



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

# MHB Family, Adolescents, and Children's Subcommittee MHSA Programs



WELLNESS • RECOVERY • RESILIENCE

March 13, 2014

Downtown Mental Health Center  
1075 E. Santa Clara Street, 2<sup>nd</sup> Floor  
Training Room #3

Revised: February 13, 2014

# Agenda



- I. **MHSA three-year planning process**
- II. **Family & Children Program Division programs:**
  - a. **Community Services Supports (CSS)**
  - b. **Prevention and Early Intervention (PEI)**
  - c. **Innovation (INN)**
  - d. **Capital Facility - Medi-Plex**



# MHSA Three-year Planning Process

## FY2015 - FY2017



WELLNESS • RECOVERY • RESILIENCE

# The County's MHSA 3-Year Plan Planning Process Structure:



- The Mental Health Board (MHB) and MHB Committee Meetings
- MHSA SLC Members and Stakeholder Community Meetings

# MHSA 3-Year Plan Overview Timeline

shared at November 2013 MHSA SLC Meeting:



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

# 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 / March 2014



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

March / April 2014

# MHSA 3-Year Planning (FY15-17)

## Participation in Mental Health Board Subcommittee Meetings:



<b>MHB Subcommittee:</b>	<b>Older Adult</b>	<b>Minority</b>	<b>Family, Adolescents &amp; Children's</b>	<b>Adult System of Care</b>	<b>System Planning and Fiscal</b>
Meeting Date(s):	2/10/2014 3/10/2014	2/18/2014 3/18/2014	3/13/2014	3/20/2014	4/4/2014
Meeting Time:	9:00 AM - 10:30 AM	12:00 PM - 2:00 PM	2:00 PM - 4:00 PM	9:00 AM - 12:00 PM	9:00 AM - 11:00 AM
Topics:	MHSA Older Adult programs and projects	MHSA Consumer and Family programs, Workforce Education and Training (WET) plan and projects	MHSA Children and Transition Aged Youth (TAY) programs and projects	MHSA Adult, Criminal Justice System, Housing, Integrated Behavioral Health and Suicide Prevention programs and projects	MHSA Technological Needs (TN) Projects and General Overview of the five MHSA components
Meeting Location:	Downtown Mental Health Center, 1075 E. Santa Clara Street, 2nd Floor, Training Room #3				

# Recommendations CSS C01



## C01 Plan – Children’s Full Service Partnership (FSP)

**Description:** Intensive, comprehensive age-appropriate project for as many as 60 seriously emotionally disturbed children ages 0-15 that combines critical core services within a wraparound model. The targeted population is juvenile justice-involved and SED African American, Native American and Latino youth at risk of, or returning from, out-of-home placement.

**Priority:** Maintain current level of funding for child FSP program in order to increase array of flexible service options for children with serious emotional disorders.

C01 Program	Initial Recommendations/ Data	Rationale
Children’s Full Service Partnership (FSP)	Maintain current funding level	<ul style="list-style-type: none"><li>•51% of CSS budget must be allocated to FSP</li><li>•Child FSP Program increases the array of community service options for children/youth diagnosed with serious emotional disorders, and their families, that will allow them to avoid unnecessary institutionalization and out-of-home placements</li></ul>

# Recommendations CSS C02



## C02 Plan - Child System Development

**Description:** This plan establishes systems of care for at-risk young children and families through key Santa Clara County child-serving agencies involved in 0 to 5-age services. The objectives are to establish quality screening, assessment, service linkages and parent support models that achieve the outcomes of increased school readiness and success among at risk young children through early identification, treatment and support interventions for children with significant developmental, behavioral and emotional challenges.

**Priority:** Maintain focus on 0-5 system and ensure that system-wide services and supports are provided. Ensure that transition of INN 1 Universal Developmental Screening initiative is properly supported within pediatric settings.

# Recommendations CSS C02



C02 Program	Initial Recommendations/ Data	Rationale
<ul style="list-style-type: none"> <li>•MHSA Child SD County Staff</li>   <li>•Parent Partners</li>   <li>•Onsite Childcare Services</li> </ul>	<p>Maintain current funding level</p> <p>Maintain current funding level; consider other funding source such as FIRST 5 unsponsored funds*</p> <p>Maintain current funding level; consider other funding source such as FIRST 5 unsponsored funds *</p>	<ul style="list-style-type: none"> <li>•Position manages and oversees KidScope Clinic. KidScope Clinic is the primary source of comprehensive, targeted diagnostic assessments for Medi-Cal beneficiaries age 0-5 in Santa Clara County</li>   <li>• Provides parent advocacy, consultation and support as part of the targeted diagnostic assessment for Medi-Cal beneficiaries ages 0-5 who are diagnosed with developmental and behavioral concerns</li>   <li>•Child care is needed during Targeted Diagnostic Assessments and parenting classes (e.g., Triple P)</li>   <li><b>*Utilize redirected funds to support developmental screening in pediatric clinics in collaboration with Ambulatory Care/Pediatrics.</b></li> </ul>

# Recommendations CSS C03



## C03 Plan - Children and Family BHOS Redesign

**Description:** This program involves the research, design and implementation of system-wide level-of-care screening, assessment, practice guidelines, and treatment services to improve the system of care for children and youth, particularly those from un-served and underserved ethnic and cultural populations. Services include screening, assessment and service linkages for young children; services for SED youth involved in the juvenile justice system; service system redesign for foster care youth; partial funding for independent living programs that provide services to TAY foster youth; Services to Uninsured Youth; the Juvenile Competency Restoration program; funding for one Family Affairs Coordinator and approximately 4 FTE Family Partners.

### Priorities:

- Maintain focus on systems-involved children/youth and provide adequate support for child welfare and probation involved youth
- Prioritize youth with co-occurring disorders and enhance integrated treatment continuum of care for these youth

# Recommendations CSS C03



C03 Program	Initial Recommendations/ Data	Rationale
<ul style="list-style-type: none"> <li>•Foster Care County Staff</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding level</li> </ul>	<ul style="list-style-type: none"> <li>•Mental health clinicians are needed at RAIC to provide mental health screening for all children entering foster care (Katie A requirement)</li> </ul>
<ul style="list-style-type: none"> <li>•KidScope Augmentation</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding; look to transition in future years</li> </ul>	
<ul style="list-style-type: none"> <li>•ILP at Sobrato House</li> </ul>	<ul style="list-style-type: none"> <li>•Transition this service to existing Katie A. providers; redirect funds to integrated treatment and outpatient residential services</li> </ul>	<ul style="list-style-type: none"> <li>•This population would likely meet Katie A subclass criteria and would be best served through Katie A. program</li> </ul>
<ul style="list-style-type: none"> <li>•JPD Aftercare/Ranches</li> </ul>	<ul style="list-style-type: none"> <li>•Reevaluate needs of JPD system; census has declined in Juvenile Hall (current census: 132, three years ago was in the low 200's) census at James Ranch is 46 – transition funds to enhance integrated treatment services</li> </ul>	<ul style="list-style-type: none"> <li>•80-90% of youth are flagging on MAYSI with substance use concern; there is a need to enhance continuum of care to offer more robust integrated treatment services</li> </ul>
<ul style="list-style-type: none"> <li>•Juvenile Competency Restoration</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Competency restoration services are essential for ensuring that youth are provided the opportunity to receive services to restore competency and not languish in juvenile justice system or locked facility</li> </ul>

# Recommendations CSS C03



C03 Program	Initial Recommendations/ Data	Rationale
<ul style="list-style-type: none"> <li>•County uninsured staff</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current level of funding; there is a need to maintain some level of staffing across the F&amp;C system for uninsured children/youth in need of mental health services</li> </ul>	<ul style="list-style-type: none"> <li>•1.0 FTE mental health clinician across the F&amp;C system is necessary to provide services to uninsured children</li> </ul>
<ul style="list-style-type: none"> <li>•EPSDT F&amp;C expansion</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding level for FY 15, re-distribute during F&amp;C Outpatient RFP</li> </ul>	<ul style="list-style-type: none"> <li>•There is a need to maintain outpatient capacity for Spanish speaking youth and TAY across the F&amp;C System</li> </ul>

# Recommendations CSS T01



## T01 Plan - TAY Full Service Partnership (FSP)

**Description:** This is an intensive, comprehensive, age-appropriate project for as many as 119 TAY consumers with high levels of need. The project targets youth “aging out” of other child-serving systems.

**Priority:** Maintain current level of funding for TAY FSP program in order to increase array of flexible service options for youth and TAY with serious emotional disorders.

T01 Program	Initial Recommendations/ Data	Rationale
Transition Age Youth (TAY) Full Service Partnership (FSP)	Maintain current funding level – continue to review whether average cost per consumer can be reduced in order to increase the number of TAY served	<ul style="list-style-type: none"><li>•51% of CSS budget must be allocated to FSP</li><li>•TAY FSP Program increases the array of community service options for Transition Age Youth (TAY) diagnosed with serious emotional disorders, and their families, that will allow them to avoid unnecessary institutionalization and out-of-home placements</li></ul>

# Recommendations CSS T02-04



## **T02-04 Plan - Behavioral Health Services Outpatient System Redesign/TAY Crisis and Drop-In Services**

**Description:** This expands the system of care for TAY through a continuum of services that include specialized outreach, crisis intervention, linkages, self-help, peer support and case management. The project includes a 24-hour Drop-In Center and a community center serving the LGBTQ community (500 served).

### **Priorities:**

- Maintain services and supports for vulnerable TAY populations including homeless and LGBTQ youth.**
- Enhance services to ensure that integrated treatment is made available to this population.**

# Recommendations CSS T02-04



T02-04 Program	Initial Recommendations/ Data	Rationale
<ul style="list-style-type: none"> <li>•MHSA TAY consumer affairs – Two (2) .5 FTE Mental Health Peer Support Workers</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current level of funding</li> </ul>	<ul style="list-style-type: none"> <li>•MHSA requires that peer mentors are integrated within systems of care; equivalent of 1.0 FTE across entire F&amp;C system</li> </ul>
<ul style="list-style-type: none"> <li>•MHSA TAY SOC</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current level of funding, assess integrated treatment needs of TAY and include integrated treatment specialists</li> </ul>	<ul style="list-style-type: none"> <li>•Provides drop-in center and mental health services for vulnerable TAY population</li> </ul>
<ul style="list-style-type: none"> <li>•MHSA TAY LGBTQ</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current level of funding, assess integrated treatment needs of TAY and include integrated treatment specialists</li> </ul>	<ul style="list-style-type: none"> <li>•Provides youth space center and mental health services for vulnerable TAY population</li> </ul>
		<p>*TAY System of Care services will be re-bid in FY 15</p>

# Recommendations PEI P2



## PEI P2 Plan – Strengthening Families and Children

**Description:** This initiative is divided into two components; component one is intended to prevent or intervene early in the development of emotional and behavioral problems in young children by providing the parents with outcome-based parenting strategies, support services, and access to screenings to identify developmental delays; and component two builds upon the first by implementing a continuum of services targeting four geographic areas of high need (Investment Communities) for children and youth ages 0-18 who may be experiencing symptoms ranging from behavioral/emotional distress to depression and anxiety caused by trauma or other risk factors.

### Priorities:

- Maintain population level prevention approaches that address our most vulnerable populations of children through multi-level parent supports, developmentally appropriate and evidence based approaches, and social marketing strategies
- Provide prevention and early intervention services that are evidence based and provided in social ecologies where children/families reside (e.g., schools, community, home)
- Ensure that PEI services and supports align with the tenets of School Linked Services and are offered within the School Linked Services geographic footprint
- Support the implementation and service continuum of School Linked Services

# Recommendations PEI P2



PEI P2 Program	Initial Recommendations/Data	Rationale
<ul style="list-style-type: none"> <li>•SLS/PEI County Staff</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<p>Staff are needed to oversee implementation and contract monitoring of SLS and PEI programs</p>
<ul style="list-style-type: none"> <li>•Nurse Family Partnership</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<p>Program serves 150 first-time low income mothers and provides home visitation during the first two years of the child's life</p>
<ul style="list-style-type: none"> <li>•Reach out and Read</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<p>In partnership with VMC Pediatric Clinics, ROR is a literacy and education program. Physician screening for developmental delays is part of the program and children identified with delays are referred to specialists for further services</p>

# Recommendations PEI P2



PEI P2 Program	Initial Recommendations/Data	Rationale
<ul style="list-style-type: none"> <li>•Triple P</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Triple P training is needed as Triple P services expand into other systems including DFCS and Probation</li> </ul>
<ul style="list-style-type: none"> <li>•Mentor Parents Program</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Mentor parents are essential members of the Dependency Wellness Court treatment team and help engage parents involved in the child welfare system in their service/case plans</li> </ul>
<ul style="list-style-type: none"> <li>•Investment Communities</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding; re-evaluate strategies and practices offered through discussions with school districts and providers</li> </ul>	<ul style="list-style-type: none"> <li>•PEI services are available across 10 school districts; services are provided on campus and in the community.</li> </ul>

# Recommendations PEI P2



PEI P2 Program	Initial Recommendations/Data	Rationale
<ul style="list-style-type: none"> <li>•SLS Direct Referral Program (DRP)</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•SLS DRP is a diversion program that serves youth ages 15 years of age and younger who are arrested for the first time by SJPD on a minor offense. The citations are diverted from the regular court process and youth are referred to community based services.</li> </ul>
<ul style="list-style-type: none"> <li>•Violence Reduction Program</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Provides a Mental Health Peer Support Worker who supports the Dually Involved Youth Initiative and the Youth and Family Team Meeting (YFTM) process.</li> </ul>
<ul style="list-style-type: none"> <li>•Linkage AI/AN youth/families involved in child welfare/juvenile justice system</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Provides linkage to high need population of American Indian/Alaskan Native youth involved in child welfare and juvenile justice.</li> </ul>

# Recommendations PEI P2



PEI P2 Program	Initial Recommendations/ Data	Rationale
<ul style="list-style-type: none"> <li>•Mobile Crisis/Transition Services</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Provides county-wide mobile crisis services as a diversion to hospitalization.</li> </ul>
<ul style="list-style-type: none"> <li>•SLS Services Match - CBOs</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Provides continuum of care for children and youth identified with mental health conditions in schools and provides medically necessary mental health services.</li> </ul>
<ul style="list-style-type: none"> <li>•SLS Services Match – County</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•In FY 15, will explore placing County mental health clinicians on school campuses to provide integrated treatment services.</li> </ul>
<ul style="list-style-type: none"> <li>•SLS Coordinators</li> </ul>	<ul style="list-style-type: none"> <li>•Increase current funding</li> </ul>	<ul style="list-style-type: none"> <li>•SLS coordination will be maintained across 10 school districts and three new school districts (Eastside Union, Santa Clara Unified, and Evergreen School Districts) will receive match funds for SLS coordinators.</li> </ul>

# Recommendations PEI P2



PEI P2 Program	Initial Recommendations/Data	Rationale
<ul style="list-style-type: none"> <li>•SLS Marketing</li>   <li>•Social Marketing plan for violence prevention (PHD)</li> </ul>	<ul style="list-style-type: none"> <li>•Maintain current funding level</li>   <li>•Maintain current funding</li> </ul>	<ul style="list-style-type: none"> <li>•Website is still under development with service inventory information being populated in order to offer families and the community information on services available through School Linked Services</li>   <li>•Violence prevention marketing campaign is a partnership with Public Health Department, Kaiser Health System and MHD. Focus will be on prevention campaign related to bullying, domestic violence and gang activity. This campaign will be aligned with School Linked Services.</li> </ul>

# Recommendations PEI P3



## **PEI P3 Plan - Prevention and Early Intervention for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features**

**Description:** The REACH (Raising Early Awareness Creating Hope) project implements a continuum of services targeting youth and transition age youth (TAY), ages 11 to 25, who are experiencing At Risk Mental States (ARMS) or prodromal symptoms. The service model is based on the Early Detection and Intervention for the Prevention of Psychosis (EDIPP) program, which is currently a replication study occurring at six sites nationwide to build research evidence on the effectiveness of preventing the onset and severity of serious mental illness with psychosis.

**Priority:** Re-evaluate service capacity of REACH program given the reduced census.

# Recommendations PEI P3



PEI P3 Program	Initial Recommendations/Data	Rationale
REACH Program	<ul style="list-style-type: none"><li>•Consolidate and recast as TAY FSP in order to address youth and young adults who are high users of mental health services; early onset services will be available as part of FSP Program</li></ul>	<ul style="list-style-type: none"><li>•Low program census supports the need to re-evaluate program and service capacity</li></ul>

# Recommendations INN 1



## INN 1 Plan - Early Childhood Universal Screening Project

**Description:** The aim of this 24 month project is to develop a model to increase access to services and improve outcomes by strengthening the screening and referral process for young children with developmental concerns and social-emotional delays. This project will test whether the implementation of multi-language electronic developmental screening tools and audio/visual components in a pediatric clinic provides an economic, low cost, and effective method for linking parents and their children to mental health and other indicated services.

**Priorities:** Collect outcome data that will demonstrate that increasing opportunity for developmental screening will result in earlier identification of developmental issues and referrals for service. Secondary priority is to assess whether implementation of technology tools in a pediatric setting will prove a cost effective methodology for providing developmental screening.

INN 1 Program	Initial Recommendations/ Data	Rationale
Early Childhood Universal Screening Project	Maintain current level of funding	<ul style="list-style-type: none"><li>•Data collection is underway</li><li>•Implementation of developmental screening via iPad will evaluate whether introduction of Spanish audio leads to increase rates of screening of children in pediatric clinics</li></ul>

# Recommendations INN 2



## INN 2 Plan - Peer Run TAY Inn

**Description:** The aim of this 36-month project is to increase access to services and improve outcomes for high-risk, transition age youth in a voluntary 24-hour care setting. The project model proposes the implementation of an innovative 24-hour service that involves a significant expansion of the role of TAY employees in decision-making and provision of program services.

INN 2 Program	Initial Recommendations/Data	Rationale
Peer Run TAY Inn	<ul style="list-style-type: none"><li>•Review Sociometrics’ final data evaluation report and determine recommendations for TAY Inn</li></ul>	<ul style="list-style-type: none"><li>•Innovation was intended to be a short-term project to test program models or strategies impacting populations with mental health concerns or conditions.</li></ul>

# INN 2: Strengths and Opportunities



- INN 2 has served approximately 100 TAY over the course of the project
- Peer Run TAY Inn has been a resource to systems such as DFCS for difficult to place TAY
- Challenges in implementing a youth-led, youth-run program
- Integration of peer-led staffing in all aspects of management and program development over the course of the project has presented challenges

# Other Potential Innovation Ideas



- **Across the F&C System, it is essential that youth and parents are engaged and have a voice and influence in how a behavioral health system and programs will best meet their needs. A youth and parent engagement innovation project would offer the opportunity to evaluate new strategies and programs that will enhance youth and parent engagement.**
- **Implement and evaluate integrated treatment program models in a scattered site permanent supportive housing demonstration project for Transition Age Former Foster Youth.**
- **Examine organizational innovations including supervision and consultation models as a method for enhancing recruitment and retention of Spanish speaking practitioners throughout the F&C System.**
- **Implement and test evidence based models of integrated treatment for Dually Involved Youth and Transition Age Youth with co-occurring conditions.**

# Recommendations CFTN



## CFTN: Medi-Plex

**Description:** The renovation will relocate the existing KidScope program that specializes in diagnostic and treatment services for 0-8 year olds performed by developmental pediatricians and therapy staff, and the County teams that work with children and transition age youth. The new location will improve access to high risk populations in the downtown and east San Jose service area, the areas with the highest concentration of at-risk youth. Current services are in small quarters that inhibit the number of clients who can be seen daily. The new space will add enough square footage to allow for some growth in both programs. The renovation will consist of redesigning and reconstructing the space formerly used for medical office suites into space appropriate for individual and group counseling with separate reception and waiting areas for young children and TAY. MD offices will exist within the suite along with rooms for individual counseling and group work. Counseling rooms will be large enough for the client and family members as appropriate.

CFTN Program	Initial Recommendations/ Data	Rationale
Medi-Plex	Maintain current funding level but redirect resource to create co-located space for integrated F&C Division	<ul style="list-style-type: none"><li>• As part of the Behavioral Health Integration plan, this will create a space where program staff can be integrated and co-located to support integration efforts.</li></ul>

## Additional Information:



- The MHD will be participating in MHB subcommittee meetings in February and March and invite all to participate in the three-year planning process.
- 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](mailto:erika.lopez@hhs.sccgov.org)



# Comments / Questions

Your Voice Matters!