



# MHSA 2012

Behavioral Health & Recovery Services

Mental Health Services Act

Plan Update FY2012-2013

November 5, 2012

# Agenda

- **Why We Are Here**
- **Context**
- **MHSA Funding 101**
- **CSS Proposed Program Expansions & Restorations**
- **Technological Needs**
- **Next steps**

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## ➤ BHRM Mission

- In partnership with our community, our mission is to provide and manage effective prevention and behavioral health services that promote our community's capacity to achieve wellness, resilience, and recovery outcomes.

## ➤ MHSA Values

- Community collaboration
- Cultural competence
- Client/family driven mental health system
- Wellness, recovery, and resiliency focus
- Integrated service experiences for clients and family

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## ➤ **BHRS Commitments to Long Term Change**

- Community capacity building
- Leadership development
- Financial sustainability
- Results based accountability

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## ➤ **Legislative Change - AB1467 (June 27, 2012)**

- ❑ Several administrative changes many of which we have been doing in our local MHSA process since the beginning
- ❑ Alcohol and drug services and health care organizations in stakeholder processes
- ❑ Annual updates to be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC)
- ❑ County Auditor Controller certifies that county has complied with fiscal accountability requirement consistent with the act
- ❑ Restores MHSOAC approval of new Innovation plans
- ❑ Department of Health Care Services (DHCS), in consultation with MHSOAC, is now responsible for the state's regulation of MHSA

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- **Remains the same:**
  - ❑ MHSAs funds may only be used for approved plans
  - ❑ Stakeholder input and local planning processes are necessary
  - ❑ Supplantation of existing state or county funds with MHSAs funds is not allowed

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## ➤ Where we left off:

### ☐ CSS Plan Update

#### ■ CSS Plan Reductions FY10-11

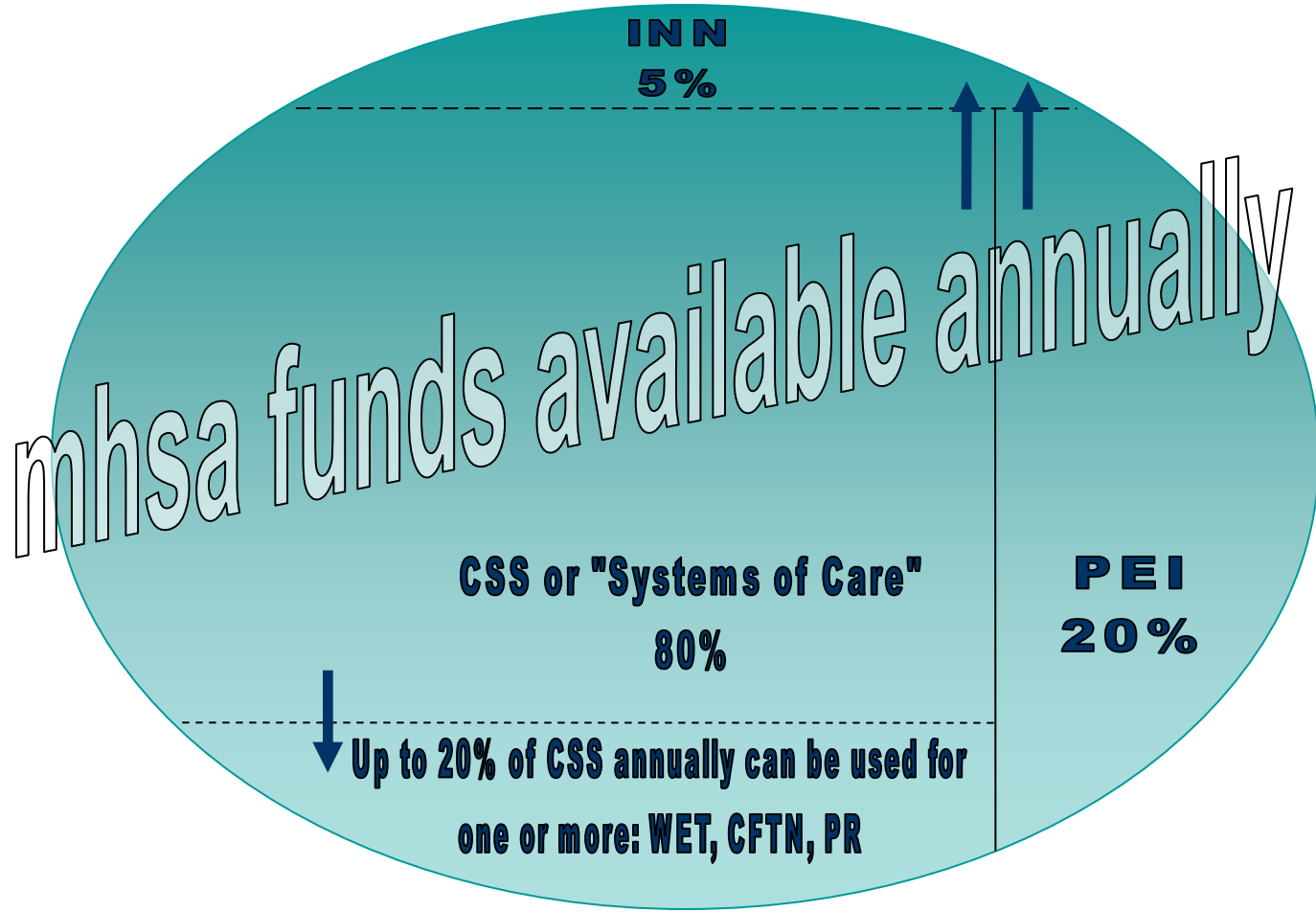
- Outreach & Engagement, O&E-01; Outreach to Diverse Community (transferred to PEI)
- Full Service Partnership, FSP-03 & 04; Health/Mental Health & Senior Access (consolidated to FSP-06, High Risk Health & Senior Access)
- CSS Implementation Manager (eliminated)
- Other strategic reductions

#### ■ If BHRS MHSA Revenue Increases:

- With stakeholder input, can begin to strategically restore reductions from previous years or consider expansions

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# MHSA Funding 101

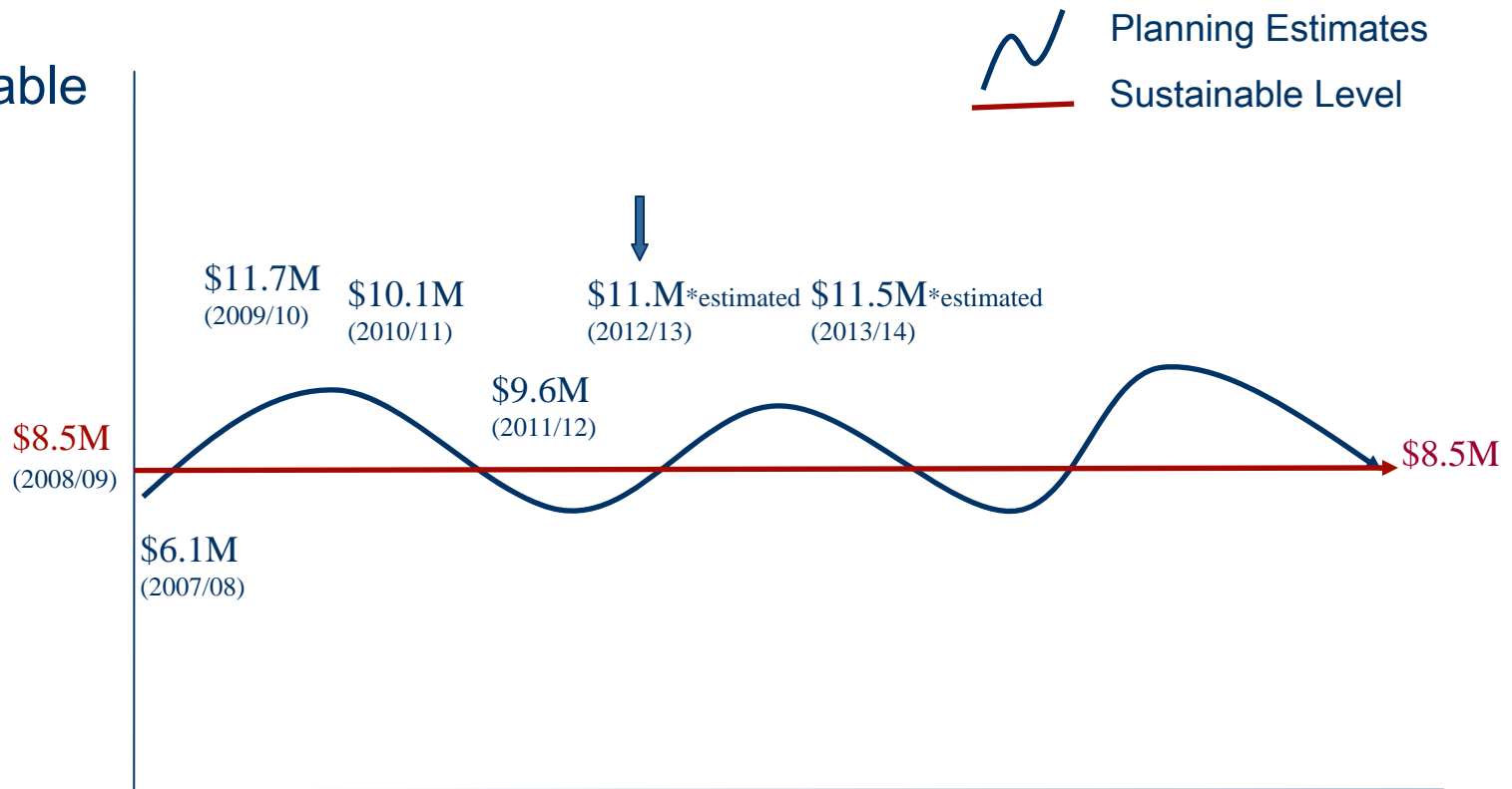


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# Community Services & Supports (CSS)

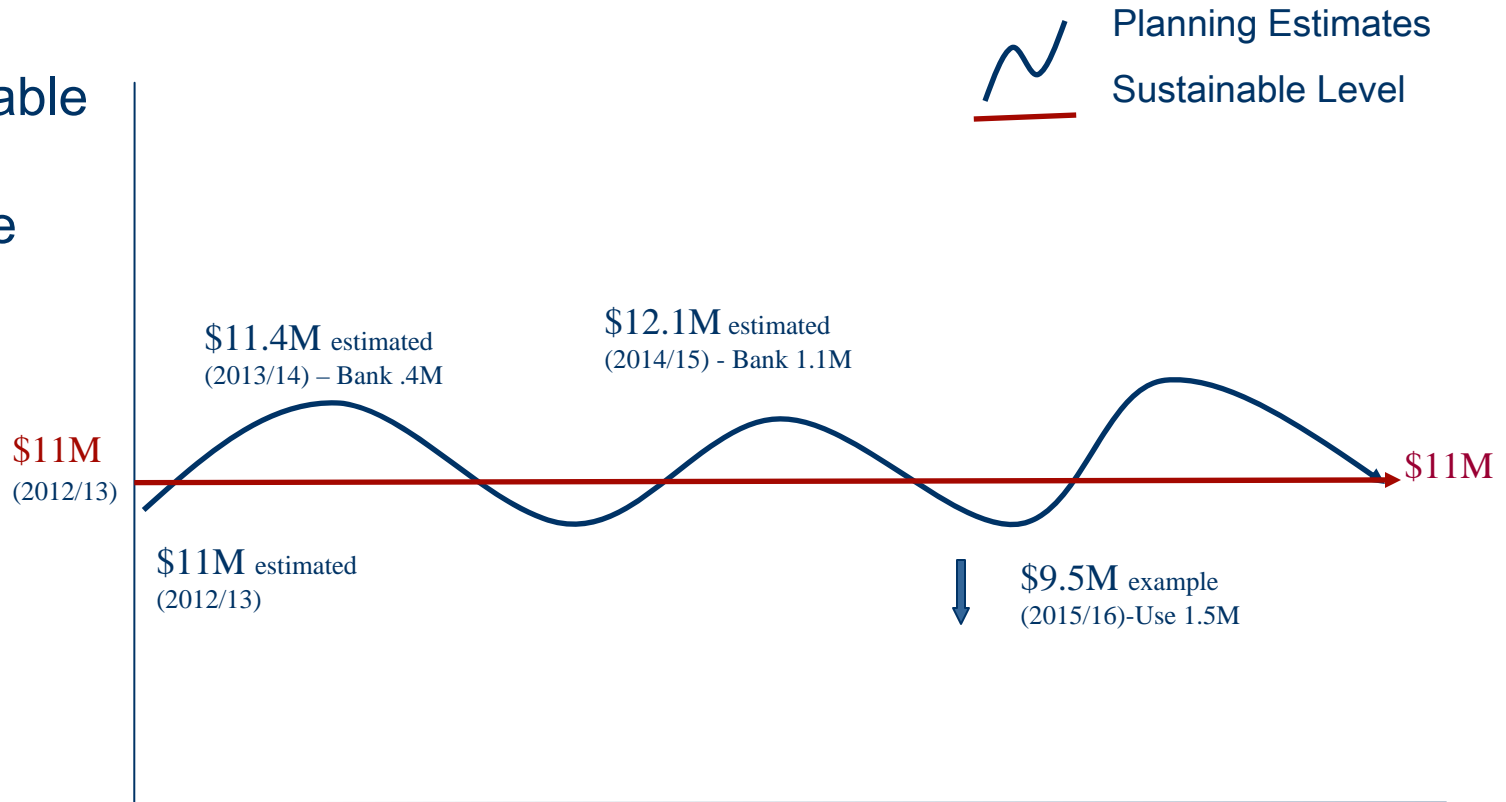
CSS  
Sustainable  
Level-



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# Community Services & Supports (CSS)

## CSS Sustainable Level - Example



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# CSS Budget – All Years and Operating Reserve

	FY04/05	FY05/06	FY06/07	FY07/08	FY08/09	FY09/10	FY10/11	FY11/12	FY12/13
<b>CSS Planning Estimate</b>	\$2,151,400	\$4,293,969	\$6,069,602	\$8,502,900	\$11,684,900	\$10,173,700	\$9,620,600	Estimated \$10,983,733	Estimated \$11,390,946
<b>Non-Recurring</b>	\$2,100,000		\$3,457,500					\$2,253,305	
						12.9%	5.4%	14.2%	3.7%
		<div style="border: 1px solid orange; padding: 5px; background-color: #f96;">                     MHSA funds used to expand FSPs to serve clients in the eliminated AB2034 Programs                 </div>						<div style="border: 1px solid orange; padding: 5px; background-color: #f96;">                     Estimated one time augment                 </div>	
<b>Total CSS Funds</b>	\$4,251,400	\$4,293,969	\$9,527,102	\$8,502,900	\$11,684,900	\$10,173,700	\$9,620,600	\$10,983,733	\$11,390,946
<b>AB2034</b>	\$3,424,083	\$3,424,083							
<b>Up to 10% operating reserve</b>				\$809,440	\$1,158,914	\$1,055,775	\$1,009,886	\$998,521	\$1,035,541

# CSS Expansion & Restorations Funding – How?

<b>One-time Redistribution (estimate)</b>	<b>\$ 2,253,305</b>
FY2011-2012 Final allocation	\$ 9,620,600
Estimated Increase (approx. 15%)	<u>1,363,133</u>
Estimated FY2012-2013 Allocation	\$10,983,733
Less Existing Program/Admin. Costs	(9,747,302)
<b>Balance Available:</b>	<b>\$ 1,236,431</b>
<b>Operating Reserve as of 6/30/12</b>	<b>\$ 3,621,216</b>
<b>Expansion &amp; Restoration Budget</b>	<b>\$1,821,138</b>
<b>Increased Allocation</b>	<b><u>(1,236,431)</u></b>
<b>Utilize Operating Reserves</b>	<b>\$ 584,707</b>

# Reflections

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

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# Break Time



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# CSS Local Strategy

- Build on existing successful programs
- Continue to address unmet needs identified during the initial CSS stakeholder input process
- Incorporate stakeholder input throughout the CSS plan (e.g., serve every age group)
- Continuously strengthen the CSS plan
  - Community capacity building
  - Peer & family support
  - Service to high use, at risk individuals

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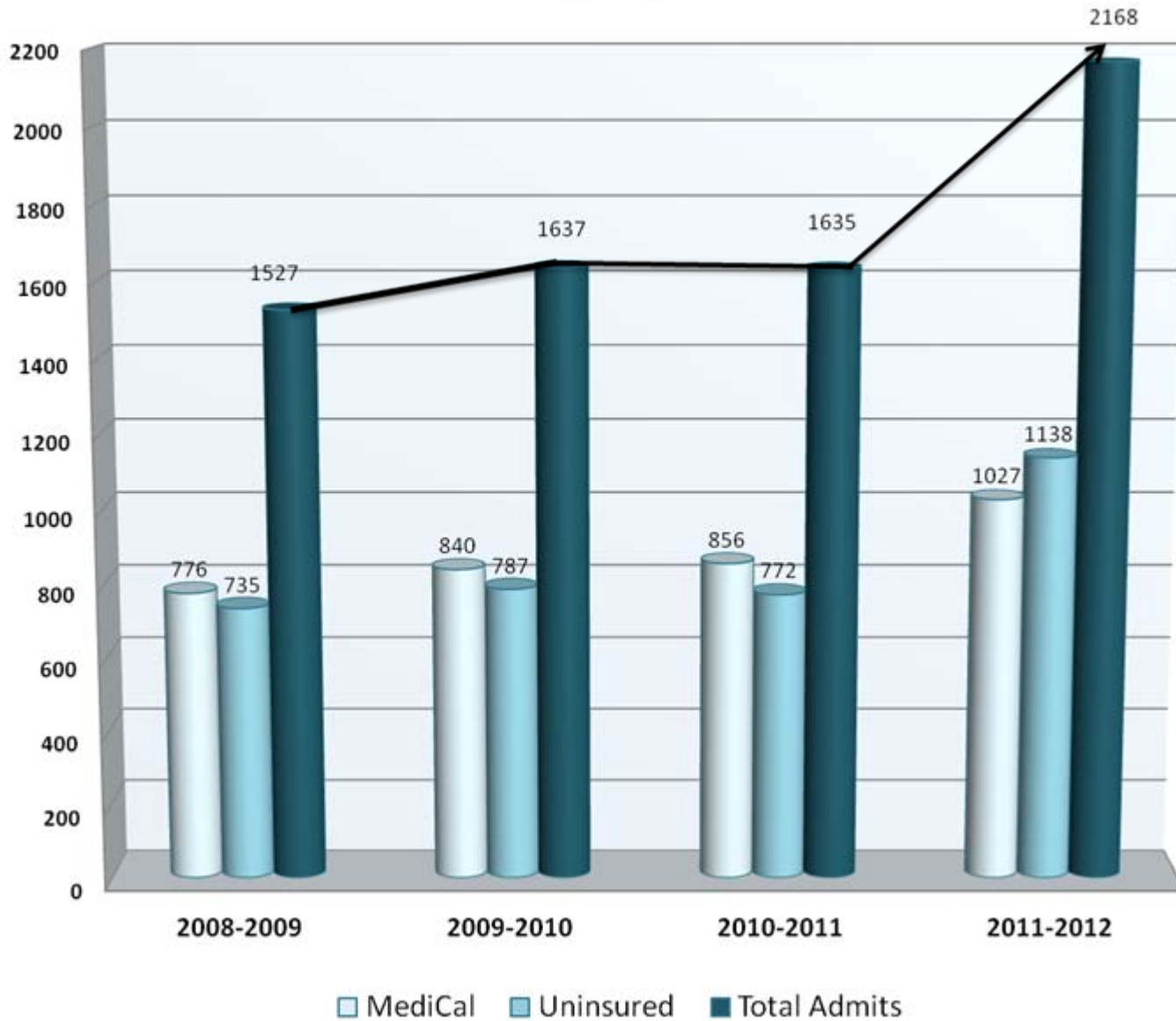
# A Closer Look

- Current unmet service need: access and crisis response
- Statewide phenomenon
- Indicator of the need is an increase in usage of psychiatric inpatient treatment
- Workgroup & data
- Recommendations

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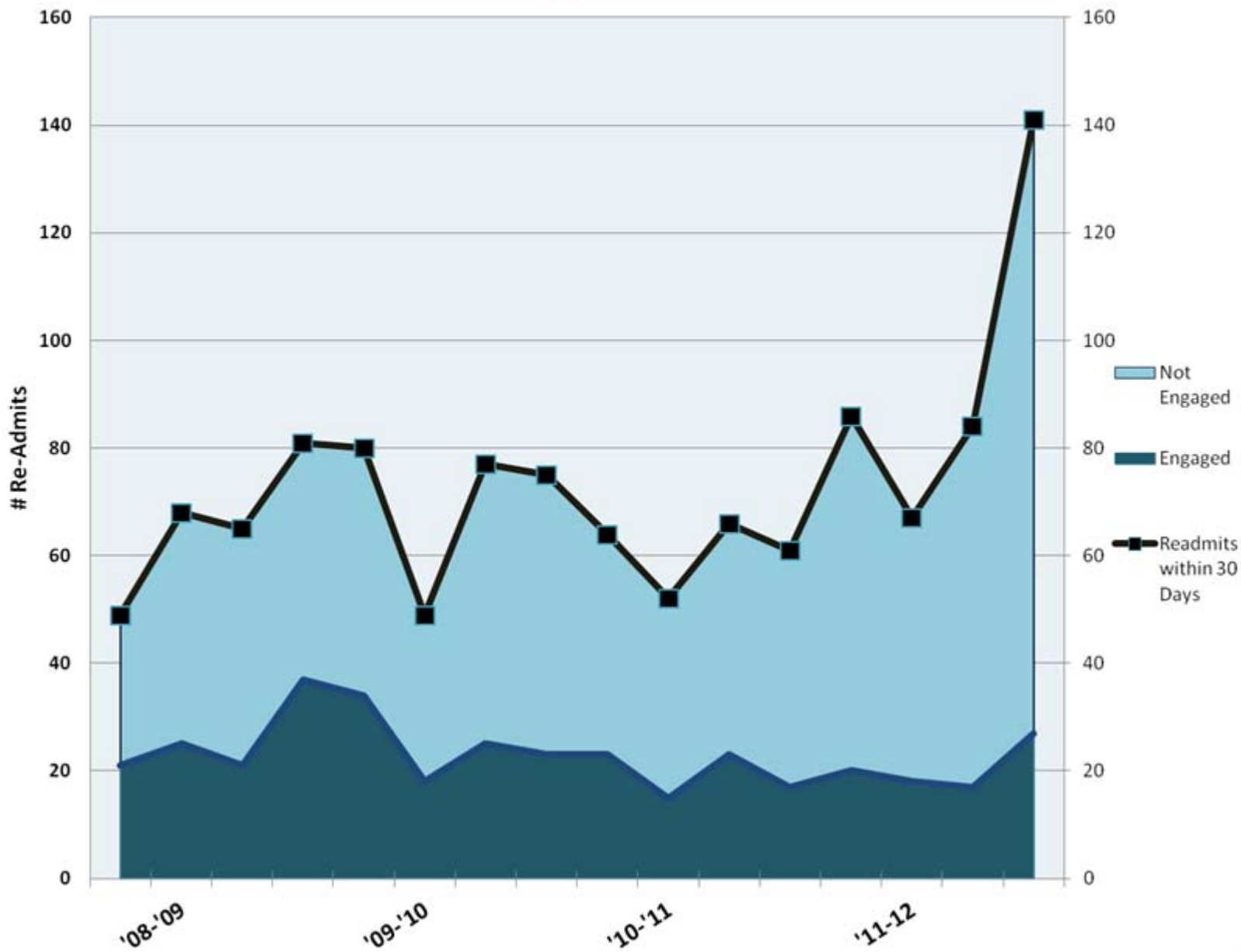


## DBHC Admissions (Adults)

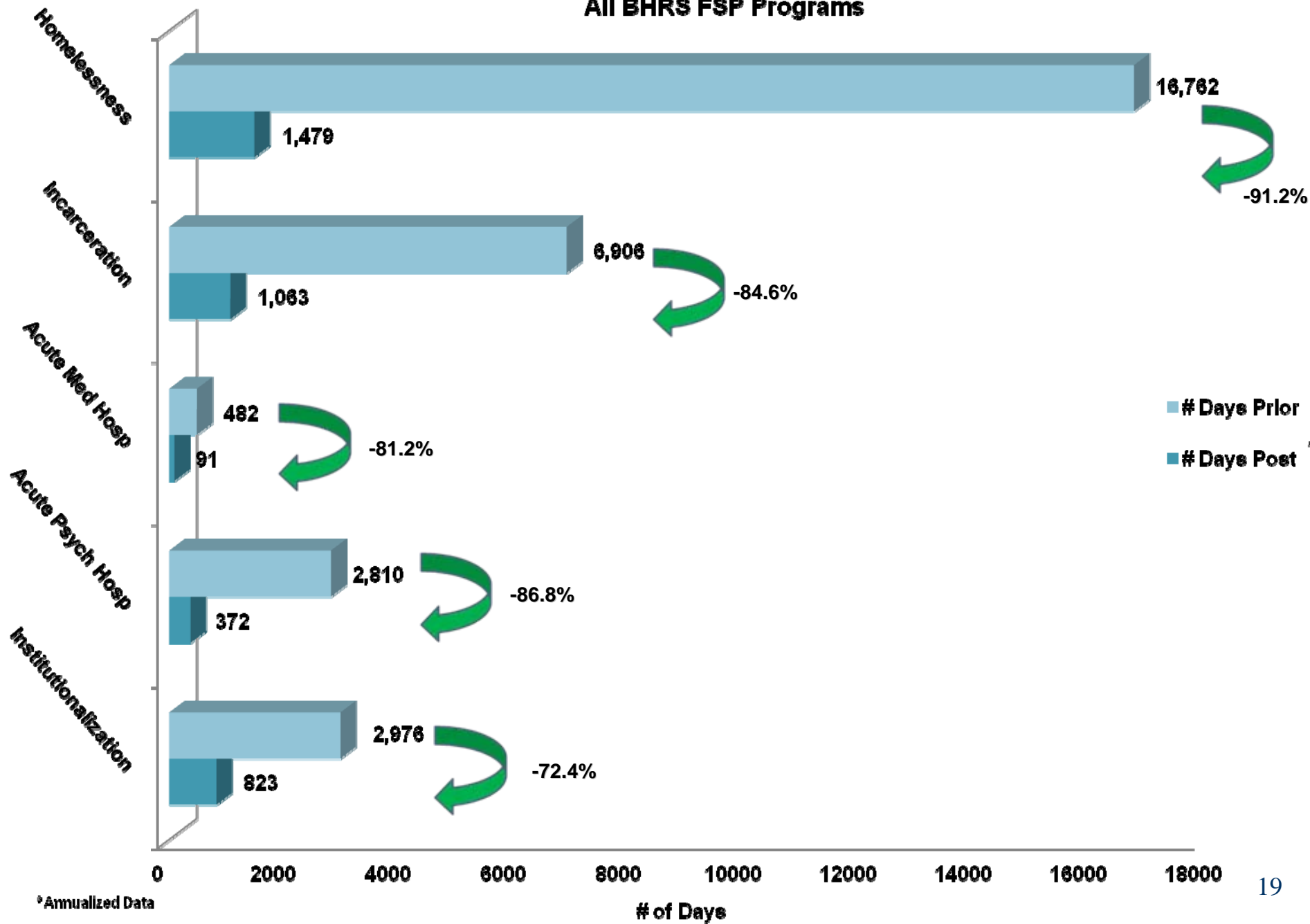


# # Re-admits Within 30 Days

## With and Without BHRS Engagement Between Admissions



**FSP Outcomes 2011-2012**  
**n=337**  
**All BHRIS FSP Programs**



# Discharge Team Proposal

- Participation in services offered by the discharge team is voluntary
  - ❑ Offer outreach to people who are receiving services in acute psychiatric settings (e.g. DBHC and out of county hospitals)
  - ❑ Provide information on resources available, offer support & transportation for post discharge needs including mental health and alcohol and drug assessments
  - ❑ If individual consents to services – engage them in the service during or immediately following discharge from acute care setting
  - ❑ Be available 24/7 on-call to respond to emergency contact needs of individuals with the intent to avoid re-admission and encourage use of alternative community based supports
  - ❑ Develop comprehensive database to track outcomes

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# Proposed Program Expansions & Restorations

<b>FSP-01 Stanislaus Homeless Outreach Program</b>		<b>\$960,334</b>
1.	Expand Josie's TRAC – TAY FSP to serve additional 12 youth	\$145,000
2.	Expand Partnership TRAC - FSP to serve 24 additional adults	\$290,000
3.	Expand GSD - Fast TRAC to serve 25 additional adults and establish a discharge team	\$435,000
4.	<b>Add one-time only increase wraparound funds for housing and other costs</b>	<b>\$35,000</b>
5.	Increase psychiatric time (7 hours/week)	\$52,000
6.	Increase peer support team (share evenly by 3 Adult FSPs)	\$3,334

<b>FSP-06 High Risk Health and Senior Access</b>		<b>\$128,333</b>
<b>Expand FSP to serve 12 additional adult and older adults</b>		
1.	Add a Mental Health Clinician to increase service	\$110,000
2.	Increase psychiatric services (8 hours per month)	\$15,000
3.	Increase peer support team (shared evenly by 3 Adult FSPs)	\$3,333

<b>FSP-02 Juvenile Justice</b>		<b>\$23,671</b>
1.	Restore part time Parent Partner PSC	\$12,917
2.	Restore part time Youth PSC	\$10,764

<b>GSD-01 Josie's Place / TAYA</b>		<b>\$125,000</b>
<b>Expand capacity to serve young adults who need short term services and supports</b>		
2.	Add a Mental Health Clinician to increase service	\$110,000
3.	Increase psychiatric services (8 hours per month)	\$15,000

<b>GSD-04 Families Together</b>		<b>\$72,917</b>
1.	Restore part time Parent Advocate PSC	\$12,917
2.	Restore Admin Clerk II	\$60,000

\*All above numbers are estimates (subject to change)

# Proposed Program Expansions & Restorations

<b>FSP-05 Integrated Forensics Team</b>	<b>\$103,333</b>
<b>Expand FSP to serve 12 additional adults including TAYA (18-24 years of age)</b>	
1. Add a Behavioral Health Specialist to increase service	\$85,000
2. Increase psychiatric services (8 hours per month)	\$15,000
3. Increase peer support team (share evenly by 3 Adult FSPs)	\$3,333
<b>GSD-02 Crisis Emergency Response Team</b>	<b>\$170,000</b>
1. Add a Mental Health Clinician or Psychiatric Nurse	\$120,000
2. Increase part time staffing coverage to ensure 24/7 service	\$50,000
<b>Total Program Costs</b>	<b>\$1,583,598</b>
<b>Administrative Overhead (15%) **</b>	<b>\$237,540</b>
<b>Total Additions</b>	<b>\$1,821,138</b>

\*All above numbers are estimates (subject to change)

\*\*Includes on-going cost and applied expenses

# Reflections

- What questions do you have?
- Do the CSS plan restorations and expansions make sense?
- What input would you give to the recommendations?

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# Technological Needs

- Remaining balance - \$206,078
- Expand project to purchase electronic signature pads and mobile devices that allow Electronic Health Records (EHR) entries from remote locations
  - ❑ Estimated cost \$100,000

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# Gradients of Agreement

Endorse	Endorse with minor point of contention	Agree with reservations	Abstain	Stand aside	Disagree but will support the majority	Disagree and want out from implementation	Can't go forward
I like it	Basically I like it	I can live with it	I have no opinion	I don't like this, but I won't hold up the group	I want my disagreement recorded, but I'll support the decision.	I won't stop anyone else, but I don't want to make this happen.	We have to continue the conversation.

# Next Steps

## ➤ Plan Update FY12/13

- ❑ 30 day public review and comment period  
December 5, 2012 through January 3, 2013
- ❑ Two informational outreach meetings:
  - December 12, 2012, 10:00-11:00am @ 1917 Memorial Dr. Ceres, PEI Community Room
  - January 3, 2013, 10:00-11:00am @ 800 Scenic Dr., Modesto, Redwood Room

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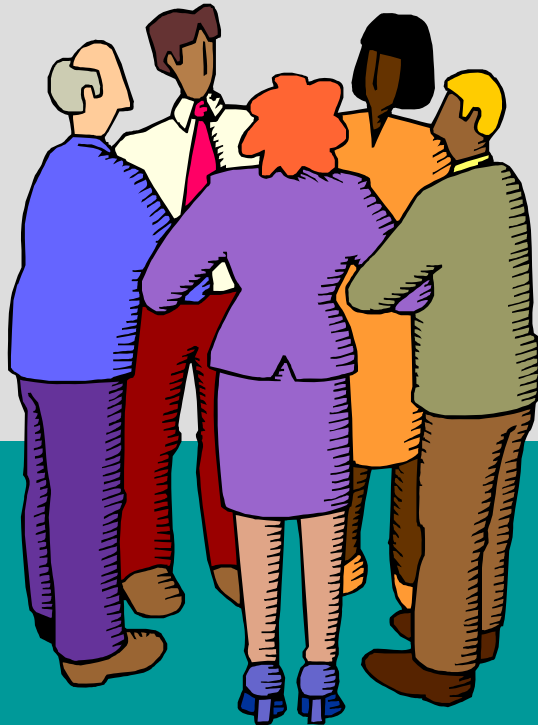
# Next Steps

- **Future representative stakeholder meetings (dates pending)**
  - ❑ Annual Update FY13/14
    - ❑ Prevention & Early Intervention (PEI) revision
    - ❑ New Innovation projects (INN)
    - ❑ Progress report on MHSA programs
  - ❑ Integrated MHSA Plan
- **Feedback Form for Tonight**
- **Final Reflections/Questions**

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Coming together is a beginning;  
keeping together is progress;  
working together is success.

Henry Ford



Thank you for your partnership!