



SANTA CLARA COUNTY
Behavioral Health Services

PROPOSED MHSA INNOVATIONS PROJECTS

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSAOAC)

NOVEMBER 16, 2017

LEADING THROUGH OUR VALUES

Supporting Wellness and Recovery =

Better Health for All

Consumer and Family Voice

Wellness and Recovery

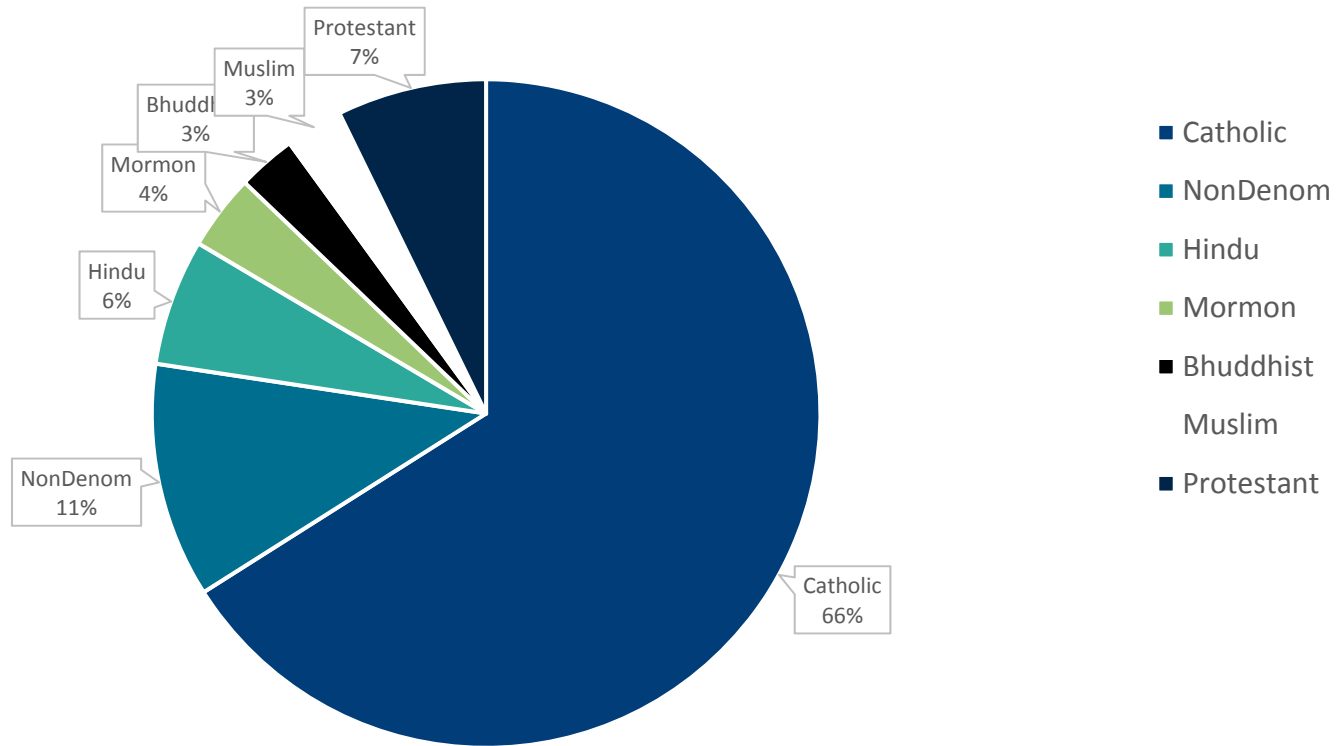
Co-Occurring Capable

Trauma-Informed

PlanForBetterHealth

SANTA CLARA COUNTY'S FAITH COMMUNITIES

- 40% of Santa Clara County's population stated belonging to a faith group (over 670,000 residents)



Source: Center for Religion and Civic Culture University of South California, 2015.

FAITH COMMUNITIES – BEHAVIORAL HEALTH SERVICES PARTNERSHIP

- Faith community leaders are often sought first among faith communities for behavioral health needs
- Faith community leaders are often gatekeepers or “first responders” when individuals and families face mental health or substance use problems
- Faith community leaders can increase their understanding of the best practices and approaches to support consumers
- Behavioral health direct care providers can increase their understanding of the role of spirituality in long-term wellness and recovery

Source: psychiatry.org/faith

FAITH-BASED TRAINING AND SUPPORTS PROJECT

- Initiated by faith community leaders among the Santa Clara County Faith Based Collaborative, to educate faith communities about appropriate, supportive responses to those experiencing emerging and on-going behavioral health challenges
- Community-led selection of Project Coordinators from diverse communities
- Form a cohort of faith spiritual leaders and behavioral health direct care providers as an advisory group
- Design and implement customized faith-based behavioral health training for faith community leaders
- Design and implement faith-informed workshop series for behavioral health direct care providers to learn about spirituality and faith in assisting faith communities
- 24 month project

LEARNING GOALS

- Does a comprehensive faith-based behavioral health training improve faith community leaders' knowledge, attitudes and behavior in the identification, support and referral of individuals with behavioral health conditions?
- To what extent is stigma reduced among faith communities participating in faith-based trainings?
- How does a faith-based training workshop series impact behavioral health direct care providers' work with clients/consumers?

CLIENT AND CONSUMER EMPLOYMENT CLIMATE

- Two thirds of people with behavioral health challenges want to go to work ⁽¹⁾
- Only 10% are employed ⁽²⁾
- Department of Rehabilitation (DOR) partnership serves general disability population
- Expand employment opportunities to serve the SMI population

Source: (1) Bonds, 2016.

(2) <http://www.samhsa.gov/data/sites/default/files/California.pdf>

EMPLOYMENT AS A WELLNESS GOAL

- Adopt Individual Placement & Support Supported Employment (IPS/SE) model at three sites serving up to 150 transition-age youth (TAY), adults and older adults with behavioral health conditions (including co-occurring)
- Transform how the overall system embraces employment and normalizes employment as a wellness goal for behavioral health clients with zero exclusions
- Shift from a discreet program to a critical component of recovery and an element of treatment
- Three-year project

LEARNING GOALS

- To what extent does the new employment approach impact those in the County system who are currently unemployed in the following measures:
 - Percentage of program participants who participate in IPS/SE
 - Percentage of program participants with identified employment goals
 - Average number of hours worked per week
 - Total hours worked during the year
 - Total earnings during the year
 - Total months employed
- What are the overall outcomes identified by Santa Clara County clients/consumers participating in IPS/SE?

ADDRESSING CRISIS AND POST CRISIS NEEDS

- A recent study conducted by the Centers for Disease Control and Prevention (CDC) in Santa Clara County found:
 - Hospitalizations for suicide attempt/self-injury increased from 2004 to 2014
 - Emergency Department visit rates for both Palo Alto/Stanford and for Morgan Hill are both higher than the rates for Santa Clara County overall
 - 62% of suicides among 10-24 year olds in Santa Clara County occurred in ages 20-24
 - 29% had prior suicide attempts
 - Suicide is the second leading cause of death among 18 – 24 year olds

Source: <https://www.sccgov.org/sites/phd/hi/hd/epi-aid/Pages/epi-aid.aspx>

PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE

- Pilot two county-operated teams in first 6 months in partnership with City of Palo Alto Police Department and Santa Clara County Sheriff's Office
- Roll out at least two additional teams in Santa Clara County
- Provide post-crisis services specifically for ages 18-25 through a peer support network
- Partner with local jurisdictions on PERT
- 24 months project

LEARNING GOALS

In addition to feasibility checks and tracking all project activities, client/consumer outcome impact will be prioritized to address the following learning goals:

- Can the measures show improved outcomes for youth participating in peer linkage project and how does this support increase help-seeking behavior?
- Can comparisons with existing stand alone CIT efforts with PERT model show benefits of a combined approach?
- To what extent does SCC PERT improve law enforcement attitudes and abilities to safely respond to mental health related calls, link people to mental health services, and possibly reduce the number of persons with mental illnesses entering the front door of the criminal justice system?

IMPROVING BEHAVIORAL HEALTH OUTCOMES FOR ALL YOUTH

- Young people with emerging mental health issues have difficulty finding timely, appropriate treatment and a service system that can respond to their needs
- Young people rarely receive holistic services even though mental health problems often coexist with other physical, social and emotional problems
- Young people often do not seek health, social service, or justice systems until their mental health problems have become more severe and often more difficult and costly to treat

Source: Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace*: US Feasibility Report.

PROJECT OVERVIEW

- Adapt and replicate the **headspace** model – a “one stop shop” integrated health and mental health care by physicians, on-site psychiatric services, alcohol and drug treatment, educational and employment services for youth ages 12-25
- A community-driven approach that has been successful in a national health insurance model
- A 2015 **headspace** feasibility study concluded that there is clear value in developing this model in the US, since currently there is no similar public mental health early intervention structure in place for young people in the US

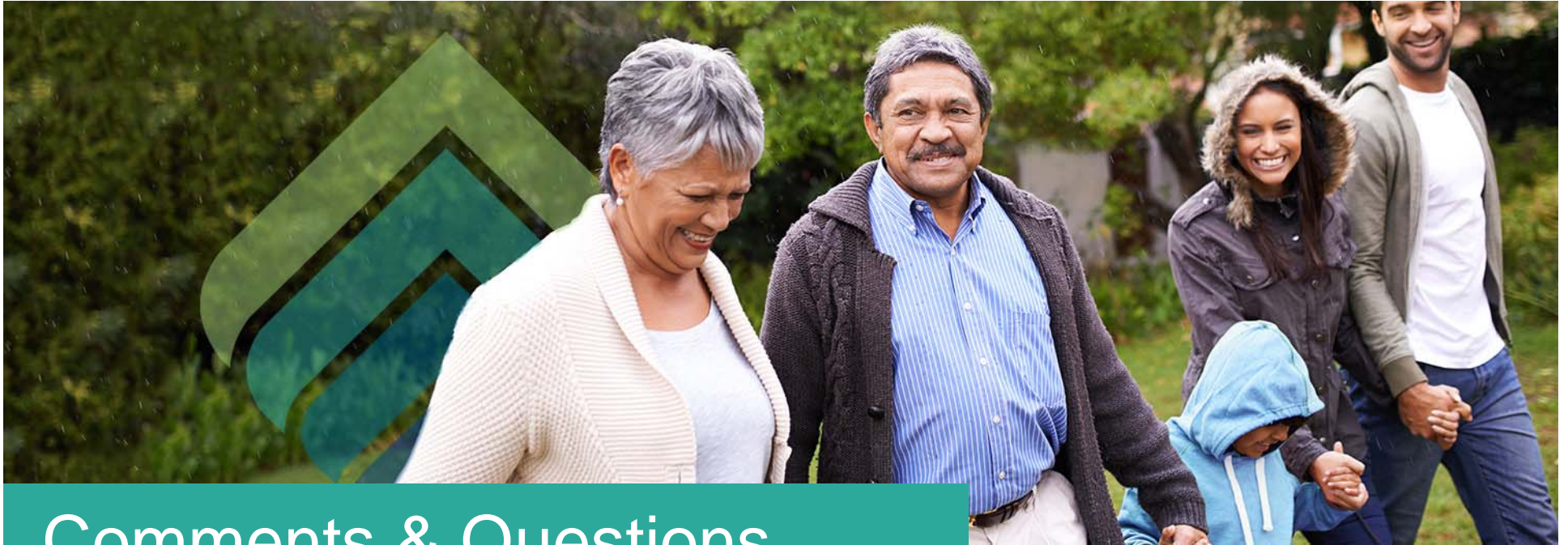
Source: Adelsheim, S., Tanti, C., Harrison, V., and King, R., (2015). *headspace: US Feasibility Report*.

HEADSPACE: RAMP UP

- Recruit and maintain youth advocacy councils (for up to two sites)
- Build Supported Employment and Education Specialist to ensure comprehensive youth-engaged services
- Find turn-key center locations in high youth density areas and commuter access corridors
- Build implementation and evaluation infrastructures
- Create a new model for public/private billing, thus providing a new service model for other counties and states
- BHSD will return in Spring 2018 with a **headspace** framework for funding to cover up to four years of implementation
- Ramp Up Phase: 8 months

LEARNING GOALS

- The learning goals of the Ramp Up Phase are focused on the BHSD-Stanford Team collaboration in designing a comprehensive, data collection system and a plan to systematically capture information from both private and public sector services
- Infrastructure and sustainability analysis would include:
 - Service activity
 - Client profile
 - Program/service outcomes/effectiveness
 - Program/service awareness
 - Services integration
 - Increased accessibility for marginalized youth clients
 - Cost/financial sustainability



Comments & Questions

PROPOSED MOTION

Proposed Motion:

MHSOAC approves Santa Clara County's four (4) Innovations Projects as follows:

1. Faith-Based Training and Supports Project

Amount: \$608,964

Project Length: 24 months

2. Client and Consumer Employment Project

Amount: \$2,525,148

Project Length: 36 months

3. Psychiatric Emergency Response Team (PERT) and Peer Linkage

Amount: \$3,688,511

Project Length: 24 months

4. *headspace*

Amount: \$572,273

Ramp up Phase: 8 months

THANK YOU

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