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

System Findings and Priorities: Adult and Older Adult (A/OA) Planning Session #2

Monday, August 2nd, 2021, 3 PM – 5 PM Zoom Virtual Meeting
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 PM – 3:15 PM</td>
<td><strong>Overview</strong> (Jeanne Moral)</td>
<td>a. Welcome / SLC Introductions</td>
<td>15 minutes</td>
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<tr>
<td></td>
<td></td>
<td>b. Overview of Today’s Meeting</td>
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<tr>
<td>3:15 PM – 3:45 PM</td>
<td><strong>Q&amp;A Session of July 26, 2021 Adult and Older Adults (AOA) System of Care</strong></td>
<td>Findings and Priorities Presentation (Margaret Obilor and AOA Team)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>3:45 PM – 4:35 PM</td>
<td><strong>Discussion</strong> (All)</td>
<td>a. Conduct Breakout Sessions (Facilitated by the MHSA Team) – 30 minutes</td>
<td>50 minutes</td>
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<td>b. Share Discussion with the Main Group – 20 minutes</td>
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<tr>
<td>4:35 PM – 4:45 PM</td>
<td><strong>Next Step / Additional Q&amp;A</strong></td>
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<td>10 minutes</td>
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</tbody>
</table>
Meeting Agreement

Raise hand on Zoom or on camera to provide feedback. Can also provide feedback in the chat box.

Give space, take space.
Year-to-Date CY 2021
MHSA Planning Activities

Share Information with MHSA SLC and the Public
Conducted Meetings February – April 2021

Presented Program Utilization By Area*
CYF, Adult/Older Adult, Access/Unplanned Services
Finance-MHSA Projections

FY 2022 MHSA Plan
May 19, 2021 Public Hearing with the Behavioral Health Board
June 8, 2021 Approved by the County Board of Supervisors (BOS)

FY 2023** Kick-Off Meeting
July 15, 2021
Share Findings and Provide Revenue Estimate Updates

July – Early August 2021
Present System Findings and Priorities by Area and Obtain Stakeholder Input

*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
**FY2023 MHSA Annual Plan Update Proposed Planning Process**

- **Kick-Off Meeting - July 15, 2021**
- **Program Planning Meetings** to cover initial recommendations and provide Q/A session/discussion
  - CYF: 7/21, 7/23
  - AOA: 7/26, 8/2
  - Finance: 8/9
  - Unplanned/Access/WET/CFTN: 8/5, 8/11
- **Summary of initial recommendations and feedback provided at the meetings: 8/16**

- **Initiate FY23 Planning Process (July – Early August 2021)**

- **Follow-up Meetings (August – Early September 2021)**
  - **Program Refinement** meetings will be in two parts for each area: CYF, AOA, and Unplanned/Access/WET/CFTN
    1. Updates to initial recommendations
    2. Q/A session
  - **Summary Informational Session** in early September

- **30-Day Public Comment Period – Aim for mid-September 2021**
- **Public Hearing with the Behavioral Health Board (BHB) – November 2021**
- **Board of Supervisor – December 2021**

- **Draft Plan Review (September – December 2021)**
Q&A Session of July 26, 2021
A/OA Presentation

A/OA Team – Margaret Obilor, A/OA System of Care Director
- Clinical and Wellness Services (CWS) Division – Elania Reis and LouMeshia Brown
- Criminal Justice Services (CJS) Division – Gabby Olivarez
- Supportive Housing Services Division – Shelly Barbieri
- Consumer & Family Affairs & Cultural Communities Wellness Division – Mikelle Le
- Assisted Outpatient Treatment (AOT) - Soo Jung
- Inpatient and Residential Services Division (aka 24 Hour Care) – Michelle Ho
AOA System of Care- Acronyms and Providers
# AOA System of Care - Acronyms and Providers

<table>
<thead>
<tr>
<th>Program</th>
<th>Providers</th>
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</thead>
<tbody>
<tr>
<td><strong>Community Services and Supports (CSS) – Full Service Partnerships (FSP)</strong></td>
<td></td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Telecare, Mental Health Systems, Community Solutions</td>
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<tr>
<td>Forensic Assertive Community Treatment (FACT)</td>
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</tr>
<tr>
<td>Intensive Full Service Partnership (IFSP)</td>
<td>Momentum for Health, Gardner Health, Community Solutions &amp; Telecare</td>
</tr>
<tr>
<td>Full Service Partnership (FSP)</td>
<td>Gardner, Community Solutions, Indian Health, Mekong, Momentum, Ujima Community Solutions</td>
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<tr>
<td><strong>CSS – General System Development (GSD)</strong></td>
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<tr>
<td><em>Outpatient Clinical Services for AOA</em></td>
<td>Asian Americans for Community Involvement (AACI), Catholic Charities, Caminar, Community Solutions, Gardner, Goodwill, Mekong, Momentum</td>
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<tr>
<td><em>Outpatient Clinical Services for Older Adults</em></td>
<td>AACI, Gardner</td>
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## AOA System of Care - Acronyms and Providers

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<th>Program</th>
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<tbody>
<tr>
<td></td>
<td><strong>CSS – General System Development (GSD) Cont'd</strong></td>
</tr>
<tr>
<td>Outpatient Clinical Services for AOA Wellness and Recovery Medication Services</td>
<td>AACI, CCSCC, Caminar, Gardner, Mekong, Ujima</td>
</tr>
<tr>
<td>Outpatient Clinical Services for AOA Ethnic Outpatient Services</td>
<td>Gardner, Community Solutions, Indian Health, Mekong, Momentum, Ujima, Community Solutions</td>
</tr>
<tr>
<td>Outpatient Clinical Services for AOA Wellness and Recovery Medication Services</td>
<td>AACI, Bill Wilson Caminar, Community Solutions, Gardner, Goodwill, Mekong, Momentum</td>
</tr>
<tr>
<td>Outpatient Clinical Services for AOA</td>
<td><strong>County Operated Downtown &amp; Central Wellness Outpatient</strong></td>
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AOA System of Care - Acronyms and Providers

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<tr>
<td><strong>CSS – General System Development (GSD) Cont’d</strong></td>
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<tr>
<td>Outpatient Clinical Services for AOA Ethnic Outpatient Services</td>
<td>Gardner, Indian Health, Mekong, Ujima</td>
</tr>
<tr>
<td>Crisis/Hospital Diversion Initiative Adult residential Treatment (ART)</td>
<td>Momentum for Mental Health</td>
</tr>
<tr>
<td>Crisis/Hospital Diversion Initiative Mental Health Urgent Care</td>
<td>County Operated</td>
</tr>
<tr>
<td><strong>Innovation</strong></td>
<td></td>
</tr>
<tr>
<td>Individualized Placements and Supports (IPS) Employment</td>
<td>CBO-Momentum, Catholic Charities, Fred Finch</td>
</tr>
</tbody>
</table>
Review of Considerations: AOA System of Care
CAPACITY CHANGE

Capacity Change

- WARMS
- Adult Outpatient
- Ethnic Outpatient
- Hard of Hearing
- CalWORKs
- Older Adult Outpatient
- FSP AOA
- IFSP
- ACT

Contracted Capacity
Recommended Capacity
Review of Considerations: Crosswalk
CWS CROSSWALK OF RECOMMENDATIONS

Overall, consider adjusting the capacity by serving additional 33% more beneficiaries to better meet the current and emergent client care needs.

Consider Adjustments: Move from Workplan CSS-FSP to CSS-GSD

<table>
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<tr>
<th>Reallocating resources from the following:</th>
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<tbody>
<tr>
<td>ACT Direct cost $1,276,344.00</td>
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<tr>
<td>ACT Indirect cost $1,800,000.00</td>
<td></td>
</tr>
<tr>
<td>IFSP Direct cost $2,356,803.72</td>
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</tr>
<tr>
<td>IFSP Indirect cost $3,800,000.00</td>
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</tbody>
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Adjusting the dosage and/or service mix in the following: (Outpatient, Ethnic Outpatient, Hard of Hearing Outpatient, & WARMS.)

Adjusting Indirect Cost from reallocated resources:

- FSP indirect cost $291,322

Impact on Client Care and System

Expand Capacity across all Contracted Providers (Total of 1,382) in the following ways:

- FSP to serve additional 45 beneficiaries
- Adult Outpatient to serve additional 700 beneficiaries
- Older Adult Outpatient to serve additional 200 beneficiaries
- WARMS to serve additional 400 beneficiaries
- Ethnic Outpatient to serve additional 17 beneficiaries
- Hard of Hearing Outpatient to serve additional 20 beneficiaries
## CRIMINAL JUSTICE SERVICES
### CROSSWALK OF CONSIDERATIONS

<table>
<thead>
<tr>
<th>Work Plan</th>
<th>From Level of Care</th>
<th>Consideration</th>
<th>Amount</th>
</tr>
</thead>
</table>
| CSS-Community Support Services Criminal Justice Full Service Partnership | Full-Service Partnership       | Adjust capacity to add 10 slots                                                | • Cost per slot is $18,500
|                                                    |                                | Reappropriate unsponsored funds by $39,000 to Cost Based reimbursement.      | • Add $39,000 to Cost Based Services                                                       |
|                                                    |                                | This request is a reappropriation of funds resulting from the FACT dosage to maximize capacity. |                                                                                            |
| CSS-Community Support Services Criminal Justice Full Service Partnership | Full-Service Partnership       | Adjust capacity to add 40 slots                                                | • Cost per slot is $18,500
|                                                    |                                | Reappropriate Un-sponsored fund by $50,000 to Cost Based Services.            | • Add $50,000 to Cost Based Services                                                       |
|                                                    |                                | This request is a reappropriation of funds resulting from the FACT dosage to maximize capacity. |                                                                                            |

*These are considerations to increase capacity for CJS Programs*
## CROSSWALK OF CONSIDERATIONS

<table>
<thead>
<tr>
<th>Work Plan</th>
<th>From Level of Care</th>
<th>Consideration</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS-Community Support Services Criminal Justice</td>
<td>Aftercare Program</td>
<td>Adjust capacity from 92 slots to 20 slots</td>
<td>• Adjustment resulting in $258,000 in cost savings</td>
</tr>
<tr>
<td>CSS-Community Support Services Criminal Justice Full Service Partnership</td>
<td>FSP FACT TRACK I and TRACK II</td>
<td>Adjust dosage from 14 hours to 12 hours per month Track I reappropriate client support funds Track II reappropriate client support flex funds.</td>
<td>• Adjustment resulting in cost savings of $360,000 from dosage adjustment • Adjustments resulting in $230,000 to cost reimbursement • Adjustment of $50,000 to cost reimbursement</td>
</tr>
<tr>
<td>CSS-Community Support Services Criminal Justice Full Service Partnership</td>
<td>Intensive Outpatient Services (IOP)</td>
<td>Adjust to add 11 slots. This request is a reappropriation of funds resulting from the AfterCare Program in order to maximize capacity.</td>
<td>• Cost of treatment $20,900 per slot</td>
</tr>
<tr>
<td>CSS-Community Support Services Criminal Justice</td>
<td>Transitional Housing Units</td>
<td>Adjust to add 20 slots. This request is a reappropriation of funds resulting from the AfterCare Program in order to maximize capacity.</td>
<td>• Cost of transitional housing unit per bed $18,202.84</td>
</tr>
</tbody>
</table>

*These are considerations to increase capacity for CJS Programs given that there are waitlist.*
All MHSA Housing programs are operating at full capacity and are meeting program outcomes.

Consider maintaining all programs at current capacity and budget.
Division Plan

- Redesign peer support services to support system integration
- Maximize service delivery and minimize service gaps
- Increase services for monolingual beneficiaries and families
- Improve service delivery by improving consistency of staff availability
- Staff retention
- Redesign programs to prepare and support future peer billable services (SB 803)

NOTE: this is a reconfiguration of existing resources and staff with positive impact to client/consumer services.
New Program/Services Considerations
Mental health services assisted outpatient treatment was passed by the Santa Clara County Board of Supervisors in May 2021.

- Should the SLC consider MHSA funding for AOT?
  - Partial vs. Full amounts
  - Estimated cost of $12M for N=50 clients (these are the additional funds needed to implement in County of Santa Clara)
Should Stakeholders consider using MHSA funding for a NEW 29 BED Adult Residential Treatment Facility?

- Renovation of 650 S Bascom Avenue
- Provision of Augmented Board and Care home
- $3.5M for N=29 beds (leverage MediCal by $1.08M)
1. Conduct Breakout Sessions (facilitated by the MHSA Team) – 30 minutes

2. Share Discussion with the Main Group – 20 minutes
Thoughts on findings?

What are the needs most important to the group of people you represent?

What do you see happening in your community because of these needs? (what problems are occurring?)

Where are the opportunities to address service gaps?

Other Considerations?
2. SHARE DISCUSSION WITH THE MAIN GROUP – 20 MINUTES
Next Step:
The A/OA Team to

1. To review the feedback/input provided by stakeholders
2. Provide updated plans as needed in August 2021 for the 2nd round of planning meetings that will take place after August 16, 2021

Please Join Us for our Next Set of Planning Meetings

Access/Unplanned Services, Workforce Education and Training (WET) and Capital Facilities and Technological Needs (CFTN)

- August 5, 2021 System Findings and Priorities Presentation
- August 11, 2021 Q&A and Breakout Session
- August 9, 2021 (8:00am – 10:00am): A meeting focused on MHSA Budget/Finance
PLEASE PROVIDE US YOUR FEEDBACK ABOUT THE MEETING

https://www.surveymonkey.com/r/Aug2_SLC_Feedback
Thank you!

For any questions about MHSA and the FY2023 MHSA Planning Process, please email MHSA@hhs.sccgov.org.