

PROPOSED NEW INNOVATION (INN) PROJECTS

DESCRIPTION

In 2009, Santa Clara County began planning and working on the initial Mental Health Services Act (MHSA) INN plan which was subsequently approved by the State-MHSOAC in Fall 2010. The majority of the projects generated from the County's initial INN community planning process (CPP) have ended and Santa Clara County Behavioral Health Services Department (BHSD) is now proposing a set of new INN projects. BHSD is pleased to present four new MHSA Innovation projects which are being posted for public review and comment for 30 days as part of the County's FY17 MHSA Annual Update process.

- [INN-10: Faith Based Training and Supports Project](#)
- [INN-11: Client and Consumer Employment](#)
- [INN-12: Psychiatric Emergency Response Team \(PERT\) and Peer Linkage Project](#)
- [INN-13: headspace Project](#)

COMMUNITY PLANNING PROCESS FOR THE NEW INN PROJECTS

In 2015, BHSD initiated the solicitation of new ideas from MHSA community stakeholders and the public for the County's new set of INN projects. BHSD held an MHSA SLC meeting to present and launch the County's new INN projects planning process. A set of "guiding principles" that support MHSA values were presented as listed below and stakeholders were asked to consider these six principles as they developed potential INN ideas for consideration for the County's INN plan.

1. Consumer and Family Member Involvement
2. Culturally Responsive Approaches
3. Life Span Focus (Across the Age Continuum)
4. Innovative Care Practices
5. Strategic Care Transitions (Between Levels of Care)
6. Meaningful Outcomes

Stakeholders were requested to submit their idea utilizing an INN idea form which was made available on the County's MHSA website: www.sccmhd.org/mhsa. In February 2016, BHSD held an MHSA Stakeholder Leadership Committee (SLC) meeting to share results and the selection of the ideas moving forward, refer to [Attachment G](#) – first PowerPoint presentation for details. From the 2015 activity, 16 ideas were submitted by MHSA stakeholders and addressed the following program areas: Criminal Justice and Juvenile Justice (2), Domestic Violence (1), Employment (3), Outreach Education and Training (3), Peer Support (2), Prevention and Early Intervention (2), Respite Services (1), and Technology (2). From this set of ideas, three new INN projects were developed as listed here:

- ♦ **For the INN-10: Faith Based Training and Supports Project**, BHSD considered idea submitted by Wesley Mukoyama, Behavioral Health Board (BHB) Member, to provide mental health educational training for Faith/Spiritual Leaders.

- ◆ As for **INN-11: Client and Consumer Employment Project**, BHSD reviewed submitted ideas received from Bill Wilson Center, Catholic Charities, and Momentum for Mental Health; considered concepts included in their submissions for one INN project regarding employment for clients and consumers.
- ◆ In regards to **INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project INN Project Development: Peer Support and Prevention Services**, BHSD considered ideas submitted by David DeTata of NAMI Santa Clara County (SCC) around TAY Peer Support and Evelyn Tirumalai-SCC Suicide Prevention Coordinator on Suicide Prevention.

From April – March 2016, BHSD held focus group meetings, one meeting for each new project. Input received at the focus group meetings were considered as BHSD refined the concept for each new INN project. In addition, in BHSD's review of the 2015 submitted ideas, BHSD Leadership also identified broad areas in which additional innovative ideas and practices would support clients, consumers, families, and communities. As a result, BHSD solicited additional INN ideas from stakeholders, the community, and the public and commenced another submission window from February – March 2016 for new INN ideas focused on the following four areas. For this process, information about the solicitation and idea form were also posted on www.sccmhd.org/mhsa.

- **Culturally responsive training and/or culturally responsive approaches to outreach and engagement developed by Santa Clara County's diverse communities and cultures.** The intent is to provide trainings and pilot outreach approaches developed by cultural communities that would enhance cultural understanding, strengthen culturally focused outreach, engagement and direct care services, and increase the number of diverse individuals engaging in BHSD services. These trainings would reflect the County's diverse ethnic and cultural communities, including, but not limited to: African Heritage, African Immigrant, Chinese, Filipino, Latino, LGBTQ, Native American, and Vietnamese.
- **Outreach and engagement approaches for older adults with linkage to behavioral health services.** BHSD is soliciting new ideas or practices to outreach, engage and serve the older adult population, which includes individuals 60 years of age and older with behavioral health needs. The intent is to pilot new approaches that would improve outreach and engagement to older adults and address their behavioral health and/or behavioral health and physical health care needs.
- **New and emerging prevention services for children.** BHSD is seeking new prevention practices and approaches that focus on the County's children and youth, from birth through 17 years of age. The intent is to pilot innovative, age appropriate strategies that reduce stigma, engage children and youth and their families, support wellness, and prevent and reduce involvement of children and youth in the child welfare and/or juvenile justice systems.
- **Transitional Aged Youth (TAY) Support and Care Transitions.** BHSD is seeking innovative approaches to care transitions for the TAY population, youth 16 to 25 years of age, from Children's services to the community. The intent is to pilot age appropriate approaches for TAY clients and consumers, to support and ensure successful transitions into the community and Adult services, as needed.

In August 2016, BHSD held an MHSA SLC meeting and presented information about the 18 ideas that were submitted from the 2016 round. At the meeting, attendees were requested to participate in the selection of the ideas moving forward that would be developed as an INN project. One of the ideas that was selected from the activity was submitted by Steven Adelsheim, MD, Stanford Department of Psychiatry Center for Youth Mental Health & Wellbeing, around the adaption and replication of the *headspace* model in Santa Clara County. The

project is titled: **INN-13: *headspace* project** and a focus group meeting was also held about this new INN project in June 2017 and the presentation provided at the meeting is included under the **Attachment G** section of this Annual Update document. Additional new INN ideas were selected from the August 2016 SLC activity and will be presented in the future once the community planning process has been completed for the four new INN projects that are included in this Annual Update.

Proposal: INN-12 PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT) AND PEER LINKAGE PROJECT

NEW INN Project Description

County: Santa Clara County

Program Number/Name: INN-12: Psychiatric Emergency Response Team (PERT) and Peer Linkage Project

Date: July 2017

1. Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation.

- ☐ Increase access to underserved groups
- ☐ Increase the quality of services, including better outcomes
- ☐ Promote interagency collaboration
- ☒ Increase access to services

2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Santa Clara County Behavioral Health Services Department (BHSD) provides an array of behavioral health services including services for crisis, acute inpatient psychiatric care, subacute, residential care, full service partnerships, and outpatient. Although various behavioral health services are available to the community there is also a need to expand community-based crisis services and create new diversion programs to reduce utilization of emergency psychiatric services (EPS) and acute psychiatric hospitalization services which are the main clinical and service options available to Santa Clara County residents experiencing acute mental health crises. BHSD has been working to implement additional community based crisis services including launching the County's new mobile crisis response team program which will be focused on serving adults and older adults experiencing mental health crises but there is also a need to create crises services specifically for individuals ages 18-25. In recent years, there has been a high number of suicides-suicide clusters by young adults in the City of Palo Alto in Santa Clara County. In November 2015, the California Department of Public Health, on behalf of the Santa Clara County Public Health Department, requested assistance from the Centers for Disease Control and Prevention (CDC) to conduct an investigation with the aim to help Santa Clara County better understand youth suicide occurrences in the County. In partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the CDC conducted an Epi-Aid investigation on Santa Clara County youth suicides. The preliminary report prepared by the Epi-Aid team was based on Santa Clara County data for 2005 to 2015 (2016) and reflects the following:

- 203 suicide deaths occurred among youth ages 10-24.
- About 6 in 10 decedents (62%) were ages 20-24.
- The average age of decedents was 20.2 years.
- Majority of the youth suicides were among male youths ages 20-24.
- About 1 in 3 decedents (29%) had a history of suicide attempts.

Suicide is preventable but suicide has been the second leading cause of death among young people ages 18 to 25 (CDC, 2016). Having behavioral health crisis services embedded in the community that is readily available will be beneficial. Santa Clara County's new Innovation (INN) project will involve implementing the Psychiatric Emergency Response Team (PERT) model, a co-response crisis intervention model which utilizes a PERT team: a licensed mental health clinician paired with a law enforcement officer. The new INN project will also include a linkage component to peer support post-crisis services. The intent of the new INN project

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is to provide on the scene behavioral health assessment and service referrals to ensure clients receive needed services, divert individuals to community based treatment and reduce EPS use as appropriate, and also connect individuals to peer support services post-crisis to assist individuals with their recovery and prevent future suicide attempts.

References:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). National Suicide Statistics: Ten Leading Causes of Death by Age Group, United States – 2014. Retrieved from

<http://www.cdc.gov/violenceprevention/suicide/statistics/index.html>

Epi-Aid Team: Garcia-Williams, A., O'Donnell, J., Spies, E., Azofeifa, A., & Vagi, K. (July 2016). Undetermined risk factors for suicide among youth, ages 10–24 — Santa Clara County, CA, 2016, Epi-2 Report.

Retrieved from <https://cma.sccgov.org/sites/sccphd/en-us/Partners/collabproj/epi-aid/Documents/scc-epi-aid-preliminary-rpt.pdf>

3. Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

The new INN project adapts the Psychiatric Emergency Response Team (PERT) model in a new setting-Santa Clara County and also integrates a linkage component for peer support post-crisis services to the model. PERT is a program that was initially implemented in San Diego County in 1996 in collaboration with various stakeholders: San Diego County law enforcement agencies, San Diego County Behavioral Health Services, Community Research Foundation, National Alliance of Mental Illness (NAMI) of San Diego, mental health providers, and mental health consumers and their families living in San Diego County. The PERT model utilizes a co-response crisis intervention model and each PERT team includes a licensed mental health clinician paired with a law enforcement officer. San Diego's PERT program has been successful and has grown to a total of 33 PERT teams. In fiscal year 2014-2015, San Diego's PERT program received 10,591 community service calls where the intervention resulted in referrals to community-based resources or educational information about mental health services, and during the same time period 6,208 crisis interventions resulted in the individual being assessed for harm to self or others and referred to the most clinically-appropriate level of care (County of San Diego, 2016). One of the innovative elements of the County's INN project is the peer support services enhancement to the PERT model. Through the project, the aim is to connect clients to behavioral health services and also link the clients to the County's peer support services: Consumer Affairs, Self-Help Centers, services provided by the County's Ethnic & Cultural Communities Advisory Committee (ECCAC) Teams and other peer support services. Research has shown that peer-run/consumer operated services help individuals in their wellness and recovery (SAMSHA, 2011).

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References:

County of San Diego Health and Human Services Agency (2016). County of San Diego MHSA Fiscal Year 2016-17 Annual Update. Retrieved from <http://sandiego.camhsa.org/files/Attachment-A-MHSA-FY2016-17-Annual-Update.pdf>

U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (2011). The Evidence: Consumer-Operated Services. Retrieved from <http://store.samhsa.gov/shin/content//SMA11-4633CD-DVD/TheEvidence-COSP.pdf>

- 4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**

The PERT model has been in place since the 1990s in San Diego County and is a well-established program that has shown to be an effective community-based crisis intervention program. The innovative element of Santa Clara County's new INN project will involve enhancing the PERT model to include a linkage component which will provide peer support services post-crisis to assist clients and individuals with their recovery and prevent future suicide attempts. Based on the Epi-Aid Team's preliminary report regarding youth (ages 10-24) suicides in Santa Clara County from 2005 to 2015, about one in three decedents (29%) had a history of suicide attempts with the average age of decedents at 20.2 years. By linking individuals ages 18-25 to rapid connection to behavioral health services coupled with peer support services post-crisis, the expected outcome is to increase access to services and decrease future suicide attempts.

The new INN project will:

- Pilot two County-operated PERT Teams in the initial six months of the project: Palo Alto, CA partnering with the City of Palo Alto Police Department and Santa Clara County Sheriff's Office.
- After the initial six months, assess preliminary results for rollout and adjust as needed and rollout two additional PERT teams in other local jurisdictions-focusing on the Central area of the County.
- A PERT Team will be comprised of one law enforcement officer and one behavioral health clinician-County staff.
- At the start of the project, the PERT Team Staff will be trained on the PERT model, CIT Training, and other related BHSD-law enforcement training.
- The primary aim of the project is to connect individuals to appropriate services, and provide post-crisis services including peer support services provided by BHSD Consumer Affairs, ECCAC and other peer support services.
- Hours of operation will be from 11:00 AM to 11:00 PM.

References:

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2016). National Suicide Statistics: Ten Leading Causes of Death by Age Group, United States – 2014. Retrieved from <http://www.cdc.gov/violenceprevention/suicide/statistics/index.html>

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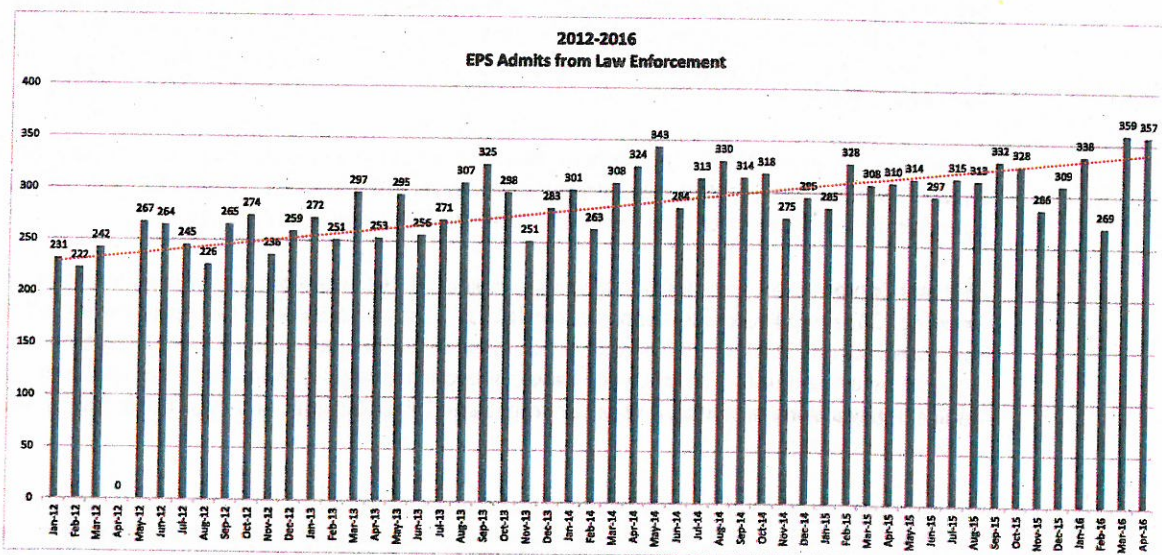
Date: July 2017

- 4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

The INN project focuses on serving individuals ages 18-25. The intent is to pilot one PERT Team in Palo Alto, CA for six months; and based on interest from Santa Clara County Sheriff's Office and other local jurisdictions expand the pilot project to other areas after initial six months and establish another PERT Team.

- 4b. If applicable, describe the estimated number of clients expected to be served annually.

The primary goal of the PERT model is to provide effective crisis intervention to individuals in mental health crises, de-escalate crisis situations, provide the appropriate behavioral health service referrals when necessary and avoid hospitalizations (Kingkade, 2012). Illustrated below are the number of emergency psychiatric services (EPS) admits in Santa Clara County from 2012 to 2016 by law enforcement. The aim of the project is to decrease EPS admits by law enforcement by 20% in the first year of the project's implementation.



Source: Santa Clara County Emergency Psychiatric Services 2012-2016 Data

References

Kingkade, Marla. (October 2012). PERT Handout Document and Emergency Response Plan. Retrieved from <https://docs.google.com/presentation/d/18ZE3ilyYHkAAQqndLineRTcolPPGisG24C1CODHjFE/pub?start=false&loop=false&delayms=3000#slide=id.p>

- 4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9

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California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

This project is aligned with the following MHSa general standards:

- **Community Collaboration:** In 2015, the Santa Clara County Behavioral Health Services Department (BHSD) launched an INN planning process for the County's next round of new INN projects. This new INN project is a result of that extensive community planning process which included holding informational stakeholder meetings and initiating an input submission window period to provide stakeholders and the public an opportunity to submit potential new INN ideas for consideration for the County's INN plan. The public/stakeholders were requested to utilize an INN Idea Form to submit potential INN ideas. Through that process, 16 ideas were received. BHSD conducted a review of all the submitted ideas and selected project ideas that would be developed into an INN project. Ultimately, BHSD selected three new projects ideas and one of those projects is the Psychiatric Emergency Response Team (PERT) and Peer Linkage Project. BHSD held an informational stakeholder/public meeting regarding the County's review and selection of the projects and also provided another opportunity for stakeholders to participate in focus group meetings in Spring 2016: one focus group meeting was held for each new INN project. BHSD considered the input that were received at the focus group meeting as the department refined and finalized the concept for each new INN project.

In addition, the establishment of the PERT Teams in Santa Clara County will involve collaboration between various stakeholders: Behavioral Health Services Department, County law enforcement agencies, and mental health consumers and their families living in the County.

- **Cultural Competence:** The PERT model/program is modeled based on the Crisis Intervention Training (CIT) program, a first responder model. CIT is intended to teach law enforcement officers how to effectively interact with and de-escalate individuals experiencing a mental health crisis. CIT is based on a community approach and developing partnerships with law enforcement, mental health organizations-providers and community based organizations, and individuals and/or families with lived experience.
- **Client Driven and Family Driven:** One of the primary purpose of the PERT and CIT model is to ensure safety and improve interactions between law enforcement officers and individuals with mental health illness. PERT, a CIT-based model is focused on developing partnerships with the community and law enforcement agencies including family members of individuals with mental health illness, mental health community-based partners, providers, and community based-organizations.

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- **Wellness, Recovery, and Resilience Focused:** The project design encourages wellness and recovery by providing law enforcement officers the skills to effectively interact and deescalate situations with individuals experiencing a mental health illness with the aim of reducing risk of injury to the individuals involved including law enforcement and divert individuals to mental health treatment instead of jail when appropriate.
- **Integrated Service Experiences for clients and their families:** The project's goal is to increase access to services. The linkage component will help clients gain access to a full range of needed behavioral services and post-crisis services will support the clients' wellness and recover. The new project seeks to increase access to services by creating community-based crisis services and partnering with law enforcement agencies in the target areas who have experience serving the target community. The post-crisis services component of the project aims to provide post-crisis support services specifically for ages 18-25 and to have peer support groups for the target population.

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Not applicable. The new project will be linked to existing County behavioral health services/programs which are funded with other non-MHSA INN funds.

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

The project is slated to be a two-year project. Following the County's local stakeholder process, including the 30-day public/comment review process, public hearing of the project and the approval and adoption of the INN project by the County Board of Supervisors, the County plans to seek State-Mental Health Services Oversight and Accountability Commission (MHSOAC) approval of this project in Fall 2017.

Once the County obtains MHSOAC approval, estimated to occur in October 2017, the implementation of the new INN project can soon start. The estimated implementation dates of the project is January 1, 2018 – December 31, 2019. Below is detailed plan of the implementation.

October 2017: Obtain State-MHSOAC approval of the new INN project.*

November 2017 – March 2018 (Pre-planning activities prior to project start date):

- Develop and finalize Memorandum of Understanding (MOU)/Agreement with the first two PERT Teams: Palo Alto Police Department and Santa Clara County Sheriff's Office with an expected start date of the project of April 2018. In collaboration with Palo Alto Police Department and Santa Clara County Sheriff's Office generate and finalize PERT MOU and obtain the necessary approvals – including the development of training requirements and protocols for the PERT project.

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- Recruitment of County staff: Health Care Program Manager II, Health Service Representative, and Psychiatric Social Worker positions designated for the first two teams.

April 2018 – September 2018 (six months - 1st rollout with two PERT Teams):

- Project starts in April 2018 with the rollout of the first two teams: Palo Alto Police Department and Santa Clara County Sheriff's Office.
- Conduct an onsite visit of the PERT program in San Diego County by County BHSD program leads and PERT partners from the first two law enforcement teams.
- Conduct training for all members of the PERT Team: law enforcement officers and BHSD staff. Trainings will include PERT model, Crisis Intervention Training (CIT), Interactive Video Simulation Training (IVST), and other BHSD-Law Enforcement related trainings.
- Prepare and finalize the MOU in collaboration with the next two PERT Teams: law enforcement agencies located in the central area of Santa Clara County.
- Start training protocol for the next PERT in preparation for a July 2018 start date.

October 2018 – March 2020 (18-months – Includes four PERT Teams):

- Implement two new PERT Teams with a focus on the Central area of Santa Clara County.
- An outside evaluator will evaluate program's progress during the two year term of the project and generate an initial annual report and a final evaluation report at the end of the project.
- Throughout the term of the project, BHSD will designate a contract/project monitor who will continually assess the status of the project.

**Initially, as reflected in the Draft Plan for the new Innovation (INN) projects, BHSD estimated to present the new INN projects to the MHSOAC in October 2017. Recently, the MHSOAC Technical Assistance Team notified BHSD that most likely based on scheduling that the County's new INN projects is now tentatively scheduled for the MHSOAC's November 16, 2017 meeting.*

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

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A final evaluation report will be published at the end of the project which will be prepared by an outside contractor and will be shared with Santa Clara County MHSA stakeholders and the public.

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

It is estimated the project's end date is slated at the end of December 2019. Accordingly, as part of the County's FY2021-23 Three-Year MHSA planning process, BHSD will review the evaluation report on the INN project and develop recommendations regarding the future of the project. The evaluation report and BHSD's recommendations will be shared with local stakeholders and the public as part of Santa Clara County's community planning process planned for FY2021-23.

8. If applicable, provide a list of resources to be leveraged.

Not Applicable.

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9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

NEW ANNUAL PROGRAM BUDGET

A. EXPENDITURES					
Type of Expenditure		FY2018 (3 Months)	FY2019 (12 Months)	FY2020 (9 Months)	Total (24 Months)
County Operated Program Expense					
1	Personnel expenditures, including salaries, wages, and benefits. Project will include 1.0 FTE Health Care Program Manager II, 0.50 FTE Health Service Representative, and each PERT Team will consist of two Psychiatric Social Worker positions. In total, there will be four PERT Teams.	\$213,763	\$1,366,213	\$1,180,418	\$ 2,760,393
2	Operating expenditures at 15% of personnel/benefits costs as listed for expense item #1.	\$32,064	\$204,932	\$177,063	\$414,059
3	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSA duties to conduct the Innovation Program				
4	Overhead expenses 15% of personnel/benefits costs as listed for expense item #1.	\$32,064	\$204,932	\$177,063	\$414,059
Subtotal of County Operated Program Expense		\$277,892	\$1,776,076	\$1,534,543	\$3,588,511

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5	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative • INN project evaluation contract	\$50,000	\$50,000	\$50,000	\$150,000
Total Proposed Expenditures		\$290,392	\$1,826,076	\$1,572,043	\$3,688,511

B. REVENUES

1	MHSA Innovation Funds	\$290,392	\$1,826,076	\$1,572,043	\$3,688,511
2	Medi-Cal Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Any other funding (specify)				
Total Revenues		\$290,392	\$1,826,076	\$1,572,043	\$3,688,511

C. TOTAL REQUESTED FUNDING (TOTAL AMOUNT OF MHSA INNOVATION FUNDS YOU ARE REQUESTING THAT MHSAOAC APPROVE)	\$290,392	\$1,826,076	\$1,572,043	\$3,688,511
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D. BUDGET NARRATIVE

Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

The new INN project will be County-operated and will involve partnerships with law enforcement agencies in County. The PERT project budget includes 1.0 FTE Health Care Program Manager II who will provide program oversight as well as act as the County liaison to the PERT law enforcement partners, 0.50 FTE Health Service Representative for client clerical support, and each PERT team will consist of two Psychiatric Social Worker positions. The hours of operation is slated from 11:00 AM to 11:00 PM.

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The first team will be rolled out in Spring 2018 with the City of Palo Alto Police Department and the County Sheriff's Office. After six months, the next set of PERT Teams will be rolled out in Fall 2018 with a focus on Law Enforcement partners located in the Central area of the County.

The budget includes expenses related to training as well as onsite travel related costs to the County of San Diego PERT Program by County lead staff and PERT law enforcement partners which will be covered under the operating expense budget line item.