

Family & Children (F&C) Division		
Strengths	Challenges	Questions
<p>Strengths and Challenges are well captured on slide.</p> <p>Need to know more on safety net and what exists when kids fall through the cracks, and don't want the treatment, and focus more on safety net up front to prevent kids landing in juvenile hall.</p> <p>County work on welcoming policy and how we can implement that to all contract agencies and clinics, to welcome employees and consumers in a welcoming environment throughout our system of care.</p> <p>Integrating services for people with developmental disabilities and mental health so people can track them together.</p> <p>Developmental screening efforts.</p> <p>Identify homeless families and providing them with shelter.</p>	<p>Funding comes and goes and shifts across payors. Staying on top of that and tracking, State and County being in alignment is a potential risk for providers.</p> <p>Worried about workforce recruitment, retention, skill development. We keep asking new and different things of staff, are we giving our people the right analytic skills development and organizational development/ behavior, and most importantly HR development, personal enrichment from their jobs, job descriptions, evaluations, performance objectives line up?</p> <p>PR problem for all programs and all areas. Is the word getting out more broadly beyond the key stakeholders? We are doing things differently and now have other avenues to seek and access help.</p> <p>Challenges with Integration: practical elements- electronic health record, building systems, figuring out roles, different philosophical approaches</p> <p>Want to focus on prevention and early intervention (P&EI) development screening even earlier than two months old to prenatal substance use screening.</p> <p>If more can be done to reach out to coordinators and homeless families as part of early intervention (EI).</p> <p>Making sure you have employees who represent more of the community you're serving and that clients can move between agencies</p>	<p>How do you see working towards making the math behavior work better together?</p> <p>Primary care behavioral health (PCBH) - how well are our sister agencies doing that within their own organizations and how well are they adapting to County changes to maximize potential impact downstream?</p>

Family & Children (F&C) Division		
Strengths	Challenges	Questions
	<p>to get the best service culturally appropriate for them.</p> <p>New Refugees: facing challenge of outreaching to New Refugees with information on where to access services.</p>	

Adult and Older Adult (A/OA) Division		
Successes	Challenges	Questions
<p>Shout out to Multi-Agency Program (MAP) and Re-entry Resource Center program. So fantastic. In 25 years, have never seen this kind of client-based attention and services to our clients' needs. They do such a great job. I now just call over there and they take care of my recently released clients.</p> <p>The MHD now has experience to reach out to people.</p> <p>The MHD is doing a positive effort to ID and work on what can be worked on – thank you.</p> <p>We have done a fabulous job of getting certain people housed.</p> <p>Grateful for all great work in both F&C and A/OA.</p> <p>ECCAC promotes outreach.</p>	<p>Concern with Milestones of Recovery Scale (MORS), people are labeled a number. How are we using the MORS to guide what extra stuff [services] are we doing to try to move them to a six or to feel better?</p> <p>What are we doing to support family with adult clients to enable better support the whole support unit of the family.</p> <p>Need to do more to get employment and real challenge with low-income housing which bottlenecks the system from residential clinics. Workforce is looking for affordable housing as well</p> <p>Deep issues of doing it right and deep is hard and how to do it without rich resources.</p> <p>How to effectively engaged people in the Jungle with severe mental illness (SMI)?</p> <p>For both kids and adults- workforce issue- need more capacity and can't hire and retain enough people</p> <p>How to reach and address needs of the underserved ethnic communities?</p> <p>Need more in clinics to engage patients, consumers, family members to assist with recovery.</p> <p>Need to find budget to increase the hiring of more peer mentors throughout our system.</p>	<p>Question: what extra stuff are we doing to try to move them to a 6 or to feel better?</p> <p>Response by Gabby Olivarez (MHD): Our consumers need more involvement with Peer Mentors. They want to talk about what gets them to a six. We have a struggle getting more Peer Mentors. Other identified challenge- using public transportation to get to clinic. Additional question- what's the dosage of service? Currently studying what people are getting and what they need to be getting to feel comfortable to get a six?</p>

Integrated Behavioral Health (IBH) Division		
Successes	Challenges	Questions
<p>The MHD values peer support.</p> <p>Full Service Partnership (FSP) program works.</p> <p>Many of the same strengths cited for other divisions.</p> <p>ECCAC can help with Suicide Prevention- we can never train too many people.</p> <p>Value of Peer Support Worker.</p>	<p>For Interactive Video Simulation Training (IVST): need more IVST Trainers available to fully support effort to get it to become a Peace Officer Standards and Training (POST) endorsed/ mandated training.</p> <p>Need more equipment for IVST program to continue for when current equipment fails.</p> <p>Integrating primary care (PC) into behavioral health (BH) care settings. Clients at a MORS score of five and below, don't do well in PCBH and still need the primary care for this large of people.</p> <p>Don't have enough FSP services. Everyone needs to be in a FSP, but doesn't mean they get the same amount of services and costs. The FSP values and benefits should be available to all- flex dollars are huge and should be more broadly avail.</p> <p>Many of the same challenges cited for other divisions.</p> <p>Dealing with insurance plans and medically oriented insurance systems.</p> <p>Whether parity act really will be optimized for our consumers?</p> <p>Change is getting very heavy and need to be careful to find our way into insurance environment.</p> <p>Would like to hire more Peers.</p> <p>Would like more than one level, to create a career ladder.</p>	<p>How are we following through to get more peer mentors involved in the system, recruited, trained, and hired?</p> <p>Observation- seems like we've done so well that we're expecting more and need to define next steps forward.</p> <p>Timely access and communication- is there a technology piece to improve other types of communication beyond the phone or fax/email?</p>

Office of Supportive Housing		
Successes	Challenges	Questions
<p>Great job!</p> <p>County leadership (Gary Graves- the sponsor of county initiative and Board of Supervisors) are making things happen and committed to this- supporting this effort to end homelessness. Without their leadership and support, we would not have made the strides we have.</p>	<p>Developing independent housing for people interested in leaving Board and Care or a boarding home.</p> <p>Lack of affordable housing hugely problematic. Impacting every program in our system. County and State not doing enough and not doing it effectively enough.</p> <p>Better connect County Housing effort to better support shelter needs of homeless community college and college students. Currently, the two are disconnected. Need to build a stronger institutional way of connecting with these schools.</p> <p>CJS in jail with no conviction of a crime, but a history of failing to appear in court, probably due to unstable housing, if could get them some shelter, could be released from jail pending trial. Faith based reentry center may be a linkage.</p> <p>Need adequate developmentally appropriate living environments for young people exiting out of Foster care and Juvenile Justice Service without adequate housing.</p> <p>Identify and recruit a strong and good leader into our system, especially as the Behavioral Health Director, one who values this nexus of housing and mental health services.</p>	<p>Question: What are our next coming projects to add additional homes?</p> <p>Response by Bob Dolci (MHD): master leasing is one approach of many being employed.</p>

Learning Partnership (LP) and Technology		
Successes	Challenges	Questions
<p>For all divisions- really impressed on numbers served and implemented, partnership you have with others systems and community based organizations (CBOs).</p> <p>Multitude of trainings offered by LP.</p>	<p>Need clear identification of strategic training priorities, to concentrate training dollars as budget shrinks.</p> <p>Need more prolonged trainings with built in monitoring and evaluations (similar to Transformational Care Planning -TCP) to really support staff to change behaviors and practices with established priorities to support staff through changes demanded in new environment. Need to minimize introductory or overview workshops on clinical practices which can't result in a lasting change of clinical practices or philosophy.</p> <p>Need to provide treatment outcomes data and making it real to demonstrate the special programs required and avoid becoming a smaller practice within medical system.</p>	

Detail notes on comments and questions

I. Family & Children Division

Strengths (S) and Challenges (CH)

- Paul Taylor, Momentum for Mental Health:
 - Strengths and Challenges are well captured on slide.
 - CH: Funding comes and goes and shifts across payors. Staying on top of that and tracking, State and County being in alignment is a potential risk for providers.
- Andrew Phelps, San Jose City College: How do you see working towards making the math behavior work better together?
- Kathy Forward, National Alliance on Mental Illness (NAMI):
 - Need to know more on safety net and what exists when kids fall through the cracks, and don't want the treatment, and focus more on safety net up front to prevent kids landing in juvenile hall.
 - County work on welcoming policy and how we can implement that to all contract agencies and clinics, to welcome employees and consumers in a welcoming environment throughout our system of care.
- David Speicher, Santa Clara County Mental Health Board (SCCMHB) member:
 - Worried about workforce recruitment, retention, skill development. We keep asking new and different things of staff, are we giving our people the right analytic skills development and organizational development/behavior, and most importantly HR development, personal enrichment from their jobs, job descriptions, evaluations, performance objectives line up?
 - Primary Care Behavioral Health (PCBH) - How well are our sister agencies doing that within their own organizations and how well are they adapting to County changes to maximize potential impact downstream?
- Lydia Marrufo, SCC Pre-Trial Services:
 - CH: PR problem for all programs and all areas. Is the word getting out more broadly beyond the key stakeholders? We are doing things differently and now have other avenues to seek and access help.
- Elisa Koff-Ginsborg, Santa Clara County Behavioral Health Contractors Association (BHCA):
 - CH with Integration: Practical elements - electronic health record, building systems, figuring out roles, different philosophical approaches.
- Wayne Jasper, Parents Helping Parents (PHP): Integrating services for people with developmental disabilities and mental health so people can track them together.
- Thanh Do, FIRST 5 Santa Clara County:
 - S: Developmental screening efforts, want to focus on prevention and early intervention (P&EI) years pushing screening to two months old.
 - CH: Opportunity re PCBH- prenatal substance use, start earlier.
- Bob Dolci, MHD Homeless Concerns Coordinator:
 - S: Identification of homeless families.
 - CH: If more can be done to reach out to coordinators and homeless families as part of early intervention (EI).

- Melody Hames, Ethnic and Cultural Communities Advisory Committee (ECCAC):
 - CH: Making sure you have employees represent more of the community your serving and that clients can move between agencies to get the best service culturally appropriate for them.
- Mohammed Ali, ECCAC:
 - CH: New Refugees: facing challenge of outreaching to New Refugees with information on where to access services.

II. **Adult and Older Adult (A/OA) Division**

Strengths (S) and Challenges (CH)

- Nona Klippen, SCC Public Defender's Office:
 - S: Shout out to Multi-Agency Program (MAP) and Reentry Resource Center. So fantastic. In 25 years, have never seen this kind of client-based attention and services to our clients needs. They do such a great job. I now just call over there and they take care of my recently released clients.
- David Speicher, SCCMHB member:
 - CH: Concern with Milestones of Recovery Scale (MORS), people are labeled a number. Given that information, what extra stuff are we doing to try to move them to a six or to feel better?
Response by Gabby Olivarez (MHD): Our consumers need more involvement with Peer Mentors. They want to talk about what gets them to a six. We have a struggle getting more Peer Mentors. Other identified challenge- using public transportation to get to clinic. Additional question- what's the dosage of service? Currently studying what people are getting and what they need to be getting to feel comfortable to get a six?
- Public Comment:
 - CH: What are we doing to support family with adult clients to enable better support the whole support unit of the family?
- Paul Taylor, Momentum for Mental Health:
 - CH: Need to do more to get employment and real challenge with low-income housing which bottlenecks the system from residential clinics. Workforce is looking for affordable housing as well.
- Andrew Phelps, San Jose City College:
 - S: Have experience to reach out.
 - S: MHD is doing a positive effort to ID and work on what can be worked on – thank you.
 - CH: Deep issues of doing it right and deep is hard and they don't have the resources.
- Erin O'Brien, Community Solutions:
 - S: Have done a fabulous job of getting certain people housed.
 - CH: How to effectively engaged people in the Jungle with severe mental illness (SMI)?
 - CH: for both kids and adults- workforce issue- need more capacity and can't hire and retain enough people.
- Brian Cheung, ECCAC:
 - S: Grateful for all great work in both F&C and A/OA.
 - CH: How to reach underserved ethnic communities? How to address underserved.

- S: ECCAC promotes outreach.
- Jennifer Jones, MHD Health Care Program Manager:
 - S: ECCAC have success.
 - CH: Need more in clinics to engage patients, consumers, family members to assist with recovery.
 - CH: Need to find budget to increase the number of peer support workers in our system.

III. Integrated Behavioral Health (IBH) Division

Strengths (S) and Challenges (CH)

- Pat Dwyer, Law Enforcement Liaison (through Carla Holtzclaw):
 - CH: For Interactive Video Simulation Training (IVST): need more IVST Trainers available to fully support effort to get it to become a Peace Officer Standards and Training (POST) endorsed/mandated training.
 - CH: Need more equipment to continue the program for when equipment fails.
- David Speicher, SCCMHB member:
 - S: Value of peer support.
 - CH: How are we following through to get more peer mentors involved in the system, recruited, trained, and hired?
- Paul Taylor, Momentum for Mental Health:
 - CH: How to integrate primary care (PC) into behavioral health (BH) Care settings? Clients at a MORS score of five and below don't do well in PCBH and that's a lot of people.
 - S: Full Service Partnership (FSP) program works.
 - CH: Don't have enough FSP services. Everyone needs to be in a FSP, but doesn't mean they get the same amount of services and costs. The FSP values and benefits should be available to all- flex dollars are huge and should be more broadly available.
- Carla Holtzclaw, MHSA SLC Co-Chair and SCCMHB member:
 - CH and S: Many of the same from other divisions.
 - Observation- seems like we've done so well that we're expecting more and need to define next steps forward.
- Nancy Peña, MHSA SLC Co-Chair and MHD Director:
 - CH: Dealing with insurance plans and medically oriented insurance systems.
 - CH: Whether parity act really will be optimized for our consumers?
- Lydia Marrufo, SCC Pre-Trial Services:
 - CH: Of timely access and communication- is there a technology piece to improve other types of communication beyond the phone or fax/email?
- Mohammed Ali, ECCAC:
 - S: ECCAC can help with suicide prevention, can never train too many people.
- Andrew Phelps, San Jose City College:
 - CH: Change is getting very heavy and need to be careful to find our way into insurance environment.
- Thuhien Nguyen, MHD Program Manager:
 - S: Value of Peer Support Worker.
 - CH: Would like to hire more Peers.

- CH: Would like more than one level, to create a career ladder.

IV. Office of Supportive Housing

Strengths (S) and Challenges (CH)

- David Speicher, SCCMHB member:
 - S: Great job! What are our next coming projects to add additional homes?
Response by Bob Dolci (MHD): master leasing is one approach of many being employed.
- Jennifer Jones, MHD Health Care Program Manager:
 - Developing Boarding homes, people who need independent housing from Board and Care from a boarding home?
- Erin O'Brien, Community Solutions:
 - CH: Lack of affordable housing hugely problematic. Impacting every program in our system. County and State not doing enough and not doing it effectively enough.
- David Speicher, SCCMHB member:
 - CH: Address support program to support homeless community college and college students. Disconnected from the Supportive Housing effort. Build a stronger institutional way of connecting with these schools.
- Lydia Marrufo, SCC Pre-Trial Services:
 - CJS in jail with no conviction of a crime, but a history of failing to appear in court, probably due to unstable housing, if could get them some shelter, could be released from jail pending trial. Faith based reentry center may be a linkage.
- Nancy Peña, MHSA SLC Co-Chair and MHD Director:
 - CH: Young people who are homeless and exiting out of Foster Care and Juvenile Justice Service without adequate developmental appropriate living environments.
 - S: County leadership are making things happen and committed to this- Gary Graves is the sponsor of County initiative and Board of Supervisor supporting this to end homeless, without his leadership, we would not have made the strides we have.
 - CH: Bringing in strong and good leader into our system, the Behavioral Health Director, and values this nexus of housing and mental health services.

V. Learning Partnership (LP) and Technology

Strengths (S) and Challenges (CH)

- Carla Holtzclaw, MHSA SLC Co-Chair and SCCMHB member:
 - S: For all divisions- really impressed on numbers served and implemented, partnership you have with others systems and community based organizations (CBOs).
 - CH: Providing outcomes data and making it real to demonstrate the special programs required and avoid becoming a smaller practice within medical system.
- Elena Tindall, Behavioral Health Integration Projects Manager:
 - S: Multitude of trainings in LP.
 - CH: Need more prolonged trainings with built in evaluations (similar to Transformational Care Planning-TCP) to really support staff to change behaviors and practices with established priorities to support staff through changes demanded in new environment.