System Findings and Priorities:
Planning Session #1 for
Access/Unplanned Services, Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN)

Wednesday, August 11, 2021, 10 AM – 1 PM
Zoom Virtual Meeting
# August 11, 2021 MHSA Meeting Agenda 10 AM – 1 PM

<table>
<thead>
<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>1. Overview (Jeanne Moral)</td>
<td>20 minutes</td>
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<tr>
<td>a. Welcome / SLC Introductions (Jeanne Moral)</td>
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<tr>
<td>b. Overview of Today's Meeting (Jeanne)</td>
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<tr>
<td>c. Review of MHSA core principles (Evelyn Tirumalai)</td>
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<tr>
<td>2. Findings and Priorities</td>
<td>70 minutes</td>
</tr>
<tr>
<td>a. Access and Unplanned Services (Bruce Copley)</td>
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<tr>
<td>b. Workforce, Education, and Training (WET) - Findings and Priorities (Jeannette Ferris)</td>
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<tr>
<td>c. Capital Facilities and Technological Needs (CFTN) - Findings and Priorities (Margaret Obilor and Brian Wagner)</td>
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<tr>
<td>3. Additional Q/A Session (All)</td>
<td>20 minutes</td>
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<tr>
<td>4. Stretch Break (All)</td>
<td>10 minutes</td>
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<tr>
<td>4. Discussion (All)</td>
<td>50 minutes</td>
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<tr>
<td>a. Conduct Breakout Sessions (Facilitated by the MHSA Team)</td>
<td>30 minutes</td>
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<tr>
<td>b. Share Discussion with the Main Group</td>
<td>20 minutes</td>
</tr>
<tr>
<td>5. Next Steps</td>
<td>10 minutes</td>
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Year-to-Date CY 2021
MHSA Planning Activities

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

Presented Utilization By Program 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
AVAILABLE MHSA DATA AND OUTCOMES

The latest FY2022 Annual Update includes detailed data and outcomes for FY2020 by MHSA program and component:

Links to the previous presentations (from February 2021 to year-to-date 2021) and data presented by BHSD programs teams: https://bhsd.sccgov.org/about-us/mental-health-services-act
November 2, 2004 General Election:

"Should a 1% tax on taxable personal income above $1 million to fund expanded health services for mentally ill children, adults, seniors be established?"

Prop. 63 passed with 6.2 million ‘Yes’ votes (53.8%)

Became effective as a California state law, “the Mental Health Services Act” on January 1, 2005

The MHSA Provides:

- Funding, personnel, and other resources
- Best practices and innovative approaches
- Prevention, early intervention, treatment and recovery
- Community partnerships and stakeholder engagement

MHSA 101: CORE PRINCIPLES

Core Principles
- Client/Family Driven
- Cultural Competence
- Focus is on recovery, wellness, and resiliency
- Service Integration
- Community Collaboration

California Code of Regulations § 3320
MHSA 101: PRIORITY POPULATIONS

Underserved: A client diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided with the necessary or appropriate opportunities to support their recovery, wellness and/or resilience.

• Includes clients who are so poorly served that they are at risk for homelessness, institutionalization, incarceration, out of home placement or other serious consequences.
• Includes members of ethnic/racial, cultural and linguistic populations.

Unserved: Those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with the county are also considered unserved.
Race/Ethnicity of MHSA Consumers, FY2020

- African American: 5.7%
- American Indian: 0.6%
- Asian/PI: 10.0%
- Latino: 28.0%
- White: 24.2%
- Mixed Race: 0.1%
- Other Race: 5.2%
- Unknown: 26.3%
MHSA PLEDGES A COMMITMENT TO INCLUSION

“Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.”

*Mental Health Services Act (Revised January 27, 2020)*
MHSA COMPONENT REQUIREMENTS

CSS: Community Services & Supports
Outreach and direct services for children, TAY, adults and older adults with SED/SMI

PEI: Prevention & Early Intervention
Prevention services to prevent the development of mental health problems
Early intervention services to screen and intervene with early signs of mental health issues

CFTN: Capital Facilities & Technological Needs
Infrastructure to implement an electronic health record and support facilities where MHSA funded services will operate

WET: Workforce Education & Training
Support to build, retain, and train a competent public mental health workforce

INN: Innovation
Funding to test new approaches that may improve access, collaboration, and/or service outcomes for un-, under-, and inappropriately-served populations

*Counties received 10-year allocations for WET and CFTN activities
Meeting Agreement

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

Give space, take space.
## Access and Unplanned Services

<table>
<thead>
<tr>
<th>Program</th>
<th>FY22 Info (Current CBO/County-operated Info)</th>
<th>Considerations for FY23</th>
<th>Findings</th>
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<tbody>
<tr>
<td>The Q Corner:</td>
<td><strong>LGBTQ A&amp;L:</strong> $200,000 – 2 FTE Peer Support Workers&lt;br&gt;$500,000 – Training &amp; PM</td>
<td>Convert 300K Object II to Object I in order to add&lt;br&gt;- 1 FTE Community Outreach Worker (current EH MSW)&lt;br&gt;- 1 FTE Management Analyst (current EH)</td>
<td>Increase outreach to the community and network with the LGBTQ+ community. The MA would provide support to the PM III in coordinating meetings/trainings and providing logistical support in meeting report requests from BOS and the community and be available to assist the PERT/IHOT operations.</td>
</tr>
<tr>
<td>LGBTQ Wellness Center:</td>
<td><strong>LGBTQ WC:</strong> $300,000 – 2 FTE (see FY23 recs)</td>
<td>Work with AOA/CYF on LGBTQ+ specialized Cl. Services (DTBH pilot?)</td>
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## Access and Unplanned Services

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<td>MHSA Innovation (INN) Project: Psychiatric Emergency Response Team (PERT) Project</td>
<td>Current staff is 3 FTE as of 7/26. This staffing level would not yield sufficient data or expend the funds in time. 3 potential new clinical hires. HSR: 1 potential hire.</td>
<td>Recommend filling 3 additional PSW II’s/MFT II’s and 1 HSR’s. Recommend extend the program for an additional 12 months through June 30, 2023, to allow the program to fully utilize the funds/gather enough data for analysis.</td>
<td>Augmentation partially fulfills original plan. The HSR’s will reduce the paperwork that currently falls to the PSW/MFT staff.</td>
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### Access and Unplanned Services

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<tr>
<td>In-Home Outreach Teams (IHOT)</td>
<td>Caseload for all programs is 40. Currently Bill Wilson is underspent by 25% of MFO and Starlight by 10%.</td>
<td>Maintain both contracts at current MFO. Reallocate $100K of cost-based invoicing from Bill Wilson to case management activities to align both providers in terms of expected service production. Work with Bill Wilson during the first quarter on improving data submissions. Explore updating the current IHOT referral process with AOA Division.</td>
<td>Adjusting Bill Wilson’s budget will increase slots to serve more clients and provide additional resource for case management activities.</td>
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<td>Suicide Prevention (SP)</td>
<td>Continue with current activities.</td>
<td>Replace 1 FTE Program Prevention Analyst II/I with Program Manager I to provide day-to-day oversight over the program operation and evaluation.</td>
<td>Adjustments in staffing would support the program’s growth in size and scope.</td>
</tr>
<tr>
<td>Suicide and Crisis Services (SACS)</td>
<td>Maintain current staffing for coverage</td>
<td>No change in current funding or staff levels</td>
<td>Maintain</td>
</tr>
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</table>
**Purpose:**

The purpose of Santa Clara County’s WET Plan is to develop and maintain a well-trained workforce and increase the Mental Health workforce. WET works to carry forth the MHSA vision in creating a transformed, culturally sensitive system that promotes wellness, recovery, and resilience across the lifespan of infants, children, adolescents, transition age youth, adults, and older adults through its training and career pathway services.

**Program Components - Education & Training**

- WET provides education and training that supports the development and maintenance of a trained workforce that is knowledgeable and competent in evidence-based and promising practices that are consistent with MHSA General Standards.
- WET provides education and training that focuses on developing and maintaining a workforce that provides culturally relevant and sensitive services for the County’s diverse ethnic and cultural populations that includes our unserved and underserved populations.
- WET provides training that supports and welcomes Consumers and Family Members into the behavioral health workforce.
- WET collaborates with key system partners to develop and share training and education programs so that consumers and family members receive more effective integrated services.

**Program Component - Mental Health Career Pathways**

- WET addresses the shortage of mental health practitioners in the public mental health system through a framework that engages and supports individuals through pipeline development, undergraduate scholarships, and clinical education stipends.
In 2009, the County’s MHSA WET Plan was approved by Stakeholder Leadership Committee (SLC) and the County Board of Supervisors (BOS) to address workforce shortages and to develop and maintain a well-trained workforce with an annual budget of $4.7 million.

When WET Funds were exhausted in 2016, SLC & BOS supported to maintain the WET program and agreed to transfer CSS funds on an ongoing basis to continue WET efforts.

With the goal to minimize overspending and create efficiencies, the WET program continues to work on improving its efficiency and has steadily made reductions over the years. Initially, the WET annual budget was $4.7 million, in FY 18 it was $3.7 million and for FY23 the annual budget is $3.1 million.

The WET Program continues to provide quality trainings to its workforce and provides scholarships and stipends to students and peers.
CURRENT TRAINING ACTIVITIES FOR FY 2022 : JULY 1, 2021 – JUNE 30, 2022

• Hiring Training Manager & 5150 support staff
• Develop an effective model and procedures to provide hybrid trainings (in-person & virtually)
• Begin contracting process for getting dedicated trainers for Cultural Humility, Motivational Interviewing and 5150 training
• Transdisciplinary Early Childhood Mental Health Training Academy - September 2021 - BH will be partnering with DFCS, Public Health, Office of Education & First5 - to address shortage of certified clinicians to be able to work with 0-5 population
• Coordinating the implementation of Co-occurring Trainings for staff to become Informed
• Implement Annual Training Plan
CURRENT INTERN & CAREER PATHWAYS ACTIVITIES – FY 2022

• Recruit for three (3) Peer Interns and identify additional learning opportunities for peer integration into the workforce

• Research and present the role of peer support specialist interns for Contract providers

• Outreaching to County sites to increase internship opportunities for incoming interns’ academic year (AY) 22/23 in both MH & SUTS

• Increase Clinical Affiliation contracts to include new educational institutions - i.e., CSU Eastbay & Institutions supporting Psychology interns

• Further develop our pipeline strategy by reaching out to local high schools and community colleges that reflect under-represented populations and providing developmentally appropriate education of mental health needs, self-care, and de-stigmatization of mental health challenges. Desired outcomes of this strategy are to identify students as potential scholarship and stipend candidates.

• Scholarships for BSW Student at SJSU

• Stipends for Contract Provider Graduate Student and Peer Interns
WORKFORCE EDUCATION & TRAINING (WET) RECOMMENDATION HIGHLIGHTS FOR FY23 MHSA ANNUAL UPDATE

- Consolidation of WET workplans 1 to 7 to simplify, improve efficiency & program planning.
- Develop and finalize an effective model and procedures to provide hybrid trainings (in-person & virtually)
- Update technological capabilities to support in-person & virtual training
- Update the scope of the Training Manager position (Mental Health Program Specialist II)
- Coordinating the implementation of Co-occurring Trainings for staff to become *Informed, Capable or Enhanced*
- Expand 5150, CIT and de-escalation trainings & upgrade 5150 training registration system
- Revamp Intern Program to address workforce shortage.
- Collaboration with Greater Bay Area WET Regional Partnership to receive State WET funds
FY 23 - OSHPD WET GRANT
Office of Statewide Health Planning and Development

Greater Bay Area (GBA) Region - Alameda, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, San Benito, Santa Clara, Solano, Santa Cruz, Sonoma & the City of Berkeley selected two Categories to address workforce shortages:

• Loan Repayment - Eligible individuals include PMHS professionals that the local jurisdiction identifies as high priority in their region

• Clinical Master and Doctoral Graduate Education Stipend - Eligible students will receive funding for post-graduate clinical master and doctoral education work performed in a local PMHS agency
### GBA REGION WET FUNDING – REQUIRED COUNTY LOCAL MATCH

<table>
<thead>
<tr>
<th>County</th>
<th>County as share of Regional Partnership (adds to 100% for each Region)</th>
<th>Local Match Collected by County</th>
<th>OSHPD MATCH County Share</th>
<th>CalMHSA Admin Fee County Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>18.677%</td>
<td>$491,715</td>
<td>$1,490,045</td>
<td>$297,264.00</td>
</tr>
<tr>
<td>City of Berkeley</td>
<td>1.525%</td>
<td>$40,157</td>
<td>$121,689</td>
<td>$24,277.00</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>12.145%</td>
<td>$319,746</td>
<td>$968,928</td>
<td>$193,301.08</td>
</tr>
<tr>
<td>Marin</td>
<td>3.013%</td>
<td>$79,335</td>
<td>$240,408</td>
<td>$47,961.46</td>
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<tr>
<td>Monterey</td>
<td>5.820%</td>
<td>$153,224</td>
<td>$464,317</td>
<td>$92,631.18</td>
</tr>
<tr>
<td>Napa</td>
<td>1.628%</td>
<td>$42,869</td>
<td>$129,907</td>
<td>$25,916.47</td>
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<tr>
<td>San Benito</td>
<td>0.945%</td>
<td>$24,887</td>
<td>$75,414</td>
<td>$15,045.13</td>
</tr>
<tr>
<td>San Francisco</td>
<td>10.040%</td>
<td>$264,339</td>
<td>$801,026</td>
<td>$159,804.76</td>
</tr>
<tr>
<td>San Mateo</td>
<td>8.807%</td>
<td>$231,873</td>
<td>$702,644</td>
<td>$140,177.55</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>23.150%</td>
<td>$609,477</td>
<td>$1,846,899</td>
<td>$368,456.31</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>3.593%</td>
<td>$94,601</td>
<td>$286,668</td>
<td>$57,190.37</td>
</tr>
<tr>
<td>Solano</td>
<td>4.904%</td>
<td>$129,123</td>
<td>$391,282</td>
<td>$78,060.68</td>
</tr>
<tr>
<td>Sonoma</td>
<td>5.752%</td>
<td>$151,429</td>
<td>$458,876</td>
<td>$91,545.86</td>
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<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>100.000%</strong></td>
<td><strong>$2,183,269</strong></td>
<td><strong>$6,615,968</strong></td>
<td><strong>$1,319,886</strong></td>
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## WORKFORCE, EDUCATION, AND TRAINING (WET)

<table>
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<th>Program</th>
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<th>Considerations for FY23</th>
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<tbody>
<tr>
<td>W1: Workforce Education and Training Coordination</td>
<td>Administrative Staff: 1.0 FTE - SR MHPS  2.0 FTE - OS III  1.0 FTE - AMA</td>
<td>Maintain staffing level to support all the WET components</td>
<td>Infrastructure needed to implement programs</td>
</tr>
</tbody>
</table>
| W2: Promising Based Practices Training       | 0.5 FTE MHPS II               | • Convert Training Manager (MHPS II) from 0.5 FTE in W2 and 0.5 FTE in W3 to 1.0 FTE in W2  
• Consolidate all training workplans: W2, W3, W4 & W5  
• Consolidate training funds from W3, W4 & W5 to W2 | • Training Manager will be responsible for the training components in W2, W3, W4 & W5.  
• Consolidation of WET Plans will help maximize resources and improve the teams understanding of all WET program requirements |
| W3: Cultural Humility Training               | 0.5 FTE MHPS II               | • Move 0.5 MHPS II from W3 to W2  
• Move W3 related programming to W2                                                  | Maximize resources                                                           |

W = WET work plan  
MHPS = Mental Health Program Specialist  
OS = Office Specialist  
AMA = Associate Management Analyst
## WORKFORCE, EDUCATION, AND TRAINING (WET)

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<tbody>
<tr>
<td>W3: Cultural Humility Training</td>
<td>0.5 FTE MHPS II</td>
<td>• Move 0.5 MHPS II from W3 to W2</td>
<td>Maximize resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Move W3 related programming to W2</td>
<td></td>
</tr>
<tr>
<td>W4: Welcoming Training</td>
<td>1.0 FTE AT/SDS Extra Help Peer Interns</td>
<td>• Move AT/SDS to W2 • Move Peer Interns to W6/7 • Move program funds to W2</td>
<td>Moving AT/SDS to W2 supports training efforts • EH Peer Interns are part of W6/7 • Maximize resources</td>
</tr>
<tr>
<td></td>
<td>0.5 FTE MHPSW</td>
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<td>0.5 FTE MHPSW</td>
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<td></td>
<td>0.5 FTE MHPSW</td>
<td></td>
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<tr>
<td>W5: Collaboration with Key System Partners</td>
<td>$25,000 Training funds</td>
<td>Consolidate with W2 training funds</td>
<td>Maximize resources</td>
</tr>
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</table>

W = WET work plan  
MHPS = Mental Health Program Specialist  
AT/SDS = Associate Training and Staff Development Specialist  
MHSPW = Mental Health Peer Support Worker  
EH = Extra Help
### WORKFORCE, EDUCATION, AND TRAINING (WET)

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<td><strong>W6: Career Pathway &amp; Development</strong></td>
<td>Administrative Staff: 1.0 FTE MHPS II, 1.0 FTE AMA</td>
<td>• Move 1.0 FTE AMA from CSS, Learning Partnership to W6</td>
<td>• This position supports Student Intern Program.</td>
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<tr>
<td></td>
<td></td>
<td>• Consolidate W6 and W7</td>
<td>• Consolidation of W6 &amp; W7 will maximize resources</td>
</tr>
<tr>
<td><strong>W7: Stipends &amp; Incentives to Support MH Career</strong></td>
<td>Stipends for Student/Peer Interns with Contract Providers, Stipends for County Peer Interns, SJSU Scholarship</td>
<td>• Move three 0.5 FTE EH - MHPSW from W4 to W 6/7</td>
<td>• Reflects the three (3) Extra-Help Mental Health Peer Support reporting to Intern Manager and that are part of the Peer Intern Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Student Intern program will return for County</td>
<td>• Stipends helps address workforce shortages</td>
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<tr>
<td></td>
<td></td>
<td>• Stipends for both County and Contract Provider Student/Peer Interns</td>
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<tr>
<td></td>
<td></td>
<td>• SJSU Scholarship</td>
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**W** = WET work plan  
**MHPS** = Mental Health Program Specialist  
**AMA** = Associate Management Analyst  
**EH** = Extra Help
Capital Facilities & Technological Needs (CFTN)
Adult Residential Facilities (ARF) – CF Project 650 S. Bascom Ave Site
- Renovation Costs and Equipment Purchase Estimated at $1.5 Million

EHR Project
- Support CBOs in EHR implementation for FY2023
- Assess EHR TSS ongoing annual costs
Additional Questions
Stretch Break – 10 minutes
1. CONDUCT BREAKOUT SESSIONS (FACILITATED BY THE MHSA TEAM) – 20 MINUTES

2. SHARE DISCUSSION WITH THE MAIN GROUP – 10-15 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
FY2023 MHSA Annual Plan Update Proposed Planning Process

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

- **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, 8/5
  - Finance: 8/9
  - Unplanned/Access/WET/CFTN: 8/11
- **Summary of initial recommendations and feedback provided at the meetings**: 8/16

**Follow-up Meetings (August – Early September 2021)**

- **Program Refinement** meetings will be in two parts for each area and provide Q&A
  - CYF: 8/20, 8/23
  - AOA: 8/26, 8/30
  - Unplanned/Access/WET/CFTN: 9/2, 9/7
- **Hold Finance Meeting**: TBD
- **Hold Housing Meeting**: TBD
- **Summary Informational Session**: 9/10

**Draft Plan Review (September – December 2021)**

- **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

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

- **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
PLEASE PROVIDE US YOUR FEEDBACK ABOUT THE MEETING

https://www.surveymonkey.com/r/Aug11_SLC_Feedback
Thank you!

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