SANTA CLARA COUNTY BEHAVIORAL HEALTH SERVICES: SLC MEETING

March 16, 2018

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SLC Planning Meeting

2 | **MHSA Planning Process**

Three-Year Community Program Planning

Needs Assessment

- **Conduct Needs Assessment:** 2017
- **Present and Validate Needs Assessment:**
  - **SLC:** 2/13/2018
  - **BHSD Staff:** 2/20/2018
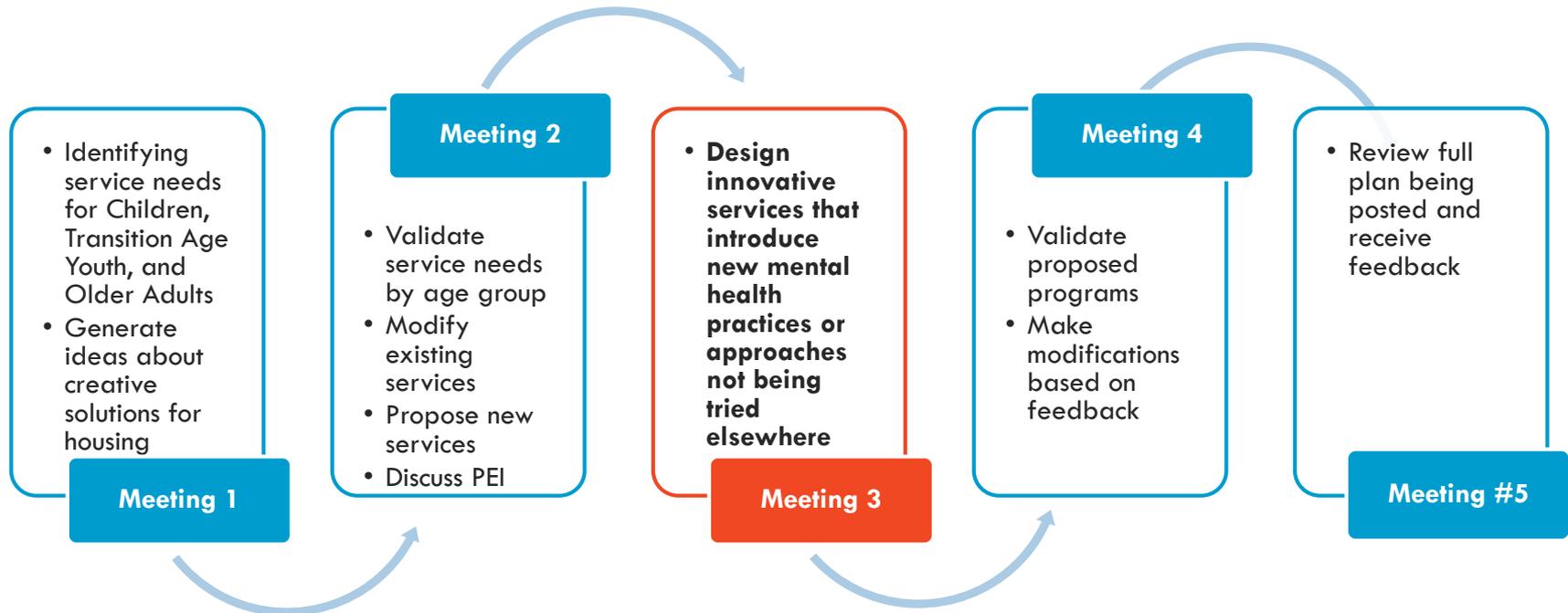 - **Health and Hospital Committee:** 2/14/2018

Program Planning

- **Engage in Program Planning**
  - **SLC:** 2/22/2018
  - **SLC:** 3/8/2018
  - **BHB:** 3/12/2018
  - **SLC:** 3/16/2018
  - **BHSD Staff:** 3/20/2018
- **Conduct Feasibility Analysis** (BHSD)
- **Validate and refine programs to be included in the plan**
  - **SLC:** 3/27/2018

Plan Review

- **Public Posting:** 5/11-6/10/2018
- **Public Hearing:** 6/11/2018
- **Board of Supervisors Review:** 6/19/2018

RDA

SLC Activities and Timeline

Meeting 1
- Identifying service needs for Children, Transition Age Youth, and Older Adults
- Generate ideas about creative solutions for housing

Meeting 2
- Validate service needs by age group
- Modify existing services
- Propose new services
- Discuss PEI

Meeting 3
- **Design innovative services that introduce new mental health practices or approaches not being tried elsewhere**

Meeting 4
- Validate proposed programs
- Make modifications based on feedback

Meeting #5
- Review full plan being posted and receive feedback

| February 22 | March 3 | March 16 | March 27 | May (TBD) |

5 Recommendations

Children and Families

Areas of Focus

- Overall system is **robust** and meeting the needs of children and families

- The Needs Assessment data tend to include children and families already involved in the system

- Focus on groups that might be **falling though the cracks**

Recommendations

- Additional FSP Capacity of 100

- Additional support and services for undocumented/ unaccompanied children

- Promotores program focused on East San Jose

- School-linked services in expanded locations

- More LGBT services and building professional capacity

- Dual Diagnosis Services

Transition Age Youth

Areas of Focus

- The TAY system is **less developed** than other areas
- Focus on **transition to adulthood** for older TAY leaving children's system
- Focus on providing services for **TAY new to mental health system**

Recommendations

- Additional FSP Capacity of 100 and increased per person funding
- Dedicated TAY triage staff at EPS and Jail to support re-entry
  - Peer and case management support
- Interdisciplinary service teams to provide clinical and non-clinical services
  - Community College sites
  - South and North County Youth wellness spaces
  - Clinical services co-located in youth friendly spaces
- Dual Diagnosis Services

Adults

Areas of Focus

- ❑ There is a group of consumers who **cycle in and out of Emergency Psychiatric Services (EPS), hospital, and jail** and do not connect to ongoing services.

- ❑ Community-based programs, specifically FSP, are not able to adequately **serve people with the highest needs.**

Recommendations

- ❑ Targeted Outreach and Engagement Teams
- ❑ MH Urgent Care (MHUC) Redesign
- ❑ Full Service Partnership
    - ◻ Build FSP capacity (500 additional consumers)
    - ◻ Increase per person funding ($25-30,000/year)
    - ◻ Implement 2 Assertive Community Treatment (ACT) Teams (200 consumers)
- ❑ Adult Residential Treatment
    - ◻ 2 Institution of Mental Disease (IMD) Step-down/Diversion
    - ◻ 1 Co-Occurring Treatment

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Older Adults

Findings

- **Isolation** continues to be a primary issue for older adults as well as **caregiver fatigue.**
- Focus on services in the home that focus on **preserving independence and supporting caregivers.**
- Focus on strengthening capacity for **integrated health and behavioral health care** specifically for older adults.

Additional question: Respite or Caregiver Support?

Recommendations

- Mental health outreach, awareness, and training at Senior Nutrition Sites
  - Community training and workshops
  - Referral to mental health services
- Elder Health Community Treatment Services
  - Family outreach and engagement led by peer navigators
  - Multi-disciplinary team to provide outreach, assessment, and services
  - Community-based services at home, and senior centers
- Geriatric trained mobile crisis staff

Outreach for Increasing Recognition of Early Signs of Mental Illness

Who

- County staff
- Cross-agency staff
- Parents/caregivers
- Faith community
- School/Preschool staff
- Community/Senior centers
- Hospitals/Clinic staff
- Disaster/Fire/EMS
- CBOs
- Community colleges
- Law enforcement/Security
- Library Staff

What

- Mental Health First Aid (Adult, Youth, Geriatric)
- QPR
- ASSIST
- Safe Talk
- T3 (Trauma Transformed)
- La Cultura Cura
- Client Culture
- Vicarious Trauma/Self-care
- Wrap around model for schools/dedicated staff
- NAMI Providers' course (all NAMI trainings)
- Spiritual interventions/supports
- Youth Curriculum: Bring Change to Mind, R.O.C.K., Sources of Strengths
- Racial Equity Training
- Training about geriatric MH
- MTSS (multi-tiered systems of support)
- PBIS (positive behavioral Interventions and support)
- LGBTQ + Training

Other Community Wide Programs

- Multi-generational culture-specific wellness centers (Latinos, API, African American, Native American, and LGBT+ communities)

- Promotores program

- Redesign of call center

- Triage staff at emergency departments

- Outreach and Access services for those in crisis (IHOTT teams as part of adult redesign)

12 Innovation

INN Requirements

- Funds novel, creative, and ingenious mental health practices

- Developed through community participation

- Cannot replicate programs in other jurisdictions

- Must be aligned with MHSA principles

- Requires program evaluation about identified INN purpose

- By nature, not all innovative strategies will succeed

- Projects proposed under Innovation should do at least one of the following:

  - Increase access to services

  - Increase access to underserved groups

  - Increase the quality of services, including better outcomes

  - Promote interagency collaboration

Approach to Innovation Planning

ISSUE
- Identify an unmet mental health need in the community that is significant or persistent

BARRIER
- Identify the barriers that have prevented the county from meeting that mental health need, and/or
- Determine why the desired program/service is not currently in place

PURPOSE
- Develop program/service ideas that meet at lease **one** INN criteria that will address the gap in mental health programs/services

GOAL
- Determine what the lessons are to be learned by addressing the unmet mental health need

Current Innovation Programs

- Faith Based Training and Supports Project

- Client and Consumer Employment

- Psychiatric Emergency Response Team (PERT) and Peer Linkage Project

- Headspace Project

- Multi-Cultural Center Project

Recommendations

- Innovation Programs for Transition Age Youth
  - Entrepreneurial services/support
  - Parenting support for TAY

- Creative Housing Solutions
  - Utilizing **available rooms in community** (private home owners share space)
  - Maximizing **existing facility space** to serve mental health consumers
  - Leveraging community assets to **add housing**

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17 Discussion