

# Santa Clara County Behavioral Health Services Mental Health Services Act (MHSA) Innovation Component



MHSA Innovation (INN) funds provide exciting opportunities to learn something new that has the potential to transform the mental health system. An Innovation program is defined as one that **contributes to learning** and one that **tries out new approaches** that can inform current and future practices. In general, INN projects are time-limited projects. If an innovative project has proven to be successful and a county chooses to continue it, the project shall transition to another category of funding as appropriate.

Per Welfare Institutions Code (WIC) 5830, all INN projects included in the innovative program portion of the county plan shall meet the following requirements:

- (1) Address one of the following purposes as its primary purpose:
  - (A) Increase access to underserved groups.
  - (B) Increase the quality of services, including measurable outcomes.
  - (C) Promote interagency and community collaboration.
  - (D) Increase access to services.
  
- (2) Support innovative approaches by doing one of the following:
  - (A) Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention.
  - (B) Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
  - (C) Introduce a new application to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

## APPROVED PROJECTS

Project Name	Duration
<b>INN-01 Early Childhood Universal Screening Project</b> The aim of the 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.	24 Months August 2013 – July 2015
<b>INN-02 Peer-run TAY Inn Project</b> The aim of the 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.	48 Months* October 2011– September 2015 *Initially 36 months; MHSOAC approval pending for one-year budget extension request.
<b>INN-03 Adults with Autism and Co-Occurring Mental Health Disorders Project</b> The project offered the opportunity to learn whether a treatment team utilizing the Schedule for the Assessment Of Psychiatric Problems Associated With Autism (SAPPA) Tool in a clinical setting is able to more accurately and efficiently diagnose mental health disorders and identify effective treatment options.	24 Months July 2011– June 2013

Project Name		Duration
<b>INN-04</b>	<b>Elders' Storytelling Project</b> This project develops a model to increase the quality of services for isolated older adults by adapting a culturally-based "story-telling" approach that capitalizes on the traditional role of older adults as transmitters of cultural wisdom and values. The core service will be provided by community workers through a 12-week curriculum where the older adult, in the company of family members and caregivers, is encouraged to reminisce about his/her life and express and capture significant memories and personal accomplishments.	33 Months November 2012 – July 2015
<b>INN-05</b>	<b>Multi-Cultural Center Project (MCC)</b> This project is designed to increase access to underserved and inappropriately served ethnic minorities by housing activities and services for multiple ethnic communities in Santa Clara County. MCC will provide an opportunity for ethnic minority community coordinators to collaborate in identifying and initiating multi-cultural approaches to successfully engage individuals in mental health services in a culturally sensitive manner and find sensitive ways to combat stigma and internalized oppression.	36 Months Pending Start Date
<b>INN-06</b>	<b>Transitional Mental Health Services for Newly Released Inmates Project</b> The aim of the project is to develop a model that examines whether the organizational support of the Mental Health Department provided to an inter-faith collaborative, and coordination and collaboration with other service providers/advocacy groups increases the capacity of faith organizations to serve newly-released inmates and improve outcomes (symptom management, relationships, work/meaningful activities, and satisfaction with service).	36 Months November 2011 – October 2015
<b>INN-07</b>	<b>Mental Health/Law Enforcement Post Crisis Intervention Project</b> The aim of the project was to develop a model that improves mental health crisis resolution and engagement services for individuals and their families who experience a mental health crisis involving the San Jose Police Department. The goal is to connect these individuals and their families to effective mental health services and supports based on their needs, requests, and examines whether this approach reduces the number of repeat police responses.	24 Months July 2011 – June 2013
<b>INN-08</b>	<b>Interactive Videos Scenarios Training Project</b> The project tested a new application of Interactive Video Simulation Training (IVST) to teach police officers to recognize mental illness, de-escalate mentally ill people in crisis, and increase access for these people to services. In IVST applications, students interact with a life-sized video projection that actually changes based on the students statements and decisions. The project produced six interactive video simulations depicting mentally ill people in crisis. The IVST was used in conjunction with lectures and discussions to increase the awareness and proficiency of police officers encountering people with mental illness.	32 Months November 2010 – June 2013
<b>INN-09</b>	<b>AB109/117 Re-Entry Multi-Agency Pilot Project</b> The aim of this pilot was to develop and test a service needs assessment and delivery model that will facilitate interagency coordination with Probation, Custody Health Services, the Department of Alcohol and Drug Services, and the Social Services Agency in assessing and providing relevant and effective re-entry services for incarcerated adults exiting prison and jail settings.	33 Months October 2011 – June 2014

Additional Resources:

- MHSOAC INN Letter: [http://www.mhsoac.ca.gov/docs/MHSOAC\\_Letter\\_INN\\_080812\\_Rev1.pdf](http://www.mhsoac.ca.gov/docs/MHSOAC_Letter_INN_080812_Rev1.pdf)
- MHSOAC Review Tool: [http://www.mhsoac.ca.gov/docs/MHSOAC\\_INN-Review-Tool2.pdf](http://www.mhsoac.ca.gov/docs/MHSOAC_INN-Review-Tool2.pdf)
- MHSOAC INN site: <http://www.mhsoac.ca.gov/Counties/Innovation/Innovation.aspx>
- MHSA [http://www.mhsoac.ca.gov/docs/MHSA\\_AsRevisedSept2013\\_ForPosting\\_120613.pdf](http://www.mhsoac.ca.gov/docs/MHSA_AsRevisedSept2013_ForPosting_120613.pdf)

## MHSA Estimated Component Funding Statewide as of May 2014 (in millions of dollars)



Component	ACTUAL			ESTIMATED			
	FY11	FY12	FY13**	FY14	FY15	FY16	FY17
CSS	\$783.6	\$741.0	\$1,208.1	\$932.3	\$1,234.7	\$1,068.4	\$1,149.9
PEI	\$216.2	\$185.2	\$302.0	\$233.1	\$308.7	\$267.1	\$287.5
INN*	\$119.6	\$48.7	\$79.5	\$61.3	\$81.2	\$70.3	\$75.7
<b>Total</b>	<b>\$1,119.4</b>	<b>\$974.9</b>	<b>\$1,589.6</b>	<b>\$1,226.8</b>	<b>\$1,624.6</b>	<b>\$1,405.7</b>	<b>\$1,513.1</b>
% Change		-12.9%	63.1%	-22.8%	32.4%	-13.5%	7.6%

\*5% of the total funding must be utilized for innovative programs (WIC Section 5892(a)(6)).

\*\* Approximately 20% of FY13 Component Funding is estimated to be from prior year State Mental Health Services (MHS) Fund deposits.

1

## MHSA Estimated Component Funding for Santa Clara as of May 2014 (in millions of dollars)



Component	ACTUAL			ESTIMATED			
	FY11	FY12	FY13	FY14	FY15	FY16	FY17
CSS	\$35.5	\$33.5	\$55.5	\$42.9	\$56.8	\$49.1	\$52.9
PEI	\$10.6	\$9.0	\$13.9	\$10.7	\$14.2	\$12.3	\$13.2
INN From CSS 80%	N/A	N/A	\$2.9	\$2.3	\$3.0	\$2.6	\$2.8
INN from PEI 20%	N/A	N/A	\$0.7	\$0.6	\$0.7	\$0.6	\$0.7
INN*	\$5.5	\$2.2	\$3.7	\$2.8	\$3.7	\$3.2	\$3.5
<b>Total</b>	<b>\$51.5</b>	<b>\$44.8</b>	<b>\$73.1</b>	<b>\$56.4</b>	<b>\$74.7</b>	<b>\$64.6</b>	<b>\$69.6</b>
% Change		-12.9%	63.1%	-22.8%	32.4%	-13.5%	7.6%

\*5% of the total funding must be utilized for innovative programs (W&I Code Section 5892(a)(6)).

2