MENTAL HEALTH SERVICES ACT (MHSA)
FY 2022 ANNUAL UPDATE COMMUNITY PROGRAM PLANNING PROCESS
FRIDAY, MARCH 5, 2021
VIRTUAL MEETING
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introductions &amp; Welcome by Director (Sherri Terao)</td>
<td>3:00PM</td>
</tr>
<tr>
<td>2. Public Comment Period</td>
<td>3:10PM</td>
</tr>
<tr>
<td>3. MHSA (Evelyn Tirumalai)</td>
<td>3:20PM</td>
</tr>
<tr>
<td>a. General MHSA Requirements</td>
<td></td>
</tr>
<tr>
<td>b. MHSA SLC Priority areas as a result of COVID-19</td>
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<tr>
<td>4. Children, Youth and Family (CYF) System of Care (Maretta Juarez)</td>
<td>3:25PM</td>
</tr>
<tr>
<td>a. Priorities &amp; Program Utilization Overview</td>
<td></td>
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<tr>
<td>b. Q/A</td>
<td></td>
</tr>
<tr>
<td>5. Timeline – Next Meeting March 12, 2021 – Adult/Older Adult System</td>
<td>4:40PM</td>
</tr>
<tr>
<td>6. Adjourn</td>
<td>5:00PM</td>
</tr>
</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.
MHSA COMPONENTS

ONGOING Required Programs and Services

CSS: Community Services & Supports
- Outreach and direct services for children, TAY, adults and older adults with SED/SMI
- Funds BHSD Housing programs
- At least 51% of CSS for Full-Service Partnerships

PEI: Prevention & Early Intervention
- Prevention services to prevent the development of mental health problems
- Early intervention services to screen and intervene with early signs of mental health issues
- At least 51% for serving ages 0-25 yrs old.

INN: Innovation
- Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un-, under-, and inappropriately-served populations

OPTIONAL Programs and Services, carved out of CSS revenue

CFTN: Capital Facilities & Technology Needs
Infrastructure to implement an electronic health record and support MH facilities (county-owned, operated)

WET: Workforce Education & Training
Support to build, retain, and train a competent public mental health workforce

Acknowledgement: Harbage Consulting

MHSA County Funding*

- CSS: 75-80%
- PEI: 15-20%
- INN: 0-5%

*Counties received 10-year allocations for WET and CFTN activities. One-time allocation ended on 2016.
2020 MHSA SLC PRIORITY AREAS AS A RESULT OF COVID-19

**Families and Children**

- **Focused outreach**, via radio, TV, texting, etc.
- Continue momentum **engaging** with communities, e.g. virtual town halls, etc.
- Focused **support** to families with school-age children
- Strengthen **collaborations** county wide and across departments

**Transitional Age Youth**

- Strengthen **collaborations** across county government entities, e.g. homeless and housing, public health, social services, behavioral health, etc.
- Access to **technology** to improve **social connectedness**

**Adult/Older Adults**

- Access to **technology** and how to use it
- Focused **outreach**, getting out to communities
- Access to behavioral health **services in person**
- Focus on access and service delivery with a focus on **race and equity**
- Crisis services

*Consider an Innovations Project that intentionally addresses COVID-19 and racial equity*
CHILDEEN, 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 (RCR)
- 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)
- Katie A intensive 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 (YTIP – Ranch)
- Eating Disorder Programs (higher level of care available 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)
COORDINATED SYSTEM OF CARE

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
# School Linked Services

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

<table>
<thead>
<tr>
<th>Family Engagement</th>
<th>Prevention and Early Intervention (PEI)</th>
<th>SLS Behavioral Health</th>
<th>Unconditional Education</th>
</tr>
</thead>
</table>
| • 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  
• 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 | • 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  
• OUTCOMES  
  • Early identification of needs  
  • Increase parental competency  
  • Increase school readiness  
  • Increase access  
  • Maintain school functioning and engagement | • 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  
• OUTCOMES  
  • Improve student behavioral and emotional well-being  
  • Improve student functioning (behavior, achievement)  
  • Increase (or maintain) school attendance | • Tier 3 Services  
• Program team includes Education Coach, Clinician, and Student Support Assistants  
• 2 school districts  
• 1 Community Based Providers  
• Serves 30 Medi-Cal or uninsured students annually  
• OUTCOMES  
  • Reduce office disciplinary referrals  
  • Increase social and emotional well-being  
  • Increase satisfaction  
  • Increase parent involvement  
  • Increase access to resources |
## SCHOOL LINKED SERVICES PRIORITIES AND UTILIZATION PLANS

<table>
<thead>
<tr>
<th>Expansion of program/services</th>
<th>Increase school district participation in SLS</th>
<th>Supports and services for parents/caregiver through warmline and workshops</th>
<th>Supports and Services for school administration and faculty - training on self-care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hybrid Telehealth Model</td>
<td>Virtual wellness services and supports</td>
<td>Online referral system</td>
<td>Support re-opening of schools</td>
</tr>
<tr>
<td>Support student re-engagement</td>
<td>Increase screenings and outreach to increase referrals to program</td>
<td>Tier 1 (75-90%): Service Coordination, Referrals and Linkages</td>
<td>Tier 2 (10-25%): Group support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tier 3 (&lt;10%): School-Based Intensive services</td>
<td></td>
</tr>
</tbody>
</table>
FAMILY ENGAGEMENT PROGRAM PERFORMANCE: UTILIZATION AND OUTCOMES

Referrals were made to 6,980 students and submitted to 60+ organizations.

37.2% Referrals were to Family Support (food, basic needs, etc.) and Student Pro-Social/Community activities.

61.6% Referrals to Behavioral Health services.
# PEI Strengthening Program Performance: Utilization and Outcomes

<table>
<thead>
<tr>
<th>Outcomes Measure</th>
<th>CANS Identifier</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>Suicide Risk item</td>
<td>100%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Legal item</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Delinquency item</td>
<td>99%</td>
<td>100%</td>
<td>99.6%</td>
</tr>
<tr>
<td>School failure or drop out</td>
<td>School Attendance item</td>
<td>97%</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Job Functioning item</td>
<td>99%</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Residential Stability item</td>
<td>97%</td>
<td>98%</td>
<td>99%</td>
</tr>
<tr>
<td>Removal of children</td>
<td>Safety item</td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Prolonged Suffering</td>
<td>Behavioral and Emotional domain</td>
<td>N/A</td>
<td>N/A</td>
<td>Reduction in domain score by 18%</td>
</tr>
</tbody>
</table>
SLS BEHAVIORAL HEALTH PROGRAM PERFORMANCE: UTILIZATION AND OUTCOMES

<table>
<thead>
<tr>
<th>Outcomes Measure</th>
<th>CANS Identifier</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>Suicide Risk item</td>
<td>98%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Legal item</td>
<td>96%</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Delinquency item</td>
<td>96%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>School failure or drop out</td>
<td>School Attendance item</td>
<td>89%</td>
<td>89%</td>
<td>92%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Job Functioning item</td>
<td>91%</td>
<td>96%</td>
<td>93%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Residential Stability item</td>
<td>98%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Removal of children</td>
<td>Safety item</td>
<td>98%</td>
<td>100%</td>
<td>99%</td>
</tr>
<tr>
<td>Prolonged Suffering</td>
<td>Behavioral and Emotional domain</td>
<td>N/A</td>
<td>N/A</td>
<td>Reduction in domain score by 13%</td>
</tr>
</tbody>
</table>

% Budget Utilization
- FY19: -0.21
- FY20 (Jul-Feb): -0.22
- FY20 (Mar-Jun): -0.20
- FY21 (Jul-Nov): -0.32
UNCONDITIONAL EDUCATION PROGRAM PERFORMANCE:
UTILIZATION AND OUTCOMES

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>CANS Identifier</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>Suicide Risk item</td>
<td>95.12%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Legal item</td>
<td>100%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Delinquency item</td>
<td>98%</td>
</tr>
<tr>
<td>School failure or drop out</td>
<td>School Attendance item</td>
<td>73%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Job Functioning item</td>
<td>100%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Residential Stability item</td>
<td>98%</td>
</tr>
<tr>
<td>Removal of children</td>
<td>Safety Item</td>
<td>100%</td>
</tr>
</tbody>
</table>
SOCIAL EMOTIONAL ACADEMIC SERVICES (SEAS)
PROGRAM PERFORMANCE: UTILIZATION AND OUTCOMES

**Outcomes Measure** | **FY 2020**
--- | ---
School Behavior | 86%
School Achievement | 78%
School Attendance | 56%
Caregivers will increase knowledge | 100%
Improve behavioral and emotional well-being | 14%
Student and Family Satisfaction | 86%
REACH PRIORITIES AND UTILIZATION PLANS

- Increase and Expand Outreach
- Strengthen stepped care approach
- Improve service delivery
- Increase consumer satisfaction
- Expand services/Identify needs
- Strengthen collaboration with psychiatry
- Train to fidelity and competency
REACH PROGRAM PERFORMANCE:
UTILIZATION AND OUTCOMES

### Outcomes Measure

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>CANS Identifier</th>
<th>FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>Suicide Risk item</td>
<td>90.25%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Legal item</td>
<td>92.69%</td>
</tr>
<tr>
<td>Incarceration</td>
<td>Delinquency item</td>
<td>92.68%</td>
</tr>
<tr>
<td>School failure or drop out</td>
<td>School Attendance item</td>
<td>87.81%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Job Functioning item</td>
<td>92.68%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>Residential Stability item</td>
<td>65.86%</td>
</tr>
<tr>
<td>Removal of children</td>
<td>Safety item</td>
<td>68.29%</td>
</tr>
<tr>
<td>Prolonged Suffering</td>
<td>Behavioral and Emotional domain</td>
<td>Reduction in domain score by 19%</td>
</tr>
</tbody>
</table>

### Budget Utilization

- **FY19**: -0.20
- **FY20 (Jul-Feb)**: -0.35
- **FY20 (Mar-Jun)**: -0.18
- **FY21 (Jul-Nov)**: -0.18
OUTPATIENT SERVICES

School Age (6-21)
- Community and Clinic Based Services
- Screening and Assessment
- Individual, Group, Family Therapy
- Case Management
- Care Coordination
- Medication Support

- 17 Community Based Providers
- 3 County Operated Clinics
- Ethnic Specific Services
- Served over 4,200

Outcomes
- 78% successfully discharged from Outpatient and Ethnic outpatient services

Transitional Age Youth (16-25)
- 5 Community Based Providers
- 1 County Operated Clinic
- LGBTQ Specialty Services
- Served over 400 Transitional aged Youth

Outcomes
- 64% successfully discharged from TAY and TAY LGBTQ outpatient services
PRIORITIES FOR F&C AND TAY SERVICES

- Ensuring appropriate capacity to serve TAY OP
- Maintaining ability to support specialty services for LGBTQ population
- Maintaining ability to support F&C outpatient services
- Ensuring appropriate capacity to serve FSP level of care

Ensuring all children, youth, transitional aged youth, and families are connected to appropriate level of service based on needs.
F&C OUTPATIENT, ETHNIC, INTEGRATED & INTENSIVE UTILIZATION

ACTIVE CASELOAD

FY20 66% successfully discharged
FY20 91% successfully discharged
FY20 50% successfully discharged
FY20 71% successfully discharged
F&C OUTPATIENT, ETHNIC, INTEGRATED & INTENSIVE FINANCIAL

Outpatient Services

Ethnic Specific Services

Integrated Outpatient Services

Intensive
INTEGRATED SERVICE TEAM, TAY OUTPATIENT, FSP & IFSP UTILIZATION

- FY 20 Successful discharge rates:
  TAY OP – 43%
  TAY FSP – 61%
  Child FSP – 70%
  TAY ILP – 35%
  TAY LGBTQ – 75%

Notes:
- IFSP began FY20 with a ramp up phase in Q1.
- FY20, 20% of TAY, 21% of Youth successfully discharged
- Integrated Service Team (IST) began FY21 with a ramp up phase in Q1
TAY OUTPATIENT, LGBTQ, ILP & IST FINANCIAL

New program in FY21
JUVENILE JUSTICE SERVICES –
YOUTH THERAPEUTIC INTEGRATED PROGRAM (YTIP)

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.

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

Data Highlights

- 72 youth served
- 80% successful discharges (Care Plan Goals were Met)
- 100% of youth were connected to support services after discharge
- CANS Data – At discharge, no actionable items
  - 92% family functioning
  - 92% decision making
  - 98% oppositional behavior
  - 93% anger control
  - 75% social functioning
JUVENILE JUSTICE SERVICES – UTILIZATION
YOUTH THERAPEUTIC INTEGRATED PROGRAM (YTIP)

FY20 Utilization Notes
• Program started in FY20 and was ramping up
• Annual clients served surpassed targets, but length of stay and daily census for youth at the Ranch did not reach projected levels.
• Census was around 55 Pre-COVID. During COVID Census has ranged from 30-45.

FY21 Utilization Notes
• Program was rightsized, with a budget reduction in MHSA funds of $533,861.
• During COVID, dosage has slightly increased to address youth needs.

FY20: MHSA $1,577,047
Pro funds: $424,934
FY21: MHSA $1,043,186
Pro funds: $424,934
## JUVENILE JUSTICE SERVICES – JUVENILE COMPETENCY DEVELOPMENT

<table>
<thead>
<tr>
<th><strong>Data Highlights</strong></th>
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</thead>
<tbody>
<tr>
<td>• FY18 12 youth served</td>
</tr>
<tr>
<td>• FY19 13 youth served</td>
</tr>
<tr>
<td>• FY 20 8 youth served</td>
</tr>
<tr>
<td>• Target is 15 youth per year</td>
</tr>
<tr>
<td>• 100% engagement and successful completion</td>
</tr>
</tbody>
</table>

### COVID Impacts

• The number of referrals reduced during the year, due to an overall lower level of community crime committed by youth, likely related to shelter in place orders.

### Target Population and Primary Goals

- Reduce Juvenile Justice Involvement
- Remediate youth determined “incompetent” to stand trial
- Increase service connectedness
- Through training, education, support,

### Staffing

- Staff have specialized training in Juvenile Competency Curriculum from the University of Virginia
- 1 FTE – PSW
- 1 FTE – Rehab Counselor
FOSTER CARE DEVELOPMENT–COMMERCIALLY SEXUALLY EXPLOITED CHILDREN (CSEC)

Target Population and Primary Goals

- Provides services and mental health to support to children, youth, and young adults who have experienced commercial sexual exploitation
- Focused recover from emotional, physical, and sexual trauma
- Partner closely with Child Welfare, Probation, Public Health and Community Based Organizations

Staffing

- 4 FTE – PSW/MFT

Data Highlights

- FY19 65 youth served
- FY 20 62 youth served
- Target Youth to Serve: 87

- The program was new in FY19 and referrals took a little time to ramp up.
- CANS Data
  - 100% of youth show decreased oppositional and anger control
  - 50% of improvement in family functioning, social functioning, and decision making.

COVID Impacts

- Referrals and engagement rates were down during the first few months of COVID-19.
- In the past 5 months (Oct 2020 – Feb 2021), 25 referrals have been received, which is at the expected level.
MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS)

Target Population
Children and Youth that live in Santa Clara County (ages 4-17)

Services Provided (24/7)
- Telephone Screening
- Youth/ Family Risk Assessment
- Hospital Diversion
- De-Escalation
- Behavioral Health Services
- Safety Planning
- Connect parents/caregivers to community supports
- Identification of coping strategies
- New goal of 80% diversion rate

New Program replacing Mobile Crisis
Start Date: January 1, 2021

Program Highlights:
New program includes

Two levels of Post Stabilization Services
30 days for all MRSS contacts and 90 days for Medi-Cal children and adolescents

Mobile response and stabilization services for both pre-crisis and crisis situations with children and youth

New goal of 80% diversion rate
Eating Disorder Continuum

Target Population
Santa Clara County Medi-Cal beneficiaries 11-65 years of age

Total Number of Youth and Adults Served (duplicated count)

<table>
<thead>
<tr>
<th>FY</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/19</td>
<td>15</td>
</tr>
<tr>
<td>19/20</td>
<td>26</td>
</tr>
</tbody>
</table>

Levels of Care
- Residential
- Partial Hospitalization
- Intensive Outpatient
- Outpatient

Budget Narrative
Total budget-$2,500,000
Actual Spend-$1,425,158

FY 2020 decreased in referrals due to COVID 19, from February to May. Providers drastically reduced and suspended new admission services for approximately 90 days from March, then slowly resumed services via telehealth in April with ramping up in June. Capacity was decreased due to pandemic safety measures.

We expect capacity to increase, with opening of a new residential program and are now experiencing pent-up need.

*Note: despite the impact of the pandemic, referrals for services have increased by 42% from FY 18/19.
FY2022 MHSA ANNUAL PLAN UPDATE
PLANNING SESSION TIMELINE

February 11, 2021: Children, Youth & Families System of Care Programs’ Presentation & Discussion

February 16, 2021: Adult/Older Adult, Client/Consumer Programs’ Presentation & Discussion

February 19, 2021: Criminal Justice System, Housing, Workforce Education & Training, LGBTQ, Suicide Prevention/Suicide and Crisis Services Programs’ Discussion

March 1, 4 & 5, 2021: Budget Analysis, Prioritization Discussions

Week of March 9-12
Week of March 15-19
Prioritization Discussions, Draft Recommendations

April 1 – 30, 2021: 30 day public posting period
May 2021: BHB public hearing
June 2021: share draft plan with BOS

SLC Members and Members of the Public are encouraged to provide their feedback and input during meetings and after meetings through post-meeting surveys.
## NEXT STEPS

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>Purpose</th>
</tr>
</thead>
</table>
| Community Needs Assessment | • Surveys  
| | • Virtual Listening Sessions/Town Hall meetings  
| | • Review of Programs |
| MHSA SLC Planning Session #1  
Thursday, February 11, 2021 3:00PM – 5:00PM | • Children, Youth and Families Program Highlights and Discussion |
| MHSA SLC Planning Session #2  
Tuesday, February 16, 2021 3:30PM - 5:30PM | • Adult/Other Adult, LGBTQ, Client/Consumer Program Highlights and Discussion |
| MHSA SLC Planning Session #3  
Friday, February 19, 2021 3:00PM – 5:00PM | • Criminal Justice System, Housing, Workforce Education & Training, Suicide Prevention/Suicide and Crisis Services Program Highlights and Discussion |
| MHSA SLC Planning Session #4  
Monday, March 1, 2021 12:30PM - 2:30PM | • Prioritization Discussion and Recommendation |
| MHSA SLC Planning Session #5  
Thursday, March 4, 2021 4 - 5PM | • Budget Analysis and Recommendations |
| MHSA SLC Planning Session #6  
Friday, March 5, 2021 3:00PM - 5:00PM | • Prioritization Discussion and Recommendation |
| MHSA SLC Planning Session #7  
Friday, March 12, 2021 2:00PM - 4:00PM | • Prioritization Discussion and Recommendation |
| MHSA SLC Planning Sessions – Dates TBD for the week of March 15, 2021 | • Prioritization Discussion and Recommendation |
PLEASE PROVIDE YOUR FEEDBACK ON TODAY’S MEETING:

https://www.surveymonkey.com/r/Mar5_SLC_Feedback
THANK YOU

For questions or additional information, contact:
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