Stanislaus County
Striving to be the Best

BEHAVIORAL HEALTH & RECOVERY SERVICES

Representative Stakeholder Steering Committee

DECEMBER 11, 2020

Agenda

- Welcome & Introductions
- MHSA Budget Update
  - MHSA Innovation Projects
- Community Planning Process – Human Center Design Process
- Discussion, Questions and Comments
- Next Steps
- Adjournment

Budget Update

COVID-19 MHSA Flexibilities | Budget Planning Update

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- 1991 Realignment
- 2011 Realignment
- Mental Health Services Act (MHSA)
- Federal Financial Participation (Medicaid aka Medi-Cal in California)
- Other funds and grants

County Behavioral Health Sources Of Funding

Budget Planning Update

Conducting a stakeholder processes and gather community input to complete a program review, plans, and recommendations for Board consideration in January that align program operations and services with sustainable funding.

Organizational review which may include restructuring.

Identify increased efficiencies due to the impact of COVID-19.

Need to ensure sustainability of programs and services into the future while prioritizing the provision of core mandated services.

BHRS Strategic Planning Update

Access & Coordination of Care

Treatment Capacity-building

- Core Treatment for SMI/SUD
- Conservatorship
- Substance Use Disorders Treatment

Priority Population: Unserved/Underserved individuals experiencing homelessness and have SMI

Planning Priorities

Conservatorship: Develop an overall conservatorship strategy that defines the coordination of care, evidence-based interventions, placement capacity, and the treatment capacity needed to serve the population (MHSA Proposal).

Substance Abuse Treatment: Develop a vision for a community-wide drug and alcohol treatment system, leveraging new opportunities with the Medi-Cal Organized Delivery System. This vision would include both county and private sector efforts, making up a broad Continuum of Care to effectively serve local priority populations, such as the individuals experiencing homelessness or those identified through our CARE program.

Planning Priorities

Homelessness:

Develop a homelessness coordinated system of care strategy within the behavioral health system that clearly identifies the number of BHRS clients that are experiencing homelessness, real-time housing and shelter waitlist, and evidence-based SUD/MH interventions.

This defined system of care should include interventions for addressing behavioral health issues and accessing the spectrum of care to include prevention, mild/moderate, early intervention and treatment for SMI.

Update: Local law enforcement officials seeking partnerships:

- Embed mental health providers with Law Enforcement to respond to 911 behavioral health crisis calls
- Unserved/Underserved Individuals with SMI experiencing homelessness/high utilization

Innovations Update

Romeo Medical Clinic/ Whole Health Approach to Improve Mental Health Outcomes

- Administrative decision to rescind recommendation for funding
- Overall interventions did not focus on SMI/SED populations.

Stanislaus County Office of Education/National Alliance on Mental Illness (NAMI) on High School Campus

- Main objective: This project introduces 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 by starting a NAMI on Campus club on high school campuses in Stanislaus County using Protecting Health and Slamming Tobacco (PHAST) Youth Coalition.
- Update: Despite the Covid-19 Pandemic, students from most high schools in our county have begun working within their NAMI Clubs. They have met through online platforms and are working to continue building awareness of their clubs as well as building capacity within their leadership for each campus.
- Total project amount $923,259.00 over five years commencing May 1, 2020.

Funding Reversion Risk

$1,346,811 that will revert on 6/30/21.

- If we can get innovation projects approved before 6/30/21 which total at least $1,346,811, this money will be safe from reverting until 6/30/23.

$1,873,641 that will revert on 6/30/22.

- Projects would have to be started that total at least this much to extend the reversion date for all of the funding.
- If projects start in 2020/21, the reversion date is extended to 6/30/23 for the amount of the cost of the programs.

Innovations Funding Reversion Risk

BHRS has developed a strategy to develop Innovation proposals and eliminate the risk of the $1,346,811 reverting in June 2020.

Mental Health Oversight and Accountability Commission has approved statewide, multi-county innovation projects that align with local planning priorities and emerging stakeholder input.

BHRS can develop local Innovation Proposals to join these statewide projects and secure funding for local Innovations Projects that are responsive to the local Community Planning Process

Not seeking endorsement today. We're seeking input on overall strategy to further develop these proposals to avert the risk of reversion

Information Sessions will be conducted to allow stakeholders to review and provide input

Potential MHSA Innovation Projects

Innovation Projects proposed below have been “pre-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 $1,873,641 that will revert on 6/30/22.

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

Full Service Partnership Multi-County Collaborative

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

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.

Next Steps for Innovations

We will reconvene in January to provide additional information on these innovation projects.

An Innovations overview will be distributed to this group for the innovations proposed prior to the innovation's forum .

Tentative meeting for the innovation's information forum will be December 29, 2020. This will be a recorded session.

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.

Overarching Planning Framework

MHSA Community Planning Process

Transform the mental health system: Systems development | “help first vs. “fail first”

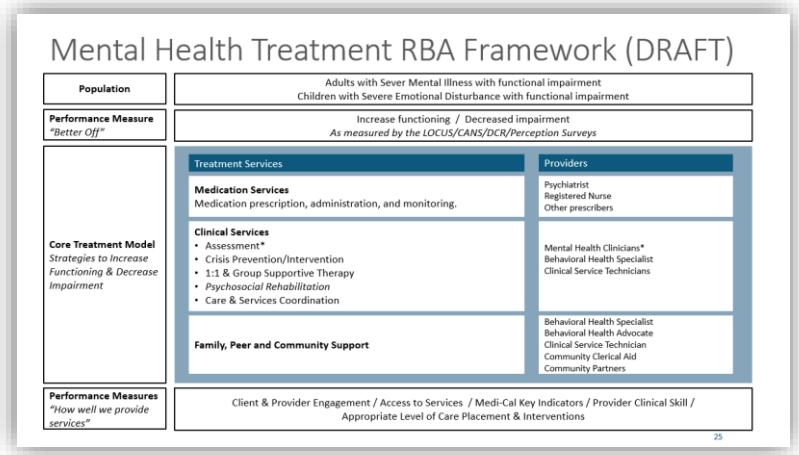
Strengthen treatment capabilities?

?

Intervene early…

Improve Access?

Priorities?
Where?
When?



Partners that have a role in the treatment of SMI/SED?

Support clients and families through treatment?

Prevention

Early Intervention

Treatment

Overarching Planning Framework

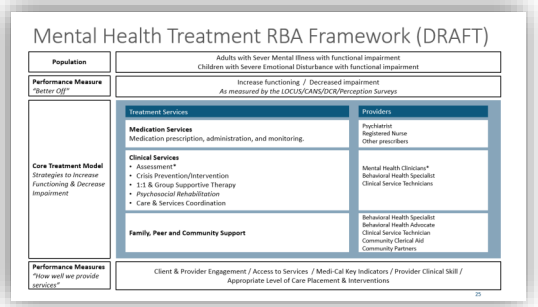
MHSA Community Planning Process

Transform the mental health system: Systems development | “help first vs. “fail first”

Health Plan of San Joaquin

Health Net®

Medi-Cal and Private Health plans provide mild to moderate mental health services



Development of the continuum of care is critical to ensuring County resources are directed for treatment services for the SMI/SED population

Prevention

Early Intervention

Treatment

Kate’s Slides start here

Next Steps

Innovation Information & Learning Sessions - December 29, 2020

January Stakeholder Meeting January 15th

- Innovation Proposals Recommendations
- Update on Annual Update and Three-year Planning Process
- Budget Update