

BEHAVIORAL HEALTH & RECOVERY SERVICES

Representative Stakeholder Steering Committee

SEPTEMBER 18, 2020

Agenda

- Welcome & Introductions
- MHSA Budget Update
 - Fiscal Challenges & Planning
- Community Planning Process
- Discussion, Questions and Comments
- Looking ahead Next Steps
- Adjournment

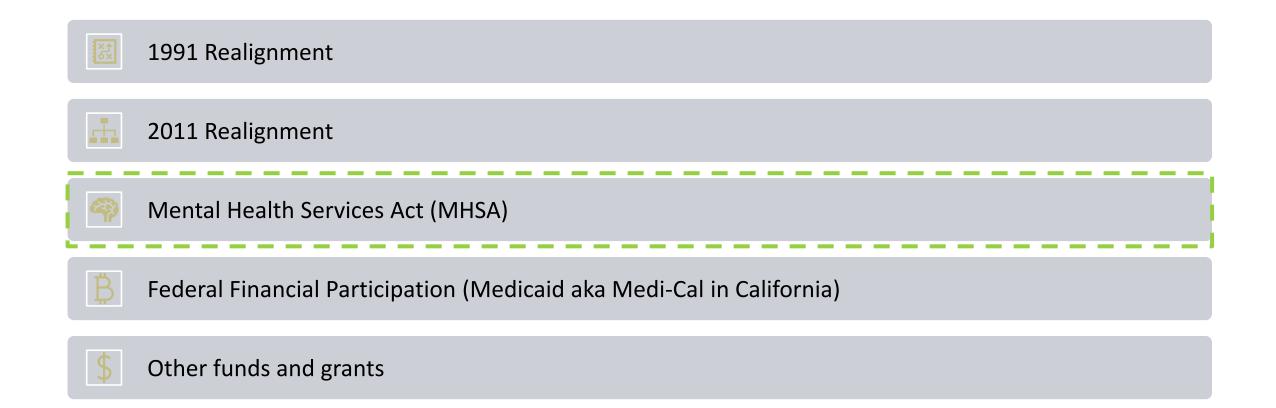


WELLNESS . RECOVERY . RESILIENCE

Budget Update

COVID-19 MHSA Flexibilities | Budget Planning Update

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County Behavioral Health Sources Of Funding

Budget Planning Update

Board of Supervisors Update

Budget Planning Timelines

Overarching Planning Framework

Community Planning Process

STRENGTHENING COMMUNITY PLANNING PROCESS

Community Planning Process:

- WIC 5848 (a)

Welfare and Institutions Code

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.

Community Planning Process Cont..

The Community Planning Process

The MHSA community planning process and the stakeholder involvement is defined in State code as the following:

Community Program Planning means the process to be used by the County to develop the Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.
- Analyze the mental health needs in the community.
- Identify and re-evaluate priorities and strategies to meet those mental health needs.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d) and 5892(c), Welfare and Institutions Code.

Ensure full roster of stakeholders

Education and Training on MHSA

RSSC Stakeholder Development

RSSC Workgroups

Adults Services

Children Services

Peers & Family

Regional

Systems Development

Prevention & Early Intervention

Underserved/Unserved Participation in RSSC Workgroups

- Latino/Spanish
- South East Asians
- LGBTQ
- African Americans

Overarching Planning Framework

Results-base Accountability Framework

Core Treatment Model

MHSA Priority Populations

50% CSS for Full Services Partnerships

50 % PEI for Children Services

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)

Population

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

Performance Measure "Better Off"

Increase functioning / Decreased impairment
As measured by the LOCUS/CANS/DCR/Perception Surveys

Core Treatment Model

Strategies to Increase Functioning & Decrease Impairment

Treatment Services

Medication Services

Medication prescription, administration, and monitoring.

Clinical Services

- Assessment*
- Crisis Prevention/Intervention
- 1:1 & Group Supportive Therapy
- Psychosocial Rehabilitation
- Care & Services Coordination

Family, Peer and Community Support

Providers

Psychiatrist Registered Nurse Other prescribers

Mental Health Clinicians*
Behavioral Health Specialist
Clinical Service Technicians

Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners

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

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?

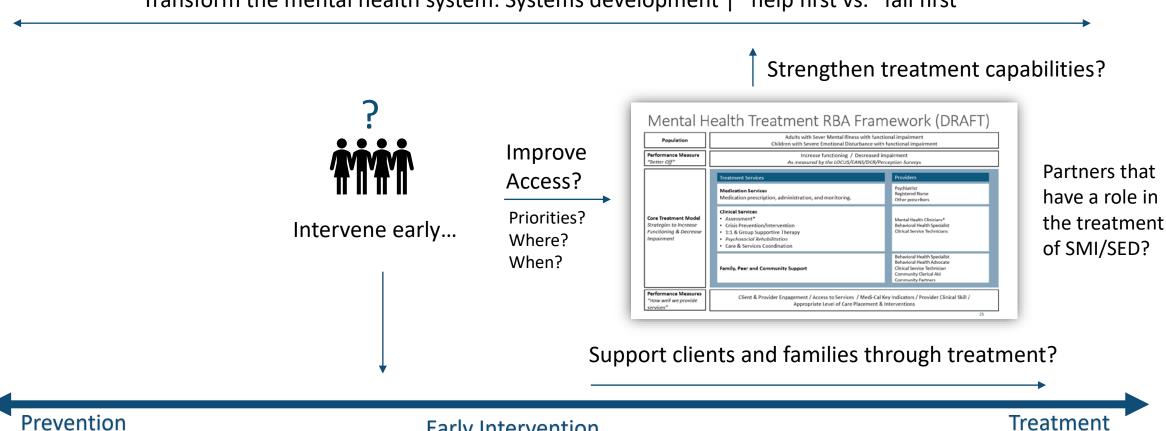
In addition to treatment...

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

How might we...

MHSA Community Planning Process

Transform the mental health system: Systems development | "help first vs. "fail first"



Early Intervention

How might we...

MHSA Community Planning Process

Partners that have a role in the treatment of SMI/SED?
Shared vision for change Agreed upon actions



Next Steps

Budget

- Sustainable project Projection
- MHSA Flexibility Recommendations

RSSC Development

- Develop On-boarding Education and Training
- RSSC Stakeholder Recruitment

Finalize Planning Process

- Workgroup Development
- Workgroup Planning Framework: Agenda/Facilitation/Timelines/Data/Logistics

MHSA RSSC Stakeholder <u>Tentative</u> Meetings & Workgroup Schedule

Discussion

Community Planning Process

- Representative Stakeholder Steering Committee Development
- Workgroup Structure
- Overarching Planning Framework

What did you hear?

What did you like?

What questions do you have?

Ideas