



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

MHSA SLC Meeting

MHSA 3-Year Planning (FY15-17)

April 30, 2014

Santa Clara County Training and Conference Center at Charcot

2310 North 1st Street

Suite 102, 1st Floor

9:30 AM - 11:30 AM

Revised: April 30, 2014



WELLNESS • RECOVERY • RESILIENCE

Agenda



- I. Introductions (5 mins)**
- II. Summary of YTD Activities/Info (15 mins)**
- III. MHSA 3-Year Plan Initial Recommendations (80 mins)**
- IV. MHSA Innovation Planning (10 mins)**
- V. Comments and Questions (10 mins)**



MHSA Three-year Planning Process

FY2015 - FY2017

Year-to-Date Activities / Info



WELLNESS - RECOVERY - RESILIENCE

MHSA 3-Year Plan Overview Timeline

shared at November 2013 MHSA SLC Meeting:



Phase I Orientation	Phase II Determine & Prioritize Needs	Phase III Translate Priorities to Plans	Phase IV Vet Plans & Approve
<p style="text-align: center;"><u>Nov 2013</u></p> <ul style="list-style-type: none"> • November 19 2013, the MHD will hold a MHSA SLC meeting to the launch the County’s MHSA three-year planning process and request for member and stakeholder input on the planning process • Go over the MHSOAC’s MHSA three-year (FY15-17) plan instructions 	<p style="text-align: center;"><u>Dec 2013 to April 2014</u></p> <p>Phase II involves two actions:</p> <ol style="list-style-type: none"> 1.Determine Needs 2.Prioritize Needs <ul style="list-style-type: none"> • Review MHSA programs and outcomes for the five MHSA components; and make recommendations relating to funding and/or program changes • Review process will be facilitated through the MHB, MHB Committees and MHSA SLC group 	<p style="text-align: center;"><u>May 2014 to June 2014</u></p> <ul style="list-style-type: none"> • Incorporate proposed recommendations identified in Phase II into the County’s MHSA 3-year draft plan document. • Review process will be facilitated through the MHB, the MHB Committees and the MHSA SLC group. 	<p style="text-align: center;"><u>July 2014 to Sept 2014</u></p> <ul style="list-style-type: none"> • Commence 30-day public comment review period of the County’s MHSA 3-year draft plan <p>After 30-day period:</p> <ul style="list-style-type: none"> • Hold a MHSA SLC Meeting and request members’ endorsement of draft plan • Hold MHB Public Hearing on Draft MHSA Three-Year draft plan • Request County Board of Supervisors’ Adoption of the County’s Draft Plan

The County's MHSA 3-Year Plan

Phase II - Determine & Prioritize Needs



County MHD

1. Gather Data
2. Analyze Data
3. Draft Initial Recommendations

December 2013 /
January 2014



Review Program Outcomes Data / Initial Recommendations; and Request for Input at the following MHB Committees:

- ◆ Adult Sys of Care
- ◆ Family, Adolescent & Children's
- ◆ Minority
- ◆ Older Adult
- ◆ System Planning & Fiscal

February - April 2014



Share Program Outcomes / Input received at MHB Committee Meetings to the MHSA Stakeholder Leadership Committee and request for additional Input

April 2014

MHSA Estimated Component Funding Statewide as of March 2014 (in millions of dollars)



Component	ACTUAL			ESTIMATED			
	FY11	FY12	FY13**	FY14	FY15	FY16	FY17
CSS	\$783.6	\$741.0	\$1,208.1	\$949.7	\$1,234.7	\$1,065.7	\$1,089.4
PEI	\$216.2	\$185.2	\$302.0	\$237.4	\$308.7	\$266.4	\$272.3
INN*	\$119.6	\$48.7	\$79.5	\$62.5	\$81.2	\$70.1	\$71.7
Total	\$1,119.4	\$974.9	\$1,589.6	\$1,249.6	\$1,624.6	\$1,402.2	\$1,433.4
% Change		-12.9%	63.1%	-21.4%	30.0%	-13.7%	2.2%

*5% of the total funding must be utilized for innovative programs (WIC Section 5892(a)(6)).

** Approximately 20% of FY13 Component Funding is estimated to be from prior year State Mental Health Services (MHS) Fund deposits.

MHSA Estimated Component Funding for Santa Clara as of March 2014 (in millions of dollars)



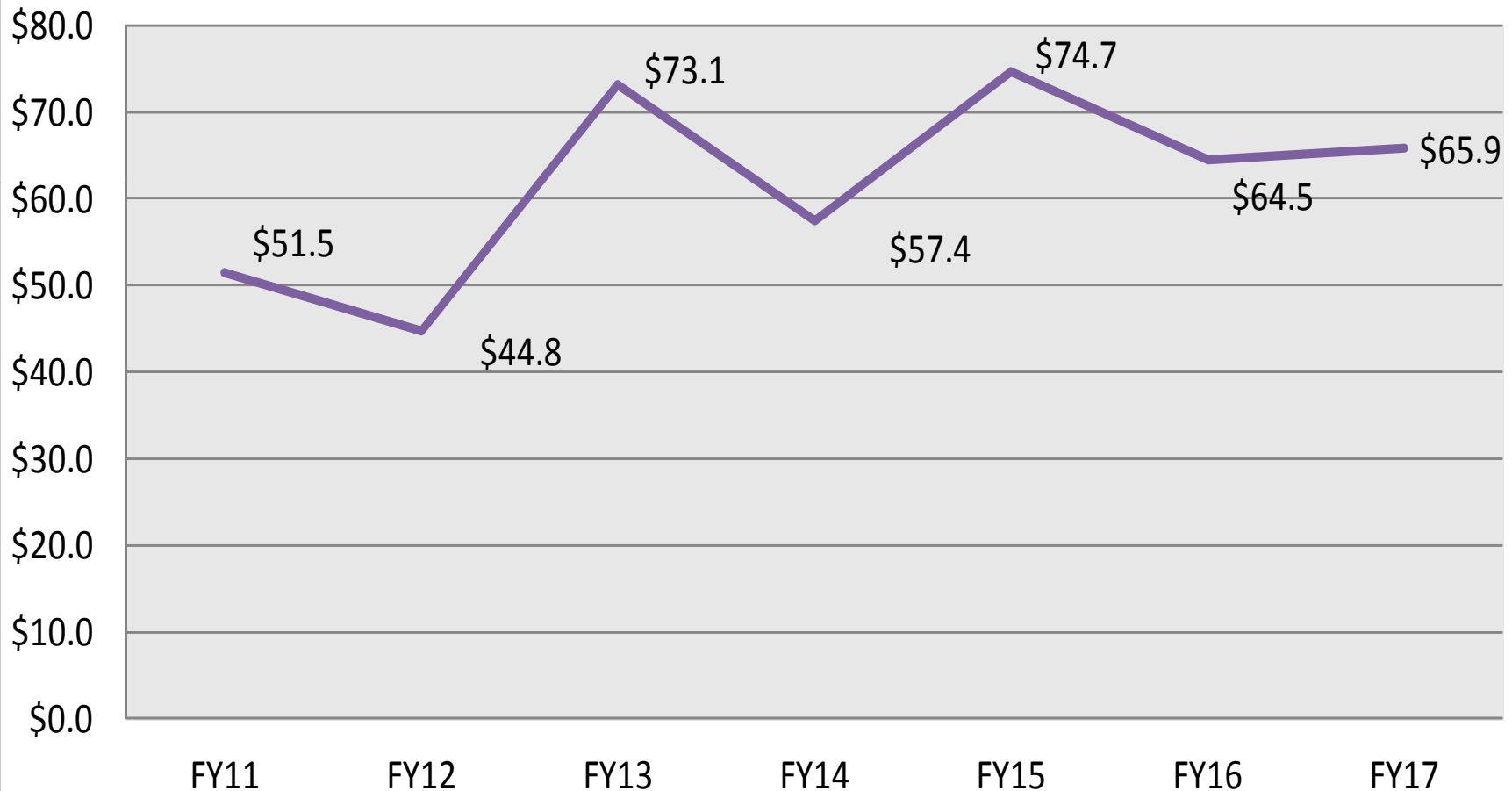
Component	ACTUAL			ESTIMATED			
	FY11	FY12	FY13	FY14	FY15	FY16	FY17
CSS	\$35.5	\$33.5	\$55.5	\$43.7	\$56.8	\$49.0	\$50.1
PEI	\$10.6	\$9.0	\$13.9	\$10.9	\$14.2	\$12.2	\$12.5
INN From CSS 80%	N/A	N/A	\$2.9	\$2.3	\$3.0	\$2.6	\$2.6
<u>INN from PEI 20%</u>	<u>N/A</u>	<u>N/A</u>	<u>\$0.7</u>	<u>\$0.6</u>	<u>\$0.7</u>	<u>\$0.6</u>	<u>\$0.7</u>
INN*	\$5.5	\$2.2	\$3.7	\$2.9	\$3.7	\$3.2	\$3.3
Total	\$51.5	\$44.8	\$73.1	\$57.4	\$74.7	\$64.5	\$65.9
% Change		-12.9%	63.1%	-21.4%	30.0%	-13.7%	2.2%

*5% of the total funding must be utilized for innovative programs (W&I Code Section 5892(a)(6)).

County's MHSA Component Funding Estimates - CSS / PEI / INN (in millions of dollars)



March 2014 Estimated Funding Projection



MHSA Workforce Education and Training (WET) One-Time Funds (in millions of dollars)



Subject to a 10-year period

Allocation Authorized in FY07; 10-year period ends FY17

WET Funding and Estimated Expenses	
(A) Total One-Time Allocation To Date	\$13,121,937
(B) Estimated Expenses thru FY13	\$8,165,883
(C) Projected Expenses for FY14 based on Actuals*	\$2,010,505
(D) Estimated Available Balance for FY15 and possibly FY16	\$2,945,549

*Based on average expenses for last three fiscal years.

MHSA Estimated Expenditures From Approved FY14 Annual Update



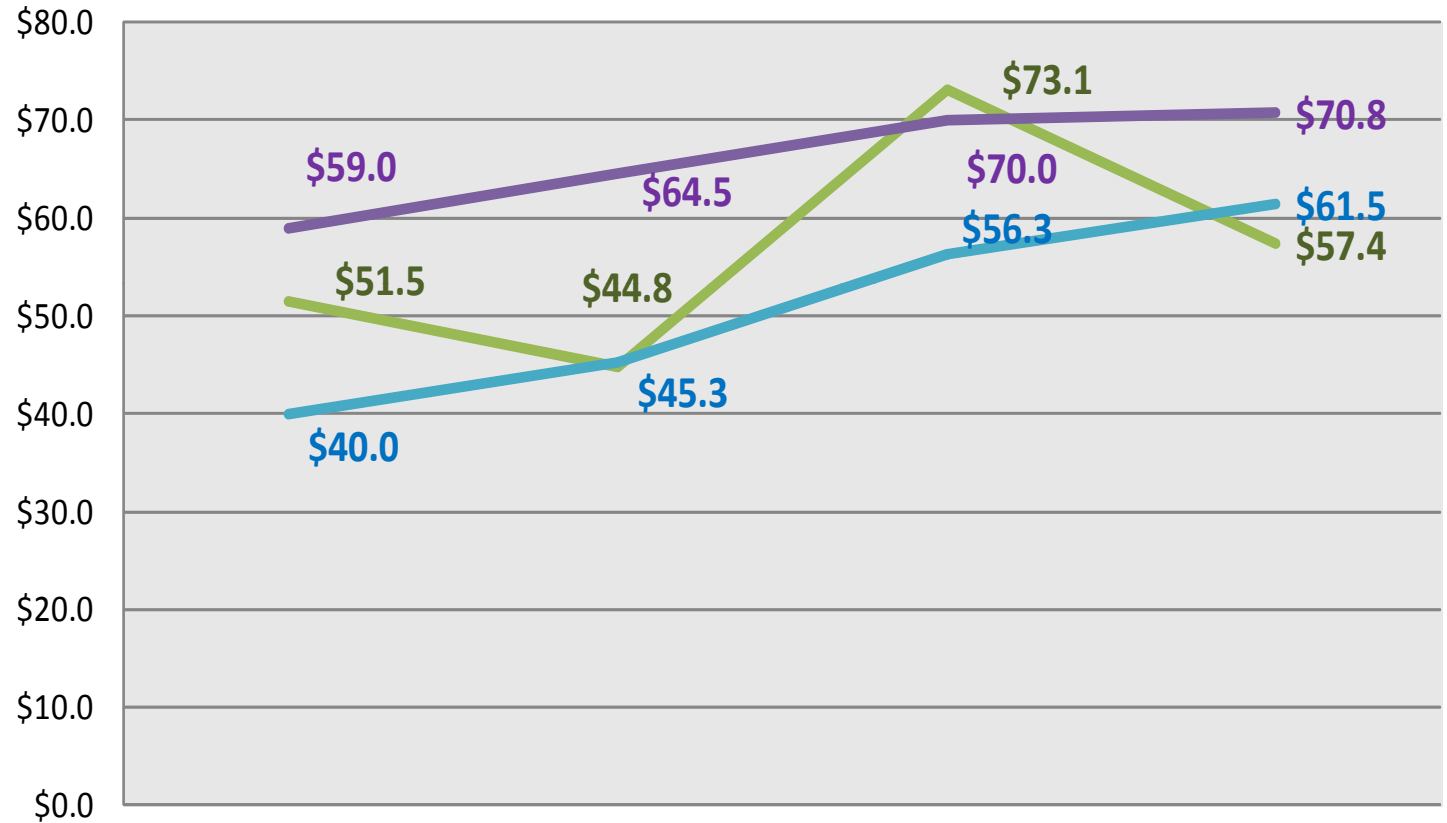
Component	Amount
Community Services and Supports (CSS)	\$43,896,818
Prevention and Early Intervention (PEI)	\$22,122,798
Innovation (INN)	\$4,817,007
Workforce Education and Training (WET)	\$4,117,732
Capital Facilities and Technological Needs (CFTN)	\$8,030,316
Total FY14	\$82,984,671

Please note: The FY14 MHSA Annual Update includes the following approved proposals resulting from the County Board of Supervisor (BOS) approval for:

- 1) Increased contributions to the California Employers Retiree Benefit Trust (CERBT)
- 2) Salary and benefit adjustments based on contract negotiations with labor unions.
- 3) COLA increases for CBOs.

The amounts related to the items listed are not included in the figures above but the plan is to spread the budget adjustments across the five MHSA Components.

County's CSS, PEI, and INN Funding, Budget and Actual Expenses (Millions of Dollars)



— March 2014 Est. Funding Projection
— Annual Update Budget Funding
— Est. Actual Expenses

	FY11	FY12	FY13	FY14
March 2014 Est. Funding Projection	\$51.5	\$44.8	\$73.1	\$57.4
Annual Update Budget Funding	\$59.0	\$64.5	\$70.0	\$70.8
Est. Actual Expenses	\$40.0	\$45.3	\$56.3	\$61.5

MHSA 3-Year Plan Initial Recommendations



- **Overall Recommendations by Program Division (70 mins)**
 1. Family and Children Services (15 mins)
 2. Adult & Older Adult Services (15 mins)
 3. Integrated Behavioral Health (10 mins)
 4. Housing (10 mins)
 5. Learning Partnership (10 mins)
- **Other Programs Update (10 mins)**



WELLNESS - RECOVERY - RESILIENCE

Mental Health Department Strategic Priorities



- I. Advance Behavioral Health integration (MHD, DADS)**
- II. Expand system capacity** for newly insured and new level of mild/moderate care
- III. Advance Primary Care based Behavioral Health (VMC and CBO providers)**
- IV. Increase ethnic and cultural population access to services**
- V. Establish quality and accountability measurement system** to demonstrate system performance in meeting the Triple Aim (Experience, Cost, Outcomes)

Strategic Priorities: Family & Children's Division



- **Systems-involved children, youth, and families** involved with child welfare and probation;
- **Integrated treatment** for youth with dual diagnosis and co-occurring conditions;
- **Evidence based and promising practices** aligned with the needs of schools, communities and families;
- **Peer/youth consumer-led staffing** in all aspects of management, program development and service delivery.

Recommendations: Family & Children's Division

Total FY14 Budget (All sources) \$32,693,671

MHSA \$16,659,174 (Ongoing) and \$3,522,213 (One-time) = \$20,181,387



Program	Initial Recommendations/Data	Budget	Budget Change
CSS C01 - Children's Full Service Partnership (FSP)	•Maintain current funding level	\$3,451,816 MHSA = \$1,150,074	None
CSS C02 - Child System Development Parent Partners - Parents Helping Parents Onsite Childcare Services - Choices for Children	•Transfer program expense to FIRST 5 contract	\$394,535 MHSA = \$290,657	(\$115,829) (\$30,900)
CSS C03 - Children and Family BHOS Redesign ILP at Sobrato House - Family and Children Services	•Maintain current MHSA funding level •Propose youth currently served under this contract will be served through Katie A. program	\$5,944,812 MHSA = 2,707,715 MHSA= \$50,000 One time= \$41,538	 (\$500,000) includes Medi-Cal
T01 - TAY Full Service Partnership (FSP)	•Maintain current funding level	\$2,530,745 MHSA = \$1,035,965	None
T02-04 - Behavioral Health Services Outpatient System Redesign/TAY Crisis and Drop-In Services	•Maintain current funding level	\$1,674,520 MHSA = \$1,436,289	None

Recommendations: Family & Children's Division



Program	Initial Recommendations/Data	Budget	Budget Change
PEI P2 - Strengthening Families and Children •SLS Coordinators	•Increase current funding to include 3 additional school districts	\$14,768,542 MHSA= \$9,845,983 One time= \$2,457,981	Initially estimated \$133,772 but amount will be \$67,208.
PEI P3 - Prevention and Early Intervention for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features	•Consider consolidation of services due to low census in program •Consider transitioning some of the service capacity toward TAY FSP in order to address youth and young adults who are high users of mental health services	\$1,380,479 MHSA = \$1,166,482	None
INN-01 - Early Childhood Universal Screening Project	•Maintain current level of funding	\$727,364 MHSA= \$727,364 One time = \$472,694	None
INN-02 - Peer Run TAY Inn	•Review Sociometrics' final data evaluation report and determine recommendations for TAY Inn	\$1,320,858 MHSA = \$1,320,858 One time = \$50,000	TBD
CFTN - Medi-Plex	•Maintain current funding level but redirect resource to create co-located space for integrated F&C Division	MHSA = \$500,000	None

Strategic Priorities: Adult and Older Adult Division



- **Develop substance use & co-occurring treatment** across the continuum for clients with co-occurring disorders;
- **Improve integration and communication** between medical, psychiatric inpatient and outpatient communities;
- Expand funding for Adult mental health contractors to **increase capacity for outpatient services** for clients seeking mental health services;
- Continue City of San Jose Project: **Well-being Support at Senior Nutrition Centers**;
- **Expand Supplemental Service** for Board and Care residents with aging related medical needs.

Recommendations: Adult and Older Adult Division



Total FY14 Budget (All sources) \$23,874,128

MHSA \$14,466,116 (Ongoing) and \$3,093,854 (One-time) = \$17,559,970

Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS A01- Adult Full Service Partnership (FSP)	<p>Maintain current funding level</p> <ul style="list-style-type: none"> •But move 0.25 FTE to the MHSA Admin work plan. •MHSA FSP IMD EPS propose to re-structure to serve IMD/EPS discharge clients. 	<p>\$6,456,762</p> <p>MHSA=\$4,351,925</p>	<p>(\$34,646) move to AD01.</p>
CSS A02- Adult BHOS Redesign	<p>Maintain current funding level</p> <ul style="list-style-type: none"> •MHSA Downtown MH clinic: <ul style="list-style-type: none"> □Consider converting 1.0 FTE Health Office Supervisor one-time funding of \$98,334 to ongoing. •MHSA Adult Redesign <ul style="list-style-type: none"> □Increase capacity to serve more clients. •New Program in 2014 - Intensive Transition Services. <ul style="list-style-type: none"> □Convert one-time funding of \$1,500,000 to ongoing. •MHSA DD Integrated Services - consider modifying program to include Medication Only services. <p>Reallocation Recommendation from PEI</p> <ul style="list-style-type: none"> •PEI Project 3- CalWorks - move program from PEI project 3 to work plan A02. 	<p>\$12,800,516</p> <p>MHSA=\$9,648,153</p>	<p>\$1,955,519</p> <p>MHSA=\$1,305,520</p> <p>Move from PEI P3 to CSS</p>

Recommendations: Adult and Older Adult Division



Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS OA01- Older Adult Full Service Partnership (FSP)	Maintain current funding level Provide more housing resources for Older Adults in FSP	\$603,066 MHSA=\$371,288	None
CSS OA02-04- Older Adult BHOS Redesign	Maintain current funding level <ul style="list-style-type: none"> • San Jose Senior Centers <ul style="list-style-type: none"> <input type="checkbox"/> consider converting one-time funding of \$190,000 to on-going <input type="checkbox"/> continue New Pilot SSA/APS services <input type="checkbox"/> continue MHSA Golden Gateway Program 	\$1,670,223 MHSA=\$1,495,042	None
INN-04 Elders' Storytelling Project	Maintain current funding level Project ends 7/30/2015.	\$388,042 MHSA=\$388,042	None

Strategic Priorities: Criminal Justice Services



- **Increase access to services;**
 - Streamlining CJS referral process
 - Reducing the length of time individuals remain incarcerated
- **Expansion of the existing Shelter/THU contracts;**
- **Expansion of the existing FSP contracts for Outpatient Services.**

Recommendations: Criminal Justice Services

Total FY14 Budget (All sources) \$9,618,245

MHSA \$7,092,803 (Ongoing) and \$708,292 (One-time) = \$7,801,095



Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS A03 - Criminal Justice System jail Aftercare Program	Maintain current funding level	\$7,936,913	
	Reallocation of Funds	MHSA = \$6,535,151	
	• InnVision - Montgomery Street Inn		(\$20,000)
	• Home First		\$15,000
	• Heaven's Gate		\$5,000
INN 06 - Transitional Mental Health Services for Newly Released Inmates	Maintain current funding level	\$1,092,264	
	Reallocation of Funds	MHSA = \$742,264	
	• Training		(\$35,000)
	• Other Program Supplies		(\$45,000)
	• Peer Support Extra Help		\$20,000
	• Breakout Prison Outreach (BPO) Contract for Staffing		\$50,000
	• Flex Fund portion for BPO in South County		\$10,000
• RDA Contract (Requesting a no-cost extension)			
	This innovation will expire October 31, 2015.		
INN 09 - AB109/117 Re-Entry Multi-Agency Pilot also known as "Re-Entry MAP Team"	The initial aim of this pilot was to develop and test a service needs assessment and delivery model but it has morphed into a broad scope of increasing access to a variety of resources. The innovation will expire June 30, 2014.	\$589,068	AB109 Funding will absorb the \$589,068
		MHSA = \$523,680	

Strategic Priorities:

Integrated Behavioral Health

Cross Systems Programs:

A04

- **CWBC/MHUC Integration** – enhance services and improve client care by **co-locating** programs to better assist clients in accessing health benefits, medications, and provide immediate relief to people in distress.
- **MH Call Center/Gateway/SACS Integration** – Combining both Call Centers along with SACS will improve access to integrated services at a **single point of entry**. Upgrade phone system & Interactive Voice Response (IVR) to improve timely access to callers. Add SACS to expand callers ability to access need for support and general info.

PCBH:

PEI P4

- **VHC PCBH/PEI P4 PCBH** - Provide **team based health care** that puts together all aspects of care & treatment using a coordinated & collaborative model of episodic & brief treatment that is patient focused.
- Enhance integration in all aspects of patient care using ongoing staff training, collaboration of service delivery, & targeted outcomes that focus on **increased ability of primary care clinics to screen for depression, bipolar, substance use & suicide risk**.
- New Refugees – maintain focus on the **needs of new refugees**.
- Adult/Older Adult's (OA) – continue dialogue & **re-work plan to preserve OA services**.

PEI P5.

- **Suicide Prevention** - Continue **public awareness campaign** throughout SCC utilizing VTA buses, digital marketing, print media, QPR, speakers' bureau, outreach in rural communities, VMC ED, & **expansion of SOS groups in minority (Spanish & Vietnamese) communities**.



Recommendations: IBH Division

Total FY14 Budget (All sources) \$15,145,396

MHSA \$11,432,406 (Ongoing) and \$3,086,775 (One-time) = \$14,522,181



Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS A04 Central Wellness and Urgent Care Services	Maintain current funding	\$8,494,100 MHSA = \$8,223,500	None
	<ul style="list-style-type: none"> • CWBC& MHUC Services Reallocate a portion of funds for staff (LEL's, PSO, RC's, vacant 1.0 FTE MH Worker, Psychiatrist) Integrate CWBC and MHUC Services LEL's - con't. IVST trg. (SJPD, CSU's) • MHCC Integration w/ Gateway Add 1.0 FTE HCPM & 1.0 FTE QI Coord. II (Health Plan Care Coord.) Develop strong relationship with Health Plans, meet quality standards, care coord., oversee provider network. 	No MHSA funds	N/A
PEI P4 Primary Care Behavioral Health Integration for Adults/Older Adults	Maintain current funding	\$5,200,781 MHSA =\$5,000,781	None
	<ul style="list-style-type: none"> • VHC PCBH (formerly known as FQHCs) continue one-time funding of \$2,500,000. • IMPACT Training extend contract and use one-time unexpended funds to train new staff; \$102K one-time in FY14. 		

Recommendations: IBH Division



Program	Initial Recommendations/ Data	Total Budget	Budget Change
Continue.... PEI P4 Primary Care Behavioral Health Integration for Adults/Older Adults	<ul style="list-style-type: none"> •PCBH CBO contracts - maintain funding of \$1,260,043 to same three partners (AACI, Gardner, MayView). •New Refugees Program - maintain funding at \$600,000 (AACI). •Adult/Older Adult PEI Services - continue to explore with partners PEI strategies to preserve OA services. Rework the work plan. One-time funding \$200,000. 		
PEI P5 Suicide Prevention Strategic Plan	<p>Maintain funding:</p> <ul style="list-style-type: none"> •1st Public Awareness campaign on 16 VTA buses, digital advertising in 3 malls, 90 new certified QPR instructors, 1st Speaker's Bureau, evaluation of P5 prevention; continue one-time funds of \$273,375. <p>Other Grant Info</p> <ul style="list-style-type: none"> •CalMHSA - 3 yr. grant funded 0.5 SP/SP CW for rural outreach, AAS certification, join Nat'l Lifeline, helpline mgmt. software for data, expand SOS groups, ED collaboration for suicide attempters. 	<p>\$1,436,115 MHSA = \$1,283,500</p>	None
INN-08 IVST	No need to continue; evaluation portion of the project has ended.	<p>\$14,400 MHSA = \$14,400</p>	(\$14,400)

Strategic Priorities: Housing Division



Priority Strategies

1. Increase **permanent housing** that is affordable and accessible:
 - New housing units at 15% - 30% of AMI
 - Deep, permanent rental subsidies
 - Intensive supportive services using Housing First and Harm Reduction principles
 - “Step Down” housing case management
2. Implement **homelessness prevention** programs
 - Financial assistance
 - Legal counseling and services
 - Service linkages

Recommendations: Housing

Total FY14 Budget (All sources) \$11,734,289

MHSA \$1,865,281 (Ongoing) and \$558,959 (One-time) = \$2,424,240



Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS HO01: Housing Option Initiative	Maintain MHSA funding	\$11,734,289	
		MHSA = \$2,424,240	
	Permanent Supportive Housing/ Coordinated Outreach & Case Finding		MHSA = \$200,000
	<ul style="list-style-type: none"> • Add 1.0 FTE to Housing Support staff • Increase funding for FSPs serving chronically homeless individuals and families 		
	Transitional Housing/ Rapid Re-Housing - No Change		
	Emergency Shelter & Other Programs		MHSA = (\$200,000)
	<ul style="list-style-type: none"> • Redirect CSS funds from Cold Weather Shelter Program 		
	Multiple - No Change		
Homeless Prevention - N/A			
Continuum of Care - No Change			
Program Administration - No Change			

Strategic Priorities: Learning Partnership



- Learning Partnership supports the MHD in ensuring that the **cultural competency** requirements are met, promotes a **data-driven system** and has a **well trained workforce**.
- Continue looking for **viable locations** for the Multi-Cultural Center.
- **Increasing access of peer support services** in the self help centers and in the clinics.
- **Renovating the Zephyr Self-Help center and DTMH lobby** will promote a **welcoming environment** that supports a person's wellness and recovery journey.
- Developing a **fully integrated workforce** that reflects the cultural and ethnic diversity of the county through its **intern and scholarship programs** and provide **training and educational opportunities** for the mental health workforce.
- **Reducing stigma and discrimination** through community engagement activities that focuses on reaching the **unserved and underserved populations**.

Recommendations: Learning Partnership

Total FY14 Budget (All sources) \$9,392,436

MHSA \$4,340,606 (Ongoing) and \$4,944,504 (One-time) = \$9,285,110



Program	Initial Recommendations/ Data	Total Budget	Budget Change
CSS LP01	Maintain current level of funding.	\$1,701,098 MHSA = \$1,593,772	None
INN-05 MCC	Maintain current level of funding.	MHSA = \$499,567	None
CF - MCC	For FY14, approved the redirection of unspent CFTN funds to fund the MCC site renovation costs. Costs TBD.	TBD	None
A05 - Consumer and Family Affairs	Maintain current level of funding.	MHSA = \$1,059,761	None
CF DTMH	One-Time project sill in progress; maintain funding.	MHSA = \$313,000	None
WET	Maintain level of one-time current funding but also consider the sustainability of future WET funding	MHSA = \$4,117,732	None
PEI P1 - ECCAC	Due unanticipated delays in hiring, the MHFA training that was to be completed in FY 14 needs to be carried forward in FY 15. Two new ECCAC groups were created for Veterans and LGBTQ, RFP's are to be released to fund the two groups with one-time funds. Maintain current level of funding \$35,000 (5k per group) for program supplies. Convert one-time funds for program supplies as ongoing expense.	MHSA = \$1,701,278 One-time portion \$438,772	None

Strategic Priorities: CFTN



- **Support the client and family experience by:**
 - Improving access to personal health information and recovery resources, and
 - Training clients in computer skills to improve community engagement
- **Enhance the staff capabilities related to:**
 - Improving the quality of care,
 - Establishing and applying clinical and administrative metrics, and
 - Increasing operational efficiency and cost effectiveness

Recommendations: Technological Needs (TN)

Total FY14 Budget (All sources) \$20,484,000

MHSA \$0 (Ongoing) and \$20,484,000 (One-time) = \$20,484,000



Program	Initial Recommendations/Data	Budget	Budget Change
Electronic Health Record (EHR)	<ul style="list-style-type: none"> EHR (HealthLink) in FQHCs fully implemented in FY14. Proceed with optimization Finalize work plan and timeline for specialty MH EHR (Co-Centrix), & implement in next 18-24 months 	\$15,601,000	None
Enterprise-wide Data Warehouse (EDW)	<ul style="list-style-type: none"> Assure continued awareness of the functionality of the EDW when designing the Co-Centrix (CCX) upgrade 	\$2,644,000	None
Bed and Housing Exchange (BHX)	<ul style="list-style-type: none"> Select vendor by June 2014 Augment initial budget to recognize cost increase due to delays 	\$200,000	TBD
Consumer Learning Centers (CLC)	<ul style="list-style-type: none"> 1st CLC implemented in Sept. 2013. Steady growth in use Use findings from 1st startup to expand to 2nd site at Evans Lane 	\$572,000	None

Recommendations: Technological Needs (TN)



Program	Initial Recommendations/Data	Budget	Budget Change
Website Re-design and Consumer Portal (WEB)	<ul style="list-style-type: none"> • MHD website redesigned to improve content and navigation • Designate staff to maintain website content and track utilization • Consumer portal for HealthLink in place • Consumer portal for CCX to be part of upgrade 	\$319,000	None
County Health Record (CHR)	<ul style="list-style-type: none"> • Countywide initiative still in planning • Continue active participation in this effort 	\$1,148,000	None

Please note: The approved FY2014 MESA Annual Update also includes a plan to redirect unspent funds in the CFTN component to fund the MCC facility renovation project.

Other Programs Update

SB82 Mental Health Wellness Act of 2013



1. Mental Health Services Oversight and Accountability Commission (MHSOAC) Triage Grant.
2. CA Health Facilities Financing Authority (CHFFA) Grant. Final Allocations from the 1st Funding Round were awarded by the CHFFA at its April 24, 2014 meeting.
 - **SCC awarded \$4,699,948.11; 30 new beds for Crisis Residential and 8 new beds for Crisis Stabilization Treatment Programs.**
 - No local match (i.e., from the county) is required, but projects must include leveraging of public and private funding sources. Please note CCR section 7119(a)(1)(F) of the regulations allocates up to three points for projects that leverage public and private funding sources to complete the project and that CCR section 7120(e)(2) requires leveraging of funds.
 - SCC grant application initially reflected \$500,000 MHSA fund contribution but SCC was not granted full allocation request; and will need additional \$294,683 to make up budget shortfall (either through MHSA or County General Fund resources).

Other Programs Update Continue...



Pay for Success Projects

- Homeless
- Acute Psych

CA Mental Health Services Authority (CalMHSA)



Background:

In 2008, the County BOS authorized the assignment of ~\$7.7 million of the County's PEI funds to the State Dept of MH to implement statewide, state-administered PEI projects.

CalMHSA is an Independent Administrative and Fiscal Government Agency focused on the efficient delivery of CA Mental Health Projects.

CA Mental Health Services Authority (CalMHSA)



- All CalMHSA members are requested to annually fund PEI Statewide Plans within the **target range of 4-7% of local annual PEI funds, with a minimum request of 1%.**

Based on CalMHSA Estimated Annual PEI Funding Breakdown by County:
Santa Clara estimated contribution at the following % scenarios:

1%	\$125,675	Minimum Request
2%	\$251,350	
3%	\$377,025	
*4%	\$502,699	} Target Range
5%	\$628,374	
6%	\$754,049	
7%	\$879,724	

*SCCMHD recommendation.

- Counties shall have the option of selecting which initiative(s) to support: **Suicide Prevention, Student Mental Health, and Stigma and/or Discrimination Reduction.** Recommendation: equal distribution of local contribution across the three initiatives.

Opportunities for Input



- Mental Health Board (MHB) Committees
- Family & Children's System of Care
- School Linked Services (SLS) Implementation Oversight Task Force (IOTF)
- School Linked Services (SLS) Community Based Organization forum
- Community-wide plan to end homelessness
- Board of Supervisors workshops on housing
- Housing Authority of the County of Santa Clara strategic planning
- Seniors' Agenda - Housing Work Group (SSA)
- Planning Department - Housing Element, Health Element, Consolidated Plan
- Reentry Network (Office of Reentry Services)
- Community Health Improvement Project (through Public Health Dpt.)



MHSA Innovation (INN) Next Round of Planning



County MHSA INN Projects



INN Project		Duration (Months)	Status
INN-01	Early Childhood Universal Screening Project	24	In Progress; will end 7/31/2015.
INN-02	Peer-run TAY Inn	36	In Progress; will end 9/30/2014.
INN-03	Adults with Autism and Co-Occurring Mental Health Disorders	24	Successful; transitioned to CSS A02 in FY14.
INN-04	Elders' Storytelling Project (Prior Name: Merging the Old with the New)	33	In Progress; will end 7/31/2015.
INN-05	Multi-Cultural Center (MCC)	36	TBD.
INN-06	Transitional Mental Health Services for Newly Released Inmates	36	In Progress; will end 10/31/2015.
INN-07	Mental Health/Law Enforcement Post Crisis Intervention	24	Ended in FY13; did not continue.
INN-08	Interactive Videos Scenarios Training	32	Successful; transitioned to CSS A04/WET in FY14.
INN-09	AB109/117 Re-Entry Multi-Agency Pilot aka "Re-Entry MAP"	33	In Progress; will end 6/30/2014.

MHSA Innovation Requirements



MHSOAC Review Tool:

http://www.mhsoac.ca.gov/docs/MHSOAC_INN-Review-Tool2.pdf

- 1) Address one of the following purposes as its **primary purpose**:
 - a) **Increase access to underserved groups.**
 - b) **Increase the quality of services** including measurable outcomes.
 - c) **Promote interagency and community** collaboration.
 - d) **Increase access to services.**

MHSA Innovation Requirements



- 2) Support **innovative approaches** by doing **one** of the following:
 - a) **Introduces new** mental health practices or approaches, including but not limited to prevention and early intervention.
 - b) **Makes a change to an existing** mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
 - c) **Introduces to the mental health system** of a promising community-driven practice or approach or a **practice/approach that has been successful in non-mental health contexts or settings.**

MHSA Innovation New Projects – Next Steps



- Need to establish a formal process with input from MHSA SLC members.
- Review implemented/completed MHSA Innovation Projects Statewide by County – Source NAMI 2013 Report.



Additional Information:

- Next Steps:
 - Phase III of the Planning Process.
 - Next Meeting June 2014 (Date/Time TBD).
- MHSA Email Distribution List - If you are currently not part of the County's **MHSA email distribution** list and would like to be included please send email request to erika.lopez@hhs.sccgov.org



Comments / Questions

Your Voice Matters!