

**Mental Health Services Act (MHSA)  
Stakeholder Leadership Committee (SLC)  
Fiscal Year (FY) 2023 Planning Meeting**

**FY2023 Program Refinement Meeting:  
Adult and Older Adults– Part 2**

**Monday, August 30th, 2021, 11AM – 1:00PM  
Zoom Virtual Meeting**



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

Supporting Wellness and Recovery

## **August 30, 2021 MHSA MEETING AGENDA 11:00 AM – 1:00PM**

1. Intro (Jeanne Moral) - 10 minutes
  - Stakeholder Leadership Committee (SLC) introductions
  - Overview of Today's meeting
2. Adult and Older Adult (Margaret Obilor) - 15 mins
  - Assisted Outpatient Treatment Services (AOT)
  - High Level Overview of Program Considerations for FY 2023
3. Question & Answer
4. Conclusion/Next Steps - 5-10 mins

# Meeting Agreements



Raise hand on  
Zoom or on camera  
to provide feedback.

Can also  
provide  
feedback in  
the chat box.



Give space, take space.

## COMMON THEMES ON PUBLIC INPUT AND FEEDBACK RECEIVED FOR AOA

# COMMON THEMES ON PUBLIC INPUT AND FEEDBACK SPECIFIC TO ADULT AND OLDER ADULTS

01

Improve Access to Outpatient Services

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Outreach & Engagement

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Engage Justice Involved Individuals in Services

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Focus on Housing

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Prioritize Data and Analytics

# PROGRAMMATIC CONSIDERATIONS FOR FY2022 MID YEAR ADJUSTMENT: ADULT AND OLDER ADULTS

## IMPLEMENTATION OF ASSEMBLY BILL (AB) 1976: MENTAL HEALTH SERVICES: ASSISTED OUTPATIENT TREATMENT (AOT)<sup>1</sup>

- Counties are explicitly prohibited from reducing existing voluntary mental health programs serving adults and children to implement AOT.
- Treatment services must be provided by community-based, mobile, multidisciplinary, and highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those individuals who are under an AOT order.
- Pursuant to BHIN No. 20-075, a county that elects to implement AOT must submit a training and education plan developed in consultation with DHCS, client and family advocacy organizations, and other stakeholders for AOT.
- Data Reporting: Counties implementing AOT must provide data to the DHCS on an annual basis. At a minimum, the report must include:
  - number of clients served
  - number able to maintain housing
  - number maintaining contact with treatment system
  - number with contacts with local law enforcement (and extent to which local and state incarceration was avoided/reduced)
  - number participating in employment services (including competitive employment)
  - days of hospitalization reduced/avoided
  - adherence to treatment plans, other indicators of successful engagement by the client, victimization, violent behavior, substance abuse, type, intensity and frequency of treatment
  - extent to which enforcement mechanisms are used and when applicable, social functioning, skills in independent living
  - satisfaction with the AOT program by the client and their families, when relevant.

1. [sccgov.iqm2.com/Citizens/Detail\\_LegiFile.aspx?Frame=&MeetingID=13218&MediaPosition=&ID=106128&CssClass=](http://sccgov.iqm2.com/Citizens/Detail_LegiFile.aspx?Frame=&MeetingID=13218&MediaPosition=&ID=106128&CssClass=)

# COUNTY STAFF DUTIES FOR AOT

## Management of Operations: Senior Program Manager

- Oversight of AOT implementation timelines, deliverables, and regulatory requirements defined by DHCS
- Oversee AOT Advisory Committee

## Referral, Outreach & Triage: Triage team-Psychologist, licensed psychiatric social workers, Rehabilitation Counselors, Peer Support Workers and Psychiatrist

- Outreach and triage when referrals are received
- Process referrals and request for petitions.
- Investigate and gather documents needed to file petition. County Counsel will file a petition with the court.
- If the referred client is determined to be eligible for petition, County staff will engage and conduct assessments, psychological testing, and psychiatric evaluation
- Coordinate Warm Hand-off and Transition to CBO clinics for on-going treatment

## Data Analysis: Management Analyst

- Analysts create infrastructure and provide essential work of Analytics and Reporting to develop Logic Models, evaluation plan, and the data tracking mechanism to collect required data for AOT
- Analysts will track and collect data, analyze, and interpret data, and provide annual report to DHCS.
- An Analyst will write LFs and provide on-going communication with BOS

## Contract Monitoring

- Monitor contracts with AOT service provider(s), including compliance and successful delivery of services

## Training and Education

- Triage all Calls for AOT- Clerical –Health Services representative
- Develop Education and Training program, including six components requested by DHCS
- Provide Education and Training to the community and stakeholders, court, community-based service providers, and other County departments and staff on an ongoing basis



# COMMUNITY BASED ORGANIZATIONS SERVICES DUTIES FOR AOT

## **Expand Current ACT & FACT contract by adding 50 slots**

- Current providers: Community Solutions, Mental Health Systems & Telecare
- Manage daily treatment of client by providing Intensive Outpatient
- Consult with BHSD in developing client's treatment plan, delivery of treatment and related services under ACT/FACT models after a warm hand-off from BHSD

## **Expansion of Housing & Flex Funding -Outreach & Treatment**

Current ACT/FACT Providers will

- Provide services such as outreach and engagement, behavioral health services, medication management, case management, crisis intervention, and linkage to community housing.
- Provide clients with after-hours crisis services to decrease the likelihood of unnecessary inpatient hospitalization and incarceration.
- Provide support to AOT clients as they navigate the court system and ongoing client status reports (CSRs), describing a client's treatment progress
- If a client's mandated treatment period is extended by the judge, the community contract provider would work with BHSD staff to modify the client's treatment plan as necessary.

## **Data Collection and Reporting**

- Provide data reporting and tracking in coordination with BHSD-data & analytics team on client progress and other required data elements
- Participate in Statewide AOT Meetings

## **Expansion of Crisis Residential Contract by 25 Slots**

Momentum & Community Solutions

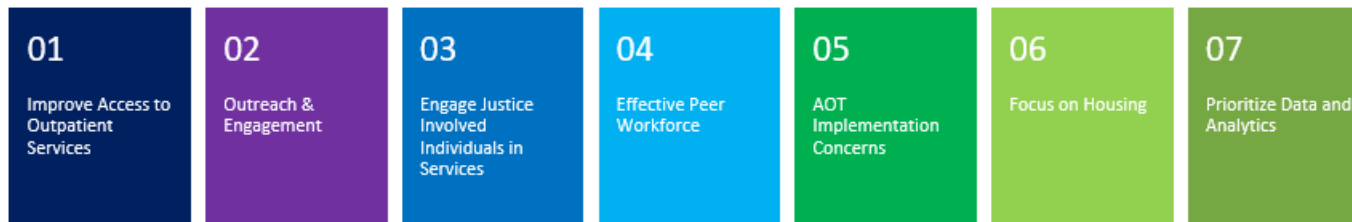
- Crisis Residential Services which includes clinical assessment, medication management and discharge planning

## ESTIMATED ANNUAL COSTS AND REIMBURSEMENTS TO MHSA

	DOMAIN	COST
<b>County Infrastructure Cost</b>	Hearing/Settlement Agreement/Court (Office of the County Counsel, Office of the Public Defender, Behavioral Health Treatment Court (BHTC) )	\$ 597,406
	County Staffing and Internal Infrastructure (N=18 FTEs)	\$4,023,506
<b>Community Treatment Related Costs</b>	Community Provider Treatment (50 slots in ACT/FACT)	\$2,154,550
	Crisis Residential and Medication Support (25 slots estimated for stabilization)	\$4,198,268
	ACT/FACT Housing (50 beds)	\$1,318,450
	Estimated Medi-Cal Reimbursements	(\$1,947,667)
	<b>Estimated Total Cost Across the County to Implement AOT Annually</b>	<b>\$10,344,513</b>

## PROPOSED FY2022 MID-YEAR ADJUSTMENTS AS A RESPONSE TO IMMEDIATE EMERGING NEEDS

Considered for Modifications in FY2022	Summary	Addressing this Area of Need
Community Services and Supports: <b>Assisted Outpatient Treatment (AOT)</b>	AOT implementation total estimated at \$12,292,180. <i>Hearing/Settlement Agreement/Court: (\$ 597,406). Estimated Medi-Cal Reimbursements: (\$1,947,667). MHSa Fiscal Impact at \$10,344,513.</i>	Implementation of Assembly Bill (AB) 1976: Mental Health Services: Assisted Outpatient Treatment (AOT)



# PROPOSED FY2022 MID-YEAR ADJUSTMENTS AS A RESPONSE TO IMMEDIATE EMERGING NEEDS

Considered for Modifications in FY2022	Summary	Addressing this Area of Need
Community Services and Supports: <b>Outreach &amp; Engagement</b> ( <i>Reengagement Initiative</i> )	Additional allocation in the IFSP, ACT, FACT and IHOT to re-engage clients/consumers back into behavioral health services. Fiscal Impact is being explored, TBD.	Continuous outreach & engagement to support clients in services
Crisis and Hospital Diversion Initiative <b>Adult Residential Treatment</b>	<ul style="list-style-type: none"> <li>Expansion of existing service by 28 Beds to augment capacity</li> <li>Adding supplemental services to the new beds will enhance to an “augmented board and care home” needed to step clients down from Institute of mental disease, skilled nursing and State hospital. Site Location: 650 S. Bascom Ave. San Jose. MHPA Fiscal Impact \$2,009,391 (\$1,080,622 – Medi-Cal FFP)</li> </ul>	Expanding adult residential treatment services in the community setting.
Community Services and Support: <b>GSD - LGBTQ TAY, Adult &amp; Older Adult Specialty Outpatient Services (co-located at Gender Health Clinic)</b>	Consider expanding Specialty Outpatient Services to serve the Transgender and LGBTQ population with the proposal to include co-location at the Gender Health Clinic. Add Program Manager II (1 FTE), Licensed Clinicians (3 FTEs), MH Peer Support Worker (2 FTE), Psychiatrist (1.5 FTE), Licensed Psych Tech (1 FTE), Clerical-Health Services Representative (2 FTE) at an MHPA Fiscal Impact of \$ 1,767,912 annually (10.5 FTEs)	Improve access to outpatient services among LGBTQ community.

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**Behavioral Health Services**

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Considered for Modifications in FY2022	Summary	Addressing this Area of Need
Community Services and Supports: <b>Outpatient Services at Vietnamese American Service Center (VASC)</b>	Provide specialty outpatient services by co-locating MHPA funded 2 FTE clinicians at the VASC. MHPA Fiscal Impact at \$326,676.	Improve access to outpatient services in cultural communities
Prevention and Early Intervention (PEI): <b>Access and Linkage</b>	Dedicate 2 FTE Mental Health Peer Support Workers from Consumer and Family Affairs and Cultural Communities Wellness Division to support outreach and engagement services at VASC location with peer navigation, supportive services and trainings. Focused outreach and engagement to extend to additional VASC site. Net zero fiscal impact.	Outreach & engagement in cultural communities

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**PROGRAMMATIC CONSIDERATIONS FOR FY2023 ANNUAL UPDATE: ADULT AND OLDER ADULTS**

## AOA: SUMMARY OF CONSIDERATIONS FOR MODIFICATIONS IN FY 2023

Considered for Modifications in FY2023	Summary	Addressing this Area of Need
 Community Services and Supports: <b>Criminal Justice Services - FSP</b>	FY23 Annual Update to increase capacity by 50 slots at \$ 857,010 (MediCal FFP \$487,144), estimated MHPA Fiscal Impact at <b>\$369,866</b> .	Engage justice-involved individuals in services.

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<b>CWS Outpatient Services:</b> <i>Outpatient</i>	Based on capacity data trend this level of care is over capacity (104%) and requires an adjustment in slots based on expected volume. Reallocated from ACT & IFSP adjustment. Adjust system capacity by adding 700 slots at \$4,629,725.00	Improve access to outpatient services.
<i>Older Adult</i>	Based on capacity data trend this level of care is over capacity (101%) and requires an adjustment in slots based on expected volume. Reallocated from ACT & IFSP adjustment. Adjust system capacity by adding 200 slot at \$ 637,567.02.	Improve access to outpatient services.
<i>Wellness and Recovery Medication Services (WARMS)</i>	Based on capacity data trend this level of care is over capacity (113%) and requires an adjustment in slots based on expected volume. Adjust slots in this lower level of care as a step down from Outpatient. Maximize resources from ACT & IFSP adjustment. Adjust system capacity by adding 400 slots at \$ 878,411.61.	Improve access to outpatient services.
<i>Ethnic Outpatient</i>	Based on capacity data trend this level of care is over capacity (109%) and requires an adjustment in slots. Maximize resources from ACT & IFSP adjustment. & Reduction in dosage and service mix to add capacity. Adjust system capacity by adding 17 slots at \$ 84,212.85.	Improve access to outpatient services.
<i>Specialized Outpatient:</i> <i>Hard of Hearing</i>	Currently over capacity by 16. Adjust current funding to add 20 slots to bring new capacity to 41 at \$ 71,202.04.	Improve access to outpatient services.

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Considered for Modifications in FY2023	Summary	Addressing this Area of Need
<b>Wellness Centers &amp; Programs</b> <i>Individualized Supported Services (IPS) – Employment</i>	<ul style="list-style-type: none"> <li>Consider adjusting budget &amp; transitioning from INN to CSS in mid FY23. INN Project funding sunsets January 2023. Estimated costs ongoing \$1M annually. \$ 600,000 to complete FY2023.</li> </ul>	Improve access to outpatient services and provide continuum in care coordination.
<i>CJS: Intensive Outpatient (IOP)</i>	<ul style="list-style-type: none"> <li>Adjustment of the annual clients served adding 11 slots cost of \$20,900 per slot. Aftercare fund reallocation will cover this cost at an MHSa Fiscal Impact of \$5,957 to cover remaining cost.</li> </ul>	Engage justice involved individuals in services.
<i>CJS: Transitional Housing Units (THU)</i>	<ul style="list-style-type: none"> <li>Adjustment to capacity by 20 slots due to a 20-slot adjustment in previous RFP. Reallocated from FACT &amp; CJS-FSP adjustments at \$18,202.84 per slot.</li> </ul>	Engage justice involved individuals in services.

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Considered for Modifications in FY2023	Summary	Addressing this Area of Need
Office of Consumer Affairs	<ul style="list-style-type: none"> <li>Adjust by transferring 1 FTE monolingual code to language code from Office of Family Affairs (OFA) to Office of Consumer Affairs (OCA)</li> <li>Maximize resources to the self-help center with most beneficiaries.</li> <li>Merge two 0.5 FTE to 1 FTE to maximize services delivery and staff retention at \$103,803, consolidation results in net zero fiscal impact.</li> </ul>	Supporting an effective peer workforce.
Office of Family Affairs	<ul style="list-style-type: none"> <li>Add 1 FTE to a language code - maximize services to the monolingual population at an additional \$2,040 (Language)</li> </ul>	Supporting an effective peer workforce.

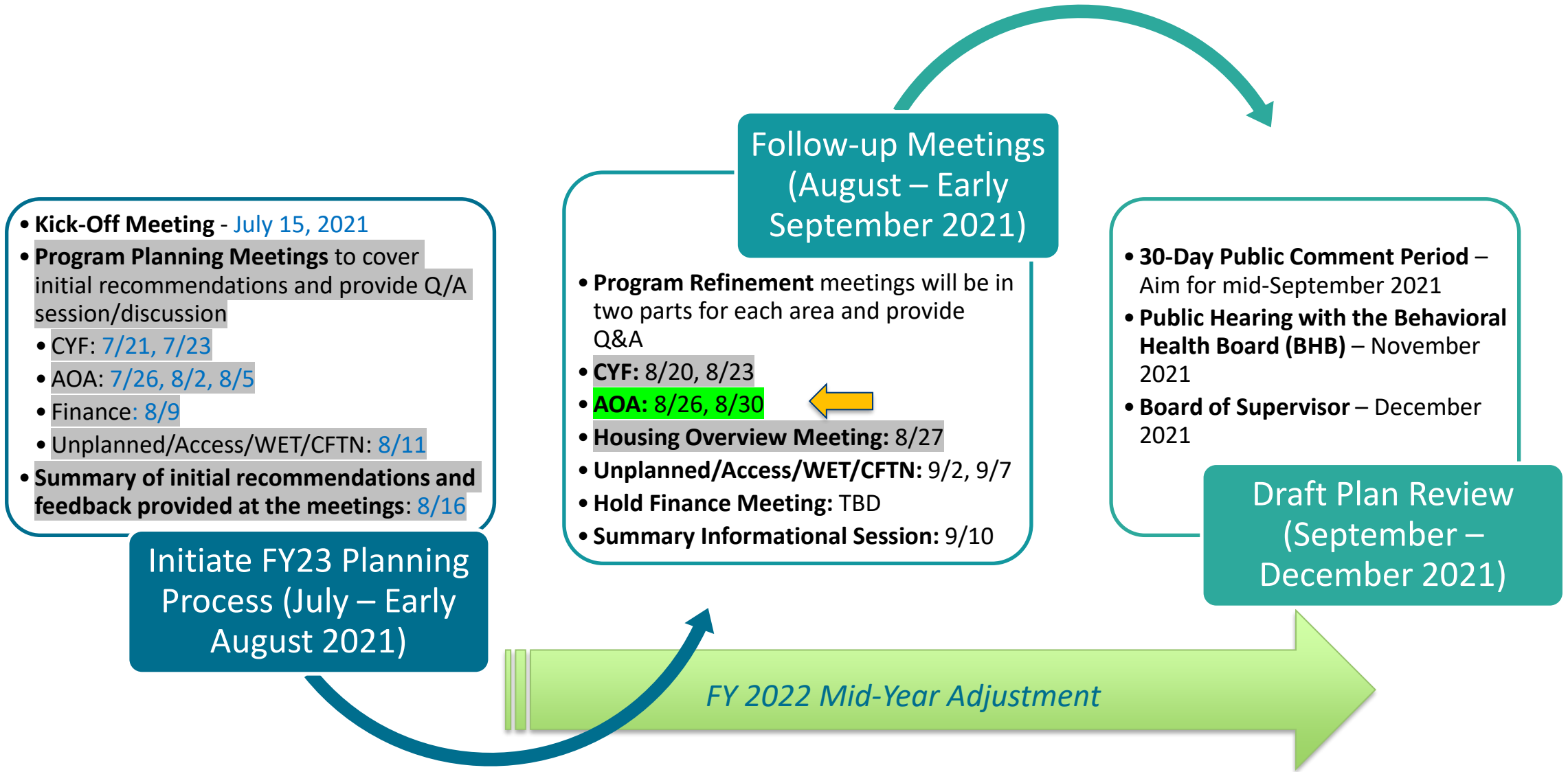
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**QUESTION &  
ANSWER  
SESSION**



# FY2023 MHSA Annual Plan Update Proposed Planning Process



# Year-to-Date CY 2021 MHSA Planning Activities



\*Program presentations available at <https://bhsd.sccgov.org/about-us/mental-health-services-act>

\*\* FY 2023 plan covers July 1, 2022 to June 30, 2023

[https://www.surveymonkey.com/r/Aug30\\_SLC\\_Feedback](https://www.surveymonkey.com/r/Aug30_SLC_Feedback)



PLEASE PROVIDE  
US YOUR  
FEEDBACK ABOUT  
THE MEETING





# Thank you!

For any questions about MHSA and the FY2023  
MHSA Planning Process, please email  
[MHSA@hhs.sccgov.org](mailto:MHSA@hhs.sccgov.org).

