



# Mental Health Services Act innovation

Behavioral Health & Recovery Services  
Mental Health Services Act Innovation Planning Round #3  
March 18, 2013



# Representative Stakeholder Steering Committee

## Welcome and Introductions

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# Agenda for the Evening

- Develop shared understanding of where we are and where we are headed in MHSA planning
- Develop focus for the next round of Innovation Projects
- Develop shared understanding of next steps

# CSS Update

- November 2012 agreement to expand CSS programs
- Goal of CSS revision: Expand and enhance the continuum of outpatient care, with a primary focus on re-hospitalization that will avoid trauma for individuals/families and expense to the system
- CSS Revision was approved by BOS and submitted to MHSOAC
- Implementation is underway

# WE&T, PEI, TN, INN, CSS & Housing

## MHSA Annual Update FY13-14

- Highlights to be given in next meeting on April 15, 2013
- Public review/comment starting 4.24.13
- Public Hearing at Mental Health Board on 5.23.13

*Any questions/feedback on where we are or where we are headed?*

# Innovations Now and in the Future

- Tonight is a conversation about where BHRS is recommending we go next with INN
- Tonight is not a conversation about the sum total of what we are going to do with Innovation Projects in the future
- Innovation is continuously funded and dedicated to innovative projects
- Innovation Projects will be developed as long as MHSA funding exists

# Ten Innovation Projects

Project	Implementer
Evolving a Community-Owned Behavioral Health System of Supports and Services	Behavioral Health and Recovery Services
Arts for Freedom	Peer Recovery Art Project
Beth & Joanna/Friends in Recovery	National Alliance for Mental Illness (NAMI)
Building Support Systems for Troubled Children	Ceres Partnership for Healthy Families/ Center for Human Services
Choosing Civility	Center for Human Services
Connecting Youth Receiving Services to Community-based Supports	Sierra Vista Child and Family Services
Families in the Park	West Modesto King Kennedy Neighborhood Collaborative
Integration Innovations	Stanislaus County Health Services Agency
Promoting Community Wellness in Nature and Neighborhood Driven Therapies	Tuolumne River Trust
Revolution	Center for Human Services

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# Refresher from 2010 & 2011

**Innovation began in January 2010 based on what we knew then:**

Round #1: Start with a BHRS-developed project.

Round #2: Continued in September 2010 with community-based Innovation Projects based on learning edges. Learning Edge defined as a place where focused learning can significantly advance the transformation of the system.

Future rounds to be based on funds available, learning established and emerging issues.



# The Givens for Innovation

**Priority learning edges help support system and county wide transformation and promote learning in community capacity building.**

- 1) Connecting people receiving services to community-based supports
- 2) Honoring and identifying more holistic approaches to well-being
- 3) Improving the well-being of children, Transition Age Youth (TAY) and Transition Age Young Adults (TAYA)
- 4) Treatment options for people struggling with both substance abuse and mental illness.

# The Givens

- Primary focus: Learning, not services (services ok, just can't be the point)
- Essential MHSA Elements: Community Collaboration, Integrated Services, Wellness + Recovery + Resiliency, Consumer + Family-Driven System, Culturally Competent System
- No time limit on projects – based on time for learning to occur
- If successful, must be sustained with other funds (e.g. CSS, PEI or non-MHSA funds)

# The Givens

**Select one as the primary purpose most associated with the expected learning:**

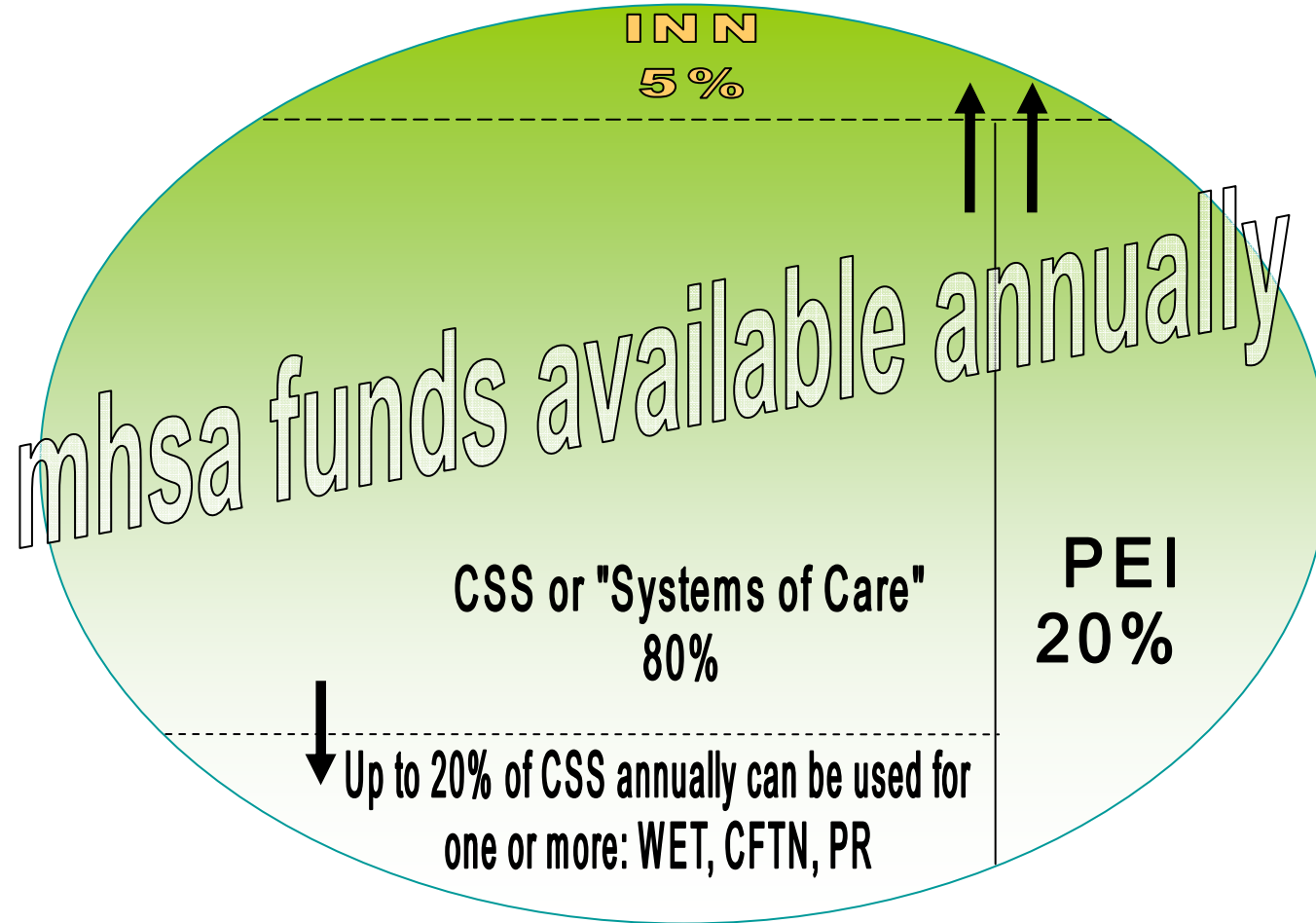
- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

# The Givens

**An innovation does one of the following:**

- Introduces new mental health practices/approach
- Makes a change to an existing mental health system practice/approach
- Introduces a new application to the mental health system of a promising community-driven practice/approach that has been successful in a non-mental health context

# Innovation Funding



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# The Givens

## Funds now available for new innovation projects:

▪ Unspent funds from Project #1 =	\$609,607
▪ Unallocated funds from previous FY =	\$63,705
▪ One time redistribution of “swept” funds =	\$148,244
▪ FY12-13 anticipated amount =	\$722,614
▪ Subtotal of unspent/uncommitted funds =	\$1,544,170
▪ Less 15% BHRS Admin =	(\$231,625)
➤ TOTAL AVAILABLE July 1, 2013	\$1,312,545

## Projected Stanislaus County Innovation Funding: Detail

FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
\$712,700 committed to Round #1					
\$1,834,555 committed to Round #2					
				Est: \$2,540,988 available for Round #3	
		\$1,312,544 to be spent/obligated Round #3	Est: \$614,222 to be spent/obligated Round #3	Est: \$614,222 a portion to be spent/obligated Round #3  A portion to be save for Round #4	
<b>Estimated Going Forward</b>  Annual: \$722,614 Less BHRS Admin: \$108,392 \$ for Projects: \$614,222					
				Est: \$614,222 uncommitted and to be spent/obligated in Round #4	

# Discussion

- What makes sense to you?
- What questions or concerns do you have now?



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*Break*

The principle: Each one of us is an eye (I); the whole discerns through us.  
The corollary: When we don't hear from an eye (I), the whole is at greater risk.

*The Scallop Principle*

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# Just Over the Horizon

## Key impacts for future innovations

- Affordable Care Act
- Integrated MHSA Plan
- Complete community-based projects in FY14-15
- Develop new learning edges for Round #4

# Emerging Opportunities

- “Stanislaus Transformation Collaborative”

Promote interagency collaboration

- “Alternative Respite Project”

Increase the quality of services, including better outcomes

# Two Proposed Projects

Stanislaus Transformation Collaborative	Alternative Respite
<b>Need identified:</b> PEI & INN planning	<b>Need identified:</b> CSS/PEI planning and BH Strategic Planning for 24/7 secure mental health services
<b>Intent:</b> Expand the system transformation	<b>Intent:</b> Expand crisis respite and peer & family support
<b>Overarching Issue:</b> How do we continue to promote transformation in the publicly funded mental health system?	<b>Overarching Issue:</b> How do we avoid trauma/stigma and cost of psychiatric hospitalizations?

# Two Proposed Projects

Stanislaus Transformation Collaborative	Alternative Respite
<b>Learning approach:</b> Extend the learning begun with first Innovation project	<b>Learning approach:</b> Extend the learning begun with second round of projects
<b>Length of Time:</b> 3 years	<b>Length of Time:</b> 3 years
<b>Estimated Funds:</b> \$400,000 – \$500,000	<b>Estimated Funds:</b> \$1.5 – \$1.8 million
<b>Partners:</b> Community-based organizations	<b>Partners:</b> Community-based organizations

# Small Group Conversation

- What did you hear?
- What do you like?
- What questions or concerns do you have?

➤ Project development workgroups

 learning opportunity

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# Gradients of Agreement

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

Thank you for your partnership!

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