

Leng Power-BHRS

### Welcome

- Ruben Imperial- Interim Behavioral Health
   Director
- Leng Power Innovations Manager

### Purpose of Convening

### Share

**Share Information** 

### Facilitate

Facilitate Meaningful Stakeholder Engagement

### Ensure

Ensure We Gather Diverse Perspectives

### Create

Create Shared
Reality of
Proposals and
Recommendations



Status of MHSA Annual Update FY 19-20

Overview of MHSA

**Review Innovation Planning Process** 

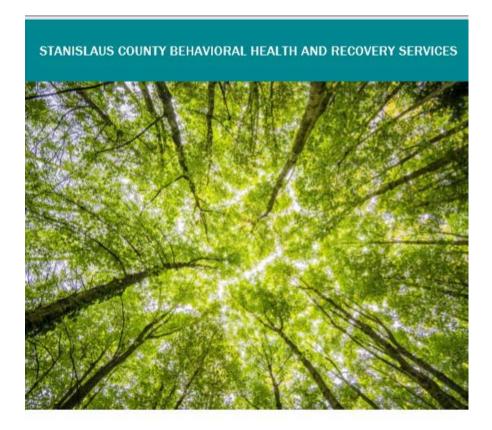
Meet the Proposals

**Table Top Discussions** 

**Next Steps and Close** 

## MHSA Annual Update

FY 19-20



# MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FISCAL YEAR 2019-2020



MAY 2019



### MHSA Overview

Community
Services and
Supports

Prevention and Early Intervention

Workforces
Education and
Training

Capital Facilities and Technological Needs

Innovations



# Innovation Planning Process: From Concept to Project

# Meet The Projects

- Stanislaus County of Education- NAMI on Campus
- Romeo Medical Clinic-Whole Health Approach
   To Improve Mental Health Outcomes
- MoPride -It's My Life: Social Self Directed Care



# Whole Health Approach to Improve Mental Health Outcomes

Sam Romeo, MD

Chris Hawley, MD

Ashlee Frausto

### Catastrophic Reality For Americans with Serious Mental Illness

- Landmark study in 2006
- Life expectancy is 25 years shorter
  - Not because of suicide, overdose, or accidents
- Dying too early from preventable chronic diseases related to unhealthy lifestyles
  - Lung disease (85% preventable)
  - Heart disease (80% preventable)
  - Strokes (80% preventable)
  - Cancer (45% preventable)



### What's been done?

### 2011

 Substance Abuse and Mental Health Services (SAMHSA) recommends shifting from Recovery Model to Whole Health Model

### **Today**

- No Whole Health Models, tools, or training for Behavioral Health Service Providers
- Huge life expectancy disparity still exists (NY Times 2018)



# BHRS and Community Stakeholder Identified Goals for INN Projects

Goal: Increase the quality of mental health services,

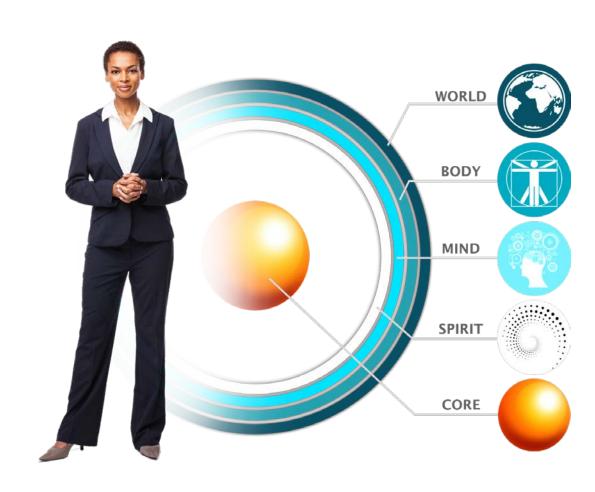
• including measured outcomes.

### **Learning Objective:**

What will help clinicians and other service providers become more open and receptive to whole person approaches to well-being and become better able to link their clients to appropriate information and support?

## Project Background

- Family Physicians of Romeo Medical Clinic and Psychologists at CSU Stanislaus developed a whole health model of care in use in employee wellness settings since 2006.
- Improves health of whole person
- The model and electronic platform can be adapted to support improved outcomes in behavioral health clinics.



# Whole Health Approach to Improve Mental Health Outcomes

- 1. Train Behavioral Health Service Providers in a whole health model of care
- 2. Support and measure **mental health** and **wellbeing outcomes** for <u>behavioral health service</u> <u>providers</u> who use whole health platform for their own well-being.
- 3. Support and measure **mental health** and **wellbeing outcomes** for <u>behavioral health clients</u> as they use whole health platform for their wellbeing.



# The Value of this Project for Behavioral Health and Community Stakeholders in Stanislaus County

- Evaluate the outcomes of implementing a whole health model of care in behavioral health settings
- Provide whole health training and wellbeing support for 35+ behavioral health service providers using an expanded model of care
- Support the whole health of the approximately 20,000 clients over the 5-year innovation project
- Establish Stanislaus County as a national leader in mental health innovation

# THANK YOU for your collaboration and support of this project!



Whole Health for Whole People

### References

- Khullar, D., the Largest Health Disparity We Don't Talk About: Americans with serious mental illnesses die 15 to 30 years earlier than those without. The New York Times, May 30,2018. https://www.nytimes.com/2018/05/30/upshot/mental-illness-health-disparity-longevity.html
- Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis [serial online] 2006 Apr [date cited]. Available from: URL: <a href="http://www.cdc.gov/pcd/issues/2006/apr/05">http://www.cdc.gov/pcd/issues/2006/apr/05</a> 0180.htm
- Swarbrick M., A wellness approach, Psychiatr Rehabil J. 2006 Spring;29(4):311-4
- Bartels S, Desilets R. Health Promotion Programs for People with Serious Mental Illness (Prepared by the Dartmouth Health Promotion Research Team). Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. January 2012.

# MoPRIDE

"It's My Life: Social Self-Directed Care" Innovation (IML) Project 2019 - 2024



## Introductions...

- My name is...
- My Preferred Gender Pronoun (PGP) is...
- ➤ My role with MoPRIDE is...
- My lived experience is...



## Need...

- ❖ 75% LGBTQ+ adults have experienced emotional difficulties related to sexual orientation/ gender identity expression.
- Its 89% for persons in the Trans Spectrum group

Where the stress of potential or actual community rejection may have consequences to a person's health and wellbeing, community-based supports are important resources in buffering the negative effects of these social prejudices (Doty et al., 2010).



## Stanislaus LGBTQ+...

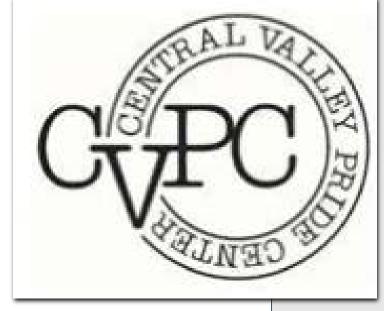
- ❖ 3.5% of adult population identify as LGBTQ
- ❖ 14,000 LGBTQ+ adults living in Stanislaus County
- ❖ 2,800 (3X = 8,400) LGBTQ+ adults experiencing or at risk of mental illness.
- Currently NO adult LGBTQ+ specific services provided through BHRS or their contractors.



MoPride, Inc. is a Non-profit, established in 2014. The Goal of MoPRIDE is to bring people together to celebrate the achievements of the LGBTQ+ movement, to remember our history, and to raise awareness of the work that still needs to be done. We provide support, resources and groups for the LGBTQ+ Community, their families, allies, and anyone interested in learning more about the LGBTQ+ community.



The Central Valley Pride Center is MoPRIDE, Inc.'s primary vehicle for providing services.



400 12th Street, Suite 2 Modesto, CA, 95354

CENTER HOURS OF OPERATION
Tuesday-Friday 2 pm - 7 pm
Saturday 11 am - 5 pm

Drop in Center



## Who do we serve...

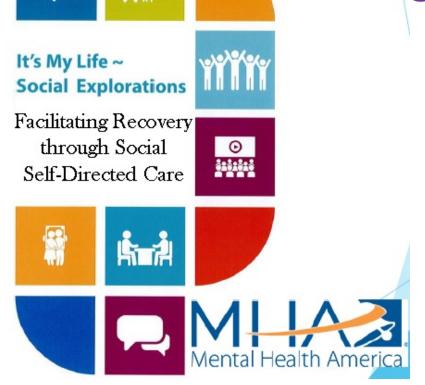


- > 1400+ guests in 2018
- 25% Transgender/ Non-binary/ Gender Queer
- Diversity of ethnicities
- > 33% Community support



# MoPRIDE "It's My Life: Social Self-Directed Care" Innovation (IML) Project













### LGBTQ+ Community

### MoPRIDE:

**Board of Directors** 

### Its My Life

**Innovation Project** 



Peer Life Coaches

Peers

Volunteers



# Process of project

### Life Coach Training

- 5 Peers Life Coaches/ 2.75 Peer Managers
- LGBTQ+/ Lived experience
- 80 hours

### Recruitment

- Guerilla and traditional marketing
- 20 Peers Year 1/40 peers Year 2 to 5
- LGBTQ+/ At risk or with a mental health issue
- Need determined by Personal Outcome Measures Interview

Forming Partnership

- Participant Handbook rules/ responsibilities/ confidentiality
- 12 month enrollment
- Weekly meeting various life/ social skill theme
- \$50 Stipend



# Process of project

Skill Building

- Goal setting/ Introspection/ Matching
- Weekly interaction with Life Coach
- Groups

Outings

Evaluation Techniques

- Supported/ Peer Life Coach
- Supported/ Peer Partner
- Independent
- Personal Outcome Measures
- Guided Journals
- Satisfaction Surveys
- Hospitalization Rates



## Process of project

"Can adopting specific strategies to create culturally sensitive environments and resources reduce behavioral health disparities"

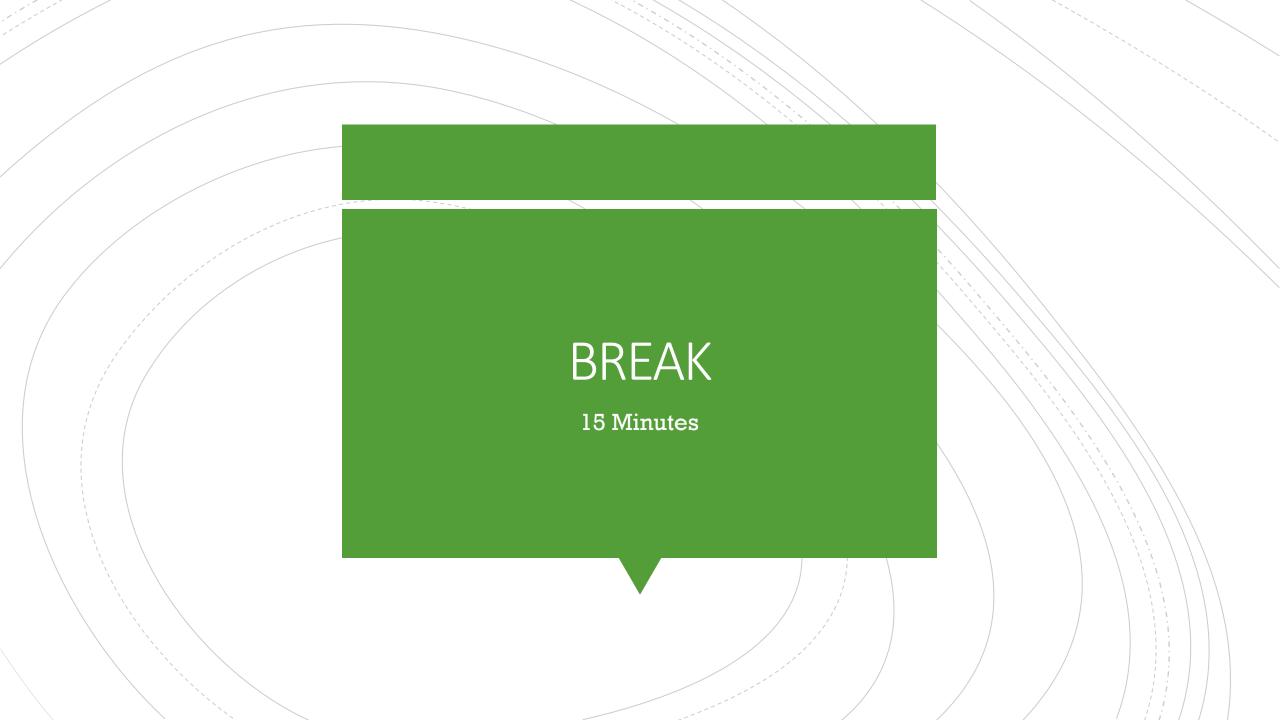


PersonalOutcomesMeasurement tool



# Questions

## Thank You



# Table Top Discussion

- What did you hear?
- What is the problem to be solved with each project?
- What did you find Innovative about each project?

Next Steps Innovations Timeline

