MHSA 2009

Behavioral Health & Recovery Services

Mental Health Services Act 2009 Planning

Representative Stakeholder Steering Committee Meeting

April 7, 2009

Agenda

➢ BHRS Budget & State Budget

➢ 2009 MHSA Planning & Beyond

➢ Capital Facilities & Technology Needs Planning

➢ Innovation Planning

➢ Next Steps

➢ Adjourn

Budget Issues

- BHRS Budget: Reduction in "core" budget of $5.5 M, $1.4M in Alcohol and Drug Services
- MHSA budgets (CSS, WET, PEI) remain more or less stable
- State Budget ballot measure 1E: May 19, 2009
- Community health and wellness: the time is now to deepen our Department's relationship with our communities – our PEI plan is based on building the community's capacity to support emotional health

MHSA 2009 Planning Schedule

	April	May	June	July	Aug	Sept	Oct	Nov	Dec
CFTN	Component Proposal 30-Day Review	Public Hearing 5/28/2009	Technology Needs Project Proposal Development		30-Day Public Review & Comment		Submit Plan to CA DMH		Estimated Plan Approval
	Representative Stakeholder Meeting								
Innovation			Planning Process						
PEI		Prevention Summit 05/12/2009	Capacity Building						
				Prevention Plan Implementation					
		Estimated Plan Approval							
CSS Housing	3rd Housing Project 30-Day Public Review & Comment		Continue to work with STANCO						

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MHSA Funding (Estimates)

Current or Initial Allocations	Estimated Allocations	Future Planning

CSS $11.7 million

WET $2.6 million

CFTN $5.7 million

CSS = 75% $11.7M
Up to 20% may be used for WET, CFTN, Prudent Reserve

CSS – Housing One time allocation $4.8m

Integrated Plan or Systems Integration $15.5M *Estimated*

PEI $4.1 million

PEI = 20% $3M

Innovation $1.8 million ($457K)

Innovation = 5% $914,000

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Innovation & CFTN Reversion Chart

2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013

CFTN
$5.7 Million

Ten Year Reversion >>> FY18/19

Innovation
$914,000 *

Innovation
$914,000 *

Innovation
$750,000*

Innovation
$750,000*

Innovation
$750,000*
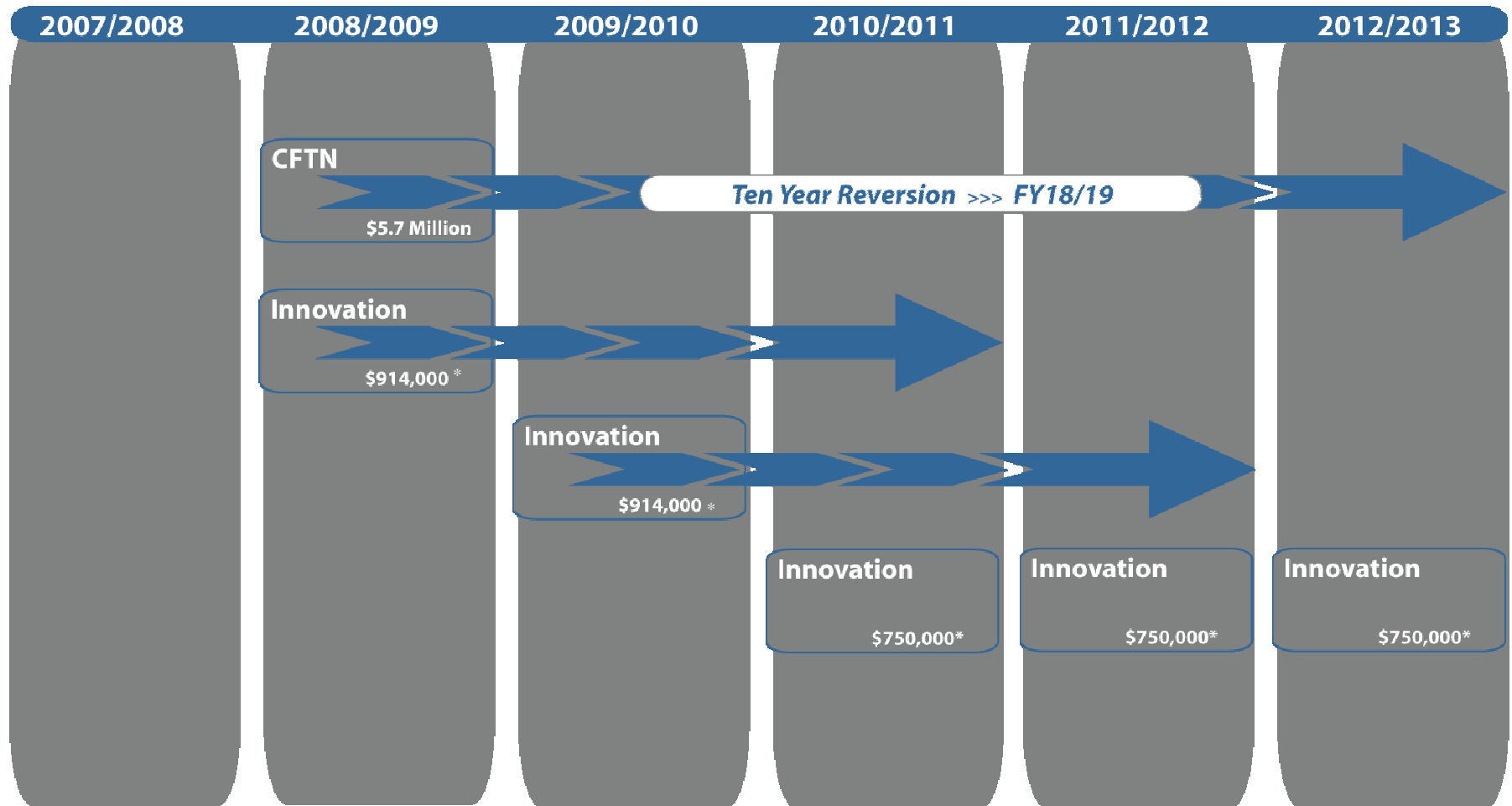
LEGEND | Year of Planning Estimate   Expenditure Period   * Anticipated

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Capital Facilities Needs

➤ Acquire/construct/renovate/build upon land – buildings that will be County-owned.

➤ **Does not include housing**

➤ A "capital facility" is a building secured to a foundation which is permanently affixed to the ground and used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices.

Technology Needs

➢ **Electronic Health Record (E.H.R.)**

➢ Client and Family Empowerment Projects/Personal Health Record

➢ Other technology needs projects that support MHSA operations –

  ➢ Data warehousing/decision support/outcomes,

  ➢ Hardware/Software

  ➢ Imaging/paper conversion projects

  ➢ Telemedicine/Tele-psychiatry

Technology Needs Goals

➢ Increase consumer and family empowerment by providing tools for secure consumer and family access to health information within a wide variety of public and private settings

➢ Modernize and transform clinical and administrative information systems to improve **quality of care**, operational efficiency and cost effectiveness

CFTN Planning First Steps

- CFTN Component Proposal that includes E.H.R. must be approved before other projects can be approved

- Public Facilities Fees must be identified for AOD

- Workgroups in all BHRS departments including Consumer/Family input worked on RFA development for E.H.R.

- E.H.R. RFA responses due 4/13/09 @ 2:30 p.m.

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Break

"The most amazing thing about 21st century medicine is that it's held together by 19th century paperwork,"

~ Former Governor Tommy Thompson

Innovation Scope

- "…contribute to learning, rather than a primary focus on providing a service"

- "Try out things that aren't already accepted practices"

- Add a learning strategy to a currently approved CSS or PEI plan

- Include one or more MHSA Essential Elements

Innovation Purpose

- ➤ Key focus of learning & change:
  - ➤ Increase access to underserved groups
  - ➤ **Increase the quality of services, including better outcomes**
  - ➤ Promote interagency collaboration
  - ➤ Increase access to services

Innovation Defined

➢ An innovation contributes to learning in one or more of the following ways:

  ➢ Introduces new mental health practices or approaches…that have never been done before,or

  ➢ Makes a change to an existing mental health system practice/approach, including adaptation for new setting or community, or

  ➢ Introduces a new application to the mental health system of a promising community-driven practice/approach or …that has been successful in a non-mental health context

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Innovation Clarifications

➢ A practice/approach that has been successful in one community mental health setting cannot be funded as an INN project in a different community even if the practice/approach is new to that community, <u>unless it is changed in a way that contributes to the learning process</u>

Innovation Clarifications

➢ Addressing an unmet need is not sufficient to receive funding under this component

➢ By their very nature, not all INN projects will be successful

➢ No time limit on projects

➢ If successful, sustained through CSS or PEI funding

Innovation Possibilities

➢ Could be based on what has been learned during large community planning processes for CSS, WET and PEI

➢ Informed by lessons learned during implementation of CSS

➢ Could do more than one project depending on size/scope

Innovation Possibilities

➢ Could focus on innovative co-occurring disorder treatment …

➢ Could measure outcomes/effectiveness of PEI Project Community Capacity Building (Evaluation)

Results-Based Accountability

	Quantity	**Quality**
Effort	What did we do?	How well did we do it?
Effect	Is anyone better off?	
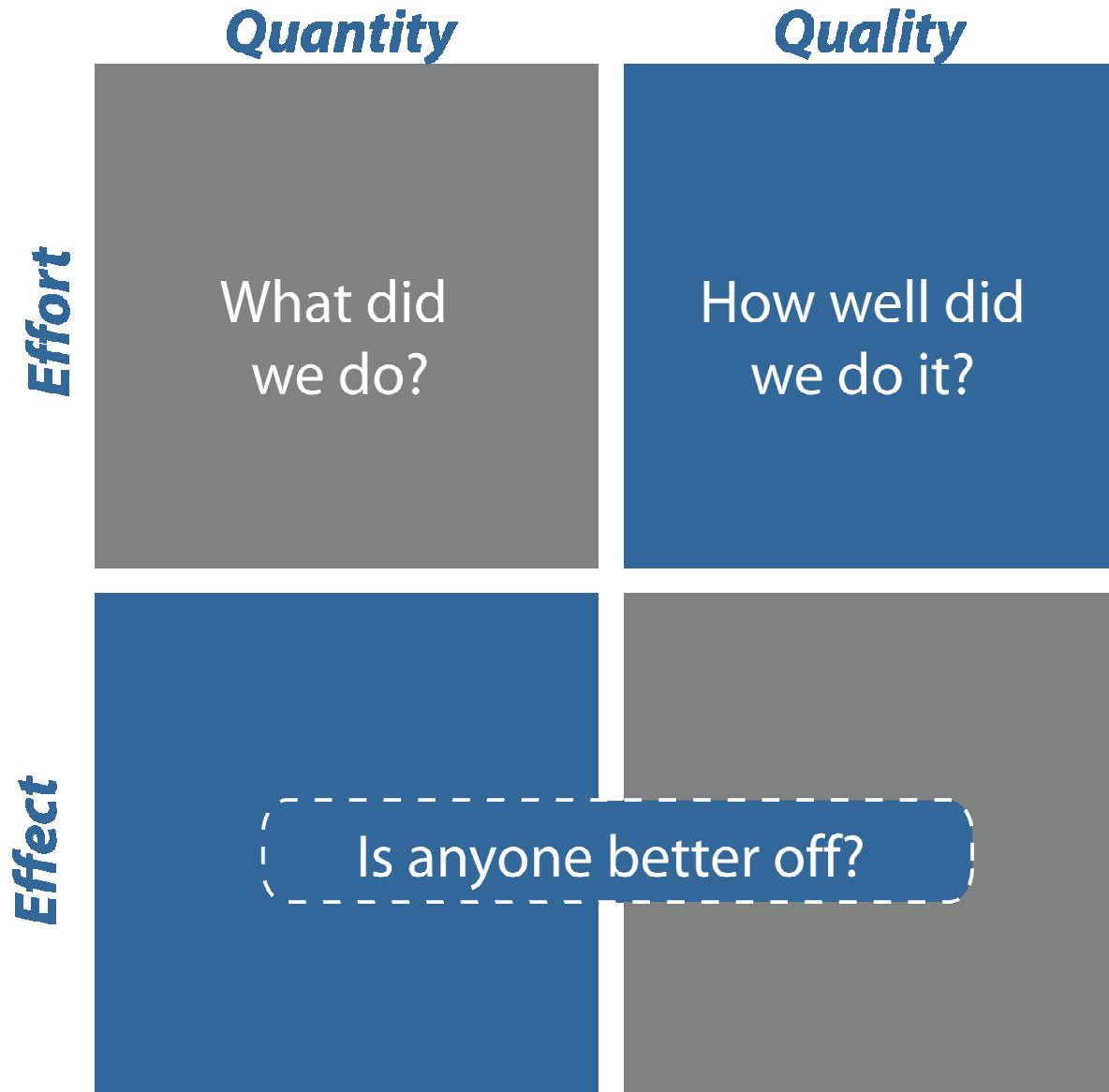
Next Meeting

Innovation Workgroup

Who wants to participate in a focused, ongoing workgroup to plan for Innovation?

- ➢ Date: **To Be Announced**
- ➢ Location: Sutter Gould Health Education Center
- ➢ Time: **Best Time?**

Thank you for your partnership!