MENTAL HEALTH SERVICES ACT (MHSA)
FY 2022 ANNUAL UPDATE COMMUNITY PROGRAM PLANNING PROCESS
THURSDAY, FEBRUARY 11, 2021 – 3PM
VIRTUAL MEETING

COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery
# MENTAL HEALTH SERVICES ACT (MHSA)

## FY2022 ANNUAL UPDATE COMMUNITY PROGRAM PLANNING PROCESS

**February 11, 2021**

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introductions (Sherri Terao)</td>
<td>3 – 3:10PM</td>
</tr>
<tr>
<td>2. Welcome by Director/Executive Team</td>
<td>3:10 – 3:15PM</td>
</tr>
<tr>
<td>4. Update on MHSA Fiscal Projections (Tina)</td>
<td>3:25 – 3:35PM</td>
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<tr>
<td>5. Children, Youth &amp; Families System of Care Presentation</td>
<td>3:35 – 4:45PM</td>
</tr>
<tr>
<td>a. Program Highlights, Utilization &amp; Spending</td>
<td></td>
</tr>
<tr>
<td>b. Ideas &amp; Q &amp; A</td>
<td></td>
</tr>
<tr>
<td>6. Next Steps, Survey, Closing &amp; Q&amp;A</td>
<td>4:45 – 5PM</td>
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</tbody>
</table>
MEETING AGREEMENTS

Raise hand on Zoom or on camera to provide feedback. Can also provide feedback in the chat box.

Give space, take space.
FY2022 MHSA ANNUAL PLAN UPDATE
COMMUNITY PROGRAM PLANNING PROCESS

Kick Off Activities

- Data Collection (program outcomes, utilization, etc)
- Surveys and Listening Sessions
- Review of MHSA legislation
- Fiscal Review Status

Community Program Planning Process

- Planning Sessions
- Program Outcomes and Highlights by System of Care
- Program Packets

Plan Review

- MHSA SLC Meetings
- INN Subcommittee Meetings
- Behavioral Health Board
- Board of Supervisors
- MHSOAC

December 2020 – January 2021
February 2021 – April 2021
May 2021 – June 2021
SLC Members and Members of the Public are encouraged to provide their feedback and input during meetings and after meetings through post-meeting surveys.
### MHSA Financial Projections

Deficit projected FY22 based on FY21-23 Revenue Projections in November 2020

<table>
<thead>
<tr>
<th></th>
<th>FY19-20</th>
<th>FY20-21</th>
<th>FY21-22</th>
<th>FY22-23</th>
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<tbody>
<tr>
<td><strong>Unspent from FY19</strong></td>
<td>43,590,751</td>
<td>25,189,957</td>
<td>11,706,685</td>
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<td><strong>Revenue including Interest</strong></td>
<td>65,542,745</td>
<td>73,224,634</td>
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<td><strong>Expenditure</strong></td>
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<td>(85,013,081)</td>
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<tr>
<td><strong>Unspent Balance at FY20</strong></td>
<td>100,506,049</td>
<td>78,660,975</td>
<td>51,351,939</td>
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<td><strong>Unspent Balance from FY20</strong></td>
<td>20,749,476</td>
<td>18,703,637</td>
<td>18,703,637</td>
<td>18,703,637</td>
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<tr>
<td><strong>Revenue Distribution from State</strong></td>
<td>100,506,049</td>
<td>78,660,975</td>
<td>51,351,939</td>
<td>51,351,939</td>
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<tr>
<td><strong>Projected Expenditure</strong></td>
<td>(100,506,049)</td>
<td>(85,013,081)</td>
<td>(85,013,081)</td>
<td>(85,013,081)</td>
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<tr>
<td><strong>Unspent Balance at FY21</strong></td>
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<td><strong>Unspent Balance from FY22</strong></td>
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<tr>
<td><strong>Revenue Distribution from State</strong></td>
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<td>0</td>
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<tr>
<td><strong>Projected Expenditure</strong></td>
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<td><strong>Unspent Balance/(Deficit) at FY23</strong></td>
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Updated FY21-23 Revenue Projections in February 2021 no longer projections deficit in FY22. Current level expenditures and revenues projected in FY23 will result in a FY24 deficit due to decline in unspent balances.

### MHSA FINANCIAL PROJECTIONS

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<thead>
<tr>
<th>FY20-21</th>
<th>CSS</th>
<th>PEI</th>
<th>INN</th>
<th>WET</th>
<th>CFTN</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Unspent Balance from FY20</td>
<td>25,180,957</td>
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<td>Projected Expenditure</td>
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<td>(23,628,545)</td>
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<tr>
<td>Unspent Balance at FY21</td>
<td>23,632,116</td>
<td>16,331,749</td>
<td>24,284,869</td>
<td>0</td>
<td>2,795,502</td>
<td>67,045,235</td>
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</table>

<table>
<thead>
<tr>
<th>FY21-22</th>
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<td>24,284,869</td>
<td>0</td>
<td>2,795,502</td>
<td>67,045,235</td>
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<td>Revenue Distribution from State</td>
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<td>Projected Expenditure</td>
<td>(85,013,081)</td>
<td>(23,628,545)</td>
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<table>
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<tr>
<td>Unspent from FY22</td>
<td>24,037,123</td>
<td>15,086,298</td>
<td>23,909,122</td>
<td>0</td>
<td>0</td>
<td>63,035,542</td>
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<tr>
<td>Revenue Distribution from State</td>
<td>75,154,629</td>
<td>18,788,657</td>
<td>4,942,444</td>
<td>0</td>
<td>0</td>
<td>98,885,780</td>
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<tr>
<td>Projected Expenditure</td>
<td>(85,013,081)</td>
<td>(23,628,545)</td>
<td>(4,702,585)</td>
<td>(1,685,826)</td>
<td>(1,241,566)</td>
<td>(116,271,603)</td>
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<tr>
<td>Unspent Balance/(Deficit) at FY23</td>
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<th>INN</th>
<th>WET</th>
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<th>TOTAL</th>
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<td>28,263,779</td>
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*FY19-20 updated to reflect annual RER expenditure*
*FY19-20 includes the transfer in excess of the PR maximum threshold to CSS and PEI*
*FY21-23 Revenue Projection from Mike Gallo February 2021 CBHDA presentation*
*Expense projections reflect the FY21-23 Plan submission, which was tempered for expected spend and vacancy rates. Contract MFOs and approved MHSA positions are higher.*
PROGRAM HIGHLIGHTS: CHILDREN, YOUTH & FAMILIES SYSTEM OF CARE
CHILDREN, YOUTH, TAY, AND FAMILY SYSTEM OF CARE

Prevention and Early Intervention Programs (approx. 1-4 hours/month)
- School Linked Services (SLS) Family Engagement
- Substance Use Prevention
- Prevention and Early Intervention (PEI) Behavioral Health
- SLS Behavioral Health
- Nurse Family Partnership (NFP)
- Reach out and Read (ROR)
- Raising Early Awareness and Creating Hope (REACH)
- Treatment Focused Services (TFS)

Outpatient Programs (approx. 4-7 hours/month)
- Outpatient Services (Behavioral health services addressing mental health and substance use concerns provided by contracted providers and County-operated clinics)
- Population-Specific Outpatient Programs:
  - Ethnic Specific Outpatient Services
  - KidConnections Network (Birth through Five)
  - KidScope Developmental Behavioral Pediatrics
  - Integrated Outpatient Services (Co-Occurring Mental Health and Substance Use Treatment)
  - Status Offender Services (SOS)
  - Transition Age Youth (TAY)
  - Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ)
  - Young Adult Transition Team (YATT)
  - Independent Living Program (ILP)
  - Dually Involved Youth Advocacy and Support

Intensive Programs (approx. 8-14 hours/month)
- Intensive Outpatient (Intensive behavioral health services addressing mental health and substance use concerns provided by contracted providers and County-operated clinics)
- Kate A Integrative Mental health services
- Differential Response
- Placement Supportive Services (PSS)
- Transformation Team (CSEC)
- Probation Gang Resistance and Intervention Program (Pro-Grip)
- Probation Continuum of Services to Reentry (Pro-CSR)
- Guadalupe Behavioral Health (Juvenile Hall)
- Youth Therapeutic Integrated Program (YIP – Ranch)
- Eating Disorder Programs (higher level of care if needed)

Intensive Wraparound and other Intensive Programs (15+ hours/month)
- Full Service Partnership (Child/Transition Age Youth TAY)
- Intensive Full Service Partnership
- Wraparound (Child Welfare and Juvenile Justice)
- Therapeutic Foster Care (TFC)

Residential Programs
- Short Term Residential Therapeutic Program (STRTP)
- Substance Use Residential Treatment Program

Therapeutic Behavioral Services (TBS) can be accessed across the continuum of care, but cannot be received as a standalone service

Crisis Services can be accessed across the continuum of care and offers Mobile Crisis, Community Transition Service (CTS) and Crisis Stabilization Unit (CSU)
Children’s services exist in a complex set of legislation with a variety of stakeholders.
SYSTEM PRIORITIES

- Co-occurring disorder capacity in all programs
- Trauma-informed and culturally responsive system of care
- Consistent recovery orientation across all programs
- Access to timely services
- Equity for unserved and underserved populations
- Evidence-based approaches to maximize improvements in health
CYF FY20 MHSA PROGRAMS

School Liked Services (SLS) and Prevention Programs

Outpatient Services – School Aged and Transitional Aged Youth

Juvenile Justice Development – Youth Therapeutic Integrated Program (YTIP)

Crisis and Drop In Services – Mobile Crisis
# SCHOOL LINKED SERVICES

School-based coordinated services to address the needs and wellbeing gaps of families through a community participatory approach.

## Family Engagement
- Tier 1 services: Universal Access
- Referral, Linkage, and Triage
- Family Engagement One-Time Events
- 15 SLS School Districts
- 29 SLS Coordinators
- Serves 10,000+ students and families annually

## Prevention and Early Intervention (PEI)
- Tier 1 & 2 services: Least intensive
- Group and specific population supports and services
- Skills streaming
- Therapeutic Groups
- Parenting Groups: Positive Parenting Program (Triple P) and Strengthening Families
- 11 school districts
- 8 Community Based Providers
- Serves 2000 students annually

## SLS Behavioral Health
- Tier 3 services: Intensive service
- Outpatient services at school setting
- Individual Therapy
- Case Management & Linkage
- Medication Support
- 13 school districts
- 7 Community Based Providers
- Serves 750 Medi-Cal or uninsured students annually

## Unconditional Education
- Tier 3 Services
- Program team includes Education Coach, Clinician, and Student Support Assistants
- 2 school districts
- 1 Community Based Provider
- Serves 30 Medi-Cal or uninsured students annually

## OUTCOMES
- Increase family access
- Increase knowledge
- Improve student academic outcomes, health and well-being.
- Improve school climate and school-family partnership
- Increase student and family satisfaction
- Early identification of needs
- Increase parental competency
- Increase school readiness
- Increase access
- Maintain school functioning and engagement
- Improve student behavioral and emotional well-being
- Improve student functioning (behavior, achievement)
- Increase (or maintain) school attendance
- Reduce office disciplinary referrals
- Increase social and emotional well-being
- Increase satisfaction
- Increase parent involvement
- Increase access to resources
**OUTPATIENT SERVICES**

<table>
<thead>
<tr>
<th>Services</th>
<th>School Age (6-21)</th>
<th>Transitional Age Youth (16-25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community and Clinic Based Services</td>
<td>• 17 Community Based Providers</td>
<td>• 5 Community Based Providers</td>
</tr>
<tr>
<td>• Screening and Assessment</td>
<td>• 3 County Operated Clinics</td>
<td>• 1 County Operated Clinic</td>
</tr>
<tr>
<td>• Individual, Group, Family Therapy</td>
<td>• Ethnic Specific Services</td>
<td>• LGBTQ Specialty Services</td>
</tr>
<tr>
<td>• Case Management</td>
<td>• Served over 4,200</td>
<td>• Served over 400</td>
</tr>
<tr>
<td>• Care Coordination</td>
<td>• <strong>Outcomes</strong></td>
<td>Transitional aged Youth</td>
</tr>
<tr>
<td>• Medication Support</td>
<td>• 78% successfully discharged from Outpatient and Ethnic outpatient services</td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td></td>
<td>• <strong>Outcomes</strong></td>
<td>• 64% successfully discharged from TAY and TAY LGBTQ outpatient services</td>
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</table>
YOUTH THERAPEUTIC INTEGRATED PROGRAM (YTIP)
(CONTRACTED TO STARLIGHT COMMUNITY SERVICES)

Target Population and Primary Goals

• Reduce Juvenile Justice Involvement
• Focus on transition to community services and stabilizing the family and community systems
• The program assists youth in developing life skills that will improve their ability to live and thrive in the community.

Data Highlights

• 72 youth served
• 80% successful discharges (Care Plan Goals were Met)
• 100% of youth were connected to support services after discharge

Integrated (Co-Occurring) Behavioral Health Services

• Screening and Assessment
• Individual and Family Therapy
• Mental Health Consultation
• Individual, Group, and Family Counseling
• Care Coordination
• Crisis Intervention
MOBILE CRISIS: PROVIDER UPLIFT FAMILY SERVICES

Services Provided
- Telephone Screening
- Youth/Family risk Assessment
- Hospital Diversion
- De-Escalation
- Behavioral Health Services
- Safety Planning
- Connect youth with supportive adults in the community
- Connect parents/caregivers to
- Community supports
- Identification of coping strategies

Total Calls: 2897
Total Responses: 702
Diversion Rate: 70%

Gender and Age For Calls Responded to in the Community
Female: 425
Age: (5-12) 110
     (13-17) 315
Males: 277
Age: (5-12) 88
     (13-17) 189
• Increased frequency and shorter sessions has been beneficial for some consumers
• Some consumers have enjoyed walking sessions and outdoor sessions
• Provision of therapeutic supplies/care packages have been useful for youth to use during and outside of session
• Family and support persons can join sessions with ease
• Reduced number of missed or rescheduled sessions
• Using a hybrid approach to telehealth (in-person and virtual services) provides access when transportation, dependent care, or time prevents office visits
• Use of taxi vouchers and ride-share companies (e.g., Uber) for consumers to attend in-person supports at community sites with PPE and other safety measures
• Psychoeducation and outreach groups have worked well with a variety of populations
• Increased case management and linkage to resources for basic needs during the Pandemic
• Understanding how we learn to adapt to evolving influences
• Learned how to have greater impact and access to families through school websites, robocalls, town halls and platforms like Facebook Live
## BUDGET ANALYSIS – COMMUNITY SERVICES AND SUPPORTS (CSS)
### OUTPATIENT SERVICES – SCHOOL AGED AND TRANSITIONAL AGED YOUTH

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Expenses*</th>
<th>FY20 Payroll</th>
<th>FY20 CBO</th>
<th>FY20 Object 2</th>
<th>FY20 MHSA Funds (Actuals)</th>
<th>FY20 Medical FFP</th>
<th>FY20 Behavioral Health Subaccount</th>
<th>FY20 Other</th>
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</thead>
<tbody>
<tr>
<td><strong>Children and Family Outpatient/Intensive Outpatient Services</strong></td>
<td>$31,573,443</td>
<td>$ -</td>
<td>$31,572,366</td>
<td>$1,077</td>
<td>$2,432,615</td>
<td>$15,336,631</td>
<td>$13,802,968</td>
<td>$1,228</td>
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<tr>
<td><strong>TAY Outpatient Services/Intensive Outpatient Services</strong></td>
<td>$1,159,840</td>
<td>$222,914</td>
<td>$936,881</td>
<td>$45</td>
<td>$297,937</td>
<td>$453,633</td>
<td>$408,269</td>
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* Total Expenses as reported in the Fiscal Year 2020 Annual Revenue and Expenditure Report (ARER).
# Budget Analysis – Community Services and Supports (CSS)

**Juvenile Justice Development and Crisis/Drop-In Services for Children and Youth**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Expenses*</th>
<th>FY20 Payroll</th>
<th>FY20 CBO</th>
<th>FY20 Object 2</th>
<th>FY20 MHSA Funds (Actuals)</th>
<th>FY20 Medical FFP</th>
<th>FY20 Behavioral Health Subaccount</th>
<th>FY20 Other</th>
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</thead>
<tbody>
<tr>
<td>Services for Juvenile Justice Involved Youth</td>
<td>$2,387,857</td>
<td>$1,156,526</td>
<td>$1,203,425</td>
<td>$27,906</td>
<td>$2,155,446</td>
<td>$122,321</td>
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<td>Children’s Mobile Crisis (Uplift)</td>
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<td>$3,324,361</td>
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<td>$1,419,546</td>
<td>$1,002,535</td>
<td>$902,281</td>
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*Total Expenses as reported on the Fiscal Year 2020 Revenue and Expenditure Report*
# BUDGET ANALYSIS — PREVENTION AND EARLY INTERVENTION (PEI) SCHOOL LINKED SERVICES

<table>
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<th>FY20 Medical FFP</th>
<th>FY20 Behavioral Health Subaccount</th>
<th>FY20 Other</th>
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<tbody>
<tr>
<td>School Linked Services**</td>
<td>$15,717,976</td>
<td>$2,462,245</td>
<td>$12,092,960</td>
<td>$1,162,771</td>
<td>$9,891,371</td>
<td>$3,065,504</td>
<td>$2,758,954</td>
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<tr>
<td>(SLS) PEI</td>
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*Total Expenses as reported on the Fiscal Year 2020 Revenue and Expenditure Report

**Note: All SLS components were transferred to PEI in FY20 (previously, PEI: $669,631)
## NEXT STEPS

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Needs Assessment</td>
<td>• Surveys</td>
</tr>
<tr>
<td></td>
<td>• Virtual Listening Sessions/Town Hall meetings</td>
</tr>
<tr>
<td></td>
<td>• Review of Programs</td>
</tr>
<tr>
<td>MHSA SLC Planning Session #1</td>
<td>• Children, Youth and Families Program Highlights and Discussion</td>
</tr>
<tr>
<td>Thursday, February 11, 2021 3:00PM – 5:00PM</td>
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<tr>
<td>MHSA SLC Planning Session #2</td>
<td>• Adult/Older Adult, LGBTQ, Client/Consumer Program Highlights and Discussion</td>
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<tr>
<td>Tuesday, February 16, 2021 3:30PM - 5:30PM</td>
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<tr>
<td>MHSA SLC Planning Session #3</td>
<td>• Criminal Justice System, Housing, Workforce Education &amp; Training, Suicide Prevention/Suicide and Crisis Services Program Highlights and Discussion</td>
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<td>Friday, February 19, 2021 3:00PM – 5:00PM</td>
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<tr>
<td>MHSA SLC Planning Session #4</td>
<td>• Discussion of Children, Youth &amp; Families Program Findings</td>
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<tr>
<td>Monday, March 1, 2021 12:30PM - 2:30PM</td>
<td></td>
</tr>
<tr>
<td>MHSA SLC Planning Session #5</td>
<td>• Discussion of Criminal Justice System, Housing, Workforce Education &amp; Training, Suicide Prevention/Suicide and Crisis Services Program Findings</td>
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<tr>
<td>Thursday, March 4, 2021 4 - 5PM</td>
<td></td>
</tr>
<tr>
<td>MHSA SLC Planning Session #6</td>
<td>• Discussion of Adult/Older Adult, LGBTQ, Client/Consumer Program Findings</td>
</tr>
<tr>
<td>Friday, March 5, 2021 3:00PM - 5:00PM</td>
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</tbody>
</table>
Please help us spread the word!

- English Survey Link: https://www.surveymonkey.com/r/21MHSASurvey_Eng
- Spanish Survey Link: https://es.surveymonkey.com/r/21MHSASurvey_Spanish
- Tagalog Survey Link: https://www.surveymonkey.com/r/21MHSASurvey_Tagalog
- Chinese Survey Link: https://www.surveymonkey.com/r/21MHSASurvey_Chinese

Seeing clients in person?
- Contact the MHSA team (mhsa@hhs.sccgov.org) for simple links to collect the data in person
PLEASE PROVIDE YOUR FEEDBACK ON TODAY’S MEETING:

HTTPS://WWW.SURVEYMONKEY.COM/R/FEB11_SLC_FEEDBACK
Comments & Questions
THANK YOU

For questions or additional information, contact:
Evelyn Tirumalai, MPH - Senior Manager, MHSA Administration
Evelyn.Tirumalai@hhs.sccgov.org

For questions on Prevention & Early Intervention (PEI) programming, contact:
Roshni Shah, MPH – Program Manager, MHSA Administration
Roshni.Shah@hhs.sccgov.org