FY19 MHSA Annual Plan Update (Draft Plan)
930-Day Public Review and Comment Period: March 8 – April 6, 2019

COUNTY OF SANTA CLARA
Behavioral Health Services

Comment sent by	Comment/Feedback
Cathy Pasek	1. Without resiliency and honesty, recovery is often slow and difficult. I have stayed on the path of recovery for many years and I am still learning. Without constructive feedback from peers and professionals, it is difficult to feel relevant in a large and sometimes confusing system. Trying to find reasons for mental illness can lead to a blame game that is often self-defeating. However, being given a chance to be heard is so important. Finding balance is my long-term goal. Thank you for the MHSA programs that focus on older adults.
	BHSD RESPONSE: Thank you. We appreciate your input.
Lorraine Zeller	2. Recordkeeping/Transparency: Our 2019 MHSA annual update planning process doesn't show documentation of meaningful participation. Meeting minutes were not kept. There is no record of any votes or prioritization of MHSA spending by members of the stakeholder leadership committee or the public at the SLC planning meetings. No roster of the stakeholder leadership committee is posted on the web site so it's hard to tell how many consumers or family members were permitted on the leadership team. San Mateo and Sacramento counties post SLC member rosters and identify those who are consumers, family members, and members of other constituencies. Please provide more opportunities for stakeholders to engage in discussions/decisions regarding program development, revenues and expenditures, and outcome measures. Both San Mateo and Sacramento counties hold monthly public stakeholder meetings and keep minutes.
	BHSD RESPONSE: The MHSA Stakeholder Leadership Committee (SLC) reflects the MHSA regulations that identify specific areas of experience/expertise for participants. The SLC does not have voting authority, which is not an MHSA requirement. The SLC role is to offer lived experience as consumers and family members, make recommendations and provide subject matter expertise. In addition, the SLC validates proposed changes to the Draft Plan before the required Public Hearing at the Behavioral Health Board (BHB). When the County's new SLC was first organized, the 25 member roster was added to the Board of Supervisor's meeting held on June 19, 2018, Legislative File ID# 91647, which is accessible online. While it is not required that the SLC roster be made public, the Department understands the importance of posting this information and will discuss making this document public with the SLC members prior to the May 21, 2019 Board of Supervisors meeting. Complete slide decks of presentations are posted on the MHSA website www.sccbhsd.org/mhsa within 2-3 days after a meeting takes place. These presentations document the meeting discussions and provide a progression of actions leading to the Draft Plan. While meeting sign-in sheets are not required to be made public; they can be made available upon request and the Department will consider posting sign in sheets going forward. As in the past, the community program planning process timeline will be made public and posted on the MHSA website. For future planning, meetings will be held

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	in community environments, where stakeholders work, live and play. BHSD is working with community-based organizations on establishing listening circles as well as community input sessions at various geographical locations. The Bill Wilson Center and Rebekah Children's Services have already offered meeting opportunities and staff are working on finalizing dates in the calendar for the next FY20 Plan Update.
	3. Make Up of Stakeholder Participants: The MHSA planning and validation meetings were attended mostly by director and staff of CBOs. These are agencies that may benefit from decisions about MHSA spending. The thirty-seven public comment forms collected for the October orientation, November, and December meetings were completed by six consumers (16%), fifteen family members (40%), and twenty providers (54%). Two meetings were held outside of San Jose, one in Mountain View and one in Gilroy, but it looks like attendance at those meetings was low and preference given to those who were able - and felt comfortable – to participate at meetings in San Jose county facilities. Some public comments suggested that MHSA meetings be held at agency sites making it convenient and a more comfortable environment for consumer stakeholders to participate.
	BHSD RESPONSE: Thank you for your comments. The Department reviewed the current 25 member SLC and has added five (5) dedicated positions for client/consumer stakeholders to ensure consumer voice and participation. These new SLC positions will be open to the public in July 2019, in preparation for the next MHSA planning process. The Department is taking measures (such as meeting where the community gathers) to expand community involvement and increase understanding about the MHSA input process. The Department also plans to launch a series of MHSA 101 trainings to educate consumers and the public about the MHSA community program planning process, as well as existing MHSA programs and services. This orientation training is provided to all SLC members, when they join the SLC. This year, additional meeting locations were identified to garner interest from stakeholders in these areas. We hope interest will expand as new meeting locations and times are selected. Timelines, meeting dates and locations will continue to be posted at least one month in advance of meetings and the public will continue to be informed through email lists and word of mouth about planning meetings. Staff post all planning meetings on the MHSA website as required by MHSA regulations, www.sccbhsd.org/mhsa
	4. Recordkeeping and Funding Categories: Would you please explain why Consumer and Family Affairs programs are now under the PEI Access & Linkage to Treatment budget rather than original funding under Community Services and Supports (CSS)? According to the *data requirements for PEI Access & Linkage to Treatment that would mean peer support workers would need to refer peer "clients" to higher level of care treatment and track the kind of treatment peers were referred to, number of persons who followed through on the referred treatment, average interval between referral and participation in

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	treatment, and additional data points. Referrals are to be in writing to one or more specific service providers for a higher level of care and treatment. This is not the role of Consumer and Family Affairs employees. *Source: MHSA DATA REQUIREMENTS: Prevention and Early Intervention (PPT) by Celeste Cramer BCDBH MHSA Administrative Analyst – see page 16 for data requirements according to Mental Health Services Oversight and Accountability Commission http://www.mhsoac.ca.gov/components: Community Services and Supports *is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience.*
	BHSD RESPONSE: New MHSA Prevention and Early Intervention (PEI) regulations define the activities in this area. Prevention in mental health is focused on reducing risk factors or stressors, building protective factors and skills, and increasing support; these are the main components found in the Consumer and Family Affairs Programs. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being. Providing mental health education, outreach and early identification can mitigate costly and negative long-term outcomes for mental health consumers and their families. These are the goals at the heart of the Office of Consumer and Family Affairs. These programs also offer low-intensity intervention to measurably improve wellbeing and avoid the need for more extensive mental health treatment; this is the basis for all PEI programs. County PEI program managers and contract monitors have completed trainings on the PEI regulations to facilitate understanding of the new data collection and reporting requirements. Additional trainings are forthcoming for the BHSD contract providers that are implementing PEI programs in the community.
	5. Access Issues for Stakeholder Participation: Is the Stakeholder Comment Form available on the website the only way people can provide public comments? What if people who would like to comment have no access to a printer to print out the form, a scanner to prep the form for emailing, or a fax? It would be easier to allow for the form to be completed online for those who are comfortable doing so, to be provided an address so they can mail in their comments, and to be allowed to write "outside-the-box" with an additional option of emailing comments without needing to use the form. All MHSA documents were only provided in English presenting barriers to any monolingual stakeholders who may wish to participate. As stated above, most meetings were in San Jose and in county facilities that may not have felt like a more welcoming environment for some stakeholders to attend.
	BHSD RESPONSE: The Department appreciates your comments. Stakeholder access to the community program planning process is a critical element of the County's MHSA efforts and the Department is always looking at new ways to conduct outreach. Through MHSA website updates, mass emails, notices through the Behavioral Health Board email lists, website

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	postings and community presentations, staff are focused on communicating with the public to inform them of the planning process and encourage their participation. Staff also respond to calls, walk-ins and emails as a form of public comment. Moving forward, the Department will translate the MSHA Three-Year Plans and Annual Plan Updates in the County threshold languages and will communicate with the County's cultural and ethnic communities. Preparations for this action are already in the planning process.
Alan L Brinker Owner, Do-I.T. Making Technology Work for Small and Medium Business.	6. I feel that the County's mental health treatment program is not forthcoming in what they do and don't provide. That causes great harm to patients and cost to the County. For example, I signed up for counseling services and spent three six week periods with three different counselors before I found out that that was all the county would provide – 6 weeks. It was very painful explaining my issues three times and in each case all for naught since my issues seem to be very complex. It wasted almost a year of my time, 18 wasted visits for the county and delayed me from getting into something that might work. The county also refused to give me other options. A second issue is that the county has absolutely no backup system for assigning workers. If the person who does one particular service leaves, then you can pretty well county on the fact that that service won't be available for three (or more) months. That prevents continuity of care, great confusion and a waste of county money trying to pick up loose ends when a new person comes in. That has been a major factor in the quality of treatment I have received.
	BHSD RESPONSE: Thank you for providing information on your experience with mental health services. The Department's priority is providing quality care to the clients/consumers we serve. Clients/consumers can contact the Mental Health Quality Assurance program to learn about grievance and appeal rights using this weblink: https://www.sccgov.org/sites/bhd/info/Grievance/Pages/default.aspx
Samantha Chen Clinical Supervisor	7. As a front-line supervisor for clinicians and case workers who provide services to asylum seekers, I have the opportunities to get to know the asylum seeker's personal history and needs. I am often moved by the resiliency they demonstrate in spite of the multifaceted challenges they face in a world that is totally foreign to them. Their stories and hardships are real and warrant attention. The good news is when the appropriate amount of case management and counseling services are provided, the asylum seekers can actually strive for successful survival and become productive members of the communities. Comprehensive services that are culturally competent and trauma informed are the critical components to ensure the success of the asylum seekers. The combination of increased accessibility to comprehensive services in an integrated facility produces best cost-effective outcome in the overall social welfare agenda.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.

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Natasha Wright, MSW	8. I would like to express my strong support for adding language to the MHSA FY19 Plan to allow asylum seekers to receive outreach, engagement, and prevention services through the new refugees program (pg. 127 of the Plan Update). Asylum seekers are among the most vulnerable and underserved members of our community. Most have experienced extreme trauma and are at high risk for serious mental health conditions, such as PTSD and Major Depression. Due to their immigration status, language and cultural needs, and the current political climate, they are unlikely to seek and receive adequate care through the mainstream system of care. They need access to providers who are familiar with the unique needs of immigrant trauma survivors. They also need education and outreach in community spaces, where they feel safe, in order to have a chance of engaging with mental health treatment.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
Garrett Johnson Program Manager, Litteral House, Momentum for Mental Health	9. I manage a Crisis Residential Program and feel that an Outreach worker to inform/educate/assist my Clients and Staff in the Program would go a long way towards achieving our shared goals of integration, connection, self-determination, and hope. John Hardy form Zephyr does an excellent job in regard to the Client's Rights advocacy but something similar informing Clients of the community-based services and resources (such as other MHSA programs, Zephyr, Grace Wellness Center, Esperanza, Recovery Cafe, NAMI, Peer Supports, Etc.)
	BHSD RESPONSE: In this FY19 MHSA Plan Update (Draft Plan) and in the overall MHSA Three-Year Plan, BHSD adds 12 Full Time Equivalent (FTE) Mental Health Peer Support Workers (MHPSW) in total. The Department recognizes the value peers provide as outreach workers and navigators in connecting individuals to existing behavioral health programs and services. Staff will reach out to you to make sure this support is provided and sustained.
Mary Ojakian, Suicide Prevention Oversight Committee (SPOC); American Foundation for Suicide Prevention (AFSP)	10. Suicide is the fatal outcome of an illness involving the brain. This has historically been poorly understood or addressed. Santa Clara County is making great progress in its suicide prevention efforts. It now has the lowest suicide rate in California. In order to continue saving lives the County plan needs to be fully supported and implemented. Dedicated staff have made tremendous strides in bringing awareness about suicide prevention to our community. They have just begun implementing the Santa Clara County Suicide Prevention Strategic Plan. With ongoing and increasing County support the tragic and preventable loss of life to illnesses of the brain can be further reduced.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
Vic Ojakian, Behavioral Health Board; Suicide	11. A total annual budget of $121,405,531 million for FY2019: Isn't this significant funding growth from past spending?
	BHSD RESPONSE: The MHSA Three-Year Plan for Fiscal Years 2018-2020 includes modified and new programs and services that started in FY2019 and continue through FY2020. The increase in spending reflects the County's commitment to the

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Prevention Oversight Committee (SPOC), Co-Chair	SLS and community stakeholders, close services gaps identified in the 2018 MHSA Needs Assessment and expand services, with a focus on the new, community-based, intensive, Adult/Older Adult programs.
	12. Have all excess prudent reserve funds and associated interest income been allocated?
	BHSD RESPONSE: Department of Health Care Services Informational Notice # 19-017 (published on March 20, 2019) establishes that the prudent reserve cannot exceed 33% of the average amount allocated to the CSS component in FY14-FY18. Counties have until June 30, 2019 to calculate their maximum prudent reserve level. If the amount exceeds the 33% maximum level, then Counties must decrease its Prudent Reserve and transfer to CSS and PEI by June 30, 2020. At this moment, County of Santa Clara has not yet allocated the excess Prudent Reserve funds and plans to follow the State's guidelines and timelines.
	13. Facility improvements of the MHSOAC-approved headspace centers at $3 million and Capital improvements at two *allcove* (headspace) sites. Add $3 million. Facility renovation of the MHSOAC-approved *allcove* centers for building improvements and redesign guided by a Youth Advisory Group in consultation with headspace experts and the county's Fleets and Facilities team. How is this effected by SB 12 that would require 100 *allcove* facilities in California
	BHSD RESPONSE: The Mental Health Services Oversight and Accountability Commission (MHSOAC) is encouraging counties across California to use MHSA Innovations funding to develop their own *allcove* centers. The County of Santa Clara is the first to implement this concept and will serve as a demonstration project for other counties. SB 12 language has been modified and the bill is currently going through the California Legislative Policy Committee process at the time of this response.
	14. For School Linked Services, School Linked Services --Screening, identification, referral, and counseling services for school age children/youth in school-based settings -- No changes: is there adequate funding if the program need to be expanded to additional schools ?
	BHSD RESPONSE: BHSD appreciates this inquiry and plans to continue to fund School Linked Services as needed, based on the data driven needs of children and youth being served and/or new needs in schools.
	15. Add funds to provide early childhood coordination services at the Family Resource Center at Alum Rock Union School District and Franklin McKinley School District. Adjust the FY2019 budget to fund a SLS Evaluation consultant. Adjust the FY2019 budget to support trauma informed prevention and early intervention efforts addressing the specific needs of system-involved middle school students.: Is this adequate? Should there be a concern about in ability to meet goals? (56% successful discharges (program goal was 60%) ; 30% improvement in life functioning/social health (program goal was 50%)
	BHSD RESPONSE: BHSD is adjusting the School Linked Services Program services to improve client/consumer outcomes and create positive discharges for those stepping down from intensive service.
	16. Programs for Adults and Older Adults (AOA) Proposed Changes: hooray!

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	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	17. Add 2 FTE Mental Health Peer Support Worker positions to expand the peer support services offered at Esperanza Self Help Center and to sustain a safe and healthy environment that supports wellness and recovery and Add 6 FTE Mental Health Peer Support Workers to provide peer support in South County (Morgan Hill, San Martin and Gilroy) and North County area (Sunnyvale, Palo Alto, Mountain View, Alviso, Milpitas, Santa Clara and north San Jose). The peers would establish working relationships with NAMI and other Behavioral Health programs in their respective areas to identify needs and provide support to family members and individuals with behavioral health challenges.: This is important and essential.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	18. PEI – Suicide Prevention • Add 1 FTE Prevention Program Analyst to coordinate the outreach and program implementation efforts among older adults (60+) in the County of Santa Clara and to establish communications strategies for hard-to-reach communities. • Add $10,000 for annual Suicide Prevention Summit.: With some recent years showing important reductions in suicide deaths, this additional funding is deserved and hopefully will help in continuing this trend.
	BHSD RESPONSE: Thank you for your input. The Department shares your sentiment.
	19. Crisis and Drop-In Services for Children and Youth: Uplift Mobile Crisis -- Onsite rapid-response crisis assessment and intervention for children who are depressed, suicidal, or having acute psychological crisis -- No Changes : Is the current funding adequately meeting the need? Are all people in need being served? (Capacity to meet demand for crisis services continues to be a challenge.)
	BHSD RESPONSE: BHSD appreciates this inquiry and plans to continue to fund these services based on need. BHSD has set in place comprehensive outcomes data collection and reporting measures to help better understand the service gaps throughout the system.
	20. For the TAY Full Service Partnership (FSP) program: Are these considered good results? • 40% of consumers had successful discharges from the program. • 17% improvement in life functioning/social health for clients served.
	BHSD RESPONSE: The 40% successful discharge captures a period of time. Although 40% may appear lower than expected, the historical data indicates an upward trend over time in terms of successful discharges. The FY19 Year-To-Date indicates an average of 67.6% successful discharge rate. The Transitional Age Youth (TAY) programs serve a vital link between children's' behavioral health programs and the adult behavioral health system. The transition from one system of care to another is a critical point for a TAY youth and a point where one might see less successful discharges. To support TAY youth and their successful transitions, the Family and Children (F&C) Division is designing and implementing a trauma informed transition process to improve care coordination between the F&C TAY programs and the Adult System of Care.

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	Although 17% improvement in life functioning/social health for clients served might appear low, any improvement that shows a shift from an actionable item to a non-actionable item is significant. This reflects one item. What is more significant is the overall health and well-being of the whole child/youth and how behavioral health services have stepped down significantly to transition the child/youth to the natural support systems within their family and community.
	21. The REACH program had insufficient cases in the past. Is this program reaching an adequate number of participants?
	BHSD RESPONSE: BHSD appreciates this inquiry. Existing outreach efforts have resulted in lower than expected participation which has prompted the development of a new strategic outreach plan moving forward. This plan would be inclusive of school districts, community colleges, medical and mental health providers in order to increase outreach to potential participants.
	22. Through the work of the Suicide Prevention Program's Policy and Advocacy Workgroup, two cities passed city level suicide prevention policies in FY18. The Cities of Morgan Hill and Milpitas joined Mountain View, Los Gatos, and Palo Alto as cities that passed such policies, which declare suicide prevention to be city priorities and call for multi-sector partnerships to address suicide.: Sunnyvale also approved a city suicide prevention policy and the City of San Jose prioritized doing a policy in March 2019.
	BHSD RESPONSE: Thank you; this is great news. The Department will add these additional cities to the Draft Plan.
	23. How much of the CFTN 's $12,711,566 is allocated for EPIC/ HealthLink electronic health record project? (I always felt historically we have used too much of the CFTN funding for this one outcome)
	BHSD RESPONSE: BHSD has allocated $1,241,566 to the EPIC/HealthLink electronic health records project, it represents the technical support staff carrying out these functions – this is the Technological Needs (TN) portion. The additional funding has been put in place for the proposed facilities upgrades for *allcove* and the potential facilities acquisitions to house Adult Residential Treatment Facilities – this is the Capital Facilities (CF) needs portion in this component.
Elisa Koff-Ginsborg Executive Director, Behavioral Health Contractors' Association (BHCA) of Santa Clara County	24. Stakeholder: Community Program Planning Process Feedback: It is clear BHSD attempted to expand community participation by locating a meeting in South and North County. Unfortunately, turnout was extremely low. We recommend utilizing SLC provider members offers to host meetings at their sites around the County at a time when clients will typically be there in order to improve the number of community members and consumers involved. Further, we recommend that the membership of the SLC be listed on the County website. This will make the committee process more accessible to community members.
	BHSD RESPONSE: For future planning, meetings will be held in community environments, where stakeholders work, live and play. BHSD is working with the contract providers and community-based organizations to host future MHSA SLS meetings. In addition, the Department would like to establish listening circles, as well as community input sessions, at various geographical locations across the County. Please see Question 2, related to posting the SLC list.
	25. Program Name: TAY Triage to Support Re-entry Page Number in Document: 19

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	Feedback: We do NOT support creation of this new program as written in the 3-year plan. We continue to support the feedback provided last year: It is duplication of existing services. There are providers currently conducting intakes and providing services at the Re-Entry Center that already serve TAY. TAY also make up a small number of youth in jail. We recommend this funding earmarked for services on the jail population be redirected to creation of new program in the Pretrial Office where TAY could use support before court.
	BHSD RESPONSE: BHSD appreciates your comments and will consider them when these services are procured in FY2020.
	26. Program Name: Children and Family Outpatient (OP)/ Intensive Outpatient Services Page Number in Document: 25 Feedback: In paragraph 2 on page 25, we recommend the description of the focus population be revised to add youth experiencing homelessness or youth at-risk of homelessness.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	27. Program Name: School Linked Services Page Number in Document: 20, 36 Feedback: We support the addition of early childhood coordination at the Family Resource Center at ARUSD and FMSD. This will increase capacity of the existing SLS Coordinator's ability to focus on the many schools she serves. We recommend a change to address students with higher needs. The plan states, "For students with higher needs, they are referred to SLS clinical services which provide long term clinical services…": This happens only when SLS services are available at the same school. Otherwise these students need to be referred to other programs. We also recommend that paragraph 2 on page 36 be revised to include youth and families experiencing homelessness or are at-risk of experiencing homelessness. We recommend that paragraph 1 on page 37 language be revised to include service linkages to housing providers.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	28. Program Name: Prevention Services for Children, Youth and Families Page Number in Document 40 Feedback: In the second paragraph we recommend including students experiencing homelessness or at-risk of homelessness as part of target population.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	29. Program Name: TAY Full Service Partnership Page Number in Document 55-56

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	Feedback: On page 55 bullet point #2, we propose the first sentence be revised to reflect the first area to improve is to "Increase awareness of resources for referral and linkage to ongoing supports that can increase self-sufficiency". On page 55, Program Changes Section bullet point #2 there appear to be some missing words.
	BHSD RESPONSE: Thank you for bringing this to our attention. The Department will correct this omission on the Draft Plan.
	30. Program Name: TAY Outpatient Services Page Number in Document: 56 Feedback: We recommend paragraph 1 on page 56 be revised to include age-appropriate services and gender-responsive services. The age range states 16-24 but current programs serve TAY ages 14-25.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	31. Program Name: Foster Care Development Page Number in Document: 58 Feedback: We recommend paragraph 1 page 58 include language about Dually- Involved Youth (DIY).
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	32. Program Name: Services for Juvenile Justice Involved Youth Page Number in Document: 61-63 Feedback: In paragraph 1 page 61 include language about youth exiting into homelessness or unstable housing. In the section entitled Program Improvements on page 62 bullet point #1, we recommend including language about culturally competent services. In the section entitled "Proposed Program Changes…." on page 63 bullet point #1 we recommend the services be described as culturally competent services. In regard to the proposed program changes, we support developing strategies focused on engagement- however we recommend that engagement strategies need to start 30-60 days prior to a youth's release, instead of "as soon as youth leaves the detention facility." We recommend adding "The opportunity to have the same Provider/Counselor for the youth in custody and continue to work with the youth when released. This has more success than a youth transitioning to another Provider/Counselor. We agree that taper down approach is needed. Youth in a lock down facility with regular counseling and support services should have prompt and regular on-going follow up with a counselor in the first 2 weeks of release to ensure continued engagement.
	BHSD RESPONSE: Thank you for your comments. Staff will review these comments and meet with community partners to discuss the proposed recommendations.
	33. Program Name: REACH Page Number in Document: 66 Feedback: The age bracket is incorrect. Providers currently serve 10-25, not 16-25, and span both F&C and TAY systems.
	BHSD RESPONSE: The Department will correct the language as suggested in the Draft Plan.
	34. Program Name: The Re-Entry Resource Center: PEI Enhancement Page Number in Document: 74

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	Feedback: The current description on page 74 is a County operated clinical team for FY2020 in development. The description references multi-disciplinary team but does not specifically reference Peer Navigators. Last year, in response to a question about the program description of PEI Enhancement funds to be used at re-entry stated: *As part of a Prevention and Early Intervention (PEI) program enhancement, Peer Navigators will be embedded in the Re-Entry Centers to provide instrumental assistance and interpersonal support. A vast amount of evidence shows that those working with peer navigators are significantly more engaged in services than participants who were randomly assigned to integrated care. In addition, peer navigators support show significant improvements in health, recovery, and quality of life compared to those navigating the system alone. Using a multi-disciplinary team approach, these services offer linkage to: mental health outpatient services; alcohol and drug treatment and care; resources to the faith communities; peer mentoring; housing; general assistance benefits; health referrals; transitional case management; and a clothes closet.* A Clinical Team is a very different model then Peer Navigators. Is this in addition to the Peer Navigator Program or has this been changed to a new model?
	BHSD RESPONSE: Thank you for bringing this to our attention. This is not a new model and the description on the original FY18-FY20 MHSA Plan stands. The Department will clarify this language in the Draft Plan.
	35. Program Name: Criminal Justice Services Page Number in Document: 94-95 Feedback: The plan addresses housing for those with a criminal record in that it includes an increase in flex funds for housing for those at Evans Lane. Criminal Justice Clients in all programs are facing extreme difficulty in securing housing. We recommend the County consider creating housing for this very hard to house population or create a cost differential to incentivize property owners to rent to those with a criminal record.
	BHSD RESPONSE: The County agrees with the feedback as it pertains to increasing housing resources for criminal justice involved adults. As such, BHSD is continuously exploring funding opportunities to increase available housing resources that would be utilized for this specialized population. The Criminal Justice System Division partners with the Office of Supportive Housing to explore and facilitate housing resources for those individuals exiting incarceration and those who have criminal justice involvement who, in addition to a having a behavioral health condition, are homeless or at risk of homelessness.
	36. Program Name: Criminal Justice Services - Outpatient Page Number in Document: 97 Feedback: How does the IOP 120 relate to the new intensive outpatient programs in regard to level in a continuum of care?
	BHSD RESPONSE: IOP 120 is a short-term intensive outpatient program which provides 10 hours per month of case management, mental health services, medication support services, crisis intervention, outreach services and housing flex funds for up to 120 days during which time the program will facilitate clients' stabilization prior to transitioning into lower

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	levels of care within the Criminal Justice System of Care. In turn, the new intensive outpatient program, known as the Forensic Assertive Community Treatment (FACT) program will offer a longer term of service (a minimum of 12 months) and will be the highest level of outpatient services for criminal justice involved individuals. This program will provide 16.69 hours per month of case management, mental health services, medication support services, crisis intervention, substance abuse treatment, linkage to education and vocational services, benefits assistance and housing support. Additionally, it is expected that 80-90% of services will be delivered in the community, rather than a clinic setting.
	37. Program Name: Crisis Stabilization Page Number in Document: 103-104 Feedback: What is the definition of semi-locked? Please describe how this would work. The legislation creating this program did not include involuntary clients and the current provider has clearly communicated that the program they operate is entirely voluntary
	BHSD RESPONSE: BHSD appreciates your comment. During program reporting, staff meant to emphasize the need to *closely monitor* clients to prevent escalating injury or harm. Using the term, "semi-lock" was the wrong choice of words and it will be revised on the Draft Plan. The program is and continues to be entirely voluntary.
	38. Program Name: WET: Workforce Education and Training Page Number in Document: page 153 Feedback: The Plan indicates that WET funding was exhausted in 2016 and in SCC it is now carved out of CSS. The State created a one year extension of WET funds through FY 19. Did SCCBHSD access those funds or use CSS carve out? SB 539 proposes to expand WET with OSHPD's 5 year plan. If that bill passes, how will SCC expand WET? Also, the report indicates no shows and poor attendance at SCC WET trainings, but no change in plan to address the no shows/poor attendance. Will an improvement plan be put in place?
	BHSD RESPONSE: The one-year extension referenced was for counties with unspent WET balances from the one-time allocation received and to prevent reversion. County of Santa Clara WET funds balance has been fully expended as of FY 2016. SB 539 was introduced on February 21, 2019 and as of April 3, 2019 the hearing for this bill was postponed by committee. If the bill passes, it would not apply to the current Fiscal Year 2019 as it is expected for the period of FY20-FY25. For now, and until further notice from the State, the County continues to fund WET through CSS in accordance with current law. The need for WET funds is evaluated annually. Regarding attendance to current trainings and workshops, the Department is in the process of evaluating the current course listings to determine if they meet system needs. Courses will be added/deleted/or modified to enhance attendance and reduce no show rates. In addition, new functionality with the learning management system is being explored to send additional class reminders to participants.
	39. Program Name: Headspace (*allcove*) Page Number in Document: 135- 136; 143-144, Section on AB114 Plan

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	Feedback: The plan calls for an additional $1.5 million per site ($3 million total). The previous plan allocated $940,000 total. What is the cost per square foot for renovation and the total cost for the facilities?
	BHSD RESPONSE: Initially, BHSD looked at County sites for these clinics; however, no County facilities met the space needs and design plan for *allcove*. The funding included in the Draft Plan is based on the one-time renovations costs per the two sites as provided by the County's Fleet and Facilities Department (FAF): **Hard costs** (constructions costs, such as labor, materials, etc.) are $200 square feet. 6,611 square feet x $200= $1,322,200 **Soft Costs** (Engineering, architectural, permits, etc.) 35% of $1,322,200= $462,770 **FF&E** (Furniture, fixtures and equipment) 5% of $1,322,200= $66,110 **Project Management** is 5 % of Construction Costs = $66,110 **ESTIMATED TOTAL**: $1,917,190 - $470,000 current allocation per site = $1,447,190 per site.
	40. Program Name: Capital Facilities Page Number in Document: 135 Feedback: Regarding capital facilities, we support the use of funds to obtain and upgrade existing facilities to promote health and wellness but are concerned that no funding is directed toward existing community provider facilities as there is currently no mechanism to include any repair/upkeep in contracts. Last year we provided similar input and recommend that in addition to focusing on the new Headspace program, Capitol Facilities funds also be directed to the dire need for work on facilities beyond Headspace, where community-based providers have long been serving the vast majority of clients in the system and have not received support to improve the physical environment so that it also can better promote health and wellness.
	BHSD RESPONSE: The current Allowable Expenditures in Capital Facilities component state that the County may utilize Capital Facilities funds to: a) acquire and build upon land that will be County-owned; b) acquire buildings that will be County-owned; c) construct buildings that will be County-owned; d) renovate buildings that are County-owned or operated; and e) establish a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds and/or personnel cost directly associated with a Capital Facilities Project, i.e., a project manager. BHSD is using the existing guidance crafted when the CFTN component was defined by the State in 2008. Reference: https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice08-09_Enclosure_1.pdf
	41. Program Name: Technology Needs Page Number in Document: 135 Feedback: What is the plan for reporting and making available data from all these systems?
	BHSD RESPONSE: The plan for reporting and making available data from the systems is under review by the County's Compliance Office as it must follow existing HIPAA and client protection regulations.

Comment sent by	Comment/Feedback
Harold Brown Vice President, Fundraising NAMI Santa Clara County 1150 S Bascom Avenue, Suite 24 San Jose, CA 95128-3509 Phone: 408.666.7970 Fax: 408.453.2100 www.namisantaclara.org hbrown@namisantaclara.org.	42. There is always a struggle to prioritize prevention, treatment and cure for mental health resources. For diseases of the brain, the primary challenges are increasing awareness and reducing stigma so that those suffering will seek treatment early to increase their chances of a better outcome. There is no higher priority or better investment than to educate our youth about mental illness. Young people are less susceptible to the stigma that prevents adults from seeking treatment. They will seek help earlier and demand access to the system. When they do gain access, they will learn more easily to adapt their thinking and be more resilient for their entire lives. They will be less likely to attempt and successfully die by suicide. The National Alliance on Mental Illness sponsors an evidence-based program to educate our youth called Ending-the-Silence. <https://www.nami.org/EndingtheSilence> These presentations are quite powerful in that they include videos that include student experiences and conclude with the live, in-person, intimate sharing by a young person of their personal story of on-set, diagnosis, treatment and recovery. NAMI Santa Clara County's Ending-the-Silence presentations in our public and private schools are currently quite limited due to inadequate funding. Please take time to attend an Ending-the-Silence presentation at our monthly meeting on Tuesday April the 9th in the auditorium of Good Samaritan Hospital in Los Gatos. I think you will agree that expanding this program to all middle and high school students in our county is a top priority for the investment of our MHSA funds.
	BHSD Response: The County of Santa Clara spends 19% of the MHSA revenues in prevention, in accordance with the MHSA regulations. In response to your question on Ending the Silence (ETS), BHSD staff consulted with the County's Suicide Prevention Oversight Committee (SPOC) last year, when this same request was submitted during the Three-Year MHSA Plan development. During this period, the SPOC members had the opportunity to preview ETS and perceived the training as too basic for high school students; staff will explore the possibility of ETS for middle schools. Staff learned that ETS is not yet evidence-based, it is not listed on SAMHSA's National Registry of Evidence-based Programs and Practices, NREPP or in the Suicide Prevention Resource Center's Best Practices Registry. Staff is coordinating with NAMI Santa Clara's Executive Director and connecting them with some of the Suicide Prevention Program's schools and school districts regarding this additional resource for schools.