

MHSA

Representative Stakeholder Steering Committee

Behavioral Health and Recovery Services Mental Health Services Act February 1st 2019

Leng Power MHSA Manager



MHSA Representative Stakeholder Steering Committee

Welcome & Introductions



Agenda

- 1. MHSA Overview
- 2. Updates
- 3. New/Expanded
- 4. Reflections
- 5. What's Next

Overview: MHSA Point In Time

Where are we now and where are we headed?



Focus of Efforts

2018

- Plan for Innovations
- Launch AOT Pilot
- Deliver MHSA Annual Update 19/20 in corresponding fiscal year
- Continuous communication with Stakeholders

2019

- Finalize Innovation planning/begin implementation
- Strengthen Stakeholder engagement and capacity
- Continue MHSA oversight to ensure compliance

Overview: Context For Planning

Fiscal

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

Processes

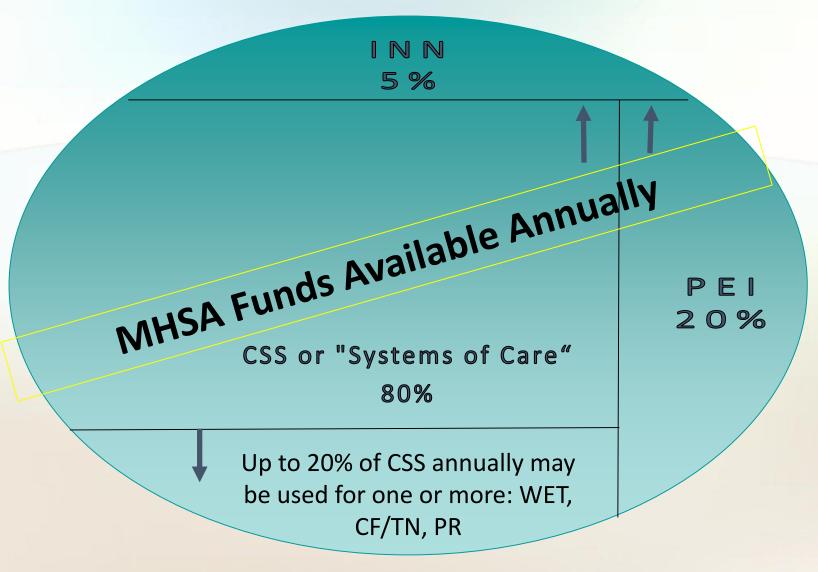
MHSA Statute, Regulations, and Guidelines

Meaningful Stakeholder Input

BHRS Capacity to implement new/expanded programs



Overview: MHSA Funding



Overview: MHSA Essential Elements

- 1. Community Collaboration
- 2. Cultural Competence
- 3. Client/Family driven mental health system
- 4. Wellness Focus Recovery and Resilience
- 5. Integrated Service Experiences for clients and their families

Updates

- 1. Legislative Landscape
- 2. Innovation Projects
- 3. Annual Update FY 19-20
- 4. AOT

Updates: Legislative Landscape

No Place Like Home Act of 2018

- Prop 2 passage and implications to MHSA funds
- Stanislaus County BHRS and partners proposal submission

SB 1004-Prevention and Early Intervention

- SB 1004 would create more oversight in how MHSA funds are spent and require counties to focus their PEI funds on five overarching categories:
 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
 - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.
 - Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
 - Culturally competent and linguistically appropriate prevention and intervention.
 - Strategies targeting the mental health needs of older adults.

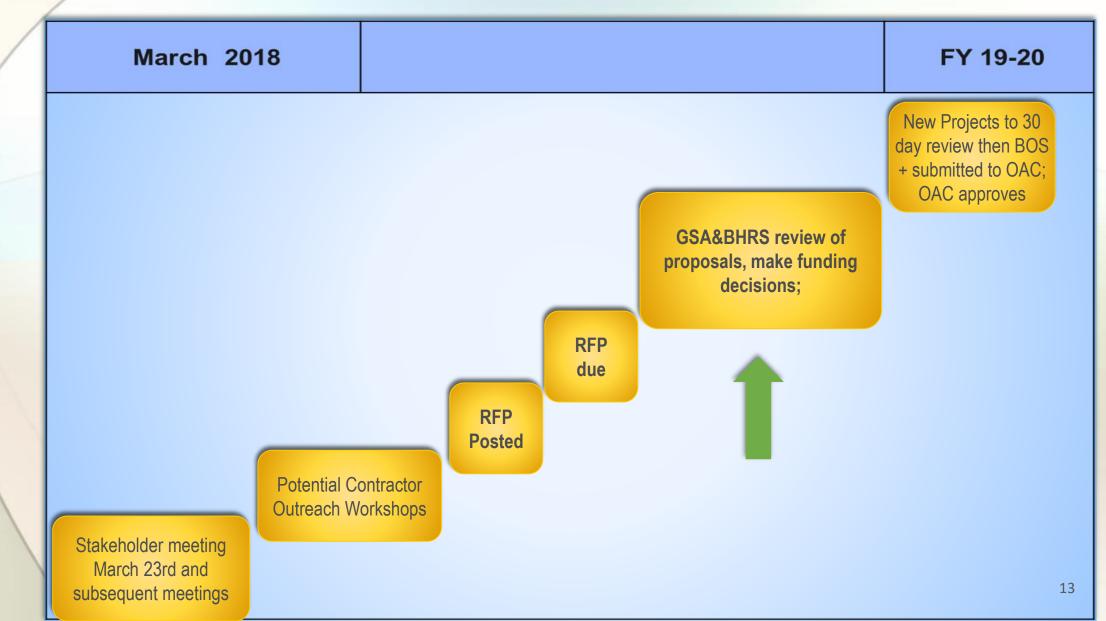


Updates: Innovation Projects

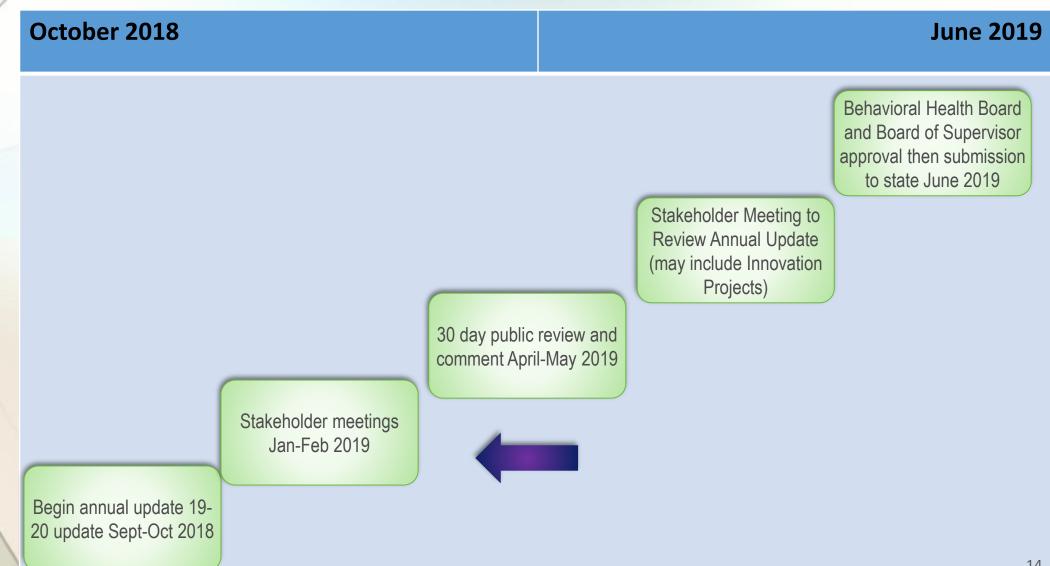
- Current Projects
 - Co-Occurring Full Service Partnership
 - Suicide Prevention Innovation Project

- New Projects
 - Timeline and status

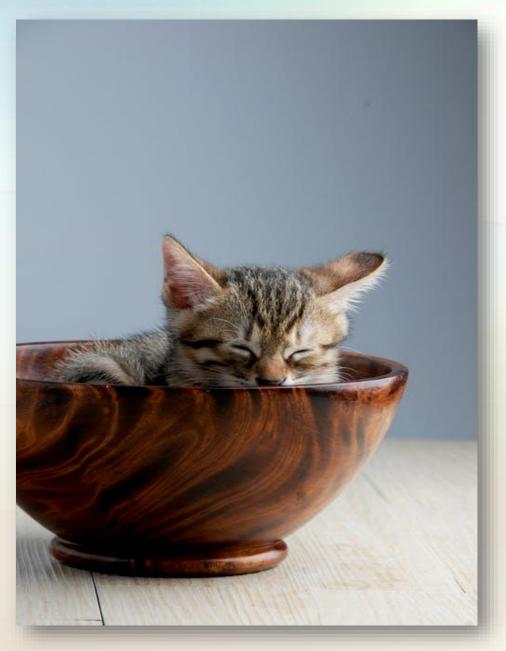
Update: Innovation Timeline



Update: MHSA Annual Update FY 19-20



Break



Update: AOT

- Assisted Outpatient Treatment
 - Three year pilot
 - Approved as part of Annual Update FY 18-19
 - Full team in place
 - Officially launched in October of 2019
 - Operations Oversight Committee



New and Expanded in CSS

- Co-Occurring Disorders
 - Supported Housing

Co-Occurring Disorders Project: Learnings

- 1. Will clients be successfully engaged by receiving a combination of services through this new FSP?
- 2. Will using stage-based treatments for both mental health and SUD concurrently lead to improved outcomes for clients participating in the FSP project?
- 3. What engagement strategies and interventions will emerge from this concurrent stage-based approach that are most effective for this population?
- 4. While utilizing the concurrent stage-based approach, what practices/processes are most effective from staffs' perspective?
- 5. Will access to integrated primary care positively affect outcomes?
- 6. Will employing an integrated "Housing First" approach positively affect outcomes?
- 7. Will co-locating this FSP on an SUD/Co-Occurring treatment site lead to increased peer support and linkages to mental health resources?

Co-Occurring Disorders Project: Learnings



"Getting a Better Picture"

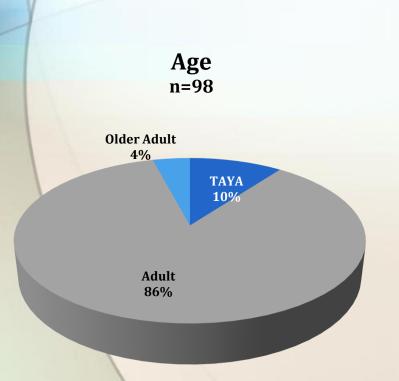
Dialogue
with Dawn Vercelli
Chief, Substance Use Disorders
Services

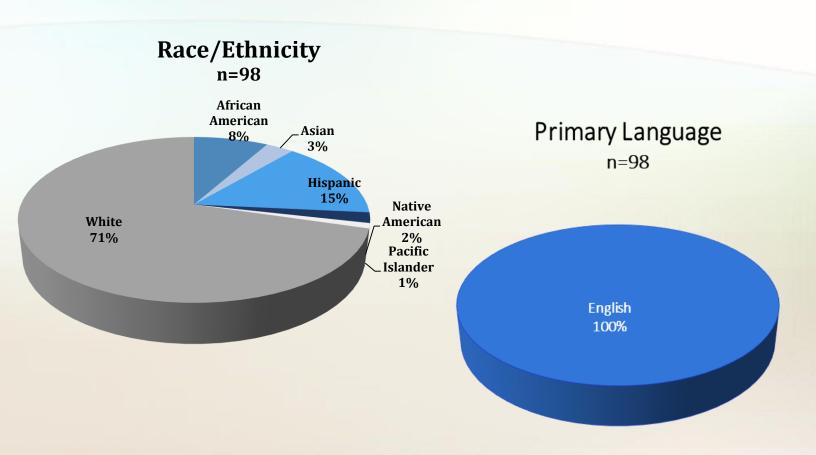
&

Melissa Hale, Mental Health Coordinator

Co-Occurring Disorders Project: Data

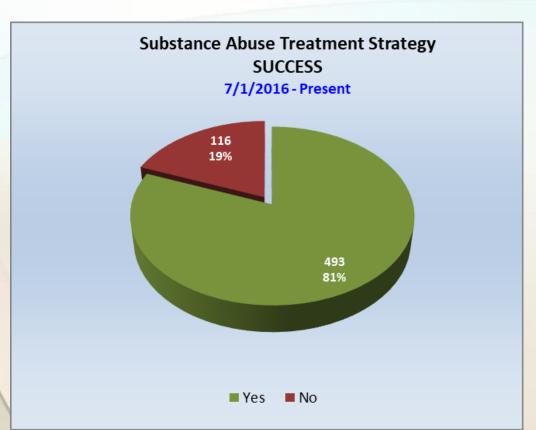
Clients Served:98

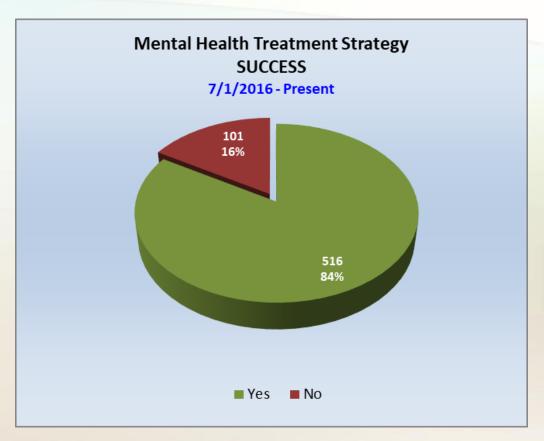




Mental Health Recovery Treatment Stages (MHRTS)

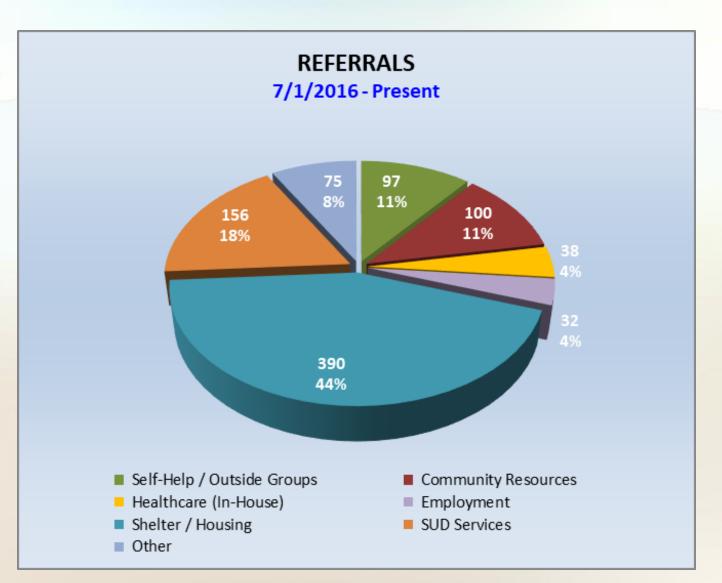
Substance Abuse Treatment Scale (SATS)





Co-Occurring Disorders Project

Total #
Referrals: 888
50% resulted
in a successful
linkage



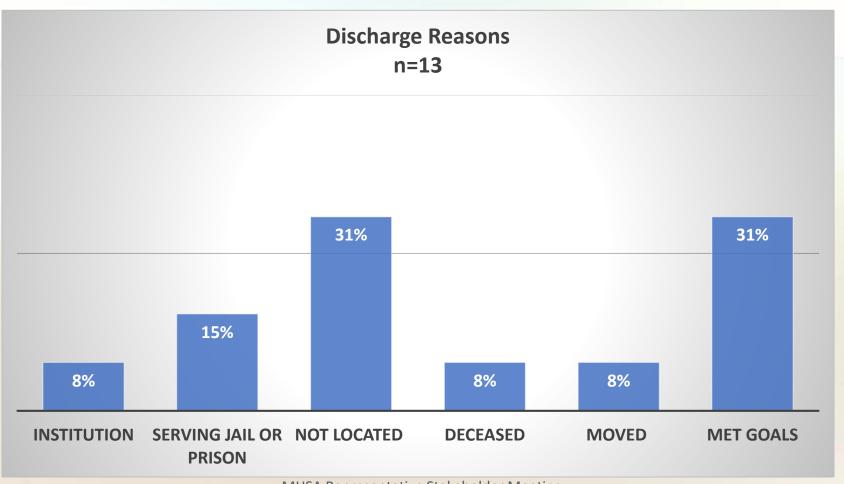
Outcomes for Clients in Assertive Community Treatment (ACT) Level

Outcomes for Partners After One Year in COD FSP n=32

Homelessness
Incarcerations
Acute Medical Hospitalizations
Acute Psych Hospitalizations
State Psychiatric

Partners	Days
4 29.4% (from 17 to 12)	→ 55.2% (from 2,593 to 1,162)
↓ 50.0% (from 12 to 6)	→ 30.9% (from 601 to 415)
♣ 40.0% (from 5 to 3)	→ 78.9% (from 109 to 23)
→ 32.0% (from 25 to 17)	▼ 5.8% (from 516 to 486)
↓ 100% (from 3 to 0)	→ 100% (from 480 to 0)

Outcomes for Clients in Assertive Community Treatment (ACT) Level



Supportive Housing

- No Place Like Home Housing Projects: \$326,892
- Housing Staff: \$383,146
 - Mental Health Clinician (1)
 - Behavioral Health Specialist (2)
- Allocation towards increasing contracts to transitional board and care facilities: 1.7 million



No Place Like Home Projects

- Three Projects "Scattered Site"
- Partnership with Housing Authority of Stanislaus County
- Total increase of 19 units
 - 1143 Park Ave. Turlock- eight new units and three rehabilitated units
 - 513 N. Palm Ave.- four new units
 - 400 block, Vine Ave. Modesto- four, one bedroom cottages



What did you hear?

What are you excited about?

What do you wonder about?

What's Next

- Annual Update FY 19-20 Production
- Representative Stakeholder Meeting April 19th

Close

- Reflections
- Feedback forms

www.stanislausmhsa.com



Thank you for your partnership!







Behavioral Health And Recovery Services