SANTA CLARA COUNTY
BEHAVIORAL HEALTH SERVICES:
SLC MEETING

March 16, 2018
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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
SLC Activities and Timeline

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

Meeting 1

• Validate service needs by age group
• Modify existing services
• Propose new services
• Discuss PEI

Meeting 2

• Design innovative services that introduce new mental health practices or approaches not being tried elsewhere

Meeting 3

• Validate proposed programs
• Make modifications based on feedback

Meeting 4

• Review full plan being posted and receive feedback

Meeting #5

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 through 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
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

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
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<tbody>
<tr>
<td>County staff</td>
<td>Mental Health First Aid (Adult, Youth, Geriatric)</td>
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<td>Cross-agency staff</td>
<td>QPR</td>
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<td>Parents/caregivers</td>
<td>ASSIST</td>
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<td>Faith community</td>
<td>Safe Talk</td>
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<td>School/Preschool staff</td>
<td>T3 (Trauma Transformed)</td>
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<td>Community/Senior centers</td>
<td>La Cultura Cura</td>
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<td>Hospitals/Clinic staff</td>
<td>Client Culture</td>
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<td>Disaster/Fire/EMS</td>
<td>Vicarious Trauma/Self-care</td>
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<td>CBOs</td>
<td>Wrap around model for schools/dedicated staff</td>
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<td>Community colleges</td>
<td>NAMI Providers’ course (all NAMI trainings)</td>
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<td>Law enforcement/Security</td>
<td>Spiritual interventions/supports</td>
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<td>Library Staff</td>
<td>Youth Curriculum: Bring Change to Mind, R.O.C.K., Sources of Strengths</td>
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<td>Racial Equity Training</td>
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<td>Training about geriatric MH</td>
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<td>MTSS (multi-tiered systems of support)</td>
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<td>PBIS (positive behavioral Interventions and support)</td>
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<td>LGBTQ + Training</td>
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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)
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 least 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*
Discussion