **6000 sq feet at $4.95 per sq ft;** and 20% utilities, janitorial, insurance, misc. costs for six months.* **In the initial Draft Plan, it was expected to launch the first site in San Jose with an estimated 4000 sq feet at $5.62 per sq ft according to real estate market estimates; and 20% utilities, janitorial, insurance, misc. costs for six months. Refer to page*	**$253,200**					
ii.	Marketing and headspace branding (print media, social media campaign, banners, etc.)	$30,000					
iii.	County Travel to British Columbia (Director and Project Leads)	$6,000					
iv.	INN project evaluation contract	$90,000					
Subtotal (c)		**$379,200**					
Total Proposed Expenditures (a) + (b) + (c)		**$704,155**					
*Once the new framework plan is in place, as described under item #5 (page 141), with defined roles for BHSD, Stanford and community-based organizations, BHSD will submit a budget augmentation to the MHSOAC in 2018 for the remaining 40 months of the project for a total of 48 months.							
B. REVENUES							
1	MHSA Innovation Funds	**$572,273**					
2	Medi-Cal Federal Financial Participation						
3	1991 Realignment						
4	Behavioral Health Subaccount						
5	Any other funding (specify) For item expense (b.)iv. See page 146	$131,882					
Total Revenues		**$704,155**					
C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSOAC APPROVE)		**$572,273**					

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D. BUDGET NARRATIVE

Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

Santa Clara County BHSD, under the direction of the Children, Youth and Families Division, expense items (a) i-iii, will provide oversight and administration of the contract prioritizing care continuum and stakeholder input throughout the process. This initial ramp up, concept development phase, period will last an expected eight months.

Regarding expense items (b) i-iv: The project's service contract operated program expense reflects staffing requirements related to Stanford's technical assistance teams operations. These expense include leading technical advisor's time and technical team as listed.

Item (c) is related to facilities rent and one-time facility improvements at $75,000 which was initially estimated at 4000 square foot in the San Jose area at a rate of $5.62 per square foot, including facilities operational expenses at 20% of rent, in the six months leading up to the implementation phase at a cost of $236,856. **During the 30-day public review/comment period, the County Facilities and Fleet Department (FAF) identified a potential site which is located in North County and is being considered as the first site for this pilot project. The site has a square footage of 6000 at $4.95 per sq feet and this financial section has been updated to reflect the cost of this potential site which increases the overall total by an additional $16,344 for a revised line item (c) of $253,200.** Part of the County's augmentation budget plan that will be brought to the MHSOAC's attention in early 2018 will include specific facility cost/renovation related expenses for the second center in Mountain View/Palo Alto area.

The County plans to procure and release a request for proposal (RFP) for evaluation services related to headspace. Item (c) ii reflects the expense related to the evaluation of the INN project that will also be contracted out. An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the headspace project with emphasis on sustainability at a cost of $90,000 for the initial ramp up project concept design. A variety of measurements will be in place to assess and understand the impact (e.g., outcome evaluation) as well as lessons learned (e.g., process evaluation) of headspace. The overarching goal of the headspace project is to increase access to services by endorsing a "no wrong door policy" and allowing all youth, regardless of ability to pay to receive the help and support they need. The overarching outcome goals and indicators of success are listed in the narrative, question #6.

In the revenues column, a current Board of Supervisor budget referral item due to expire at the end of FY2010, covers the personnel expenditures for a Youth Support Specialist (1.0 FTE) and a Supported Employment and Education Specialist (1.0 FTE) .

The items that do not include an expense amount, will come into effect at the end of the ramp up period, when the implementation phase begins. The implementation phase is slated to begin in July 1, 2018, Fiscal Year (FY) 19. Request For Proposals (RFP) for direct services will commence during ramp up phase and aim for July 1, 2018 granting of service contract.

WORKFORCE EDUCATION AND TRAINING (WET) PLAN

WET DESCRIPTION

The County has had a strong commitment to the involvement of a broad-based stakeholder and advisory participation in all of its MHSA planning processes. The County's Workforce Education and Training component were developed with stakeholders and public participation. Throughout the stakeholder process input were considered, with adjustments made to the plan as appropriate. The County's WET plan was submitted and approved by the State in 2009. The goals of the Workforce Education and Training (WET) have been:

- To have a workforce that is fully integrated and reflective of the cultural and ethnic diversity of consumers and family members at all levels of the workforce, including employees, interns, and volunteers;
- To provide employment opportunities and integrated support mechanisms throughout the system to enhance employment and retention of consumers and family members;
- To enhance staff training and develop opportunities and career pathways for county and community based organization (CBO) staff, including management development opportunities;
- To provide training and educational opportunities in the mental health system, with local educational institutions and the community at large.

The County's initial Workforce, Education, and Training (WET) Plan was authorized by the Board of Supervisors in June 2009 and subsequently approved by the State Department of Mental Health in the fall of 2009. The County's WET plan includes seven action plans:

1. W1: Workforce Education and Training Coordination
2. W2: Promising Practice-Based Training
3. W3: Improved Services and Outreach to Unserved and Underserved
4. W4: Welcoming Consumers and Family Members
5. W5: WET Collaboration with Key System Partners
6. W6: Mental Health Career Pathway
7. W7: Stipends and Incentive to Support Mental Health Career Pathways

FY17 WET PROJECTS RECOMMENDED BUDGET

The table below illustrates the FY16 budget for each initiative, along with the proposed budget for FY17, which begins July 1, 2016.

Work Plan	Name	FY2016 Approved	FY2017 Proposal	Change
W1	Workforce Education and Training Coordination	$293,584	$302,584	$9,000
W2	Promising Practice-Based Training	$798,624	$801,144	$2,520
W3	Improved Svcs/Outreach to Unserved/Underserved	$439,762	$429,503	($10,260)
W4	Welcoming Consumers and Family Members	$455,807	$470,957	$15,150
W5	WET Collaboration with Key System Partners	$25,000	$25,000	$0
W6	Mental Health Career Pathway	$174,461	$179,501	$5,040
W7	Stipends and Incentive to Support MH Career Pathways	$954,000	$954,000	$0
WET Administration		$341,553	$341,553	$0
Total		**$3,482,791**	**$3,504,241**	**$21,450**

W1: WORKFORCE EDUCATION AND TRAINING COORDINATION

DESCRIPTION

Positions budgeted for Workforce, Education and Training infrastructure are charged entirely to this budget. The infrastructure supports the education and training of underrepresented populations to enter the mental health workforce and advance within the system as desired.

PROGRESS UPDATE

Currently the Workforce Education and Training Coordination Team have been working on the implementation of the County's WET plan. The team is comprised of

- W1: WET Coordinator and Office Specialist III
- W2 and W3: Training Coordinator & Clinical Supervision Coordinators
- W4: Welcoming Coordinator, CIT &5150 Training Coordinator, Associate Training/Staff Development and Mental Health Peer Support Workers
- W6: Mental Health Career Pathways and Internship Coordinator

FY17 PROPOSAL

1. Complete Workforce needs assessment.
2. Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$293,584	$302,584	$9,000

W2: PROMISING PRACTICE-BASED TRAINING

DESCRIPTION

This project expands training for BHSD and contract CBO management and staff, consumers and family members, and other key stakeholders. The training will promote and encourage the integration of Wellness and Recovery methods, the value of providing peer support, and the use of staff with "lived experience" via a continuous learning model.

PROGRESS UPDATE

In FY16, 101 trainings were provided and 4,897 participants attended. Trainings provided include:

- NAMI Provider Education Course, Peer to Peer, Family to Family & Basics
- Wellness Recovery Action Plan (WRAP)
- Ground Rounds: The Influence of Culture on the Experience of Psychosis; Why Global Psychiatry; Improving Autism Treatment Through Clinical Trials; Violence Risk Assessments; Diagnosing and Treating Youth with Major Mood Disorders; Cans; Appropriate Medical Use of Marijuana for Medical Health Conditions;

W2: PROMISING PRACTICE-BASED TRAINING

- Clinical Aspects of 5150
- Milestone of Recovery Scale (MORS)
- Motivational Interviewing – Basic to Advanced
- Co-Occurring Disorders
- Law and Ethics
- Clinical Supervision
- Introduction to Transformational Care Planning (TCP)
- Transformational Care Planning (TCP) – Adult System of Care Staff and Managers
- TCP – F&C System of Care Staff and Managers
- Responding to Children and Families of the Incarcerated
- Exploring and Discussing the DSM-5 and the New ICD 10 Codes
- Transitioning to DSM-5 to ICD 10 CM
- Self-Care and Codependency for Healthcare Providers
- CANS: Comprehensive 5 +
- Integrating CBT in Treatment of Clients with Substance Use
- Essential Tools in Family Therapy
- Language and Its Impact on Treatment
- Depression, Substance Use & Suicide Among Aging Clients
- Medication and Mental Health for Adult Clients
- Personality Disorders
- Clinical Services for the Unique Issues and Needs of Elders
- Compassion Fatigue
- Recognizing and Managing Compassion Fatigue
- Non-Violent Crisis Intervention Training
- Best Practices in Treatment of Substance Use Disorders
- Overview of Substance Use Treatment Services
- Prevention 101: Foundations of Substance Use Prevention Training
- Child Centered Play Therapy Training
- Mental Health Challenges in the Classroom: Reaching and Teaching Diverse Students with Depression or Trauma
- Eating Disorders: Dispelling the Myths, Treatment Considerations & Resources
- Integrated Trauma Informed Care and Substance Use Treatment in the TAY Population
- Strategies for Effective Youth Development/Youth Efforts: Best Practices for Engaging Youth
- Current Trends in Youth Substance Use: New Faces on the Usual Suspects
- Integrating Motivational Interviewing Techniques with TCP
- Child Adolescent Needs and Strengths (CANS): Early Childhood Training: Train the Trainer
- Managing Challenging Behavior in the Workplace, A Basic Behavioral Health Guide
- Reflective Practice – Basic course one-day training
- Reflective Practice – Facilitating Reflective Practice two-day training for mentors, facilitators and supervisors
- Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)
- Behavioral Health Documentation Training
- Seeking Safety
- ASAM and the Stages of Change: A Clinical Review
- Triple P/EPSDT Crosswalk Training
- Strengthening Families Program

- Providing Equal Access for Lesbian, Gay, Bisexual, Transgender and Queer Populations

FY15-17 planned activities:

- Conduct annual needs assessments on training needs.
- Based on data collected develop annual training plan.
- Develop staff core competencies for direct service staff to assess for training needs.
- Create implementation plan to assess staff competencies.
- Meet with Human Resources and Labor Relations regarding development and implementation of staff competencies.
- Evaluate implementation plan.

CLINICAL SUPERVISION TRAINING PROGRAM

The Department's vision towards enhancing best practices in the system's clinical supervision standards started in 2013. A workgroup was convened to research, survey, and understand the needs of our system related to clinical supervision as well as develop and implement a set of clinical supervision standards. This work led to the implementation of the Clinical Supervision Training Program.

Santa Clara County's efforts in developing clinical supervision standards were the first of its kind, encouraging much research and review on the part of the workgroup. The Workgroup conducted a needs assessment to understand where we stood with clinical supervision throughout the County. From there, the Workgroup established a core set of standards, which influenced a recommended training program for Santa Clara County behavioral health programs. The training program is a nine month to one year commitment, trainings, monthly consultation groups, and peer support where participants were able to learn more about their supervision style, increase awareness around legal and ethical concerns in supervision, and implement new or updated supervision techniques at their programs. The commitment to the program, the first of its kind, is invaluable to improving clinical supervision best practices, staff development, and recovery-oriented client care across the BHSD system of care.

The topics selected are intended to give clinical supervisors a strong foundation to (a) provide clinical supervision; (b) address the needs of the larger behavioral health system to enhance best practices in clinical supervision; and (c) respond to the needs and the concerns of staff and clinical supervisors who contributed to a survey and focus groups. The didactic component of the program will be taught by local and nationally recognized faculty who are considered experts in their topic area. The consultation sessions will be facilitated by local facilitators who are experienced both in facilitation and clinical supervision.

In FY16 thirty (30) participants completed the program, though trainings were open to other trainees. Every month there was a full-day of training and a 1.5 hour supervisor consultation group.

In FY16, 10 Clinical Supervision trainings were provided and 318 participants and other trainees attended.

- Supervising to Treatment of Co-Occurring Disorders
- Evaluation and Next Steps in Practicing Supervision

W2: PROMISING PRACTICE-BASED TRAINING

- Using Measurement Tools in Supervision/Supervising to Multiple Evidence Based Practices
- Putting It All Together: Clinical Supervision Training
- Models of Clinical Supervision: Clinical Supervision Training
- Clinical Supervision for Clinicians Working with Co-Occurring Populations
- Effective Supervision Approaches
- Supervising to TCP: The Transformed Supervisor
- Supervising of the Integration of TCP and CANS Clinical Supervision (2)

FY15-17 planned activities:

- Conduct annual needs assessments on training needs.
- Based on data collected develop annual training plan.
- Develop staff core competencies for direct service staff to assess for training needs.
- Create implementation plan to assess staff competencies.
- Meet with Human Resources and Labor Relations regarding development and implementation of staff competencies.
- Evaluate implementation plan.

FY17 PROPOSAL

Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$798,624	$801,144	$2,520

W3: IMPROVED SERVICES AND OUTREACH TO UNSERVED AND UNDERSERVED

DESCRIPTION

This project expands specialized cultural competency training for all staff to improve services to ethnic and cultural populations. Ethnic and cultural populations are broadly defined to include marginalized populations such as, people of color, the elderly, youth, people with disabilities, LGBTQ individuals, immigrants and refugee populations.

PROGRESS UPDATE

In FY16, there were three trainings and 251 participants attended the trainings. Trainings provided covered the following topic areas:

- Cultural Sensitivity: Engagement Without Insult
- The Newly Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards
- Critical Role of Families in Preventing Suicide and other Health Risks and Promoting Wellbeing for LGBT Children and Youth

W3: IMPROVED SERVICES AND OUTREACH TO UNSERVED AND UNDERSERVED

FY15-17 planned activities:

- Conduct annual needs assessments on training needs.
- Based on data collected develop annual training plan.
- Develop staff core competencies for direct service staff to assess for training needs.
- Create implementation plan to assess staff competencies.
- Meet with Human Resources and Labor Relations regarding development and implementation of staff competencies.
- Evaluate implementation plan.
- Develop training plan to support the implementation of clinical supervision.
- Evaluate the effectiveness of the clinical supervision training.
- Provide basic and intermediate level client-centered treatment training.
- Update the training curriculum for Transformational Care Planning (TCP).
- Conduct a needs assessment for TCP training for substance abuse providers.

FY17 PROPOSAL

1. An Informal Competitive Process will be issued for Cultural Competency/Humility training.

2. Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$439,762	$429,503	($10,260)

W4: WELCOMING CONSUMERS AND FAMILY MEMBERS

DESCRIPTION

This project develops and implements training, workshops and consultations that support an environment that welcomes consumers and family members as contributing partners in the public mental health system. It creates a Consumer/Family Member Training Coordinator whose focus will be to advance the educational, employment, and leadership opportunities for consumers and family members in public mental health.

PROGRESS UPDATE

A Welcoming Committee was developed to address the welcoming needs of the Mental Health Department. Members of the committee include both contract agencies and County staff members. The Committee worked together to develop welcoming policies and procedures. The Committee has recommended that BHSD collect qualitative and quantitative data in order to effectively address welcoming concerns for new Mental Health Peer Support Workers (a code specifically designated for consumers and family members) and consumer and family member positions throughout the system.

In FY16, there were ten client culture trainings provided with 412 participants; six Mental Health First Aid (MHFA) trainings for youth and adults for approximately 90 participants; and six Digital Storytelling trainings with 12 participants.

W4: WELCOMING CONSUMERS AND FAMILY MEMBERS

W4 action plan includes 1.0 FTE Associate Training/Staff Development Specialist and 2.0 half-time Mental Health Peer Support Workers whose responsibility includes providing training, mentoring and consultation services to staff working in the County's Office of Family Affairs, Office of Consumer Affairs, and Ethnic and Cultural Communities Advisory Committees (ECCACs). Program staff under this action plan have been trained to provide support for Mental Health Peer Support Workers, Consumer and Family Member Interns and other BHSD staff. Ongoing training and support is necessary for successful integration of consumer and family members entering into the workforce. Below is a list of training services that have been provided:

- Wellness Recovery Action Plan (WRAP) Mentoring –eight Mental Health Peer Support Workers have become Advanced Level Facilitators
- Client Culture
- Coaching and support for the Client Culture panelists
- Peer to Peer Training – Boundaries, Active Listening, Dual Relationship, Outreach and Advocacy
- Group Facilitation
- Digital Storytelling
- Mental Health First Aid (MHFA) – Youth and Adult

FY15-17 planned activities:

- A welcoming policy will be provided to whole system.
- Complete a Welcoming Report that includes training/support recommendations.
- Develop implementation plan developed to address the Welcoming issues stated in the report.
- Evaluate the effectiveness of the implementation plan.
- Conduct trainings/dialogues on the value, role and purpose of peer support services in county clinics.
- Create a training curriculum for the development for the Mental Health Peer Support Worker.
- Mental Health Peer Support Workers will have completed the training program and received training certification in WRAP and other required trainings.

FY17 PROPOSAL

Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$455,807	$470,957	$15,150

W5: WET COLLABORATION WITH KEY SYSTEM PARTNERS

DESCRIPTION

This project builds on the collaboration between the Mental Health Department and key system partners to develop and share training and educational programs so that consumers and family members receive more effective integrated services.

PROGRESS UPDATE

BHSD continues to look for opportunities and identify strategies for networking and collaborating with other service providers to increase awareness of resources countywide. Currently BHSD has a strong training collaborative relationship with law enforcement. In FY16, BHSD provided four Crisis Intervention Team (CIT) Trainings for 269 law enforcement participants and one CIT refresher course for 22 participants. Additionally, we provided two De-escalation Trainings that included Mental Health First Aid Training to 87 Sheriff's Custody Officers.

FY15-17 planned activities:

- Annually assess the training needs of system partners that are strategically aligned with those of the behavioral health system.
- Based on data collected, develop annual training plans to increase system wide collaboration with law enforcement, probation department, adult and child protective services department, foster care, housing, primary care and community agencies.

FY17 PROPOSAL

1. Continue to provide Behavioral Health training for the Sheriff's Custody Officers.
2. Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$25,000	$25,000	$0

W6: MENTAL HEALTH CAREER PATHWAY

DESCRIPTION

This includes a position and overhead budgeted to support the development of a model that supports BHSD's commitment to developing a workforce that can meet the needs of its diverse population. This action plan includes a program staff who is trained in the principles of recovery, strength-based approaches and culturally competent interventions. The needed "cultural change" in the transformation process is expected to occur as the workforce's composition changes to include more individuals who have "lived experiences" as consumers and family partners and who come from the diverse cultural, ethnic and linguistic underserved and unserved communities that the Santa Clara County BHSD seeks to serve.

W6: MENTAL HEALTH CAREER PATHWAY

PROGRESS UPDATE

In order to develop a Career Pathway model, WET staff created a Peer Intern program for consumers and family members. Consumer and Family Member Interns have received training, education and coaching to develop and increase their skills in a variety of settings: office setting, computer lab, self-help centers, veteran outreach, and with the CBOs. The training that the interns received has helped them increase their skills and experience so that they meet requirements for employment. Partial list of training topics include the following: Resilience, Effective Communication and Listening skills, Managing Stress, Conflict Skills, Understanding Difficult People, Personal Empowerment, and Boundaries.

Program staff developed an educational support group for Marriage Family Therapist I's and Psychiatric Social Worker I's to assist participants in attaining licensure. Twelve study groups were held for approximately 10 staff and 9 staff successfully passed their first test.

Program staff also worked with Human Resources regarding using an existing County Student Intern code for three student interns who have graduated but haven't received their Board Behavioral Sciences Associated Social Worker or Marriage Family Therapist Intern code. This allowed for the student interns to continue working for the County until they are eligible for a coded position with the County.

The following planned activities for FY15-17 are in progress:

- Develop a Career Pathways Workgroup that is representative of the stakeholder groups being served and with adequate Departmental representation for implementing change.
- Workgroup will review various models of career pathways that are designed for consumers, family partners and individuals from unserved and underserved communities.
- Develop three new levels to be added to the Mental Health Peer Support Worker code.
- Develop an educational support group for the level I Marriage Family Therapist (MFT) and Psychiatric Social Worker (PSW) positions. The educational group will provide support for staff in getting their licensure.

FY17 PROPOSAL

Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.

BUDGET

FY16 Approved	FY17 Proposal	Change
$174,461	$179,501	$5,040

W7: STIPENDS AND INCENTIVE TO SUPPORT MENTAL HEALTH CAREER PATHWAYS

DESCRIPTION

This project provides financial support through stipends and other financial incentives to attract and enable consumers and family and community partners to enroll in a full range of educational programs that are prerequisites to employment and advancement in public mental health.

PROGRESS UPDATE

The WET team has implemented the County's Consumer and Family Member (Peer) Intern and Graduate Student Intern Stipend Programs. Plans and activities for the next three years include:

- Both Peer and Student interns to receive ongoing training and weekly group supervision.
- In FY16 provided 11 slots for County and Community Based Organization (CBO) Peer Interns.
- In FY16 provided 43 slots (stipend and non-stipend) for County and CBO student interns.
- In FY16 provided 5 scholarships to BA students pursuing degrees in Social Work.
- BHSD is still in progress to provide scholarship for students to receive their California Association of Alcoholism and Drug Abuse Counselors (CAADAC) certification.

FY17 PROPOSAL

No change projected for W7 which covers (1) financial incentives for education training programs, (2) intern stipends (County/CBOs), and (3) Funding to support C/FM to transition into workforce via stipend volunteers.

BUDGET

FY16 Approved	FY17 Proposal	Change
$954,000	$954,000	$0

WET ADMINISTRATION

DESCRIPTION

This includes the indirect administrative overhead costs for Mental Health Administration, the County's Health and Hospital System Overhead (e.g. Information Systems, Patient Business Services, and Finance), County Overhead, and other Mental Health-wide administrative functions (e.g. Quality Improvement).

PROGRESS UPDATE

The WET administration supports managerial and clerical positions in Mental Health Administration, Contracts, Finance, Information Systems, Quality Assurance and other system-wide administrative functions.

FY17 PROPOSAL

No change.

BUDGET

FY16 Approved	FY17 Proposal	Change
$341,553	$341,553	$0

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) PLAN

CFTN DESCRIPTION

As one of the five components of MHSA, the Capital Facilities and Technological Needs (CFTN) component provides resources for the implementation of the SCVHHS Behavioral Health Services Department's (BHSD) MHSA goals through projects that improve capital facilities and support the development of five technology initiatives. Projects under the CFTN component are considered single, time limited projects. The projects were developed with contributions from stakeholders, the public and our contract service providers. The projects were circulated for 30 days to stakeholders for review and comment. Stakeholder inputs were considered with adjustments made to the plan as appropriate. The following projects, Electronic Health Record, Enterprise Data Warehouse, Computer Learning Centers, Consumer Portal and Web Redesign, Bed and Housing Exchange projects were submitted and approved by the State in 2009. While County Health Record Integration Initiative, Medi-plex Renovation and Downtown Mental Health Renovation were approved as part of the BHSD's FY12 MHSA Annual Plan Update. In addition, the facility renovation portion of Multi-Cultural Center (MCC) project was included as part of the County's CFTN plan which was approved as part of the County's FY14 MHSA Annual Plan update; the proposal includes redirecting unspent funds in the CFTN component to fund the new MCC facility renovation project. The County's approved FY15-17 Three-Year plan included a new CF project called Investment in Mental Health Wellness (IMHW) project which is connected to the California Health Facilities Financing Authority (CHFFA) grant award the County received in 2014.

The County's initial Technological Needs (TN) projects were authorized by the Board of Supervisors in June 2009 and subsequently approved by the State Department of Mental Health in the fall of 2009. The County's current CFTN plan includes the following projects:

TECHNOLOGICAL NEEDS (TN) PROJECTS:

- Electronic Health Record
- Enterprise Data Warehouse
- Consumer Learning Centers
- Consumer Portal and Web Redesign
- Bed and Housing Exchange
- County Health Record

CAPITAL FACILITIES (CF) PROJECTS:

- Medi-Plex Renovation Project (F&C Division related project)
- Renovation of Downtown Mental Health Self Help and Lobby areas
- Multi-Cultural Center (MCC) Renovation Project
- Investment in Mental Health Wellness (IMHW) – Crisis Residential/Crisis Stabilization

CFTN ONE-TIME BUDGET

Santa Clara County's one-time CFTN funding allocation is $21,297,000 over a 10-year period.

Work Plan	Name	Project Type	Approved	Original Plan Approved in 2009 and Updated in 2012	Approved FY15-17 Three-Year Plan	Approved FY16 MHSA Plan
EHR	Electronic Health Record[1]	TN	2009	$15,601,000	$15,601,000	$14,166,000
EDW	Enterprise Data Warehouse	TN	2009	$2,644,000	$2,644,000	$2,644,000
CLC	Consumer Learning Centers	TN	2009	$572,000	$572,000	$707,000
WEB	Consumer Portal and Web Redesign	TN	2009	$319,000	$319,000	$319,000
BHX	Bed and Housing Exchange	TN	2009	$200,000	$200,000	$500,000
MediPlex	Medi-Plex Renovation Project	CF	2012	$500,000	$500,000	$500,000
DTMH	Renovation of Downtown Mental Health (Self Help and Lobby Areas)	CF	2012	$313,000	$313,000	$313,000
MCC	Multi-Cultural Center (MCC) Renovation Project	CF	2014		TBD	TBD
IMHW	Investment in Mental Health Wellness - Crisis Residential/Crisis Stabilization[2]	CF	2015		See note[2]	$794,683
Safety	NEW for FY16 - Safety Buttons for Crises in County Outpatient Clinics	CF				$255,000
Available	CFTN funds that can be redirected to current and other CFTN projects	CF/TN				$1,098,317
Total				**$20,149,000**	**$20,149,000**	**$21,297,000**

[1] The EHR project was initially approved in 2009 and was updated in 2012.

[2] The IMHW project was included as a new proposal in the County's approved MHSA FY15-17 Three-Year Plan and reflected a budget request of $794,683 to fund the IMHW project. During the three-year planning process, it was conveyed that BHSD would work to identify unspent CFTN funds for the new project.

EHR – ELECTRONIC HEALTH RECORD

DESCRIPTION

Purpose: To provide a comprehensive electronic medical record for consumers that can be shared in a secure and integrated environment across service providers.

Need: The EHR is mandated by Federal, State and Local initiatives. The Federal Executive Order requires everyone to have an electronic health record by 2014. The Governor of California has backed this deadline with an Executive Order. SCVHHS has set a goal of switching to EHRs by 2013.

Project Overview:

- Reduce paper medical charts and provide an electronic mechanism to securely share critical client treatment data with all providers in the network;
- Improve coordination of care between providers of services through integration of data;
- Provide opportunities to reduce costs by streamlining and automation of clinic operations;
- Produce better treatment outcomes because of better coordination of care and integrated treatment protocols.

Once completed, the EHR project will provide an integrated system for all administrative and clinical consumer information. Treatment plans, assessments and progress notes will be recorded and securely maintained electronically. Appointment scheduling, lab orders and medication prescribing will be done online. Client registration and all forms normally completed during intake, including medical histories, will be attached to the electronic medical record and will facilitate coordinated treatment.

PROGRESS UPDATE

The EHR project is currently following two paths:

1. VMC emergency, inpatient and ambulatory mental health services provided in FQHCs have transitioned to the VMC HealthLink (Epic) EHR system; and

2. All other services, including contract outpatient, contract acute care, IMDs and residential care will continue to use Unicare/Co-Centrix (CCX) for billing, reporting and MHD specialty mental health will continue to use CCX for both their clinical record and billing/reporting until a replacement can be implemented that will address both clinical and billing/reporting needs and interoperability between the county and contractors' electronic systems.

In May 2015, after careful review of the implementation of the CCX Clinical Care Platform (CCP), BHSD Administration determined this project should be suspended at this time. This decision to discontinue the implementation of CCP was based on concerns that it may not fit the health-care business practices that the department believes will develop over the next three to five years and that further exploration for the next EHR should proceed. Plans are to continue to use Unicare-Profiler system as the primary management information system until a replacement system is in place.

In February 2016, BHSD Leadership decided to move forward with Epic as the electronic health record (EHR), following Custody Health's move into Epic. Implementing Epic will

EHR – ELECTRONIC HEALTH RECORD

enable SCVHHS to develop one care plan for each client across the service delivery system to support fully integrated care.

HealthLink planning is underway. Leads, project team members and subject matter experts are actively participating in discovery and planning meetings to identify appropriate workflows for the clinical HealthLink implementation. Participants include line staff, mid-management and executive management with expertise in clinical, billing and registration workflows. Project teams are working on Epic as well as the new Practice Management System Solution (PMSS). BHSD anticipates implementation in November 2017.

The RFP for billing and state reporting requirements was released in September 2016 and the evaluation and vendor presentations are completed. A finalist has been selected and Santa Clara Valley Health and Hospital System's Information Systems Department (ISD) is currently in contract negotiations. BHSD anticipates implementation in November 2017.

Implementation of HealthLink will occur in four phases:

1. Discovery: the HL and PMSS teams learn about BHSD's work and build the systems to capture the Department's work flows. Estimated to be completed by April 2017.
2. Validation: BHSD representatives from all affected areas will review and sign off on the work flows or make recommendations for changes for the go-live version. Estimated to be completed in mid-June 2017.
3. Testing: each function in HL is tested to be sure it works correctly and that the information collected is transferring to PMSS correctly. This also involves testing PMSS to be sure it is transferring claiming and reporting information accurately. Estimated to be completed in mid-September 2017.
4. Training and "technical dress rehearsal": the final steps before fully transitioning from Unicare to HealthLink. Training to take place in October 2017 in anticipation of an early November 2017 start date.

FY17 PROPOSAL

There are no proposed changes.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$14,166,000	No Change	N/A

EDW – ENTERPRISE-WIDE DATA WAREHOUSE

DESCRIPTION

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

EDW – ENTERPRISE-WIDE DATA WAREHOUSE

Need: The Enterprise Data Warehouse (EDW) will address an on-going need to improve clinical and administrative reporting capabilities for SCVHHS. The need for improving access to data and reporting was the number one issue identified during an information system assessment conducted in the summer of 2008. A single system that contains easily accessible, clean and reliable data, combined with robust reporting and business intelligence tool sets will significantly improve report generation and support active decision-making processes focused on supportable data related analysis and eliminate redundant databases and reports that have been created as temporary solutions to fill the gap.

Project Overview

1. This project will build an EDW that is capable of integrating data from the primary transaction system (EHR) and all other data sources that SCVHHS MHD uses, such as financial data, eligibility data from various payers and client care data from County and Contract Programs.

2. The EDW will support interoperability across systems.

3. The EDW will provide opportunities for development of data marts that can be tailored for specific management and operational reporting needs.

4. The EDW Project will include the following major components:
   - Identify all data sources to be included in the data repository.
   - Design of data warehouse, update processes and reporting requirements.
   - Obtain necessary hardware and software.
   - Install products and train staff.
   - Develop data maps, implement and test update processes.
   - Identify pilot project and develop work plan.
   - Develop Data Quality program and monitor data.
   - Develop reporting strategy and process.
   - Develop end-user products such as dashboards and performance indicators.

PROGRESS UPDATE

EDW implementation will be through the features of the Epic system and existing or planned ISD data warehouse activities.

FY17 PROPOSAL

There are no proposed changes.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$2,644,000	No Change	N/A

CLC –CONSUMER LEARNING CENTER

DESCRIPTION

Purpose: To provide additional support for consumers in MHSA recovery programs and living in the community by setting up supervised computer labs and basic PC skills training in established Wellness Centers across the County.

Need: The need for this project was identified during meetings with consumers and staff. There is currently one consumer PC lab located in one facility. That lab has outdated equipment and is not staffed appropriately. Consumers and staff see great potential in a well-planned and modernized lab environment.

Project Overview:

This project will establish computer labs in up to four Wellness Centers for consumer use.

1. Each lab will have up to 10 PCs available for consumer use and training seminars.
2. The labs will offer consumers:
    a. Broadband Internet access;
    b. Basic training in PC skills and MS-Office applications;
    c. Assistance with job search techniques;
    d. Assistance with resume building;
    e. Training in Internet search techniques for health, housing and other resource information; and
    f. Training in online business transactions such as banking and bill paying.

PROGRESS UPDATE

The first CLC opened in summer 2013 at the Self-Help Center co-located with the County's Downtown Mental Health (DTMH) Center. The program coordinator was selected from the pool of peer support worker applicants, based on his computer knowledge and skills, and his willingness to design and teach basic computer literacy. This site was chosen because of the high client volume and easy access to the location. Policies and procedures were written to guide the use of the computers and define the staff's responsibilities. Quantitative and qualitative measures were designed for continuous quality improvement and to guide the development of additional CLCs. Interest remains high and classes average 5 students. Issues with students attending a full series of classes remains a challenge, but the coordinator is trying approaches that are designed for better engagement. Planning for the second CLC began in Spring 2016. This center will be at the self-help center in Gilroy in conjunction with other enhancements to the south county programs.

FY17 PROPOSAL

Complete the planning for the second CLC and open by Summer 2017.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$707,000	No Change	N/A

WEB – WEBSITE REDESIGN AND CONSUMER PORTAL

DESCRIPTION

Purpose: To provide additional services for consumers and their families by enhancing the current MH website and developing a secure consume portal. The WEB focuses on developing a set of Internet applications that provide real-time, secure behavioral health and medical treatment services and outcomes information to consumers and the public in general. These revisions will make it easier for consumers and family members to obtain mental health services, treatment, and other information.

Need: The need for this project was identified during meetings with consumers and staff. The need to provide more access to information via the website that supports consumers and their families continues to grow and must be part of a continuous and on-going plan for SCVHHS.

Project Overview: Santa Clara County recognizes that the intelligence and technological capabilities of the consumers and their families continues to grow and that the website needs to grow with their expertise. By 2014, the County will be offering more online services and consumers and their families will want more opportunities for online information. The WEB is an opportunity to provide real-time, secure information and functionality as well as health-related information to consumers and the public in general that enhance the ability of consumers to obtain mental health services, treatment, and other information.

The intent is to provide a consumer focused website that can grow with the consumer interests. Some of the ideas include:

1. Housing information
2. Health information to support wellness activities
3. Personal Health Record (PHR) access which may include updates, such as, updates to consent forms, adding notes to the medical record or history via the portal
4. Access to appointment scheduling and available services and providers
5. Links to other consumer sites of interest, including NAMI
6. Blogs and chat room for consumers and families to share information

This project will also complete the State DMH IISI infrastructure requirement that all consumers have access to a secure PHR. Once the EHR is fully operational, portals will be implemented to allow consumer access to not only PHRs but other areas of the system such as appointment scheduling on line.

The focus of this initiative is to improve access to health and treatment information for consumers and the general public.

PROGRESS UPDATE

The BHSD web redesign, with improved visual presentation, content and accessibility was completed spring 2013 and contains information of general interest and links to helpful resources. This is an ongoing activity, with the latest work beginning in early 2016 with the updating of the BHSD public and intranet sites to more clearly show the integration of mental health and substance use into a single department. As the redesign progresses, BHSD staff was asked to provide their input through an online survey to obtain information and preferences on the look, design and content of the new BHSD external and intranet websites. This is currently under review as BHSD and ISD continue to improve the usability and content of these sites.

WEB – WEBSITE REDESIGN AND CONSUMER PORTAL

FY17 PROPOSAL

There are no proposed changes.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$319,000	No Change	N/A

BHX – BED AND HOUSING EXCHANGE

DESCRIPTION

Purpose: To provide a database with posting and query tools that will allow operators of inpatient/residential Mental Health facilities services to post their open beds whenever they become available so that case managers, clinicians and others authorized to act on behalf of MH clients can quickly see what is available in housing and/or beds. The current approach is by word of mouth or having to call every facility on a rotating basis to learn of vacancies.

Need: The need for this project was identified during special needs assessment meetings with HHS BHSD staff that work in the area of placement of clients in residential or inpatient beds. In other open meetings with contractors and then again with consumer and family members this need was further validated. The specific need is that there is no organized way for case managers or clinicians to determine bed availability for their clients without making calls to every facility each time the need arises. This causes delays in appropriate services delivery as well as missed opportunities for operators to get their open beds filled.

Project Overview:

- This project will obtain/build and implement database that will contain up to date postings for available inpatient/residential resources.
- Postings will be organized by levels of care (e.g. IMD, Residential Care Facility, Board and Care, Board and Care with Services, Temporary Shelter, Emergency Housing and Permanent Housing).
- This database will be a secure site accessible via the internet, hosted by the BHSD.
- Facility operators and/or housing specialists will be able to post their beds on a 24 x 7 basis using an e-form with a secure transaction. Each facility will maintain an up to date profile of their organization, services offered and other essential parameters.
- Mental Health 24 Hour care and other case managers and clinicians who place clients in beds will be able to query for specific types of beds on a 24 x 7 basis.
- Build a reporting capability to allow analysis of bed availability and request patterns.

PROGRESS UPDATE

Two cycles of Requests for Proposal (RFP) for the bed and housing yielded no successful applicant. As a result, BHSD is exploring combining its efforts with those of the homeless Housing programs to select a system that will serve both functions.

BHX – BED AND HOUSING EXCHANGE

FY17 PROPOSAL

There are no proposed changes.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$500,000	No Change	N/A

MEDI-PLEX – MEDI-PLEX RENOVATION PROJECT

DESCRIPTION

The renovation project will relocate existing Family & Children's Youth System of Care (YSOC) staff at Mental Health Department and Department of Alcohol and Drugs Services to the Downtown Medi-Plex facility. As part of the Behavioral Health Integration Plan, the project will create a space where program staff can be integrated and co-located to support integration efforts.

The project will create a space where the staff of these programs can be co-located to support integration efforts and provide for seamless and comprehensive services for children and youth with behavioral health concerns. The project includes minor demolition, conversion of existing exam rooms into office and meeting spaces, interior finishing, systems furniture, and data and voice systems.

PROGRESS UPDATE

The renovation project was completed in FY16.

FY17 PROPOSAL

Not Applicable.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$500,000	N/A	N/A

DTMH – DOWNTOWN MENTAL HEALTH RENOVATION PROJECT

DESCRIPTION

The renovation will consist of improving the Self-Help Center by designing activity and training rooms. The current space consists of one large activity room and a coordinator's office. The remodeled space will have a computer training room and several activity rooms to allow multiple groups to the space simultaneously. The DTMH project was approved as part of the County's FY12 MHSA Annual Update. In addition, the renovation

DTMH – DOWNTOWN MENTAL HEALTH RENOVATION PROJECT

project now includes the DTMH main lobby which was approved as part of the County's FY14 MHSA Annual Update Plan.

PROGRESS UPDATE

The primary goal of the project is to have a Self-Help Center that supports a person's wellness and recovery journey, promotes a welcoming environment and fosters a conducive learning environment. A renovated clinic lobby will provide a welcoming and comfortable environment for consumers and family members.

A focus group consisting of Zephyr clients was conducted regarding the DTMH lobby and their feedback was presented to the planning committee.

Renovation for the DTMH lobby started in April 2016 and completed in FY17. The lobby area has new furniture, flooring and paint. The Self-Help Center has new chairs and tables and additional storage items.

As indicated in the FY 15-17 Plan the following activities were included:

- Successfully incorporated input from Mental Health consumers and staff into the renovation design plan for the lobby area.
- Continue having regular communication with Facilities Department, Executive Management and property manager in securing building permits and implementing other operational tasks needed to move forward with the renovation of the lobby and improvements to the Self-Help center.
- Self Help Center will receive new furniture that will make the center more inviting and welcoming.

FY17 PROPOSAL

Not applicable; project has been completed.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$313,000	No Change	N/A

MCC – MULTI-CULTURAL CENTER PROJECT

DESCRIPTION

The renovation will consist of improving the space for the Multi-Cultural Center (MCC). The MCC will offer a welcoming, accessible and safe place where members of all ethnic communities can find a sense of cultural resonance, belonging and support. The MCC will be open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being can be inserted and approached within appropriate cultural contexts and languages. This renovation project was approved as part of the County's FY14 MHSA Annual Update plan.

MCC – MULTI-CULTURAL CENTER PROJECT

PROGRESS UPDATE	The MCC renovation project is tied to the County's INN-05 project. The innovation project has yet to start but BHSD is actively looking for potential buildings/space that will meet the needs of the MCC project. Currently, BHSD is exploring the possibility of utilizing space at the Downtown Mental Health (DTMH) Center for the project, specifically the second floor of the center. The plan would involve relocating current county staff to make space for MCC project.
FY17 PROPOSAL	There are no proposed changes.
BUDGET	Pending: the one-time renovation cost will be determined once a potential site is established for the MCC project.

IMHW – INVESTMENT IN MENTAL HEALTH WELLNESS – CRISIS RESIDENTIAL / CRISIS STABILIZATION PROJECT

DESCRIPTION

Investment in Mental Health Wellness (IMHW) Grant Program - On April 24, 2014, the California Health Facilities Financing Authority (CHFFA) awarded the County $4,699,948.11 in grant funding; 30 new beds for Crisis Residential and 8 new beds for Crisis Stabilization Treatment Programs. No local match (i.e., from the county) is required, but projects must include leveraging of public and private funding sources. Per CCR section 7119(a)(1)(F) of the regulations allocates up to three points for projects that leverage public and private funding sources to complete the project and that CCR section 7120(e)(2) requires leveraging of funds.

PROGRESS UPDATE

The BHSD project team and the County's Facilities and Fleet (FAF) project team have been working collaboratively to ensure completion of the CF project. FAF utilized dynamic construction contracting methods to expedite the construction process.

SOUTH COUNTY PROJECT (CRISIS RESIDENTIAL)

- In Fall 2014, FAF conducted an initial preliminary review of the Madrone property, the proposed site of the Crisis Residential program in South County.
- In October 2014, the Board of Supervisors adopted a resolution of intent to purchase real property at 115 Madrone Avenue, San Jose, California.
- In November 2014, the Board of Supervisors approved a resolution to proceed with the acquisition of the Madrone property.
- At the end of January 2015, a final assessment report of the Madrone property was completed which included renovation cost estimates. Based upon the assessment report and input from BHSD team, the scope of renovation work was finalized by FAF.

IMHW – INVESTMENT IN MENTAL HEALTH WELLNESS – CRISIS RESIDENTIAL / CRISIS STABILIZATION PROJECT

- On March 19, 2015, the Madrone property closed escrow and ownership transferred to the County. The purchase of the property was funded with the County's CHFFA grant funds.

- In Summer 2015 through Fall 2015, completed design review phase and obtained the required construction procurement and permits. In Fall 2015, the construction and renovation commenced.

- As of 2017 year to date, the following has been completed:
  - Interior and exteriors renovations had been completed including supplemental work described below.
  - A new dedicated fire protection tank had been designed, approved, installed, and fire clearance issued.
  - Additional underground work and fire pump system completed and fire clearance issued.
  - Completed re-programming of fire alarm system.
  - Fire alarm pre-testing occurred and fire clearance issued.
  - Pacific Gas and Electric Company required additional meters to meet the building capacity and new codes which has been completed.

- Estimated start date of program at the site: July 2017

CENTRAL/EAST SAN JOSE PROJECT (CRISIS RESIDENTIAL/CRISIS STABILIZATION)

- The building assessment and architectural programming work was started in late December 2014.

- In early 2015 through June 2015, the following activities were completed:
  - FAF finalized the assessment report and architectural programming.
  - BHSD and FAF project teams reviewed space/renovation needs, cost estimates and design of the EVP site.
  - Finalized building assessment report and architectural programming, schematic design review and design development review.

- In Fall 2015 the following were initiated:
  - Completion of construction document (CD) and submit CD to Plan Check.
  - Completion of plan check review and permits.
  - Initial Request for Proposal (RFP) construction contract bids and proposals due.
  - Awarded construction contract with a notice to proceed.
  - Commenced construction and renovation activities.

- As of 2017 year to date, the following has been completed:
  - FFE contact has been installed.
  - Final occupancy permit was issued.
  - Installation of additional fire dampers.

IMHW – INVESTMENT IN MENTAL HEALTH WELLNESS – CRISIS RESIDENTIAL / CRISIS STABILIZATION PROJECT

- Estimated start date of programs at the site: July 2017

FY17 PROPOSAL

There are no proposed changes.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$794,683	No Change	N/A

SAFETY – SAFETY BUTTONS FOR CRISES IN COUNTY OUTPATIENT CLINICS

DESCRIPTION

The purpose of this new capital facilities (CF) project is to install safety button equipment for crises in County outpatient clinics and offices. The installation of the safety equipment will facilitate immediate help to County staff who need assistance in a crises situation.

The project will involve installing hardwired safety buttons as well as public address (PA) systems/speakers at following County sites:

- Administration, 828 South Bascom Avenue, Suites 200 and 280, San Jose
- Alexian Behavioral Health, 2101 Alexian Drive, San Jose
- Central Wellness and Benefits, 2221 Enborg Lane, San Jose
- Downtown Mental Health and Zephyr Self-Help Center, 1075 East Santa Clara Street, San Jose
- Drug Treatment Court, 115 Terrain Street, San Jose
- East Valley Behavioral Health, 1993-C McKee Road, San Jose
- Gilroy Behavioral Health, 7475 Camino Arroyo, Gilroy
- Juvenile Probation Department Mental Health Screening Rooms and Pods, 840 Guadalupe Parkway, San Jose
- KidScope, 828 S Bascom Avenue, Suite 100, San Jose
- Las Plumas Mental Health, 1650-K Las Plumas Avenue, San Jose
- Milpitas Behavioral Health, 143 North Main Street, Milpitas
- Narvaez Mental Health, 614 Tully Road, San Jose
- Re-Entry Resource Center, 151 West Mission Street, San Jose
- South County Centro de Valle Self-Help Center, 1235 1st Street, Gilroy
- Sunnyvale Mental Health, 660 S Fair Oaks Avenue, 3rd floor, Sunnyvale
- Evans Lane, 2090 Evans Lane, San Jose

PROGRESS UPDATE

The work is currently in progress: work orders have been placed and submitted to the County Facilities and Fleet Department. Initial discussions with the Santa Clara Valley Health and Hospital System Facilities Department have occurred and more planning meetings are scheduled in the future to go over project implementation plans. The completion of this project will take time since each facility may require specific requirements but substantial completion is expected by Summer 2017.

SAFETY – SAFETY BUTTONS FOR CRISES IN COUNTY OUTPATIENT CLINICS

FY17 PROPOSAL

Not applicable.

BUDGET

One-time CFTN Allocation

Approved	FY17 Proposal	Change
$255,000	No Change	N/A

AVAILABLE BALANCE OF CFTN ALLOCATION

DESCRIPTION

Santa Clara County's one-time CFTN funding allocation is $21,297,000 to be spent over a 10-year period. Based on BHSD's recent review of current cost estimates per CF/TN project, there remains an available balance of $1,098,317 that can be utilized for existing and new CFTN-related projects.

PROGRESS UPDATE

Many CFTN project are underway as described in this report and to date there remains an available balance of $1,098,317 from the County's original $21,297,000 allocation.

FY17 PROPOSAL

Allocate to support existing and/or new CFTN projects.

BUDGET

Currently, there is an available balance of $1,098,317 CFTN funds that can be allocated to support existing and/or new CFTN projects.

MHSA HOUSING

DESCRIPTION

In 2006, the State used $400 million of MHSA CSS funds to create a statewide MHSA Housing Program. The MHSA Housing Program supports the development of permanent housing for consumers of mental health services who are homeless or at risk of homelessness. Of the $400 million, $19,249,300 was allocated for the development of affordable housing in Santa Clara County. The State required that counties assign their allocations to the California Housing Finance Agency (CalHFA), the agency that would administer the MHSA Housing Program. In May 2008, the County Board of Supervisors authorized the assignment of Santa Clara County's share of the State MHSA Housing Program Funds in the amount of $19,249,300 to CalHFA, as required by the State, for the administration of permanent supportive housing programs.

As reported in the County's FY16 MHSA Annual Update, Santa Clara County had remaining unencumbered MHSA Housing Program funds based on information reflected in the California Department of Health Care Services (DHCS) MHSUDS Information Notice No.: 15-004, Enclosure 1. Under Assembly Bill (AB) B1929, implemented in January 2015, counties have the option to reclaim unused MHSA Housing Program funds. For FY16, BHSD claimed and received unused funds including accrued interest through the most recent calendar quarter in the amount of $394,198. These funds and any future repayments would continue to be used to meet the permanent housing needs of consumers of mental health services who are homeless or at risk of homelessness. In the future, for Santa Clara County to continue receiving unencumbered MHSA Housing Program funds, the Board of Supervisors must authorize the Behavioral Health Services Department (BHSD) to submit an authorization request form pursuant to WIC § 5892.5 (b). On March 28, 2017 the Board of Supervisors authorized BHSD to submit a formal request to the CalHFA to release and return all existing and future unencumbered Mental Health Services Act Housing Funds to Santa Clara County. BHSD and the County's Office of Supportive Housing (OSH) will continue to coordinate on the use of returned MHSA Housing Program funds. Future unencumbered funds that the County receives will be used to meet the housing needs of individuals and families who are consumers of mental health services in Santa Clara County.

COMMUNITY PLANNING / LOCAL UPDATE REVIEW PROCESS

As required by the California Code of Regulations (CCR) § 3300, the County shall develop the Three-Year Program and Expenditure Plans and annual updates in collaboration with stakeholders. The Behavioral Health Services Department continues to utilize various processes to seek stakeholder input to ensure community participation as required by the MHSA.

MHSA STAKEHOLDER LEADERSHIP COMMITTEE

Since 2005 the MHSA Stakeholder Leadership Committee (SLC) has been in place to provide input and to advise the County's Mental Health Department now known as the Behavioral Health Services Department (BHSD). The MHSA SLC serves as the department's primary advisory committee for MHSA activities. The MHSA SLC members review, comment, and provide input on MHSA 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. Throughout the year, BHSD holds MHSA SLC meetings to discuss MHSA related business and programs. For the MHSA FY17 MHSA Annual Update and new Innovation (INN) planning process, the MHSA SLC group has remained an integral part of the community planning process.

The MHSA SLC consists of representatives of various stakeholder groups as listed below, including consumers, family members and underserved cultural communities.

Behavioral Health Contractors' Association (BHCA)
City of San Jose Housing Department
Coalition for Justice & Accountability
Community Health Partnership
County Office of Consumer Affairs
ECCAC - African Heritage
ECCAC - African Immigrant
ECCAC - Chinese
ECCAC - Filipino
ECCAC - Latino
ECCAC - Native American
ECCAC - Vietnamese
Family Partnership Council
First 5 Santa Clara County
Grace Baptist
Immigrant & Refugee Forum
Kids in Common Health Partnership
Mental Health Client Association of SJCC
National Alliance on Mental Illness (NAMI)
Palo Alto Police Department
Parents Helping Parents
San Jose City College
Santa Clara County Behavioral Health Board Members
Santa Clara County Mental Health Department Staff
Santa Clara County Department of Alcohol and Drug Services
Santa Clara County Office of Affordable Housing
Santa Clara County Office of the Public Guardian
Santa Clara County Pre-Trial Services
Santa Clara County Probation Department
Santa Clara County Public Defender's Office
Santa Clara County Sheriff's Department
Santa Clara County Social Services Agency
Santa Clara County Superior Court
Santa Clara County Office of District Attorney
SCVHHS - Main Jail
Silicon Valley De-Bug
Silicon Valley Council of Non-profits
South East Consortium for Special Ed AH
TAY Consumers
Voices United

LOCAL REVIEW PROCESS

On June 28, 2017 BHSD held an MHSA SLC meeting at Santa Clara Valley Medical Center, Valley Specialty Center, Conference Room BQ160, located at 751 S. Bascom Ave., San Jose, CA 95128, to present an overview of the FY17 MHSA Annual Update Draft Plan, summarize information about the four new INN projects, and notify stakeholders of the upcoming 30-day public review and comment time period. From July 14, 2017 through August 13, 2017 the FY17 MHSA Annual Update and new INN Projects (Draft) Plan was posted on the County's MHSA website www.sccgov.org/sites/bhd/AboutUs/MHSA/Pages/default.aspx to provide stakeholders an opportunity to review and comment on the Draft Plan. A comment form will be available on the County's MHSA website for individuals to use to provide their input on the Draft Plan and new INN projects.

At the end of the 30-day public review and comment period of the Draft Plan, BHSD held an MHSA SLC meeting, August 16, 2017 to provide the SLC group with a summary of the recommendations included in the Draft Plan. Attendees were engaged in the process and provided valuable input that was included during the public hearing presentation at the general Behavioral Health Board (BHB) meeting. The BHB conducted a public hearing on the Draft Plan and new INN Projects on September 11, 2017, as required by MHSA. Responses to all public comments since the 30-Day public posting were provided at this public hearing and changes to the Draft Plan were summarized. At the public hearing, a motion was taken for the BHB to review and recommend the Draft Plan; the action passed unanimously. Following the BHB Public Hearing approval, BHSD brought the Draft Plan and INN Projects to the Santa Clara County Board of Supervisors (BOS) for approval and final review at the September 26, 2017 BOS meeting, receiving a unanimous vote, five out to five. BOS: (1) approved adoption of the Plan as recommended by the BHB and (2) authorized BHSD to submit the four new INN projects described in the Draft Plan to the MHSOAC. Per California Code of Regulations (CCR) Title 9, Division 1, Chapter 14, Article 9 (a), County mental health programs shall expend funds for their new innovation programs upon approval by the MHSOAC. BHSD will submit a copy of the adopted Plan to the MHSOAC and request approval of the new INN projects, currently targeted for November 2017.

Email notifications about BHSD's FY17 MHSA Annual Update, new Innovation projects, MHSA SLC meetings, and other annual update related information were sent out to a broad network of contacts including MHSA SLC members, consumers and family members, consumer and advocacy organizations, contract provider and County agencies' representatives, other human service and justice organization representatives, and other interested stakeholders. Information about the County's MHSA Annual Update and Innovation planning process were posted on the County's MHSA website: www.sccbhd.org/mhsa. In addition, BHSD distributed comment forms at stakeholder meetings to obtain further input/feedback regarding the BHSD's recommended plans.

Additional information will be included in this section as BHSD completes the FY17 MHSA Annual Update and Innovation planning process. To view the full schedule of upcoming activities, please refer to following section titled Attachment F: FY17 MHSA Annual Update and New Innovation Projects Community Planning Process.

PUBLIC REVIEW AND COMMENT

In total, the Behavioral Health Services Department (BHSD) received 5 formal comments from July 2017 to August 2017. The majority of the submitted comments were received during the 30-day public review and comment period from July 14, 2017 through August 13, 2017. This document includes a listing of all the comments received and BHSD's responses to the comments (refer to Attachment I).

There are three proposed changes to the Draft Plan posted on July 14, 2017. The table below summarizes the changes to the Draft Plan and have also been incorporated in their appropriate sections in this document (reflected in **red** bold font). The three items listed below were presented at the September 2017 Behavioral Health Board Public Hearing (refer to Attachment J for details).

Item	Description	Component/Project	Fiscal Impact
1.	Revise Client/Consumer Individual Placement and Support (IPS) Employment Program estimated job placement to 60% (240 referrals out of 400 clients served including rollover) from the previous 92% placement rate. This is a more realistic projection based on IPS outcomes.	New INN – 11	$0
2.	a. Align the IPS/SE model to preserve the direct service functions of Employment Specialist and Job Finder into a single position, Vocational Generalist, delivering all phases of service, including job placement. b. Delete 0.50 FTE Job Finder position and reallocate funding to Vocational Generalist positions; and maintain the overall personnel expense budget.	New INN – 11	$0
3.	Update *headspace* rent projections to include a potential North County site for first site launch as site opportunity has come up. This change adds an additional $16,344 to the current line item estimate.	New INN – 13	$16,344
Total Change			**$16,344**

Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.

FY 2016/17 Mental Health Services Act Annual Update
Funding Summary

County: Santa Clara

Date: 6/1/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	70,777,356	14,232,144	11,318,430	388,073	6,136,247	
2. Estimated New FY 2016/17 Funding	63,868,844	15,966,074	4,203,035			
3. Transfer in FY 2016/17[a/]	(3,116,168)			3,116,168		0
4. Access Local Prudent Reserve in FY 2016/17						0
5. Estimated Available Funding for FY 2016/17	131,530,032	30,198,218	15,521,464	3,504,241	6,136,247	
B. Estimated FY 2016/17 MHSA Expenditures	52,578,944	22,296,654	1,287,462	3,504,241	2,500,000	
G. Estimated FY 2016/17 Unspent Fund Balance	78,951,088	7,901,564	14,234,002	0	3,636,247	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	19,295,723
2. Contributions to the Local Prudent Reserve in FY 2016/17	0
3. Distributions from the Local Prudent Reserve in FY 2016/17	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	19,295,723

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

FY 2016/17 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: Santa Clara

Date: 6/1/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. C01 Children's Full Services Partnership	4,485,393	1,053,098	1,808,917		1,623,378	
2. T01 TAY FSP	4,528,084	1,112,070	1,947,171		1,468,843	
3. A01 Adult FSP	7,495,069	5,340,031	2,155,038			
4. A02 Adult BHOS Redesign	3,265,961	1,677,089	1,588,872			
5. A03 CJS	12,250,510	8,881,659	2,028,609			1,340,242
6. OA01 Older Adult FSP	786,697	467,461	319,236			
7. OA02-04 Older Adult BHOS Redesign	790,513	674,577	115,936			
8. HO01 Housing	8,772,302	2,233,726	714,636			5,823,940
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. C02 Children System Development	315,905	315,905				
2. C03 Children & Family BHOS Redesign	4,872,690	3,045,475	1,032,482		794,733	
3. T02-04 BHSOS Redesign / TAY Crisis and Drop-In Services	1,782,614	1,200,301	327,906		254,407	
4. A02 Adult BHOS Redesign	15,539,271	11,207,740	3,648,535			682,996
5. A04 Central Wellness and Urgent Care Services	9,125,225	8,769,644				355,581
6. A05 Consumer and Family Wellness and Recovery Services	1,105,394	1,105,394				
7. OA02-04 Older Adult BHOS Redesign	546,771	546,771				
8. HO01 Housing	1,559,404	942,095	250,658			366,651
9. LP01 Learning Partnership	1,755,706	1,755,706				
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,250,202	2,250,202				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	81,227,711	52,578,944	15,937,996	0	4,141,361	8,569,410
FSP Programs as Percent of Total	80.6%					

FY 2016/17 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: Santa Clara Date: 6/1/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. P1 Plan Community Engagment Capacity Building	1,986,984	1,986,984				
2. P2 Strengthening Families and Children	2,334,959	2,334,959				
3. P3 PEI for Individuals Experiencing the Onset Of Serious Psychiatric Illness	314,192	249,251	55,740		9,202	
4. P4 PCBH for Adults and Older Adults	2,344,703	2,209,236	128,041			7,426
5. P5 Suicide Prevention	851,943	851,943				
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. P2 Strengthening Families and Children	14,235,858	8,421,635	3,059,910		2,754,313	
12. P3 PEI for Individuals Experiencing the Onset Of Serious Psychiatric Illness	1,252,613	992,846	222,961		36,806	
13. P4 PCBH for Adults and Older Adults	3,013,530	2,833,722	157,531			22,278
14. P5 Suicide Prevention	307,382	307,382				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	1,858,698	1,858,698				
PEI Assigned Funds	250,000	250,000				
Total PEI Program Estimated Expenditures	28,750,861	22,296,654	3,624,183	0	2,800,321	29,704

FY 2016/17 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Santa Clara

Date: 6/1/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-01 Early Childhood Universal Screening	40,671	40,671				
2. INN-02 Peer-run TAY Inn	0	0				
3. INN-04 Elder's Story Project	0	0				
4. INN-05 Multi Cultural Center	499,567	499,567				
5. INN-06 Faith, Family & Community Support	0	0				
6. INN-10 Faith Based Training and Supports	0	0				
7. INN-11 Client and Consumer Employment	0	0				
8. INN-12 Pert and Peer Linkage Project	0	0				
9. INN-13 Headspace Project	0					
10. Placeholder for new INN projects	0	Refer to New INN Projects Section for details				
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	747,224	747,224				
Total INN Program Estimated Expenditures	1,287,462	1,287,462	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: Santa Clara

Date: 6/1/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. W1: Workforce Education and Training Coordination	302,583	302,583				
2. W2: Promising Practice-Based Training	801,144	801,144				
3. W3: Improved Svcs/Outreach to Unserved/Underserved P	429,503	429,503				
4. W4: Welcoming Consumers and Family Members	470,957	470,957				
5. W5: WET Collaboration with Key System Partners	25,000	25,000				
6. W6: Mental Health Career Pathway	179,501	179,501				
7. W7: Stipends and Incentive to Support MH Career Pathwa	954,000	954,000				
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	341,553	341,553				
Total WET Program Estimated Expenditures	3,504,241	3,504,241	0	0	0	0

FY 2016/17 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: Santa Clara

Date: 6/1/17

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. MediPlex Renovation	0					
2. Downtown Mental Health Renovation	0					
3. Multi-Cultural Center (MCC) Renovation	0					
4. Investment in Mental Health Wellness	0					
5. Safety Button(New Proposal for FY16)	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Electronic Health Record	0					
12. Enterprise Data Warehouse	0					
13. Consumer Learning Centers	0					
14. Consumer Portal and Web Redesign	0					
15. Bed and Housing Exchange	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Available balance can be redirect to other CFTN projects	0					
Total CFTN Program Estimated Expenditures *	0	0	0	0	0	0

*** Refer to the FY17 MHSA Annual Plan Update document, CFTN section, for details on the County's expenditure plan for the various CFTN projects utilizing the County's one-time funding allocation total $21,297,000.**

LIST OF ATTACHMENTS

ATTACHMENT A: SUMMARY OF RECOMMENDED CHANGES BY COMPONENT AND WORK PLAN

Santa Clara Valley Health & Hospital System
Behavioral Health Services Department
MHSA FY17 Annual Update - Draft Summary of Proposed Changes
Draft June 2017

Attachment A

CSS

COMMUNITY SERVICES & SUPPORT (CSS)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(1)	C01	Child FSP	Includes 1) FY17 adjustments and COLA increase for Community Based Organization (CBO) (Community Solutions, Starlight, Gardner, Uplift Family Services) and 2) The MHSA portion decreased and the Child FSP contracts total stays the same level based on all funding sources.	Ongoing	($136,577)
Subtotal C01 Changes					($136,577)
(1)	C02	County Child Development Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget and Analysis.	Ongoing	$33,302
Subtotal C02 Changes					$33,302
(1)	C03	Foster Care Staffing	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and 2) Reallocation of funding (see C03 Item3 and Item7) for the creation of a new Sr. Mental Health Program Specialist (MHPS) to support the various F&C crisis programs.	Ongoing	$190,351
(2)	C03	Foster Care Contract	Includes FY17 CBO adjustments and COLA increase of CBO contract (Family & Children Services).	Ongoing	$322
(3)	C03	KidScope Augmentation	Transition Via Services contract to FIRST 5 funding/contract; MHSA funds have been reallocated in order to incorporate Developmental Specialists into existing Early Childhood Mental Health (ECMH) teams; The clinic was generating revenue and the funding is reallocated to fund a new Sr. MHPS in FY17 (see C03 item1).	Ongoing	($106,797)
(4)	C03	Child BHSOS Juvenile Justice (MIOCR) Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis.	Ongoing One-Time	$26,174
(5)	C03	JPD Aftercare contract services	Includes FY17 CBO adjustments and COLA increase and 2) Combined with aftercare Linkages to Children and Youth at the Ranches - JPD MH contract services. - see C03 item6.	Ongoing	$154,297
(6)	C03	Aftercare Linkages to Children and Youth at the Ranches - JPD MH Services	JPD Mental Health Service for service contracts were combined with JPD Aftercare contracts services and funding were reallocated to JPD Aftercare contract services and EPSDT F& C Expansion during FY16 RFP process. (See C03 item5 and item9).	Ongoing	($305,060)
(7)	C03	County Kidscope Staff	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget and Analysis and 2) Reallocation of funding to support the creation of a new Sr MHPS (see C03 item1).	Ongoing	($89,556)
(8)	C03	Aftercare Discharge Planning Staffing & Children's Uninsured Service Model Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$30,759
(9)	C03	Early Periodic Screening, Diagnosis, and Treatment (EPSDT) F&C Expansion services	Includes FY17 CBO contract adjustments by reallocating funding from JPD MH Services (see C03 item6) and CBO COLA increase (Alum Rock Counseling Center, Asian Americans for Community Involvement, Bill Wilson Center, Catholic Charities, Chamberlains, Children's Health Council, Community Solutions, EMQFF, Family & Children Services, Gardner, HealthRight 360, HOPE, Indian Health Center, Mekong, Momentum, Seneca Center, Rebekah Children's Services, Starlight, Ujima, Unity Care and Uplift Family Services).	Ongoing	$182,276
Subtotal C03 Changes					$82,766
(1)	T01	TAY FSP	Includes 1) FY17 adjustments and COLA increase for Community Based Organization (CBO) (Community Solutions, Momentum and Starlight) and 2) The MHSA portion decreased and TAY-LGBTQ services overall contracts total from all funding sources stays the same level.	Ongoing	($138,635)
Subtotal T01 Changes					($138,635)
(1)	T02-04	TAY Mental Health Peer Support Worker Staffing	Includes FY17 County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($6,034)
(2)	T02-04	TAY-LGBTQ services	Includes 1) FY17 COLA increased and CBO contract adjustments(Family & Children Services and Bill Wilson Center) and 2) The MHSA portion decreased and the overall LGBTQ services contract total from all funding sources stays the same level.	Ongoing	($307,743)

Santa Clara Valley Health & Hospital System
Behavioral Health Services Department
MHSA FY17 Annual Update - Draft Summary of Proposed Changes
Draft June 2017

Attachment A

CSS

COMMUNITY SERVICES & SUPPORT (CSS) #	Work Plan	Program	Description	Type	Amount
Subtotal T02-04 Changes					($313,777)
(1)	A01	Adult FSP Staffing	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and 2) Adds a Sr. Mental Health Program Specialist in FY17.	Ongoing	$159,094
(2)	A01	Adult FSP Contracts	Includes 1) FY17 COLA increase for CBO Contracts (Community Solutions, Gardner, Indian Health Center, Mekong, Momentum, Ujima, Peninsula) and 2) Ujima is added in FY17 and 3) 40 caseload increased for Momentum and 4) adjustments to reflect current contract level and funding sources reallocation during FY16 RFP process.	Ongoing	$376,468
Subtotal A01 Changes					$535,562
(1)	A02	Consumer Wellness and Recovery Services Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$2,199
(2)	A02	MHSA Downtown Mental Health Clinic	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$175,570
(3)	A02	Community Placement Team Staffing		Ongoing	$949
(4)	A02	OP Clinics & FQHCs Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($16,614)
(5)	A02	MHSA OPD Redesign and MHSA Crisis Residential	Includes 1) FY17 COLA increase to CBO contracts (Asian Americans for Community Involvement, AARS - Healthright360,Community Solutions, Family & Children Services, Gardner, Hope, Mekong, Momentum for Mental Health, Ujima) and 2) Unity Care Group is added in FY17 and 3) adjustments to reflect current executed contract level and funding sources reallocation.	Ongoing	$367,002
(6)	A02	24 Hour Care Alternatives	Includes 1) FY17 adjustments and COLA increase for CBO Contracts (Community Solutions, HomeFirst and InnVision) and Funding reallocation from New Day Rehab Program(see item#7).	Ongoing	$187,939
(7)	A02	New Day Rehab Program (Intensive Transition Services)	Includes FY17 adjustments and COLA increase for CBO Contract(Momentum) and 2) Alibaba contract ended in FY16 and the funding has been reallocated to RCF in 24 Hours Care Alternatives(see item#6).	One-Time	($244,678)
(8)	A02	CalWORKs Services County Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-Time	($8,764)
(9)	A02	CalWORKs Contracts	CalWorks services provided by Asian Americans for Community Involvement, Catholic Charities, Gardner and Unity Care. Adjustments based on FY17 contract budget exhibits with COLA increase and funding sources reallocation. Currently the plan is to continue one-time funding for the CalWorks program.	One-Time	$142,394
(10)	A02	Integrated Svcs SMI w/ Co-Occurring Intellectual Disabilities Program & Adults w/ Autism	Includes FY17 adjustments and COLA increase for CBO Contracts (Hope).	Ongoing	$46,752
Subtotal A02 Changes					$652,749
(1)	A03	Evans Lane Admin Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$19,868
(2)	A03	Evans Lane Housing/Residential Staffing	Includes 1) County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis and 2) adding a Health Care Program Manager II to work on Evans Lane Residential evening shift and will develop a curriculum for co-occurring treatment groups.	Ongoing	$196,738
(3)	A03	Evans Lane Treatment Outpatient Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$43,569
(4)	A03	Evans Lane Services and Supplies	Evans Lane one-time appliance purchase in FY16 and no cost in FY17.	One-Time	($50,208)
(5)	A03	Criminal Justice System (CJS) FSP	Includes FY17 adjustments and COLA increase of CBO Contracts (Catholic Charities, Community Solutions, and Gardner).	Ongoing	$143,851

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CSS

COMMUNITY SERVICES & SUPPORT (CSS)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(6)	A03	Aftercare Services to CJS Adults	Includes FY17 adjustments and COLA increase of CBO Contract (Family and Children Services).	Ongoing	$38,960
(7)	A03	Emergency Housing MH PALS Program	Includes FY17 adjustments and COLA increase of CBO Contracts (Emergency Housing Consortium-Home First and Heaven Gate).	Ongoing	$2,873
(8)	A03	Jail Diversion Staffing (New)	Add C83 Health Care Program Manager II to oversee the Jail Diversion Programs.	Ongoing	$158,457
(9)	A03	Jail Diversion Program (New)	JDBHS recommends to expend the 90-day Intensive Outpatient Service Team which is specifically to serve post-custody clients. Total of $423,675 out of $500,000 MHSA revenue will be allocated to this program (also see A04 item2), with Media-Cal and County General Fund.	Ongoing	$423,675
(10)	A03	Three Faith Based Resource Self-help Centers	Faith Based Self-help centers (Maranatha / Breakout Prison Outreach / Bible Way) to provide a variety of services and supports to reentry-individuals and their families. The contracts have been funded by MHSA and AB109 and sustained under A03 after Innovation project 6 ended in April 2016.	Ongoing	$450,000
(11)	A03	Enhanced Treatment Court Service Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$9,162
(12)	A03	Expended Housing Options Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$28,228
(13)	A03	Transitional Housing Units (THUs)	Includes FY17 adjustments and COLA increase of CBO Contracts (Community Solutions, InnVision, and Rainbow Recovery).	Ongoing	$42,225
Subtotal A03 Changes					$1,507,398
(1)	A04	Urgent Care Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$143,225
(2)	A04	Jail Diversion Program -East San Jose Urgent Care Center (NEW)	JDBHS recommends to develop an Urgent Care Center to divert individuals to assessments for treatment needs and referred to the appropriate level of care in the community. The total of $76,325 out of $500,000 MHSA revenue will be allocated to this program (also see A03 item9), with Media-Cal, AB109 and County General Fund.	Ongoing	$76,325
(3)	A04	County FQHC BH Expansion Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$3,655
(4)	A04	Central Wellness Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($57,427)
(5)	A04	Integrated Behavioral Health Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($15,568)
Subtotal A04 Changes					$150,210
(1)	A05	Self-Help Development and Peer Support Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($10,431)
(2)	A05	No. & Central County Self-Help (Phoenix/Zephyr) Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$7,373
(3)	A05	Family Affairs Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$147
Subtotal A05 Changes					($2,912)
(1)	OA01	Older Adult FSP	Includes FY17 adjustments, alignment to FY16 budget and COLA increase for CBO Contracts (Catholic Charities and Community Solutions)	Ongoing	$27,905
Subtotal OA01 Changes					$27,905
(1)	OA02-04	Older Adult BHOS Redesign Staffing	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and 2) One Mental Health Program specialist in Older Adult Contract Monitoring 50/50 Split with A02 - Adult BHOS Redesign Calworks.	Ongoing	$5,176

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COMMUNITY SERVICES & SUPPORT (CSS)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(2)	OA02-04	Golden Gateway	Includes 1) FY17 adjustment and COLA increase for CBO contract Catholic Charity and 2) The MHSA portion decreased and the older adult treatment services overall contract total stays the same level based on all funding sources.	Ongoing	($285,998)
(3)	OA02-04	Older Adult Contract Monitoring Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$2,520
(4)	OA02-04	New Pilot SSA/APS Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$2,224
(5)	OA02-04	San Jose Senior Centers (Geriatrics Positions)	Total $280,000 one-time funding: $29,623 was spent in FY15, remaining $250K was budgeted in FY16 and the actual spending was $115,377; remaining $135,000 is budgeted in FY17; the program and funding will be re-evaluated in FY18.	One-Time	($115,377)
Subtotal OA02-04 Changes					($391,455)
(1)	HO01	Housing Options Initiative	Includes 1) Office of Supportive Housing has transitioned to BU168 County Executive Office and critical functions related to the mission of OSH will remain within BHSD to endure level of care for homeless and coordination among SCCHHS and this movement has shifted staffs to BU168 and the positions and programs are still funded by MHSA housing and 2) FY17 adjustments and COLA increase for CBO contracts and 3) County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis.	Ongoing / One-Time	$95,922
(2)	HO01	Bluebell Nguyen Family - PSH for SMI Clients	BlueBell Nguyen Family -Permanent housing for 5 SMI Clients who are predominantly monolingual Vietnamese (funded by OSH and MHSA CSS One-time).	One-Time	$600,000
Subtotal HO01 Changes					$695,922
(1)	LP01	Learning Partnership (LP) Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis. See AD01 Item1.	Ongoing	($184,351)
(2)	LP01	Learning Partnership (LP) Decision Support Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	($24,193)
(3)	LP01	Office Rent (Intra-county)	Office Rent (Intra-county) 10% annual increase.	Ongoing	$36,397
Subtotal LP01 Changes					($172,147)
(1)	AD01	MHSA Admin Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis. See AD01 Item2 and LP01 Item1.	Ongoing	$317,392
(2)	AD01	MHSA Admin Other Budget	Other budget line decreased to fund increased staffing cost		($124,705)
Subtotal AD01 Changes					$192,686
Total CSS Changes					$2,722,998

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PEI

PREVENTION AND EARLY INTERVENTION (PEI)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(1)	P1	Ethnic and Cultural Communities Advisory Committees (ECCAC) Program Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing/ One-Time	$11,650
(2)	P1	ECCAC Mental Health Peer Support Worker (MHPSW) Program Staff	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$4,426
Subtotal P1 Changes					$16,076
(1)	P2	Family Wellness Court Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis. See item (6) below.	One-Time	($105,798)
(2)	P2	PEI P2 Program Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$5,898
(3)	P2	PEI P2 - Training	Funding is reallocated to support new positions- see P2 item (6) below.	Ongoing	($90,000)
(4)	P2	Strengthening Families and Children (Investment Communities)	Includes 1) FY17 adjustments and COLA increase for CBO Contracts (Community Solutions, Rebekah Children Services, Uplift Family Services, Catholic Charities) and 2) Indian Health Center is added and 3) adjustments to reflect current contract level and funding sources reallocation during FY16 RFP process.	Ongoing	$457,549
(5)	P2	F&C PEI Svcs- Mobile Crisis & Transition - EMQFF	Includes FY17 adjustments and COLA increase for CBO Contract (EMQFF).	One-Time	$34,184
(6)	P2	School Linked Services (SLS) Staffing	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and 2) Adding more staff by reallocating funds in P2(see P2 Item1 and Item3).	One-Time	$160,382
(8)	P2	School Linked Services (SLS) Marketing with FIRST 5 and Social Services Agency	One-time allocation of $30,000 was spent in FY15 and FY16.	One-Time	($15,000)
(9)	P2	Violence Prevention Mayor's Gang Task Force Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-Time	($6,656)
Subtotal P2 Changes					$449,981
(1)	P3	PEI P3 Plan Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis. See INN admin item (1).	Ongoing	($32,144)
(2)	P3	PEI Early Onset Program	Includes FY17 adjustments and COLA increase for CBO Contracts (Momentum and Starlight).	Ongoing	$73,974
Subtotal P3 Changes					$41,830
(1)	P4	PEI P4 Plan Staffing	Includes County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis. See INN Admin Item (1).	Ongoing	($21,468)
(2)	P4	PEI Services for New Refugees	Includes FY17 adjustments and COLA for CBO contracts (Asian Americans for Community Involvement).	Ongoing	$40,044

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PEI

PREVENTION AND EARLY INTERVENTION (PEI)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(3)	P4	FQHC PEI - Y41 PSW Services	In FY15, the one-time allocation was set at $1.5 million but based on actual needs of the program the budget allocation needed to be adjusted to $2.5 million for FY17.	One-Time	$1,000,000
(4)	P4	IMPACT Training to Practitioners (with the University of Washington)	IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) trainings is needed and executed in FY15 and FY16.	One-Time	($77,273)
(5)	P4	Adult / Older Adult PEI Services	Adult / Older Adult PEI Services provided by CBO contracts. Include FY17 adjustments and COLA to CBO contracts (Asian American for Community Involvements/ Community Solution / Family & Children Services / Gardner / Hope / Mekong, / Momentum / Ujima).	One-Time	$16,471
Subtotal P4 Changes					$957,774
(1)	P5	Suicide Prevention Staffing	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$34,439
(2)	P5	SACS (Stipends / Outreach / Certification)	Reallocates $28,545 to fund portion of Suicide Prevention 5 extra help positions.	Ongoing	($28,545)
(3)	P5	Community Education and Information	Additional one-time funding of $213,000 was allocated to PEI P5. In FY14, it is estimated about $63,000 was spent and $150,000 balance remains for FY15 and need to continue to 12/31/15.	One-Time	($75,000)
(4)	P5	Consultants for Strategy 4 and 5	Consultants for Strategy 4 and 5. One time funding spent through FY14, FY15 and FY16.	One-Time	($2,000)
Subtotal P5 Changes					($71,106)
(1)	Other	CalMHSA Statewide Projects	For the past years Santa Clara County has contributed to CalMHSA in support of PEI the three statewide prevention and early intervention (PEI) initiatives: suicide prevention, stigma and discrimination, and student mental health. For FY17, the BHSD recommends funding of $250,000 on a one-time basis.	One-Time	($150,000)
Subtotal PEI Assigned PEI Funds					($150,000)
(1)	PEI Admin		Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	Ongoing	$17,766
Subtotal PEI Admin Changes					$17,766
Total PEI Changes					**$1,262,321**

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INN

INNOVATION (INN)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(1)	INN-01	Early Childhood Universal Screening Project	The INN-01 pilot project duration is from 08/1/2013 through 7/31/2015 (24 months). In FY16 BHSD was proposing to extend for an additional 12 months. The INN-01 project is completed by 7/31/2016.	Ongoing/One-Time	($650,492)
Subtotal INN-01 Changes					($650,492)
(1)	INN-02	Peer-run TAY Inn	The pilot project started in 10/1/2011 and scheduled to end 9/30/2015. In FY16 BHSD was proposing to extend it 6 more months as the department assesses the project in meeting project goals/objectives during the extension. The INN-02 project is completed by 3/31/2016.	Ongoing/One-Time	($1,004,571)
Subtotal INN-02 Changes					($1,004,571)
(1)	INN-04	Elders' Storytelling Project	Pilot project duration is from 11/1/2011 through 10/31/2015 (36 months). For FY16, BHSD is proposing to extend it 6 more months to 4/30/2016 as the department assesses the project in meeting project goals/objectives during the extension.	Ongoing	($280,225)
Subtotal INN-04 Changes					($280,225)
(1)	INN-05	Multi-Cultural Center Project	No changes projected for FY15-17.	Ongoing	$0
(2)	INN-05	Multi-Cultural Center Project	There is one-time start up cost for the first year.	One-Time	$0
Subtotal INN-05 Changes					$0
(1)	INN-06	Faith, Family & Community Support	Pilot project duration is from 11/1/2011 through 10/31/2015 (36 months). The project was extended 6 more months and is completed by 4/30/2016. In FY17 The BHSD proposes reassignment of one full-time Program Manager II (INN-06) to Criminal Justice (CSS A03); Faith Based Self-help centers (Maranatha / Breakout Prison Outreach / Bible Way) to provide a variety of services and supports to reentry-individuals and their families. The contracts have been funded by MHSA and AB109 and sustained under A03 after INN-06 ended in April 2016.	Ongoing/One-Time	($628,287)
Subtotal INN-06 Changes					($628,287)
(1)	INN-10	Faith Based Training and Supports	Pending New INN project - Starts in FY18. The primary intended outcome of this project is to increase access to services by implementing a customized behavioral health (BH) "101" training plan(s) that will be provided to faith and spiritual leaders to help them respond appropriately to individuals seeking their help. This will include assistance with linkage and referrals to appropriate County Behavioral Health Services.	Ongoing	$0
Subtotal INN-10 Changes					$0
(1)	INN-11	Client and Consumer Employment	Pending New INN project - Starts in FY18. This project adapts the Individual Placement & Support Supported Employment (IPS/SE) model to a new setting, Santa Clara County, with the intention of transforming how the overall system views employment and start recognizing employment as a wellness goal for behavioral health clients and an element of their treatment. Until the development of the Individual Placement & Support Supported Employment (IPS/SE) model, there were no alternatives to the traditional delivery of employment supports specifically targeted for people with serious mental illness (SMI).	Ongoing	$0
Subtotal INN-11 Changes					$0

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INN

INNOVATION (INN)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(1)	INN-12	Psychiatric Emergency Response Team(PERT) and Peer Linkage	Pending New INN project - Starts in FY18. This project seeks to adapt the PERT model in a new setting- Santa Clara County and also integrate a linkage component for peer support post-crisis services to the model. PERT is a program that was initially implemented in San Diego County in 1996 in collaboration with various stakeholders. PERT utilizes a co-response crisis intervention model and each PERT team includes a licensed mental health clinician paired with a law enforcement officer. San Diego's PERT program has been successful and has grown to a total of 33 PERT teams.	Ongoing	$0
Subtotal INN-12 Changes					$0
(1)	INN-13	Headspace	Pending New INN project - Starts in FY18. The Stanford Center for Youth Mental Health and Wellbeing seeks to adapt and replicate the Australian Headspace model in Santa Clara County. A "one stop shop" integrated health and mental health care by physicians, on-site psychiatric services, alcohol and drug treatment, educational and employment services for youth ages 12-25.	Ongoing	$0
					$0
(1)	Future INN projects		Include a placeholder for future INN projects. Amounts to be determined. The BHSD will continue the discussion regarding new MHSA Innovation time-limited projects and go over INN guidelines. Per MHSA Section 9, W&I 5830: All projects included in the innovative program portion of the county plan shall meet the following requirements: (1) Address one of the following purposes as its primary purpose: (A) Increase access to underserved groups. (B) Increase the quality of services, including measurable outcomes. (C) Promote interagency and community collaboration. (D) Increase access to services. (2) Support innovative approaches by doing one of the following: (A) Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention. (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community. (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.	Ongoing	TBD
Subtotal Future INN projects					TBD
(1)	INN Admin		Includes 1) County personnel budget adjustments/moves based on current cost projections from the County's Office of Budget Analysis and 2) INN01-06 ended and 3) New INN projects are proposed to start in FY18.	Ongoing	$102,534
Subtotal INN Admin					$102,534
Total INN Changes					**($2,461,040)**

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WET

WORKFORCE EDUCATION AND TRAINING (WET)					
#	**Work Plan**	**Program**	**Description**	**Type**	**Amount**
(1)	W1	Workforce Education and Training Coordination	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-time	$8,999
Subtotal W1 Changes					$8,999
(1)	W2	Promising Practice-Based Training	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-time	$2,520
Subtotal W2 Changes					$2,520
(1)	W3	Improved Services / Outreach to Unserved / Underserved	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-time	($10,260)
Subtotal W3 Changes					($10,260)
(1)	W4	Welcoming Consumers and Family Members	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-time	$15,150
Subtotal W4 Changes					$15,150
(1)	W6	Mental Health Career Pathway	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	One-time	$5,040
Subtotal W6 Changes					$5,040
(1)	W7	Stipends and Incentive to Support MH Career	No change projected for W7 which covers (1) financial incentives for education training programs, (2) intern stipends (County/CBOs), and (3) Funding to support C/FM to transition into workforce via stipend volunteers. Overall budget is recommended to remain at $954,000.	One-time	$0
Subtotal W7 Changes					$0
(1)	WET Admin		No Change on WET admin.	One-time	$0
Subtotal WET Admin Changes					$0
Total WET Changes					**$21,450**

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CFTN

Santa Clara County's CFTN one-time allocation is $21,297,000.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)				
#	**Work Plan**	**Program**	**Description**	**One Time Allocation**
(1)	EHR	Electronic Health Record	Original one-time allocation at $15,601,000; FY16 Annual Update includes funding decrease of $1,435,000 and releasing an RFP for a new EHR that potentially includes a data warehouse component; maintain project and funding level in FY17.	$0
(2)	EDW	Enterprise Data Warehouse	Original one-time allocation at $2,644,000; FY16 Annual Update includes exploring ways to satisfy the EDW function either through a new BHSD EHR or alternate path.	$0
(3)	CLC	Consumer Learning Centers	Original one-time allocation at $572,000; FY16 Annual Update includes funding increase of $135,000 and using findings from CLC pilot site as the model for expanding to a second site, preferably Evans Lane; maintain project and funding level in FY17.	$0
(4)	WEB	Consumer Portal and Web Redesign	Original one-time allocation at $319,000 but FY17 Annual Update includes client portal as a requirement in the RFP for the new BHSD EHR without funding change.	$0
(5)	BHX	Bed and Housing Exchange	Original one-time allocation at $200,000 but has been updated to $500,000; FY16 Annual Update includes seeking alternate avenues for implementation; maintain project and funding level in FY17; maintain project and funding level in FY17.	$0
(6)	CHR	County Health Record	Original one-time allocation at $1,1480,000; FY16 Annual Update includes contributing departmental expertise to future CHR and related countywide data sharing efforts, but should redirect funding to areas of higher need; maintain project and funding level in FY17.	$0
(7)	MediPlex	Relocation of Family & Children's Services (Kidscope, Las Plumas)	Original one-time allocation at $500,000; MediPlex is part of Behavioral Health Integration Plan and the project is completed.	$0
(8)	DTMH	Renovation of Downtown Mental Health Self Help and Lobby areas	Original one-time allocation at $313,000; The project is completed.	$0
(9)	MCC	Multi-Cultural Center (MCC) Renovation Project	The MCC renovation project is tied to the County's INN-05 project. The innovation project has yet to start but BHSD is actively looking for potential buildings/space that will meet the needs of the MCC project.	TBD
(10)	IMHW	Investment in Mental Health Wellness (IMHW) Crisis Residential and Crisis Stabilization Project	On April 24, 2014, the CA Health Facilities Financing Authority (CHFFA) Grant awarded the County $4,699,948.11; 30 new beds for Crisis Residential and 8 new beds for Crisis Stabilization Treatment Programs. No local match (i.e., from the county) is required, but projects must include leveraging of public and private funding sources. Per CCR section 7119(a)(1)(F) of the regulations allocates up to three points for projects that leverage public and private funding sources to complete the project and that CCR section 7120(e)(2) requires leveraging of funds. SCC was not awarded full CHFFA grant request and required MHSA CFTN funds to cover the remaining balance . The project was approved as part of FY15-17 Three-Year Plan and One-time allocation is $794,683 for FY16; maintain project and funding level in FY17.	$0
(11)		Safety Buttons For Crises in in County Clinics and Offices	To install Panic buttons and public announcement (PA) systems in County outpatient clinics and offices and One-time allocation is $255,000 for FY16; maintain project and funding level in FY17.	$0

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CFTN

Santa Clara County's CFTN one-time allocation is $21,297,000.

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)				
#	**Work Plan**	**Program**	**Description**	**One Time Allocation**
(12)		Available Balance of CFTN One-Time allocation	Unspent funds can be redirected to support the recommendations listed above and other CFTN projects.	$1,098,317
Total CFTN Changes				$0

ATTACHMENT B: BUDGET SUMMARY BY COMPONENT

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		FY17 Annual Update - Recommendation as of March 2017							
		FY16 Approved Budget Plan			FY 17 Recommended Budget				Proposed Changes
No.	Program Name	Ongoing	One-time	FY16 Total	Ongoing	One-time	FY17 Total	Change	Notes
MHSA CSS									
C01	**Child FSP** - Intensive all-inclusive age-appropriate program for up to 60 seriously emotionally disturbed ages 0-15 that combines critical core services within a wraparound model. Target population is juvenile justice-involved and SED African-American, Native American and Latino youth at risk of, or returning from, out-of-home placement and youth.	$ 1,189,675	$ -	**$ 1,189,675**	$ 1,053,098		**$ 1,053,098**	($136,577)	Refer to Attachment A.
C02	**Child System Development -** Establishes systems of care for at-risk young children and families through key Santa Clara County child-serving agencies involved in zero to five-age services. The objectives are to put into place quality screening, assessment, services linkage and parent support models that achieve the outcomes of increased school readiness and success among at risk young children; and to establish early identification and treatment and support interventions with children with significant developmental, behavioral and emotional challenges.	$ 282,604	$0	**$ 282,603**	$315,905		**$315,905**	$33,302	Refer to Attachment A.
C03	**Children & Family BHOS Redesign -** This project involves the research, design and implementation of system-wide level-of-care screening, assessment, practice guidelines, and treatment services to improve the system of care for children and youth, particularly those from un-served and underserved ethnic and cultural populations. Services include screening, assessment and service linkages for young children; services for SED youth involved in the juvenile justice system; service system redesign for foster care youth; partial funding for independent living programs that provide services to TAY foster youth; Services to Uninsured Youth; and the Juvenile Competency Restoration program.	$ 2,915,600	$47,109	**$ 2,962,709**	$2,999,679	$45,796	**$3,045,475**	$82,766	Refer to Attachment A and C.
T01	**TAY FSP** - Intensive all-inclusive age-appropriate 100 TAY consumers with high levels of need are enrolled in an FSP Program that targets youth "aging out" of other child-serving systems.	$1,250,705	$0	**$1,250,705**	$1,112,070		**$1,112,070**	($138,635)	Refer to Attachment A.
T02-04	**Behavioral Health Services Outpatient System Redesign / TAY Crisis and Drop-In Services** - Expands system of care for TAY youth through a continuum of programs that includes specialized outreach, crisis intervention, linkages, self-help, peer support and case management through a 24-hour Drop-In Center and a community center serving the LGBTQ community (500 served).	$1,514,078	$0	**$1,514,078**	$1,200,301		**$1,200,301**	($313,777)	Refer to Attachment A.
A01	**Adult FSP** - This is an intensive, comprehensive program for 175 highest risk Serious Mental Illness (SMI) adults who are frequent users of involuntary care and/or underserved homeless consumers with high levels of need. Based on the AB2034 philosophy, the project provides treatment, case management and community resources necessary to meet the needs of each individual's life circumstances.	$4,804,469	$0	**$4,804,469**	$5,340,031		**$5,340,031**	$535,562	Refer to Attachment A.

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MHSA CSS									
A02	**Adult/Older Adult BHOS Redesign** - This project expands self-help and peer support services, redesigns outpatient clinics toward a recovery model, incorporates consumer involvement, modifies levels of care to appropriately meet consumers' levels of need, and works with system partners (e.g., law enforcement) to improve the care consumers receive when they interface with multiple systems. The service expansion component addresses specific population disparities in the adult system for concurrent mental health/substance abuse disorders, concurrent mental health/developmental disabilities, and unserved and underserved ethnic and cultural groups.	$9,928,534	$2,303,547	**$12,232,080**	$10,688,668	$2,196,162	**$12,884,829**	$652,749	Refer to Attachment A and C.

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MHSA CSS									
A03	**Criminal Justice System Jail Aftercare Program** -This project currently serves 486 adults 18 to 59 years old with concurrent mental health and substance abuse problems who are also involved in the criminal justice system. A continuum of intensive, comprehensive services, including residential, outpatient and aftercare linkage and case management, is offered to clients based on individual need.	$7,324,053	$50,208	**$ 7,374,261**	$8,881,659	$0	**$8,881,659**	$1,507,398	Refer to Attachment A.
A04	**Central Wellness and Urgent Care Services** - This project provides consumers and individuals with emergent needs with critical services and is an alternative to Emergency Psychiatric Services (EPS). Mental Health Urgent Care (MHUC) services include crisis counseling, referrals, education, medications, as well as intensive follow-up in the community for a short period of time. This service is available to individuals who walk in for assistance. The project is open from 8 AM to 10 PM each day, 7 days a week, and works closely with EPS staff and County Law Enforcement Liaisons (LEL). On a limited basis, the staff provides mobile crisis response and telephone consultation to the police as they are called to highly emotionally charged situations.	$ 8,619,434	$0	**$8,619,434**	$8,769,644		**$8,769,644**	$150,210	Refer to Attachment A.
A05	**Consumer & Family Wellness & Recovery Services** - This is an initiative to transform the outpatient services of County- and CBO-operated clinics. The initiative provides clinics with the training and practical skills to move towards a recovery and wellness oriented service model, which emphasizes the consumer's principal role in his or her own recovery, appropriate levels of care, and infuses and expands the role of peer mentors, peer-directed services and self-help programs throughout the system.	$ 1,108,305	$0	**$1,108,305**	$1,105,394		**$1,105,394**	($2,911)	Refer to Attachment A.
OA01	**Older Adult FSP** - This project offers intensive wraparound services for up to 25 older adults. Full Service Partnerships (FSPs) for older adults are designed to meet the comprehensive needs of seriously mentally ill older adults 60+ years of age that include psychiatric needs, homelessness or the risk of homelessness, hospitalization or other forms of institutionalization, and the risk of being harmed physically, financially or psychologically.	$ 439,556	$0	**$439,556**	$467,461		**$467,461**	$27,905	Refer to Attachment A.
OA02-04	**Older Adult Behavioral Health Services Outpatient Redesign** -This initiative is intended to result in improved design for age-appropriate access, engagement, screening, assessment, and level of care system assignment for outpatient services; as well as geriatric training and staff development, including recovery-focused services, consumer/family member involvement and cultural competency.	$ 1,362,426	$250,377	**$1,612,803**	$1,086,348	$135,000	**$1,221,348**	($391,455)	Refer to Attachment A and C.

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MHSA CSS									
HO01	**Housing Options Initiative** -This plan was established to help the MHD and the County address the housing needs of consumers through housing development, services, and interagency collaboration. The Office of Housing and Homeless Support Services (OHHSS) was created to oversee the MHD's housing development, programs, and services for un-served and underserved consumers of all age groups and their families, particularly those who are homeless or are at-risk of homelessness, have co-occurring disorders, suffer from abuse or are involved in the criminal justice system. Effective July 1, 2014, the County consolidated the OHHSS with the Office of Affordable Housing to form the Office of Supportive Housing (OSH). Using a mix of funding sources, the OSH supports countywide efforts to address homelessness and works with County departments to meet the housing needs of extremely low income households and/or individuals and families with special needs.	$ 1,889,382	$590,517	**$2,479,899**	$1,996,036	$1,179,785	**$3,175,821**	$695,922	Refer to Attachment A and C.
LP01	**Learning Partnership** - Is a Division of the SCCMHD comprised of three Units, Decision Support (the Department's research and evaluation unit), Cultural Competency (ensures that cultural needs of the County's ethnic and racial populations are met by the Department) and Continuous Learning (responsible for staff development and consumer and family member workforce education and training). These units are tasked with working together to aid and support the transformation of the Department to a client driven/family supportive wellness and recovery system.	$ 1,927,853	$0	**$1,927,853**	$1,755,706		**$1,755,706**	($172,147)	Refer to Attachment A.
AD01	**Administration** - Includes support staff positions and contracts for Administration, Contracts, Finance and Quality Improvement.	$ 2,057,516	$0	**$2,057,516**	$2,250,202		**$2,250,202**	$192,686	Refer to Attachment A.
	Total MHSA CSS	**$46,614,190**	**$ 3,241,758**	**$49,855,946**	**$ 49,022,202**	**$3,556,743**	**$ 52,578,944**	**$ 2,722,998**	

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MHSA PEI									
P1	**Community Engagement and Capacity Building for Reducing Stigma and Discrimination -** This is an initiative to reduce disparities in service access by unserved and underserved communities; increase knowledge of mental illness; reduce stigma and discrimination within the context of culture; and increase community prevention and healing capacity through natural support systems through the efforts of the Mental Health Department's Ethnic and Cultural Community Advisory Committees (ECCACs). Activities will include community engagement and education through outreach to ethnic communities and their cultural leaders and institutions. The intent is to breakdown cultural barriers to mental help seeking, decrease stigma and discrimination, and for the ECCACs to act as cultural ambassadors to community members in need of services.	$1,524,233	$446,675	**$1,970,908**	$1,537,979	$449,005	**$1,986,984**	$16,076	Refer to Attachment A and C.
P2	**Strengthening Families and Children** - This initiative is divided into two components; component 1 is intended to prevent or intervene early in the development of emotional and behavioral problems in young children by providing the parents with outcome-based parenting strategies, support services, and access to screenings to identify developmental delays, and component 2 builds upon the first by implementing a continuum of services targeting four geographic areas of high need (Investment Communities) for children and youth ages 0-18 who may be experiencing symptoms ranging from behavioral/emotional distress to depression and anxiety caused by trauma or other risk factors.	$7,680,775	$2,625,838	**$10,306,613**	$8,149,398	$2,607,196	**$10,756,594**	$449,981	Refer to Attachment A and C.
P3	**Prevention and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features -** The REACH (Raising Early Awareness Creating Hope) program implements a continuum of services targeting youth and transition age youth (TAY) (ages 11 to 25) who are experiencing At Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nation wide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.	$1,200,266	$0	**$1,200,266**	$1,242,096		**$1,242,096**	$41,830	Refer to Attachment A.

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MHSA PEI									
P4	**Primary Care / Behavioral Health Integration for Adults and Older Adults** - This program has two major components: 1) services to new refugees drawing upon outreach and focus groups with refugees and organizations serving refugees; and 2) implementation of integrated behavioral health services within local non-profit Federally Qualified Health Centers (FQHCs) that serve underserved ethnic communities.	$2,297,790	$1,787,393	**$4,085,183**	$2,316,366	$2,726,591	**$5,042,957**	$957,774	Refer to Attachment A and C.
P5	**Suicide Prevention Strategic Plan** - This project initiated a county-wide strategic planning process to develop a strategic action plan to prevent suicide. The plan was completed in August 2010 and is now in the stages of implementation.	$1,095,056	$135,375	**$1,230,431**	$1,100,950	$58,375	**$1,159,325**	($71,106)	Refer to Attachment A and C.
Assigned PEI funds	**CalMHSA Statewide Projects - CalMHSA County members are requested to annually fund PEI statewide plans. The BHSD recommends to fund at CalMHSA's recommended target range. Fund as one-time and recommend equal distribution of funds across the three statewide initiatives: Suicide Prevention, Student Mental Health, and Stigma and/or Discrimination Reduction.**		$400,000	**$400,000**	$0	$250,000	**$250,000**	($150,000)	Refer to Attachment A and C.
PEI Admin	**PEI Administration** - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	$1,227,120	$613,812	**$1,840,932**	$1,241,797	$616,901	**$1,858,698**	$17,766	Refer to Attachment A and C.
	Total MHSA PEI	**$15,025,240**	**$6,009,093**	**$21,034,333**	**$15,588,586**	**$6,708,068**	**$22,296,654**	**$1,262,321**	

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MHSA INN									
INN-01	**Early Childhood Universal Screening Project** - The aim of this 24 month project is to develop a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental concerns and social-emotional delays. This project will test whether the implementation of multi-language electronic developmental screening tools and audio/visual components in a pediatric clinic provides an economic, low cost, and effective method for linking parents and their children to mental health and other indicated services.	$248,051	$443,112	**$691,163**	$3,745.00	$36,926.00	**$40,671**	($650,492)	Refer to Attachment A and C.
INN-02	**Peer-run TAY Inn** - The aim of this 36-month project is to increase access to services and improve outcomes for high-risk, transition age youth in a voluntary 24-hour care setting. The project model proposes the implementation of an innovative 24-hour service that involves a significant expansion of the role of TAY employees in decision-making and provision of program services.	$1,004,571	$0	**$1,004,571**	$0	$0	**$0**	($1,004,571)	Refer to Attachment A and C.
INN-04	**Elders' Storytelling Project (Previously named the Merging the Old with the New Project)-** This project develops a model to increase the quality of services for isolated older adults by adapting a culturally-based "story-telling" approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is elicited to reminisce on his/her life and express and capture significant memories and personal accomplishments.	$280,225	$0	**$280,225**	$0	$0	**$0**	($280,225)	Refer to Attachment A.
INN-05	**Multi-Cultural Center (MCC) -** This project is designed to increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression.	$424,567	$75,000	**$499,567**	$424,567	$75,000	**$499,567**	$0	Refer to Attachment A and C.

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MHSA INN									
INN-06	**Transitional Mental Health Services for Newly Released Inmates** - The aim of this 36-month project is to develop a model that examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management; relationships; work/meaningful activities; and satisfaction with service).	$428,287	$200,000	**$628,287**	$0	$0	**$0**	($628,287)	Refer to Attachment A and C.
INN-10	**Faith Based Training and Supports** - The aim of the 24 months project is to increase access to services; if customized behavioral health (BH) "101training plan provided to Faith/Spiritual Leaders help them respond appropriately to individuals seeking their help and assist with linkage/referrals to County BH services thereby improving access to services for County residents. - Pending. (Approximately starts in FY18)						**$0**	$0	Refer to Attachment A.
INN-11	**Client and Consumer Employment** - Individual Placement & Support Supported Employment (IPS/SE) model; although the model has shown to be an effective evidence-based practice (not new), it is BHSD's belief that the implementation of the model will help transform the culture of how the overall system views employment and start recognizing employment as a wellness goal for clients/consumers which will be the innovative element of this project: employment adds to the well-being of clients/consumers. - Pending. (Approximately starts in FY18)						**$0**	$0	Refer to Attachment A.
INN-12	**Pert and Peer Linkage Project** - Psychiatric Emergency Response Team (PERT) model implemented by San Diego County; specifically target the Palo Alto area due to the history of suicide clusters occurring in the area and provide peer support post-crisis services. - Pending. (Approximately starts in FY18)						**$0**	$0	Refer to Attachment A.
Future INN projects	Include a placeholder for future INN projects. Amounts to be determined. In the coming months, the MHD will start the discussion regarding new MHSA Innovation time-limited projects and go over INN guidelines as reflected in the MHSA Section 9, W&I 5830.	TBD	TBD	**TBD**	TBD	TBD	**TBD**	TBD	Refer to Attachment A.
INN Admin	**Administration** - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	$400,523	$244,167	**$644,690**	$597,084	$150,140	**$747,224**	$102,534	Refer to Attachment A and C.
	Total MHSA INN	**$2,786,224**	**$962,279**	**$3,748,503**	**$1,025,396**	**$262,066**	**$1,287,462**	**($2,461,041)**	

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MHSA WE&T									
W1	**Workforce Education and Training Coordination** - Positions budgeted for Workforce, Education and Training infrastructure and are charged entirely to this budget. The infrastructure is to support the education and training for underrepresented populations to enter the Mental Health Workforce and advance within the system as desired.	$0	$293,584	$293,584		$302,583	$302,584	$9,000	Refer to Attachment A.
W2	**Promising Practice-Based Training in Adult Recovery Principles & Child, Adolescent & Family Service Models -** This action expands training for SCCMHD and contract CBO management and staff, consumers and family members and other key stakeholders. The training will promote and encourage the integration of Wellness and Recovery methods and the value of providing peer support and the use of staff with "lived experience" via a continuous learning model.	$0	$798,624	$798,624		$801,144	$801,144	$2,520	Refer to Attachment A.
W3	**Improved Services & Outreach to Unserved and Underserved Populations -** This action will expand specialized cultural competency training to all staff to improve services to ethnic and cultural populations. Ethnic and Cultural populations are broadly defined to include marginalized populations such as, People of Color, the Elderly, Youth, People with Disabilities, LGBTQ individuals, Immigrant and Refugee Populations.	$0	$439,762	$439,762		$429,503	$429,503	($10,260)	Refer to Attachment A.
W4	**Welcoming Consumers and Family Members** - This action will develop and implement training, workshops and consultations that create an environment that welcomes consumers and family members as contributing members of the public mental health system. It creates a Consumer/Family Member Training Coordinator whose focus will be to advance the educational, employment, and leadership opportunities for consumers and family members public mental health.	$0	$455,807	$455,807		$470,957	$470,957	$15,150	Refer to Attachment A.
W5	**WET Collaboration with Key System Partners** - This action will build on the collaboration between the Mental Health Department and key system partners to develop and share training and education programs so that consumers and family members receive more effective integrated services.	$0	$25,000	$25,000		$25,000	$25,000	$0	N/A
W6	**A Comprehensive Mental Health Career Pathway Model** - Position and overhead budgeted to support the development of the model. The model supports SCCMHD commitment to developing a workforce that can meet the needs of its diverse population and is trained in the principles of recovery and strength-based approaches and culturally competent interventions. The needed "cultural change" in the transformation process is expected to occur as the workforce's composition changes to include more individuals who have "lived experiences" as consumers and family partners, and who come from the diverse cultural, ethnic and linguistic underserved and unserved communities that SCCMHD seeks to serve.	$0	$174,461	$174,461		$179,501	$179,501	$5,040	Refer to Attachment A.

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MHSA WE&T									
W7	**Stipends and Incentives to Support Mental Health Career Pathway** - This action is intended to provide financial support through stipends and other financial incentives to attract and enable consumers, family and community partners to enroll in a full range of educational programs that are prerequisites to employment and advancement in public mental health.	$0	$954,000	$954,000		$954,000	$954,000	$0	N/A
WET Admin	**Administration** - Represents the indirect administrative overhead costs for Mental Health Administration, County's Health & Hospital System Overhead (e.g. Information Systems, Patient Business Services, Finance), County Overhead, and other Mental Health wide administrative functions (e.g. Quality Improvement).	$0	$341,553	$341,553		$341,553	$341,553	$0	N/A
	Total MHSA WE&T	**$0**	**$3,482,791**	**$3,482,791**	**$0**	**$3,504,240**	**$3,504,241**	**$21,450**	

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MHSA CFTN									
EHR	**Electronic Health Record** - Provide a comprehensive electronic mental health medical record of consumer data that can be shared in a secure and integrated environment across service providers. The project will reduce paper medical charts, improve coordination of care, streamline and automate clinic operations.	$0	$14,166,000	**$14,166,000**	$0	$14,166,000	**$14,166,000**	$0	Refer to Attachment A.
EDW	**Enterprise-wide Data Warehouse -** Create a single data repository for all County mental health information including clinical, financial and administrative data. The EDW will integrate information for local, state and federal reporting and support treatment decisions, program design or re-design, and management decision-making to achieve improved client care and outcomes.	$0	$2,644,000	**$2,644,000**	$0	$2,644,000	**$2,644,000**	$0	Refer to Attachment A.
CLC	**Consumer Learning Center** - Provide support for consumers by setting up supervised computer labs and training in basic PC skills in established self-help and wellness centers throughout the County.	$0	$707,000	**$707,000**	$0	$707,000	**$707,000**	$0	Refer to Attachment A.
WEB	**Website Redesign and Consumer Portal** - Improve services for consumers and their families by enhancing the current MH website and developing a secure consumer portal. The website and portal will provide access to information on wellness and recovery, support and advocacy groups, and service providers. It will also provide limited access to clinical and outcome information.	$0	$319,000	**$319,000**	$0	$319,000	**$319,000**	$0	Refer to Attachment A.
BHX	**Bed and Housing Exchange -** Provide a data base with posting and query tools that will allow operators of inpatient and residential mental health facilities to post open beds as they become available. Case managers and clinicians will be able to query the data base and act on behalf of their clients to secure the appropriate level and type of housing and associated service needed by their clients.	$0	$500,000	**$500,000**	$0	$500,000	**$500,000**	$0	Refer to Attachment A.
CHR	**County Health Record Integration Initiative** - Create an electronic system to provide secure, real-time combined county-wide records of clients registered in the VMC system. These records will be accessible to various service providers to view demographics, services and care profiles, medications, physical health services and results (e.g. lab reports), insurance status, employment, housing and other information critical to client care decisions.	$0	$0	**$0**	$0	$0	**$0**	$0	Refer to Attachment A.
Medi-Plex	**Medi-Plex Renovation Project -** Renovation will consist of redesigning and reconstructing the space formerly used for medical office suites into space appropriate for individual and group counseling with separate reception and waiting areas for young children and TAY. MD offices will exist within the suite along with rooms for individual counseling and group work. Counseling rooms will be large enough for the client and family members as appropriate.	$0	$500,000	**$500,000**	$0	$500,000	**$500,000**	$0	Refer to Attachment A.

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MHSA CFTN									
DTMH	**Downtown Mental Health Renovation** -Renovation will consist of improving the Self Help Center by designing activity and training rooms. The current space consists of one large activity room and a coordinator's office. The remodeled space will have a computer training room, and several activity rooms to allow multiple groups to be simultaneously.	$0	$313,000	**$313,000**	$0	$313,000	**$313,000**	$0	Refer to Attachment A.
MCC	**Multi-Cultural Center Renovation** -The renovation will consist of improving the space for the Multi-Cultural Center (MCC). The MCC will offer a welcoming, accessible and safe place where members of all ethnic communities can find a sense of cultural resonance, belonging and support. The MCC will be open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being can be inserted and approached within appropriate cultural contexts and languages.	$0	TBD	**TBD**	$0	TBD	**TBD**	$0	Refer to Attachment A.
IMHW	**Investment in Mental Health Wellness (IMHW) Grant Program -** On April 24, 2014, the CA Health Facilities Financing Authority (CHFFA) Grant awarded the County $4,699,948.11; 30 new beds for Crisis Residential and 8 new beds for Crisis Stabilization Treatment Programs. No local match (i.e., from the county) is required, but projects must include leveraging of public and private funding sources. Per CCR section 7119(a)(1)(F) of the regulations allocates up to three points for projects that leverage public and private funding sources to complete the project and that CCR section 7120(e)(2) requires leveraging of funds. SCC grant application initially reflected $500,000 MHSA fund contribution but SCC was not granted full allocation request; and will need additional $294,683 to make up budget shortfall. Current proposal is to utilize MHSA funds. Total request $794,683 and the current proposal is to redirect unspent funds from the CFTN component to fund the $794,683 cost related to the project.		$794,683	**$794,683**		$794,683	**$794,683**	$0	Refer to Attachment A.
Safety Button	**Safety Buttons for Crises in County Outpatient Clinics/Offices -** Install safety panic button equipment for crises with public address systems/speakers in more than 16 County outpatient clinics/Offices. The installation of the safety equipment will help facilitate immediate help to County staff who need assistance from a crises situation.		$255,000	**$255,000**		$255,000	**$255,000**	$0	Refer to Attachment A.
CFTN Balance	**Available Balance of CFTN One-Time allocation** - Unspent funds can be redirected to support the recommendations listed above and other CFTN projects.	$0	$1,098,317	**$1,098,317**	$0	$1,098,317	**$1,098,317**	$0	Refer to Attachment A.
	Total MHSA CFTN	**$0**	**$21,297,000**	**$21,297,000**	**$0**	**$21,297,000**	**$21,297,000**	**$0**	

Attachment B

	FY17 Annual Update - Recommendation as of March 2017						
	FY16 Approved Budget Plan			FY17 Recommended Budget Plan			
	Ongoing	One-time	FY16 Total	Ongoing	One-time	FY17 Total	*Change*
BY PLAN COMPONENT							
CSS	$46,614,190	$ 3,241,758	**$49,855,948**	$ 49,022,202	$ 3,556,743	**$ 52,578,942**	*$2,722,994*
PEI	$15,025,240	$6,009,093	**$21,034,333**	$15,588,586	$6,708,068	**$22,296,654**	*$1,262,321*
INN	$2,786,224	$962,279	**$3,748,503**	$1,025,396	$262,066	**$1,287,462**	*($2,461,041)*
WET	$0	$3,482,791	**$3,482,791**		$3,504,240	**$3,504,240**	*$21,449*
Total	**$64,425,654**	**$13,695,921**	**$78,121,575**	**$65,636,184**	**$14,031,116**	**$79,667,298**	***$1,545,723***

	FY16 Recommended Budget Plan			FY17 Recommended Budget Plan			
	Ongoing	One-time	FY16 Total	Ongoing	One-time	FY16 Total	*Change*
CFTN	$0	$21,297,000	**$21,297,000**	$0	$21,297,000	**$21,297,000**	$0

ATTACHMENT C: SUMMARY OF PROPOSED CHANGES OF ONE-TIME FUNDED BUDGET ITEMS (CSS/PEI/INN)

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Attachment C

CSS One-Time Changes

Item	CSS Plan	Program budget line item	FY16	FY17	Change
(1)	C03	As a result of the settlement agreement in Katie A v. Bonta, the State of California has agreed to take a series of actions that are intended to transform the way California children/youth who are in foster care, or who are at imminent risk of foster care placement receive access to mental health services including assessment and individualized treatment. As a result of this settlement, the BHD is requiring mental health screening for all children in foster care. As such, a 0.5 FTE Health Services Representative (HSR) is needed to provide clerical support in registering and opening clients in the Unicare system was added in FY14. For FY15-17, propose to continue with one-time funding. The budget figure includes County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis.	$ 47,109	$ 45,796	$ (1,313)
Subtotal C03			$ 47,109	$ 45,796	$ (1,313)
(1)	A02	Includes County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis.	$ 119,136	$ 122,799	$ 3,663
(2)	A02	Includes 1) AliBaba Svcs constract ended and 2) FY17 COLA increase for County Designated CBO (Momentum).	$ 1,042,284	$ 797,606	$ (244,678)
(3)	A02	Includes County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis.	$ 202,813	$ 194,049	$ (8,764)
(4)	A02	Includes 1) Fy17 adjustments and COLA increase for County Designated CBO and 2) CalWorks services provided by Asian Americans for Community Involvement, Asian American Recovery Services, Catholic Charities, Gardner and Unity Care Group. Adjustment based on FY17 contract budget exhibits and included COLA increase. Previously, Asian American Recovery Services (AARS) CalWork's program was 100% MHSA funded but since then AARS has been able to leverage Medi-Cal funding as well. The CalWorks MHSA funding has been adjusted to reflect this updated contract information. Currently the plan is to continue one-time funding for the CalWorks program.	$ 939,314	$ 1,081,708	$ 142,394
Subtotal A02			$ 2,303,547	$ 2,196,162	$ (107,385)
(1)	A03	Includes replacement of the dishwasher and clothes washer/dryer equipment at Evans Lane in FY16.	$ 50,208	$ -	$ (50,208)
Subtotal A03			$ 50,208	$ -	$ (50,208)
(1)	OA02-04	The Older Adult Collaboration with the City of San Jose Senior Nutrition Centers. The pilot program received $280,000 in MHSA funding for one-year. In the first year, planning and training budget was set aside for program staff which was completed by the eight month of the pilot program. Total one-time $280,000 allocations: $145,000 in FY16 and $135,000 in FY17	$ 250,377	$ 135,000	$ (115,377)
Subtotal OA02-04			$ 250,377	$ 135,000	$ (115,377)
(1)	HO01	Includes 1) County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis and 2) Office of Supportive Housing is transitioning to BU168 County Executive Office and critical functions related to the mission of OSH will remain within BHSD to endure level of care for homeless and coordination among SCCHHS and the postion is still funded by MHSA Housing.	$ 180,901	$ 180,901	$ -
(2)	HO01	Includes County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis and FY16 projection variances for Permanent Supportive Housing(PSH) staff positions.	$ 228,401	$ 213,507	$ (14,894)
(3)	HO01	Family Transitional Housing Program is transitioning to BU168 County Executive Office and it is still funded by MHSA housing.	$ 65,557	$ 69,719	$ 4,162
(4)	HO01	Bluebell Nguyen Family PSH for SMI Clients(by Abode): property purchase and subsidy for operation - estimated total $1.2M which is funded by MHSA CSS (one-time) and County Executive Office OSH		$ 600,000	$ 600,000
(5)	HO01	* Placeholder for additional changes upon the discussions of BHSD and OSH		TBD	
Subtotal HO01			$ 474,859	$ 1,064,127	$ 589,268
Total MHSA CSS One-time			**$ 3,126,100**	**$ 3,441,085**	**$ 314,985**

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PEI One-Time Changes

Item	PEI Plan	Program budget line item	FY16	FY17	Change
(1)	P1	Ethnic and Cultural Community Advisory Committee (ECCAC) Program Staff budget item. For FY15-17, propose to continue with one-time funding. Includes County FY17 COLA & personnel budget adjustments based on current cost projections from County Office of Budget Analysis .	$ 51,675	$ 54,005	$ 2,330
(2)	P1	Mental Health First Aid (MHFA) Training - one-time funds were not utilized in FY14 but MHFA trainings are still needed for Mental Health Peer Support Worker (MHPSW) new hires.	$ 30,000	$ 30,000	$ -
(3)	P1	The BHSD program staff and ECCAC members expressed the need for program supplies funding for each ECCAC group to assist with their outreach efforts. In FY14, one-time funds were added at $5,000 per ECCAC group. Propose to continue as the funds are still needed for FY15-17.	$ 35,000	$ 35,000	$ -
(4)	P1	In FY14, two new groups were added: LGBTQ and Veterans Group. One-time funds were allocated at $160,000 per group which is closely equivalent to 1.5 FTE Mental Health Peer Support Worker (MHPSW) allocated per ECCAC group. In addition, funding for program supplies were allocated at $5,000 per group . One-time funding of $330,000 continue through FY16.	$ 330,000	$ 330,000	$ -
Subtotal P1			$ 446,675	$ 449,005	$ 2,330
(1)	P2	The Family Wellness County Program funding needs to continue. Participation in Family Wellness Court (FWC) enhances protective factors and contributes to positive outcomes for families. For FY15-17, propose to continue with one-time funding. Includes County FY17 COLA and personnel budget adjustments based on current cost projections from County Office of Budget Analysis and 0.2FTE Psychiatrist funding (ongoing/one-time) released to fund a new MH Program Specialist II for SLS	$ 232,699	$ 126,901	$ (105,798)
(2)	P2	The Mentor Parents Program with Dependency Advocacy Center provides early intervention supports to a selective population of substance dependent parents whose children have been or are currently at risk of being removed from their care. For FY15-17, propose to continue with one-time funding.	$ 100,000	$ 100,000	$ -
(3)	P2	The Family & Children (F&C) PEI Services also known as EMQFF's Child and Adolescent Crisis Program (CACP), provide onsite, rapid-response crisis assessment and intervention to children and families who are depressed, suicidal. Propose to continue with one-time funding in FY17. Includes FY17 COLA increase for County CBOs.	$ 538,519	$ 572,703	$ 34,184
(4)	P2	Includes 1) County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis and 2) Funding released (ongoing/one-time) from 0.2 FTE Psychiatrist of Family Wellness Court Staffing above (Item#1) to fund 1FTE MH Prog Spec II for SLS	$ 124,032	$ 189,238	$ 65,206
(5)	P2	The CBO SLS Services Match need to continue for FY17. Includes County FY17 Personnel budget adjustments.	$ 302,687	$ 312,109	$ 9,422
(6)	P2	The County BHSD SLS Services Match need to continue for FY15-17.	$ 58,445	$ 58,445	$ -
(7)	P2	The SLS Coordinator School District positions provide oversight and coordination of campus-based services and service providers; actively engage families, caregivers and the community; grow and manage a campus collaborative consisting of service providers, community members and families and caregivers; identify campus resources and gaps in service areas; diffuse and triage student crisis situations and connect students to appropriate services; address school climate and safety needs; support training needs of teachers and school staff in the areas of school climate, safety and health; develop and/or support data collection infrastructure to assist with data driven decision making and determination of program effectiveness; function as a compliment to or part of school's multidisciplinary team or equivalent; and coordinate linkage of identified students to appropriate services. For FY15-17, propose to continue with one-time funding.	$ 629,208	$ 629,208	$ -
(8)	P2	Starting FY16, redirect SLS Direct Referral Program funds, $85,000, to fund a new Probation Department prevention program (See item 5 below).	$ 282,000	$ 282,000	$ -
(9)	P2	Starting FY16, redirect SLS Direct Referral Program funds, $85,000, to fund a Probation Department prevention program that targets moderate to high risk girls whose assessments indicated a history of trauma. (See item 4 above)	$ 85,000	$ 85,000	$ -
(10)	P2	For FY14, in an effort to inform SCC residents, schools & communities about the resources available through School Linked Services (SLS), the BHSD allocated one-time funds for website development & resource materials to help inform the community about SLS and the services/resources available to children/youth/families. One-time allocation of $30,000 was not fully utilized in FY15 and remaining unspent balance of $15,000 remains and is needed to complete the SLS marketing efforts in FY16.	$ 15,000	$ -	$ (15,000)

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PEI One-Time Changes

Item	PEI Plan	Program budget line item	FY16	FY17	Change
(11)	P2	The Violence Reduction Program (VRP) provides services in the community to and addresses prevention, early intervention, intervention, and intensive intervention in the spectrum of service level need. The VRP is based on the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Comprehensive Gang Program, designed to reduce violence by implementing five core strategies: community mobilization, organizational change and development of local agencies and groups, provision of social opportunities, social intervention team and suppression team. For FY16, propose to continue with one-time funding. Includes County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis.	$ 185,718	$ 179,062	$ (6,656)
(12)	P2	The Culture is Prevention Program with Indian Health Center (IHC) is a program developed to improve linkages to high need populations with a particular focus on American Indian/Alaska Native youth and families involved in the foster care and juvenile justice systems. For FY15-17, propose to continue with one-time funding.	$ 52,530	$ 52,530	$ -
(13)	P2	The FY14 plan included new one-time funding for the Social Marketing Plan for Violence Prevention Campaign, a Santa Clara County Public Health Department initiative. The social marketing plan include market research, stakeholder engagement, assessment of local, State & National efforts, identification of appropriate methods/interventions. Propose to continue in FY17.	$ 20,000	$ 20,000	$ -
Subtotal P2			$ 2,625,838	$ 2,607,196	$ (18,642)
(1)	P4	The PCBH (FQHC) PEI Services - one-time funding will address a projected revenue shortfall in this service. The PCBH clinic-based behavioral health implementation was implemented in FY10. At the time the program was planned to be exclusively financed through Medi-Cal and/or Medicare reimbursement. No new funds were committed to support the program. Given that the MDs and Clinicians are serving over 5,000 clients, fulfilling a critical service need for the Health and Hospital system, it is important to consider further commitment of MHSA to this valuable service. In FY16, the one-time allocation was set at $1.5 million but based on current program needs the budget allocation needed to be adjusted to annual amount of $2.5 million for FY17.	$ 1,500,000	$ 2,500,000	$ 1,000,000
(2)	P4	IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) trainings is needed and executed in FY15 and FY17.	$ 77,273	$ -	$ (77,273)
(3)	P4	The Adult/Older Adult PEI Services: In FY12, as a one-time measure, $200,000 of PEI funds were distributed across eight different community mental health service providers to provide outpatient Prevention and Early Intervention (PEI) services to individuals who had been involved with the specialty mental health system for less than 12 months. For FY15-17, propose to continue with one-time funding. The budget figure includes FY17 CBO COLA (Asian Americans for Community Involvement, Community Solutions, Family & Children Services, Gardner, Hope, Mekong, Momentum for Mental Health, and Ujima).	$ 210,120	$ 226,591	$ 16,471
Subtotal P4			$ 1,787,393	$ 2,726,591	$ 939,198
(1)	P5	Community Education and Information: In FY14, additional one-time funds were set aside to: a) carry out public awareness campaign of county crisis line through buses, digital mall advertisement, and expansion of ethnic media outreach; b) develop and implement a long-term media plan that includes a sub-brand (SCC Suicide Prevention) and marketing tools in multiple languages (Spanish, Vietnamese, Tagalog, Chinese and English); c) mini-grants to fund suicide prevention in high risk communities; and d) non-profit agency to administer and manager the over 50 trained QPR instructor pool. $75,000 remaining balance for FY16 to implement the program.	$ 135,375	$ 58,375	$ (77,000)
Subtotal P5			$ 135,375	$ 58,375	$ (77,000)
(1)	Assigned PEI funds	There is a need to continue local contribution to CalMHSA in support of PEI the three statewide prevention and early intervention (PEI) initiatives: suicide prevention, stigma and discrimination, and student mental health. For FY17, the BHSD recommends funding of $250,000 on a one-time basis.	$ 400,000	$ 250,000	$ (150,000)
Subtotal PEI Assigned Funds to CalMHSA			$ 400,000	$ 250,000	$ (150,000)
(1)	Admin	Overhead/Admin Costs.	$ 468,210	$ 468,210	$ -
(2)	Admin	Continue 1.0 FTE Unclassified Mgmt Analyst for Contract Support. Includes adjustments to the BHSD MHSA County FY17 personnel budget based on current projection by County Office of Budget Analyst .	$ 145,602	$ 148,691	$ 3,089
Subtotal PEI Admin			$ 613,812	$ 616,901	$ 3,089
Total MHSA PEI One-time			**$ 6,009,093**	**$ 6,708,068**	**$ 698,975**

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INN One-Time Changes

Item	INN Plan	Program budget line item	FY16	FY17	Change
(1)	INN-01	Electronic Screening Tool. Project ends in July 2016.	$ 2,500	$ 208	$ (2,292)
(2)	INN-01	Pilot project duration is from August 2013 through July 2016 (36 months). Decreased Application Development by $200K and increased to 3.5 FTE of Extra-Help Rehab Counselors. Project ends in July 2016.	$ 413,812	$ 34,484.33	$ (379,328)
(3)	INN-01	Software Application Development expenses decreased to fund Extra-Help Rehab Counselors. Project ends in July 2016.	$ 26,800	$ 2,233	$ (24,567)
Subtotal INN-01 (Pilot testing under INN will be extended to 7/30/2016)			$ 443,112	$ 36,926	$ (406,186)
(1)	INN-02	One-Time funds set aside for the Department of Family and Children's Services (DFCS) HUB initiative completed in FY15.	$ -	$ -	$ -
Subtotal INN-02 (Pilot testing under INN will be extended to 3/31/2016)			$ -	$ -	$ -
(1)	INN-05	Multi-Cultural Center Expenses - Start-up funds (project not yet started). Project is starting in FY16.	$ 75,000	$ 75,000	$ -
Subtotal INN-05			$ 75,000	$ 75,000	$ -
(1)	INN-06	Self-Help & Peer Support (Faith Based Resource Centers) - The FBRC budget line item is funded with $250,000 MHSA funds and $350,000 AB109 funds. The FBRCs are Bible Way Christian Center, Breakout Prison Outreach, and Maranatha Christian Center. Project Nov 2012 to Oct 2015; proposed to extend 6 more months to April 2016.	$ 200,000	$ -	$ (200,000)
Subtotal INN-06 (Pilot testing under INN will be extended to 4/30/2016)			$ 200,000	$ -	$ (200,000)
(1)	Admin	Overhead/Admin Costs - Includes County FY17 personnel budget adjustments based on current cost projections from County Office of Budget Analysis.	$ 145,602	$ 150,140	$ 4,538
(2)	Admin	Overhead/Admin Costs.	$ 98,565	$ -	$ (98,565)
Subtotal INN Admin			$ 244,167	$ 150,140	$ (94,027)
Total MHSA INN One-time			**$ 962,279**	**$ 262,066**	**$ (700,213)**

ATTACHMENT D: LIST OF ACRONYMS

Common Mental Health Services Act (MHSA) Acronyms

AAS	American Association of Suicidology
ADHD	Attention Deficit Hyperactivity Disorder
A/OA	Adult/Older Adult
APD	Ability to Pay Determination
APS	Santa Clara County Adult Protective Services
ARMS	At Risk Mental States
ASIST	Assisted Suicide Intervention Skills Training
ASQ-3	Ages and Stages Questionnaire
ASQ-SE	Ages and Stages Questionnaire – Social Emotional
BAP	Barbara Arons Pavilion
BASCIA	Bay Area Suicide and Crisis Intervention
BH	Behavioral Health
BHB	Santa Clara County Behavioral Health Board
BHC	Behavioral Health Clinicians
BHCA	Behavioral Health Contractors' Association of Santa Clara County
BHSD	Santa Clara County Behavioral Health Services Department (MHD/DADS)
BHX	Bed and Housing Exchange
BHOS	Behavioral Health Outpatient Services
BOS	Board of Supervisors
BSFT	Brief Strategic Family Therapy
CAADAC	California Association of Alcoholism and Drug Abuse Counselors
CACP	Child and Adolescent Crisis Program
CAFI XC	Current Adaptive Functioning Index: Cross-Cultural Version tool
CAIS	Correction Assessment and Intervention System
CalMHSA	California Mental Health Services Authority
CALWORKS	California Work Opportunity and Responsibility to Kids
CANS	Child Adolescent Needs and Strengths
CBHDA	California Behavioral Health Directors' Association
CBO	Community Based Organization
CCP	Coordination Care Project
CCR	California Code of Regulation
CEC	Community Education Campaign
CF	Capital Facilities
CFTN	Capital Facilities and Technological Needs
CGF	County General Fund
CHFFA	California Health Facilities Financing Authority
CHR	County Health Record
CIBHS	California Institute for Behavioral Health Solutions
CIOM	Client Informed Outcome Measure
CIT	Crisis Intervention Team
CJS	Criminal Justice System
CLC	Consumer Learning Center
CMHPC	California Mental Health Planning Council
COC	Continuum of Care
COLA	Cost of Living Adjustment
CPP	Community Planning Process
CR	Crisis Residential
CS	Crisis Stabilization
CSS	Community Services and Supports
CY	Calendar Year
CWBC	Central Wellness Benefit Center
DADS	Santa Clara County Department of Alcohol and Drug Services
DFCS	Department of Family and Children's Services
DHCS	California Department of Health Care Services
DMH	California Department of Mental Health
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition
EBP	Evidence Based Practice
ECCAC	Ethnic and Cultural Communities Advisory Committee
EDW	Enterprise Data Warehouse
EHR	Electronic Health Record
EDIPP	Early Detection and Intervention for the Prevention of Psychosis
EMR	Electronic Medical Record
EPS	Emergency Psychiatric Services
EPSDT	Early & Periodic Screening, Diagnosis and Treatment
F&C	Family & Children
FBRC	Faith Based Resource Center

Common Mental Health Services Act (MHSA) Acronyms

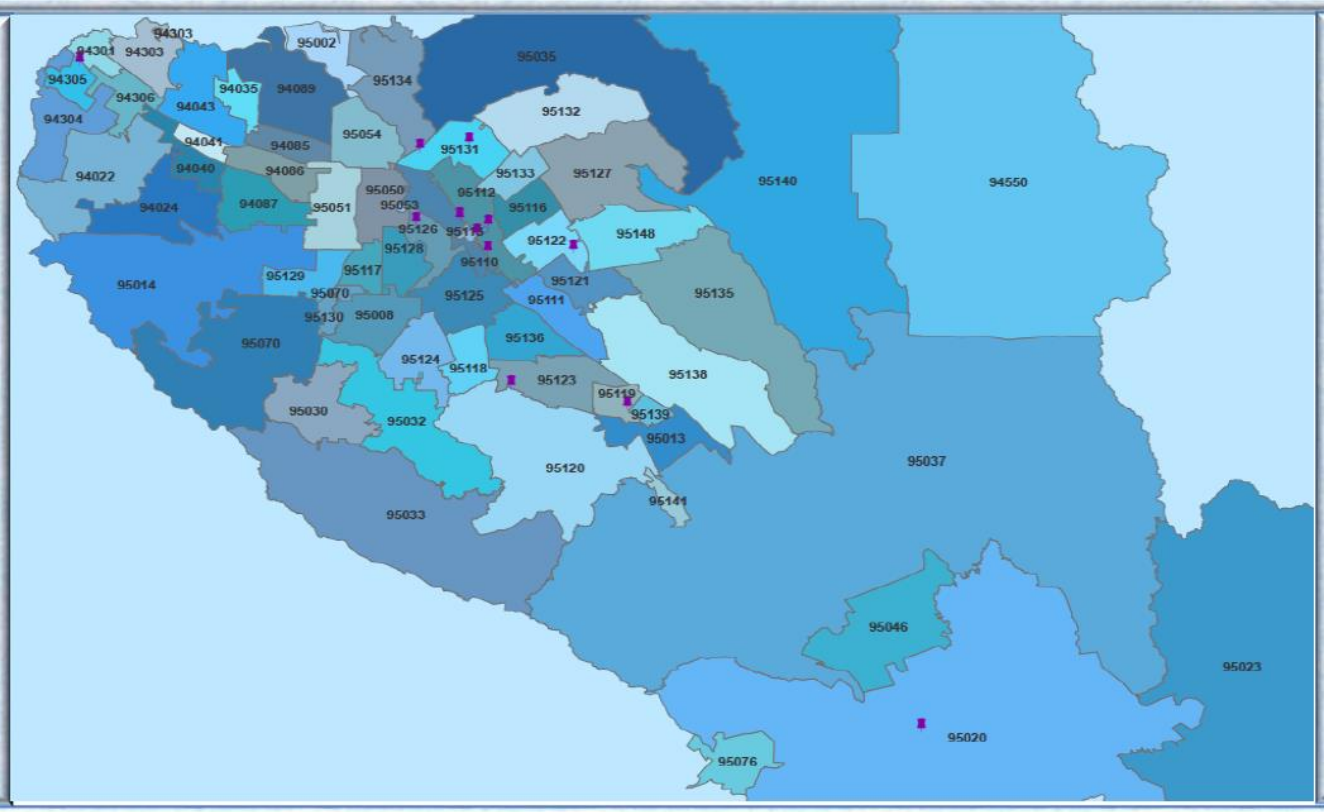
FSP	Full Service Partnership
FQHC	Federally Qualified Health Clinic
FTE	Full Time Employee
FWC	Family Wellness Court
FY	Fiscal Year
GAF	Global Assessment Of Functioning
GSD	General System Development
H1K	Housing 1000 Campaign
HCR	Health Care Reform
HEARTH	Homelessness Emergency Assistance and Rapid Transition to Housing
HHAA	Housing for Homeless Addicted to Alcohol
HHS	Health and Hospital System
HSL	Housing Support Liaison
HUD	Housing and Urban Development
ICAR	Informed Consent and Referral
ICM	Intensive Case Management
ICP	Informal Competitive Procurement
IEP	Individualized Education Program
IBH	Integrated Behavioral Health
IMD	Institute for Mental Disease
IMHW	Investment in Mental Health Wellness (Senate Bill 82)
IMPACT	Improving Mood-Providing Access to Collaborative Treatment
INN	Innovation
IRB	Institutional Review Board
ITS	Intensive Transition Services
IVST	Interactive Video Simulation Training / Interactive Video Scenarios Training
JCR	Juvenile Competency Restoration
JPD	Santa Clara County Juvenile Probation Department
KCN	KidConnections Provider Network
LCSW	Licensed Clinical Social Worker
LEL	Law Enforcement Liaison
LGBTQ	Lesbian Gay Bisexual Transgender Questioning
LIS	Low Income Subsidy
MAP	Multi-Agency Pilot
MCC	Multi-Cultural Center
MD	Medical Doctor
MFT	Marriage and Family Therapist
MH	Mental Health
MHAP	Mental Health Advocacy Project
MHD	Santa Clara County Mental Health Department
MHFA	Mental Health First Aid
MHPSW	Mental Health Peer Support Worker
MHS	Mental Health Services
MHSA	Mental Health Services Act
MHSAC	Mental Health Specialty Assessment Center
MHSOAC	Mental Health Services Oversight and Accountability Commission
MHUC	Mental Health Urgent Care
MIOCR	Mentally Ill Offender Crime Reduction
MORS	Milestones of Recovery Scale
MOU	Memorandum of Understanding
MPI	Master Patient Index
NAMI	National Alliance on Mental Illness
NFP	Nurse Family Partnership
OA	Older Adult
OAPS	Older Adult Peer Support
OBA	Santa Clara County Office of Budget and Analysis
OHHSS	Office of Housing and Homeless Support Services
OSH	Office of Supportive Housing
OJJPD	Office of Juvenile Justice and Delinquency Prevention
OP	Outpatient
ORS	Outcome Rating Scale
OSHPD	Office of Statewide Health Planning and Development
PATH	Projects for Assistance in Transition from Homelessness
PCBH	Primary Care Behavioral Health
PCIT	Post-Crisis Intervention Team
PCP	Primary Care Physician

Common Mental Health Services Act (MHSA) Acronyms

LP	Learning Partnership
PHQ-9	Patient Health Questionnaire - Depression scale consisting of nine questions
PHR	Personal Health Record
PSH	Permanent Supportive Housing
PST	Problem Solving Therapy
PTSD	Post-Traumatic Stress Disorder
QA	Quality Assurance
QI	Quality Improvement
QPR	Question-Persuade-Refer
RCF	Residential Care Facility
REACH	Raising Early Awareness Creating Hope
RFI	Request for Information
RFP	Request For Proposal
SACS	Suicide and Crisis Services of Santa Clara County Hotline
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPPA	Schedule for the Assessment of Psychiatric Problems Associated with Autism
SCC	Santa Clara County
SCCPHD	Santa Clara County Public Health Department
SCVHHS	Santa Clara Valley Health and Hospital System
SDI	State Disability Insurance
SDR	Stigma and Discrimination Reduction
SED	Severely Emotionally Disturbed / Serious Emotional Disorder
SIPS	Structured Interview for Prodromal Syndromes
SJPD	San Jose Police Department
SLC	Stakeholder Leadership Committee
SLS	School Linked Services
SMI	Seriously Mentally Ill / Serious Mental Illness
SNF	Skilled Nursing Facility
SOC	System of Care
SOS	Survivors of Suicide / Status Offender Services
SOW	Scope of Work
PEI	Prevention and Early Intervention
SP	Suicide Prevention
SPOC	Santa Clara County Suicide Prevention Oversight Committee
SPRC	Suicide Prevention Resource Center
SSA	Santa Clara County Social Services Agency
SSI	Supplemental Security Income / Social Security Insurance
TAY	Transitional Age Youth
TBI	Traumatic Brain Injury
TBRA	Tenant-Based Rental Assistance
TBS	Therapeutic Behavioral Services
TCP	Transformational Care Planning
TF-CBT	Trauma Focused-Cognitive Behavioral Therapy
THSP	Temporary Housing Subsidy Program
THU	Transitional Housing Unit
TIP	Transition to Independence Process
TN	Technological Needs
TRIPLE P	Triple P Positive Parenting Program
TX	Treatment
UMDAP	Uniform Method of Determining Ability to Pay
UPLIFT	Universal Pass for Life Improvement and Transportation
UR	Utilization Review
VMC	Santa Clara County Valley Medical Center
VRP	Violence Reduction Program
WET	Workforce Education and Training
WIC	Welfare and Institutions Code
WRAP	Wellness Recovery Action Plan
WTW	Welfare to Work
YSOC	Youth System of Care
YTD	Year to Date

Progress Report

FY 2014



FY 2015

County of Santa Clara Behavioral Health Services
Full Service Partnership

Background

In November 2004, California voters approved Proposition 63, which became the Mental Health Services Act (MHSA). The MHSA has five components, each addressing a particular need identified as an essential element that will help consumers of mental health services move toward wellness and recovery. Key emphasis is placed on reducing negative outcomes that may result from untreated mental illness, such as incarcerations, school dropouts, unemployment, and homelessness. One of the main MHSA components is Community Services and Supports (CSS). The basis for CSS is the concept, "whatever it takes," to meet the mental health needs of those who are un-served and underserved. In Santa Clara County (SCC), part of CSS was developed into five Full Service Partnership (FSP) groups, as follows:

- Children/Youth FSP is a comprehensive program for children and youth, ages 0-15 years old, which combines critical core services within a Wraparound Model and incorporates age-appropriate elements from Transition to Independence approach. The target population is juvenile justice-involved and African-American, Native American and Latino children and youth, with priority consideration for those at risk of, or returning from, out-of-home placement and children and youth with multiple episodes of emergency psychiatric services and hospitalizations.

- Transitional Age Youth (TAY) FSP is a comprehensive program for transitional age youth, ages 16-25 years old, which combines components from the Wraparound Model, AB2034, and Transition to Independence approach, in a framework that addresses the transition needs of this young adult population.

- Adult FSP is a comprehensive program for adults, ages 26-59 years old, which is based on the AB2034 philosophy that provides treatment, case management, and community resources necessary to meet the needs of each individual's life circumstance.

- Older Adult (OA) FSP is a comprehensive program for older adults, ages 60 years old and above, which was designed to meet the needs of older adults with Serious Mental Illness. Some of these needs include: psychiatric, stable housing, hospital services, and addressing the risk of emotional or physical harm.

- Criminal Justice System (CJS) FSP. This is a comprehensive program for Criminal Justice System involved TAY and adults, ages 18-59 years old. This is a program of the Mental Health Department, in partnership with the CJS, to achieve the consumer's individual wellness and recovery goals. The FSP engages CJS involved consumers, including those who are dually-diagnosed.

Project Summary

Study Objective

The report of the FY2014 and FY2015 FSP programs focused on four primary questions:

1. ***Are FSP programs meeting contracted target capacities for consumer services?*** The data show that the Santa Clara County FSP programs are able to deliver services beyond contracted target capacities for consumer service in FY2014 and FY2015 (except for Adults in FY2015).

2. ***How do the FSP services impact FSP consumers with: emergency psychiatric services (EPS), psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?***

   a) *FSP consumers with emergency psychiatric services:*

   - *In comparing the total number of EPS admissions, a year before FSP enrollment, and a year after FSP enrollment, the data for Children/Youth show a decline in the number of EPS admissions a year after FSP enrollment. For TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP show an increase in the number of EPS admissions a year after FSP enrollment. (Figure 3)*

   - *Among consumers who received at least a year of FSP services, the data show that the rate of EPS admissions a year after FSP enrollment increased for TAY FSP, Adult FSP, OA FSP, CJS FSP, between 3% and 74%. For Children/Youth FSP, the rate of EPS admissions a year after FSP enrollment declined by 20%. Overall, the total increased rate was 26%, at the consumer level. (Table 3)*

   b) *FSP consumers with psychiatric hospital admissions:*

   - *In comparing the unduplicated consumer number of Barbara Arons Pavilion (BAP) and contracted hospital inpatient admissions, a year before FSP enrollment, with a year after FSP enrollment, the data show an overall percentage decrease of 39% in BAP and contracted hospital inpatient admissions a year after FSP enrollment for all FSP programs. (Table 4)*

   - *The total number of psychiatric admissions a year after FSP enrollment, compared with the total number of psychiatric admissions a year before FSP enrollment, show that the rate of admissions declined for TAY FSP, Adult FSP, Older Adult FSP,and CJS FSP between 21% and 57%. Children/Youth FSP rate of admission increased 100%. Overall, the reduction rate was 44% of psychiatric admissions in county and contracted psychiatric hospitals, a year after FSP enrollment. (Table 5)*

   c) *FSP consumers with arrests:*

   - *Among consumers who received at least a year of FSP services, the data shows that the number of self-reported unduplicated consumers with arrests declined for Child FSP, TAY FSP, Adult FSP, and CJS FSP, between 42% and 89%. Older Adult FSP remained unchanged at 0%. Overall the number of arrests declined by 79%. (Table 6)*

- *The total duplicate consumer self-reported arrests a year after FSP enrollment, compared with those a year before FSP enrollment, show a lower number for Children/Youth FSP, TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP. (Figure 7)*

3. ***What happens to consumers after discharge from FSP services? Are they back and readmitted to the FSP program, or readmitted to EPS, or to a psychiatric hospital, such as BAP, or rearrested?***

   As a percent of unduplicated number of FSP consumers disharged, the data show that:

   - *EPS admission was between 11% and 42% across the five programs, with the lowest EPS readmission in Children/Youth FSP at 11% and the highest in Adult FSP at 42%. Overall EPS readmission was 26%. (Table 10)*
   - *BAP and Inpatient admission was between 5% and 33% across the five programs, with the lowest BAP and Inpatient readmission; 5% in Children/Youth and 33% in Older Adult FSP. Overall BAP and Inpatient readmission was 13%. (Table 10)*
   - *FSP readmission was between 0% and 39% across the five programs, with the lowest FSP readmission in Older Adult FSP (0%) and the highest in CJS FSP (39%). Overall FSP readmission was 20%. (Table 10)*

4. ***What is the racial/ethnic penetration rate among consumers being served by the FSP program?***

   The five major racial/ethnic groups depicted in the FSP Report are White, Hispanic, Black/African American, Asian/Pacific Islander and Native American. The FSP consumers who did not fall under any of these groups were identified as "Mixed Race," "Other Race" and "Unknown." The racial/ethnic penetration rate among FSP consumers changed in FY2015, when compared with the penetration rate in FY2014. (Figure 8)

   - *There was a decrease in White FSP consumers, 30% in FY2015 compared to 36% in FY2014.*
   - *There was an increase in Hispanic FSP consumers, albeit slightly 39% in FY2015 versus 34% in FY2014.*
   - *Black/African American FSP consumers remained the same at 9% in FY2015 and FY2014.*
   - *There was an increase in Native American FSP consumers, albeit slightly 2% in FY2015 versus 1% in FY2014.*
   - *Thre was a decrease in Asian/Pacific Islander FSP consumers, albeit slightly 10% in FY2015 versus 11% in FY2014.*

Data Source and Collection Procedure

Data Source and Collection Procedure.

Data sources include:

- Mental Health Department's Unicare system.
- Santa Clara Valley Medical Center's Invision system.
- The State of California's Information Technology Web Services' (ITWS) MHSA Data Collection and Reporting (DCR) Database system, part of the State's Performance Outcomes & Quality Improvement (POQI) system.

Data on FSP consumer admissions, discharges, and total number of consumers served were extracted out of Unicare for FY2014 and FY2015. County Data on admissions for EPS and BAP were extracted out of Invision, and arrests were extracted out of the State's ITWS/DCR, in addition to Unicare. Invision is the Santa Clara Valley Medical Center's electronic database system.

Are FSP programs meeting contracted capacities for consumer services?

QUESTION 1 **Are FSP programs meeting contracted capacities for consumer services?**

Table 1 **Contracted Capacities and Number of FSP Consumers Served**

FSP Program	July 1, 2013 – June 30, 2014 (FY2014)				July 1, 2014 – June 30, 2015 (FY2015)			
	Contracted Capacity	Number of Newly Enrolled Consumers	Number of Consumers Served	Number of Discharged Consumers	Contracted Capacity	Number of Newly Enrolled Consumers	Number of Consumers Served	Number of Discharged Consumers
Children/Youth	82	54	123	119	126.5	84	159	55
TAY	119	72	128	66	190	139	226	125
Adult	216	76	247	60	429	130	309	88
OA	34	14	43	11	46	29	60	16
CJS	203	138	286	96	190	171	310	164
Total	654	354	827	352	981.5	553	1064	448

Data Source: Unicare

Table 1 shows the contracted capacities and number of consumers served in each FSP program in FY2014 and FY2015.

Figure 1 **FY2014/FY2015 FSP Contracted Capacities and Number of Consumers Served**

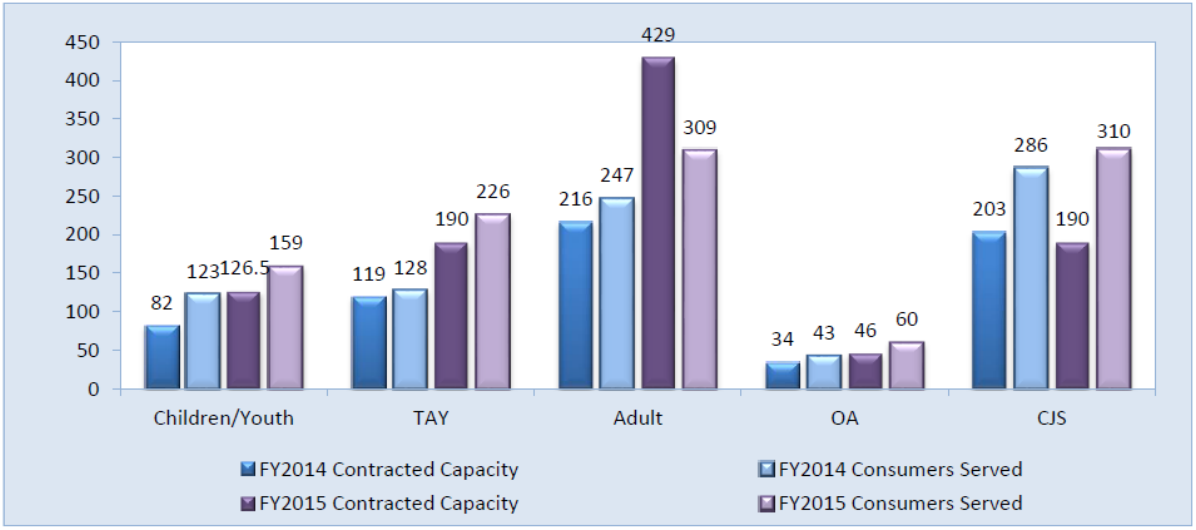


Figure 1 illustrates FSP contracted capacities for FY2014 and FY2015. The number of consumers served in all FSP programs went beyond contracted capacities in both fiscal years (except for Adults in FY2015).

Are FSP programs meeting contracted capacities for consumer services?

Table 2 Consumers Served as a Percent of Capacity

FSP Program	July 1, 2013 – June 30, 2014 (FY2014)				July 1, 2014 – June 30, 2015 (FY2015)			
	Contracted Capacity	Newly Enrolled Consumers as % of Capacity	% of Consumers Served Beyond Capacity	Discharged Consumers as % Newly Enrolled Consumers	Contracted Capacity	Newly Enrolled Consumers as % of Capacity	% of Consumers Served Beyond Capacity	Discharged Consumers as % Newly Enrolled Consumers
Children/Youth	82	66%	50%	220%	126.5	66%	26%	65%
TAY	119	61%	8%	92%	190	73%	19%	90%
Adult	216	35%	14%	79%	429	30%	-28%	68%
OA	34	41%	26%	79%	46	63%	30%	55%
CJS	203	68%	41%	70%	190	90%	63%	96%
Total	654	54%	26%	99%	981.5	56%	8%	81%

Data Source: Unicare

Table 2 presents data on consumers served as a percent of contracted capacity.

Figure 2 Percent of FSP Consumers Served Beyond the Target Set for FY2013 and FY2014

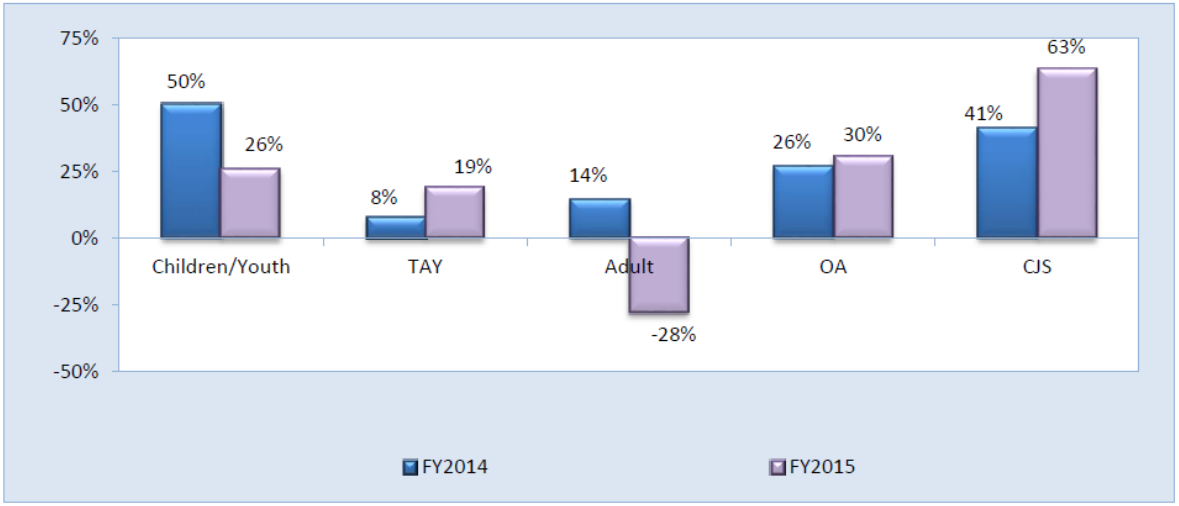


Figure 2 compares the percent of FSP consumers who were served beyond contracted capacity in FY2014 and FY2015. In both fiscal years, the FSP consumers were served beyond target capacity (except for Adults in FY2015).

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2a **How do the FSP services impact FSP consumers with emergency psychiatric services?**

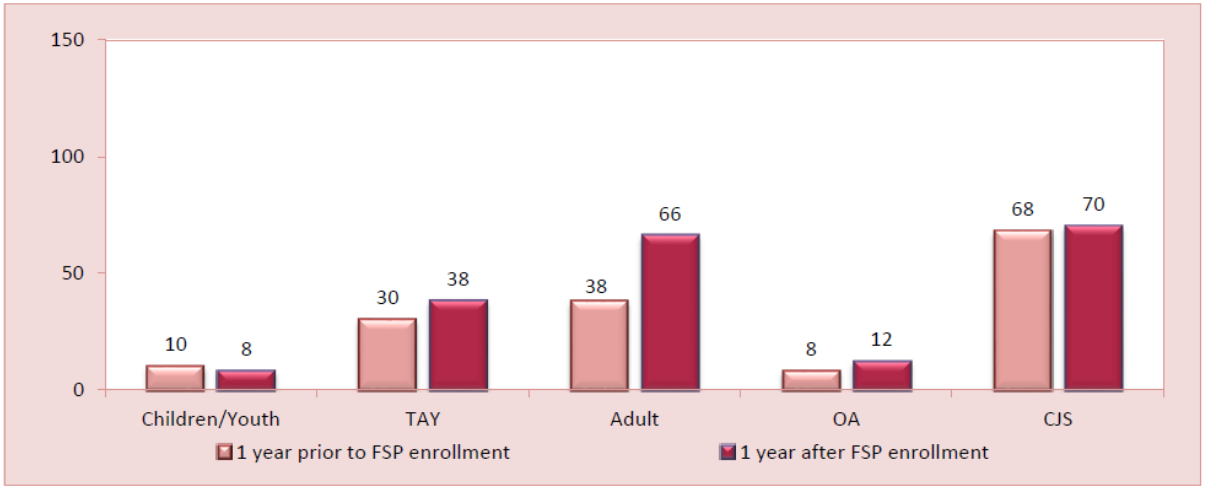
Table 3 **Unduplicated Consumers with EPS Admissions a Year Before and a Year After FSP Enrollment**

FSP Program	Unduplicated Consumers with EPS Admissions a a Year Before FSP Enrollment	Unduplicated Consumers with EPS Admissions a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	10	8	-2	-20%
TAY	30	38	8	27%
Adult	38	66	28	74%
OA	8	12	4	50%
CJS	68	70	2	3%
Total	154	194	40	26%

Data Source: Unicare

Table 3 shows that, overall, the percent of unduplicated consumers with EPS admissions a year after FSP increased by 26%.

Figure 3 **Total EPS Admissions a Year Before and a Year After FSP Enrollment**



Data Source: Unicare

Figure 3 data shows that for TAY FSP, Adult FSP, Older Adult FSP , and CJS FSP increased in the number of EPS admissions a year after FSP enrollment. For Children/Youth FSP there was a decrease in the number of EPS admissions a year after FSP enrollment.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2b **How do the FSP services impact FSP consumers with psychiatric hospital admissions?**

Table 4 **Unduplicated Consumers with BAP & Contracted Hospital Admissions Before and After FSP Enrollment**

FSP Program	Unduplicated Consumers a Year Before FSP Enrollment	Unduplicated Consumers a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	2	3	1	50%
TAY	31	17	-14	-45%
Adult	44	23	-21	-48%
OA	10	6	-4	-40%
CJS	31	23	-8	-26%
Total	118	72	-46	-39%

Data Source: Invision

Table 4 data shows an overall percentage decrease of 39% in unduplicated number of consumers in BAP and contracted hospital admissions a year after FSP enrollment .

Table 5 **Total BAP & Contracted Hospital Admissions a Year Before and a Year After FSP Enrollment***

FSP Program	Admissions a Year Before FSP Enrollment	Admissions a Year After FSP Enrollment	Change	% Reduction (-) / Increase (+)
Children/Youth	3	6	3	100%
TAY	61	33	-28	-46%
Adult	110	47	-63	-57%
OA	15	10	-5	-33%
CJS	43	34	-9	-21%
Total	232	130	-102	-44%

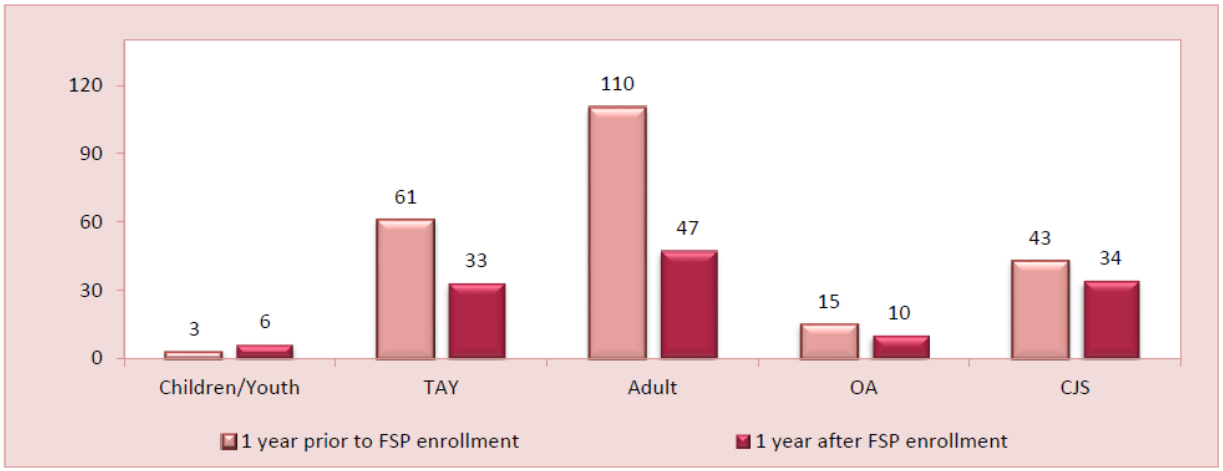
Data Source: Invision

* a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

Table 5 data shows that admissions declined for TAY FSP, Adult FSP, and Older Adult FSP, between 21% and 57%. Children/Youth FSP increased to 100%. Overall, the reduction rate was 44%.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

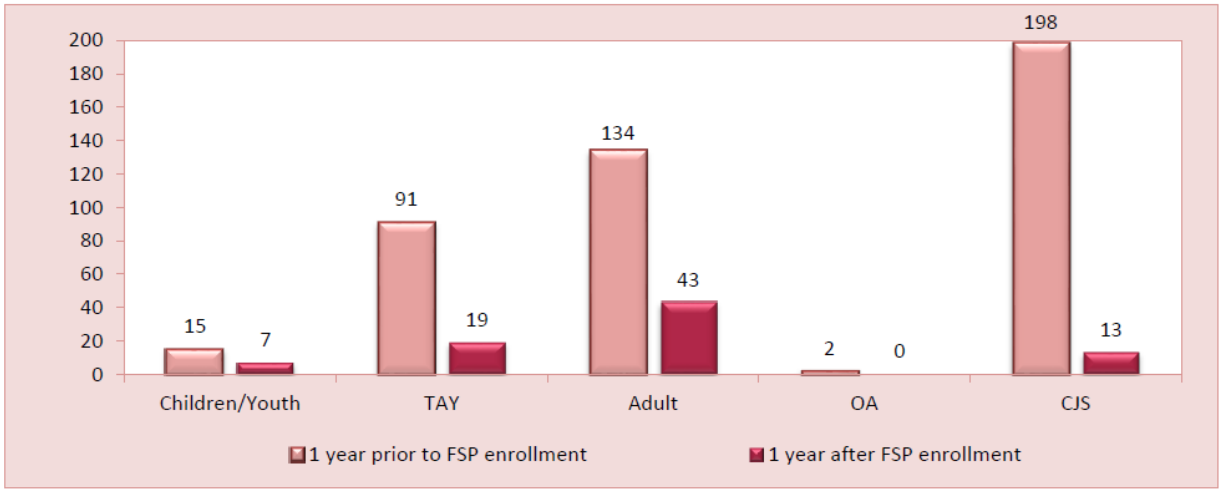
Figure 4 **BAP & Contracted Hospital Admissions Before and After FSP Enrollment***



Data Source: Invision * a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

Figure 4 data shows a lower number of admissions, a year after FSP enrollment, for TAY FSP, Adult FSP, Older Adult FSP, and CJS FSP. Children/Youth FSP had an increase.

Figure 5 **Total Psychiatric Hospital Admissions Before and After FSP Enrollment***



Data Source: DCR. * a consumer can be admitted multiple times 1 year prior to and 1 year after FSP enrollment.

Figure 5 DCR data shows that the total number of self-reported psychiatric admissions is lower a year after FSP enrollment .

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

QUESTION 2c **How do the FSP services impact FSP Consumers with arrests?**

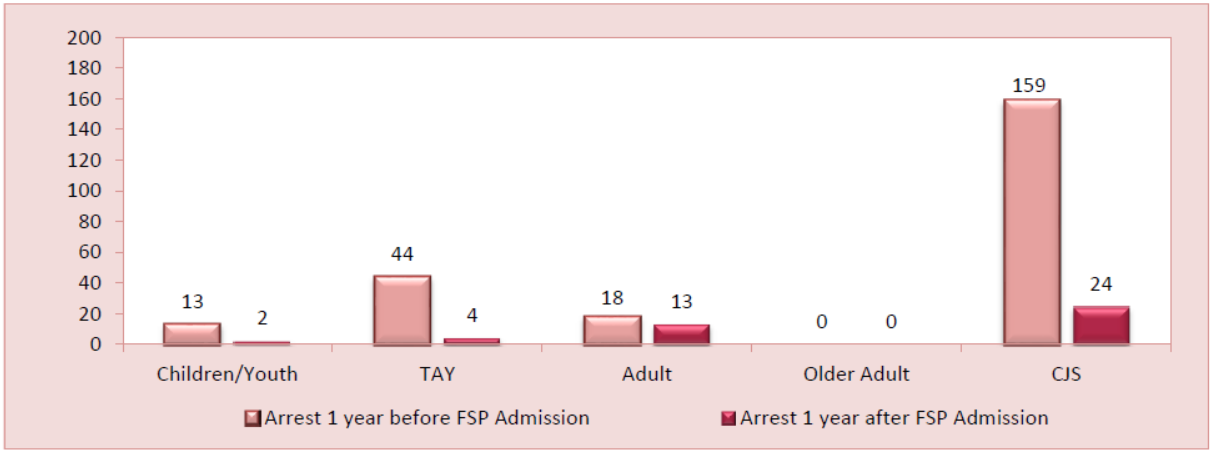
Table 6 **Self-Reported Unduplicated Consumers with Arrests a Year Before and a Year After FSP Enrollment**

FSP Program	Total Number of Consumers with Arrests a Year Before FSP Enrollment	Total Number of Consumers with Arrests a Year After FSP Enrollment	Change	% (-) Reduction / (+) Increase
Children/Youth	9	1	-8	-89%
TAY	24	3	-21	-88%
Adult	12	7	-5	-42%
OA	0	0	0	0%
CJS	90	18	-72	-80%
Total	135	29	-106	-79%

Data Source: DCR.

Table 6 DCR data shows the number of self-reported unduplicated consumers with arrests declined for Child FSP, TAY FSP, Adult FSP and CJS FSP. Older Adult FSP remained unchanged at 0%. Overall the number of arrests declined by 79%.

Figure 7 **Total Arrests a Year Before and a Year After FSP Enrollment**



Data Source: DCR.

Figure 7 DCR data shows a lower number of self-reported total arrests, a year after FSP enrollment for Children/Youth FSP, TAY FSP, Adult FSP, and CJS FSP. Older Adult FSP remained unchanged.

How do the FSP services impact FSP consumers with: emergency psychiatric services, psychiatric hospital admissions, and arrests, prior to their enrollment in the FSP program?

Table 8 **Aggregate Percentage Increase/Reduction in Arrest Among FSP Consumers**

FSP Program	% of Arrest (-) Reduction
Children/Youth	-85%
TAY	-91%
Adult	-28%
OA	0%
CJS	-85%
Total	-82%

Data Source: DCR.

Table 8 percentages show that there was a reduction in self-reported arrests among all programs. Overall, there was a reduction of -82% in self-reported total arrests a year after FSP enrollment.

What happens to FSP consumers after their discharge from FSP services?

QUESTION 3 **What happens to FSP consumers after their discharge from FSP services?**

Table 9 **Post-FSP Discharge Admissions**

FSP Program	EPS Admissions After FSP Discharge	BAP & Contracted Hospital Admissions After FSP Discharge	FSP Readmissions After FSP Discharge	Other	None
Children/Youth	27	10	12	98	74
TAY	31	13	8	76	54
Adult	160	53	10	150	27
OA	5	4	3	2	7
CJS	186	33	63	172	48
Total	409	113	96	498	210

Data Source: Unicare.

Table 9 shows data for FY2014 on the number of admissions to EPS, BAP & Contracted Hospitals, and FSP, after discharge from any of the FSP programs. "Other" refers to admission to other MHD programs after FSP discharge. "None" refers to FSP consumers who were not found in any County of Santa Clara MHD program, following FSP discharge.

Table 10 **Post-FSP Discharge Admissions as a Percentage of FSP Discharges**

FSP Program	EPS Admissions (% of Unduplicated FSP Consumers Discharged)	BAP & Contracted Hospital Admissions (% of Unduplicated FSP Consumers Discharged)	FSP Readmissions (% of Unduplicated FSP Consumers Discharged)	Unduplicated FSP Consumers Discharged
Children/Youth	11%	5%	9%	131
TAY	17%	10%	9%	88
Adult	42%	30%	14%	69
OA	25%	33%	0%	12
CJS	37%	13%	39%	152
Total	26%	13%	20%	452

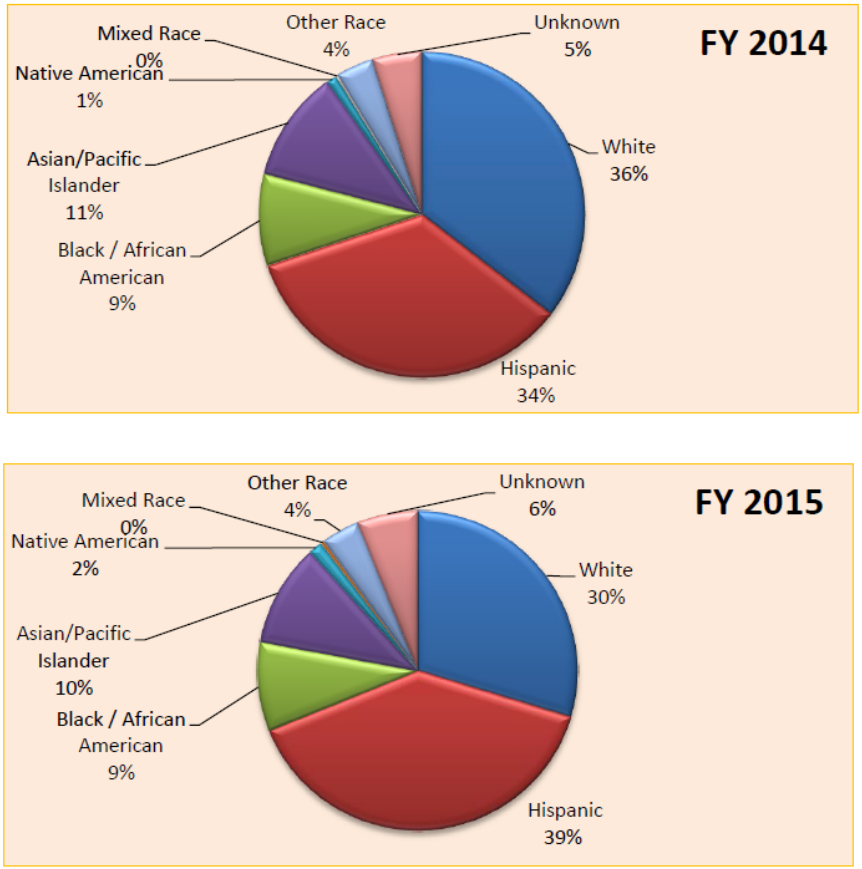
Data Source: Unicare.

Table 10 data shows that, as a percent of unduplicated number of consumers discharged from FSP, EPS admissions were between 11% and 37%, for each of the FSP programs; BAP & Contracted Hospital admissions ranged from 5% to 33%; FSP readmissions from 0% to 39%.

What is the racial/ethnic profile of consumers being served by the FSP?

QUESTION 4 **What is the racial/ethnic penetration rate among consumers being served by the FSP?**

Figure 8 **Racial/Ethnic Profile of FSP Consumers for FY 2014 and FY 2015**



Data Source: Unicare

Figure 8 shows the distribution of FSP consumers among the following five racial/ethnic groups : White, Hispanic, Black/African American, Asian/Pacific Islander and Native American. FSP consumers who did not identify themselves in any of the above groups were identified as either "Mixed Race," "Other Race" or "Unknown."

The racial/ethnic penetration rate among FSP consumers changed in FY2015, when compared with the penetration rate in FY2014:

- There was an decrease among White FSP consumers in FY2015 30% compared to FY2014 36%.
- The percent of Hispanic FSP consumers increased , albeit slightly (39% in FY2015 versus 34% in FY2014).
- The Black/African American FSP consumers remained the same at 9% in FY2015 and FY2014.
- The Native American FSP consumers also increased, albeit slightly at (2% in FY2015 and 1% FY2014).
- The Asian/Pacific Islander FSP consumers decreased, albeit slightly at (10% in FY2015 and 11% FY2014).

Consumer Perception Surveys

The Mental Health Department Consumer Perception Surveys (MHDCPS) are rated on a five-point scale, with "5" indicating the greatest satisfaction, or excellent rating. Consumer responses to the surveys are analyzed according to the Domains listed below. For data analysis, the items that comprise each of the Domains were averaged and then grouped into the following categories: 3.44 and below (68% and below) = Unsatisfactory; 3.45-3.99 (69%-78%) = Satisfactory; 4.00-4.44 (79%-88%) = Good; and 4.45-5.00 (89%-100%) = Excellent. As a general guideline, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5. Please note that averages were only calculated for those surveys where at least two-thirds of the items in the particular domain were completed.

Table 11 **Consumer Perception Survey Youth and Family Results (County-Wide)**

Domain	Youth & Family	
	May 2014	November 2014
Satisfaction with Service Access	4.45	4.42
Satisfaction with treatment planning	4.47	4.27
Satisfaction with services provided	4.48	4.38
Satisfaction with cultural sensitivity	4.71	4.57
Satisfaction with treatment outcomes	4.18	3.94

Table 11 shows data for two cycles of consumer perception surveys accross five domains for Youth and Family consumers. The consumer satisfaction response for the most recent survey and the prior survey ranges between satisfactory and excellent across the five domains.

Table 12 **Consumer Perception Survey Adult and Older Adult Results (County-Wide)**

Domain	Adult		Older Adult	
	May 2014	November 2014	May 2014	November 2014
Satisfaction with Service Access	4.38	4.25	4.55	4.35
Satisfaction with treatment planning	4.35	4.27	4.48	4.3
Satisfaction with services provided	4.44	4.4	4.62	4.5
Satisfaction with quality and appropriateness of service	4.45	4.29	4.68	4.29
Satisfaction with treatment outcomes	4.35	3.94	4.54	3.8

Table 12 shows data for two cycles of consumer perception surveys accross five domains for Adult and Older Adult consumers. Overall, the consumer survey response ranges from satisfactory to excellent accorss the five domains.

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2014/FY2015

Term	Definition
A Year After FSP Enrollment	One year (12 consecutive months) after a consumer was admitted to a Full Service Partnership (FSP) program.
A Year Before FSP Enrollment	One year (12 consecutive months) before a consumer is admitted to a Full Service Partnership (FSP) program.
AB2034	The Homeless and Mental Health legislation which establishes demonstration programs in California to reduce homelessness among people with mental illness, identifying people released from prison and jail as one key component of the target population.
Active FSP Consumers	Consumers who have been admitted to the FSP program and have not yet been discharged.
Adult	Ages 26-59 years old.
Asian/Pacific Islander	The Census Bureau defines Asian as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes 'Asian Indian,' 'Chinese', 'Filipino', 'Korean', 'Japanese', 'Vietnamese', and 'Other Asian'. Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as 'Native Hawaiian', 'Guamanian or Chamorro', 'Samoan', and 'Other Pacific Islander'.
BAP	Barbara Arons Pavilion (BAP) is a 50 bed acute (locked) facility located in the Santa Clara Valley Medical Center campus. It is one of two Acute Psychiatric Service Programs of the Santa Clara Valley Health and Hospital System.
Black/African American	The Census Bureau defines Black/African American as a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as 'Black or African American,' or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian.
Case Management	The coordination of community services for mental health patients by a professional who is responsible for the assessment of need and implementation of care plans.
Children/Youth	Ages 0-15 years old.
CJS	The Criminal Justice System (CJS) is the system of practices and institutions of governments directed at upholding social control, deterring and mitigating crime, or sanctioning those who violate laws with criminal penalties and rehabilitation efforts.
Community Resources	A range of mental health services, which is available in Santa Clara County.
Contracted Capacity	The expected number of consumers to be served by a mental health agency, based on its contract with the Santa Clara County Mental Health Department.
CSS	Community Services and Supports (CSS) refers to MHSA's System of Care Services, which is intended to differentiate the MHSA Community Services and Supports from existing and previously existing System of Care programs funded at the Federal, State and Local governments.
DCR	The Data Collection and Reporting (DCR) database system is part of the State of California's Department of Mental Health Performance Outcomes & Quality Improvement (POQI) system.

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2014/FY2015

Term	Definition
Discharged FSP Consumers	Consumers who have been transferred to a lower or higher level of care program, or who have been discharged from the mental health system.
Dually-Diagnosed	Consumers who are diagnosed with both substance abuse and mental illness.
EPS	Emergency Psychiatric Services (EPS) is an outpatient psychiatric emergency and crisis stabilization program located in the Santa Clara Valley Medical Center campus and is one of two Acute Psychiatric Service Programs of the Santa Clara Valley Health and Hospital System.
FSP	Full Service Partnership.
FY2014	The period between July 1, 2013 and June 30, 2014.
FY2015	The period between July 1, 2014 and June 30, 2015.
Hispanic	The Census Bureau defines Hispanic or Latino as a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
Invision	The hospital information system used by the Santa Clara Valley Medical Center.
ITWS	Information Tehnology Web Services of the State of California's Performance Outcomes & Quality Improvement (POQI) system.
MHSA	Mental Health Services Act.
Mixed Race	Mixed Race describes people whose ancestries come from multiple races. Unlike the term biracial, which often is only used to refer to having parents or grandparents of two different races, the term mixed race may encompass biracial people but can also include people with more than two races in their heritage.
Native American	The Census Bureau defines Native American as American Indian and Alask Native, a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
Newly Enrolled Consumers	Consumers who have been newly admitted to the FSP program.
Number of Consumers Served	The actual number of consumers served by Santa Clara County mental health and contracted programs.
OA	Older adults, ages 60 years old and above.
Other Race	Other race includes all other responses not included in Asian/Pacific Islander, Black/African American, Hispanic, Mixed Race, Native American, Unkown, or White.
Out of Home Placement	Children are put in out-of-home placement when there has been confirmed abuse or neglect, or when a family is unable to care for its own children for a variety of reasons (medical or mental condition of child or parent or child has significant behavior or emotional problems, etc.). Out-of-home placements are used in conjunction with therapeutic intervention, parenting classes, and other tools to reach a permanent placement. A permanent placement is reached when a child is reunified with his/her family or adopted. Foster care is the most common type of out-of-home placement.

Glossary: Santa Clara County Full Service Partnership Progress Report, FY2014/FY2015

Term	Definition
POQI	The State of California's Department of Mental Health Performance Outcomes & Quality Improvement system. It is a web-based data reporting system.
Proposition 63	California ballot proposition on the November 2, 2004 ballot. Its official name and title on the ballot was the Mental Health Services Act. It passed with 6,191,691 (53.8%) votes in favor and 5,337,216 (46.2%) against. It was an initiative statute that levied an additional 1 percent state tax on incomes of $1 million or greater to fundamental health service programs beginning January 1, 2005.
Self-Reported	Data collected in the DCR and self-reported by consumers.
SMI	Serious Mental Illness.
TAY	Transitional age youth, ages 16-25 years old.
Transition to Independence Approach	An evidence-based program model that stresses the importance of providing access to appropriate services, engaging mental health consumers in their own future planning process, and utilizing services that focus on each individual's strengths.
Treatment	The management and care of a patient/consumer.
Unduplicated Number of Consumers	Refers to counting a consumer only once, irregardless of the number of times a consumer was admitted or discharged from a program and irregardless of the number of mental health services a consumer received.
Unicare	Clinical documentation software system that is used by the Mental Health Department of Santa Clara County Health and Hospital System. All services, progress notes and the Initial, Update and Psychiatric Assessments are entered into Unicare by mental health providers.
Unknown	Unknown race includes all other responses not included in Asian/Pacific Islander, Black/African American, Hispanic, Mixed Race, Native American, Other, or White.
White	The Census Bureau defines White as a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.
Wraparound Model	The wraparound model provides individualized, comprehensive, community-based services and supports to children and adolescents with serious emotional and/or behavioral disturbances so they can be reunited and/or remain with their families and communities.

FY17 MHSA Annual Update and New Innovation Projects Draft Plan

Community Planning Process Timeline

Activity	Date/Time*	Location	Purpose
Commence 30-Day Public Review and Comment Period of the Draft Plan which will be posted on www.sccmhd.org/mhsa	July 14 – August 13, 2017	Utilize comment form which will be posted on www.scchmd.org/mhsa site and email completed to: evelyn.tirumalai@hhs.sccgov.org	• Offers an opportunity for public review and community input.
Hold an SLC meeting on the FY17 Annual Update and INN Draft Plan	Week of August 14, 2017	Specific date, time, and location to be announced at a later date.	• Provide stakeholders a recap of the public comments received during the 30-day public comment review period. • Provide an overview of any program/budget changes in Draft Plan. • Request SLC's endorsement of the Draft Plan.
Hold a Behavioral Health Board (BHB) Public Hearing on the Draft Plan	Monday, September 11, 2017 10:45 AM – 11:45 AM Lunch provided	Learning Partnership, TR 3 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116	• Conduct a public hearing of the FY17 Annual Update and INN Draft Plan at the close of the 30-day comment period as required by MHSA. • Request BHB to take a motion to approve the Draft Plan.
Request Board of Supervisor (BOS) approval of the Draft Plan	Tuesday, September 26, 2017 9:00 AM – 12:00 PM	70 W. Hedding Street San Jose, CA 95110	• Request BOS to approve/adopt Draft Plan and authorize BHSD to submit the new INN projects to the State-MHSOAC for final approval.

MHSA Stakeholder Leadership Committee Innovation Meeting

FEBRUARY 10, 2016, 3:00PM-4:30PM

COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY

333 WEST JULIAN STREET, 1ST FLOOR

SAN JOSE, CA 95110

2/10/2016

MHSA Innovation Meeting
Agenda

I. Welcoming and Opening Comments
II. Selection Process
III. INN Project Development
IV. Additional Areas of Need
V. Objective
VI. Comments/Questions

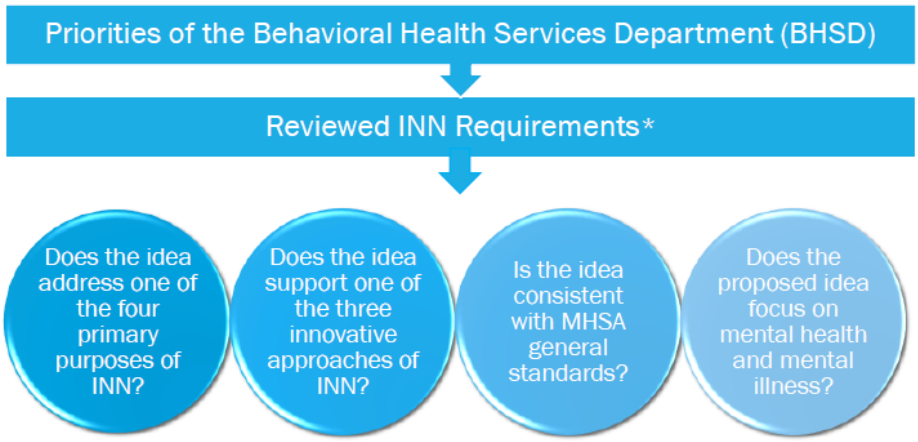
MHSA Innovation Meeting

Welcoming and Opening Comments

MHSA Innovation Meeting

Selection Process

MHSA Innovation Meeting
Selection Process



Welfare and Institutions Code (WIC) 5830: Innovative Programs; Title 9 California Code of Regulations (CCR) § 3910: Innovative Project General Requirements; and Title 9 CCR 3320: MHSA General Standards.

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MHSA Innovation Meeting
Selection Process

SCC Behavioral Health Guiding Principles

- Consumer and Family Member Involvement
- Culturally Responsive Approaches
- Life Span Focus (Across the Age Continuum)
- Innovative Care Practices
- Strategic Care Transitions (Between Levels of Care)
- Meaningful Outcomes

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MHSA Innovation Meeting
Selection Process

Total of 16 ideas were submitted which addressed the following program areas:

- Criminal Justice /Juvenile Justice (2)
- Domestic Violence (1)
- Employment (3)
- Outreach Education and Training (3)
- Peer Support (2)
- Prevention and Early Intervention (PEI)-(2)
- Respite Services (1)
- Technology (2)

MHSA Innovation Meeting

INN Project Development

MHSA Innovation Meeting
INN Project Development

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MHSA Innovation Meeting
INN Project Development

(1) INN Project Development: **Client and Consumer Employment**

- Reviewed submitted ideas received from Bill Wilson Center, Catholic Charities, and Momentum for Mental Health; considered concepts included in their submissions for one INN project regarding employment for clients and consumers
- **Target population**: TAY, Adults, and Older Adults
- **INN Purpose**: Increase the quality of services (employment), including measurable outcomes
- **INN Approach**: Makes a change to an existing mental health practice or approach, including but not limited to, adaption for a new setting or community
- **Test**: Individual Placement & Support Supported Employment (IPS/SE) model; although the model has shown to be an effective evidence-based practice (not new), it is BHSD's belief that the implementation of the model will help transform the culture of how the overall system views employment for clients/consumers which will be the innovative element of this project: employment adds to the well-being of clients/consumers

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MHSA Innovation Meeting
INN Project Development

(2) INN Project Development: **Outreach, Education, Training**

- Considered idea submitted by Wesley Mukoyama, Behavioral Health Board (BHB) Member, to provide mental health educational training for Faith/Spiritual Leaders
- **Target population**: Across the age continuum, from children to older adults; especially in ethnically, diverse communities
- **INN Purpose**: Increase access to services
- **INN Approach**: Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community
- **Test**: If customized behavioral health (BH) "101" training plan provided to Faith/Spiritual Leaders help them respond appropriately to individuals seeking their help and assist with linkage to County BH services thereby improving access to services for County residents

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MHSA Innovation Meeting
INN Project Development

(3) INN Project Development: **Peer Support and Prevention Services**

- Considered ideas submitted by David DeTata of NAMI Santa Clara County (SCC) around TAY Peer Support and Evelyn Tirumalai-SCC Suicide Prevention Coordinator on Suicide Prevention
- **Target population**: TAY
- **INN Purpose**: Increase access to services
- **INN Approach**: Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community
- **Test**: Psychiatric Emergency Response Team (PERT) model implemented by San Diego County; specifically target the Palo Alto area due to the history of suicide clusters occurring in the area and create TAY peer support post-crisis

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MHSA Innovation Meeting
INN Project Development – Next Steps

- Immediate Action Plan: Hold focus group meeting in March 2016*:
  1. Client and Consumer Employment Project
  2. Faith Based Training Project
  3. Psychiatric Emergency Response Team (PERT)/Linkage Project

  *Meeting Dates/Times will be emailed to the MHSA Email Distribution Group and posted on www.sccmhd.org/mhsa; one focus group meeting per project
- BHSD will compile information from focus group meetings and finalize the three projects
- Consult/share initial draft of project concepts with the State-Mental Health Services Oversight & Accountability Commission (MHSOAC)

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MHSA Innovation Meeting
INN Project Development – Next Steps *(continued 2 of 2)*

Utilize same local stakeholder process similar to the Annual Update process with one additional step:

- Hold SLC Meeting to present draft INN County Plan and announce 30-day public review and comment period;
- Post draft INN Plan for the required 30-day public review/comment period;
- Hold SLC Meeting to request SLC membership's endorsement of the County's draft INN Plan;
- Hold BHB Public Hearing on the County's draft INN Plan;
- Request County Board of Supervisors Approval of the County's draft INN Plan; and
- ***Request State-MHSOAC Approval; required before the County can expend INN funds (WIC 5830, CCR § 3905).***

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MHSA Innovation Meeting

Additional Areas of Need

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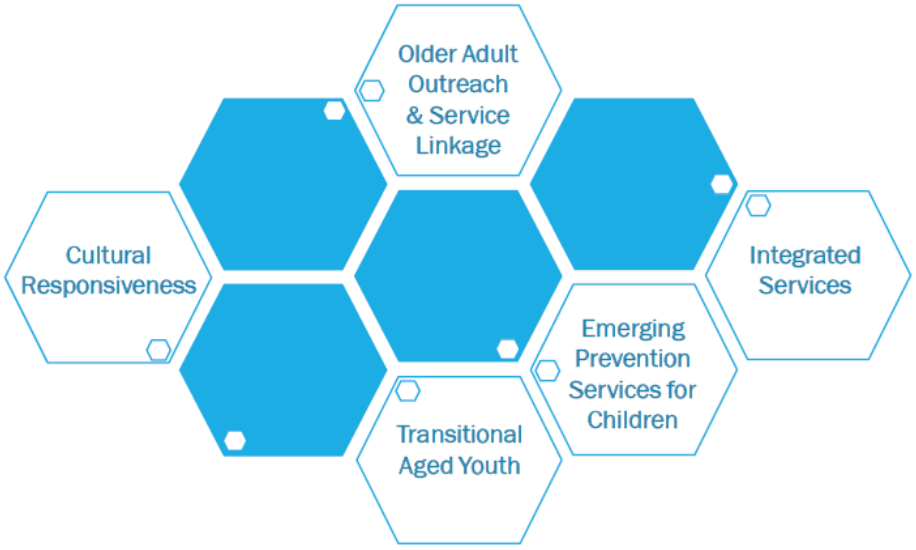
MHSA Innovation Meeting
Additional Areas of Need



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MHSA Innovation Meeting
Additional Areas of Need

- During BHSD's review of the submitted ideas it was determined there is a need for innovative approaches relating to the following program areas:
    1. Culturally responsive training practices for the County's diverse communities and cultures
    2. Outreach services, and linkage to behavioral health services for older adults
    3. Emerging prevention services for children
    4. Transitional aged youth supports and care transitions
    5. Integrated services: primary care and behavioral health
- Commence a 30-day window to solicit new ideas for items 1-4 as listed above from 2/17/2016 to 3/18/2016; fillable forms will be available on www.sccmhd.org/mhsa
- For item #5, BHSD will explore integrated services around primary care and behavioral health

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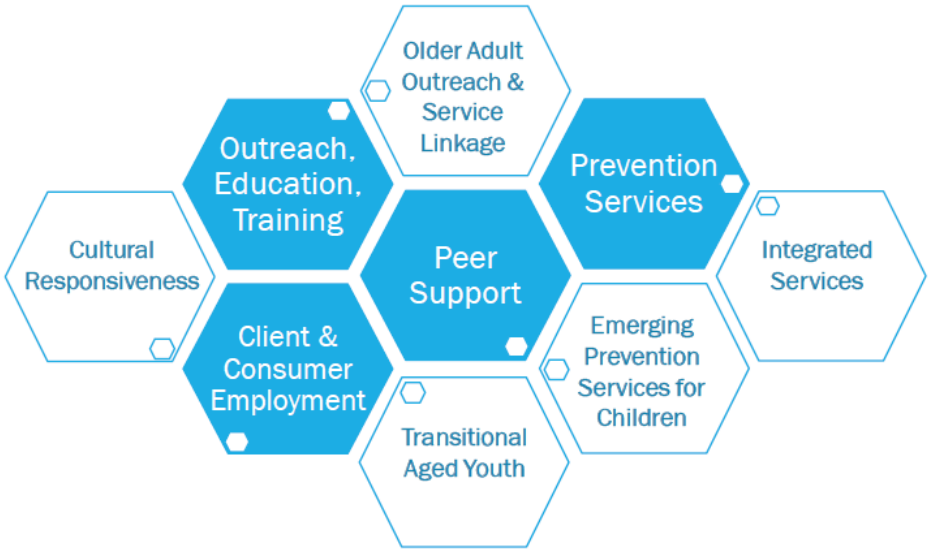
MHSA Innovation Meeting
Ultimate Objective



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MHSA Innovation Meeting

Comments and Questions

MHSA
Additional Information

- For additional questions about the planning process: please contact Jeanne Moral at 408-885-6867; jeanne.moral@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

MHSA Innovation Focus Group Meeting
New Project Development
Faith Based Training and Supports

MARCH 29, 2016, 2:30PM-3:30PM

SANTA CLARA COUNTY TRAINING AND CONFERENCE CENTER AT CHARCOT

2310 NORTH 1ST STREET, SUITE 102, TRAINING ROOM 1

SAN JOSE, CA 95131

3/28/2016

MHSA Innovation (INN) Focus Group Meeting
New Project Development Agenda

I. Welcoming and Opening Comments
II. Next Steps
III. Overview of New INN Project Idea: Faith Based Training and Supports
IV. Discussion and Stakeholder Input Segment
V. Overview of Local Stakeholder Process of New INN Projects
VI. Additional Comments/Questions

2

MHSA Innovation Focus Group Meeting
New Project Development

- Introductions
- Opening Comments
- Meeting Purpose

3

MHSA Innovation Focus Group Meeting
Next Steps

- Hold focus group meeting to obtain additional stakeholder input on new INN ideas; one focus group meeting per new project
- BHSD will compile information from focus group meetings and finalize the three projects
- Consult and share initial draft of project concepts with the State-Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Ensure new INN projects align with new INN regulations adopted in 2015 http://www.mhsoac.ca.gov/

4

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(1 of 3)*

New Project Idea: Faith Training and Supports

- Considered idea submitted by Wesley Mukoyama, Behavioral Health Board (BHB) Member, to provide mental health educational training for Faith/Spiritual Leaders
- **Target population**: Across the age continuum, from children to older adults; especially in ethnically, diverse communities
- **INN Purpose**: Increase access to services

5

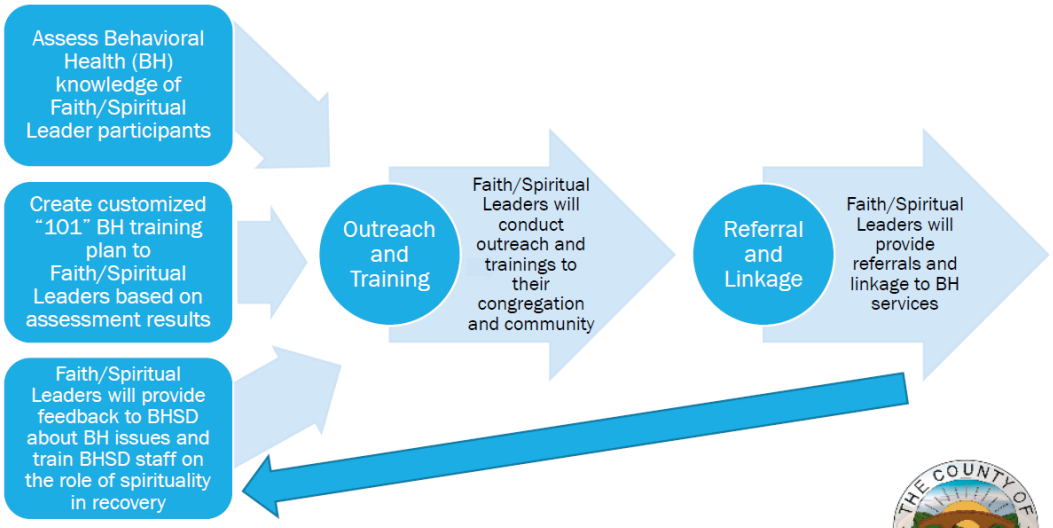
MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 2 of 3)*

New Project Idea: Faith Based Outreach, Education, Training and Linkage

- **INN Approach:** Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community
- **Test:** If customized behavioral health (BH) "101" training plan provided to Faith/Spiritual Leaders help them respond appropriately to individuals seeking their help and assist with linkage to County BH services thereby improving access to services for County residents

6

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 3 of 3)*



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MHSA Innovation Focus Group Meeting
Discussion and Stakeholder Input Segment

- Refer to State-MHSOAC New Innovation Program Form for requirements
- Orange County had a similar INN project.
  http://www.mhsoac.ca.gov/Counties/Innovation/Innovation90415.aspx
  What is unique and new about Santa Clara County's proposed new INN Faith Based Project?
- What are the expected outcomes?
  - For the clients
  - For the system

8

MHSA Innovation Focus Group Meeting
New INN Project Stakeholder Process

Utilize same local stakeholder process similar to the Annual Update process with one additional step:

- Hold SLC Meeting to present draft INN County Plan and announce 30-day public review and comment period;
- Post draft INN Plan for the required 30-day public review/comment period;
- Hold SLC Meeting to request SLC membership's endorsement of the County's draft INN Plan;
- Hold BHB Public Hearing on the County's draft INN Plan;
- Request County Board of Supervisors Approval of the County's draft INN Plan; and
- *Request State-MHSOAC Approval; required before the County can expend INN funds (WIC 5830, CCR § 3905).*

MHSA Innovation Focus Group Meeting

Additional Comments and Questions

MHSA
Additional Information

- For additional questions about the planning process: please contact Jeanne Moral at 408-885-6867; jeanne.moral@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

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MHSA Innovation Focus Group Meeting
New Project Development
Psychiatric Emergency Response Team (PERT) and Linkage Project

APRIL 15, 2016, 2:30PM-3:30PM

SANTA CLARA COUNTY TRAINING AND CONFERENCE CENTER AT CHARCOT
2310 NORTH 1ST STREET, SUITE 102, TRAINING ROOM 1
SAN JOSE, CA 95131

4/13/2016

connect empower transform
SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

MHSA Innovation (INN) Focus Group Meeting
New Project Development Agenda

I. Welcoming and Opening Comments
II. Next Steps
III. Overview of New INN Project Idea: Psychiatric Emergency Response Team (PERT) and Linkage Project
IV. Discussion and Stakeholder Input Segment
V. Overview of Local Stakeholder Process of New INN Projects
VI. Additional Comments/Questions

2

MHSA Innovation Focus Group Meeting
New Project Development

- Introductions
- Opening Comments
- Meeting Purpose

MHSA Innovation Focus Group Meeting
Next Steps

- Hold focus group meeting to obtain additional stakeholder input on new INN ideas; one focus group meeting per new project
- BHSD will compile information from focus group meetings and finalize the three projects
- Consult and share initial draft of project concepts with the State-Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Ensure new INN projects align with new INN regulations adopted in 2015 http://www.mhsoac.ca.gov/

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(1 of 3)*

New Project Idea: Psychiatric Emergency Response Team (PERT) and Linkage Project

- Considered ideas submitted by David DeTata of NAMI Santa Clara County (SCC) around TAY Peer Support and Evelyn Tirumalai-SCC Suicide Prevention Coordinator on Suicide Prevention
- **Target population**: Transitional Aged Youth (TAY)
- **INN Purpose**: Increase access to services

5

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 2 of 3)*

New Project Idea: Psychiatric Emergency Response Team (PERT) and Linkage Project

- **INN Approach:** Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community
- **Test:** Psychiatric Emergency Response Team (PERT) model implemented by San Diego County; specifically target the Palo Alto area due to the history of suicide clusters occurring in the area and create TAY peer support post-crisis

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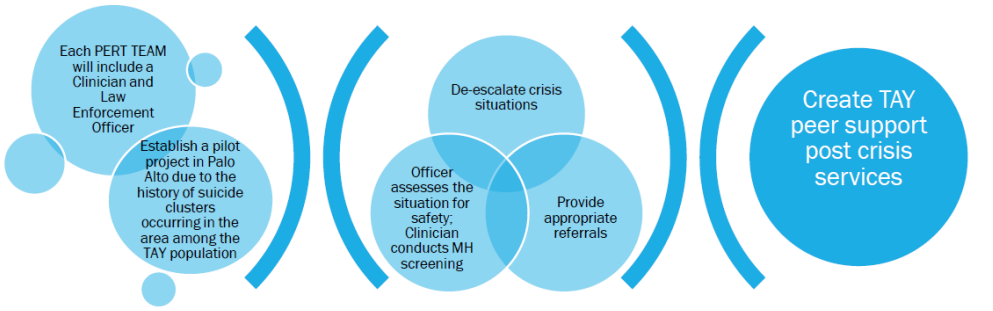
MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 3 of 3)*

Psychiatric Emergency Response Team (PERT) and Linkage Project



Goal: Decrease hospitalizations, connect individuals to appropriate services, and provide post crisis services.

MHSA Innovation Focus Group Meeting
Discussion and Stakeholder Input Segment

- Refer to State-MHSOAC New Innovation Program Form for requirements
- San Diego County's PERT Team program was initiated in the mid-1990s.

  What is unique and new about Santa Clara County's proposed new INN PERT and Linkage Project?
- What are the expected outcomes?
  - For the clients
  - For the system

MHSA Innovation Focus Group Meeting
New INN Project Stakeholder Process

Utilize same local stakeholder process similar to the Annual Update process with one additional step:

- Hold SLC Meeting to present draft INN County Plan and announce 30-day public review and comment period;
- Post draft INN Plan for the required 30-day public review/comment period;
- Hold SLC Meeting to request SLC membership's endorsement of the County's draft INN Plan;
- Hold BHB Public Hearing on the County's draft INN Plan;
- Request County Board of Supervisors Approval of the County's draft INN Plan; and
- ***Request State-MHSOAC Approval; required before the County can expend INN funds (WIC 5830, CCR § 3905).***

9

MHSA Innovation Focus Group Meeting

Additional Comments and Questions

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MHSA
Additional Information

- For additional questions about the planning process: please contact Jeanne Moral at 408-885-6867; jeanne.moral@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

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MHSA Innovation Focus Group Meeting
New Project Development
Headspace

JUNE 14, 2017 3:00-5:00PM
SANTA CLARA VALLEY MEDICAL CENTER
VALLEY SPECIALTY CENTER
CONFERENCE ROOM BQ160
751 S BASCOM AVE, SAN JOSE, CA 95128

MHSA Innovation (INN) Focus Group Meeting
New Project Development Agenda

I. Welcome
II. Opening Comments
III. Meeting Purpose
IV. Process
V. Overview of New INN Project Idea: ***Headspace***
VI. Discussion and Stakeholder Input Segment/Group Activity
VII. Timeline Summary
VIII. Overview of Local Stakeholder Process of New INN Projects
IX. Additional Comments/Questions

MHSA Innovation Focus Group Meeting
Process

- Hold focus group meeting to obtain additional stakeholder input on new INN ideas; one focus group meeting per new project.
- BHSD will compile information from focus group meetings and finalize today's project
- Consult and share initial draft of project concepts with the State-Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Ensure new INN projects align with current INN regulations found at http://www.mhsoac.ca.gov/

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(1 of 4)*

Headspace

- Idea submitted by Steven Adelsheim, MD, Director, Stanford Center for Youth Mental Health and Wellbeing; Stanford Department of Psychiatry.
- **Overview:** The Stanford Center for Youth Mental Health and Wellbeing seeks to adapt and replicate the ***Headspace*** model in Santa Clara County. A "one stop shop" integrated health and mental health care by physicians, on-site psychiatric services, alcohol and drug treatment, educational and employment services for youth ages 12-25.

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(2 of 4)*

Headspace

- **Target population**: Youth ages 12-25 in Santa Clara County.
- The Primary Purpose of this Innovations Project is to achieve:
  - Increase the quality of mental health services, including measurable outcomes.

http://mhsoac.ca.gov/document/2016-03/innovation-regulations

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 3 of 4)*

Headspace

- **INN Approach:** Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.*
- This includes a community-driven approach that has been successful in a national health insurance model.

**Source: General requirements of innovative projects. http://mhsoac.ca.gov/document/2016-03/innovation-regulations*

MHSA Innovation Focus Group Meeting
Overview of New INN Project Idea *(continued 4 of 4)*

Headspace

Test: SCC seeks to understand how the Australian model can be replicated and adapted to affect the following:

- Attracting and engaging 12-25 year olds in seeking prevention and early intervention support services.
- Decreasing symptoms or distress and/or an increase in connections to supportive peers, professionals and resources among youth receiving services.
- Understanding the barriers to implementation and sustainability of the ***Headspace*** model in SCC - likely to have an impact state and nationwide.

MHSA Innovation Focus Group Meeting
Headspace Overview

MHSA Innovation Focus Group Meeting
Discussion and Stakeholder Input Segment

- Refer to State-MHSOAC New Innovation Program Form for requirements
- Centers in: Australia, Canada, Ireland, Denmark, Israel.

MHSA Innovation Focus Group Meeting
Group Activity

Write in your answers on the posters provided around the room:

1. If a ***Headspace*** center opened in your community, what services would you consider most advantageous for youths 12-25?
   - ❑ Getting help dealing with anxiety and distress
   - ❑ Managing physical or sexual health
   - ❑ Managing depression
   - ❑ Discussing relationship/family issues
   - ❑ Dealing with substance use issues
   - ❑ Educational or career support
   - ❑ Group discussions to talk with my peers/other young people about issues they are facing
   - ❑ Educational programs about mental health and other topics
   - ❑ Other:
2. What strikes you as unique and new about ***Headspace***?
3. What are your perceived expected outcomes
   - ❑ For the Clients
   - ❑ For the System
4. What Youth Advisory Boards or Coalitions should be considered to provide input in project design and implementation?

MHSA Innovation Focus Group Meeting
Timeline

Activity	Date/Time*	Location	Purpose
Hold a Focus Group Meeting: New MHSA Innovation (INN) Project- Headspace	Wednesday, June 14, 2017 3:00pm – 5:00pm	Santa Clara Valley Medical Center Valley Specialty Center Conference Room BQ160 751 S Bascom Ave, San Jose, CA 95128	• Provide an overview of New INN Project Idea: Headspace • Allow Discussion and Stakeholder Input Segment • Next Steps
MHSA Stakeholder Leadership Committee (SLC) Meeting	Wednesday, June 28, 2017 5:30pm – 7:30pm	Santa Clara Valley Medical Center Valley Specialty Center Conference Room BQ160 751 S Bascom Ave, San Jose, CA 95128	• Present FY17 Annual Update and INN Draft Plan (Draft Plan) • Announce the start of the 30-Day public review and comment period slated for June 30, 2017.
Commence 30-Day Public Review and Comment Period of the Draft Plan which will be posted on www.sccmhd.org/mhsa	June 30 – July 30, 2017	Utilize comment form which will be posted on www.sccmhd.org/mhsa site and email completed to: evelyn.tirumalai@hhs.sccgov.org	• Offers an opportunity for public review and community input.
Hold an SLC meeting on the FY17 Annual Update and INN Draft Plan	Friday, August 4, 2017 1:00pm – 3:00pm	Learning Partnership, TR 3 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116	• Provide stakeholders a recap of the public comments received during the 30-day public comment review period. • Provide an overview of any program/budget changes in Draft Plan. • Request SLC's endorsement of the Draft Plan.
Hold a Behavioral Health Board (BHB) Public Hearing on the Draft Plan	Monday, August 14, 2017 10:45 – 11:45 am Lunch provided	Learning Partnership, TR 3 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116	• Conduct a public hearing of the FY17 Annual Update and INN Draft Plan at the close of the 30-day comment period as required by MHSA. • Request BHB to take a motion to approve the Draft Plan.
Request Board of Supervisor (BOS) approval of the Draft Plan	Tuesday, September 12, 2017 9:00am – Noon	70 W. Hedding Street San Jose, CA 95110	• Request BOS to approve/adopt Draft Plan and authorize BHSD to submit the new INN projects to the State-MHSOAC for final approval.

MHSA Innovation Focus Group Meeting
Overview of Local Stakeholder Process of New INN Projects

Utilize same local stakeholder process similar to the Annual Update process with one additional step:

- Hold SLC Meeting to present draft INN County Plan and announce 30-day public review and comment period;
- Post draft INN Plan for the required 30-day public review/comment period;
- Hold SLC Meeting to request SLC membership's endorsement of the County's draft INN Plan;
- Hold BHB Public Hearing on the County's draft INN Plan;
- Request County Board of Supervisors Approval of the County's draft INN Plan; and
- ***Request State-MHSOAC Approval; required before the County can expend INN funds (WIC 5830, CCR § 3905).***

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MHSA Innovation Focus Group Meeting

Additional Comments and Questions

MHSA
Additional Information

- For additional questions about the planning process: please contact Evelyn Tirumalai at 408-885-3982; evelyn.tirumalai@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

MHSA Stakeholder Leadership Committee (SLC) FY17 MHSA Annual Update and Innovations Draft Plan

AUGUST 16, 2017 5:30PM-7:30PM
SANTA CLARA VALLEY MEDICAL CENTER
VALLEY SPECIALTY CENTER
CONFERENCE ROOM BQ160
751 S BASCOM AVE, SAN JOSE, CA 95128

connect empower transform

FY17 MHSA Annual Update Meeting Agenda

I. Welcoming and Introductions
II. Meeting Overview and Planning Process Update
III. Recap of FY17 Annual Update Draft Plan and INN Projects
IV. 30-Day Public Posting
V. MHSA 3-year Planning Process
VI. Comments/Questions
VII. MHSA SLC Membership Vote
VIII. Conclusion

2

FY17 MHSA Annual Update Meeting

Welcome and Introductions

FY17 MHSA Annual Update Meeting
Planning Process Update

- Recap of Community Planning Process (CPP)
- Timeline Update – Refer to handout
- Purpose of today's meeting
  - Summary of changes and comments after 30-Day Public Comment
  - **Request SLC's endorsement of the FY17 MHSA Annual Update Draft Plan and 4 New INN Projects**

FY17 MHSA Annual Update Meeting
Summary of FY17 MHSA Annual Update Plan

Please refer to June 28, 2017 - PowerPoint Handout

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FY17 MHSA Annual Update Meeting
Summary of FY17 MHSA INN Plans

- Four identified by MHSA Stakeholder input
- Interviews conducted to select a new MHSA INN Coordinator to help support this MHSA component

6

FY17 MHSA Annual Update Meeting

Summary of INN – 10 Faith-Based and Spiritual Training and Supports

- This two-year project aims to increase access to faith-based services through the development of customized behavioral health training plans for faith/spiritual leaders, enhancing their knowledge, skills and responses to individuals seeking their help.
- In turn, faith/spiritual leaders will enhance behavioral health services providers' understanding of the role of spirituality in client/consumer wellness and recovery goals.
- MHSOAC Request: $1,434,288

FY17 MHSA Annual Update Meeting

Summary of INN – 11 Client/Consumer Individual Placement and Support (IPS) Employment Program

- This three-year project seeks to transform how the service delivery system views and supports employment, shifting from a single service to a critical component of recovery and element of treatment.
- Using the consumer-driven Individual Placement and Support (IPS) evidence-based practice, this project will integrate employment as a wellness goal for clients/consumers and provide an array of individual supports to help achieve their goals.
- MHSOAC Request: $2,525,148

FY17 MHSA Annual Update Meeting

Summary of INN – 12 Psychiatric Emergency Response Teams (PERTs) and Peer Linkage Project

- This two-year project will utilize a co-response intervention model with teams that include a licensed clinician paired with a law enforcement officer.
- The goals are to de-escalate crisis situations, prevent unnecessary hospital visits, connect individuals to appropriate services and provide post-crisis peer support services.
- MHSOAC Request: $3,688,511

FY17 MHSA Annual Update Meeting

Summary of INN – 13 *headspace*

- This four-year project is presented in partnership with Stanford University's Center for Youth Mental Health and Wellbeing. The project will develop a "one stop shop" integrated health and mental health care prevention center for youth ages 12-25, which will include on-site counseling and psychiatric services, alcohol and substance use services and educational and employment resources.
- Two centers are expected to open during the launch period. The centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth, with involvement from a youth advisory board, helping to develop the centers from the ground up.
- With direct youth input and guidance, the services will be tailored to meet the needs of the adolescents and young adults served in each of the centers.
- MHSOAC Request for ramp up period: $555,929 (8 months)

FY17 MHSA Annual Update Meeting
Summary and comments after 30-Day Public Comment

- FY17 MHSA Annual Draft Plan remains as posted
- Five public comments received – will review at public hearing

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FY17 MHSA Annual Update Meeting
MHSA Needs Assessment and Three-Year Plan

- BHSD has contracted with Resource Development Associates (RDA), a Bay Area consulting firm, working on a number of Santa Clara County projects, to conduct a system-wide MHSA Needs Assessment.
- The assessment is designed to identify gaps and opportunities in prevention efforts and direct services that will inform next year's MHSA three-year planning process.

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FY17 MHSA Annual Update Meeting
MHSA Needs Assessment and Three-Year Plan Update

RDA has

- ✓ conducted interviews and discussions with BHSD leadership and management teams
- ✓ facilitated over 30 focus groups with consumers, family members, and staff across the County and with cultural-specific groups
- ✓ collected hundreds of surveys from consumers and their families
- ✓ developed a map of the children/youth and adult/older adult systems of care
- ✓ received and are currently analyzing all of the service utilization and financial data
- ◦ The Department anticipates a final report and set of recommendations in October 2017.

13

FY17 MHSA Annual Update Meeting
MHSA Needs Assessment and Three-Year Plan Update

"We have been grateful to providers for gathering folks together to speak with us and for being so inviting to our teams. We have also been impressed with the commitment of providers to serving the community."

Roberta Chambers, PsyD
Resource Development Associates
August 16, 2017

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FY17 MHSA Annual Update Meeting

Additional Comments and Questions

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MHSA Innovation Focus Group Meeting

VOTE

MHSA SLC's Endorsement of the FY17 MHSA Annual Update Draft Plan and Four New Innovations Projects

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FY17 MHSA Annual Update Meeting
Next Step

Hold a Behavioral Health Board (BHB) Public Hearing on the Draft Plan

Date: Monday, September 11, 2017

Time: 10:45 – 11:45 am
Lunch provided

Location: Learning Partnership, TR 3, 1075 E. Santa Clara Street, 2nd Floor, San José, CA 95116

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SANTA CLARA COUNTY
Behavioral Health Services

Activity	Date/Time	Location	Purpose
MHSA Stakeholder Leadership Committee (SLC) Meeting	Wednesday, June 28, 2017 5:30pm – 7:30pm	Santa Clara Valley Medical Center Valley Specialty Center Conference Room BQ160 751 S Bascom Ave, San Jose, CA 95128	•Present FY17 Annual Update and INN Draft Plan (Draft Plan) •Announce the start of the 30-Day public review and comment period slated for June 30, 2017.
Commence 30-Day Public Review and Comment Period of the Draft Plan which will be posted on www.sccmhd.org/mhsa	July 14 – August 13, 2017	Utilize comment form which will be posted on www.sccmhd.org/mhsa site and email completed to: evelyn.tirumalai@hhs.sccgov.org	•Offers an opportunity for public review and community input.
Hold an SLC meeting on the FY17 Annual Update and INN Draft Plan	Wednesday, August 16, 2017 5:30pm – 7:30pm	Santa Clara Valley Medical Center Valley Specialty Center Conference Room BQ160 751 S Bascom Ave, San Jose, CA 95128	•Provide stakeholders a recap of the public comments received during the 30-day public comment review period. •Provide an overview of any program/budget changes in Draft Plan. •Request SLC's endorsement of the Draft Plan.
Hold a Behavioral Health Board (BHB) Public Hearing on the Draft Plan	Monday, September 11, 2017 10:45 – 11:45 am Lunch provided	Learning Partnership, TR 3 1075 E. Santa Clara Street, 2nd Floor San José, CA 95116	•Conduct a public hearing of the FY17 Annual Update and INN Draft Plan at the close of the 30-day comment period as required by MHSA. •Request BHB to take a motion to approve the Draft Plan.
Request Board of Supervisor (BOS) approval of the Draft Plan	Tuesday, September 26, 2017 9:00am – Noon	70 W. Hedding Street San Jose, CA 95110	•Request BOS to approve/adopt Draft Plan and authorize BHSD to submit the new INN projects to the State-MHSOAC for final approval.

MHSA
Additional Information

- For additional questions about the planning process: please contact Evelyn Tirumalai at 408-885-3982; evelyn.tirumalai@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

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Stakeholder Comments Received From July 2017 to August 2017 and Santa Clara County Behavioral Health Services Department (BHSD) Responses

Comment #1	
Submitted by:	Maria Lopez, Ambulatory Care Administration
Submission Information:	Submitted via email on 8/3/2017
Participant Info:	▪ Age: 25-59 age group ▪ Group Representative: Family Member of Consumer/County Staff ▪ Ethnicity: Latino/Hispanic ▪ Primary System Transformation Interest: listed all
Comment/Feedback:	It is very important for all our local law enforcement officers and county servers/employees to know of the importance on how to understand, treat, serve, de-escalate, HELP with any situation pertaining/involving any patient with mental illness. Fighting stigma is complicated but educating ourselves and others will make and has made some difference within our community. Educating our public servers should be the first step in trying to make a difference in helping our large population of homeless people and those with mental illnesses, even if you don't have direct contact or provide health services to people dealing with this disability. As a parent with a family member dealing with a mental illness, has brought me a little comfort, knowing that some of our San Jose police officers are already trained or have taken the 'Mental Health First Aid' (MHFA) classes. Evelyn is great!
BHSD Division Area:	Adult and Older Adult Services; F & C; Custody Health
BHSD Response:	Thank you for your feedback, we appreciate your comments.
Comment #2	
Submitted by:	Beth Johns, Program Manager, Momentum Employment Services
Submission Information:	Submitted via email on 8/7/2017
Participant Info:	▪ Age: 25-59 years ▪ Group Representative: Community Member/Agency/Mental Health Provider ▪ Ethnicity: Caucasian/White ▪ Primary System Transformation Interest: Recovery and Resiliency Focused Services
Comment/Feedback:	All Comments are for INN-11 Client and Consumer Employment Project 1. Target placement goal is 92% (p118, 4b) yet the competitive employment rate (placement) in the 23 randomized trials of IPS/SE is 55% (p.115, 3) Is the 92% goal a misprint?

	2. The Proposed specific staff identified for each IPS/SE program site splits the direct service function into two positions: employment specialist and job finder which is in conflict with the IPS model. The IPS/SE model describes it as a single position, a vocational generalist, where one person carries out all phases of service, including job placement. 3. Will the County be funding someone to conduct the fidelity reviews, an integral feature of the model?
BHSD Division Area:	TAY; Adult and Older Adult Services
BHSD Response:	Thank you for your comments. Please note: 1. The target employment rate goal has been revised to 60% (240 placements out of 400 clients served including roll over). Thank you for noting the difference. 2. To stay within the IPS/SE model, employment specialist and job finder functions will roll in one single position, eliminating the .50FTE for job finder. The combined positions will be called Vocational Generalists which will include both employment specialist and job finder functions at all sites. These salaries will be commensurate with experience and training and the .50FTE allocation will be funneled back into the two more skilled positions. 3. Independent evaluation is a critical component of all Innovations Projects as required by INN Regulations. Indeed, a contract service request will be released upon approval by MHSOAC.
Comment #3	
Submitted by:	Nicole Coxe, Tobacco-Free Communities, Program Manager, Santa Clara County Public Health Department
Submission Information:	Submitted via email on 8/14/2017
Participant Info:	▪ Age: 25 - 59 ▪ Gender: Female ▪ Group Representative: County Staff ▪ Ethnicity: Caucasian/White ▪ Primary System Transformation Interest: Community/Public Education, Prevention, Stigma and Discrimination, etc.
Comment/Feedback:	Because tobacco use is 2-4 times higher among adults with behavioral health conditions in Santa Clara County, there is a strong need for more systematically addressing tobacco use in mental health and substance use treatment settings. Based on the FY17 plan and progress update, there is an opportunity to strengthen how within the system (and through contractors) that tobacco use is being assessed and how clients are referred and/or provided with services. The report states that only 12 clients were provided cessation services in one year, but perhaps there are other actions and measures that could be considered (such as tobacco use behavior measures; quit attempt reporting; referrals to the quit-line/other county cessation services; etc).

	Working collaboratively with the Public Health Department and Ambulatory Care Department could help strengthen outcomes of reducing tobacco use among this population, which nationally accounts for half of all deaths from tobacco use. Treating tobacco use along with other substance use issues can actually increase long-term abstinence from other substances as well. Also, people with behavioral health conditions are just as interested in quitting, are able to quit, and are just as successful if given proven quit aids than people without BH conditions.
BHSD Division Area:	SUTS; Adult and Older Adult Services
BHSD Response:	We appreciate your input. BHSD appreciates opportunities for collaboration with Public Health Department (PHD). Please reach out to the MHSA Coordinator for coordination of services through our Prevention and Early Intervention efforts. Thank you.
Comment #4	
Submitted by:	Hussain Rahim
Submission Information:	Submitted via email on 8/16/2017
Participant Info:	▪ Age: 60+ ▪ Gender: Male ▪ Group Representative: → Consumer of Mental Health Services → Mental Health Provider → Substance Use Provider ▪ Ethnicity: Other non-specified ▪ Primary System Transformation Interest: Recovery and Resiliency Focused Services , Family and Consumer Driven Services
Comment/Feedback:	No comments were provided.

Comment #5	
Submitted by:	Mary Gloner, Project SafetyNet
Submission Information:	Submitted via email on 8/16/2017
Participant Info:	▪ Age: 25-59 years ▪ Gender: Female ▪ Group Representative: All ▪ Ethnicity: Asian/Pacific Islander ▪ Primary System Transformation Interest: All
Comment/Feedback:	On behalf of Project Safety Net, thank you for the opportunity to comment on the Santa Clara County's Mental Health Services Act (MHSA) Annual Plan Update and new INN Projects. Please see attached letter for formal comments. Thank you, Mary Cheryl B. Gloner, MPH, MBA - Executive Director for Project Safety Net. (letter attached)
BHSD Division Area:	Adult and Older Adult Services; F & C
BHSD Response:	Thank you submitting your letter regarding various components of the plan, which is attached. We appreciate community partners that advocate for the communities we serve. We look forward to your continued participation and involvement in this process.

project safety net

To develop and implement an effective comprehensive community-based mental health plan for overall youth well-being in Palo Alto

August 13, 2017

Evelyn Castillo Tirumalai, MPH
Mental Health Services Act (MHSA) Coordinator
Santa Clara County Behavioral Health Services Department

RE: Santa Clara County's Mental Health Services Act (MHSA) Annual Plan Update and new INN Projects

On behalf of Project Safety Net (PSN) Leadership, we thank the Santa Clara County Behavioral Health Services Department for a thoughtful, transparent, and participatory process that ensured community engagement. We appreciate the County's leadership on one of the most challenging health issues to address not only from a healthcare delivery, access, and quality, but from a social and cultural context.

Project Safety Net is a community coalition that came together nearly ten years ago in response to the youth suicides in Palo Alto to promote youth wellbeing and suicide prevention. We are fortunate to consider Santa Clara County Behavioral Health Services a strong and active partner in our important mission work.

Last year, PSN members worked closely with the County of Santa Clara by coordinating the CDC/SAMHSA Epi-Aid Investigation, serving on its Behavioral Health Board, advancing the strategic priorities of its Suicide Prevention Program, and partnering on community activities (e.g. education, awareness, outreach, and training). PSN looks forward to continuing to strengthen this partnership by not only serving the Palo Alto community, but to serve as a gateway partner for activities throughout North County.

We value that the Santa Clara County Behavioral Health Services Department is the "safety net" for our community residents who are most vulnerable and need for services. Based on the Epi-Aid Report, Santa Clara County District 5 Collective Impact Initiative co-led by Supervisor Simitian's Office and Community Health Partnership, and community input, it's heartening to see in this year's plan that there is a commitment to serve broader beyond San Jose region to North and South County. Equally important is the commitment to serve youth and families county wide.

The MHSA Annual Plan Update and new INN Projects re-enforce PSN's 2017-2020 strategic roadmap, especially the first three of our six goals:
Goal 1: Collaboration Development, Coordination, and Continuous Communication – To maintain a well-informed and diverse representation of community partners who collectively work towards promoting youth well-being and preventing youth suicide.

Goal 2: Community Education, Outreach and Training - To improve youth well-being by providing culturally tailored education and conducting outreach to diverse stakeholders (e.g. LGBTQ+, immigrant, underserved, transitional age youth, disabilities) on youth mental health and suicide prevention.

Goal 3: Youth Mental Health Care Services - To improve the mental health care utilization and access for youth by reducing barriers related to recovery, stigma, health coverage, and culture.

Cubberley Community Center • 4000 Middlefield Road, Building T2 • Palo Alto, CA 94303
www.psnpaloalto.org • Office: (650) 329 -2432

The following are comments that pertain to specific MHSA components and innovation plans:

C03 Plan – Children & Family Behavioral Health Outpatient Services Redesign – Asian Americans for Community Involvement, Children's Health Council, Family & Children Services (Caminar), and Momentum for Mental Health actively serve to advance PSN's mission. We thank the County for supporting their efforts in Early Periodic Screening, Diagnosis, and Treatment. While they serve clients throughout Santa Clara County, they are an important partner in our work in North County.

T02-04 Plan – Behavioral Health Services Outpatient System Redesign/TAY Crisis and Drop-In Services

Thank you for continued commitment to serve TAY, especially LGBTQ+ members. While the Bill Wilson Center, Uplift Family Services, and Gardner Family Care Corporation have established reputation for serving vulnerable youth, accessibility of services to TAY throughout the county, especially in North County is critical. The CDC/SAMHSA Epi-Aid Investigation identified that TAY were vulnerable and the statistics showed that three cities in North County had a higher incidence of deaths by suicide in comparison to the entire county.

A05 Plan – Consumer and Family Wellness and Recovery Services

The CDC/SAMHSA Epi-Aid Investigation report, Project Cornerstone Developmental Assets, and PSN Epi-Aid Community Survey, all re-enforce the role of family is a protective factor to suicide prevention and ensuring youth resiliency. We look forward to these services be more accessible to North County families.

PEI P1 Plan - Community Engagement and Capacity Building for Reducing Stigma and Discrimination

PSN is committed to continue partnering with County Behavioral Health Services to accomplish the goals and provide a solid base to serve Palo Alto and neighboring communities in North County.

PEI P2 Plan - Strengthening Families and Children

One of the integral components to PSN's efforts to foster youth wellbeing. While PSN Leadership serves on various coalition that advance the goals that strengthen families and children, we look forward to recently county funded "Youth Connectedness Initiative" led by PSN's long-time partner Youth Community Services with the support of the County's School Linked Services program. We are thrilled for the opportunities to not only serve more youth in North County, but for the initiative to serve as a model for replication throughout the County.

PEI P5 Plan - Suicide Prevention Strategic Plan

The CDC/SAMHSA Epi-Aid Investigation punctuates the importance of suicide prevention efforts, especially among youth 10-24 years old. Thank you to the County Board of Supervisors and Behavioral Health for not only re-investing in this important prevention work, but to also expand its services. Project Safety Net looks forward to continue partnering with the Suicide Prevention Team to serve as a gateway to increasing access to suicide prevention activities in North County.

INN Projects

Thank you for continuing to fund the Multi-Cultural Center Project (INN-05) signaling that diversity is welcomed and fostering inclusion. We are in full support of the four newly proposed INN projects, especially Faith Based Training and Support Project (INN-10); Psychiatric Emergency Response Team (PERT) and Peer Linkage Project (INN-12); and *headspace* Project (INN-13). These three initiatives directly respond to priorities identified by our local community. Furthermore, INN-12 and INN-13 are initiatives that local PSN partners have either directly help shape or lead.

In closing, Project Safety Net and its partners are committed to support the County Behavioral Health to not only help reach fulfill its plan, but to also advance its mission, "to assist individuals in our community affected by mental illness and serious emotional disturbance to achieve their hopes, dreams and quality of life goals." Please do not hesitate to contact PSN as a resource, especially with serving the most vulnerable communities in North County.

With appreciation,

Mary Cheryl B. Gloner, MPH, MBA
Executive Director

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www.psnpaloalto.org • Office: (650) 329-2432

COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD
BHB-MHSA PUBLIC HEARING
Monday, September 11, 2017 (10:45 AM – 11:45 AM)

Downtown Mental Health Center ~ 1075 E. Santa Clara Street, 2nd Floor; Training Room 3
San José, CA 95116
(Lunch will be served post-Public Hearing)
Contact Llolanda Ulloa with questions, 408-793-5677

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

AGENDA

For meeting materials go to https://www.sccgov.org/sites/bhd/info/MentalHealthBoard/Pages/default.aspx

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

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

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

4. Open Public Hearing Regarding FY17 Mental Health Services Act (MHSA) Annual Update Draft Plan and New Innovations Projects. To view the Draft Plan and full descriptions of the four new Innovations Plans visit https://www.sccgov.org/sites/bhd/AboutUs/MHSA/Pages/default.aspx

5. Motion to Close Public Hearing

6. Motion for the Behavioral Health Board to Take Action on the Draft MHSA Annual Update - FY17 Program and Expenditure Plan

7. Adjournment:

In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify SCC Behavioral Health Board Liaison Llolanda Ulloa 24 hours prior to the meeting by email at Llolanda.Ulloa@hhs.sccgov.org or at: (408) 793-5677, TDD (408) 993-8272.

COMMUTE ALTERNATIVES: The Board of Supervisors encourages the use of commute alternatives including bicycles, carpooling, and hybrid vehicles. Bicycle parking racks are NOT available at this location.

Public transit access is available to and from Downtown Behavioral Health Dept., 1075 E. Santa Clara St., San José, California by VTA bus lines 22 and 522. For trip planning information, contact the VTA Customer Service Department at 408-321-2300 Monday through Friday between the hours of 6:00 a.m. to 7:00 p.m., and on Saturday from 7:30 a.m. to 4:00 p.m. Schedule information is also available on the web at www.vta.org.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to all or a majority of the BHB-Executive Committee less than 72 hours prior to that meeting are available for public inspection at the Behavioral Health Services Administration, 828 S. Bascom Avenue, Suite 200, San Jose, CA during normal business hours, as well as online at https://www.sccgov.org/sites/mhd/MentalHealthBoard/MHBMeetingAgendasMinutes/Pages/default.aspx

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

Behavioral Health Board Public Hearing
FY17 MHSA Annual Update Plan and INN Projects

SEPTEMBER 11, 2017 10:45AM-11:45AM

SANTA CLARA COUNTY DOWNTOWN MENTAL HEALTH CENTER

1075 E. SANTA CLARA STREET, SAN JOSE, CA 95116

2ND FLOOR, TRAINING ROOM #3

FY16 MHSA Annual Update Public Hearing
Agenda

I. Welcoming and Opening Comments
II. Local News and Updates
III. Community Planning Process Activities to Date
IV. FY17 Annual Update Recommendation Highlights
V. Proposed changes after 30-day public posting
VI. Public Comment
VII. Behavioral Health Board Action
VIII. Next Steps

FY17 MHSA Annual Update and INN Projects Public Hearing

Welcoming and Opening Comments

FY17 MHSA Annual Update Public Hearing
Local News/Updates

New Behavioral Health Public Website
- Site will be fully completed by October 30, 2017.
- Visit www.sccbhd.org
- For more information, contact Mila Krupa at Bogumila.Krupa@hhs.sccgov.org

NAMI*Walks (handout)*
- Saturday, September 23, 2017
- Team: "BHSD Wellness Walkers"

Out of the Darkness Walk, AFSP (*handout*)
- Sunday, October 22, 2017 at 8:00 AM at Arena Green West in San Jose
  Team: *Each Mind Matters Walkers*

FY17 MHSA Annual Update and INN Projects Public Hearing
Community Planning Process Activities to Date

- Held MHSA Stakeholder Leadership Committee (SLC) meetings starting in June 2017 regarding FY17 MHSA Annual Update Draft (Draft) and four new INN Projects Community Planning Process
- Posted Draft Plan for 30 days, requested input/comments from stakeholders (July 14, 2017 - August 13, 2017)
- Held MHSA SLC meeting in August 16, 2017 participants demonstrated a general consensus to move forward

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FY17 MHSA Annual Update and INN Projects Public Hearing
Annual Update Recommendation Highlights

- FY17 Contractor Cost of Living Adjustment (COLA) slated for County Contract providers
- County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis
- Four Innovations (INN) Projects

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FY17 MHSA Annual Update Public Hearing

Summary of INN – 10 Faith-Based and Spiritual Training and Supports

- This two-year project aims to increase access to services through the development of customized behavioral health training plans for faith/spiritual leaders, enhancing their knowledge, skills and responses to individuals seeking their help.
- In turn, faith/spiritual leaders will enhance behavioral health services providers' understanding of the role of spirituality in client/consumer wellness and recovery goals.
- MHSOAC Request: $1,434,288

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FY17 MHSA Annual Update Public Hearing

Summary of INN – 11 Client/Consumer Individual Placement and Support (IPS) Employment Program

- This three-year project seeks to transform how the service delivery system views and supports employment, shifting from a single service to a critical component of recovery and element of treatment.
- Using the consumer-driven Individual Placement and Support (IPS) evidence-based practice, this project will integrate employment as a wellness goal for clients/consumers and provide an array of individual supports to help achieve their goals.
- MHSOAC Request: $2,525,148

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FY17 MHSA Annual Update Public Hearing

Summary of INN – 12 Psychiatric Emergency Response Teams (PERTs) and Peer Linkage Project

- This two-year project will utilize a co-response intervention model with teams that include a licensed clinician paired with a law enforcement officer.
- The goals are to de-escalate crisis situations, prevent unnecessary hospital visits, connect individuals to appropriate services and provide post-crisis peer support services.
- MHSOAC Request: $3,688,511

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FY17 MHSA Annual Update Public Hearing

Summary of INN – 13 *headspace*

- This four-year project is presented in partnership with Stanford University's Center for Youth Mental Health and Wellbeing. The project will develop a "one stop shop" integrated health and mental health care prevention center for youth ages 12-25.
- Services will include on-site counseling and psychiatric services, alcohol and substance use services and educational and employment resources.
- Two centers are expected to open during the launch period. The centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth.

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FY17 MHSA Annual Update Public Hearing

Summary of INN – 13 *headspace, Cont'd*

- Active involvement from a youth advisory board (s), helping to develop the centers from the ground up.
- With direct youth input and guidance, the services will be tailored to meet the needs of the adolescents and young adults served in each of the centers.
- MHSOAC Request for ramp up period: $555,929 (8 months)
- Plan to request additional funds before the end of ramp-up period.

FY17 MHSA Annual Update Public Hearing

Proposed changes after 30-day public posting

1. INN – 11: Revise Client/Consumer Individual Placement and Support (IPS) Employment Program estimated job placement to 60% (240 referrals out of 400 clients served including rollover) from the previous 92% placement rate. This is a more realistic projection based on IPS outcomes.
2. INN – 11: Align the IPS/SE model to preserve the direct service functions of Employment Specialist and Job Finder into a single position, Vocational Generalist (VG), delivering all phases of service, including job placement.
   a. Deleting .50FTE Job Finder (adding this extra salary back into the VGs)
3. INN – 13: Update *headspace* rent projections to include a potential North County site for first site launch as site opportunity has come up. This change adds an additional $16,344 to the current line item estimate.

FY17 MHSA Annual Update Public Hearing

MHSA Needs Assessment and Three-Year Plan

- BHSD has contracted with Resource Development Associates (RDA), a Bay Area consulting firm, working on a number of Santa Clara County projects, to conduct a system-wide MHSA Needs Assessment.
- The assessment is designed to identify gaps and opportunities in prevention efforts and direct services that will inform next year's MHSA three-year planning process.

RDA

13

FY17 MHSA Annual Update Public Hearing

MHSA Needs Assessment and Three-Year Plan

RDA has

- ✓ conducted interviews and discussions with BHSD leadership and management teams
- ✓ facilitated over 30 focus groups with consumers, family members, and staff across the County and with cultural-specific groups
- ✓ collected hundreds of surveys from consumers and their families
- ✓ developed a map of the children/youth and adult/older adult systems of care
- ✓ received and are currently analyzing all of the service utilization and financial data

- The Department anticipates a final report and set of recommendations in October 2017.

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FY17 MHSA Annual Update Public Hearing

Public Comment

15

FY17 MHSA Annual Update and INN Projects Public Hearing

Behavioral Health Board (BHB) Action

- Motion to review and recommend FY17 MHSA Annual Update Draft Plan and INN Projects
- BHB membership vote

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FY17 MHSA Annual Update and INN Projects
Next Steps

- On September 26, 2017 request County Board of Supervisors (BOS) to approve and adopt the FY17 MHSA Annual Update Plan (Plan) and INN Projects;
- After BOS approval, BHSD will submit a copy of the approved Plan to the State-MHSOAC;
- BHSD will present the four INN Projects at the MHSOAC (November 16, 2017)

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FY16 MHSA Annual Update Public Hearing
Additional Information

- For additional questions about the planning process: please contact Evelyn Tirumalai, MHSA Coordinator, evelyn.tirumalai@hhs.sccgov.org
- MHSA Email Distribution List - If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to alexandra.weight@hhs.sccgov.org

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COUNTY of SANTA CLARA BEHAVIORAL HEALTH BOARD
BHB-MHSA PUBLIC HEARING
Monday, September 11, 2017

Downtown Mental Health Center
1075 E. Santa Clara Street, 2nd Floor; Training Room 3
San José, CA 95116

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

MINUTES

For meeting materials go to https://www.sccgov.org/sites/bhd/info/MentalHealthBoard/Pages/default.aspx

1. **Call to Order:** On behalf of BHB Chair Gary Miles, BHB Member Victor Ojakian called the Public Hearing to order at 10:46 am.
   a. **Roll Call:**
      - **Present:**, Larry Blitz, Mary Crocker Cook, Robert Bob Gill, Marsali Hancock, Thomas Jurgensen, Hilbert Morales, Victor Ojakian, Rev. Evelyn Vigil , Joel Wolfberg.
      - **Absent:** Gary Miles, Charles Pontious and Supervisor Cindy Chavez, Board Delegate.
      - **Late:** Teresa Gallo arrived at 10:50 am; Wesley Mukoyama arrived at 10:56 am; June Klein arrived at 11:02 am.
   b. **Introductions:** BHSD Staff and BHB Board Members gave formal introductions.

2. **Public Comment:** No public comment on items not on the agenda.

3. **Overview of Hearing Process by Behavioral Health Board Mr. Ojakian:**

   The BHSD's FY17 MHSA Annual Update and INN Projects Draft Plan community planning process (CPP) includes multiple opportunities for stakeholder and community input as required by MHSA regulations. The MHSA CPP started with planning meetings with BHSD Division Directors and staff to discuss plans for FY2017. As plans were developed, the MHSA Stakeholder Leadership Committee (SLC) met in June 2017 to share with stakeholders BHSD's FY17 MHSA and INN Projects CPP, revenue and funding estimates, timeline, and other information related to the County's FY17 MHSA Annual Update and four new MHSA INN Projects. The MHSA INN projects portion of the plan involved a direct countywide solicitation for new ideas from community stakeholders. The MHSA SLC selected four ideas addressing needs directly impacting the mental health and wellness needs of adults in Santa Clara County as well as those specifically addressing needs of children and transitional aged youth (TAY). Focus groups for all four INN project ideas were held during FY 2017 (late 2016 and early 2017). These focus groups were conducted as an integral component of community stakeholder input and as mandated by the MHSA INN regulations.

   The next phase involved posting the Draft Plan and INN Projects document for the required 30-day public review comment period from July 14 to August 13, 2017. The plan was posted on the County's MHSA website. There were five public comments received as a result of the required 30-Day public viewing. BHSD has prepared a summary of these comments along with BHSD response to those comments.

   BHSD held a MHSA SLC meeting August 16, 2017 after the 30-Day public review. Attendees agreed to move the plan forward to the Behavioral Health Board. Today, the BHB conducts a public hearing on the Draft Plan and new INN Projects. If recommended to move forward, BHSD will request adoption of the Plan and new INN Projects by the Board of Supervisors at the September 26, 2017 meeting. Within 30 days of the Board of Supervisors adoption, the Plan must be submitted to the MHSOAC for approval slated for a tentative date of November 16, 2017.

   A brief overview of the FY17 MHSA Annual Update Plan and four new MHSA Innovation Projects will be presented by Evelyn Tirumalai, Mental Health Services Act (MHSA) Coordinator, after which members of the public and BHB may comment. Additionally, the BHB may motion any items that require action.

4. Open Public Hearing Regarding FY17 Mental Health Services Act (MHSA) Annual Update Draft Plan and New Innovations Projects. To view the Draft Plan and full descriptions of the four new Innovations Plans visit https://www.sccgov.org/sites/bhd/AboutUs/MHSA/Pages/default.aspx.
   - **Local News/Updates/ Contacts**
     - The New Behavioral Health Public Website will be fully operational by October 30, 2017. Visit www.sccbhd.org or contact Mila Krupa at Bogumila.Krupa@hhs.sccgov.org.
     - NAMIWalks, Saturday, September 23, 2017; BHSD has organized the "***BHSD Wellness Walkers***" team to participate in the walk. Contact Jeanne Moral 408.885.6867
     - Out of the Darkness Walk, AFSP, Sunday, October 22, 2017 at 8:00 am at Arena Green West in San Jose; Team: ***Each Mind Matters Walkers***

     For additional questions about the planning process: please contact Evelyn Tirumalai, MHSA Coordinator, Evelyn.Tirumalai@hhs.sccgov.org, If you are currently not part of the County's MHSA email distribution list and would like to be included please send email request to Alexandra.Weight@hhs.sccgov.org
   - **Community Planning Process Activities to Date**
     - The MHSA Stakeholder Leadership (SLC) held an introduction meeting to discuss the FY17 MHSA Annual Update Draft and four new INN Projects in June 2017.
     - The Draft Plan was posted from July 14, 2017 - August 13, 2017 to meet the mandated 30-day public review where stakeholders were provided more detail on what the updates, innovation projects and funding allocations. This process has created multiple opportunities for stakeholder and community input as required by MHSA regulations. On August 16, 2017 the MHSA SLC held another meeting where participants demonstrated a general consensus to move the Draft Plan Document and all four new INN Projects forward.
   - **The purpose of today's meeting is to allow everyone in attendance an opportunity to review the Annual Update Recommendation Highlights listed here:**
     - FY17 Contractor Cost of Living Adjustment (COLA) slated for all County Contract providers.
     - County personnel budget adjustments based on current cost projections from the County's Office of Budget Analysis
     - Overview of the Four Innovations (INN) Projects - This is the only component of the MHSA INN Plan that requires approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC)
       a. **Summary of INN - 11 Client/Consumer Individual Placement and Support (IPS) Employment Program**
          - This three-year project seeks to transform how the service delivery system views and supports employment, shifting from a single service to a critical component of recovery and element of treatment.
          - Using the consumer-driven Individual Placement and Support (IPS) evidence-based practice, this project will integrate employment as a wellness goal for clients/consumers and provide an array of individual supports to help achieve their goals.
          - *MHSOAC Funding Request: $2,525,148*
       b. **Summary of INN - 10 Faith-Based and Spiritual Training and Supports**
          - This two-year project aims to increase access to faith-based services through the development of customized behavioral health training plans for faith/spiritual leaders, enhancing their knowledge, skills and responses to individuals seeking their help.
          - In turn, faith/spiritual leaders will enhance behavioral health services providers' understanding of the role of spirituality in client/consumer wellness and recovery goals.
          - *MHSOAC Funding Request: $1,434,288*
       c. **Summary of INN - 12 Psychiatric Emergency Response Teams (PERTs) and Peer Linkage Project**
          - This two-year project will utilize a co-response intervention model with teams that include a licensed clinician paired with a law enforcement officer.
          - The goals are to de-escalate crisis situations, prevent unnecessary hospital visits, connect individuals to appropriate services and provide post-crisis peer support services.
          - *MHSOAC Funding Request: $3,688,511*
       d. **Summary of INN - 13 *Headspace***
          - This four-year project is presented in partnership with Stanford University's Center for Youth Mental Health and Wellbeing. The project will develop a "one stop shop" integrated health and mental health care prevention center for youth ages 12-25.
          - Services will include on-site counseling and psychiatric services, alcohol and substance use services and educational and employment resources.
          - Two centers are expected to open during the launch period. The centers will be youth-friendly, culturally and linguistically responsive, and accessible to youth.
          - Active involvement from a youth advisory board (s), helping to develop the centers from the ground up.

- With direct youth input and guidance, the services will be tailored to meet the needs of the adolescents and young adults served in each of the centers.
- MHSOAC Funding Request for ramp up period: $572,273 (8 months)
- Plan to request additional funds before the end of ramp-up period.

- **Proposed changes after 30-day public posting**
  a. **INN - 11 Client/Consumer Individual Placement and Support (IPS) Employment Program:**
     - Revise Client/Consumer Individual Placement and Support (IPS) Employment Program estimated job placement to 60% (240 referrals out of 400 clients served including rollover) from the previous 92% placement rate. This is a more realistic projection based on IPS outcomes.
     - Align the IPS/SE model to preserve the direct service functions of Employment Specialist and Job Finder into a single position, Vocational Generalist (VG), delivering all phases of service, including job placement
     - Deleting .50FTE Job Finder and adding this extra salary back into the VGs
  b. **INN - 13 Headspace**: Update *Headspace* rent projections to include a potential North County site for first site launch as site opportunity has come up. This change adds an additional $16,344 to the current line item estimate.

- **MHSA Needs Assessment and Three-Year Plan**
  - BHSD has contracted with an independent evaluator, Resource Development Associates (RDA*) to conduct a system-wide MHSA Needs Assessment designed to identify gaps and opportunities in prevention efforts and direct services that will inform next year's MHSA three-year planning process.
- **MHSA Needs Assessment and Three-Year Plan (RDA*) current gains:**
  - RDA has conducted interviews and discussions with BHSD leadership and management teams
  - Facilitated over 30 focus groups with consumers, family members, and staff across the County and with cultural-specific groups
  - Collected hundreds of surveys from consumers and their families
  - Developed a map of the children/youth and adult/older adult systems of care
  - Received and are currently analyzing all of the service utilization and financial data
  - Director Toni Tullys added that on current recommendation is improving access, capability and capacity of ethnic providers.
  - The Department anticipates a final report and set of recommendations in October 2017.
- **BHB Member, BHSD Staff and Public Comments**
  - BHB Member Hancock in reference to *headspace* Project
    - Ms Hancock gave special acknowledgment to Director Tullys for BHSD's work and success of the Innovations Grants.
      - Due to privacy laws, billing and HIPPA requirements, Continuity of Care can be challenging. This project creates a great opportunity for Santa Clara County to become a role-model for the rest of the nation.
      - Director Tullys noted work is underway that addresses cross agency and cross systems privacy and compliance issues to improve whole person care initiatives.
  - BHB Member Mukoyama in reference to Faith-Based Training and Supports Project
    a. Mr. Mukoyama acknowledged that Faith Based INN 10 evolved from the BHB-Minority Advisory Committee, now the BHB-Cultural Competence Advisory Committee and thanked BHB members for their assistance in bringing this to fruition.
    b. Individuals have long used spirituality and spiritual leaders as means to address mental health issues. This innovation plan creates a portal to reach communities of faith that usually do not receive behavioral health services.
    c. The training of the religious leaders will allow them to be the 'first stop' for different populations of all ages that need assistance and direction on how to get other mental health services.
    d. Mr. Mukoyama thanked Director Tullys and the BHSD team for considering the proposal.
  - BHB Member Jurgensen in reference to Client and Consumer Employment Project
    a. Will the employment initiative be working with the Department of Rehabilitation or Momentum employment services?
       - Director Tullys responded that community based organizations (i.e. Momentum. Catholic Charities, Bill Wilson) will carry the IPS model to work with the consumers and determine their goals; the program will then provide support to help them achieve their employment goals. A three-year innovation plan with established supported employment providers in the community, through an RFP process would work to explore this new approach. This project will explore what is learned and how would it be adopted system wide.
  - BHB Member Gill in reference to Faith-Based Training and Supports Project

a. Mr. Gill thanked the BHSD department for putting this innovation together. Faith is the beginning of change. He wants to see change happen and supports the project. He would like everyone to make time and effort to make change in the community.

- BHB Member Crocker Cook in reference to Client and Consumer Employment Project
  a. How are employers engaged?
     - Director Tullys commented both Catholic Charities, Momentum, (and Bill Wilson) already have contacts with employers. There will be two employment specialists who will be liaisons to the consumer per site at all three sites. Employment needs to be built into wellness and recovery and would like employment thought of as part of Behavioral Health Services work.
- BHB Member Blitz in reference to Faith-Based Training and Supports Project
  a. Is there support from leadership in the inter-council faith based community in reference to the faith based INN Project?
     - BHB Members in attendance confirmed the presence of faith based communities in SCC and interested in behavioral health support and referred to Faith-based Resource Centers and National Alliance for Mental Illness (NAMI) as examples. There will be a free training, '*Spirituality 101 - Bridging Spirituality within Clinical Practice*'; October 20, 2017 at the Learning Partnership (same location as today's public hearing). Those interested may contact Learning Partnership at 408.792.3900 for details.
- BHB Member Klein - did reference a particular project
  a. Commented on a recent meeting she attended where it was reported there was a huge decrease of Hispanics utilizing services due to the potential termination of Deferred Action for Childhood Arrivals (DACA). She asked if the county will track these populations and work to increase their usage of county programs.
     - Director Tullys commented on the County's stand on the issue and the County Executives are working with providers and staff to ensure their concerns are addressed.
     - BHB Member Ojakian noted that with MSHA funds, all services provided need to collect racial and ethnic groups' data.
- BHB Member Ojakian
  a. Mr. Ojakian comment that his estimate of total dollars being spent on the four innovation projects is *about* $8 million. It is spread over four years for all four innovations. According to the MHSA regulations, 80% goes to community services and supports component; 20% goes to Prevention and Early Intervention (PEI) component, and 5% of funds are extracted from those components to fund INN projects.
  b. In future presentations, Mr. Ojakian would like to see the breakdown of what is going to be spent for innovation and ongoing services by the year and total for the plan.
  c. He also referenced the '***Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States***' 2003 study report that states clergy continue to be contacted in higher numbers than psychiatrists in reference to Faith-Based Training and Supports Project
  d. In reference to *headspace* Project, Mr. Ojakian added:
     - In terms of economics, who are the services designed for?
     - Director Tullys explained that BHSD will create a structure that will serve both Medi-Cal and privately insured kids, so both groups may have access the same level of care in Santa Clara County. Directory Tullys acknowledge Dr. Steve Adelsheim in the audience. Dr Adelsheim introduced this one-stop-shop for youth ages 12-25. He introduced himself; spoke of this model's work adding that there was not much to add to Toni's remarks and the items on the presentation.
- Brandy Morgan representing Walter Wilson and the Black Leadership Kitchen Cabinet (BLKC)- Silicon Valley.
  a. The MSHA Draft Plan does not include or name a single established African American group or organization in the MHSA process. Therefore they must object to this draft being accepted until the black behavioral health programs receive full representation as a crucial element to this plan. These organizations should be included by name.
  - Mary Gloner-Director, Project Safety Net, presented the following comments:
  a. Project SafetyNet offers full support of the INN Grants from the history of scalability to serve the entire county especially North and South Counties and serve as model for diverse populations including the LGTBQ, Immigrant and TAY groups.
  b. Faith-based is core. All of their community work in response to the crisis in Palo Alto were critical in bringing the community and interfaith panels together. Even when there is no crisis the family goes to the different places of worship.
  c. PERT- Credit goes to former Chief Burns for working with Director Tullys to pilot this program. They have been addressing de-escalation and working with parents on prevention and they continue working with project safety net as an active partner to address mental health issues.

d. *headspace* - Among the 10-20 year age group over the last 10 years, three cities in north county had the highest state rate. Credit to the leadership for having the wisdom to take on this population.
e. In addition, Ms. Gloner provided a printout of a list of questions presented on behalf of Neha Tallapragada, Teenztalk, Los Altos, who was not present at the meeting. These questions were not read during the meeting and these questions were not addressed at that time. They were sent "for the record only" as marked on the comment card (comments and card attached).
Note: a written response to these questions will be provided at next BHB meeting.

- Andre Chapman-CEO, Unity Care
  a. He appreciates the consultants going out and engaging ethnic specific providers. His organization is one of two African American led organizations that are mental health providers. There is a sense of heaviness around what is going on within the African-American and Latino Communities. Unity Care, Ujima, Maranatha and other organizations run a collaborative program called Imani Village.
  b. This program is on 10 school sites providing services to African American and Latino kids in East San Jose and 2 community churches. The reduction of services effective September 20, 2017 will have a serious impact on this population. They are currently on school sites 4-days a week and community churches 2 days a week.
  c. The concern is with the increase in racism on school campus, the increase in kids not showing up; this is not the time to cut services. This is the time to look at outcomes and focus on what can be done to ensure continuity.
  g. Krysta Crames- Caminar, Director of Community Resources
     - Expressed concerns around the Drop Center for LGBTQ youth which is part of the *headspace* model. She expressed her concerns about funding reduction. There is a request of outreach by schools and communities. She commented on *headspace* sustainability and would like to know how continuum of care will be funded.
     - Director Tullys asked for an MHSA system evaluation on services and programs; this is the only County doing this. More funds need to be allotted to cultural and ethnic groups including the LGBTQ populations for access and services. There are many funding streams available. The intent is what can be learned and to identify the gaps. There are not enough services for youth and older adults. There is much work being done on the cultural aspect of outreach and recovery.
  h. Lidia Marrufo
     - Her concern is what is being done differently to get PERT approved by the State since the Crisis Response Team INN projects such as this one was rejected in the past?
     - Director Tullys provided an update. The Crisis Response Team is underway. The selected providers had great challenges with hiring licensed clinicians. There is an upcoming meeting with SCC Labor Relations on staffing and they will be starting mobile crises and crisis residential programs. The Emergency response teams are an adjunct to that. Best practices are being reviewed.

This concluded the Public Comments section as instructed by the Chair of the Public Hearing, Vic Ojakian.

- Next Steps
  - On September 26, 2017, BHSD would request County Board of Supervisors (BOS) to approve and adopt the FY17 MHSA Annual Update Plan (Plan) and INN Projects;
  - After BOS approval, BHSD will submit a copy of the approved Plan to the State- Mental Health Services Oversight and Accountability Commission (MHSOAC);
  - BHSD will present the four INN Projects at the MHSOAC on November 16, 2017.

5. **Motion to Close Public Hearing presented by Mr Ojakian.**

6. **Motion for the Behavioral Health Board to Take Action on the Draft MHSA Annual Update** - FY17 Program and Expenditure Plan was recommended unanimously by BHB.

Motion: Vigil; Second: Morales Vote: Passed unanimously

7. The meeting adjourned at 11:59 am.

These minutes are respectfully submitted by:

Llolanda Ulloa, (408) 793-5677
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DB/lu

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