

**Spending Plan for Funding Subject to AB 114 – Department of Health Care Services
Info Notice 17-059**

Pursuant to AB 114 (Chapter 38, Statutes of 2017) and the Department of Health Care Services (DHCS) Information Notice 17-059, each County must prepare and publically post a plan for MSHA funding subject to reversion from Fiscal Years 2005 - 06 through 2014 - 15. Counties must develop a plan to spend these MSHA funds by June 30, 2020.

On April 24, 2018 the DHCS provided Santa Clara County Behavioral Health Services Department (BHSD) with the latest diversion funds as shown in the table below. DHCS identified \$2.8 million of Prevention and Early Intervention (PEI), \$8.3 million of Innovation (INN), and \$3,423,132 of Capital Facilities and Technological Needs (CFTN) funds that were subject to reversion as of July 1, 2017. The following is the two year spending plan for the MSHA reversion funds:

**Department of Health Care Services
MSHA Funds Subject to Reversion by Fiscal Year by Component
4/24/2018**

Santa Clara	CSS	PEI	INN	WET	CFTN	Total
FY06	\$ -					\$ -
FY07	\$ -			\$ -		\$ -
FY08	\$ -	\$ -			\$ 3,423,132	\$ 3,423,132
FY09	\$ -	\$ -	\$ 2,609,677			\$ 2,609,677
FY10	\$ -	\$ 2,854,964	\$ 710,660			\$ 3,565,624
FY11	\$ -	\$ -	\$ 1,763,381			\$ 1,763,381
FY12	\$ -	\$ -	\$ -			\$ -
FY13	\$ -	\$ -	\$ -			\$ -
FY14	\$ -	\$ -	\$ 280,357			\$ 280,357
FY15	\$ -	\$ -	\$ 2,988,364			\$ 2,988,364
Total	\$ -	\$ 2,854,964	\$ 8,352,439	\$ -	\$ 3,423,132	\$ 14,630,535

Prevention and Early Intervention

The following programs from approved MSHA Prevention and Early Intervention (PEI) plans have been identified to draw down the funding for the PEI amount subject to reversion. These projects are described below:

- 1. Strengthening Children and Families (East/South)** 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. BHSD will apply \$2,043,906 in Fiscal Year 2018 to these programs and services.

2. **The Raising Early Awareness Creating Hope (REACH)** 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. BHSD will apply \$396,065 in Fiscal Year 2018 to these programs and Services.

3. **LGBTQ Ethnic Cultural Communities Advisory Committee (ECCAC)** 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. The County approved the LGBTQ group to provide services to LGBTQ community throughout the lifespan. Family Children Services (FCS) operates this project after a thorough selection process to support the needs and services for LGBTQ communities. BHSD will apply \$164,993 in Fiscal Year 2018 to these programs and Services.

4. **California Mental Health Services Authority (CalMHSA)** The Statewide PEI Project is publicly known as *Each Mind Matters: California's Mental Health Movement*, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides. This project is operated by CalMHSA. Santa Clara County has contributed to these statewide efforts since its inception in 2009. In FY 2016-2017, there were a total of 17 local agencies, schools and organizations that received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project. These include:
 - **County Agencies:** Santa Clara County Behavioral Health Services
 - **K-12 Schools:** Evergreen Valley High School; Leland High School; Redwood Middle School
 - **Colleges & Universities:** San Jose State University, Evergreen Community College, De Anza Community College, Gavilan College, Foothill Community College, Mission College, San Jose City College, West Valley College
 - **Community Based Organizations:** Learning Partnership, Momentum for Mental Health, Grail Family Services; NAMI Santa Clara County; Stanford Center for Youth Mental Health Well Being

The County contribution to CalMHSA is \$250,000 for Fiscal Year 2018.

Summary of PEI Reversion Fund Allocation	FY2018
Strengthening Families (East/South)	\$ 2,043,906
REACH	\$ 396,065
LGBTQ ECCAC	\$ 164,993
CalMHSA	\$ 250,000
Total PEI	\$ 2,854,964

Capital Facilities and Technological Needs (CFTN)

The MHSA provides funding for services and resources that promote wellness, recovery, and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances and their family members. Capital Facilities and Technological Needs (CFTN), a portion of MHSA Funds, were set aside pursuant to Welfare and Institutions Code (WIC) Section 5892(a)(2) to promote the efficient implementation of the MHSA. Santa Clara County’s CFTN project proposal supports the goals of the MHSA and the provision of MHSA services.

BHSD believes in producing long-term impact with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups. The following efforts include development of a variety of technology uses and strategies as well as upgrades to community-based facilities which support integrated service experiences that are culturally and linguistically appropriate.

1. **headspace Sites Renovation:** As part of an Innovations project currently underway, BHSD will be renovating two clinic sites to provide comprehensive services to youth participating in the *headspace* project. It is estimated that facility improvements in the amount of \$470,000 per site would be required to upgrade existing clinic spaces to promote health and wellness for *headspace* participants. This is expected to be an 18 months project for a total of \$940,000.
2. **CFTN Support Staff:** Leads, project team members and subject matter experts are participating in the EPIC/ HealthLink electronic health record and Netsmart/Practice Management System Solution implementation. Participants include line staff and mid-managers with expertise in clinical, billing and registration workflows. Staffing costs for this effort will utilize \$1,711,566 annually during Fiscal Years 2019 and 2020.

Summary of CFTN Reversion Fund Allocation	FY2019	FY2020
<i>headspace</i> Sites	\$470,000	\$470,000
CFTN Support Staff	\$1,241,566	\$1,241,566
Total Annual	\$1,711,566	\$1,711,566
TOTAL CFTN	\$3,423,132	

Innovation

The new MHSA Stakeholder Leadership Committee was established in February 2018 December to develop and refine project proposals for the FY18-20 MHSA Program and Expenditure Plan. Additionally, the SLC reviewed, recommended, refined and validated programs that meet the criteria for Innovation. To date there have been five workgroup meetings, one serving as an orientation and training to MHSA for the new MHSA SLC, along with weekly updates and individual contacts made between meetings. Each meeting has averaged 25 individuals in attendance. While the *headspace* Implementation project continues to receive input and will be prepared and presented for approval

at the Mental Health Oversight and Accountability Commission (MHSOAC), it has met initial qualification as an Innovation project as validated by the MHSA Stakeholder Leadership Committee. BHSO would like to seek broader public input on the Implementation Phase during this 30-Day public comment process. The following approved Innovations projects (*headspace* Implementation approval pending) have been identified to fulfill the requirements of AB114:

1. INN-10: Faith Based Training and Supports Project

The MHSOAC approved this project on November 16, 2017. The primary goal of the Faith-Based Training and Supports Project is to increase access to services by implementing customized faith-based behavioral health training plans that would provide faith community leaders with skills for appropriate, supportive responses to those seeking their help due to behavioral health challenges. Additionally, the project would develop faith-informed behavioral health workshops for behavioral health direct care providers. The dual benefit would be to further decrease stigma about help-seeking behaviors by normalizing behavioral health linkages and referrals to County services. The approved total budgeted amount of \$608,964 will be utilized during Fiscal Years 2019-2020. This is a two year project.

2. INN-11: The Client and Consumer Individual Placement & Support (IPS) Employment Project

The MHSOAC approved this project on November 16, 2017. This project aims to engage clients and consumers to identify their employment goal(s) as part of their treatment plan. The project will adapt the IPS 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 consumers and an element of their treatment. Until the development of the 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 an evidence-based practice developed to significantly increase employment outcomes. The IPS/SE model reflects zero exclusion in the employment program model. The project will create the foundation for Santa Clara County's employment based programming for SMI clients/consumers by including employment as a component of their treatment plan. The approved three-year project budget is \$2,525,148. However, the Department will only utilize \$1,659,919 during Fiscal Years 2019 through 2020. The remaining amount of \$865,229 will be applied to FY2021.

3. INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage

This project seeks to decrease EPS admits by law enforcement (20%) and create a distinctive warm handoff, peer linkage structure after PERT encounter for individuals ages 18-25. In maintaining the primary objective of the PERT model, the project would 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. The Santa Clara County PERT and Peer Linkage Project's linkage component would provide peer support services post-crisis to assist client/consumers with their recovery and prevent future suicide attempts. The budget for this two-year project is \$3,688,511 and will be utilized by the end of Fiscal Year 2020.

4. **INN 13: *headspace* Ramp Up (Phase 1)**

headspace would be rolled out in two phases: Ramp Up (8 months, approved by MHSOAC on November 16, 2017) and Implementation (48 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 would 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, Canada and some countries in Europe. This adaptation would 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. The budget for the Ramp Up phase is \$572,273. This amount will be applied in Fiscal Year 2018.

5. **INN 13: *headspace* Implementation (Phase 2) – pending MHSOAC approval**

The implementation phase of *headspace* has undergone stakeholder input and will be posted for 30-day public comment from May 11-June 10. This phase will provide an opportunity to explore the advantages and challenges of integrating behavioral health, physical health, and social support; develop and test a new financial model and serve a broad age range within the two centers. *headspace* will provide peer leadership and peer-to-peer mentorship opportunities for older youth to serve as mentors and role models for their younger peers; continuity of care for youth throughout adolescence, allowing them to work with their service providers over a long period of time; and opportunities for tracking longitudinal data and a longer term impact evaluation across the years a young person participates in services. The *headspace* project will also explore the unique needs of 18-25 year olds, which are distinct from 12-17 year olds, and the service/workflow components related to treating minors and involving parents/guardians. The target population for *headspace* is 12-25 year olds in Santa Clara County.

The estimated costs for the four-year *headspace* implementation project is \$15,875,675. Pending MHSOAC approval, the Department will apply \$1,822,772 over the next 24 months to prepare and equip the centers with the required clinical and management staff and set up initial service contract agreements.

INN Purpose: Increase access to services

INN Approach: Makes 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.

Goals/Objectives: BHSD seeks to achieve the following learning goals:

- 1) Understand the efficacy of integrating multiple service components to increase youth access and engagement in behavioral health services;

- 2) Distinguish the barriers and facilitators to access headspace sites among youth who are currently engaged and not engaged in the integrated care model;
- 3) Understand how to effectively and successfully adopt a financial model that allows all youth to access integrated care services regardless of their ability to pay and insurance coverage;
- 4) Identify best approaches to include youth, family members, and community stakeholders in the development, implementation and evaluation of an integrated care model intended for young people; and
- 5) Learn the effects of the integrated model on clients' social-emotional and physical wellbeing, as well as life functioning.

The Department has identified an independent evaluator to conduct an evaluation plan to achieve the desired objectives and long-term measures.

Summary of INN Reversion Fund Allocation

		FY2018	FY2019	FY20
INN 10	Faith Based (2 years)		\$300,413.00	\$308,551.00
INN 11	Client Consumer (3 years)		\$818,433.00	\$841,486.00
INN 12	PERT (2 years)		\$2,116,468.00	\$1,572,043.00
INN 13	headspace Ramp Up(8 months)	\$572,273.00		
	headspace Implementation*		\$1,810,387.00	\$12,385.00
	Total Annual	\$572,273.00	\$5,045,701.00	\$2,734,465.00
		Total INN	\$8,352,439.00	

**pending MHSOAC approval*