MHSA Stakeholder Leadership Committee (SLC) Community Program Planning
Valley Specialty Center, San Jose, CA
October 15, 2019  3:30PM-6:30PM
# AGENDA

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<td>1. Check-In/Welcome by Director/Executive Team</td>
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<td>2. MHSA Program Briefs</td>
<td>3:45 – 4:00</td>
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<td>- Legislative Update</td>
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<td>- Prevention and Early Intervention</td>
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<td>3. MHSA Innovations Update</td>
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<td>4. Break</td>
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<td>6. Roundtable Planning by System of Care</td>
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<td>7. Report Backs</td>
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<td>8. Wrap Up and Adjourn</td>
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MHSA ANNUAL PLAN UPDATES AND THREE-YEAR PLANS LEGISLATION

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5848 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.
MHSA PROGRAM BRIEFS
MHSA LEGISLATIVE UPDATES

POST 10.13.19

• **AB 1352 (Waldron – 2019 Chaptered):** Mental Health Boards – Clarifies the role of local mental health boards in California as advisory boards to the county board of supervisors and the responsibility of the local mental health board to review and evaluate the local mental health system delivered by county behavioral health. This bill also requires county behavioral health agencies to submit a report with the reasons why the county behavioral health agency did not accept substantive recommendations to the three-year MHSA program and expenditure plan from the local mental health board. (CBHDA position – Support after Amended)

• **SB 10 (Beall – Vetoed):** Mental Health Services: Peer Support Specialist Certification. Peer providers draw on lived experience with mental illness, addiction, and recovery to offer unique services and support for behavioral health clients. This legislation creates a standardized pathway for people with lived experience to attain care delivery skills through formal training. This bill requires DHCS to establish a statewide peer specialist certification program. DHCS would also be required to amend California’s Medicaid State Plan to create both a new Medi-Cal provider type and a new, peer-based service. SB 10 allows DHCS to use MHSA funds to cover implementation costs if this funding is appropriated in the state budget process. (CBHDA position – Support)
MHSA LEGISLATIVE UPDATES
SB 10 VETO MESSAGE

"...As the Administration, in partnership with the Legislature and counties, works to transform the state's behavioral health care delivery system, we have an opportunity to more comprehensively include peer support services in these transformation plans. I look forward to working with you on these transformations efforts in the budget process and future legislation, as improving the state of the state's behavioral health system is a critical priority for me.”

Gov. Newsom

SB 1004 would create more oversight in how MHSA funds are spent and require counties to focus their PEI funds on five overarching categories:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.

2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.

3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.

4. Culturally competent and linguistically appropriate prevention and intervention.

5. Strategies targeting the mental health needs of older adults.
FAITH BASED TRAINING AND SUPPORTS

Design and implement customized faith-based behavioral health training for faith community leaders

Design and implement faith-informed workshop series for behavioral health direct care providers to learn about spirituality and faith in assisting faith communities

Amount: $608,964; Project Length: 24 months
FAITH-BASED TRAINING AND SUPPORTS

SERVICE CONTRACT EXECUTED WITH NAMI SANTA CLARA COUNTY

EVALUATOR HAS BEEN AWARDED

HIRING AND TRAINING STAFF

NAMI HAS BEEN CONDUCTING FOCUS GROUPS WITH CULTURAL FAITH-BASED COMMUNITIES MEETINGS/PRESENTATIONS WITH PASTORS AND FAITH LEADERS
CLIENT AND CONSUMER EMPLOYMENT

Adopt Individual Placement & Support Supported Employment (IPS/SE) model
Employment is a wellness goal, integrated into the care plan, zero exclusions

Amount: $2,525,148
Project Length: 36 months

Vendors and evaluator selected
Rockville Institute conducted a fidelity training in June 2019
Fidelity review scheduled for November 2019

IPS trainer hired

Monthly meetings have been taking place to discuss challenges and successes
One provider placed 8 clients into competitive work and has 29 participants enrolled. One participant said, “I have a lot of chaos in my life. My job is the one area of my life that is going well. I have been working at Safeway since April.”

- Momentum

Another provider said they have 40 participants enrolled in the program and 15 people have been placed in jobs over the last two quarters. All positions are competitive market employment.

- Catholic Charities
Another provider shared that they have had unusual success with this model and the TAY population. The level of engagement is extremely high. Families and case managers are working together and much of the success is due to the zero exclusion principle and the employment specialist being an embedded member of the mental health team.

— Fred Finch
PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE

Utilize a co-response intervention model with teams that include a licensed clinician paired with law enforcement officer.

Connect individuals to appropriate services and provide post crisis peer support services.

Amount: $3,688,511; Project Length: 24 months

Evaluator has been secured.
ALLCOVE

Goal: Open two integrated health centers with behavioral health services (mental health and substance use), primary care, educational support and employment services, and peer support for youth ages 12 to 25 years old

First centers in California and the country

Centers designed for youth by youth, Youth Advisory Group (YAG)
LEARNING GOALS

- Will an integrated service model increase access to services?
- Will allcove improve social, emotional, physical wellbeing indicators?
- What are the best approaches to engage youth in the design?
- What financial model will be adopted?
- What are the barriers and facilitators to accessing the sites?
- Will allcove improve social, emotional, physical wellbeing indicators?
ALLCOVE IMPLEMENTATION

- Developed integrated service model: one-stop shop

- Formed Youth Advisory Group (YAG) of 27 youth representing the County’s diverse population

- Sites found in San Jose and Palo Alto
  - San Jose lease approved by BOS, Palo Alto lease will go to BOS 10/22

- YAG worked with IDEO.org to develop logo, brand, identity and name for the program, secured web domain and social media handles

- Process evaluation completed
ALLCOVE IMPLEMENTATION

RFP for CBO for community consortium/peer support and evaluator awarded

Sites expected to open July 2020

Amount: $16.5 million; Project Length: 48 months
INNOVATIONS PROJECTS
PENDING MHSOAC APPROVAL
TECH SUITE

Santa Clara County in process of requesting to join Tech Suite cohort, a multi-county cohort across California to bring interactive technology tools into the public mental health system.

Seeks to educate users on digital health literacy (ramp up), test out an innovative suite of applications designed on the signs and symptoms of mental illness, connect peers seeking help in real time through chat functionality, and increase user access to mental health services.

Estimated amount: $6,000,000; Project Length: 36 months

In process of submitting proposal to MHSOAC.
REACH OUT, ENGAGE, AND CONNECT (REC)

REC is a proposed project that will provide culturally responsive mental health services for adults over 60 in Santa Clara County via a multilingual phone line and home visits. This project will target underserved or unserved older adults who experience isolation and/or depression and who may be homebound. REC is designed to connect older adults to supportive services they would otherwise have difficulty accessing.

Proposal for MHSOAC has been drafted

Estimate start in FY2021
ROOM MATCH

To support the housing needs of consumers receiving or in need of mental health services through systemized connections to available rooms within the community.

Meeting housing needs and incorporating choice for both consumers and renters aims to reduce the risk of homelessness, relapse, hospitalization, and arrest for individuals with mental health needs.

This proposed housing project seeks out available bedrooms in homes that might be used for both short and long-term housing.

This project is reviewing implementation feasibility.
Break
For this MHSA planning cycle and to align with state timelines by June 30, 2020, County of Santa Clara has been tasked with the following MHSA reports and plans:

- Annual Plan Update for FY20 – budget only for FY19/20
- Annual Plan Update for FY21 – outcomes (for FY19/20) and budget update for FY20/21
- Three Year Plan FY21-23 – estimated budgets for FY21/22, FY22/23
REVISED COMMUNITY PROGRAM PLANNING PROCESS
INTEGRATED FY21-23 PLAN AND FY20 UPDATE

Kick Off

October 1, 2019
3:00 - 5:00pm

Overview of CPPP and Timeline
Review MHSA Components
Legislative Updates

Community Program Planning Process

September 17, 2019
6:00pm – 8:00pm
Rebekah Children’s Services

September 23, 2019
1:00pm – 3:00pm
Bill Wilson Center

October 4, 2019
9:00am – 11:00am
Behavioral Health Board

October 9, 2019
3:30pm – 5:30pm
Mitchell Park Community Center (Matadero)

October 15, 2019
3:30 – 6:30pm
Santa Clara Valley Specialty Center, BQ160

Additional Listening Sessions to be scheduled countywide

January 2020
8:30am – 4:30pm
MHSA Symposium

Plan Review

March 2 – March 31
30-Day Draft Plans for Public Review

April 13, 2020
Behavioral Health Public Hearing of Draft Plans

June 2020
Date: TBD
Request Board of Supervisor Approval

SANTA CLARA COUNTY
Behavioral Health Services
Supporting Wellness and Recovery
ROUNDTABLE
PLANNING BY SYSTEM OF CARE
THANK YOU

Toni Tullys, MPA
Director, Behavioral Health Services

Deane Wiley, PhD
Deputy Director, Behavioral Health Services

Roshni Shah, MPH
PEI Manager

Gina Vittori, MPH
INN Manager and Planner

For questions, additional information or other concerns, contact:
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1-408-885-5785
Or email us at: MHSA@hhs.sccgov.org