

Comment #1	
Submitted by:	Maria Lopez, Ambulatory Care Administration
Submission Information:	Submitted via email on 8/3/2017
Participant Info:	<ul style="list-style-type: none"> ▪ Age: 25-59 age group ▪ Group Representative: Family Member of Consumer/County Staff ▪ Ethnicity: Latino/Hispanic ▪ Primary System Transformation Interest: listed all
Comment/Feedback:	<p>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.</p> <p>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.</p> <p>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.</p> <p>Evelyn is great!</p>
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:	<ul style="list-style-type: none"> ▪ 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:	<p>All Comments are for INN-11 Client and Consumer Employment Project</p> <ol style="list-style-type: none"> 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:	<ul style="list-style-type: none"> ▪ Age: 60+ ▪ Gender: Male ▪ Group Representative: <ul style="list-style-type: none"> → 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:	<ul style="list-style-type: none"> ▪ 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:	<p>Thank you submitting your letter regarding various components of the plan, which is attached.</p> <p>We appreciate community partners that advocate for the communities we serve. We look forward to your continued participation and involvement in this process.</p>



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

2017-18 Leadership Team

Robert de Geus, Co-Chair
City of Palo Alto

Lisette Moore-Guerra, Co-Chair
Palo Alto Unified School District

Dr. Steven Adelsheim
Stanford Center of Youth Mental Health and Wellbeing

Kathleen Blanchard
Parent Survivor & Community Leader

Jaymie Byron
Kara

Jade Chao
Palo Alto Council of PTAs

Audrey Gold
Palo Alto Council of PTAs

Dr. Shashank Joshi
Lucile Packard Children's Hospital & HEARD Alliance

Lan Nguyen
Santa Clara County Behavioral Health Services

Dr. Philippe Rey
Adolescent Counseling Services

Minka van der Zwaag
City of Palo Alto

Executive Director:
Mary Cheryl B. Gloner

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.

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