

# MHSA

## Representative Stakeholder Steering Committee

Behavioral Health and Recovery Services

Mental Health Services Act

Annual Update FY 2017-18

Three-Year Program and Expenditure Plan



January 27, 2017

# MHSA Representative Stakeholder Steering Committee

**Welcome  
and  
Introductions**

# MHSA Representative Stakeholder Steering Committee



**“Well, I am hoping to get the centerfold in Psychology Today. Now it seems every show I watch there’s someone with bipolar in it!**

**It’s going through the vernacular like “May the force be with you” did. But I define it, rather than it defining me.”**

**- Carrie Fisher, Actress, Writer,  
Mental Health Advocate**

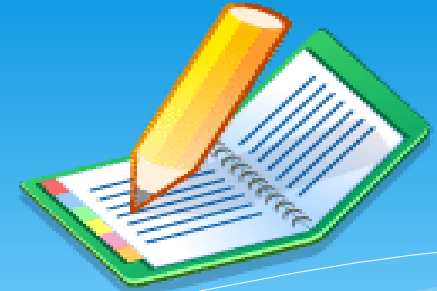
# MHSA Representative Stakeholder Steering Committee

**“Stay afraid, but do it anyway. What’s important is the action. You don’t have to wait to be confident. Just do it and eventually the confidence will follow.”**

**- Carrie Fisher, Actress,  
Writer, Mental Health  
Advocate**



# Today's Agenda



- I. Introductions**
- II. Review of MHSA Components**
- III. Review of MHSA Budget**
- IV. Present Highlights from MHSA Funded Programs – FY 15-16**
- V. MHSA Updates/Next Steps**
- VI. Comment Period**
- VII. Announcements/Adjournment**

# MHSA Components



WELLNESS • RECOVERY • RESILIENCE

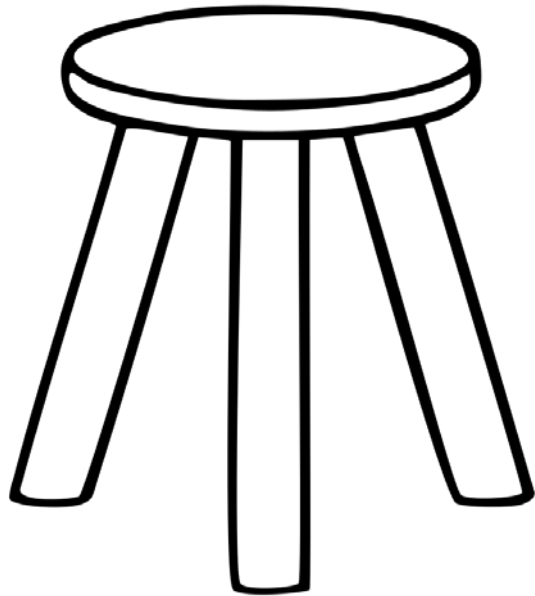
- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Workforce Education and Training (WE&T)**
- **Capital Facilities/ Technological Needs (CF/TN)**
- **Innovation (INN)**

# MHSA Components

- \* **MHSA funds may only be used for approved plans**
- \* **Stakeholder input and local planning processes are necessary**
- \* **Supplantation of existing state or county funds with MHSA funds is not allowed**



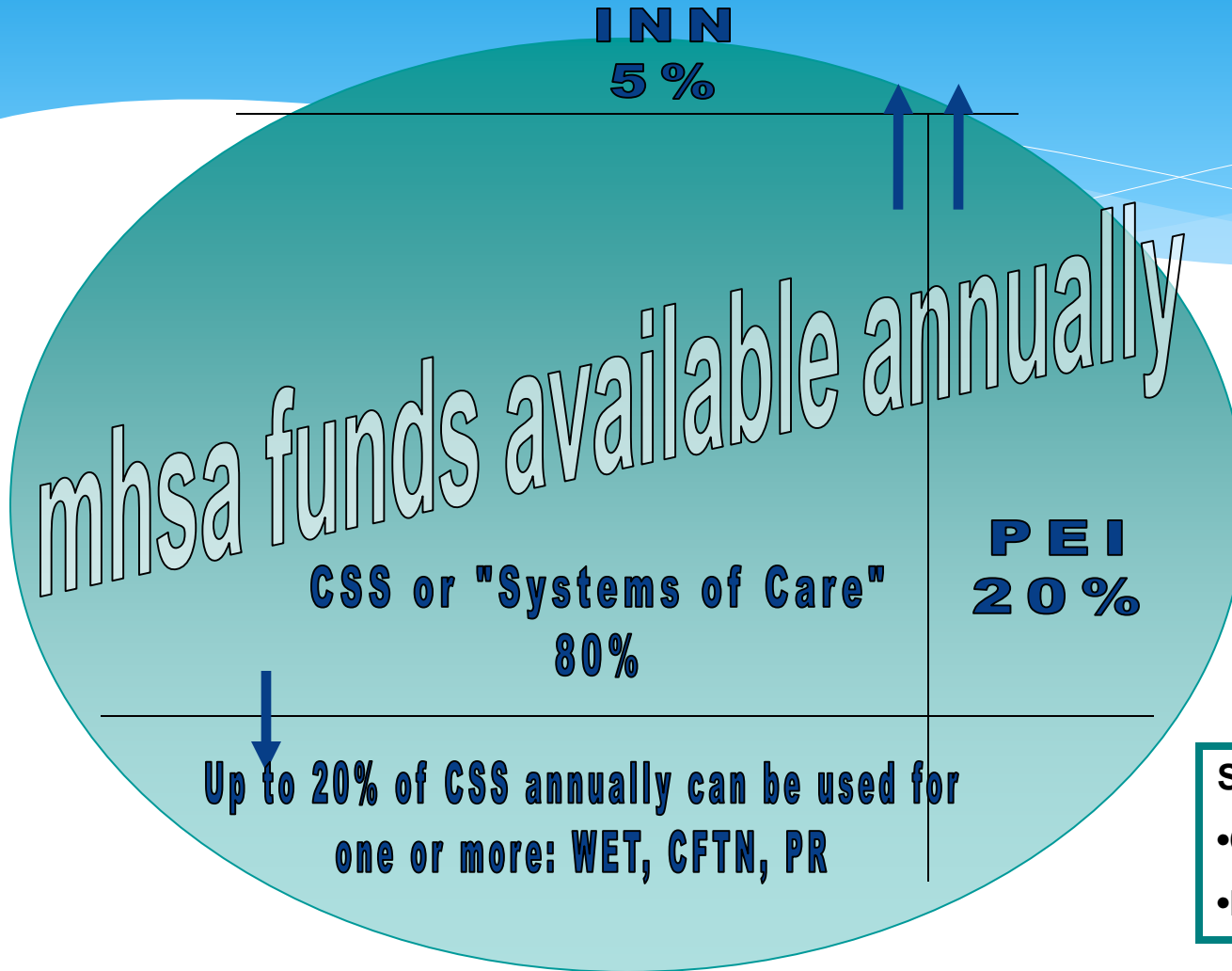
# MHSA Planning Process



- \* **MHSA Statute, Regulations, and Guidelines**
- \* **Representative Stakeholder Input**
- \* **BHRS Capacity to implement funds**



# MHSA Funding



\*BHRS will continue to approach stakeholders as needed to authorize new funding projects for WET/CFTN operations

# MHSA Expenditure Plan FY 2016-17 Summary

FUNDING COMPONENT	BUDGETED EXPENDITURES	PERCENTAGE
Community Services and Supports (CSS)	\$20,064,065	69%
Prevention and Early Intervention (PEI)	\$5,263,610	18%
Innovation (INN)	\$1,928,393	7%
Capital Facilities and Technological Needs (CF/TN)	\$1,243,702	4%
Workforce Education & Training (WE&T)	\$763,395	3%
<b>TOTAL</b>	<b>\$29,263,165</b>	<b>100%</b>

# MHSA State Funding

## CSS, PEI and INN

	ALLOCATION	CSS	PEI	INN
FY 16/17 Initial Estimate	\$ 22,279,525	\$ 16,932,439	\$ 4,233,110	\$ 1,113,976
FY 16/17 Projections	\$ 23,597,674	\$ 17,934,232	\$ 4,483,558	\$ 1,179,884
FY 17/18 Estimates	\$ 23,112,309	\$ 17,565,355	\$ 4,391,339	\$ 1,115,615

\* Does not include rollover from previous years or future growth projections



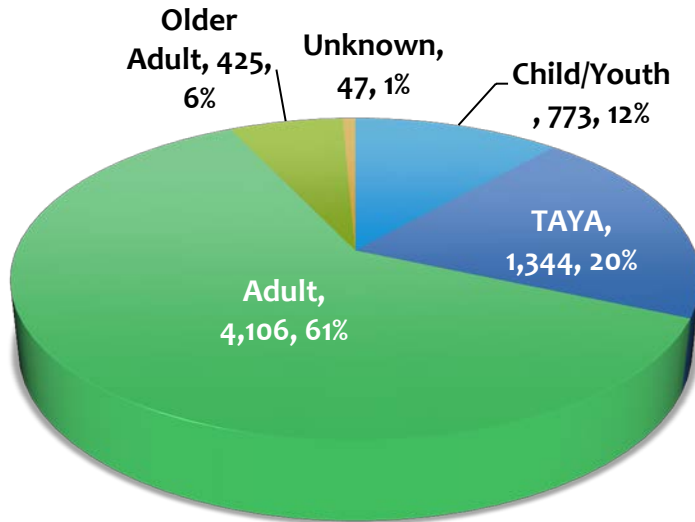
# MHSA Annual Update

## \* Community Services & Supports (CSS)

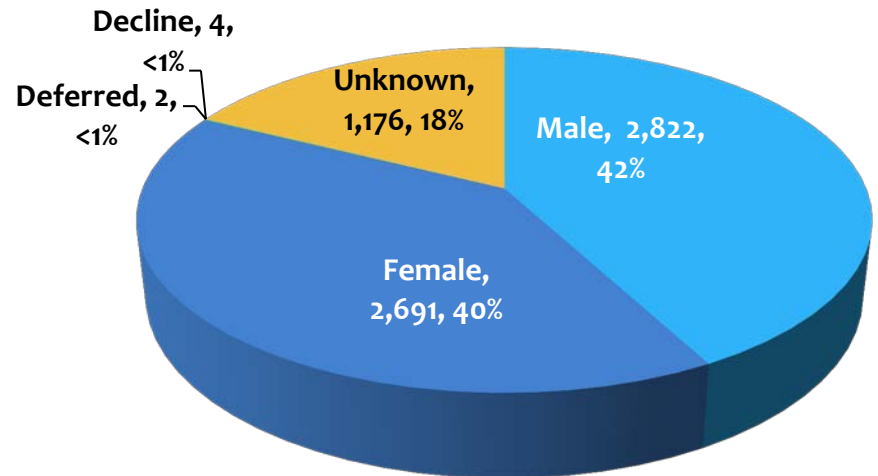
FY 15-16

**TOTAL SERVED: 6,695 (unduplicated)**

### Age



### Gender



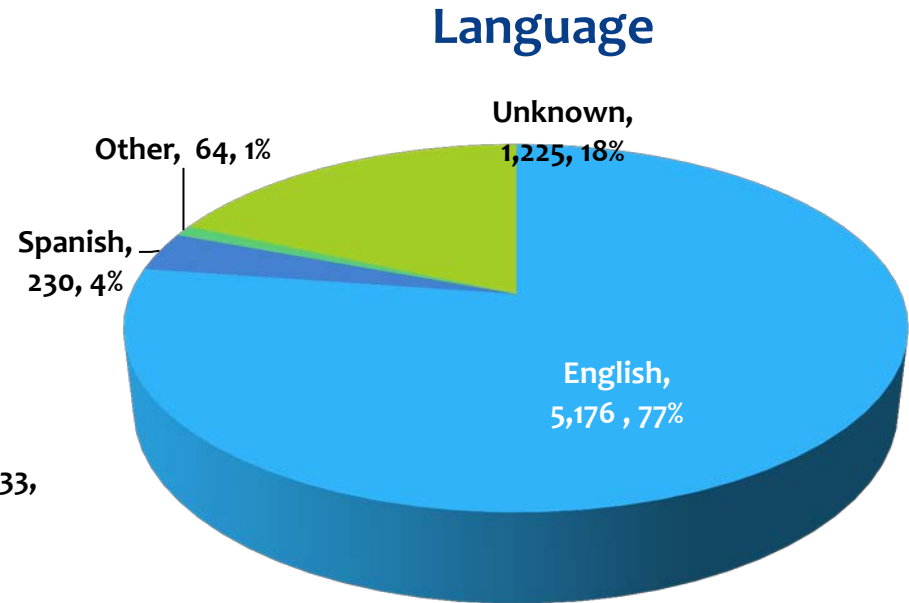
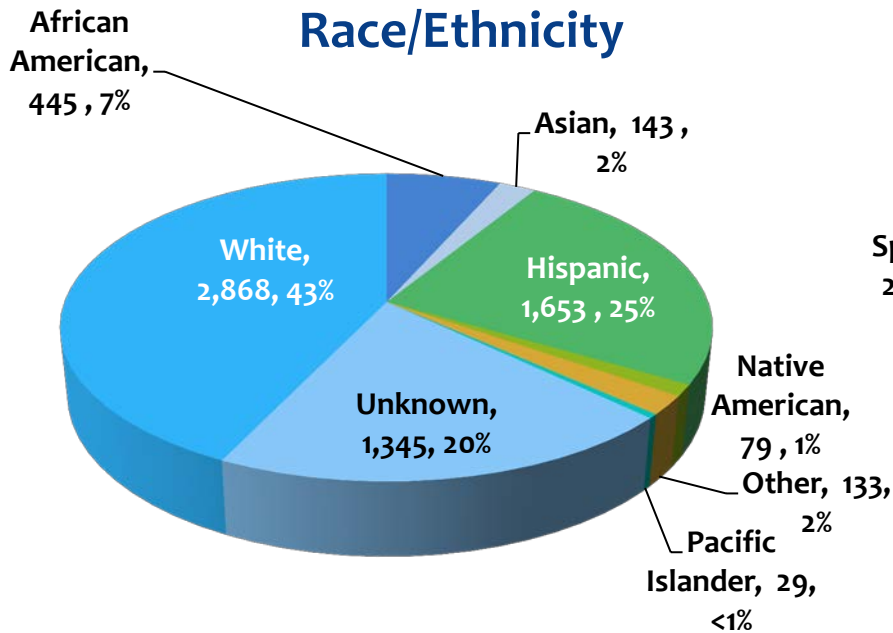
\* Unknown values due to some types of services (non-treatment services)

# MHSA Annual Update

## Community Services & Supports (CSS)

FY 15-16

**TOTAL SERVED: 6,695 (unduplicated)**



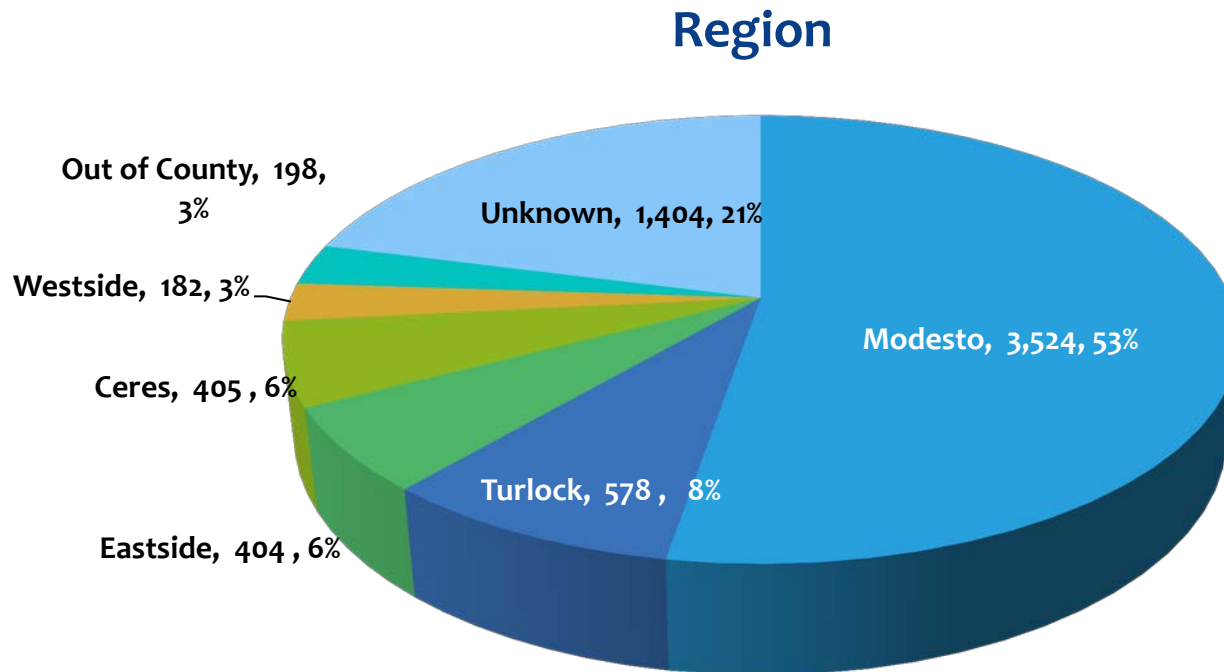
\*Unknown values due to some types of services (non-treatment services)

# MHSA Annual Update

## \* Community Services & Supports (CSS)

FY 15-16

**TOTAL SERVED: 6,695 (unduplicated)**



\*Unknown values due to some types of services (non-treatment services)

# MHSA Annual Update

## Community Services & Supports (CSS)

FY 15-16 12 Programs

### Full Service Partnerships (FSP)

- FSP-01 Stanislaus Homeless Outreach Program (SHOP)  
Start Date: FY 2005-06
- FSP-02 Juvenile Justice  
Start Date: FY 2005-06
- FSP-05 Integrated Forensic Team  
Start Date: FY 2005-06
- FSP-06 High Risk Health and Senior Access  
Start Date: FY 2010-11
- FSP-07 Turning Point Integrated Services Agency  
Start Date: FY 2014-15



# Stanislaus Homeless Outreach Program (SHOP)

FY 15-16

## □ Program Description

- FSP operated by Telecare Corp.
- Provides services to individuals with mental health and co-occurring issues of mental health and substance abuse
- TRAC uses multidisciplinary teams:
  - ✓ Psychiatrist
  - ✓ Nurse
  - ✓ Master's prepared Clinician, and personal service Coordinators/Case Managers with experience in substance abuse recovery, housing, employment, and mental health support

## □ Target Population

Transitional aged young adults (TAYA), adults, and older adults

# Stanislaus Homeless Outreach Program (SHOP) FY 15-16

## □ Program Services and Activities

**Telecare FSP level of care has 4 tracks:**

- 1) Westside SHOP
- 2) Partnership Telecare Recovery Access Center (Partnership TRAC)
- 3) Josie's Telecare Recovery Access Center (Josie's TRAC)
- 4) Modesto Recovery Services TRAC (MRS TRAC)

### ❖ **Teams use Assertive Community Treatment (ACT) model**

Primary focus - to assist eligible individuals with reducing risk factors associated with homelessness and serious mental illness and/or co-occurring disorders

### **Examples of Strategies Used:**

- Comprehensive assessment and treatment
- Crisis intervention and immediate support 24 hours/day, 7 days/week
- Outreach and engagement
- Medication management, support and education
- Substance abuse intervention and counseling
- Benefits and entitlements assistance
- Group support offered throughout week

# Stanislaus Homeless Outreach Program (SHOP)

## FY 15-16

### □ Program Highlights/Outcomes

- Our four FSP Teams worked with 248 individuals (Westside -57, Partnership- 109, Josie's – 68, MRS – 14) and established many partnerships within the community.  
*237\* unduplicated individuals across all four programs*
- Started a new co-occurring educational group called “Triggers and Cravings”
- Participated with Stanislaus County to create the current Performance Improvement Project (PIP)
- Added a medical component to staff trainings

# Stanislaus Homeless Outreach Program (SHOP) FY 15-16

## □ Program Challenges

- Larger number of temporary conservatorships and permanent conservatorships have entered the SHOP program; Difficult to find placement for individuals due to high demand
- Hiring/maintaining staff at times; Due in part to the particular skills required for positions and competitiveness of the mental health field
- Limited resources for individuals with SUD

# FSP Outcomes

## FSP- 01 SHOP, Partnership TRAC, Josie's TRAC, MRS TRAC

7/1/2015 – 6/30/2016



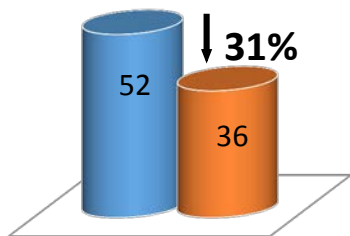
- ❑ 244\* active partners in FY 2015-16
- ❑ All outcomes based on the partners who were active in FY'15-'16 *and* in the program at least one year: n=180 (74% of the active partners)
- ❑ Partners who were active in FY'15-'16 and in the program at least two years: n=109 (45% of the active partners)

*\*244 individuals who completed a Partnership Assessment Form*

# FSP Outcomes

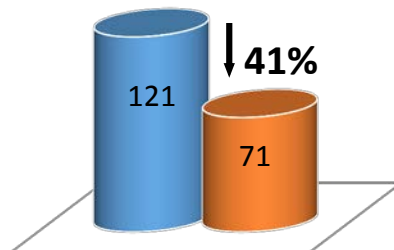
## Homelessness n=180

- # partners homeless 1 year prior to enrollment
- # partners homeless 1 year post enrollment



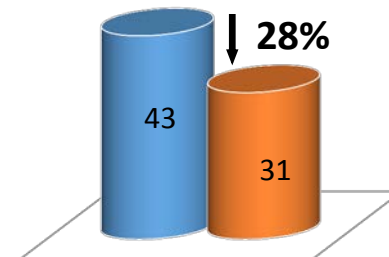
## Psychiatric Hospitalization n=180

- # partners hospitalized 1 year prior to enrollment
- # partners hospitalized 1 year post enrollment

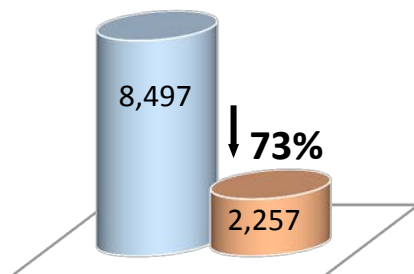


## Incarceration n=180

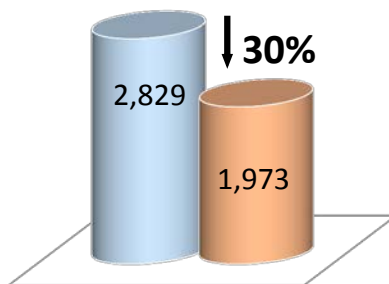
- # partners incarcerated 1 year prior to enrollment
- # partners incarcerated 1 year post enrollment



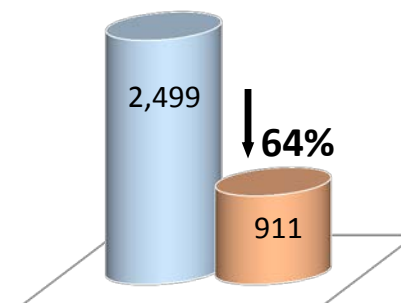
- # days homeless 1 year prior to enrollment
- # days homeless 1 year post enrollment



- # days hospitalized 1 year prior to enrollment
- # days hospitalized 1 year post enrollment



- # days incarcerated 1 year prior to enrollment
- # days incarcerated 1 year post enrollment



# MHSA Annual Update

## Community Services & Supports (CSS)

FY 15-16

### General System Development (GSD)

- GSD-01 Josie's Place Transitional Age Young Adult Drop-In Center**  
Start Date: FY 2005-06
- GSD-02 Community Emergency Response Team/Warm Line**  
Start Date: FY 2005-06
- GSD-04 Families Together at the Family Partnership Center**  
Start Date: FY 2005-06
- GSD-05 Consumer Empowerment Center**  
Start Date: FY 2005-06
- GSD-06 Crisis Stabilization Unit (CSU)/ Operational Costs**  
Start Date: FY 2015-16

# MHSA Annual Update

## Josie's Place Transitional Age Young Adult Drop-In Center

FY 15-16

### □ Program Description

- ❖ Membership-driven “clubhouse” type center for diverse transition age young adults with mental illness
- ❖ Programming consists of Drop-In Center, Regional Level Outpatient Mental Health (Josie's Service Team)

### □ Target Population

- ❖ Transition age young adults (TAYA)
- ❖ Drop-In Center – 16-25 years of age
- ❖ Service Team – 18-25 years of age





# Josie's Place Transitional Age Young Adult Drop-In Center FY 15-16

## □ Program Services and Activities

### Service Team:

- Therapy, Intensive case management, psychiatrist/medication services
- Work collaboratively with client/programs to reduce mental health symptoms
- Work to help stabilize housing, reduce hospitalizations, incarcerations, substance abuse

### Drop-In Center

- Provide social skills/activities including independent living skills
- Provide groups – Anger management, Seeking Safety, LGBTQ and Transgendered support groups
- Linkage and advocacy for independent living skills – Housing, Eligibility, California IDs

# Josie's Place Transitional Age Young Adult Drop-In Center FY 15-16

## □ Program Highlights

- A total of 376 individuals served (Unduplicated)
- Josie's Drop-In Center – 190
- Josie's ISS – 246
- Increased hours to support working TAY/Center open from 8 am – 6 pm weekdays and 10 am – 2 pm on Saturday
- Added structured comprehensive job/school training program
- Expanded reach to young people in neighboring cities/Drop-In Centers sites in Oakdale and Turlock
- Active participant in county's Focus on Prevention initiative to represent TAY homeless population



# Josie's Place Transitional Age Young Adult Drop-In Center

## FY 15-16

### ❑ Program Challenges

- Lack of housing for homeless TAY population
- Lack of adequate resources for transgendered/LGBTQ young adults
- Transportation to the center

# MHSA Annual Update

## Community Services & Supports (CSS)

FY 15-16

### Outreach and Engagement (O&E)

#### ❑ O&E-02 Supportive Housing Services

- ❖ Garden Gate Respite  
Start Date: FY 2005-06

- ❖ Intensive Transitional Housing

- ❖ Vine Street Emergency Housing

- ❖ Supportive Housing Services/Transitional Board and Care

#### ❑ O&E-03 Outreach and Engagement

- ❖ Services to underserved/unserved populations  
Start Date: FY 2014-15

# Garden Gate Respite FY 15-16

## □ Program Description

- ❖ Emergency Shelter residential based program with a home-like setting.
- ❖ 11-bed facility open 24/7, 365 days a year
- ❖ Added 5 beds from GGR Innovation Project July 2016
- ❖ Provides referred guests an individual “needs assessment” to facilitate access in mental health care management and other outreach/engagement services within system of care

## □ Target Population

- ❖ Adults and older adults with known or suspected significant mental health issues

At risk of:

- Homelessness
- Incarceration
- Victimization
- Psychiatric hospitalization



# Garden Gate Respite FY 15-16

## ❑ Program Services and Activities

- ❖ Crisis Intervention in basic needs (Food, clothing, shelter)
- ❖ “Needs Assessments” to facilitate targeted intervention
- ❖ Case management/Peer support services
- ❖ Direct linkage to outreach and engagement services
  - Telecare Homeless Outreach team
  - BHRS Outreach and Medi-Cal Assessment Team
  - Stanislaus Recovery Services



## Each Guest is Offered:

- ❖ Laundry and hygiene support/access
- ❖ 1:1 Peer support/Staff support
- ❖ Groups that encourage stress reduction/leisure activities (i.e. Dual Recovery Anonymous, Arts and Crafts, Game Night)

# Garden Gate Respite FY 15-16



## □ Program Highlights

- ❖ A total of 347 guests served/Average length of stay – 4.33 days
- ❖ Proactive/collaborative site-based case management and linkages for guests
- ❖ On site presentations by NAMI and support group meetings at GGR
- ❖ Initiative to build program value in community/create areas for new referrals and linkages

## □ Program Challenges

- ❖ Scheduling of trainings, staff meetings in residential based 24/7 program
- ❖ Changing community perceptions about program-Clinical model vs respite/linkage

# Supportive Housing Services

O&E -02

FY 15-16

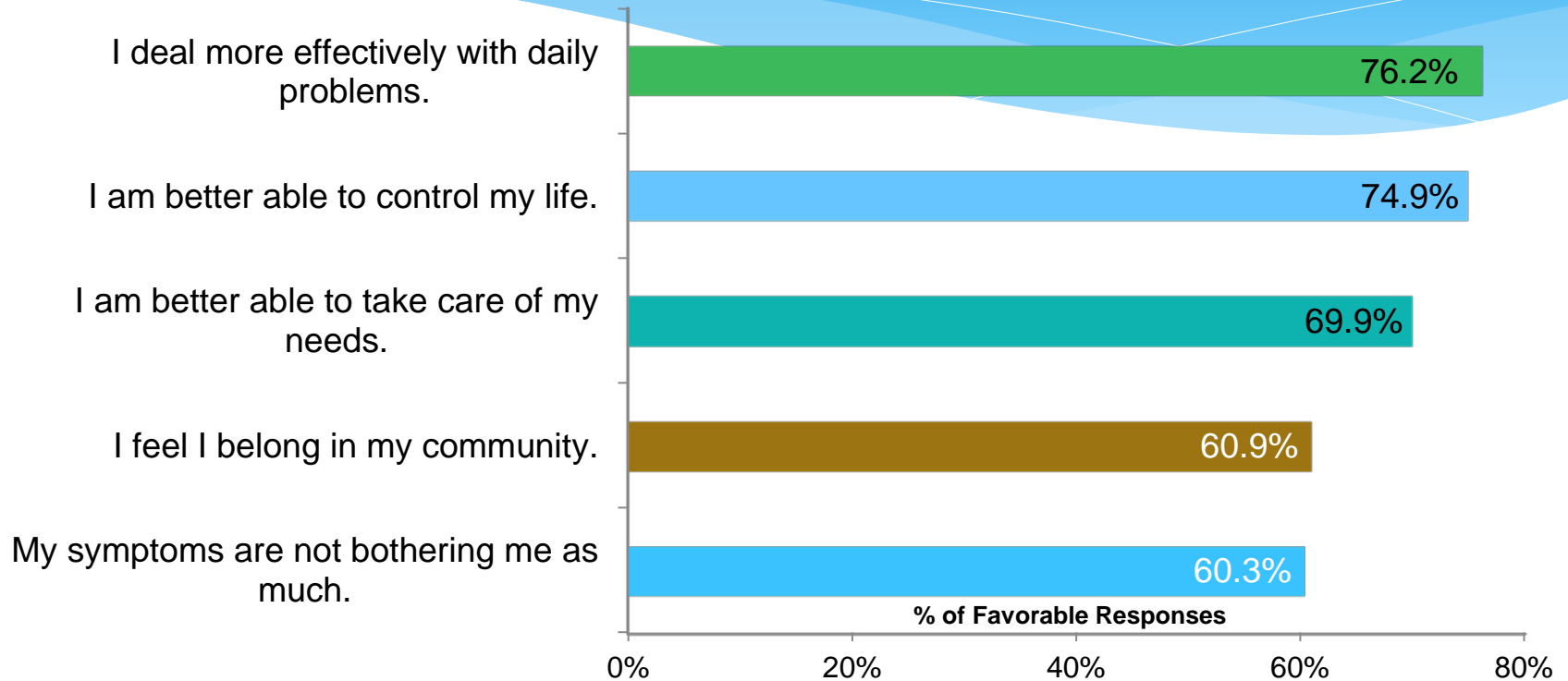


- ❑ A total of 184 housing units served through Housing component
- ❑ A total of 93 individuals served through Employment program



# GSD and O&E Outcomes

## Participant Perceptions of Outcomes\* GSD & O&E Services\*\* n = 359



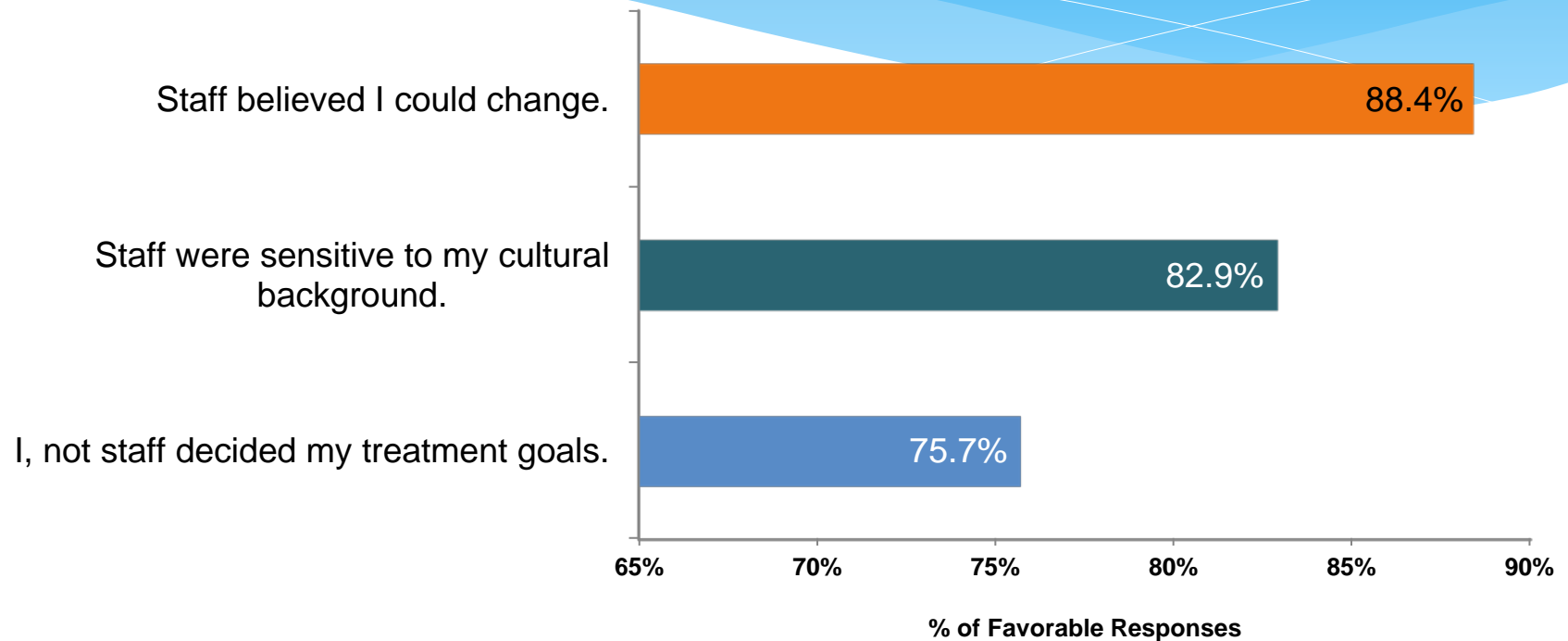
\* This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

\*\* Josie's Place, CERT and Warm Line, Empowerment Center, Juvenile Justice, Integrated Forensics Team, Telecare, Housing(O&E), Employment (O&E), and Garden Gate Crisis (O&E).

\* November 2015 & May 2016 Consumer Perception Survey.

# GSD and O&E Outcomes

## Participant Perceptions of Services\* GSD & O&E Services\*\* n = 359



\* This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services. \* November 2015 & May 2016 Consumer Perception Survey

\*\*Josie's Place, CERT and Warm Line, Empowerment Center, Juvenile Justice, Integrated Forensics Team, Telecare, Housing(O&E), Employment (O&E), and Garden Gate Crisis (O&E).

# MHSA Annual Update

## Workforce Education & Training (WE&T)

➤ FY 15-16 6 Programs



- Outreach and Career Academy
- Consumer Family Member Training and Support
- Targeted Financial Incentives to Increase Workforce Diversity
- Expanded Internship and Supervision
- Workforce Development
- Consumer and Family Member Volunteerism

Start Date: FY 2007-08

# Workforce Education & Training (WE&T)

FY 15-16

- 87 trainings held/2,385 BHRS and contractor staff/community members attended
- 94% of participants felt their understanding/knowledge of the subject improved as a result of this training (n=674)
- 88% of participants reported their skills on the subject improved as a result of the training (n=672)
- Continued focus on cultural competency training topics: LGBTQ Older Adult, Understanding/Addressing Self Harm, Trauma Competency

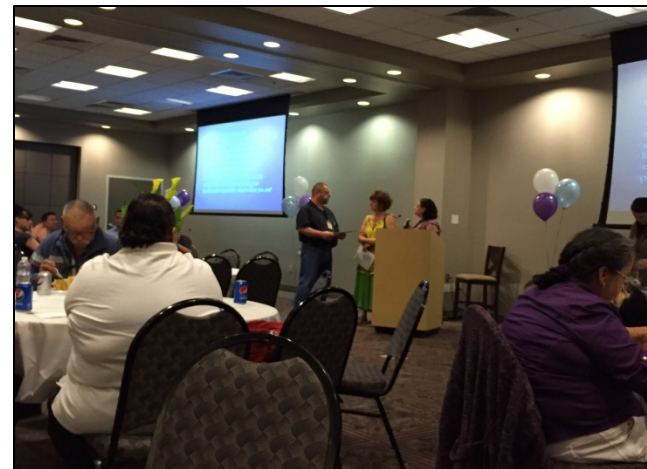
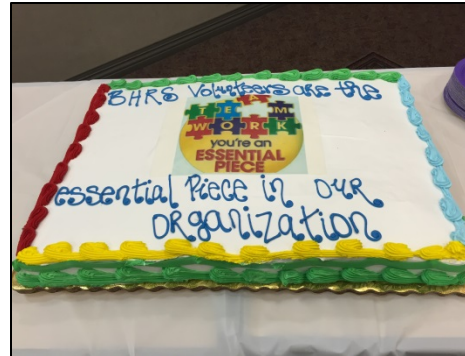
# Workforce Education & Training (WE&T) Consumer and Family Member Volunteerism FY 15-16



- A total of 118 volunteers participated in program/Increase from 110 in FY 14/15
- A total 7 volunteers were hired by Stanislaus County BHRS
- A total of 23,712.36 volunteer hours were accumulated
- Twelve BHRS sites participated in program
- The total dollar value to the department (at \$23.07) an hour equaled \$547.044



# Consumer and Family Member Volunteerism Volunteer Celebration – April 26, 2016



# MHSA Representative Stakeholder Steering Committee

“Never give up on someone with a mental illness. When “I” is replaced by “We”, Illness turns into Wellness.”

- Shannon L. Alder,  
Author



*Break*

# MHSA Annual Update

## Prevention and Early Intervention (PEI)

### ➤ FY 15-16

- Prevention Programs  
Start Date: FY 2007-08
- Early Intervention Programs  
Start Date: FY 2007-08
- Outreach Programs for Increasing Recognition of Mental Illness  
Start Date: FY 2015-16
- Stigma Discrimination Reduction Programs  
Start Date: FY 2015-16
- Suicide Prevention Programs  
Start Date: FY 2015-16
- CalMHSA Statewide Initiative  
Start Date: FY 2014-15





# MHSA Annual Update

## Early Intervention – Catholic Charities FY 15-16

### Program Highlights & Outcomes

**163 INDIVIDUALS**  
received Brief Counseling  
Intervention



Session In  
Progress

**763 Sessions** were provided

*Average of 4.7 sessions  
per individual*



**81.6%**  
Hispanic/Latino

# Early Intervention – Catholic Charities FY 15-16

## Program Highlights & Outcomes



**34** Family Members  
Engaged



**230** Services Received

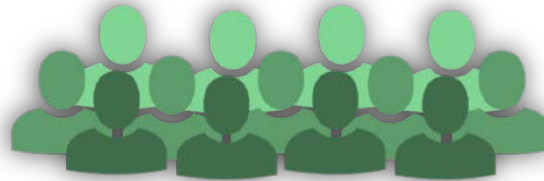
- Information & Referrals
- One-on-One Support
- Service Coordination/Navigation

# Early Intervention – Catholic Charities FY 15-16

## Program Highlights & Outcomes



**2,844** Attendees at  
**18** Mental Health  
Presentations



Average of **158** attendees at  
each presentation



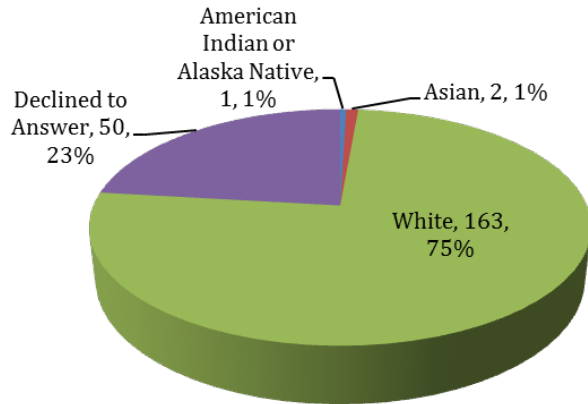
All presentations included information for  
recognizing early signs of mental illness and how  
to access information/services

**89%** included information  
to help reduce  
stigma/discrimination and  
suicide awareness

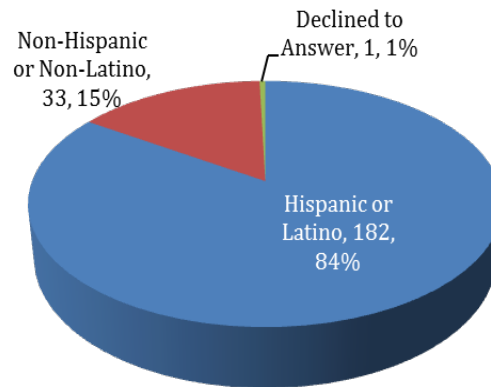


# Early Intervention – Catholic Charities FY 15-16

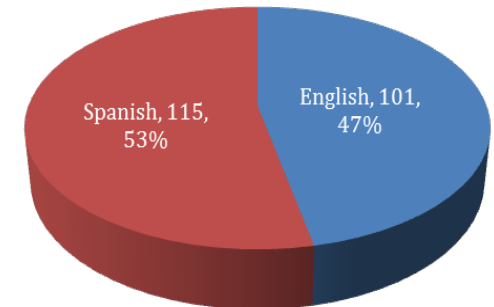
**RACE**  
n=216



**ETHNICITY**  
n=216



**LANGUAGE**  
n=216



**5%**  
reported a disability  
(medical, physical, or cognitive)

# Early Intervention – Catholic Charities FY 15-16



# Prevention – Promotores FY 15-16

## Program Highlights & Outcomes

**798 UNIQUE**  
Participants



**100 Promotores**  
**368 Potential Promotores**  
**140 New Promotores**

**23%**  
in homes, schools, or  
places of worship



**51%**  
At FRCs or CBOs



**3,046 Services** provided  
(including info & referrals, one-to-one  
support, and wellness services)

# Prevention – Promotores FY 15-16

## Program Highlights & Outcomes

**251**

*“Potential Responders”  
Trained*



**110**

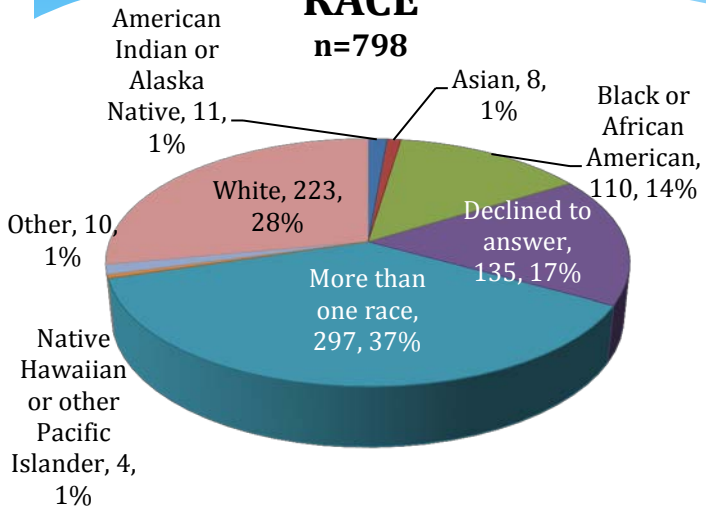
*Presentations and Events  
reaching over  
18,000  
Community Members*

# Prevention – Promotores

## FY 15-16

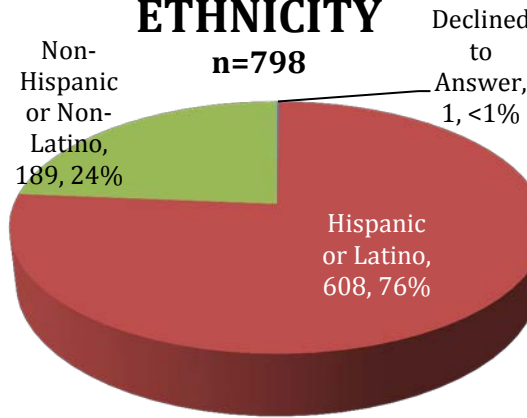
### RACE

n=798



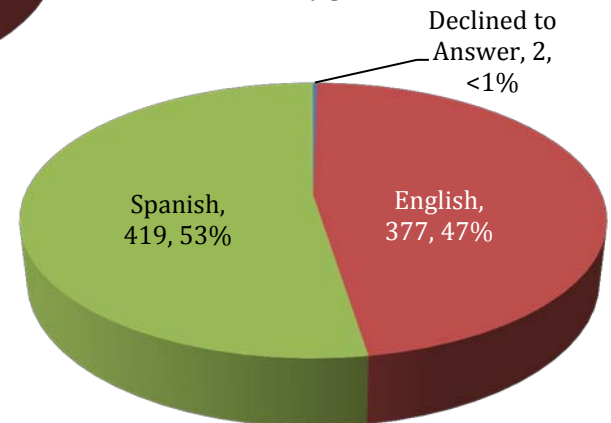
### ETHNICITY

n=798



### LANGUAGE

n=798



**6%**  
reported a disability  
(medical, physical, or cognitive)

**75% Women**  
**24% Men**  
(1% declined to answer)



# Prevention – Promotores

## FY 15-16



# MHSA Annual Update

## Technological Needs (TN)

**FY 15-16      4 Projects**



- Electronic Health Record (EHR)**

Start Date: FY 2010-11

- Consumer Family Access to Computing Resources**

Start Date: FY 2010-11

- Electronic Data Warehouse**

Start Date: FY 2011-12

- Electronic Document Imaging**

Start Date: FY 2011-12

# Technological Needs (TN)



## □ How much?

- ❖ 667 staff utilized the EHR in multiple capacities
- ❖ A total of 114 staff (83 BHRS and 31 contracts) were trained to effectively use the EHR
- ❖ 74 appointments were made to assist consumers in accessing computing resources

## □ How well?

- ❖ 92.5% of the electronic documents attached to charts were lab results (962/1049), critical documents for treatment
- ❖ A total of 444 medication services were provided via Telepsychiatry, improving access and efficiency of services

# Technological Needs (TN)

## ❑ Is Anyone Better Off?

- ❖ Data Warehouse continues to be instrumental in data analysis and outcomes reporting for decision making.
- ❖ It was utilized for report and dashboard developing including CANS (Child and Adolescent Needs and Strengths), Service Utilization and Access reports, and Consumer Perception Survey dashboards.

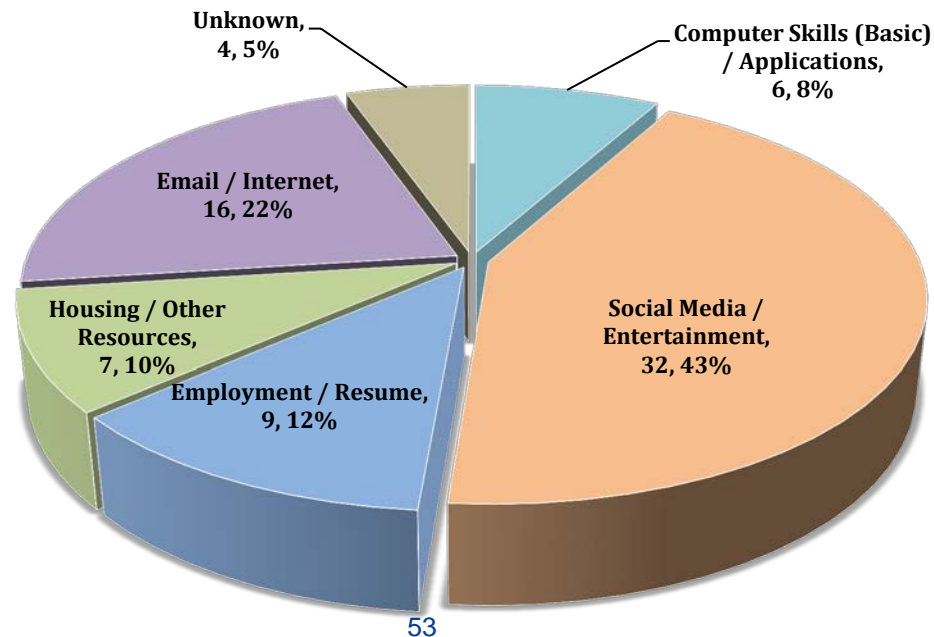


# Technological Needs (TN)

## ❑ Is Anyone Better Off?

- ❖ Consumers and families received technical assistance in the following computing resources categories:

**Categories of Consumer/Family Computer Technical Assistance  
FY 2015-2016  
TA sessions = 74**



# Innovation

## On-Going Projects

- Father Involvement
- Quiet Time\*
- Youth Peer Navigators
- FSP- Co-Occurring Disorders

\* Project not launched

## New Project

- Suicide Prevention

Approved by BOS on March 15, 2016

Approved by MHSOAC on April 28,  
2016



## FY 15/16 Sunset Projects

- Wisdom Transformation Initiative
- Garden Gate Innovative Respite

# Suicide Prevention Innovation Project

- **Primary Purpose**
  - Increase the quality of mental health services, including measurable outcomes.
- **Contributes to Learning**
  - About and addressing an unmet need, rather than providing direct service.
  - About the development of a promising community-driven practice or approach that has been successful in non-mental health settings.
- **Collective Impact Model**
  - The project will use and evaluate the Collective Impact Model as the promising community-driven practice or approach.

# Project Strategy: *Collective Impact Model*

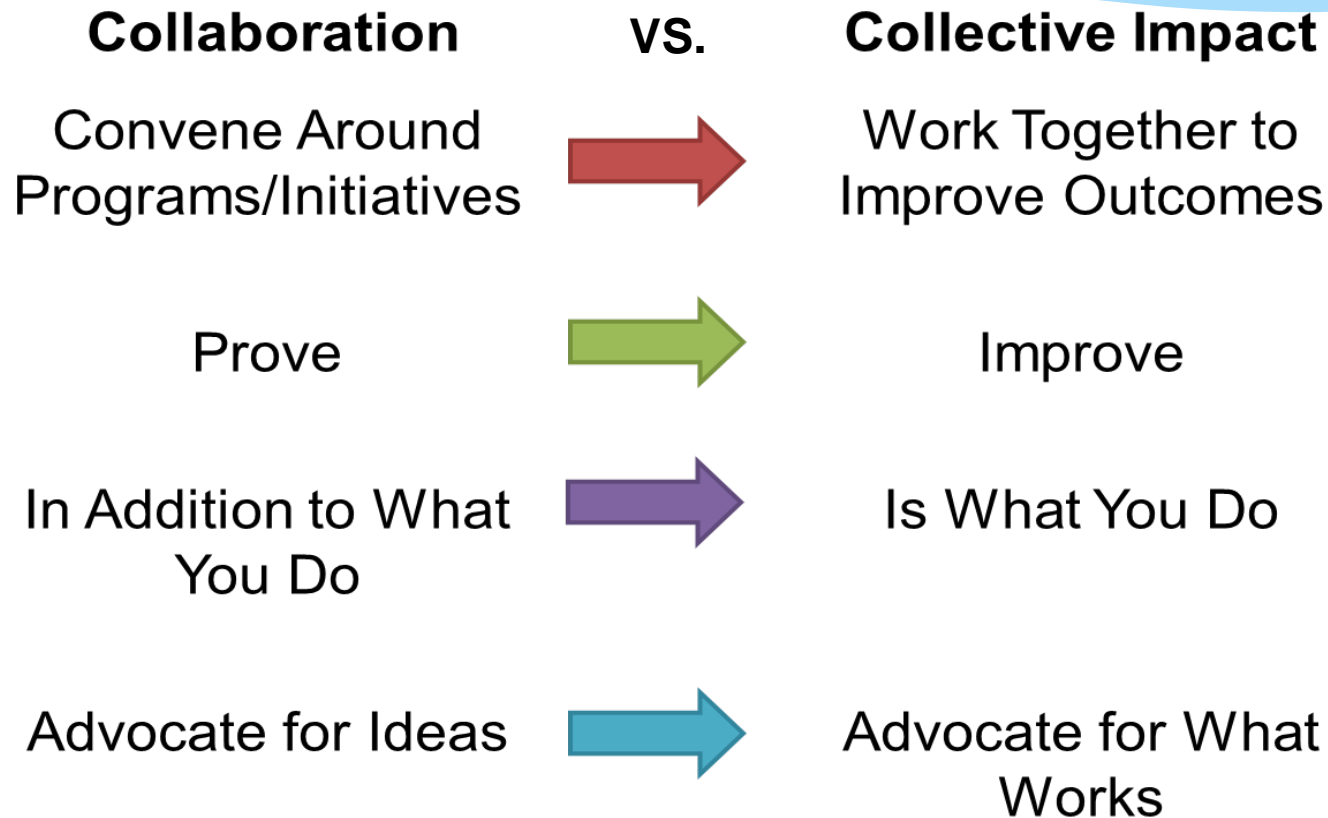
*Collective impact brings people together,  
in a structured way, to achieve social change.*

- The Collective Impact Model will be used to:
  - Convene a collaborative Advisory Board
  - Develop a strategic plan that integrates suicide awareness and prevention efforts countywide
- The 5 conditions necessary to create long-term, sustainable change are:
  - Common Agenda/Vision
  - Shared Measurement
  - Mutually Reinforcing Activities
  - Continuous Communication
  - Backbone Support



# Innovation: Collective Impact Model

- Collective Impact is **more rigorous** and **specific** than traditional collaboration



# 3 Year Project Plan:

## *Four Key Phases of Collective Impact*

**Phase I: Generate Ideas and Dialogue**



**Completed**

**Phase II: Initiate Action**

**Project  
Year 1-2**

**Phase III: Organize for Impact**

**Project  
Year 2-3**

**Phase IV: Plan to Sustain Action and Impact**

**Project  
Year 3**

# Looking Ahead . . .

## Suicide Prevention Advisory Board

***Kick-Off Convening Meeting***

**Tuesday, February 7<sup>th</sup>**

**11:30 am – 1:00 pm**

**Sutter Gould Health Education and Conference Center**

**1600 McHenry Ave. Suite 60B – Modesto**

***\*\* Lunch Will Be Provided \*\****

***Sharrie Sprouse***

**[ssprouse@stanbhrs.org](mailto:ssprouse@stanbhrs.org)**

**209.281.8805**

***Collective impact brings people together,  
in a structured way, to achieve social change.***

# MHSA Updates/Next Steps



## 1. Quiet Time Innovation Project/Sierra Vista Child and Family Services – Not Launched

## 2. FY 16-17 Innovation Prioritized Project Concepts

- a. Stanislaus County Probation Dept./LGBTQ Youth - Does not meet MHSOAC regulations
- b. Community Outreach and Engagement - Lacking information/No MHSOAC application submitted
- c. Senior LGBTQ Community - Does not meet MHSOAC regulations
- d. WE&T Training Project - Does not meet BHRS WE&T criteria

## 3. BHRS Vision for Future MHSA Projects

# MHSA Updates/Housing



## 1. Master Plan for Permanent Supportive Housing

- BOS approval to return Stanislaus County MHSA Housing funds held by CHFA /April 26, 2016
- \$1.1 million for construction, rehabilitation, and acquisition of permanent supportive housing
- Leveraging of funding – mixed use population
- Three years to spend funds

\*\*\*\*\*

- Potential housing project being considered
- Challenges with timing of property purchase/stakeholder process

# MHSA Updates/Next Steps

## Stakeholder Process



### Stakeholder Survey Findings

- 44 responses/62% response rate
- 61% report they've been a stakeholder or alternate for five or more years
- 67% report they share information with the community members they represent by word-of-mouth and informal conversations
- 47% responded it would be helpful to learn how other stakeholders share information and solicit feedback from the community they represent

# MHSA Updates/Next Steps



## Stakeholder Process

- More structure
- Development of stakeholder steering committee charter
- Outline membership, committee roles and responsibilities
- Establish clear meeting process guidelines
- Meetings TBA

# Comment Period



- What questions do you have?



# Next Steps

- **Community Input on Annual Update FY 2017-18 and Three-Year Program and Expenditure Plan**
  - ❑ 30-Day Public Review and Comment period  
March 27 – April 25, 2017
  - ❑ Informational Outreach meeting(s) - TBA
  - ❑ Behavioral Health Board (Mental Health Board/Advisory Board of Substance Abuse Programs) Meeting - Public Hearing/April 27, 2017
  - ❑ Board of Supervisors (BOS) Meeting - Adoption of Annual Update - June 2017/Date TBD
  - ❑ Annual Update to MHSOAC within 30 days of BOS adoption

# Next Steps

- Complete Meeting Feedback Form
- Next Meeting - TBA
- Final Reflections?



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**Thank you for your  
partnership!**

