



BEHAVIORAL HEALTH &
RECOVERY SERVICES

Innovations Information Session

DECEMBER 29, 2020

Agenda

- Welcome & Introductions
- Innovations Funding Overview
- Proposed Innovations Projects Overview
 - 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
- Questions and Comments
- Looking Ahead – Next Steps
- Adjournment



WELLNESS • RECOVERY • RESILIENCE

Innovations Funding Overview

COVID-19 MHSa Flexibilities | Budget Planning Update

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Innovations Opportunity – Mitigating Reversion Risk

- Currently, approximately \$1.3M of MHSAs Innovation dollars are scheduled to revert back to the State June 30th, 2021 for previously unspent INN funding.
 - This is the current state of multiple counties across the state.
- BHRS 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 MHSOAC allowing Stanislaus County to adopt these INN projects for FY 2021-22 relatively quickly and keep those unspent funds from reversion.

Proposed Innovations Projects Overview

Proposed MHSA Innovation Projects

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
2. Full Service Partnership Multi-County Collaborative
3. Community Planning Process and Stakeholder Input for Increased Innovation Planning, Design and Implementation
 - 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.

Early Psychosis Learning Healthcare Network (LHCN) Statewide Collaborative

STANDARDIZING PRACTICE & SUPPORT KNOWLEDGE SHARING

Stanislaus County Early Psychosis Program

LIFE Path

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

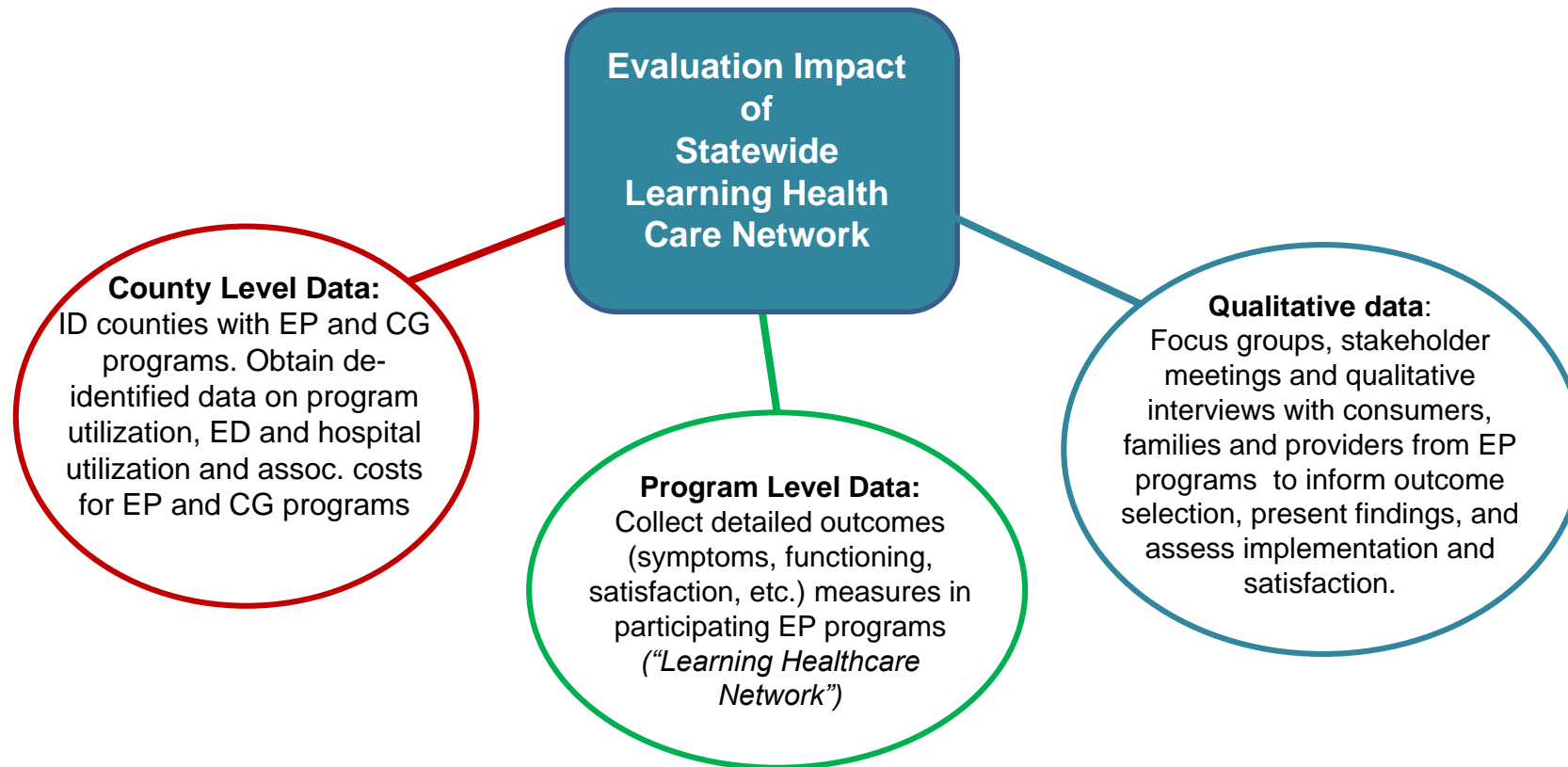
- Creates a unified network of California early psychosis programs to standardize practice and support knowledge-sharing (Learning Health Care Network – LHCN)
- Integrates EP evaluation across core outcomes to enable large scale evaluation and program development
 - Includes a focus on fidelity
 - Will 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

- 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.

Evaluating EP programs and Improving Care Outcomes

Learning Questions and Outcomes



Evaluating EP programs and Improving Care Outcomes

Learning Questions and Outcomes Continue

Are there differences in utilization and costs between EP programs and standard care?

How does utilization and cost relate to consumer-level outcomes within EP programs?

Do California EP programs deliver high fidelity to evidence-based care?

What are the program components associated with consumer-level short-and long-term outcomes in particular domains?

Consumers and families will have input on what outcomes are selected via focus groups and surveys.

What are the barriers and facilitators to implementing a LHCN app?

Proposed Learning Healthcare Network for CA Mental Health programs

Consumer level



Consumer (and support persons) enter data on relevant survey tools (in threshold languages) in app-based platform at baseline and then regular follow up

Provider level



Clinician and/or MD can visualize responses on web-based portal for the individual over the course of treatment and share that data with the consumer during session.

Clinic level



Program management can visualize summary of responses on portal for:
- All consumers in clinic
- In relation to other CA programs

State level



Administrator level allows access to de-identified data across all clinics on the app for analysis for analysis for county- or state-level data analysis

Multi-County Collaborative Full Service Partnership

MEANINGFUL OUTCOMES AND IMPROVED CLIENT EXPERIENCES

Multi-County Collaborative Full Service Partnership

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.

Third Sector Presentation

Summary Information for Stakeholder Engagement

[Multi-County Collaborative Full Service Partnership](#)

Community Planning Process

STRENGTHENING COMMUNITY PLANNING PROCESS

Community Planning Process:

Welfare and Institutions Code
– WIC 5848 (a)

Stakeholders:

- Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Meaningful Stakeholder Involvement

- 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.

Public Review and Comment

- A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

Community Planning Process Cont..

The Community Planning Process

The MHSA community planning process and the stakeholder involvement is defined in State code as the following:

Community Program Planning means the process to be used by the County to develop the Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.
- Analyze the mental health needs in the community.
- Identify and re-evaluate priorities and strategies to meet those mental health needs.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and 5892(c), Welfare and Institutions Code.

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

- 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.



Questions & Comments



Looking Ahead – Next Steps

ADJOURNMENT