



BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act

Representative Stakeholder Steering Committee Meeting

January 26, 2022

Agenda

Welcome and Introductions

MHSA Updates

Stakeholder Engagement

Mobile Crisis Innovations Project Workgroup

Funding for Innovations CPP

Discussion

Looking Ahead – Next Steps

Questions

MHSA Updates

- New Stakeholder Orientation provided on December 8-9, 2021
- Mobile Crisis Innovations Project Workgroups on January 5th, 12th and 19th
- Plan Update FY 2021-2022 Funding for Innovations Community Planning Process and Stakeholder Input
- FY 2020-2021 Annual Report
- FY 2018-2019, 2019-2020, and 2020-2021 Prevention and Early Intervention 3-Year Report

Stakeholder Engagement

Stakeholder Development

- BHRS extends a great THANK YOU!
- Commitment through June 30, 2023 to allow planning for next 3-Year Program and Expenditure Plan (PEP)
- Additional representatives are still being added

New Stakeholder Orientation

BHRS Leadership and Organizational Structure

What is the Mental Health Services Act (MHSA)

Funding Details

Plan Development

Roles and Responsibilities of Stakeholders

MHSA Programs Defined

Future Stakeholder Training Opportunities

May 2022 (tentative)

- New Stakeholder Training

September/October 2022 (tentative)

- Overview of Programs and Services
- BHRS Leadership
- California's Advancing and Innovating Medi-Cal (CalAIM)
 - Long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory

Mobile Crisis Innovations Project Workgroup

Background

- Community Planning Process (CPP) over the past year identified mobile crisis as a high priority area of focus for future innovations planning
- Mobile Crisis response continues to be a priority throughout the state and among our collaborative partners, (Modesto PD, Sherriff's Office, BHRS/CERT)
- Funding opportunity identified to develop an Innovation's project that could focus on additional unmet needs related to crisis response in our community (prevention, crisis intervention, and post-crisis support):
 - Utilizing any remaining Innovations funding that is subject to revert, up to \$1.2M
 - Utilizing the annual estimated Innovation new funding allocation, approximately \$1M annually

Discussion

- BHRS held three Stakeholder workgroups – January 5, 12 and 19, 2022
- BHRS conducted Human Centered Design interviews with individuals with lived experience and their families, community leaders, law enforcement, etc. to better understand their experiences, what's working and what is not working, what they needed around crisis response
- Insights gathered, we heard needs around 5 core areas:
 - Access
 - Awareness
 - Navigating Services
 - Community Integration
 - Cultural Competency

Strategic Plan and MHSA CPP

Area of Focus	From (Current State)	To (Future State)
Access: First Contact	Those who need us find services hard to find.	Those who need behavioral health treatment services are easily able to find the appropriate services and support they need.
Navigating Services	Those who need us struggle to navigate services throughout their time in the system.	Those who need treatment successfully navigate services throughout the recovery process.
Awareness	Not enough people - and not the right people - know where to find help or how to access it.	Awareness of services across the behavioral health spectrum of care is broad - reaching the appropriate communities and people - far beyond just service providers.
Access: Community Integration	Behavioral health services are not effectively integrated into existing systems and trusted people and organizations within the community.	Behavioral Health interventions and services are accessed in communities where people live, work, and practice their faith/spirituality.
Culturally Competent Services	Too many in our community are not receiving mental health supports, interventions and treatments in ways that are culturally responsive: in their language, in a way that helps them feel understood, that is reflective of their worldview, and more.	Consumers are accessing and receiving behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews.

Innovation learning process will focus on MHSA stakeholder and Strategic Plan areas of focus

Focus and Frame

What's in Frame

City of Modesto
Forward Together

Stanislaus County
Sheriff Project
Resolve

Community
Emergency
Response Team
Expansion / Modesto
Police Department

State and Federal
Funding Priorities

Brief Intervention
Team (SAMSHA
Grant)

988 Statewide Crisis
Line Implementation

Focus of our work

Identify crisis response issues

Analyze unmet needs and opportunities

Develop strategies to meet those needs

Identify who are our partners

Workgroup Recommendations

- Embed clinical services into a community setting - person or people who act as a bridge to what people need
- Develop core functions for the person or people to help meet the unmet needs expressed by the insights gathered
- Develop core skill sets that are necessary for the person or people to be effective in meeting the unmet needs expressed by the insights gathered

Work Group Insights – Core Function & Core Skills

Who is the person or people?

- Peers with lived experience supported by another team member/professional
- Potentially a NAMI partner
- Medical background, e.g. a nurse
- Able to relate to both youth and adults

What are their skills?

- Compassion/Empathy
- Approachable
- Culturally competent
- Assess for 51/50
- Comfortable getting in the trenches and in difficult situations
- Relationship building/family support
- Training for substance use
- Stable/healthy to be in the environment
- Desire to create a new culture, inclusiveness, mental health stigma reduction

Where does this person work? Where are they physically located?

- Group assigned to a specific area that can consistently work to build trust and relationships
- Consider targeting to one location and then expanding to other sites
- Consider piloting different size communities/demographics so we have the best data to make decisions and measure effectiveness

Who do they serve?

- EVERYONE, pre-crisis, crisis, and post-care
- Assume everyone may potentially be a client (because everyone has someone who may need support at some point)
- Look at unserved and underserved populations

Funding for Innovations Community Planning Process and Stakeholder Input

Focus of FY 2021-2022 Plan Update



Innovations funding available and no viable ideas



Opportunity to invest in a community planning process



Ensure active engagement across diverse community stakeholders

Innovations
Community
Planning
Process

Utilize approximately 5% of estimated allocation over next 5 years - \$425,000

Revitalize current process and provide a specific focus on innovative ideas

Bolster the support of existing staff in the development and/or bring on dedicated consultant to lead effort

Finalization of Plan Update

Next Steps



Conduct a Public Hearing at the Behavioral Health Board
January 27, 2022, at 5:00 pm



Incorporate Public Comment into Plan Update document



Obtain BOS approval of Plan Update February 15, 2022



Obtain Mental Health Services Oversight and Accountability
Commission (MHSOAC) approval of Plan Update



Submit Plan Update to Department of Health Care Services
(DHCS)

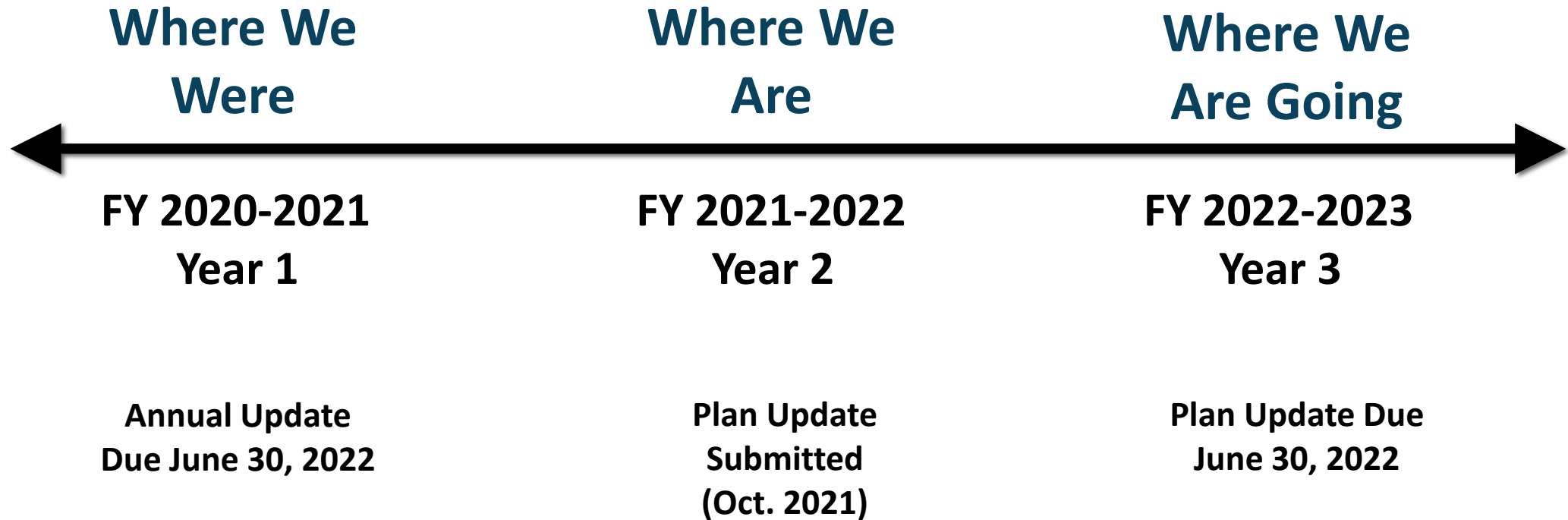
Discussion

- What did you hear?
- What did you like?
- Other reactions/comments?

Looking Ahead

- What's Coming Up For MHSA?

MHSA FY 2020-2023 Program Cycle



MHSA Annual Update for FY 2020-2021 (Looking Back)

- Reflects data for FY 2020-2021
- Completes Year 1 of the 2020-2023 Program Cycle

What's next?

- *Teams are collecting, reviewing and synthesizing program data for reporting*
- *RSSC Meeting (February 23, 2022 - 3:00-5:00 pm)*
- *Board of Supervisors (Tentatively May 2022)*
- *Annual Update Due: June 30, 2022*

MHSA Expenditure Plan for FY 2022-2023 (Looking Ahead)

Update to spending plan based on expenditure/revenue trends and further implementation of the Strategic Plan

What's next?

- *Internal Planning Teams reviewing/developing program plans, and budgets (October – March 2022)*
- *RSSC Meeting (Tentatively April 2022)*
- *Board of Supervisors (Tentatively May 2022)*
- *Plan Update Due: June 30, 2022*

Prevention and Early Intervention 3-Year Evaluation Report

- Reflects data for FY 2018-2019, 2019-2020, and 2020-2021
- Evaluation of PEI outcomes to inform program planning and enhance program delivery

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Innovation Projects FY 2021-2022 and Beyond

1. Full-Service Partnership (FSP) Multi-County Collaborative
2. Early Psychosis Learning Health Care Network Multi-County Collaborative

What's Next?

— *Collaborative learning, technical assistance, and evaluation in process*

Multi County FSP Innovation Project

- Build capacity to collect and use data to improve outcomes
- Data Collection – Landscape Phase
 - FSP Program Data from DCR and EHR
 - Interviews in progress for FSP clients and staff/providers
- 8 Counties in the Collaborative

Early Psychosis LHCCN Project

- Increase the quality of mental health services by developing infrastructure for a sustainable learning network database for the Life Path program
- Introduction meeting on January 28th
- Data to be collected by Sierra Vista Child and Family Services using a database and Tablets provided in project
- 7 Counties in the collaborative

Future Stakeholder Engagement Opportunities

- February 23, 2022 - 3:00-5:00 pm:
 - Annual Update for FY 2020-2021
 - PEI 3-Year Evaluation Report for FY 2018-2019, 2019-2020, and 2020-2021
- April 2022 (date and time to be determined)
 - 3-Year Program and Expenditure Plan Update for FY 2022-2023
- July/August (tentative)
 - Innovations Workgroup
- September/October 2022 (tentative)
 - Stakeholder Training

Questions?
