MENTAL HEALTH SERVICES ACT (MHSA)
FY 2022 ANNUAL UPDATE COMMUNITY PROGRAM PLANNING PROCESS
THURSDAY, MARCH 25, 2021
VIRTUAL MEETING
# MENTAL HEALTH SERVICES ACT (MHSA) FY2022 ANNUAL UPDATE COMMUNITY PROGRAM PLANNING PROCESS

**March 25, 2021**

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introductions &amp; Welcome</td>
<td>1:00PM</td>
</tr>
<tr>
<td>2. Public Comment Period</td>
<td>1:05PM</td>
</tr>
<tr>
<td>3. MHSA (Evelyn Tirumalai)</td>
<td>1:10PM</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>
<td></td>
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<tr>
<td>c. Community Program Planning Process Timeline</td>
<td></td>
</tr>
<tr>
<td>4. A/OA SOC PEI program: Culture is Prevention (Elania Reis)</td>
<td>1:15PM</td>
</tr>
<tr>
<td>5. Access/Unplanned Services Division- Priorities &amp; Program Utilization Overview (Bruce Copley)</td>
<td>1:20PM</td>
</tr>
<tr>
<td>6. Q&amp;A</td>
<td>1:45PM</td>
</tr>
<tr>
<td>7. Adjourn</td>
<td>2:00PM</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*

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**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
SLC Members and Members of the Public are encouraged to provide their feedback and input during meetings and after meetings through post-meeting surveys.
Culture is Prevention

Clients served

Actual Age Group Served

Contracted vs Actual Financial

Outreach/Special Events Participants
AGENDA

• Psychiatric Emergency Response Team (PERT) – MHSA INN funded
• Mobile Crisis Response Team (MCRT) – Non-MHSA
• In Home Outreach Team (IHOT) – MHSA CSS
• Law Enforcement Liaisons (LELs) – MHSA PEI
• The Q Corner: LGBTQ Support – MHSA PEI
• Suicide Prevention – MHSA PEI
• Suicide and Crisis Services (SACS) – MHSA PEI
• Integrated Call Center - Non-MHSA

New projects not associated with the other Divisions
  • Fetal Alcohol Spectrum Disorder – Non-MHSA
  • Mission Street Sobering and Mental Health Triage unit – Non-MHSA
PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT)
PRESENTED BY:

SANDRA HERNANDEZ
BEHAVIORAL HEALTH DIVISION DIRECTOR
PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

• The PERT Peer Linkage Model is a Mental Health Services Act (MHSA) Innovation (INN) Pilot Project with intended outcomes to increase access to services, improve law enforcement officer’s knowledge and attitudes in response to mental health issues, and improve outcomes for consumers.

• The PERT model is a co-response crisis intervention model which utilizes a licensed mental health clinician, paired with a law enforcement officer. Clinicians will provide on the scene behavioral health assessment and service referrals to ensure clients receive needed services, divert individuals to community-based treatment and reduce Emergency Psychiatric Services (EPS) and Jail contacts.

• Peer Linkage provides post-crisis support to assist with recovery. Peers facilitate linkages and ensure warm-handoff to appropriate services.

• Committed Partnerships with Santa Clara County Sherriff’s Office, Palo Alto Police Department, Morgan Hill Police Department, and San Jose Police Department.
• 8 Licensed Clinical Positions = 4 teams

• Operations = 4/10 shifts, 7 days a week, 11:00 am-11:00 pm

• Bilingual applicants in Spanish and Vietnamese have been encouraged to apply as well as other applicants who speak the following threshold languages: Chinese (Mandarin and Cantonese), Farsi, and Filipino (Tagalog and Ilocano) languages.
• **July 2020**: Clinician interviews scheduled for 7/20 and 7/21. A Livescan and a background clearance is required for clinical positions and offer of employment will be contingent upon passing these clearances. The background clearance includes a law enforcement review and clearance.

• **July 2020 – July 2021**: The evaluation component, required of all MHSA INN project, with Resource Development Associates (RDA) has started. RDA will evaluate PERT model, help seeking behaviors by clients and family, perceptions of clinicians and officers/deputies, peer linkage. Annual Report due July 2021.

• **September 2020**: First PERT clinician is hired. Internal Behavioral Health training begins and exposure to System of Care, Policies and Procedures, protocols, etc.

• **Late September 2020**: Begin discussion about MOU/MOA/BAA with Sheriff’s Office.
• **December 2020**: Interviews of Deputies is conducted with two deputies chosen to be assigned PERT deputies.

• **January/February 2021**: Joint extensive training of clinician and deputies begins. Discussion to finalize MOU/MOA/BAA with Sheriff prior to start of program. Discussion with County Counsel regarding use of body worn cameras. Proposal: audio will be turned off and camera will remain on.

• **March 2021**: First of the month was a soft ramp up of the PERT Team. Clinician is now responding to 911 calls and internal referrals from within the Sheriff’s Office with assigned PERT Deputy, consultation is provided.

• **March 2021**: Second PERT clinician has accepted an offer and is currently in the hiring process. Expected start date, late April 2021.

• Interviews and Hiring for PERT positions remain continuous. County Employee Service Agency is working closely to increase awareness of employment opportunities various social media platforms.
MOBILE CRISIS RESPONSE TEAM (MCRT)
IN HOME OUTREACH TEAM (IHOT)
PRESENTED BY:

AMY HAYES
HEALTH CARE PROGRAM MANAGER II
The Mobile Crisis Response Team (MCRT) consists of culturally sensitive, well trained clinicians in crisis intervention.

The Mobile Crisis Response Team (MCRT) clinicians partner with Law Enforcement agencies

**Staffing:**
- 11 clinicians
- 5 on-call clinicians
- 3 law enforcement liaisons
# MCRT Services Data

<table>
<thead>
<tr>
<th>Services</th>
<th>2019</th>
<th>2020</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calls Received</td>
<td>1,292</td>
<td>3,405</td>
<td>163.5%</td>
</tr>
<tr>
<td>Service Provided</td>
<td>593</td>
<td>1,373</td>
<td>131.5%</td>
</tr>
<tr>
<td>Field Visit</td>
<td>310</td>
<td>1,127</td>
<td>263.6%</td>
</tr>
<tr>
<td>5150</td>
<td>128</td>
<td>348</td>
<td>171.9%</td>
</tr>
</tbody>
</table>

![Bar chart showing the increase in services from 2019 to 2020](chart.png)
## MCRT Diversion Rate

<table>
<thead>
<tr>
<th>Diversion/ Linkages</th>
<th>CY 2019</th>
<th>CY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Services</td>
<td>593</td>
<td>1373</td>
</tr>
<tr>
<td>Diversion Rate From Hospital Admission (5150):</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>Linkage to MHUC:</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>Linkage to other services</td>
<td>36%</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Note:** Linkage to MHUC is provided for clients who do not have existing providers in the system. Clients with private insurance are referred back to their provider.
## IN HOME OUTREACH TEAM (IHOT)

### IHOT information

<table>
<thead>
<tr>
<th>How to access IHOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals received by email</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Languages</th>
</tr>
</thead>
<tbody>
<tr>
<td>English, Spanish (others via language line)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours of Operations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-F 8am-5pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Served:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Clara County</td>
</tr>
</tbody>
</table>

### Staffing

**Staffing:**

- **County team**
  - 1 clinician
  - 2 Peers
  - 1 MH Community worker

- 2 Contract agencies
  - Bill Wilson Center
  - Starlight

### Services

**IHOT services**

- Short term (120 days) of targeted outreach to high utilisers of Emergency Services (3 or more contacts with EPS, ED, MCRT etc in the last 12 months) who do not have a Behavioral Health provider.

- Provide case management, motivational interviewing, and peer experience to reduce both stigma of and barriers to treatment.

- County IHOT team screens referrals and provides clinical support to the contracted providers.

- Close to half of IHOT referred clients were homeless at the time of referral so outreach efforts includes visiting encampments, shelters, and...
### IHOT Data

<table>
<thead>
<tr>
<th>Services by County IHOT</th>
<th>FY2020</th>
<th>FY2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals outreached</td>
<td>59</td>
<td>74*</td>
</tr>
<tr>
<td>Contact made</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Successful connections</td>
<td>11%</td>
<td>12%**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Sources</th>
<th>FY2020</th>
<th>FY2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPS/24 Hr Care</td>
<td>43</td>
<td>28</td>
</tr>
<tr>
<td>MCRT</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Other (VHHP, Jail, ED)</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

*The County IHOT MHCW spent 11 months deployed as DSW
**24 of these clients are currently open
## IHOT

<table>
<thead>
<tr>
<th></th>
<th>FY20 Contracted</th>
<th>FY21 (annualized)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>$1,464,520</td>
<td>$1,464,520</td>
</tr>
<tr>
<td>Actual</td>
<td>$619,344</td>
<td>$1,198,144</td>
</tr>
<tr>
<td><strong>Outreach</strong></td>
<td>$980,074</td>
<td>$980,075</td>
</tr>
<tr>
<td>Actual</td>
<td>$75,358</td>
<td>$791,809</td>
</tr>
</tbody>
</table>
LAW ENFORCEMENT LIAISONS (LEL)
PRESENTED BY:

SANDRA HERNANDEZ
BH DIVISION DIRECTOR
LAW ENFORCEMENT LIAISON TEAM (LEL)

Law Enforcement Liaison information
- **How to access Liaisons:**
  - Consultation by phone or email.
  - De-escalation training provided in person.
- **What LELs provide:**
  - Focus on collaboration between law enforcement agencies and behavioral health providers and contractors.
  - Partners closely with the Mobile Crisis Response Team (MCRT) to coordinate crisis response across Behavioral Health and Law Enforcement.
- **Hours of Operations:**
  - 7 days a week (24/7)
  - **Area Served:** Santa Clara County

Staffing

**Staffing:**
- 3 law enforcement liaisons
- Liaisons are retired officers from local police agencies with an understanding of the community of Santa Clara County.

Services

- **Law Enforcement Liaison Services:**
  - Provide Interactive Virtual Simulation Training (IVST) in de-escalation to both law enforcement agencies and approved community providers.
  - Liaisons serve as a bridge between law enforcement agencies and BHSD services.
  - Facilitate collaboration, consultation, and problem solving for those in need of mental health services.
### LEL Team Data

<table>
<thead>
<tr>
<th>Services</th>
<th>FY2019</th>
<th>FY2020</th>
<th>FY2021 (mid year report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-escalation training participants (total)</td>
<td>1,563</td>
<td>1,171</td>
<td>430*</td>
</tr>
<tr>
<td>De-escalation training participants (LEOs only)</td>
<td>1202</td>
<td>657</td>
<td>404</td>
</tr>
<tr>
<td>Consultations</td>
<td>210</td>
<td>302</td>
<td>175</td>
</tr>
<tr>
<td>Non-Urgent Referrals from PD</td>
<td>356</td>
<td>298</td>
<td>189</td>
</tr>
</tbody>
</table>

*Due to COVID19 in person training has been severely impacted for community agencies.*
THE Q CORNER
PRESENTED BY:

ALICIA ANDERSON, PROGRAM MANAGER III
Due to anti-gay and anti-trans bias, and heterosexism, at individual and institutional levels, the LGBTQ+ community experiences drastic disparities in access to health services, including (especially) behavioral health services.
THE NEED - CONTINUED

Percentage of LGBTQ survey respondents who somewhat agreed or agreed with the statement, "Not enough health professionals are adequately trained to care for people who are LGBT."

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey
Percentage of LGBTQ survey respondents who seriously considered attempting suicide or physically harming themselves during the past 12 months

- **All**: 23%
- **Lesbian**: 18%
- **Gay**: 19%
- **Bisexual (female)**: 38%
- **Bisexual (male)**: 33%
- **Transgender**: 47%
Reasons for not seeking help from a professional in the past 12 months among LGBTQ survey respondents who felt they might need it regarding their mental or emotional health or use of alcohol or drugs.

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey.
Percentage of transgender versus non-transgender survey respondents who experienced healthcare discrimination in the past 5 years

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Transgender</th>
<th>Not Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was refused needed care</td>
<td>18%</td>
<td>6%</td>
</tr>
<tr>
<td>Healthcare professionals refused to touch me or used excessive precautions</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Healthcare professionals used harsh or abusive language</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td>Healthcare professionals blamed me for my health status</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Healthcare professionals were physically rough or abusive</td>
<td>9%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Santa Clara County Public Health Department, 2013 LGBTQ Adult Survey
THE APPROACH

MHSA Plan Priorities:

• Increase service connectedness to mental health resources among LGBTQ+ individuals (Resources and Referrals)

• Reduce stigma associated with mental health status among LGBTQ+ individuals (Peer Support)

• Collaborate with the LGBTQ+ community (Community Building)

• Increase public and provider competence supporting young people, families and adults in LGBTQ+ community (Trainings)
THE BEGINNING: FY20

- Resources and Referrals – dozens of inquiries from providers, family members, and community members about what services are available, especially behavioral health services

- Peer Support – the connection and support to cope with the stigma and bias in society and to navigate the resources that are available

- Community Building – participating in outreach activities, launching community events, Over 500 participants across first three buckets of direct service work

- Trainings – Pivoted all trainings to be online, launched half a dozen different courses, started planning several groundbreaking trainings, over 800 participants in first trainings
THE FUTURE: FY21 AND BEYOND

• **Resources and Referrals** –
  - Continue to create resource materials: badge attachments, etc.
  - Build out opportunities for other providers to widen their knowledge of support: Resource pick ups, expansive mailing list, etc.

• **Peer Support** –
  - Launched Groups, many referrals from GHC and community agencies.
  - Program serves as SME on half a dozen committees

• **Community Building** –
  - Social Media: less than 6 months of social media and almost 1300 IG followers – (put the attached photo on the side of this slide), events for Pride, Trivia, Health Events, Resource Fairs
  - Q Corner chats – opportunities to expose community members and supporters to introductory information about important topics: DV, Healthcare, Asylum, Legal Services, Veterans Benefits, etc.

• **Training and Capacity Building** –
  - A robust menu of over a dozen trainings, supporting employees, behavioral health and healthcare providers, administrators, trainers, families, child welfare professionals, educators, peers, etc.
  - The Trans Care Coalition: Creating Welcoming Environments, Collecting SOGIE Data, Referrals and Placement, Clinical Services, Involuntary Services, Early Childhood.
SUICIDE PREVENTION
PRESENTED BY:

MEGO LIEN
PROGRAM MANAGER II
COUNTY OF SANTA CLARA SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent suicide deaths in Santa Clara County

Outcome Objectives

1. Strengthen suicide prevention and crisis response systems
2. Increase use of mental health services
3. Reduce access to lethal means
4. Improve messaging in media about suicide
5. Create supportive community environments

Cross-cutting

Data & evaluation
Policy implementation
Cultural competency
Schools for Suicide Prevention Partnership

- 16 participating school districts
- 10 districts updating crisis response protocols
- 6,000 school staff trained in FY21 *(duplicated)*
- 3,270 students trained in FY21 *(duplicated)*
- ~100,000 students represented

### Individuals Served by Fiscal Year *(duplicated unless noted)*

<table>
<thead>
<tr>
<th></th>
<th>FY18</th>
<th>FY19</th>
<th>FY20 <em>(attributed to COVID-19)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Text Line <em>(unduplicated)</em></td>
<td>N/A</td>
<td>123</td>
<td>528</td>
</tr>
<tr>
<td>Outreach</td>
<td>801</td>
<td>1,357</td>
<td>1,281*</td>
</tr>
<tr>
<td>Trainings</td>
<td>3,107</td>
<td>4,775</td>
<td>3,892*</td>
</tr>
<tr>
<td>Media campaigns</td>
<td>4 million</td>
<td>1.5 million</td>
<td>7.3 million</td>
</tr>
</tbody>
</table>

"i had an amazing experience talking with you... you helped me learn a lot about myself and you helped me come closer to figuring out who i am"
Suicide Prevention Helper Pre- and Post-Training Measures, FY20

![Graph showing changes in measures before and after training.](Image)

Note. Scores: 1=Strongly Disagree, 2=Disagree, 3=Neither disagree or agree; 4=Agree; 5=Strongly Agree. * p < .001.

Community helper trainings
- 3,670 community members and service providers trained
- Improved knowledge, attitudes, preparedness towards being helpers
- Culturally competent trainings developed
Media Campaign Outcomes

• **Aims:** Increase knowledge about when and where to seek help, reduce stigma, increase help-seeking among Vietnamese adults
• **Channels:** Vietoday TV; KVNN and KSJX Vietnamese radio; online/YouTube
• **Dates:** September-October 2020
• **Sample outcomes:**
  • Increased calls to hotline tracking campaign saturation
  • Those who saw campaign reported higher knowledge of resources
FY22
Proposed Reductions

- Number of trainings and training materials
- Consultant contract amounts (PAU, Stanford)
- Media campaign allocation
- Crisis Text Line – no change in service
SUICIDE AND CRISIS SERVICES (SACS)
PRESENTED BY:

LAN NGUYEN
MENTAL HEALTH PROGRAM SPECIALIST II
Staffing

- Program Manager
- Program Lead/Clinical Supervisor
- Crisis Counselors (2 FTEs & 5 Extra Help)
- Volunteer Counselors (70)

Programs

- Suicide and Crisis Hotline 855-278-4204 (Toll Free)
  - Answered 32,076 calls in Fiscal Year 2020

- Emergency Department Outreach Program
  - Provided one on one contact and aftercare support to 55 individuals admitted to Emergency Department because of suicide attempt or self-harm injury.

- Survivor of Suicide Support Group
  - Provided weekly support to 28 individuals that lost a love one to suicide.
INTEGRATED CALL CENTER PRESENTED BY:

JOE TANSEK
PROGRAM MANAGER II
Call Center & Gateway

The Behavioral Health Call Centers provide 24/7 access to the following services:

• Screening and Referral to Outpatient Mental Health (MH) services or Substance Use Treatment Services (SUTS) inpatient or outpatient services.
• Information and Referral to Community Resources.
• Access line for referrals from the Health and Hospital System or the criminal justice system (SUTS).
• Handling crisis calls and connecting to appropriate emergency services (911)
• Approximately 50K calls each year (combined).
The Mental Health Call Center and Gateway are merging to create an integrated call center. While it is a work-in-progress, we have achieved the below steps:

• Leadership integration (same management, and division).

• Integrated Screening tool.

• The same tool to screen and refer clients to Mental Health services and SUTS services has been implemented and is now in use.

• Joint meetings.

• Both call centers are now participating in joint “huddles” and there are plans for joint staff meetings.
Integration

Next Steps

- Establish plan for 24-hour coverage for both teams
- Explore Co-Location options
- Centralize the phone system so all calls go to the same group of call agents
- Cross-train both teams and cement a new workflow
- New staffing compliment will be 10 Customer Service Representatives and 6 Clinical advice staff
Next MHSA Meeting

• April 5, 2021 at 1:00 PM – Zoom Meeting Details will be emailed to the MHSA Email Distribution Group and also posted on www.sccbhsd.org/mhsa

• Provide information about next steps regarding the FY22 MHSA Annual Update Process

• If you would like to be included in the MHSA Email Distribution Group, please email MHSA@hhs.sccgov.org. Thank you
PLEASE PROVIDE YOUR FEEDBACK ON TODAY’S MEETING:

https://www.surveymonkey.com/r/Mar25_SLC_Feedback
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