Santa Clara County Behavioral Health Services Department
Mental Health Services Act (MHSA)
Fiscal Year 2021 Mid-Year Adjustment: DRAFT

30-Day Public Comment Period October 17 – November 16
The public comment period has been extended to November 24, 2020

Use this link to submit your comments during this public comment period:
https://www.surveymonkey.com/r/FY21midyear_30daypublicposting

October 2020

Modifications made after the 30-Day Public Review and Comment Period appear in red.

Please see the latest update, refer to page 9.
October 17, 2020

Dear Santa Clara County Community Members:

2020 has been anything but normal. With the COVID-19 pandemic and social issues affecting both our nation and County, “unprecedented” is an all too familiar word to describe the current times. However “unprecedented” our times may be, though, the County of Santa Clara’s Behavioral Health Services Department (Department) has vowed to remain committed to the community we serve.

In June 2020, the County of Santa Clara Board of Supervisors approved Santa Clara County’s Mental Health Services Act (MHSA) fiscal year (FY) 2021-2023 Three-Year Program and Expenditure Plan (FY21-23 MHSA Three-Year Plan). The plan was written and compiled after countless hours of stakeholder meetings, community input, and departmental reviews—all completed pre-COVID-19. During this pandemic, the Department quickly realized the need to update its MHSA programming in order to serve our clients and community in the best way possible, given the current situation and public health guidelines. Hence, in July 2020, the Department commenced a mid-year adjustment planning process at the start of FY 2021 to keep the ongoing pandemic and social climate at the forefront and provide stakeholders and the public a forum to address immediate needs among stakeholders of mental health services, families and community partners.

To help with this effort, the Department initiated various activities to gather and understand the needs of the Santa Clara County clients and consumers, as well as share with the public the programmatic updates the Department has implemented during COVID-19 to current County MHSA programs with the aim to provide services to client and consumers during shelter-in-place in Spring 2020. First, the Department administered an online survey to gather information directly from our behavioral health clients and consumers. Over 300 responses were collected from online and paper surveys conducted in all of Santa Clara County’s threshold languages over a month window. Secondly, the Department conducted several virtual town hall meetings for cultural and underserved communities in Santa Clara County. Hundreds of community members participated in virtual townhalls, and the focused town hall conversations provided a rich understanding of the current needs of the Santa Clara County community and providers, which supplemented the quantitative data found in the online surveys. Additionally, departmental MHSA program staff provided detailed information on the changes they had already implemented to their programming and services, as well as the top priorities they identified for departmental change in response to COVID-19.

The data gathered from the activities described above were analyzed and became the foundation for the mid-year adjustment planning and conversations with the MHSA Stakeholder Leadership Committee (SLC). After several discussions and meetings with the SLC, the Department compiled recommendation ideas for the FY 2021 Mid-Year Adjustment in this report. Among these priorities, the SLC identified the following as key components to a COVID-19 related response:

1. Continue virtual townhalls to share information on BHSD services, etc. (in all threshold languages, livestream, including SUTS education, services, etc);
2. Incorporate “neighborhood navigators” into existing Promotores Project efforts to connect with families and increase access to telehealth services when needed; and
3. Convene first annual young adult’s forum (virtual) where young adults and transitional age youth, 18-25 years old, voice priorities and partners share expert testimony regarding best practices, gaps, and opportunities. The first forum would be to address experiences and priorities as related to COVID-19 and racial equity.

We encourage you, members of our community, to review the recommendations and provide your thoughts, questions, and feedback during our 30-day public comment period from October 17 – November 16, 2020. Comments may be shared via email at mhsa@hhs.sccgov.org or online at
FY2021 MHSA Mid-Year Adjustment: COVID-19 Response

https://www.surveymonkey.com/r/FY21midyear_30daypublicposting. Please note this mid-year adjustment to the FY 2021 annual plan is different from the regular annual update process. The County’s FY 2022 MHSA Annual Update process will begin in January 2021.

We plan to hold an information meeting about the recommendations that will be open to the public this month and provide members of the public who have been unable to take part in our recent stakeholder meetings the opportunity to learn more about the set of the recommendations included in this draft plan for the FY 2021 mid-year adjustment. At the end of the 30-day public review process, we will hold another meeting to share any updates to the draft plan. As part of this process, we will also hold a public hearing with the County’s Behavioral Health Board and lastly, bring the draft plan to the County Board of the Supervisors to request their approval of the plan.

This year, the Department also commenced an Innovations (INN) planning process. Earlier this month, our SLC membership endorsed to move forward two INN draft ideas: Community Mobile Response Project and Mental Health and Trauma in Diverse Communities. Included in this draft plan is information about these two new INN ideas. The Department will also convene meetings this month that will be open to the public to gather additional input on these two new INN ideas, adjust the INN ideas as needed based on input, and share an updated plan at the end of the 30-day public comment period.

With your collaboration and support, we hope to reallocate existing MHSA funds during FY 2021 to support wellness, promote recovery, and enhance the wellbeing for all in our community. Though we may not be entirely sure of what the upcoming year holds for us all, we are confident that we will continue to dedicate our time, energy, and resources to assist individuals in our community affected by mental illness and serious emotional disturbance to achieve their hopes, dreams, and quality of life goals.

With heart and hope,

Sherri Terao, Ed.D., IFECMH Specialist, RPFM
Director, Behavioral Health Services Department
County of Santa Clara
## Recommendations for FY2021 Mid-Year Adjustment

<table>
<thead>
<tr>
<th></th>
<th>Recommendations</th>
<th>F&amp;C</th>
<th>TAY</th>
<th>AOA</th>
<th>Plan Component &amp; Suggested Program Area</th>
<th>Fiscal Implication</th>
</tr>
</thead>
</table>
| 1 | Continue virtual townhalls to share information on BHSD services, how to access them, etc. (threshold languages, livestream, include SUTS education, services, etc.).  
   *Tentative implementation timeline: December 2020* | x   | x   |         | PEI (Office of Family Affairs)  
   PEI (Office of Consumers Affairs) | Within existing allocation |
| 2 | Maintain a YouTube channel to reach out to diverse communities with BHSD access and services.  
   *Tentative implementation timeline: December 2020* | x   | x   | x       | PEI (Office of Family Affairs) | Within existing allocation |
| 3 | Collaborate with other county agencies to include BHSD related information into monthly mailers/e-newsletters.  
   *Tentative implementation timeline: December 2020* | x   | x   | x       | PEI (Office of Family Affairs)  
   CSS Admin (Office of Preparedness) | Within existing allocation |
| 4 | Adjust the Promotores PEI Program to incorporate "neighborhood navigators" to connect with families, increase access to telehealth services when needed.  
   *Tentative implementation timeline: January 2021* | x   | x   | x       | PEI (Promotores) | Within existing allocation |
| 5 | Support a countywide, inter-disciplinary forum with a focus on engagement for marginalized communities, training support and outreach strategies (including homeless, new immigrants, etc.).  
   *Tentative implementation timeline: February – April 2021* | x   | x   | x       | Suggest working with CEO’s office (countywide effort) | Staff support and shared planning |
| 6 | Integrate MHPS Workers as Promotores (connect with resources, COVID-19 education, and testing) for board and care residents and operators within Public Health guidelines.  
   *Tentative implementation timeline: January 2021* | x   | x   | x       | PEI (Promotores)  
   CSS (HOT, OA Outpatient Teams) | Within existing allocation |
| 7 | Convene first annual forum *(virtual)* where young adults and transitional age youth, 18-25 years old, voice priorities and partners share expert testimony regarding best practices, gaps, and opportunities. Summary of forum findings will be shared with community stakeholder group to advice on priorities and present. The first forum on experiences and priorities as related to COVID-19 and racial equity.  
   *Tentative implementation timeline: February – April 2021* | x   |         |         | Countywide effort | Staff support and shared planning |
| 8 | Create one-time capacity building technology grants to community organizations with established track record of social connectedness activities or initiatives for their young adults and transitional age youth. Grantees will evaluate the impact of technology grants improving the social connectedness efforts.  
   *Tentative implementation timeline: TBD* | x   |         |         | Suggest exploring as an Innovations Project for FY2022 MHSA Annual Plan Update |
**Recommendations for FY2021 Mid-Year Adjustment**

<table>
<thead>
<tr>
<th>INNOVATION #15: Community Mobile Response Program</th>
<th>F&amp;C</th>
<th>TAY</th>
<th>Adult/Older Adult</th>
<th>Plan Component &amp; Suggested Division</th>
<th>Fiscal Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>INNOVATION #15: Community Mobile Response Program seeks to maximize the ability to expand crisis response for individuals and families by adopting a community model that uses not only mental health workers, but also community workers, people with lived experience, social workers, and emergency medical support. The scope of services will consider population size, geography, and trend/location usage, race and ethnicity, cultural and community representation, gender identity and LGBTQ, disability, and other aspects that affect how someone responds to a crisis. This model de-escalates and responds to crises with no law enforcement or public sector involvement. Expected project assessment by the MHSOAC January – March 2021. Implementation during FY2022.</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>INN FY21 Funding</td>
<td>TBD*</td>
</tr>
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<table>
<thead>
<tr>
<th>INNOVATION #16: Addressing Mental Health and Trauma in Diverse Communities</th>
<th>F&amp;C</th>
<th>TAY</th>
<th>Adult/Older Adult</th>
<th>Plan Component &amp; Suggested Division</th>
<th>Fiscal Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>The purpose of the innovation project is to increase knowledge of mental health and access to mental health services in diverse communities (primarily Vietnamese and African American/African Ancestry) by destigmatizing mental health services in the context of their culture. The project will focus on prevention and community outreach/education, co-located professional mental health treatment services for children, adults and families (within one roof). While the emphasis is on mental health prevention for youth and children, psychoeducation will target parents and grandparents on child/brain development, mental health conditions and services, and improve help-seeking behaviors. Expected project assessment by the MHSOAC January – March 2021. Implementation during FY2022.</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>INN FY21 Funding</td>
<td>TBD*</td>
</tr>
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</table>

*BHSD will work with community partners and program staff to finalize this cost. BHSD will be convening stakeholder meetings in October/November 2020 to gather additional input from the public as the Department works on developing and finalizing the newly proposed INN project ideas. BHSD will provide an updated plan at the end of the 30-day public comment period.
Community Mobile Response Project

<table>
<thead>
<tr>
<th>Status:</th>
<th>☒ New</th>
<th>☐ Continuing</th>
<th>☐ Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Population:</td>
<td>☑ Children Ages 0 – 17</td>
<td>☑ Transitional Age Youth Ages 16 – 24</td>
<td>☐ Adult Ages 24 – 59</td>
</tr>
<tr>
<td>Innovations:</td>
<td>☑ Increase access to underserved groups</td>
<td>☑ Increase the quality of services, including better outcomes</td>
<td>☐ Promote interagency collaboration</td>
</tr>
<tr>
<td>Primary Purpose</td>
<td>☑ Introducing new mental health practices/approaches, including, prevention and early intervention.</td>
<td>☑ Making a change to an existing mental health practice or approach, including, adaptation for a new setting or community.</td>
<td>☐ Introducing a new application to the mental health system of a promising community-driven practice/approach that has been successful in non-mental health contexts or settings.</td>
</tr>
<tr>
<td>Initiative Approach</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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**Program Description**

The Community Mobile Response Project seeks to maximize the ability to expand crisis response for individuals and families by adopting a community model that uses not only mental health workers, but also community workers, people with lived experience, social workers, and emergency medical support. The scope of services will consider population size, geography, and trend/location usage, race and ethnicity, cultural and community representation, gender identity and LGBTQ, disability, and other aspects that affect how someone responds to a crisis. This model de-escalates and responds to crises with no law enforcement or public sector involvement. In addition, this project introduces a new application to the mental health system of a promising community-driven practice/approaches. This project seeks to incorporate successful elements of the Cahoots Project in Washington State from Eugene, Oregon to local crisis response in County of Santa Clara. This project aims to make a change to an existing mental health practice or approach, including, adaptation for a new setting or community.

CMRP seeks to provide assistance in the community where people need help. This community-driven effort would mobilize a van with a team of trained and qualified staff that would include: an Emergency Medical Technician (EMT); a crisis counselor (or a community health worker); peer support specialist for families and individuals to mirror BHSD Consumer/Family Affairs Program; and, culturally skilled and sensitive competent staff, equipped with language skills capacity. In collaboration with community partners, the project will focus on areas/neighborhoods with the highest needs for behavioral health services related crisis calls.

The following are key services and activities within CMRT:
- Respond to various disturbance calls (domestic violence, mental health, etc.)
- Connect individuals, as appropriate, with faith community partners.
- Assess medication needs of clients and connect them to a provider.
- Conduct mental health needs assessments in the field as necessary

The project is estimated for three five years. Expected project assessment by the MHSOAC Spring 2021. Implementation target FY2022.

**Goals and Objectives**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Outcome 1:</td>
<td>Reduce behavioral health related crisis calls to law enforcement (via 911).</td>
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<tr>
<td>Outcome 2:</td>
<td>Increase services to underserved group (language diverse communities, homeless population, older adults, etc.).</td>
</tr>
<tr>
<td>Outcome 3:</td>
<td>Reduce emergency room visits for behavioral health related crisis situations.</td>
</tr>
<tr>
<td>Outcome 4:</td>
<td>Minimize touchpoints in order to ensure individuals get the help they need with fewer referrals.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Number to be served:</th>
<th>TBD*</th>
<th>Proposed Budget:</th>
<th>TBD*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost per Person:</td>
<td>TBD*</td>
<td>Total Proposed Budget:</td>
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*BHSD will work with community partners and program staff to finalize this information. BHSD will be convening stakeholder meetings in October/November 2020 to gather additional input from the public as the Department works on developing and finalizing the newly proposed INN project idea. BHSD will provide an updated plan at the end of the 30-day public comment period. Update: Since the public posting of this draft plan, BHSD has held MHSA SLC planning meetings on the two new INN projects from October – November 2020. On November 17, 2020, BHSD presented an updated draft of the new INN projects incorporating feedback received during the meetings. BHSD also extended the public review comment period to November 24, 2020 to provide stakeholders and the public time to review the latest draft plan for the two new INN projects. Please review pages 10 – 24 reflecting the latest proposed draft plan for INN-15: CMR project. Please provide your comment using the hyperlink provided on page 9. Thank you.
One such model is the parent cafe model, a nationally proven, powerful tool to make community members feel comradery, participants would be able to engage in culturally appropriate activities the foster connection and trust. These settings will be non-threatening (e.g. afternoon café, barbeques, etc). In a context of celebration and sharing, participants can feel safe to express their feelings and concerns. The project will seek to create successful community-driven practice/approach that has been proven promising in non-mental health contexts or settings.

Mental Health and Trauma in Diverse Communities

<table>
<thead>
<tr>
<th>Priority Population:</th>
<th>☒ New</th>
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<tr>
<td>Adult, Ages 24 – 59</td>
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<tr>
<td>Older Adult, Ages 60+</td>
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Innovations:

Primary Purpose

☐ Increase access to underserved groups
☐ Increase the quality of services, including better outcomes
☐ Promote interagency collaboration
☐ Increase access to services

Innovations:

Initiative Approach

☐ Introducing new mental health practices/approaches, including, prevention and early intervention.
☐ Making a change to an existing mental health practice or approach, including, adaptation for a new setting or community.
☐ Introducing a new application to the mental health system of a promising community-driven practice/approach that has been successful in non-mental health contexts or settings.

Program Description

Mental Health and Trauma in Diverse Communities Project seeks to increase knowledge of mental health and access to mental health services in institutionally marginalized communities by utilizing transgenerational, cultural and family support to destigmatize and normalize behavioral health services in among two diverse communities in County of Santa Clara: the Vietnamese community and the African American/African Ancestry community. The project will offer a stealth solution to behavioral health services by creating safe spaces in the community to come together and connect with culture, family, community and around transgenerational supports – youth, parents and grandparents. Strategically available, in collaboration with community partners, cultural services will be co-located with mental health services for transgenerational families. This project introduces a new mental health practices/approaches, including, prevention and early intervention. Additionally, the project seeks to increase access to underserved groups.

The project will focus on psychoeducational strategies first aimed at parenting and understanding the needs of the children with mental health needs with a lens on trauma informed interventions. Parents and grandparents would be encouraged to identify and address their own behavioral health needs in order to provide support and care to their families. Special attention will be focused on grandparents since they are the ones who take care of the children while parents go to work. The foundational basis of the project aims to create a well-founded beginning for parents and grandparents with strategies to create formed/educated, resilient, supportive and socially connected parents, grandparents and care providers who are effective advocates for themselves, their children and their families.

The project will seek to work directly and in collaboration with Full Service Partnership providers as well as direct service care providers in order to create a support system around community members and their extended families, many of whom would be clients and consumers in these services. In many diverse communities, primarily the marginalized due to language or race, seek to not access health services of any kind and even as mental health needs many present at physical needs, families struggle to accept a behavioral health referral. This project will seek to create a warm hand off to services and create modified solutions to destigmatize and normalize behavioral health services for transgenerational families. This project introduces a new mental health practices/approaches, including, prevention and early intervention. Additionally, the project seeks to increase access to underserved groups.

For many marginalized communities (either by war, racism, social inequity), the trauma runs deep in the psyche, yet many of them do not seek help due to language barriers, social isolation, racism or due to cultural and social stigma. The struggles to make ends-meet and resolve other more pressing needs in everyday life also cause many to bury their trauma deeply, only to have them surface later in life more strongly. Left unresolved, the trauma metastasizes into health conditions (anxiety, insomnia, nightmare, loss of appetite, pent up anger, depression etc.), identity crisis, the inability to work or maintain daily functioning, family conflicts, intergenerational trauma and even domestic and intimate partner violence in relationships, family and community. The project will seek to incorporate the following strategies:

Community gatherings will be held utilizing narrative therapy and ventilation to make participants feel heard and validated. These settings will be non-threatening (e.g. afternoon café, barbeques, etc). In a context of celebration and comradery, participants would be able to engage in culturally appropriate activities the foster connection and trust. One such model is the parent cafe model, a nationally proven, powerful tool to make community members feel
relaxed and empowered, reduce social isolation, increase confidence and foster the feeling of being connected with others and supported by the community.

_Healing circles_ will be organized in the form of support groups or workshops on communication and relationships in order to understand their own needs, hopes and dreams, wants and desires. These frameworks will also help them understand why they took (or plan to take) certain decisions based on their needs. This revelation will in turn make them feel in control of their life and no longer feel victimized. The group also helps to universalize the problems, helping people see that they are not the only one with this problem. With the renewed confidence and resilience and feeling safe that they will not be judged or labeled, community members will be more inclined to step up and seek professional help. As rapport and community acceptance is built, accessing behavioral health services will follow. The project will aim at ensuring warm hand-offs to community based behavioral health providers co-located at community gathering places. The project is estimated for three years. Expected project assessment by the MHSOAC Spring 2021. Implementation target FY2022.

### Goals and Objects

| Outcome 1: | Reduce stigma as a deterrent to accessing behavioral health services among diverse communities. |
| Outcome 2: | Increase connectedness among socially marginalized communities to improve behavioral health wellness and recovery. |
| Outcome 3: | Improve the well being of children and their families by accessing behavioral health services early. |
| Outcome 4: | Reduce stigma and discrimination among diverse communities seeking and receiving behavioral health services. |

| Number to be served: | TBD* | Proposed Budget: | TBD* |
| Cost per Person: | TBD* | Total Proposed Budget: | TBD* |

*BHSD will work with community partners and program staff to finalize this information. BHSD will be convening stakeholder meetings in October/November 2020 to gather additional input from the public as the Department works on developing and finalizing the newly proposed INN project idea. BHSD will provide an updated plan at the end of the 30-day public comment period.

Update: Since the public posting of this draft plan, BHSD has held MHSA SLC planning meetings on the two new INN projects from October – November 2020. On November 17, 2020, BHSD presented an updated draft of the new INN projects incorporating feedback received during the meetings. BHSD also extended the public review comment period to November 24, 2020 to provide stakeholders and the public time to review the latest draft plan for the two new INN projects. Please review pages 25-41, reflecting the latest proposed draft plan for INN-16: Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project. Please provide your comment using the hyperlink provided on page 9. Thank you.
UPDATE
Since the public posting of this draft plan, BHSD has held MHSA SLC planning meetings on the two new INN projects from October – November 2020. On November 17, 2020, BHSD presented an updated draft plan of the new INN projects incorporating feedback received during the meetings.

Please visit the individual sections for each project to view the proposed latest draft updates to the INN projects using the MHSA INN project template provided by the state-MHSAOAC.

- Updated Draft MHSA INN-15: Community Mobile Response Program pages 10 - 24
- Updated Draft MHSA INN-16: Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project pages 25 - 41

BHSD also extended the public review comment period to November 24, 2020 to provide stakeholders and the public time to review the latest draft plan for the two new INN projects.

To submit your public comment, please use the link provided here. We thank you for your participation. https://www.surveymonkey.com/r/FY21midyear_30daypublicposting
### COMPLETE APPLICATION CHECKLIST

Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:

- ☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. The budget should be consistent with what has (or will be) presented to the Board of Supervisors.

- ☐ Local Mental Health Board approval* Approval Date:  
  *Public Hearing with the County’s Behavioral Health Board is scheduled on December 8, 2020

- ☐ Completed 30 day public comment period  
  Comment Period: October 17, 2020 to November 24, 2020

- ☐ BOS approval date** Approval Date:  
  If County has not presented before BOS, please indicate the date when presentation to BOS will be scheduled: December 15, 2020

Desired Presentation Date for MHSOAC Commission: January 2021
County Name: Santa Clara County

Date submitted: Estimated Submission Date to the Mental Health Services Oversight Accountability Commission (MHSOAC) is slated in December 2020 after the completion of the local community planning and review process.

Project Title: Community Mobile Response (CMR) Program

Total amount requested: $100,000 for Phase I of the INN Project: Community Planning

Duration of project: 5 years total with a two-phased approach

Phase 1: Up to Four (4) months

Phase 2: 56 months

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

☒ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population

☒ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system

☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

☒ Increases access to mental health services to underserved groups

☒ Increases the quality of mental health services, including measured outcomes

☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

☒ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing
Section 2: Project Overview

PRIMARY PROBLEM

1. Individuals experiencing mental health crises often interact with police and emergency departments. Interacting with law enforcement can be a frightening and distressing experience for anyone and particularly for individuals and groups that have historical trauma because of police and other government authorities. Similarly, involuntary hospitalization can be a traumatic experience for individuals.

2. Santa Clara County has developed a mental health crisis response system that is efficient and effective. However, community members have expressed concerns that the required inclusion of law enforcement in response to individuals in mental health crisis is both a barrier to access and a risk to the individual, due to an increased likelihood of force being used and the necessity for restraints during transport to a hospital.

3. Within the current crisis service system, individuals who are assessed and deemed not needing of a 5150 hold are not linked to any supportive or therapeutic services post crisis response. Data shows they continue to overuse emergency services, despite either being deemed ineligible or quickly discharged from the hospital.

4. First responders currently spend many hours addressing behavioral health crisis situations, even when the assessment is being conducted by the co-responding Behavioral Health Services Department Mobile Crisis Response Team clinicians.

5. Santa Clara County’s current practice of having ambulances transport individuals on a 5150 hold is expensive and diverts resources from life threatening emergencies, causing other to experience more lengthy wait times for ambulances.

6. Additionally, In Santa Clara County there may also be discrepancy in treatment between racial and ethnic groups. African American consumers in focus groups reported a disparity in the level of treatment they receive from law enforcement when experiencing crisis compared to other racial groups.
PROPOSED PROJECT

The Community Mobile Response Program seeks to maximize the ability to expand crisis response for individuals and families by adopting a community model that uses mental health workers and emergency medical support. The scope of services will consider population size, geography, trend/location usage, race and ethnicity, cultural and community representation, gender identity and LGBTQ, disability, and other aspects that affect how someone responds to a crisis.

BHSD provides an array of behavioral health services, including services for crisis, acute inpatient psychiatric care, subacute, residential care, full service partnerships, and outpatient. Although various behavioral health services are available to the community, there is also a need to expand community-based crisis services.

Community Mobile Response innovative approaches ideas:

A) Family involvement – Encouraging family in all aspects of the process, from the phone screening to riding along to the hospital for admission.

B) Prevention focused – Focus on lower acuity situations and diversion, as well as providing resources pre and post-crisis response.

C) Access through a trusted community phoneline

D) Transformed trauma-informed mobile response vehicle, designed by a professional design and marketing firm with community input, including county behavioral health clients and family members of clients/consumers.

E) A regional approach to coordination and communication with other counties with similar programs.

Proposed geographic areas: Launch in South County and San Jose regions, with plans to expand Countywide in the future years, if successful.

Phase 1 of the proposed project will be a broader community planning phase. Over the course of up to four months, the following will be accomplished:

A professional community planning firm will be contracted to engage the community, removing the element of distrust of the government, including the local county government, for their feedback. Other counties have reported that the utilization of a contracted community planning firm for Innovation planning has allowed them to engage and receive feedback that they would have been
unable to obtain utilizing only county staff for facilitators. Additionally, a dedicated Program Manager II for the CMR Program, approved and funded by the Board of Supervisors with County General Fund in August 2020, will help facilitate the process, along with the MHSA Innovation Manager.

One of the primary standards of the MHSA that all Innovation projects must meet is that the project is Client Driven and Family Driven as described under Title 9 California Code of Regulations, Section 3320; please refer to the MHSA General Standard section of this project plan for more details. The purpose of phase 1 is to obtain feedback from clients and clients’ family members on this new program as one of the innovative approach components includes having this new project having a “family involvement” component, “focused on prevention” and build upon the ideas that have been shared at the October – November SLC meeting which are listed below.

SLC meeting participants shared the following ideas for Phase II’s Community Mobile Response Program, which will be presented for feedback during the broader Phase I community planning process:

- For accessing the CMR Team services, suggestions to create a new three-digit number that has no association with any type of government entity and is also easy to remember and promote (e.g., 585, 711, etc.).

- Transform the exterior and interior of the therapeutic transport vehicle to include personalized de-stressing objects and scents, such as free take away stress squeezing balls, adult coloring books and supplies, journals, and special relaxing scents.

- Introduce the Community Mobile Response Team at public launch events, giving the community an opportunity to meet the staff and see and go inside the therapeutic transport vehicle.

- Encourage community members to reach out and call the CMR Team when they are in distress but not at the acuity level of needing a transport or a hospitalization assessment. Services would be promoted as preventative, including post-crisis calls that do not result in hospitalization but rather a connection to behavioral health, substance use, social services, housing, etc.

Please note that MHSA INN funds can only be utilized for this project once the County receives approval from the MHSOAC. If the project is approved locally in December 2020 by the County Board of Supervisors and approved by the MHSOAC in January 2021 for Phase 1 of the project, the Community planning process can start in January 2021. In April 2021, BHSD will convene meetings with the MHSA SLC group to present information/input gathered during the community planning process and present plans for Phase 2 of the project. In April 2021 – May 2021, BHSD will work with the MHSOAC and request for a meeting with the MHSOAC commissioners to present plans for phase 2 of the project. Once approval has been provided for the INN funding for phase 2, BHSD will commence
the RFP for the services for implementation in FY2022 as planned.

With the findings from Phase I, BHSD will submit a revised Phase 2 proposed program design and budget augmentation plan to the MHSOAC in 2021 for the remaining 56 months of the project and full implementation of the CMR Program.

**Phase 2** Implementation of the proposed Innovation **Community Mobile Response Program** will be informed by the community input collected during the Phase 1 planning process and slated for implementation in FY2022.

**RESEARCH ON INN COMPONENT**

- BHSD reviewed background information from the White Paper for a Community Mobile Response (CMR) Program drafted by the Behavioral Health Contractors’ Association (BHCA), comprised of over thirty non-profit community-based organizations in Santa Clara County. Their program was modeled after the Crisis Assistance Helping Out in the Streets (CAHOOTS) Program from Eugene, Oregon. The BHCA shared the White Paper with the Board of Supervisors (BOS) and BHSD, who supported it. The BOS went on to fully fund, utilizing County General Funds, a County Program Manager II position dedicated to the proposed CMR Program.

- BHSD researched the CAHOOTS Program referenced in the BHCA’s White Paper and discussed how the model could be implemented in Santa Clara County, with its unique geography and other differences that needed to be addressed. The CAHOOTS model utilizes 911 and 311 phone numbers. However, in recent discussions with the MHSA SLC members and meeting attendees, numerous individuals have voiced at SLC meetings the use of a non-law enforcement phone line for this new INN project.

- BHSD reached out to the MHSOAC in October 2020 and requested other counties’ project plans that included similar ideas proposed by Santa Clara County. Provided by the MHSOAC, BHSD reviewed San Diego County’s Roaming Outpatient Access Mobile (ROAM) Project, Los Angeles County’s Therapeutic Transport (TT), and San Bernardino County’s Innovative Remote Onsite Assistance Delivery (InnRoads) Program.


BHSD then expanded research to include other counties’ MHSA and INN plans. Alameda County has a current Innovation Project called Community Assessment and Transport Team (CATT), which includes many of the same innovative components and plans as the other counties and served as another model.

Alameda:


The California Behavioral Health Directors Association (CBHDA) provided information regarding San Francisco’s new Street Crisis Response Teams, part of the City’s strategic framework for improving the behavioral health response to people experiencing homelessness. The Street Crisis Response Team will be a collaboration between the San Francisco Department of Public Health and the San Francisco Fire Department, and each team will include a community paramedic from the Fire Department, and a behavioral health clinician, and behavioral health peer worker from the Department of Public Health.


BHSD brought the numerous ideas researched and shared to multiple Stakeholder Leadership Committee meetings and gathered additional information about what community-based organizations were currently providing that were similar to the proposed project plan.

Resource Development Associates: In the fall of 2016, BHSD hired Resource Development Associates (RDA) to assess the effectiveness, structure, quality, and impact of their MHSA-funded Continuum of Care. This MHSA Needs Assessment was commissioned by BHSD approximately ten years post MHSA implementation. One of the goals of the project was to conduct a retrospective exploration to determine what had been accomplished with regards to MHSA implementation. The Department was also interested in documenting the current landscape of MHSA-funded services and what additional needs remain in order to target future efforts, which were noted in the County’s FY2018-2020 MHSA Plan. The RDA Needs Assessment provided much of the background on the needs of Santa Clara County for this proposed plan document.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING
Phase 1: Project planning will be contracted out to a professional community planning and marketing firm. The firm will be selected through an Informative Competitive Process (ICP).
COMMUNITY PROGRAM PLANNING

In June 2020, the County of Santa Clara Board of Supervisors approved Santa Clara County’s Mental Health Services Act (MHSA) fiscal year (FY) 2021-2023 Three-Year Program and Expenditure Plan (FY21-23 MHSA Three-Year Plan). The plan was written and compiled after many stakeholder meetings, community input, and departmental reviews.

This year, the Department also commenced an Innovations (INN) planning process. The SLC membership endorsed to move forward two INN draft ideas: Community Mobile Response Program and Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities. Here are the dates related to Innovation specific SLC meetings for the two new proposed projects.

1. INN Planning Launch was held at the MHSA Forum on January 21, 2020: There was an Innovation Workshop with facilitated breakouts to brainstorm and discuss ideas.

2. The INN Idea Submission Due Date was February 7, 2020. There were 23 ideas submitted - Youth Prevention (9), Homelessness Prevention (8), Workforce, Education, and Training (6), CBO (10), County/BHSD (11), School District (1), Resident (1)

3. MHSA team met with BHSD leadership and program managers to review ideas meeting INN requirements, and to review alignment with COVID-19 services, and racial equity (April-June 2020)

4. INN notification letters were drafted and sent to idea submitters in August 2020.

5. Six INN ideas asked to present at SLC Kickoff meeting, highlight COVID19 and racial equity.

Timeline of SLC planning meetings and processes - All meetings were open to the public, and the meeting information was also available on www.sccbhsd.org/mhsa.

- September 2, 2020: SLC Meeting including Innovation project prioritization
- September 9, 2020: SLC Meeting including Innovation project prioritization
- October 2, 2020: SLC Innovation Incubator Kick-Off Meeting
- October 17-November 16, 2020: Thirty-day public comment period
- October 26, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 2, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 6, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 18, 2020: BHSD to post the updates to the draft plans for the two new INN projects, including INN-16, on the BHSD MHSA site www.sccbhsd.org/mhsa.
On October 17, 2020, BHSD initiated the public comment period, which was slated to end on November 16, 2020. Still, BHSD extended the public review comment period through November 24, 2020 to provide the public the latest update to the INN project based on the input received from the MHSA SLC meetings conducted in October 2020 to November 2020 and also allow time for the community and stakeholders to share additional input and feedback on the two new INN projects. On November 30, 2020, BHSD will present a summary of changes based on input at an MHSA SLC meeting that will also be open to the public.

This section will be updated in the future to include information about the public hearing meeting with the Behavioral Health Board scheduled on December 8, 2020 and additional community planning process updates.

**Expected Numbers Served**

For Phase 1: Community Planning, BHSD expects to engage individuals from historically difficult to reach populations, including those in the focus group list below. One goal is to collect direct feedback via focus groups or private interviews with individuals who have been placed on a 5150 hold and transported within the Santa Clara County system. Additionally, amongst this group, BHSD intends to include formerly incarcerated individuals and individuals of all ages, ethnic, racial groups, and family members.

**Focus Groups**

BHSD will hold focus groups targeting representation from the following populations, to be hosted regionally at locations where the populations are already being served:

- Re-Entry/Justice involved individuals and their family member (at the San Jose Re-Entry Center)
- Homeless/Unstably housed (hosted by an agency providing services for homeless individuals)
- Ethnic-specific services clients/potential clients and family members (at a CBO)
- Adults/Older adults (at CBOs and county sides in all key geographic regions of the County)
- TAY youth and their families
- Adults with developmental disabilities and their caregivers
- County staff from all departments who have utilized mobile response or have worked with the target population
- Additional groups that community members, staff, or partners in other counties suggest
MHSA General Standards

MHSA Innovation projects must be consistent with all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320. This project meets the MHSA General Standards as described here:

- **Community Collaboration:** In January of 2020, BHSD launched an INN planning process for the County’s next round of innovation projects. This new INN project is a result of that extensive community planning process, which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County’s INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 23 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected two new project ideas, and one of those projects is the Community Mobile Response Program. This incubator idea was put forward this fall 2020 and supported by the SLC members. BHSD held an informational stakeholder/public meeting regarding the County’s review and selection of the projects and also provided opportunities for community members to give input via email and an online survey.

- **Cultural Competence:** By including a broader sample of community members of diverse backgrounds into the planning and development process for the proposed new Community Mobile Response program, BHSD aims to create a stronger connection and increase trust in the system. A concentrated effort will be made in the recruitment of focus group members to match the ethnic and cultural makeup of the County. The planning process will include feedback that is reflective of the cultural, ethnic, and racial diversity of clients using crisis services in Santa Clara County.

- **Client Driven and Family Driven:** BHSD will ensure that Phase 1: Community Planning process will allow for incorporation of a broader range of community feedback. This will allow for the design of the Community Mobile Response Program to reflect as closely as possible the needs and experienced challenges of actual utilizers of the services. The design will be driven by knowing that future utilizers of the system will experience a trauma-informed community-based response that decreases the stress and risk of being in crisis and possibly transported to be hospitalized. Likewise, family members of individuals who have utilized crisis services have already provided their feedback through the discussion forums of the SLC Meetings. This comprehensive planning process will allow BHSD to engage many more family members to ensure their voices and experiences are incorporated into the learnings and improvements needed with the launch of the CMR Program.
- **Wellness, Recovery, and Resilience Focused**: As a result of this Community Mobile Response Program and the improvements made through the expanded community planning process, clients of the crisis system will have decreased levels of trauma and increased levels of support from the community, as well as their family members throughout the process of assessment, transport, and hospital admission, if needed and desired by the individual in crisis. Ultimately, through decreased wait times and the removal of most law enforcement response, the experience of the person in crisis will be transformed into one in which they get the services they need and emerge in a place more conducive to wellness, recovery, and resilience.

- **Service Integration**: The current design of the CMR Program seeks to reduce the number of providers and organizations involved in the crisis response from beginning to end. This will improve service integration by making the process more seamless and less drawn out and require the individual in crisis to repeat their information fewer times. The linkage component will help clients gain access to a full range of needed behavioral services. Post-crisis services will support both the family and the individual who was in crisis.

**INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

Sustainability: Based on the results of the independent evaluation of the Innovation Project and the availability of other identified funding sources, the County will determine whether to continue the project as is or to keep particularly successful elements integrated into other programs already funded and being sustained.

Continuity of care: Individuals with serious mental illness receive services from the proposed project. Well in advance to project completion, clients in the Innovation Funded programs will be assessed for transfer to other programs. If the Innovation Project is to be sustained and moved to a different funding source, clients will be notified of any changes that may impact them, such as a shift in what types of personal information or assessment data is being collected.

**COMMUNICATION AND DISSEMINATION PLAN**

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) Information on the results of the Innovation Project evaluation will be posted online, distributed via email, and review at community meetings. BHSD will engage other counties to share learnings.

B) Keywords for search:

Crisis, crisis response, 5150 hospitalization, suicide risk, need help for a person in crisis, etc.
TIMELINE

The current proposal is for a 5-year project (60 months):

- Phase 1: Up to Four (4) months.
  
  The first step will be to select through the appropriate process (e.g., Informal Competitive Process), a professional community planning firm that can meet the needs of Santa Clara County to engage a diverse group of community members as described in detail in the “Proposed Project” section of the project plan.

- Phase 2: For the remaining 56 months, based on stakeholder input – After Phase I has been completed, BHSD will submit a budget augmentation plan to the MHSOAC in 2021 for the remaining months of the project.

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

A) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)

B) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)

C) BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)

BUDGET NARRATIVE

BHSD will provide oversight and administration of the contract, including support from the Innovation Program Manager, funded out of the overall Innovation budget administration, and separate from this proposed budget for the Community Mobile Response Program.

The Board of Supervisors approved in August 2020 a full-time Program Manager II (PM II) dedicated to the proposed Community Mobile Response Program with an annual cost of a PM II currently at $180,467 (salary and benefits). County General Funds fully fund the position for the PM II.

The current proposal is for a 5-year project (60 months)
- Phase 1: Four (4) months: January 2021 – April 2021. This will include only the contractor design and marketing firm’s costs related to consultation, community planning, facilitating focus groups, and initial design work for the transformed therapeutic transport vehicle.

After the MHSOAC reviews and approves the project and funding of the project, BHSD can start phase 1 of the project in January 2021, as described in detail earlier in this document, in the project plan’s timeline section.

- Phase 2: After completing Phase I planning and incorporating feedback, BHSD will submit a budget augmentation plan to the MHSOAC in April – May 2021 for the remaining 56 months for the actual CMR Program implementation and ongoing program costs for implementation in FY2022.

<table>
<thead>
<tr>
<th>BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*</th>
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<tbody>
<tr>
<td>EXPENDITURES</td>
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<tr>
<td>PERSONNEL COSTS (salaries, wages, benefits)</td>
<td>FY 20/21</td>
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<tr>
<td>1. Salaries - Program Manager II</td>
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<tr>
<td>2. Direct Costs</td>
<td></td>
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<tr>
<td>3. Indirect Costs</td>
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<tr>
<td>4. Total Personnel Costs</td>
<td>$60,156</td>
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<tr>
<td>OPERATING COSTS*</td>
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<tr>
<td>5. Direct Costs</td>
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<td>6. Indirect Costs</td>
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<tr>
<td>7. Total Operating Costs</td>
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<tr>
<td>NON-RECURRING COSTS (equipment, technology)</td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>10. Total non-recurring costs</td>
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<tr>
<td>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</td>
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<tr>
<td>11. Direct Costs – To Assist with Broader Community Planning Process Countywide</td>
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<tr>
<td>12. Indirect Costs</td>
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<tr>
<td>13. Total Consultant Costs</td>
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<thead>
<tr>
<th>OTHER EXPENDITURES (please explain in budget narrative)</th>
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<td>14.</td>
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<td>15.</td>
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<tr>
<td>16. Total Other Expenditures</td>
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<tr>
<th>BUDGET TOTALS</th>
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<tr>
<td>Personnel (total of line 1)</td>
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<tr>
<td>Direct Costs (add lines 2, 5, and 11 from above)</td>
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<td>$100,000</td>
</tr>
<tr>
<td>Indirect Costs (add lines 3, 6, and 12 from above)</td>
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<tr>
<td>Non-recurring costs (total of line 10)</td>
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<td>Other Expenditures (total of line 16)</td>
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<tr>
<td>TOTAL INNOVATION BUDGET</td>
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<tr>
<th>BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</th>
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<tbody>
<tr>
<td>ADMINISTRATION:</td>
<td></td>
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<tr>
<td>A. Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY &amp; the following funding sources:</td>
<td>FY 20/21</td>
<td>TOTAL</td>
</tr>
<tr>
<td>1. Innovative MHSA Funds</td>
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<tr>
<td>2. Federal Financial Participation</td>
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<td></td>
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<tr>
<td>3. 1991 Realignment</td>
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<tr>
<td></td>
<td>Behavioral Health Subaccount</td>
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<tr>
<td>5.</td>
<td>Other funding</td>
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<td>6.</td>
<td>Total Proposed Administration</td>
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</tbody>
</table>

**B. Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**

<table>
<thead>
<tr>
<th></th>
<th>FY 20/21</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1. Innovative MHSA Funds</td>
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<tr>
<td>2. Federal Financial Participation</td>
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<td>3. 1991 Realignment</td>
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<td>4. Behavioral Health Subaccount</td>
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<tr>
<td>5. Other funding</td>
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<td></td>
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<tr>
<td>6. Total Proposed Evaluation</td>
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</table>

**C. Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**

<table>
<thead>
<tr>
<th></th>
<th>FY 20/21</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Innovative MHSA Funds*</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>2. Federal Financial Participation</td>
<td></td>
<td></td>
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<tr>
<td>3. 1991 Realignment</td>
<td></td>
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<tr>
<td>4. Behavioral Health Subaccount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Other funding** - County General Fund</td>
<td>$60,156</td>
<td>$60,156</td>
</tr>
<tr>
<td>6. Total Proposed Expenditures</td>
<td>$160,156</td>
<td>$160,156</td>
</tr>
</tbody>
</table>

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If “other funding” is included, please explain within budget narrative.
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:

- Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. The budget should be consistent with what has (or will be) presented to the Board of Supervisors.

- Local Behavioral Health Board approval* Approval Date: *Public Hearing with the County’s Behavioral Health Board is scheduled on December 8, 2020

- Completed 30-day public comment period Comment Period: October 17, 2020 to November 24, 2020

- BOS approval date** Approval Date: **If County has not presented before BOS, please indicate the date when presentation to BOS will be scheduled: December 15, 2020

Desired Presentation Date for Commission: January 2021
CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person’s living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☒ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☒ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing
Primary Problem
Addressing Mental Health and Trauma in Diverse Communities

Santa Clara County’s Mental Health Services Act (MHSA) Stakeholder Leadership Committee (SLC) selected the problem of addressing trauma and stigma in underserved populations for the development of a new Innovation Project. Santa Clara County’s Vietnamese and African American/African Ancestry communities have faced historical and contemporary traumas that result in these groups having trouble trusting authority and government. This lack of trust often results in delaying or avoiding accessing treatment. Providers attending the SLC meetings shared that it often takes months or even years to build trust with these groups and that service engagement must be conducted in a culturally relevant way.

For the Vietnamese population specifically, many struggle with unhealed wounds and trauma from the war and the ensuing persecution by the Vietnamese Communist government, the traumatic exodus and boat people journey, and the acculturation challenges in rebuilding life in the new land. However, many Vietnamese people do not seek help due to language barriers, but mostly cultural and social stigma. Left unresolved, the trauma metastasizes into health conditions (e.g., anxiety, insomnia, nightmare, loss of appetite, pent up anger, depression, etc.), identity crisis, the inability to work or maintain daily functioning, family conflicts, intergenerational trauma, and even domestic and intimate partner violence in relationships, family, and community.

For the African American/African Ancestry community, the challenges being faced are different. Santa Clara County is comprised of approximately 2% African American individuals. African Americans have faced a long history of adversity in the United States, including slavery, systemic, race-based exclusion from health, educational, social, and economic resources; police violence and brutality; violent hate crimes; and much more. These historical and contemporary traumas have resulted in disparities experienced by African Americans, including poorer health outcomes, lower socioeconomic status, and higher incarceration rates. Of Santa Clara County residents living below the poverty line, approximately 16% are African American. This is higher than the 9% average of the entire County and double the 8% of White individuals living below the poverty line.

Although anyone can develop a mental health challenge, African Americans sometimes experience more severe forms of mental health challenges resulting from systemic discrimination. According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems.

African Americans had significantly lower utilization of Emergency Psychiatric Services than their White counterparts did (7% and 38%, respectively), as well as lower engagement in Full Service Partnerships than their White counterparts (10% and 34%, respectively). Further, African Americans are
overrepresented in Assembly Bill (AB) 109 Full Service Partnerships (15%), which may indicate a higher representation of African Americans in Santa Clara’s criminal justice system.

The Vietnamese and African American/African Ancestry Communities, especially related to trauma and stigma, are historically underserved in Santa Clara County. This newly proposed program would serve to break down stigma in receiving services for these communities, as well as the number of people in these communities accessing needed mental health services, addressing the trauma they have suffered through historic and current racism.

PROPOSED PROJECT

The purpose of the innovation project is to increase knowledge of mental health and access to mental health services in diverse communities (Vietnamese and African American/African Ancestry) by destigmatizing mental health services in the context of their culture. The project will focus on prevention and community outreach/education, co-located professional mental health treatment services for children, adults, and families. There will be mental health prevention services for youth and children, and psychoeducation targeting parents and grandparents on child/brain development, mental health conditions and services, and improving help-seeking behaviors.

The project proposes unique strategies to reach and engage difficult to reach populations who have historically had low levels of access to needed mental health services. Stigma prevents many from these communities from accessing mental health services needed due to trauma experienced and other mental health challenges.

In order to provide a mechanism for consumers to remain engaged with services and providers with whom they have developed relationships, the County proposed developing intergenerational, culture-specific services for Vietnamese and African American/African Ancestry communities. This would allow for a traditional and culturally responsive healing with the transfer of cultural knowledge and healing across generations and a way to remain connected without requiring participation in and authorization of formal specialty mental health services.

1. Proposed innovative approach ideas:

   • Potential stipends for community outreach workers – Door to door outreach and outreach at faith-based gatherings and medical clinics, and utilization of other unconventional community liaisons.
• Outreach to **African American focused fraternities** and clubs at local Santa Clara County universities.

• **Proposed physician and faith-based leader strategic planning committees**, comprised of a diverse group of faith-based and physician community leaders and other advisory groups to develop outreach and promotion strategies/plans.

• Development of **new ethnic-cultural sensitivity trainings** (For example, developing a new curriculum addressing the unique needs and challenges faced by multi-ethnic individuals, such as half African American - half White, and half African American-half Asian individuals).

2. This proposed project makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

3. Estimated numbers served:
   • At least 480 families served through parent cafes.
   • At least 500 families served through healing circles.
   • Numerous families to receive referrals to other community-based organizations for ongoing or other services.
   • Numerous families to receive anti-stigma outreach materials through the mail.
   • Countless families to receive anti-stigma outreach materials through social media.
   • 400 clients who attend community outreach events will have access to visit tables with materials for this program.

4. Target population: The Vietnamese and African American/African Ancestry Communities of all ages (intergenerational approach).

**RESEARCH ON INN COMPONENT**

A) This project plan is based upon an original project plan submitted by the organization ICAN and selected by the SLC to move forward for development into a proposed Innovation Project. During the SLC community planning process, it was decided to expand the target population from ICAN’s original proposal to serve the Vietnamese community, to also serve the African American/African Ancestry community.
Founded in 2000, ICAN’s mission is to Engage, Inform, and Inspire Vietnamese Americans to raise the next generation of leaders. All of ICAN’s programs are prevention and early intervention in nature. ICAN’s community outreach and education is a two-prong approach: while the GOING WIDE component (such as radio, media, social media, etc.) aims at raising awareness, the GOING DEEP component (like healing circles, parenting workshops, women support group, community learning opportunities, parent cafe, etc.) is designed to offer Vietnamese parents and grandparents a safe space in which to reflect on their journey and hopefully adopt appropriate parenting skills and behaviors.

B) Research to date on similar models:

- In October 2020, BHSD reached out to the MHSOAC and requested any and all counties’ project plans that included similar ideas to that being proposed by Santa Clara County.

- Next, BHSD conducted an exhaustive online search. There are gaps in the existing literature available online regarding outreach strategies to increase access for Vietnamese people of multiple generations to mental health services. For example, Vietcare.org in Los Angeles provides these services, but does not document how they outreach and what strategies they use to bring these intergenerational Vietnamese families into services.

- BHSD then contacted and discussed the proposed projects with experts from Santa Clara County in ethnic services. The resulting ideas were presented at multiple Stakeholder Leadership Committee meetings and gathered additional information about what community-based organizations were currently providing that were similar to the proposed project plan.

- Resource Development Associates: In the fall of 2016, BHSD hired Resource Development Associates (RDA) to assess the effectiveness, structure, quality, and impact of their MHSA-funded Continuum of Care. This MHSA Needs Assessment was commissioned by BHSD approximately ten years post MHSA implementation and assisted in the development of the County’s MHSA Fiscal Year (FY) 2018 – 2020 MHSA Plan. One of the goals of the project was to conduct a retrospective exploration to determine what had been accomplished with regard to MHSA implementation. The Department was also interested in documenting the current landscape of MHSA-funded services and what additional needs remain in order to target future efforts. The RDA Needs Assessment provided much of the background on the needs of Santa Clara County for this proposed plan document.
LEARNING GOALS/PROJECT AIMS

1. What are the cultural and spiritual nuances, beliefs, practices, and norms specific to the Vietnamese and African American community that should be incorporated into the planning, delivery, and outcomes of mental health and services for this community?

2. How can the mission, services, and purpose of partnerships with Vietnamese and African American faith-based and medical communities as cultural institutions and natural places for clients’ families to receive supports in their community?

3. What are effective ways for the Vietnamese and African American faith-based and medical communities to welcome and integrate mental health clients/consumers into their community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support outside of the behavioral health care system?

4. How might evidence-based practices and community-defined strategies of trauma-informed care for Vietnamese and African American/African Ancestry clients and families address the Vietnamese/African American community’s historical trauma and trauma-related to social issues, like stigma, discrimination, violence, and poverty?

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the project with an emphasis on outcomes and the number and frequency of the targeted populations’ access to needed mental health services.

A variety of measurements will be in place to assess and understand the lessons learned (e.g., process evaluation) during the ramp-up phase. The overarching goal of the project is to increase access to services. The project intends to reach marginalized populations, as well as those that may be stigmatized by institutionalized services already in place.

This project will add an outreach and marketing campaign, direct to potential clients as well as families. Baseline measures will be in place at the end of the ramp-up phase to help with pre/post-implementation comparisons and the success of this outreach.

The final integrated infrastructure and sustainability analysis will include, but not limited to, the following overarching components:

1. Service activity
2. Client profile
Section 3: Additional Information for Regulatory Requirements

CONTRACTING

As part of this RFP and the ongoing standards of contract monitoring for all Santa Clara County contractors, we will review all contractor audit and financial information. The Contracts Unit, in collaboration with the Program Management team, will ensure quality as well as regulatory compliance. The independent evaluator contracted specifically for this Innovation Project will also be tasked with evaluating the quality of services.

COMMUNITY PROGRAM PLANNING

In June 2020, the County of Santa Clara Board of Supervisors approved Santa Clara County’s Mental Health Services Act (MHSA) fiscal year (FY) 2021-2023 Three-Year Program and Expenditure Plan (FY21-23 MHSA Three-Year Plan). The plan was written and compiled after countless hours of stakeholder meetings, community input, and departmental reviews.

This year, the Department also commenced an Innovations (INN) planning process. The SLC membership endorsed to move forward two INN draft ideas: Community Mobile Response Program and Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities. Here are the dates related to Innovation specific SLC meetings for the two new proposed projects.

6. INN Planning Launch at MHSA Forum January 21, 2020: INN Workshop with facilitated breakouts to brainstorm and discuss ideas

7. The INN Idea Submission Due Date was February 7, 2020. There were 23 ideas submitted - Youth Prevention (9), Homelessness Prevention (8), Workforce, Education, and Training (6), CBO (10), County/BHSD (11), School District (1), Resident (1)

8. MHSA team meets with BHSD leadership and program managers to review ideas meeting INN requirements, and to review alignment with COVID-19 services, and racial equity (April-June 2020)
9. INN notification letters drafted and sent to idea submitters in August 2020.

10. Six INN ideas asked to present at SLC Kickoff meeting, highlight COVID19 and racial equity.

Timeline of SLC planning meetings and processes. All meetings were open to the public and the meeting information was also available on www.sccbhsd.org/mhsa.

- September 2, 2020: SLC Meeting including Innovation project prioritization
- September 9, 2020: SLC Meeting including Innovation project prioritization
- October 2, 2020: SLC Innovation Incubator Kick-Off Meeting
- October 17-November 16, 2020: Thirty-day public comment period
- October 26, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 2, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 6, 2020: SLC Subcommittee Meeting - Innovation Project Refinement
- November 18, 2020: BHSD to post the updates to the draft plans for the two new INN projects, including INN-16, on the BHSD MHSA site www.sccbhsd.org/mhsa.

On October 17, 2020, BHSD initiated the public comment period, which was slated to end on November 16, 2020, but BHSD extended the public review comment period through November 24, 2020 to provide the public the latest update to the INN project based on the input received from the MHSA SLC meetings conducted in October 2020 to November 2020 and also allow time for the community and stakeholders to share additional input and feedback on the two new INN projects. On November 30, 2020, BHSD will present a summary of changes based on input at an MHSA SLC meeting that will also be open to the public.

This section will be updated in the future to include information about the public hearing meeting with the Behavioral Health Board scheduled on December 8, 2020 and additional community planning process updates.

Alignment with MHSA General Standards

MHSA Innovation projects must be consistent with all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320. This project meets the MHSA General Standards as described here:

- **Community Collaboration**: In January of 2020, BHSD launched an INN planning process for the County’s next round of innovation projects. This new INN project is a result of that extensive community planning process, which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County’s INN plan. The
public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 23 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected two new projects ideas and one of those projects is the Community Mobile Response Program. BHSD held an informational stakeholder/public meeting regarding the County’s review and selection of the projects and also provided opportunities for community members to give input via email and online survey.

- **Cultural Competence:** The goal of this project will be to develop and augment practices that are capable of reaching two communities in Santa Clara County that historically do not access needed mental health services at the rate that would be expected according to demographics and statistics around trauma and mental health illness. The staff hired to provide these services will reflect the target population in ethnicity, background, and language capabilities.

  Additionally, the SLC has emphasized that focusing on race and ethnicity is insufficient, and that every family has their own culture impacting their mental health and well-being, and their own barriers to access. Every family must be understood at all levels of dynamics, including LGBTQ differences, generational differences, etc. Training provided to staff serving this program will include strategies to understanding the individual, unique family, and not generalized information about the tendencies of one particular race or ethnicity. Every service provided to an individual family will be tailored to serve that family.

- **Client Driven and Family Driven:** BHSD has engaged in extensive discussions with consumers, family members, providers and other local community stakeholders to identify the greatest barriers and challenges to accessing and engaging in needed care within the current systems and potential solutions. Every step of the process has been informed by the SLC and any community member who wished to attend the meetings and participate in the discussion forums. Additionally, there were options to email the BHSD MHSA team directly, or to provide input via survey monkey. All input was taken into consideration for incorporation in the problem plan through its many iterations.

- **Wellness, Recovery, and Resilience Focused:** The project design encourages wellness and recovery by increasing access to services by underserved populations, decreasing the stigma that causes barriers to access, and by providing trauma-informed services to encourage resilience. Services are focused on assisted individuals and families in achieving their potential and goals for living their life, by overcoming their mental health challenges through the client driven and family driven, culturally competent services.
**Integrated Service Experience for Clients and Families**: By virtue of providing all services at locations where the target populations already access, there will be a more integrated service experience. By leveraging the new Vietnamese American Service Center (VASC) location, patients at the ambulatory care clinic and dentists’ offices can receive referrals from their physicians and literally walk over with their providers to the offices of the behavioral health services providers within the same suites. For the African American/African Ancestry community, the proposal currently outlines plans to co-locate with Roots Wellness Centers, if possible, to allow the same co-location access planned for the VASC.

**CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION**

This project is focused on servicing minority communities, specifically the Vietnamese and African American/African Ancestry Communities. Per the community planning process described above every step of the design of the program involved stakeholder input. Additionally, the original proposal that this project was developed from was from a community-based organization that focuses on Vietnamese specialty services.

**INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE**

Sustainability: Based on the results of the independent evaluation of the Innovation Project, and the availability of other identified funding sources, the County will determine whether to continue the project as is, or to keep particularly successful elements integrated into other programs already funded and being sustained.

Continuity of care: Individuals with serious mental illness receive services from the proposed project. Well in advance to project completion, clients in the Innovation Funded programs will be assessed for transfer to other programs. If the Innovation Project is to be sustained and moved to a different funding source, clients will be notified of any changes that may impact them, such as a shift in what types of personal information or assessment data is being collected.

**COMMUNICATION AND DISSEMINATION PLAN**

A. Information on the results of the Innovation Project evaluation will be posted online, distributed via email, and reviewed at community meetings.

B. BHSD will also engage other counties to share ideas, learnings, and to collaborate.

C. Keywords for search:
   1. Vietnamese specialty services
2. African Americans/African Ancestry services  
3. Increasing access for ethnic services  
4. Strategies to engage difficult to reach populations / underserved populations  
5. How to get Vietnamese/African Americans to access needed mental health services despite stigma

**TIMELINE**

A) July 1, 2021 to June 30, 2024 – Project to start in FY2022

B) Duration 36 months

1. Planning and Contracting Phase: January 2021 – June 30, 2021. During this time, the planning and refinement of the program will occur. The Request for Proposals will be drafted and released, with the goal of selecting the Community Based Provider(s) for the project to start implementation on July 1, 2021. Concurrently, the Informal Competitive Process for selecting the independent evaluator will be conducted. The evaluation will be launched concurrently with the program start.

2. Ramp-Up Phase: July 1, 2021 - December 31, 2021 (6 months). The contracted CBO will hire staff, ramp up, and begin all contracted activities. The evaluation plan and data collection will be in place. Marketing will have commenced at the launch of the project, with evaluation baseline data pre and post-launch of the marketing campaign.

3. Ongoing implementation and program quality improvement: January 1, 2022 – June 20, 2024. The program will be continuously improved through the incorporation of community feedback and evaluation results.
Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

BUDGET NARRATIVE

This new project will be comprised of two teams, one for the Vietnamese community and one for the African American/African Ancestry community. The staffing per team will include 2.1 FTE dedicated staff members: 1.0 FTE Program Manager, 1.0 FTE Outreach Specialist/Program Analyst, and 0.1 FTE management oversight staff allocated per program. The total staffing for all contractor programs will be 4.2 FTE.

The budget will also include specific allocations for the following:

- Flex funds, with allowable expenses including childcare for caregivers to attend groups or other services, food for groups, transportation to and from services when needed, and supplies, such as any special therapeutic supplies needed for healing circles.

- There will be a line item for marketing and outreach materials, which will be further defined after needs in these categories are identified for the program launch.

- There are staff development and training funds allocated specifically for this project.

- There is an allocation of 15% for overhead and 15% for operating expenses.

- Evaluation services will be through a separate contract with the selected independent contractor. The evaluation will be allocated $50,000 annually for a total of $150,000 for the three years of the project.
## BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*

### EXPENDITURES – Contract Operated Program for two sites: Vietnamese and African/African Ancestry

<table>
<thead>
<tr>
<th>PERSONNEL COSTS (salaries, wages, benefits)</th>
<th>FY2022 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personnel expenditures, including salaries, wages, and benefits Staff will include:</td>
<td>$320,600</td>
<td>$320,600</td>
<td>$320,600</td>
<td>$961,800</td>
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<tr>
<td>• 0.2 FTE management oversight</td>
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<td></td>
<td></td>
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<tr>
<td>• 2.0 FTE Program/Case Manager</td>
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<tr>
<td>• 2.0 FTE Outreach Specialist/Program Analyst</td>
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2. Direct Costs

3. Indirect Costs

4. Total Personnel Costs $320,600 $320,600 $320,600 $961,800

### OPERATING COSTS*

5. **Direct Costs**: program direct costs:

   - Training / Staff Development
   - Outreach and Marketing
   - Stipends
   - Flex Fund – Child care & Food supplies
   - $117,600

   - $117,600

   - $117,600

   - $352,800

6. Indirect Costs – Operating expenditures at 15% of personnel costs and G&A overhead 15% of personnel costs listed above $96,180 $96,180 $96,180 $288,540

7. Total Operating Costs $213,780 $213,780 $213,780 $641,340

### NON-RECURRING COSTS (equipment, technology)
8. 

9. 

10. **Total non-recurring costs**

<table>
<thead>
<tr>
<th>CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Costs - Evaluation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect Costs</th>
</tr>
</thead>
</table>

13. **Total Consultant Costs**

|                             | $50,000  | $50,000  | $50,000  | $150,000 |

<table>
<thead>
<tr>
<th>OTHER EXPENDITURES (please explain in budget narrative)</th>
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16. **Total Other Expenditures**

|                             |                     |

<table>
<thead>
<tr>
<th><strong>BUDGET TOTALS</strong></th>
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<tbody>
<tr>
<td>Personnel (total of line 1)</td>
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<tr>
<td>Direct Costs (add lines 2, 5, and 11 from above)</td>
</tr>
<tr>
<td>Indirect Costs (add lines 3, 6, and 12 from above)</td>
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<table>
<thead>
<tr>
<th>Non-recurring costs (total of line 10)</th>
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<thead>
<tr>
<th>Other Expenditures (total of line 16)</th>
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</thead>
</table>

| TOTAL INNOVATION BUDGET | $584,380  | $584,380  | $584,380  | $1,753,140 |

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.*
## BUDGET CONTEXT – EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

### ADMINISTRATION:

<table>
<thead>
<tr>
<th>Source</th>
<th>FY2022 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>A. Estimated total mental health</td>
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<tr>
<td>expenditures for administration for</td>
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<tr>
<td>the entire duration of this INN Project by FY &amp; the following funding sources:</td>
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<tr>
<td>1. Innovative MHSA Funds</td>
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<tr>
<td>2. Federal Financial Participation</td>
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<tr>
<td>3. 1991 Realignment</td>
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<tr>
<td>4. Behavioral Health Subaccount</td>
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<tr>
<td>5. Other funding</td>
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<tr>
<td>6. Total Proposed Administration</td>
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### EVALUATION:

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<tr>
<th>Source</th>
<th>FY2022 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>FY2023 (12 Months)</th>
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<tr>
<td>B. Estimated total mental health</td>
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<td>expenditures for EVALUATION for the</td>
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<td>entire duration of this INN Project by FY &amp; the following funding sources:</td>
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<tr>
<td>1. Innovative MHSA Funds</td>
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<td>$150,000</td>
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<td>5. Other funding</td>
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<tr>
<td>6. Total Proposed Evaluation</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$150,000</td>
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**TOTALS:**

<table>
<thead>
<tr>
<th></th>
<th>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</th>
<th>FY2022 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>FY2023 (12 Months)</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1.</td>
<td>Innovative MHSA Funds*</td>
<td>$584,380</td>
<td>$584,380</td>
<td>$584,380</td>
<td>$1,753,140</td>
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<td>2.</td>
<td>Federal Financial Participation</td>
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<td>5.</td>
<td>Other funding**</td>
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<tr>
<td>6.</td>
<td>Total Proposed Expenditures</td>
<td>$584,380</td>
<td>$584,380</td>
<td>$584,380</td>
<td>$1,753,140</td>
</tr>
</tbody>
</table>

* INN MHSA funds reflected in total of line C1 should equal the INN amount County is requesting

** If “other funding” is included, please explain within budget narrative.