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BEHAVIORAL HEALTH &  
RECOVERY SERVICES

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# Representative Stakeholder Steering Committee

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JANUARY 15, 2021

# Agenda

- Welcome & Introductions
- Proposed Innovations Projects Recap
  - Early Psychosis Learning Healthcare Network (LHCN) Statewide Collaborative
  - Full Service Partnership Multi-County Collaborative
  - Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation
- Breakout Room Discussions
- Large Group Discussion
- Gradients of Agreement
- Next Steps
- Adjournment



WELLNESS • RECOVERY • RESILIENCE

# Innovations Projects Recap

COVID-19 MHSa Flexibilities | Budget Planning Update

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# Innovations Opportunity – Mitigating Reversion Risk

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- Currently, approximately \$1.3M of MHPA Innovation dollars are scheduled to revert back to the State June 30<sup>th</sup>, 2021 for previously unspent INN funding.
  - This is the current state of multiple counties across the state.
- BHPA is proposing [3] Innovations projects for our County that we believe align well with:
  - Insights we have heard from our stakeholders
  - Board of Supervisor priorities
  - Overarching strategic planning priorities for our County and the State
- These [3] Innovation Projects have been “preliminary approved” by the MHPAOC allowing Stanislaus County to adopt these INN projects for FY 2021-22 relatively quickly and keep those unspent funds from reversion.

# Proposed MHSA Innovation Projects

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Innovation Projects proposed below have been “preliminary-approved” by the Mental Health Services Oversight and Accountability Commission (MHSOAC)

1. Early Psychosis Learning Healthcare Network (LHCN) Statewide Collaborative
  - Estimated Cost Range: \$450,000.00 - \$600,000.00 over five years.
2. Full Service Partnership Multi-County Collaborative
  - Estimated Cost Range: \$900,000.00 - \$1.2 million over four years
3. Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation
  - Estimated Cost Range: \$300,000.00 - \$400,000.00 over three years.
  - a. Law Enforcement / Mental Health Clinical Response
  - b. Unserved/Underserved Individuals with SMI experiencing homelessness/high utilization
  - c. Innovate the Full Service Partnership Treatment Services Model
  - d. CCP will result in Innovation Proposals to expend the approximately \$1.8M that will revert on 6/30/22.

*Final costs will be included in the Scopes of Work once all projections are received by BHRS.*

# Stanislaus County Early Psychosis Program

## LIFE Path

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### Early Psychosis Identification and Intervention program

- Ages 14-25 experiencing early signs of psychosis and their family members
- Modeled after EASA (Early Assessment Support Alliance)
  - Systematic early psychosis intervention for adolescents and young adults
  - Coordinated Specialty Care/Evidence Based Program

### Services

- Education in Identification/Referrals
- Engagement and Early Intervention
  - Extensive screenings
  - Strength-based, family-centered, individually customized treatment
  - Evidence-based multi-family groups
  - Voluntary medication services

Current outcome measurements are based on individual clients meeting treatment goals and other broad outcome tools (CANS/LOCUS)

# Early Psychosis Learning Healthcare Network (LHCN) Statewide Collaborative

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- Creates a unified network of California early psychosis programs to standardize practice and support knowledge-sharing (Learning Health Care Network – LHCN)
- Integrates EP evaluation across core outcomes to enable large scale evaluation and program development
  - Includes a focus on fidelity
  - Will meet the evaluation standards for both Innovation and PEI
  - Will allow us to report valuable outcomes to Stakeholders, including State and local
- Achieves measurement-based care via EP-focused technology platform, enabling participation for consumers and families across 13 languages.
  - Collect and visualizes consumer-level data across a variety of recovery-oriented measures to empower consumers to use own data in care decisions
  - Provides immediate access to relevant outcome data for program leadership that can be quickly disseminated to stakeholders or shift program practice

# Other Benefits

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- This Project is seen as a way to possibly guide the way that all EP programs are evaluated across the State. We would provide input along the way.
- This Project builds upon the highly important EP work that our County has been doing.
- Leverage the learning and best practices of the 6 other Counties are participating - Los Angeles, Orange, San Diego, Solano, Napa, and Sonoma.
- The Innovation Project has already been approved by the MHSOAC, and there is great interest in the results.



# Multi-County Collaborative Full Service Partnership

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Statewide evaluation that will enhance meaningful outcomes and improve client experiences. The data-driven project goals will help with consistent implementation of FSP programs service eligibility, enrichment of client experiences and service delivery; moreover, providing structure to share newly created data-driven opportunities and learning to promote ongoing program improvements.

The proposed project is county-driven and seeks to address two main barriers to meeting the “whatever it takes” model through FSP programs:

- A lack of information about FSP programs and their components that are found to deliver the greatest impact; and
- Inconsistent FSP implementation.

The program implementation and components of this project are specific to each counties' identified needs.

# Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation

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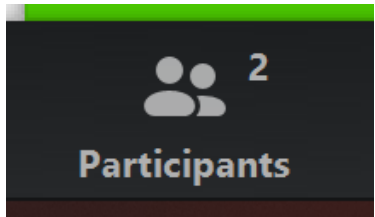
- Stanislaus will be requesting Commission approval to earmark use of INN funds for a fixed annual allocation for community planning activities involving stakeholders, most directly, individuals in the unserved and underserved communities of Stanislaus County.
- This annual allocation will be specific in its support of design, development and implementation of new INN ideas brought forth through the CPP.
- Presently, under MHSA regulations, counties may use up to 5% of their total MHSA allocation to fund community program planning, and designate positions for oversight and support.

# Breakout Rooms Discussion

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- What did you hear?
- What did you like?
- What questions do you still have?

## Please rename yourself: your full name, organization

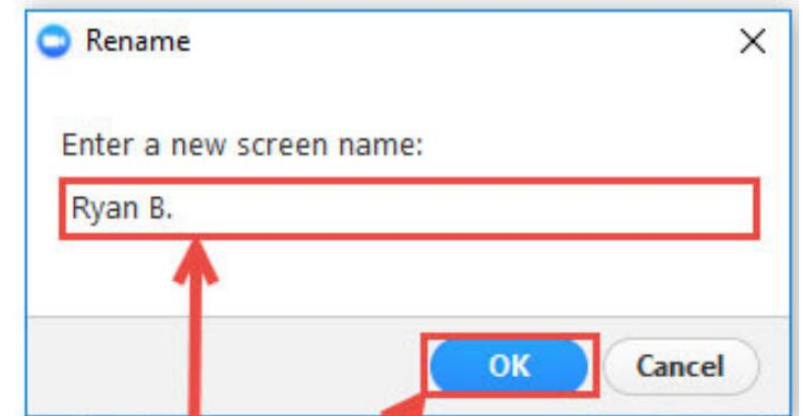


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2

In the "Participants" list on the right side of the Zoom window, hover over your name and click on the "Rename" button.




3

Type in the display name you'd like to appear in the meeting and click on "OK".

# Requests

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- Videos on, please 
- We'll use breakout rooms, google slides, chat (for questions, insights, reflections)
- We welcome hand signals and/or Zoom Reactions
- Be patient with each other and tech
- Be mindful of taking and making space; we have different levels of privilege and authority
- All of us are smarter than any of us
- Choose to be present
- Be in service to the group and our shared work
- Expect incompleteness

# Large Group Discussion

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- Group Facilitators Recap

# Gradients of Agreement

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1

I cannot accept this. I would block this if I could.

2

I need significant revisions made before I can accept this.

3

I can accept this, but I have some reservation.

4

I am mostly satisfied with this--I can support it.

5

I am very pleased with this and fully support it.



Looking  
Ahead –  
Next Steps

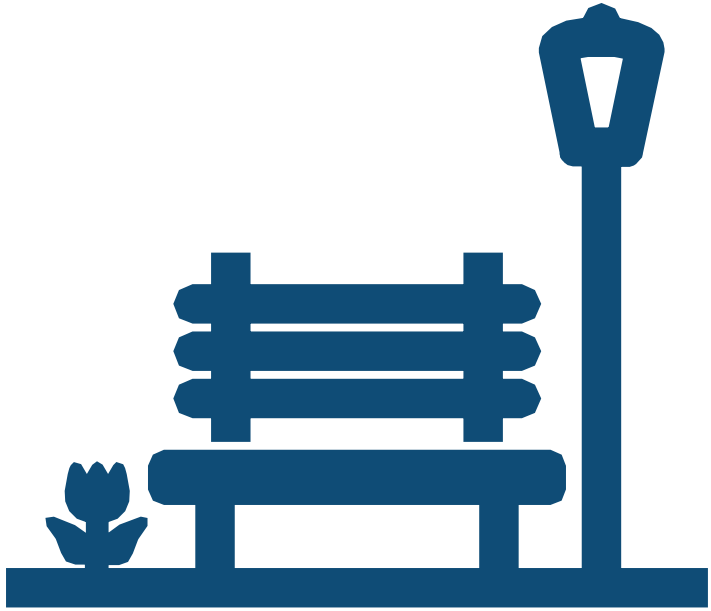
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# Next Steps

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- Proposed Innovations Projects Timeline
  - Finalize Scopes of Work
  - Submit SOW to the Mental Health Services Oversight and Accountability Commission (MHSOAC) Liasons for Review
  - Behavioral Health Board Review
  - Stanislaus County Board of Supervisor Review and Approval to Post
  - 30 Day Post for Local Review: MHSOAC and Stanislaus will post together (State and County)
  - MHSOAC Hearing for State Final Approval
- Tentative RSSC MHSA Meeting Mid-February 2021 (Date to be Determined)



Adjournment & Thank You

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