



BEHAVIORAL HEALTH &
RECOVERY SERVICES



MHSA Representative Stakeholder Steering Committee

June 2020 Update

Agenda

- Welcome & Introductions
- MHSA Three Year Program & Expenditure Plan
 - MHSA Overview
 - Planning Process
 - Community Planning Process
- Strategic Planning
- Discussion/Next Steps
- Adjournment



WELLNESS • RECOVERY • RESILIENCE

MHSA Overview

Essential Elements / Funding / Components / Community Planning Process

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MHSA Policy/Planning Manager
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1991 Realignment



2011 Realignment



Mental Health Services Act (MHSA)



Federal Financial Participation (Medicaid aka Medi-Cal in California)



Other funds and grants

County Behavioral Health Sources Of Funding

MHSA Overview

California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 to expand and improve mental health services in the state. Enacted into law on January 1, 2005, the measure places a 1% tax on personal income above 1 million dollars with funds distributed to counties for local allocation.

The Mental Health Services Act provides funding for California Counties to address serious mental illness by building a “help first” system of care.

MHSA Essential Elements

Community Collaboration

Cultural Competence

Client/Family driven mental health system

Wellness Focus – Recovery and Resilience

Integrated Service Experiences for clients and their families



Five Required Components

Community Services & Support: Provides funding and direct services to individuals with severe mental illness. Full Services Partnerships (FSP) are in this category and provides wrap around or "whatever it takes" services to consumers. Housing is also included in CSS.

Prevention & Early Intervention: Is the second largest component of MHSA funding designed to recognize early signs of mental illness and improve early access to services and programs including the reduction of stigma and discrimination.

Workforce, Education and Training: Is designed to improve and build the capacity of the local diverse mental health workforce to deliver culturally competent, client and family member directed services.

Capital Facilities Technological Needs: Provides funding for building projects and increases technological capacity to improve mental illness service delivery.

Innovation: Funds and evaluates new approaches, test strategies and approaches to increase mental health access to the unserved and/or underserved communities. Innovation projects can also focus on interagency collaboration and increase the quality of services. |

Funding

78.5% Community Supports & Services

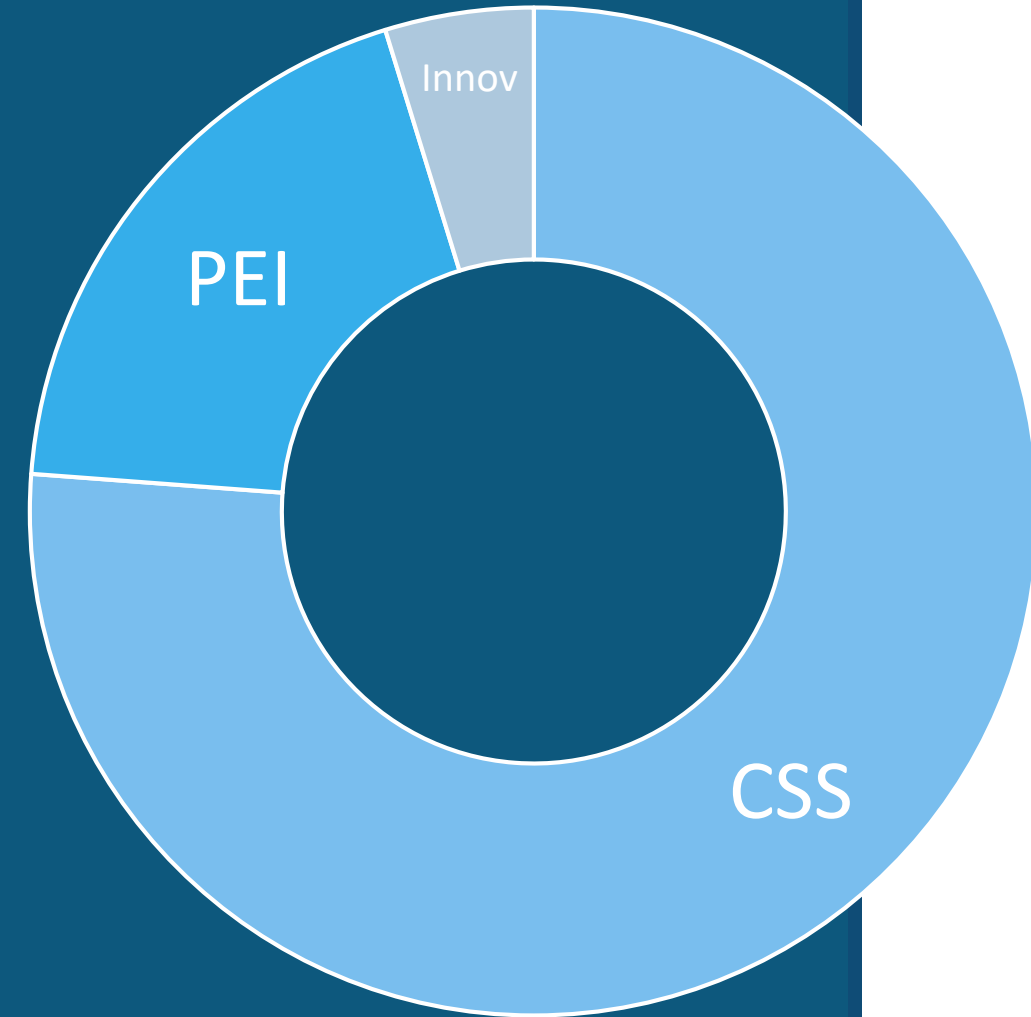
CSS provides direct treatment and recovery to individuals of all ages living with serious mental illness or emotional disbalances

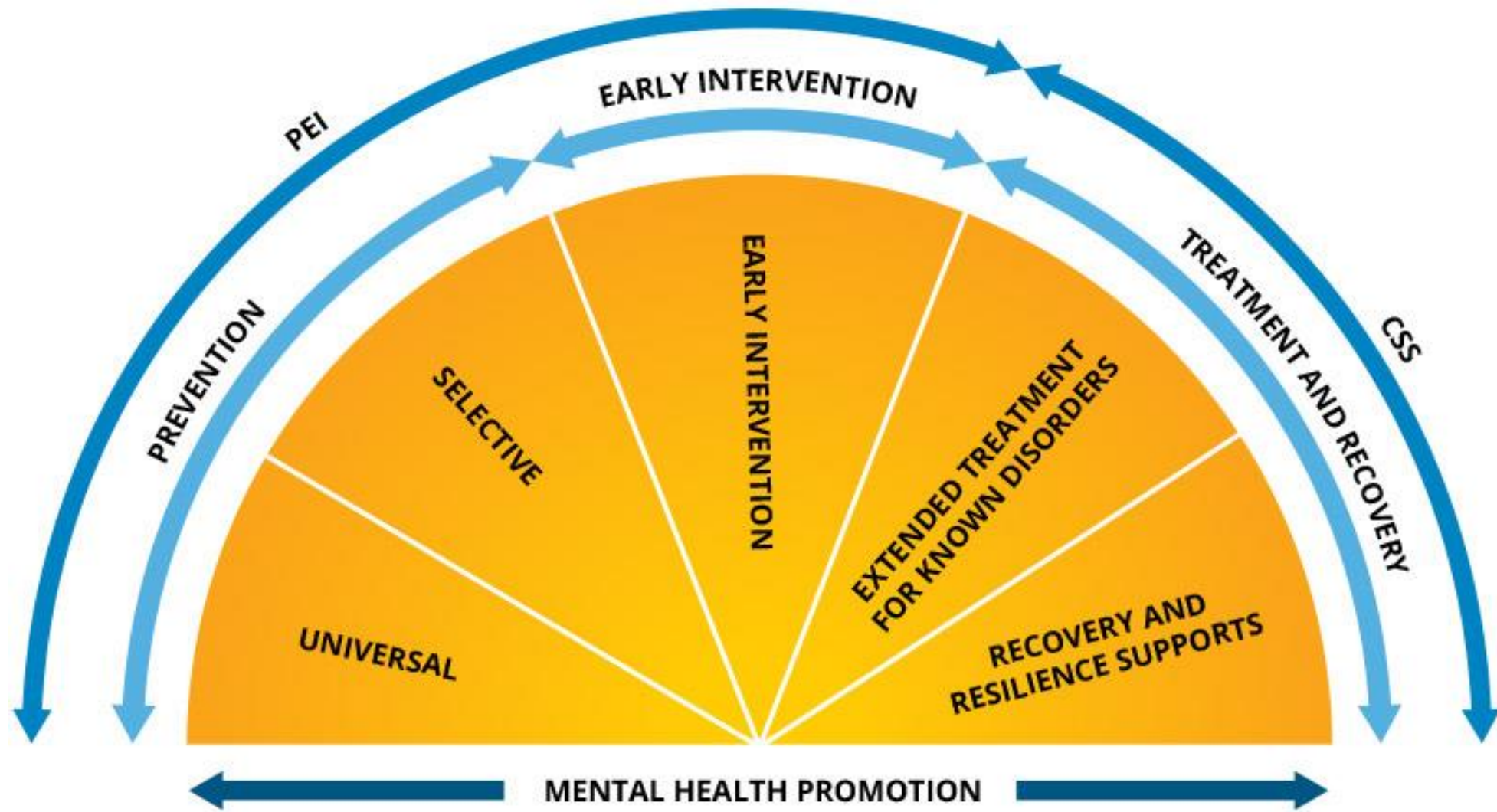
18.5% Prevention & Early Intervention

PEI targets individuals of all ages prior to the onset of mental illness.

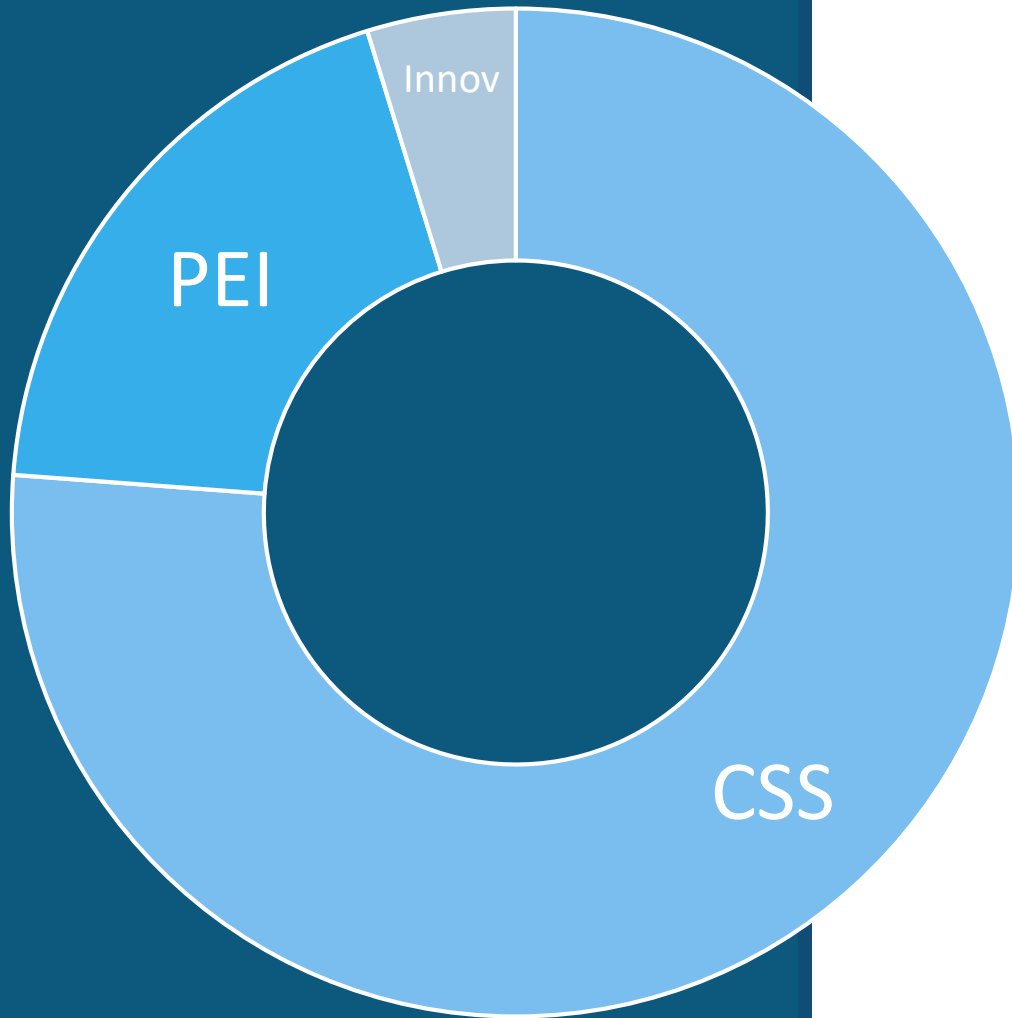
5% Innovation

Innovation funds projects to introduce new approaches or community-driven best practices that have not been proven to be effective.





Mental Health Spectrum of Care



Three-year Program and Expenditure Plan

- MHPSA funds may only be used for approved Program & Expenditure Plans
 - Plan Update
 - Annual Update

2019/2020 Annual Update

		MHSA Funding							Total
		A	B	C	D	E	F		
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	
Estimated FY2019/20 Funding									
1.	Estimated FY 2018/19 Unspent Fund Balance	14,263,155	5,074,097	2,839,566	90,949	220,814	17,029	500,000	22,988,580
2.	Estimated New FY2019/20 Funding	20,399,946	5,099,987	1,342,102					26,842,035
3.	Transfer in FY2019/20 ^{a/}	(1,600,000)			600,000	1,000,000			0
4.	Access Local Prudent Reserve in FY2019/20							0	0
5.	Estimated Available Funding for FY2019/20	33,063,101	10,174,084	4,181,668	690,949	1,220,814	17,029		49,347,644
Estimated FY2019/20 Expenditures		27,542,771	6,309,623	2,369,788	627,637	1,145,407	17,029		38,012,255
1.	Estimated Unspent Funds from Prior Fiscal Years	5,520,330	3,864,461	1,811,880	63,312	75,407	0	500,000	11,835,389

Community Planning Process:

Welfare and Institutions Code
– WIC 5848 (a)

Stakeholders:

- Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Meaningful Stakeholder Involvement

- Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Public Review and Comment

- A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

StanUp
for Wellness!
Support Mental & Emotional Health



Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Annual Update FY 2017-2018 &
Three-Year Program and Expenditure Plan

August 2017



MHSA Three Year Program & Expenditure Plan

COVID IMPACTS | THREE-YEAR PLAN |
AUDIT | COMMUNITY PLANNING PROCESS

Behavioral Health Estimated Funding (Dollars in Millions)

	18/19	19/20	20/21	21/22	22/23
1991 MH Realignment	\$1,270.7	\$1,134.6	\$1,134.6	\$1,134.6	\$1,134.6
2011 BH Realignment	\$1,483.2	\$1,250.2	\$1,278.5	\$1,322.9	\$1,383.7
MHSA	\$1,975.5	\$1,676.1	\$2,010.9	\$1,715.0	\$1,495.3
Total	\$4,729.4	\$4,060.9	\$4,424.0	\$4,172.6	\$4,013.6
Dollar Change		-\$668.52	\$363.15	-\$251.47	-\$158.97
Percent Change		-14.1%	8.9%	-5.7%	-3.8%

Proposed MHSA Flexibility and Responding to COVID-19: Planning Process

Allow county behavioral health agencies to continue following existing Three-Year Plans until counties can finalize the local review process.

Allow county behavioral health agencies to complete a Performance Contract change for new programs or services to address COVID-19 needs without an update to 3-Year Plan

Funds in the Innovation component can be transferred to any other component, if needed for COVID-19 response, and subject to transparency requirements

Allow online/virtual meetings for stakeholders

BHRS Three-year PEP (DRAFT)

March: Community Planning Process required by statute for MHSA was put on hold

June: Due date for all Annual Updates and Three-Year PEP

- Submit draft Annual Update
- Continue following existing PEP and resume Community Planning Process in July.

Oct-Nov: Final PEP submitted to the Board of Supervisors for approval

- Department of Health Care Services
- Mental Health Services Oversight and Accountability Commission

MHSA Audit



Areas of improvement:

Community Planning Process
MHSA Grievance and Appeal Process
Plan Update (New Guidance Provided)
Full Service Partnership Agreements (FSP)
definitions and process



**No fiduciary corrective actions were
given**

Community Planning Process

STRENGTHENING COMMUNITY PLANNING PROCESS

Community Planning Process: Welfare and Institutions Code – WIC 5848 (a)

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Community Planning Process Cont..

Result: Strengthen consumer participation in the stakeholder process, specifically consumers who are adults and seniors with severe mental illness, and families of children, adults, and seniors with severe mental illness.

How: Create a more robust Community Planning Process that includes...

- Filling vacancies within the current membership of the current stakeholder group
- Consumer engagement, specifically to obtain feedback on the current process and obtain possible strategies to strengthen the participation of consumers in the stakeholder process.
- Establishing smaller learning collaboratives outside of the formal stakeholder meetings to obtain broader input on MHSA planning

BHRS Strategic Planning

RUBEN IMPERIAL, MBA

BEHAVIORAL HEALTH DIRECTOR

BHRS Strategic Planning Update

- Planning Priorities Assessment
- Access & Coordination of Care
- Treatment Capacity-building
 - Core Treatment for SMI/SUD
 - Conservatorship
 - Substance Use Disorders Treatment
- Priority Population: Homelessness
- Administrative & Support



How can we provide the best and highest quality behavioral health care?

What is the Performance Measures?

Performance measures simply gives BHRS the means to know how well we're doing at providing services and improving lives (Better Off).

What works?

What we propose to do to improve progress?

Feasible, high-impact actions/strategies with specific timelines and deliverables.

Partners?

Partners with roles to play in improving progress.

Performance Measures

Population:

- Adults with Severe Mental Illness with functional impairment
- Children with Severe Emotional Disturbance with functional impairment

Performance Measure:

Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- Mental Health Clinical Services
- Family, Peer and Community Support

Mental Health Treatment RBA Framework (DRAFT)

<p>Population</p>	<p>Adults with Sever Mental Illness with functional impairment Children with Severe Emotional Disturbance with functional impairment</p>									
<p>Performance Measure <i>“Better Off”</i></p>	<p>Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i></p>									
<p>Core Treatment Model <i>Strategies to Increase Functioning & Decrease Impairment</i></p>	<table border="1"> <thead> <tr> <th data-bbox="573 472 1674 529">Treatment Services</th> <th data-bbox="1719 472 2356 529">Providers</th> </tr> </thead> <tbody> <tr> <td data-bbox="573 544 1674 679"> <p>Medication Services Medication prescription, administration, and monitoring.</p> </td> <td data-bbox="1719 544 2356 679"> <p>Psychiatrist Registered Nurse Other prescribers</p> </td> </tr> <tr> <td data-bbox="573 694 1674 986"> <p>Clinical Services</p> <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Supportive Therapy • <i>Psychosocial Rehabilitation</i> • Care & Services Coordination </td> <td data-bbox="1719 694 2356 986"> <p>Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians</p> </td> </tr> <tr> <td data-bbox="573 1001 1674 1186"> <p>Family, Peer and Community Support</p> </td> <td data-bbox="1719 1001 2356 1186"> <p>Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners</p> </td> </tr> </tbody> </table>		Treatment Services	Providers	<p>Medication Services Medication prescription, administration, and monitoring.</p>	<p>Psychiatrist Registered Nurse Other prescribers</p>	<p>Clinical Services</p> <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Supportive Therapy • <i>Psychosocial Rehabilitation</i> • Care & Services Coordination 	<p>Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians</p>	<p>Family, Peer and Community Support</p>	<p>Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners</p>
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<p>Performance Measures <i>“How well we provide services”</i></p>	<p>Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions</p>									

Psychosocial Rehabilitation Services

Mental health services that specifically improve an individual's role (family, member, student, worker) and function in an environment (home, school, work, community) so they thrive and recover.



Homelessness Strategy

Develop homelessness performance measures for CTM

Identify BHRS homelessness population

Develop BHRS coordinated access process/integrate HMIS

Develop outreach and engagement strategy

- Assess capacity to outreach to identified targeted population
- Assess treatment capacity

Develop housing and shelter strategy for all BHRS clients

- Identify the number of shelter and housing beds needed to end homelessness (functional zero) for individuals with SMI

Performance Measures

Population: Adults/Children with SMI/SED with functional impairment

Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- Mental Health Clinical Services
- Family, Peer and Community Support

If experiencing homelessness?

In addition to treatment...

- Housing Supportive Services
- Shelter
- Respite
- Housing: Transitional and Permanent Supportive Housing

How might we...

MHSA Community Planning Process



Intervene early...

Improve Access?

Priorities?
Where?
When?

Strengthen treatment capabilities?

Mental Health Treatment RBA Framework (DRAFT)

Population	Adults with Severe Mental Illness with functional impairment Children with Severe Emotional Disturbance with functional impairment	
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Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions	

Partners that have a role in the treatment of SMI/SED?

Support clients and families through treatment?

Prevention

Early Intervention

Treatment

How might we...

MHSA Community Planning Process

Partners that have a role in the treatment of SMI/SED?



Next Steps

Develop Strategy to Strengthen Community Planning Process

Finalize the 2018/2019 MHSA Annual Update

Initiate the Three-year PEP Community Planning Process

Next Stakeholder meeting will be held on June 26, 2020

- 1:30 PM – 3:00 PM



What did you hear?

What did you like?

What questions do you have?