



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Stakeholder Leadership Committee

7/19/10



Revised: 7/14/10

MHSA General Standards & Program Planning



- Applicable to planning, implementation and evaluation of MHSA programs/services.
 - Community Collaboration
 - Cultural Competence
 - Client Driven & Family Driven
 - Wellness, Recovery & Resilience Focused
 - Integrated Service Experience
- Planning must include individuals or entities with an interest in mental health services including, but not limited to:
 - SMI/SED individuals and/or their families,
 - Providers of Mental Health and/or related physical health and social services,
 - Educators and/or representatives of education,
 - Representatives of law enforcement,
 - Other organizations representing SMI/SED individuals and their families
 - Veterans and/or organizations serving veterans

Agenda & Handouts



Topic / Item	Left Side / Loose	Right Side
1./2. Agenda & Announcements		<ul style="list-style-type: none"> • Agenda • Common Acronyms • 4/16 Mtg. Summary • Responses to Public Hearing • MHB Q&A • Presentation Slides
3. PEI Statewide Projects	• Supplemental Assignment Form	
4. FY11 Annual Update	<ul style="list-style-type: none"> • FY10-11 Annual Update • Overview of the FY10-11 CSS Plan 	
5. INN Component	<ul style="list-style-type: none"> • INN Plan Summary • Summary of Substantive Changes to INN Plan • INN Admin Documents 	
6. Thru 13. INN Projects	<ul style="list-style-type: none"> • INN Project Aim Statements • INN Packets x8 (Narrative, Summary, Budget & Budget Narrative) 	
7. Next Steps		

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MHSA Planning Snapshot



	4/16	5/16	5/18	7/19	8/11	8/24	By 8/31	
1) Statewide PEI Projects Supplemental Assignment								
2) FY11 Annual Update: CSS, PEI & WET (NA for TN Projects)	1 st SLC Review & Public Posting	Complete 30-day Public Posting		2d SLC Review (with MHB)	HHC Review	BOS	DMH / OAC	
3) Innovation Plan			MHB Public Hearing	MHB Meeting				
4) PEI Funds to Prudent Reserve			Approved by OAC 6/2/10 to avoid \$4.7M reverting to the State					

PEI Statewide Projects Supplemental Assignment



- Assign Funds to CalMHSA
 - DEC '08: County assigned \$1.9M/yr (x 4 yrs) to DMH
 - Funds were for three PEI statewide, state-administered projects: Suicide Prevention, Student Mental Health Initiative and Stigma & Discrimination Reduction
 - Proposed: Redirect funds to (and join) CalMHSA
 - Allows County to have more direct input into programs; CalMHSA is a more expedient implementation strategy
- No Comments Received; No Changes to Posting
 - <http://www.calmhsa.org/> (17 county members, including LA)

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FY10-11 Annual Update



- Primary purpose: Gain access to FY10-11 funds
- Covers CSS Plan, PEI Plan & WET Plan, but not TN
 - No material changes to Programs: target populations, priority populations and key mental health needs remain unchanged
 - No new Programs proposed
- Comments regarding CSS focused on:
 - Advocacy for increased funding for consumer/family partners (system-wide)
 - More detail and information about services and the impact of services
- Significant Changes to Posting:
 - Updated program budgets to reflect most current information
 - HO-01:
 - Increased HO-01 “one-time” funding by \$50K to support Destination Home
 - Moved services not targeting homeless clients to other programs
 - C-01: Redirected \$250K (out of \$450K set aside for services to foster youth) to ensure that CBOs would continue to provide services to uninsured youth (C-01)

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CSS Annual Update



<i>(Allocated)</i>	FY09-10 <i>(Per Submission to DMH)</i>	FY10-11 <i>(As of July 2010)</i>
Total Expenditures	\$52,752,519	\$61,404,071
Less Non-CSS Revenues (est.)	\$10,721,480	\$16,928,853
Total CSS Funds	\$42,031,039	\$44,475,218
CSS Ongoing	\$34,465,584	\$39,663,569
CSS One-Time	\$7,565,455	\$4,811,649

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CSS Annual Update



FY09-10 Planning Estimate	\$	6,660,922
FY10-11 Planning Estimate	\$	35,464,100
FY11-12 DMH Projection	\$	31,385,400
FY12-13 DMH Projection	\$	26,677,170
FY13-14 DMH Projection	\$	31,225,290
Prudent Reserve	\$	19,595,723
Unexpended Funds	\$	17,564,403
	\$	168,573,008
FY10-11 Annual Update	\$	44,475,219
FY11-12 Plus 3%	\$	45,809,476
FY12-13 Plus 3%	\$	47,183,760
FY13-14 Plus 3%	\$	48,599,273
	\$	186,067,727
Projected Deficit	\$	(17,494,719)

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INN Substantive Changes: All Projects



- Sources: OAC, Public Hearing Comments, MHB Questions, Staff Review, and Additional Stakeholder Input
- OAC courtesy review
- Aim and success measures including preliminary outcome measures
- How lessons learned would impact existing system of care (System Value)
- Added budget narratives
- Identified possible outreach strategies

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INN Substantive Changes: All Projects (cont.)



- Refined Role of Learning Advisory Committees
 - Formed for each project
 - Review success measures, tools and models prior to service initiation
 - Review implementation and make recommendations
 - Assess project effectiveness and sustainability
- Refined Budgets
 - Streamlined general operating and overhead calculations
 - Added budget for Administration & budget narratives
 - Added 2.0FTE Project Coordinators
 - Allocated funds for additional evaluation resources
 - Refined multi-year projections

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INN Substantive Changes: All Projects (cont.)



	Months	FY11	FY12	FY13	FY14	Total
INN-01	24	\$ 170,158	\$ 235,127	\$ 97,970	\$ -	\$ 503,254
INN-02	36	\$ 703,529	\$ 1,158,907	\$ 1,158,907	\$ 482,878	\$ 3,504,222
INN-03	20	\$ 100,000	\$ 276,000	\$ -	\$ -	\$ 376,000
INN-04	24	\$ 252,060	\$ 356,675	\$ 148,615	\$ -	\$ 757,350
INN-05	36	\$ 481,791	\$ 684,499	\$ 684,499	\$ 285,208	\$ 2,135,998
INN-06	36	\$ 256,025	\$ 438,900	\$ 438,900	\$ 182,875	\$ 1,316,700
INN-07	24	\$ 285,209	\$ 441,788	\$ 184,078	\$ -	\$ 911,075
INN-08	32	\$ 214,500	\$ 60,500	\$ 60,500	\$ -	\$ 335,500
INN Admin		\$ 832,900	\$ 832,900	\$ 832,900	\$ 832,900	\$ 3,331,601
		\$ 3,296,173	\$ 4,485,296	\$ 3,606,369	\$ 1,783,861	\$ 13,171,699

Total INN funds from FY08-09 through FY13-14: \$17,983,000

Amount subject to reversion on June 30, 2012: \$6,526,000

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INN Substantive Changes: All Projects (cont.)



- Adjusted Timelines:
 - Thru OCT
 - Hire 2.0 INN Project Coordinators
 - Develop implementation plans
 - Draft RFPs (services, models, training)
 - Acquire additional support for evaluation
 - Establish LACs to review/vet
 - Thru DEC: Complete procurement process
 - JAN thru FEB: Training and start-up
 - Three months prior to project termination complete draft reports

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INN Substantive Changes: Budgets



INN Project @ 4/16/10	Year 1	Year 2	Year 3	Total
01: \$250K/yr for 2 Yrs	\$268,000	\$235,000		\$503,000
02: \$400K/yr for 3 Yrs	\$1,186,000	\$1,159,000	\$1,159,000	\$3,504,000
03: \$135K / \$315K	\$100,000	\$276,000		\$376,000
04: \$400K/yr for 2 Yrs	\$401,000	\$357,000		\$758,000
05: \$450K/yr for 3 Yrs	\$767,000	\$684,000	\$684,000	\$2,135,000
06: \$400K/yr for 3 Yrs	\$439,000	\$439,000	\$439,000	\$1,317,000
07: \$450K/yr for 2 Yrs	\$469,000	\$442,000		\$911,000
08: \$225K / \$75K	\$215,000	\$61,000	\$61,000	\$337,000
Admin: \$276K/yr (10%)	\$833,000	\$833,000	\$833,000	\$2,499,000

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MHB Questions about INN Component



1. Once the county receives these MHS Innovation Project dollars from the State, does the MHD have jurisdiction to change the projects, or redirect the funding? Or is the funding locked into these project designs? If it can be changed how will all concerned be informed?
2. What happens to the MHS Innovation monies if a project is not supported by the MHB?
3. Does the funding of these projects include funds for location, business expenses, needed insurances, transportation, forms, advertising etc...?
4. What structure is in place to manage, oversee and steward the projects, by the MHD?

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Format for INN Project Presentations



- Community Need
- Aim
- Project Strategy
 - Where will the project be located?
 - Would the project staff have members who speak languages other than English and be culturally sensitive?
 - What are the outreach strategies that might be employed?
- Success Measures
 - What outcome measures will be used to evaluate the projects? When will they be identified?
 - How will stakeholders be involved in and supported during the evaluation of each project?

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Format for INN Project Presentations (cont.)



- Innovative Aspect
- System Value
 - How would we use the lessons learned?
 - What product or outcome is expected by the MHD from the MHSA INN Projects?
 - How will the project sustain itself after the funding ends in 2-3 years?
 - How will these impact the annual plan for future years?

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INN-01 Early Childhood Universal Screening



- Community Need:
 - Vital opportunities to identify and treat children with developmental needs are being missed due to the lack of effective and accessible screening and referral processes
- Aim:
 - Increase access to services and improve outcomes by strengthening the screening and referral process for young children
- Project Strategy
 - Multi-language electronic developmental screening in pediatrician offices
 - Immediate electronic communication of screening directly to pediatricians and parents regarding screening results
 - Immediate electronic referral upon pediatrician and/or parental request
 - The provision of immediate written feedback and “tip sheets” in multiple languages directly to parents about their child’s developmental needs
 - Follow-up telephonic consultation and linkage to evaluations and services for children identified as having potential developmental needs

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INN-01 Early Childhood Universal Screening (cont.)



- Success Measures:
 - Design of a station or kiosk to house electronic screening tool for use in 1- 2 primary care pediatric outpatient settings
 - Number of children screened and referred to KidScope evaluation service electronically as compared to traditional screening and referral method
 - Parents' satisfaction and comfort using electronic screening method and tip sheets
 - Pediatricians' report of usefulness of electronic screening method and electronic referral process as compared to paper and telephone referral
 - Documented number of children successfully linked to indicated services
- Innovative Aspect
 - Changes an existing mental health screening practice utilizing paper-based screening tools that has been used previously in several pediatric outpatient settings by replacing it with an electronic version
- System value
 - Provide a new method of pediatric mental health screening, parent education and referral that is efficient, low cost, and effective in linking parents and their children to mental health and other indicated services.

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INN-02 Peer-Run TAY Inn



- **Community Need:**
 - High-risk TAY who are homeless or in crisis face numerous barriers to accessing MH services
- **Aim:**
 - Increase access to services and improve outcomes
- **Project Strategy**
 - Voluntary 24-hour care setting
 - Peer youth mentors/leaders of different ethnic groups
 - service informed and designed by peer youth staff
 - service incorporates age-appropriate wellness and recovery principles

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INN-02 Peer-Run TAY Inn (cont.)



- **Success Measures:**
 - Improve engagement of and outcomes for high-risk TAY
 - Documented number of youth engaged in new program
 - Documented measure of youth functional change.
 - Documented client satisfaction with program
- **Innovative Aspect:**
 - expands and adapts a practice currently utilized in mental health practice (peer mentoring) for use in a voluntary 24 hour care setting.
- **System value**
 - integrate peer decision-making and mentoring practices more widely
 - support broader inclusion of TAY views and perspectives in future programming and policy related decision-making

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INN-03 Adults w/MH & Autism/Dev. Disabilities



- Community Need
 - prolonged suffering due to systemic barriers to treatment and lack of research about effective clinical interventions.
- Aim
 - improve access to services and improve outcomes
- Project Strategy
 - Limited needs assessment and thorough literature review
 - Review of evidence based practices to determine range of potentially effective treatment approaches
 - Develop and pilot a synthesized treatment approach

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INN-03 Adults w/MH & Autism/Dev. Disabilities (cont.)



- Success Measures:
 - Documented number of individuals engaged in new program
 - Documented measure of functional change in symptom management
 - Documented client/family satisfaction with program model
- Innovative Aspect:
 - introduces a new or synthesized MH treatment approach
- System value
 - provide valuable information re: prevalence and nature of mental illness among adults with autism
 - provide further information re: design of effective practice for this unique underserved population to be incorporated as a specialized mental health service

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INN-04 Older Adults



- Community Need
 - Isolated/homebound older adults are at-risk for developing mental health symptoms, such as anxiety and cognitive decline, which can lead to serious mental illness and suicide
- Aim
 - Increase quality of services including better outcomes
- Project Strategy
 - targeted outreach efforts to physically/emotionally isolated seniors
 - 12-week interactive activity where seniors are elicited by culturally competent community workers to reminisce, express and capture significant life events and personal achievements
 - connects seniors to family members, caregivers and community members and facilitates the senior adult's role of transmitter of wisdom and culture

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INN-04 Older Adults (cont.)



- Success Measures:
 - Completion of a story telling curriculum endorsed by the Learning Advisory Committee
 - Completion of an older adult engagement 12-week service model endorsed by the LAC.
 - Documented number of older adults engaged in new program.
 - Documented measure of older adult's change (and follow up after 6 and 12 months) in:
 - Quality of life across several key life domains (emotional and spiritual health, supportive relationships, meaningful activities, physical health)
 - Depressive symptoms (mood, energy level, ability to think clearly, interest in activities, thoughts of death and suicide)
 - Cognitive functioning (executive functions, working memory, fluid reasoning, attentional capacity)

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INN-04 Older Adults (cont.)



- Innovative Aspect
 - Adapts a strength-based cultural-based practice (life-review and story telling) to honor older adults accomplishments and restore value, hope and empowerment
- System value
 - Provide a method of improving older adults quality of life that is low cost, effective, and engages natural support systems
 - Can be incorporated into current older adults programming

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INN-05 Multi-Cultural Center



- Community Need:
 - ethnic groups face serious barriers in access to MH services.
- Aim:
 - increase access to underserved and inappropriately served ethnic communities, and increase these communities access and engagement to mental health services
- Project Strategy
 - a center to house activities/services for multiple ethnic communities
 - services grounded in ethnic traditions, designed and delivered by groups of ethnic family members and peer mentors
 - synergy and inter-cultural learning through collaboration by multiple ethnic groups
 - services that facilitate bridging of traditional healing practices with existing MH services

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INN-05 Multi-Cultural Center (cont.)



- **Success Measures**

- Assembling of an Advisory Board of Directors composed of leaders and representatives of ethnic communities
- Completion of a MCC governance model, an ethnic-grounded service program and Operations manual endorsed by the Board
- Documented number of consumers/families participating in the Center activities, number of consumers engaging in MH services after visits to the Center
- Documented client satisfaction with MCC activities per tool endorsed by LAC, documented providers report on increased cultural competence and collaboration effectiveness between diverse ethnic groups

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INN-05 Multi-Cultural Center (cont.)



- **Innovative Aspect:**

- Inclusion in the same Center of multi-cultural services designed by diverse ethnic groups

- **System value**

- demonstrate how the Center can facilitate innovative cross-cultural collaboration between ethnic communities and with the mental health system, resulting in increased capacity and services with higher receptivity level.
- guide future efforts of community capacity building for new immigrant populations in support of those with mental health issues

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INN-06 Transitional MH Services for Newly Released County Inmates



- **Community Need**
 - inmates released to the community without sufficient community resources/supports.
 - lack of in-reach access in county jails for discharge planning, lack of coordination between faith communities and other community services
- **Aim**
 - increase access to services and improve outcomes for newly released county inmates with mental health needs through innovative collaboration
- **Project Strategy**
 - services informed and designed through collaboration between consumer/family members, faith communities, MHD, and other service providers/advocacy groups
 - engagement/treatment approach that emphasizes MHA standards of service integration and wellness/recovery principles
 - sustainable approach designed to increase capacity through coordination for more efficient use of existing resources, and collective responsibility for desired outcomes
 - voluntary connection of inmates with faith organizations/volunteers who will offer social, emotional, spiritual support as well as advocacy and linkages

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INN-06 Transitional MH Services for Newly Released County Inmates (cont.)



- **Success Measures**
 - Formation of an interfaith collaborative
 - Mapping of existing resources/efforts to serve newly released inmates and development of plan for better coordination and deployment of resources to meet the need
 - The completion of a training curriculum
 - The facilitation of in-reach access
 - Documented number of newly released adults engaged in new program
 - Documented number of faith organizations and other service providers/advocacy groups engaged in collaborative
 - Documented measure of newly released individuals functional change
 - Documented client and/or family satisfaction with program model
 - Documented satisfaction by interfaith collaborative of training/supports provided through program

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INN-06 Transitional MH Services for Newly Released County Inmates

(cont.)



- Innovative Aspect
 - Adapts and strengthens a current practice of faith organizations attempting to assist newly released inmates through MHD support that enables them to build their organizational capacity and assist them to coordinate with other faith communities and connect with other service providers/advocacy groups.
- System Value
 - demonstrate how collaboration between faith organizations and volunteers, the MHD, and other service providers/advocacy groups can increase the community's capacity to support and facilitate successful re-entry of newly released inmates with MH needs

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INN-07 MH & LE Post-Crisis Intervention



- Community Need
 - LE is often respond to individuals experiencing acute MH crises
 - Failure to engage these individuals and their families into effective treatment services after a crisis results in avoidable suffering, deterioration in individual MH and subsequent repeated use of emergency and highly restrictive law enforcement and/or medical and behavioral health services.
- Aim
 - Improve MH crisis resolution and engagement in services for individuals and their families who experience law enforcement-involved acute mental health crises through the provision of compassionate and timely post-crisis service

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INN-07 MH & LE Post-Crisis Intervention (cont.)



- Project Strategy
 - Post-event visit (within 24-hours) from a team that includes a peer/family mentor and MH clinician to offer support and linkages
 - Follow-up support as needed to assure resolution of mental health crisis and connection of client and family to needed services
 - De-briefing with law enforcement liaisons, consumer/family mentors and clinical staff to continually inform the effectiveness of service in providing compassionate and wellness and recovery focused support and linkage to appropriate services

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INN-07 MH & LE Post-Crisis Intervention (cont.)



- Success Measures
 - Design of a Compassionate Crisis Response model and training curriculum that is endorsed by Learning Advisory Committee (LAC);
 - Recruitment, training, and employment of two consumer/family mentors and two mental health clinicians as per above curriculum;
 - Documented number of consumer and family members who receive crisis response;
 - Number of clients who received visits engaging in MH treatment or support services;
 - Documentation of police repeat responses;
 - Documented client satisfaction with program model per tool endorsed by LAC.
- System value
 - Provides qualitative and quantitative data about service engagement and outcomes for those community members to whom police and mental health resources are deployed
 - Opportunity to listen to what individuals and family members in crisis consider to be most helpful to them before, during and after MH crises; and to use this information to inform future programmatic and policy responses.

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INN-08 Interactive Video Scenario Training



- Community Need
 - 10% of total LE activity relates to individuals and their families experiencing an acute MH crisis; only 6 of 1000 hours in the CA Basic Academy curriculum to MH issues
 - the majority of LE officers in the County are currently not CIT trained
 - Several high profile tragedies in our County as well as the testimony of many of our own consumers emphasize the need for more and better LE training
- Aim
 - improve the quality of LE response to mentally ill people in crisis and their families, including a reduction in the use of force, through the use of MH related interactive video scenario training
 - support a **paradigm shift from incarceration to referrals, services and recovery**
- Project Strategy
 - development of video scenarios informed by and including consumer/family members, including underserved ethnic communities
 - incorporation of MH scenarios into an existing LE training technology
 - collection of data to evaluate whether project approach results in improved law enforcement response to individuals and their families

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INN-08 Interactive Video Scenario Training (cont.)



- Success Measures
 - Scripting, and production of no less than four MH related scenarios, *informed by and including consumers/family members and endorsed by Learning Advisory Committee (LAC)*, to incorporate into existing interactive video scenario training conducted by SCC LE
 - Number of LE personnel who receive training
 - Pre and post training surveys of officer's self assessment regarding knowledge of MH issues and preparedness to respond to mentally ill people in crisis
 - Post training documentation of reduced incidents of use of force and reduced incarcerations (jail or EPS) by LE in 5150 calls

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INN-08 Interactive Video Scenario Training (cont.)



- Innovative Aspect
 - adapts proven training methodology in a unique, new way to improve the capacity of LE officers to respond to mentally ill people in crisis and their families
 - perspective of MH consumers and underserved ethnic communities will inform scenario development.
- System value
 - improve law enforcement response skills
 - improve community trust in law enforcement
 - improve the overall safety and reduce injuries to all those involved in mental health crises

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Your Voice Matters!



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