



# BEHAVIORAL HEALTH AND RECOVERY SERVICES

**Mental Health Services Act  
Advisory Committee Meeting**  
Thursday, April 21, 2022

# Agenda



Welcome and introductions – 10 minutes



PEI 3-Year Report – 15 minutes



Economic Outlook – 10 minutes



Strategic Initiatives – 45 minutes



Break – 10 minutes



FY 2022-2023 Program and Expenditure Plan – 30 minutes



Table Discussion and Share Feedback – 30 minutes



FY 2022-2023 Annual Update – 10 minutes



Engagement Opportunities – 5 minutes



Questions – 15 minutes



# Welcome and Introductions

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RUBEN IMPERIAL, DIRECTOR

KARA ANGUIANO, CHIEF FISCAL AND ADMINISTRATIVE OFFICER

CARLOS CERVANTES, MHSA POLICY AND PLANNING MANAGER

EDGAR MOYA, PREVENTION AND EARLY INTERVENTION

# Prevention and Early Intervention 3-Year Report for Fiscal Years 2018-2019, 2019-2020, and 2020-2021

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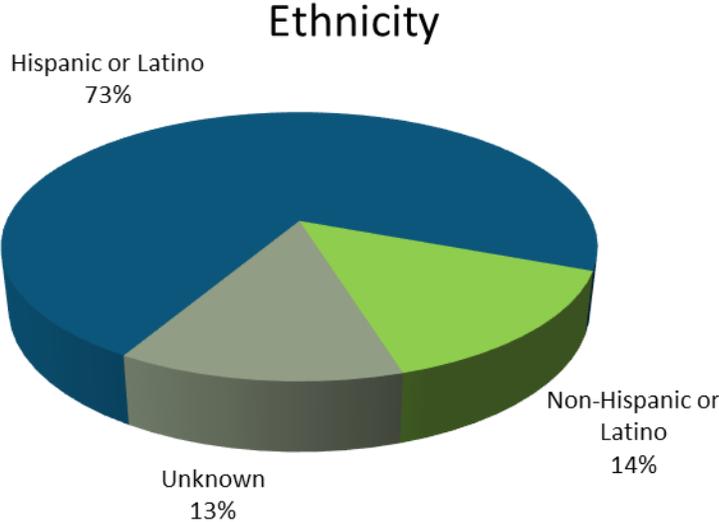
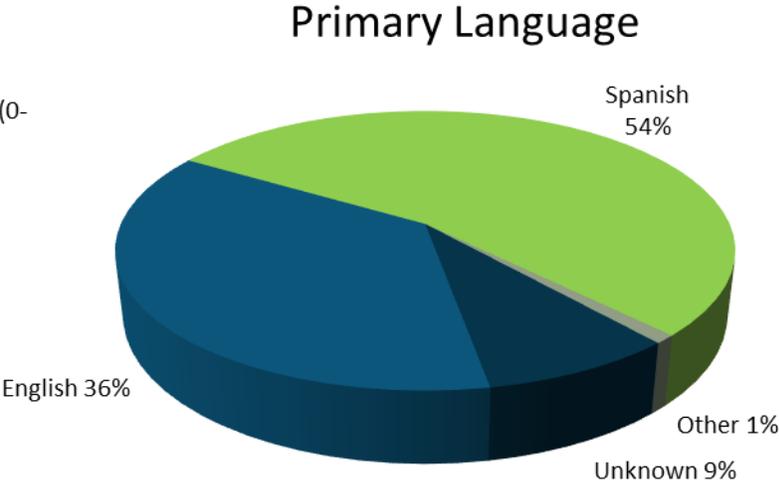
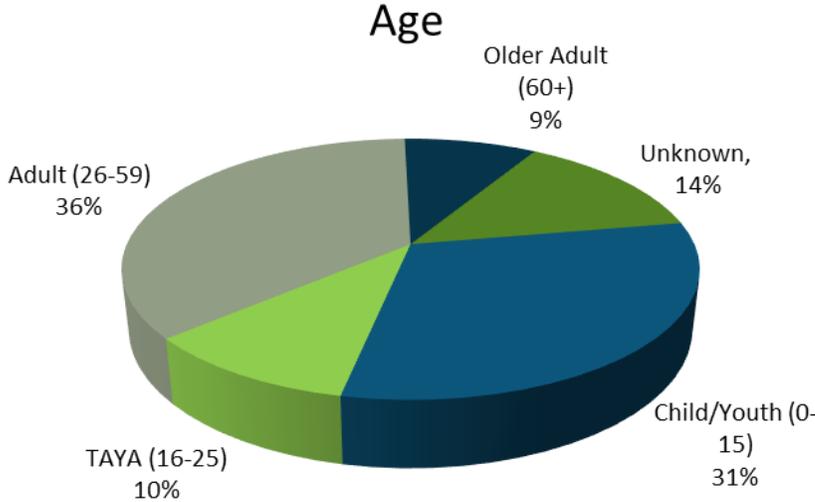
# PEI Results Based Accountability (RBA) Framework

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Outcome Type	Result/Outcome	Performance Measurement	Data Source	Method of Data Submission	Individual/Aggregate Level Data	Data Collection and Reporting Time Frame
<b>Prevention Programs</b>						
How Much	Individuals at risk for SMI/SED are provided PEI services	#/% of individuals at risk	Intake Form	PEI Database	Individual	Quarterly, Annually
How Well	Individuals are successfully linked to appropriate mental health resources	#/% of individuals linked to appropriate mental health resource successfully (at least one contact, by type of program)	Tracking Forms	PEI Database	Individual	Quarterly, Annually
Better Off	Individuals will experience meaningful relationships as a result of participating in PEI programs	% of individuals with meaningful relationships	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually
Better Off	Individuals will know how to access mental health services as a result of participating in PEI programs	% of individuals who know how to access mental health services	Wellbeing Survey	Outcome Instrument	Individual	Quarterly, Annually

# FY 2020-2021 PEI Demographics

5,670 Total Unique Individuals Served



## Fiscal Year 2018-2019

80% smiled or laughed five or more days in the past week	Positive Emotion	16% felt unhappy sad or tearful five or more days during the past week
81% acted together to make positive change	Community	31% do not ask for support from other community members
43% completely agreed that there are many things they do well	Meaning	3% do not feel valued by others
36% reported they were completely satisfied with their mental health	Mental Health	3% rated their mental health as a 4 or less (on a 1-10 scale)
65% expect to feel completely satisfied with their life in five years	Hope	2% do not have goals or plans for their future

# PEI Positive Outcomes

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Fiscal Year  
2018-2019  
PEI Program  
Involvement  
Resulted In

76% reported improved well-being

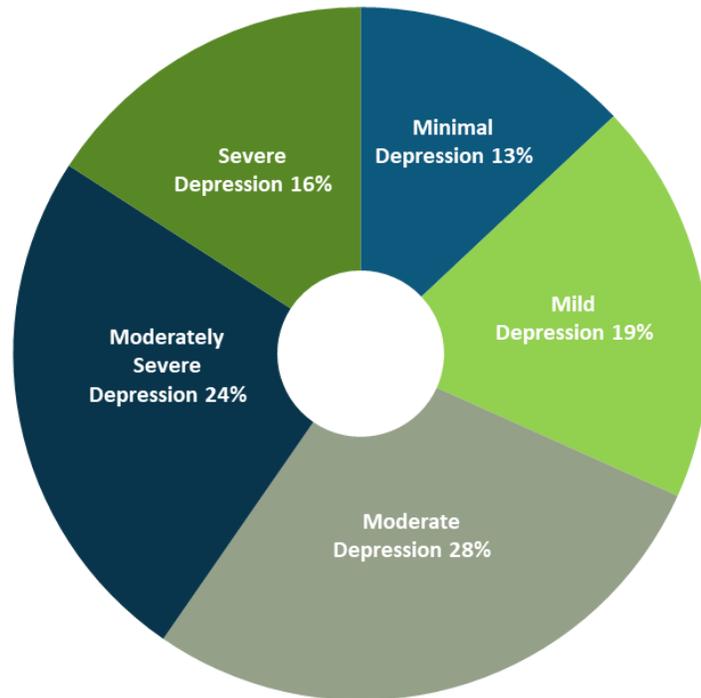
74% created meaningful relationships

69% know how to access mental  
health services

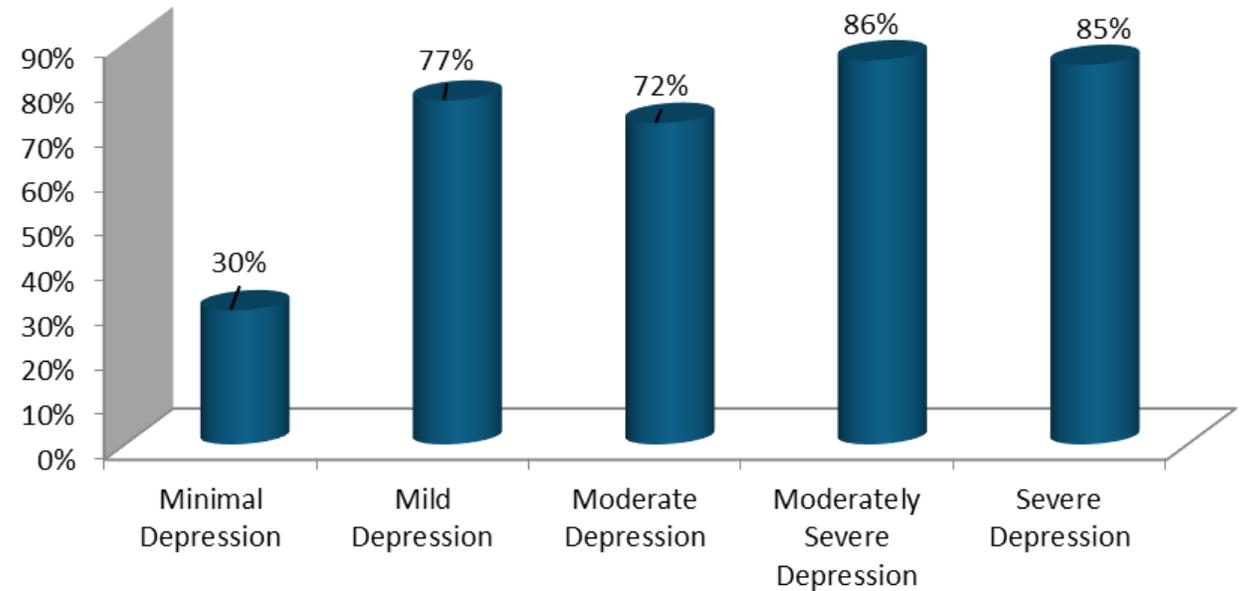
76% are more hopeful about their  
future

# Brief Intervention Counseling Fiscal Year 2020-2021 Outcomes

**Initial Depression Severity**  
n=208



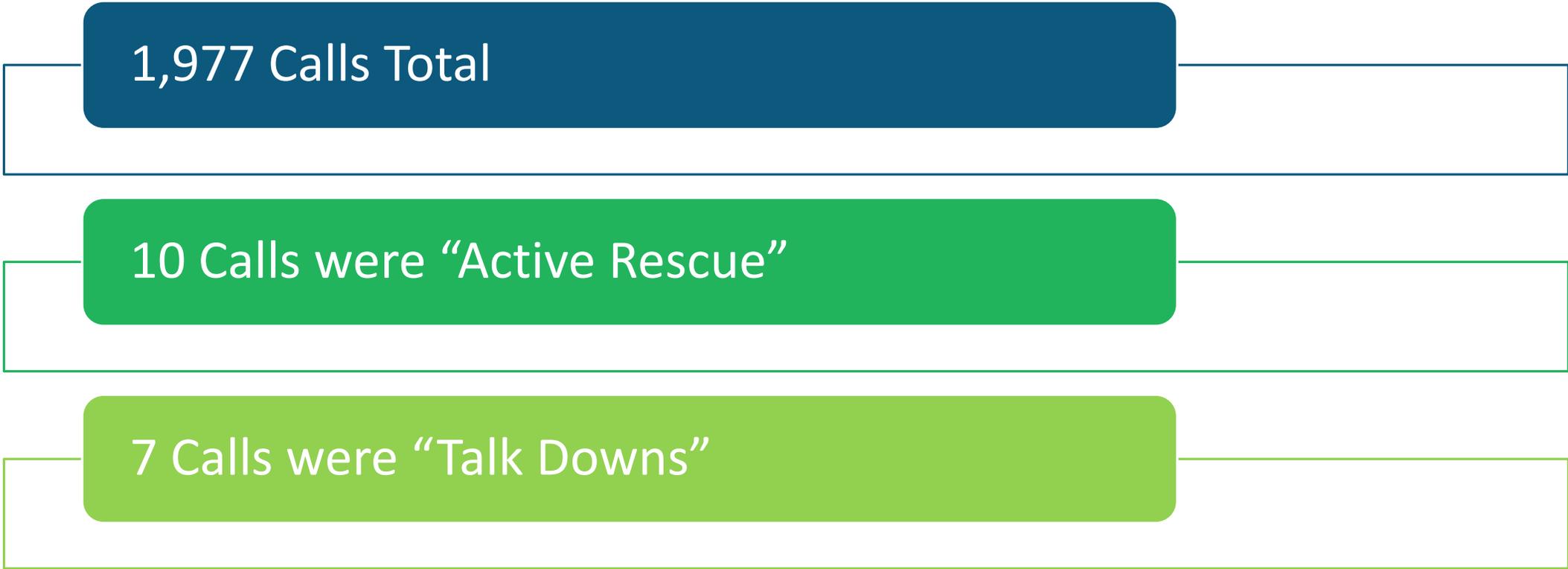
**% Individuals Who Improved  
by Initial Depression Severity**  
n=152



# Central Valley Suicide Prevention Hotline Fiscal Year 2020-2021 Outcomes

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1,977 Calls Total



Category	Count
Total Calls	1,977
Active Rescue	10
Talk Downs	7

10 Calls were “Active Rescue”

7 Calls were “Talk Downs”

# Suicide Hotlines

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1-800-  
273-TALK

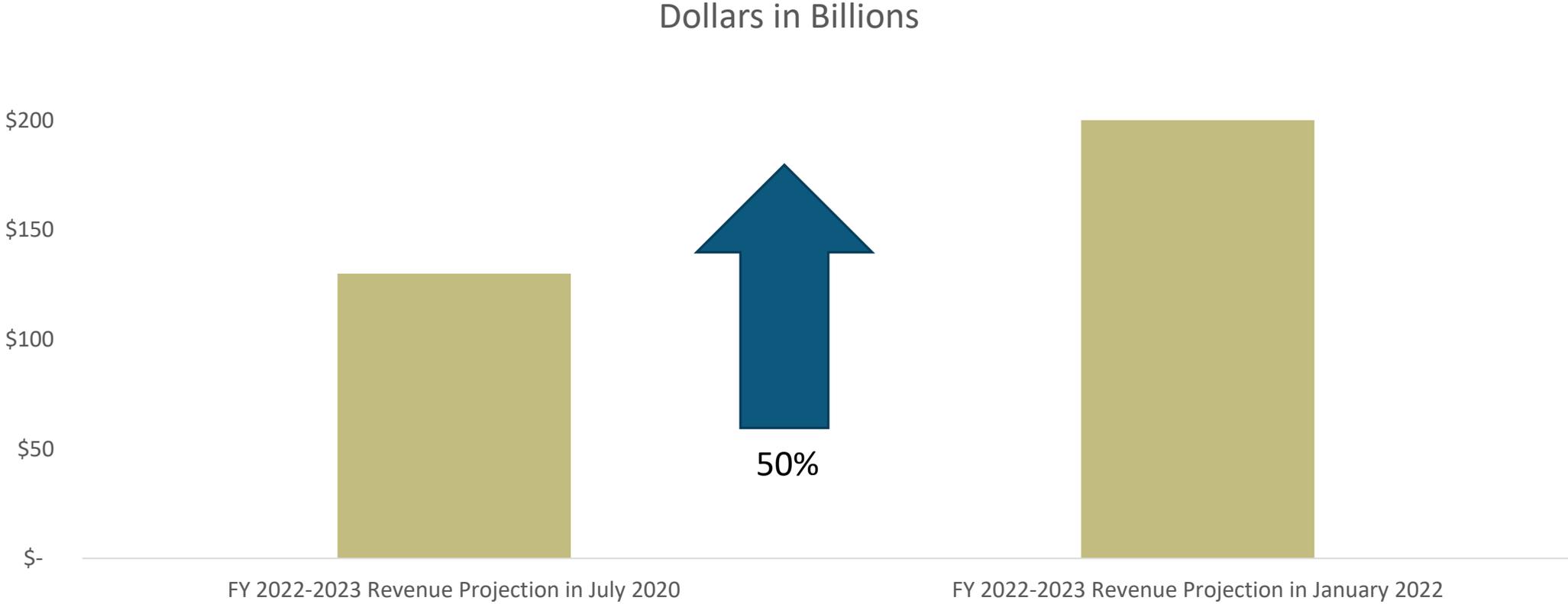
1-800-  
SUICIDE

Available  
24/7

# Economic Outlook

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# Governor's Proposed Budget FY 2022-23



# Personal Income Tax Forecast

Long-Term Revenue Forecast (Dollars in Billions)



5% Increase

3% Increase

# Mental Health Services Act

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<b>Mental Health Services Act</b>	<b>Fiscal Year 2021-2022 Midyear Budget</b>	<b>Fiscal Year 2022-2023 Projected</b>	<b>\$ Increase/ (Decrease)</b>	<b>% Increase/ (Decrease)</b>
Community Services and Supports	\$ 25,296,233	\$ 33,711,616		
Prevention and Early Intervention	\$ 6,324,058	\$ 8,427,904		
Innovations	\$ 1,664,226	\$ 2,217,870		
<b>Total Mental Health Services Act</b>	<b>\$ 33,284,517</b>	<b>\$ 44,357,390</b>	<b>\$ 11,072,873</b>	<b>33%</b>

# Risk Factors and Mitigation Plans

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COVID-19



Supply Chain



Inflation



Stock Market  
Volatility



Lack of Affordable  
Housing

## Establish Strategic Reserves



+

## Focus on One-Time Spending

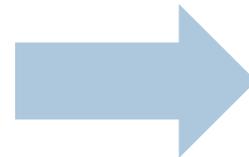
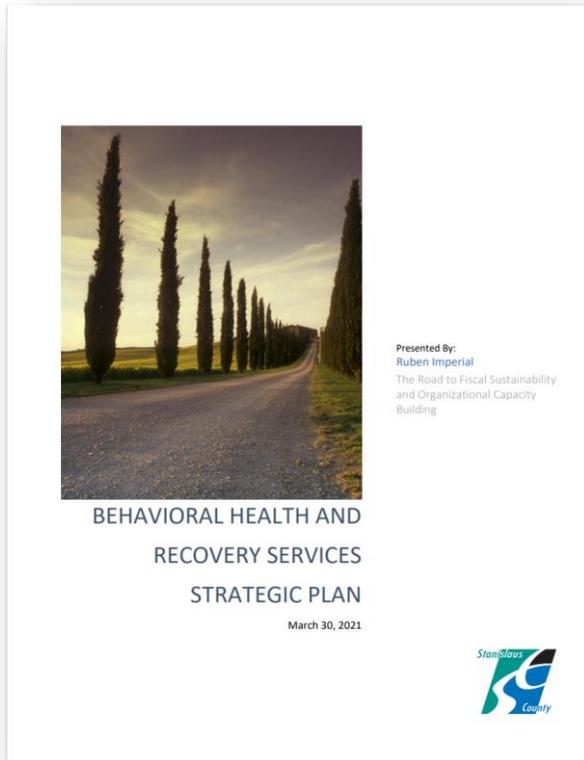
# Strategic Initiatives

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# Strategic Plan

## Results-based Accountability Framework

Priority Population • Core Treatment  
Compliance • Efficiencies • Fiscal Sustainability



# Strategy: Core Treatment Model

Priority Population • Performance Measures • Treatment Services  
Alignment of fiscal, administrative, and clinical resources

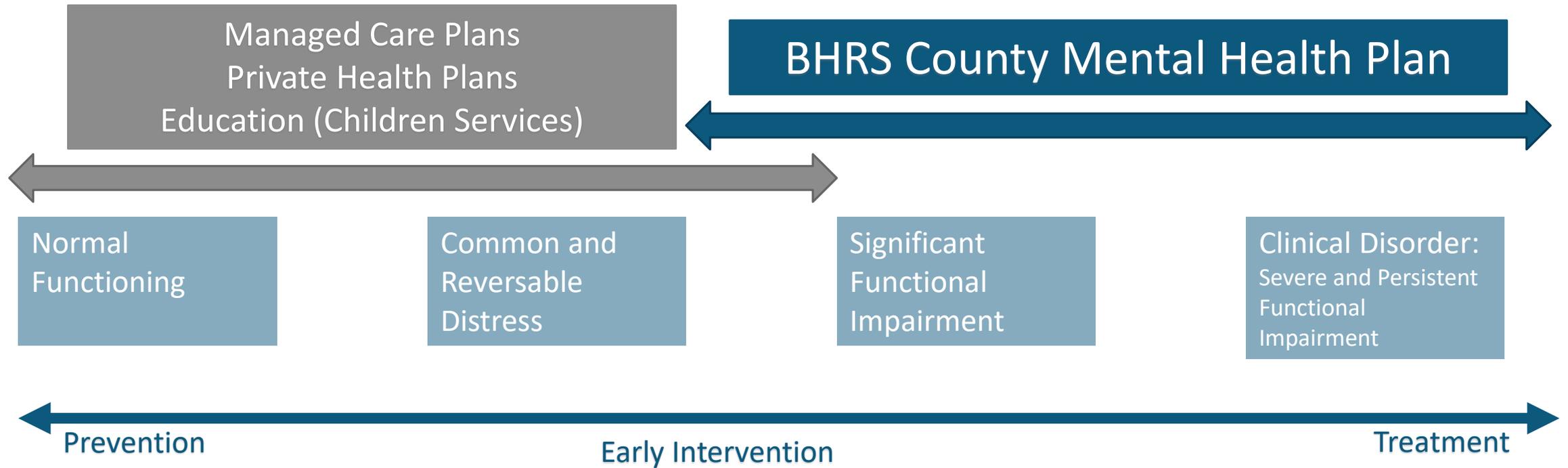
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<b>Performance Measure</b> "Better Off"	Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i>		
<b>Core Treatment Model</b> <i>Strategies to Increase Functioning &amp; Decrease Impairment</i>	<b>Treatment Services</b>	<b>Providers</b>	<b>Clinical Standards</b>  <ul style="list-style-type: none"> <li>Evidence Based Practice</li> <li>Cultural Competency</li> <li>Network Adequacy Standards</li> <li>Provider Clinical Skill &amp; Knowledge</li> </ul>
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	<b>Family, Peer and Community Support</b>	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid	
<b>Performance Measures</b> "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions		

## Strategic Initiatives

Identified in the Strategic Plan

- Mobile Crisis Response Plan
- Crisis and Support Line
- Shelter & Housing
- Residential Treatment
- Continuum of Care Development/CalAIM

# Mental Health Continuum of Care

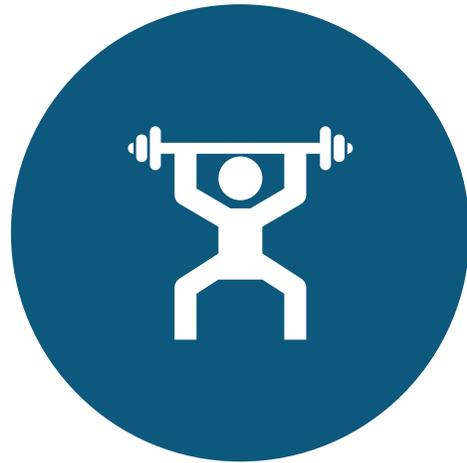


# Core Treatment Model

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# Invest in Strategic Initiatives

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STRENGTHEN CORE TREATMENT  
MODEL



BUILD ADMINISTRATIVE  
INFRASTRUCTURE & CAPABILITIES

# Core Treatment Model Capacity Building

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1

Workforce  
Development and  
Training

2

Ensuring Availability  
of Quality Outpatient  
Treatment

3

Ensuring Availability  
of Quality Adult  
Residential Care

4

Ensuring Timely  
Access to Services

5

Strengthening  
Children's Crisis  
Continuum of Care

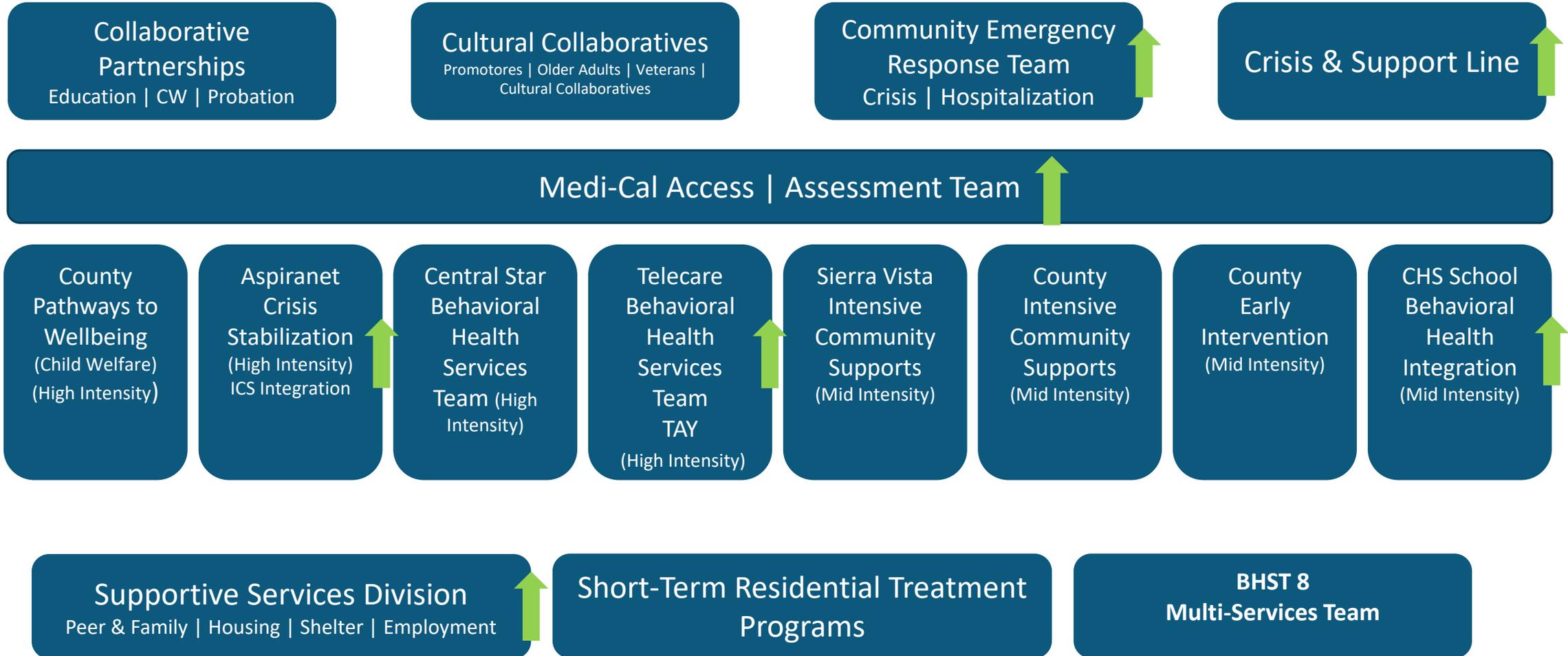
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Expanding Mobile  
Crisis Response

# Adult System of Care



# Children System of Care



## Strategic Initiatives

Multiple projects that align actions and resources to strengthen the capabilities to deliver core treatment services

Emerged from:

Phase 1  
implementation of  
the Strategic Plan

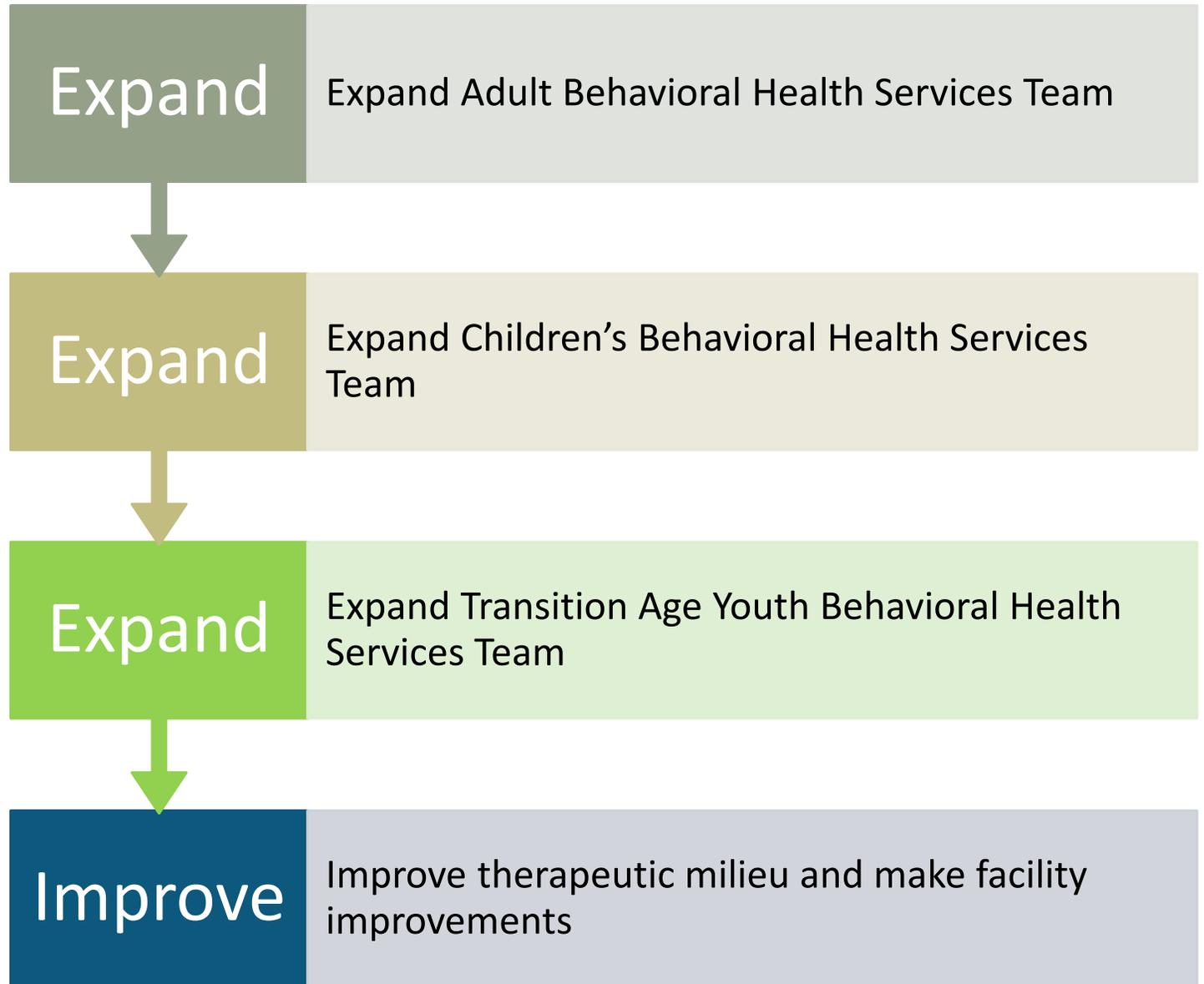
Historic funding  
opportunities

Emerging needs of  
the community



# Workforce Development and Training

Ensuring  
Availability of  
Quality  
Outpatient  
Treatment



Ensuring  
Availability of  
Quality Adult  
Residential Care

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Expand mental  
health treatment  
beds

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Expand substance  
use disorder  
treatment beds

# Ensuring Timely Access to Services

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Expand  
assessment  
capabilities

Access media  
campaign

Community  
education

Community  
collaborative  
partners leverage

Crisis and Access  
Line merger

Brief Intervention  
Counseling Team

Strengthening  
Children's Crisis  
Continuum of  
Care

Managed Care School Behavioral  
Health Incentive Program

School District's Mental Health  
Resources Alignment

Crisis Services Capacity Building

# Expanding Mobile Crisis Response

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Embedded Mental Health Providers with Law Enforcement



# CalAIM Behavioral Health Initiatives Timeline

Policy	Go-Live Date
Changes to Eligibility Criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation Redesign for SUD & SMHS	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Standard Screening & Transition Tools	January 2023
Payment Reform	July 2023

# Building Administrative Infrastructure and Capabilities

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Addressing  
Aging Facilities

Grant/Funding  
Opportunities

Recruitment  
Efforts

Regulatory  
Changes

Documentation  
Redesign

New Electronic  
Health Record  
Implementation

Payment Reform

Technology

# Fiscal Year 2022-2023 Program and Expenditure Plan

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# Community Services and Supports

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Ensuring  
Availability of  
Quality  
Outpatient  
Treatment



# Medication Clinics – Increase of \$132K

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Add 1 new  
Manager I/II/III  
position

Additional  
oversight of  
Medication Clinic  
services

CaAIM  
requirements

Quality  
improvement  
activities

Monitor  
performance  
measure and  
outcomes

Monitor staff  
productivity

Network Adequacy  
Compliance Tool  
(NACT)  
requirements

Further develop  
partnerships

# Behavioral Health Wellness Center – Increase of \$118K

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Allocate 1 Behavioral Health Specialist I/II position



More skilled classification to provide support to clients with more acute needs or disruptive behavioral



Increase operational hours to evenings and weekends

Adult  
Behavioral  
Health Services  
Team – Increase  
of \$2.8 Million

Serve	200 Clients
Ensure	Appropriate level of care
Provide	Higher level and more intensive services

Children's  
Behavioral  
Health Services  
Team – Increase  
of \$2.1 Million

Serve	200 Clients
Ensure	Appropriate level of care
Provide	Higher level and more intensive services

# Therapeutic Foster Care – Increase of \$641K

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Required by AB 403  
(Chapter 773, Statutes  
of 2015) Continuum of  
Care Reform

Implementation  
delayed by COVID-19  
pandemic

Short-term, intensive,  
highly coordinated,  
trauma informed and  
individualized  
rehabilitative service

Child/youth up to age  
21 with complex  
emotional and  
behavioral needs

Placed with trained and  
intensely supervised  
and supported TFC  
parents

Increase number of  
slots by 8, from 4 to 12

Increase cost per slot

Ensuring  
Availability of  
Quality Adult  
Residential Care



# Transitional Board and Care – Increase of \$1.9 Million

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Meals and housing in a safe environment

Supportive care

Transportation to community and medical appointments

Assistance with daily living skills, peer interaction and socialization

Assistance with symptom management and adherence to treatment plan

Collaboration with mental health providers

# Ensuring Timely Access to Services



# Behavioral Health Crisis and Support Line – Increase of \$442K



Allocate 1  
Administrative Clerk  
II position

- Support data entry into Contact Log
- Monitor tracking of timeliness of access and assessment records
- Monitor Medi-Cal Key Indicators



Allocate 3 Behavioral  
Health Specialist I/II  
positions

- Increase access to support 24/7 operations
- Decrease wait times
- Decrease likelihood of dropped call

# Supportive Services – Increase of \$118K

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## Allocate

- 1 Behavioral Health Specialist I/II position to Housing Division

## Respond

- To increases in requests for housing vouchers

## Support

- Increases in requests for shelter plus care

Adult  
Assessments –  
Increase of  
\$760K

Add	4 MH Clinician assessors to Contracted Treatment Teams
Increase	Capacity
Reduce	Wait times for assessment appointments

Children's  
Assessments –  
Increase of  
\$570K

Add	3 MH Clinician assessors to Contracted Treatment Teams
Increase	Capacity
Reduce	Wait times for assessment appointments

# Prevention and Early Intervention

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No  
Recommended  
Changes

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# Innovation

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No  
Recommended  
Changes

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# Workforce Education and Training

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# Workforce Development and Training



# Training Expansion – Increase of \$400K

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Increase Services  
and Supplies

Expand training  
offered to staff and  
contractors

Expanded clinical  
training

Strengthen service  
delivery

Improve utilization  
of evidence-based  
practices

# Capital Facilities and Technological Needs

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# Building Administrative Infrastructure and Capabilities



# New EHR – Increase of \$2.4 Million

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Increase fixed assets



20% of total estimated cost of \$3 million allocated to SUD



Plan to Technological Needs revenue



Essential to implementation of CalAIM

# Technology Infrastructure – Increase of \$500K

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INCREASE FIXED  
ASSETS



IMPROVE  
NETWORK UPTIME



PROTECT THE  
NETWORK



HARDWARE  
REFRESH



IMPROVE  
CONNECTIVITY



ENSURE ACCESS

# Table Discussion and Share Feedback

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# Discussion Questions



What did you hear?



What did you like?



Other reactions or comments?

# Looking Ahead

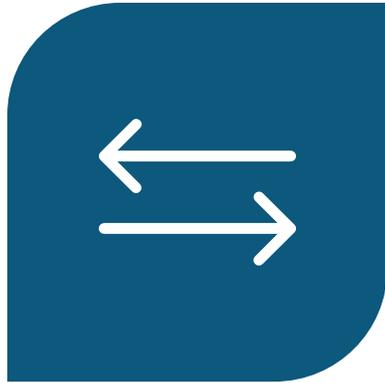
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# Fiscal Year 2022-2023 Annual Update

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# Annual Update Purpose

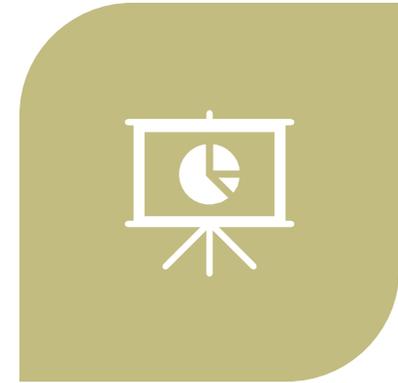
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PROGRAMMATIC CHANGES FOR  
FISCAL YEAR 2022-2023



UPDATE THE PEP



REPORT ACTUAL RESULTS  
FROM FISCAL YEAR 2020-2021.

# Annual Update New Format

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Director  
Message

Executive  
Summary

MHSA  
Overview

FY 2022-2023  
PEP

FY 2020-2021  
Actual Results

Community  
Planning  
Process

Public  
Comment  
Form

Fiscal Year  
2020-2021  
Actual Results

COVID-19 pandemic had  
significant impacts

Most programs were  
discontinued 6/30/21

Focus on moving forward  
with the BHRS Strategic Plan

# Annual Update

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DRAFT will be posted next week to  
the MHSA Website:  
<https://www.stanislausmhsa.com/>

BHRS will email notice to MHSA  
Advisory Committee once posted

# Mental Health Services Act

**Address:**  
800 Scenic Drive  
Modesto, CA 95350  
[Get Directions](#)

**Phone: (209) 525-6247**  
**Fax: (209) 558-4326**

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SEARCH DEPARTMI 

[Stanislaus County](#) > [Behavioral Health and Recovery Services](#) > [Mental Health Services Act](#)

## Welcome

Welcome to the Stanislaus County Mental Health Services Act website. The Mental Health Services Act provided funding to counties to expand and develop innovative, integrated services for children, adults and older adults. California's voters passed MHSA in November 2004. The intent of this site is to inform and invite our community to participate in the implementation of the MHSA.

[Theory of Change](#)

### Annual and Plan U

2/15/22  
INN CPP Funding Request

10/5/21 Final:  
MHSA Plan Update FY 2021-2022

6/29/21 Final:  
MHSA Three Year Program and Expenditure

Got questions?  
I'm here to help.



# FY 2022-2023 Planning Timeline



Innovations  
Community  
Planning  
Process  
May-August  
2022

LGBTQ Collaborative

NAACP

Promotores

Assyrian

East Asian

Punjabi

# Strengthening the Community System of Care

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

## Givens:

- Treatment
- Population
- # Clients
- # Providers/Teams
- Program Performance Measures

Improve Access?

Priority Populations?

Where?

When?

Strengthen treatment capabilities?  
What worked/Didn't work in treatment?

Mental Health Treatment RBA Framework (DRAFT)									
<b>Population</b>	Adults with Severe Mental Illness with functional impairment Children with Severe Emotional Disturbance with functional impairment								
<b>Performance Measure</b> "Better Off"	Increase functioning / Decreased impairment As measured by the LOCUS/CANS/DCR/Perception Surveys								
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<b>Performance Measures</b> "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions								

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

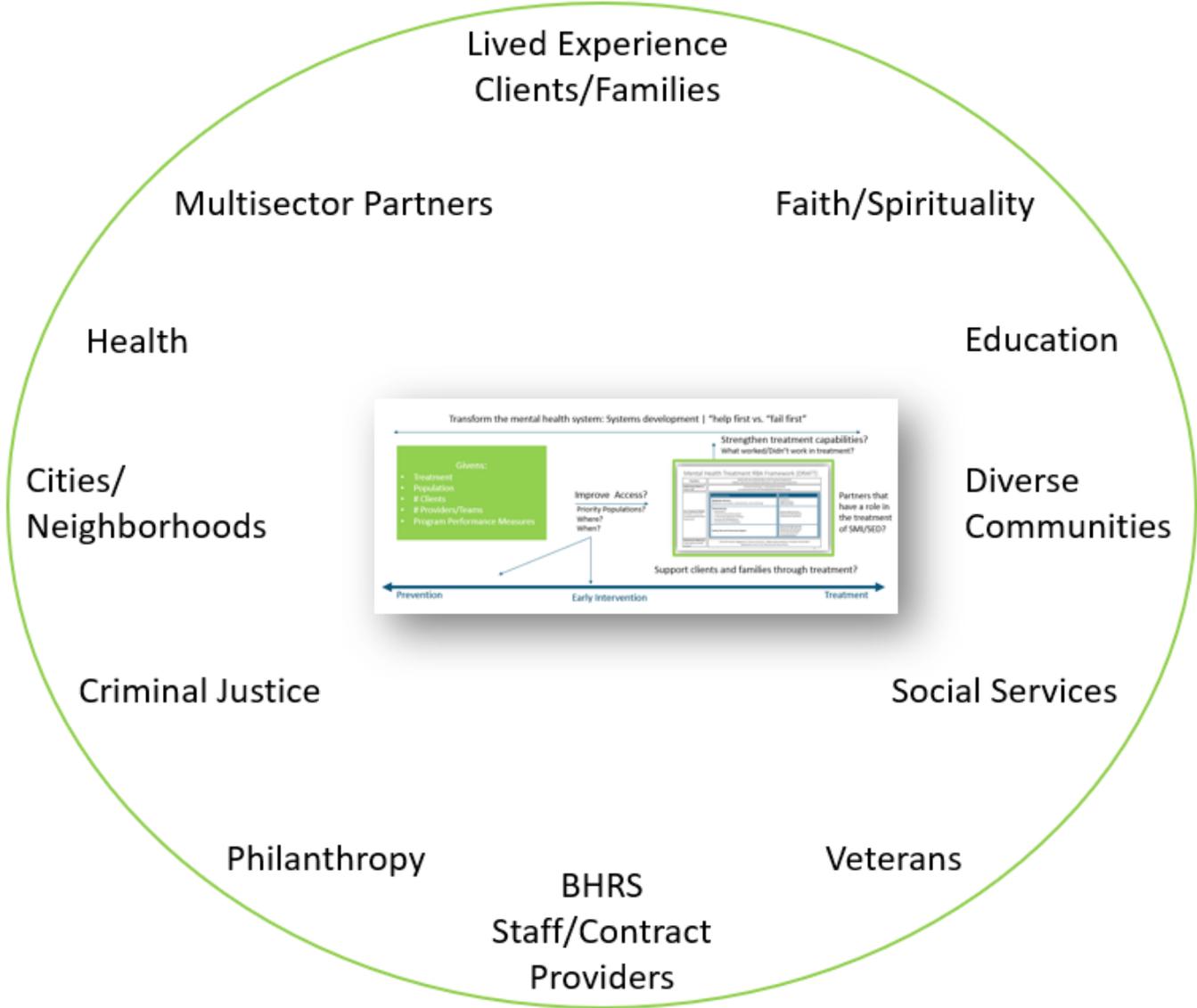
Support clients and families through treatment?

Prevention

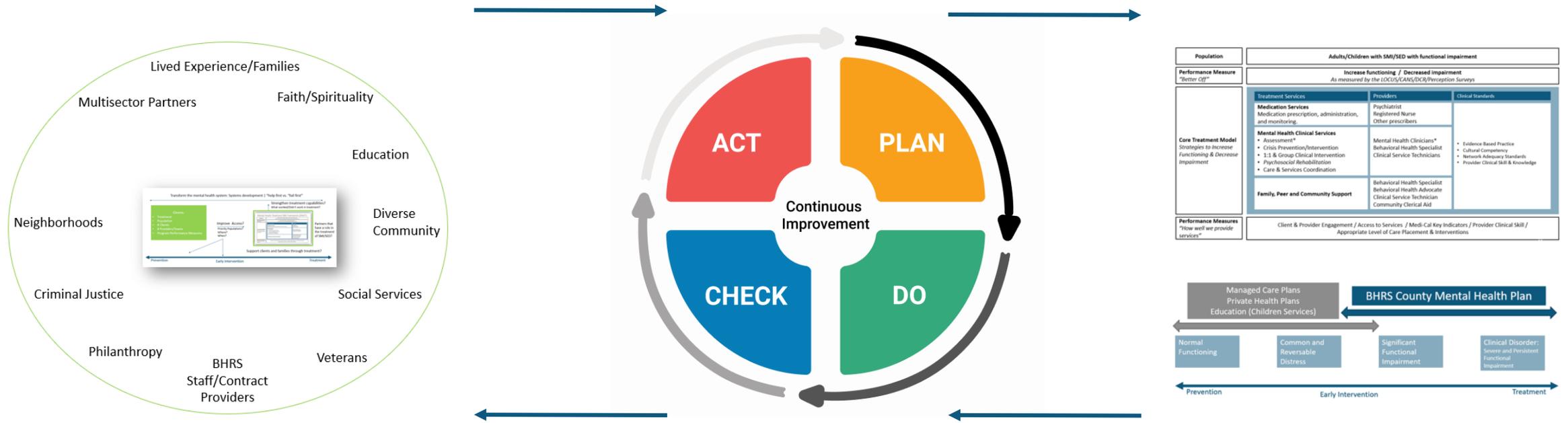
Early Intervention

Treatment

# Strengthening Community System of Care



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Population	Adults/Children with SMI/SED with functional impairment		
Performance Measure "Better Off"	Increase functioning / Decreased impairment As measured by the LOCUS/CANS/DCR/Perception Surveys		
Core Treatment Model Strategies to Increase Functioning & Decrease Impairment	Treatment Services	Providers	Clinical Standards
	<b>Medication Services</b> Medication prescription, administration, and monitoring  <b>Mental Health Clinical Services</b> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • Psychosocial Rehabilitation • Care & Services Coordination	Psychiatrist Registered Nurse Other prescribers  Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	• Evidence Based Practice • Cultural Competency • Network Adequacy Standards • Provider Clinical Skill & Knowledge
	<b>Family, Peer and Community Support</b>	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clinical Aid	
Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions		

An ongoing process of learning and adapting system-wide  
 Strategic Plan | MHSA Plan | Budgets | Continuum of Care Development

Other Advisory  
Committee  
Engagement  
Opportunities

## Advisory Committee Meeting for Innovations – September 2022

## Advisory Committee Training – October 2022

- Overview of Programs and Services
- BHRS and Contract Partner Leadership
- Update on California's Advancing and Innovating Medi-Cal

# Questions?

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