



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Stakeholder Leadership Committee

11/20/09

Revised: 11/18/09




MHSA General Standards (CCR, Title 9, Section 3320)



- Applicable to planning, implementation and evaluation of MHSA programs/services.
 - Community Collaboration
 - Cultural Competence
 - Client Driven & Family Driven
 - Wellness, Recovery & Resilience Focused
 - Integrated Service Experience

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Community Program Planning Process (CCR, Title 9, Section 3300)



- Designate positions / units responsible for:
 - overall planning process;
 - ensuring that stakeholders:
 - have the opportunity to participate in CP³;
 - reflect the County's diversity;
 - include representatives and/or family members of unserved/ underserved populations;
 - outreach to SMI and/or SED consumers and their families
- CP³ will include training for participants

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Community Program Planning Process (cont.)



■ Stakeholders are individuals or entities with an interest in mental health services in California, including, but not limited to:

- SMI/SED individuals and/or their families,
- Providers of Mental Health and/or related physical health and social services,
- Educators and/or representatives of education,
- Representatives of law enforcement,
- Any other organization that represents the interests of SMI/SED individuals and their families

Agenda & Handouts



Topic / Item	Left Side	Right Side
1./2. Agenda & Announcements		<ul style="list-style-type: none"> • Agenda • Presentation Slides • 10/16 Summary • Common Acronyms
3. MHSA Updates	<ul style="list-style-type: none"> • SLC Work Plan – Revised 11/17/09 • Excerpt WP A-05 from Initial CSS Plan 	
4. Issue Resolution Process	<ul style="list-style-type: none"> • DMH Proposed MHSA Issue Resolution 	
5. System of Care for Adults & Older Adults	<ul style="list-style-type: none"> • CSS Work Plans A-01, A-03, OA-01 & HO-01 	<ul style="list-style-type: none"> • MHD Health Agenda Report
6. INN Work Plan Development	<ul style="list-style-type: none"> • Innovative Ideas Input Summary • Innovation Planning Graphic 	
7. Next Steps		

MHSA Updates



- Prevention and Early Intervention (PEI)
 - Awaiting final guidelines for PEI Statewide Projects
 - Suicide Prevention Advisory Committee 1st meeting is DEC 9, 6-8PM
 - Planning underway for services that will be focused on four communities under Project 2: Strengthening Families & Children
 - Planning underway for RFPs for Project 4: Integrating Behavioral Health Interventions in Primary Care Clinics, Outreach to Older Adults, Specialized Services for Refugees
- Capital Facilities & Technological Needs (CFTN)
 - 5 projects to be approved: EHR, CDW, BHX, CLC and WEB
 - Consumer Health Education (HE) not approved, but MHD will revise and resubmit proposal in FY10-11
 - Consumer Health Record (CHR) projects to be deferred until FY10-11

MHSA Updates (cont.)



- Workforce Education & Training (WET)
 - Career Pathways Coordinator Hired (Comprehensive MH Career Pathways & financial incentives)
 - Internship programs for students & consumers and family members underway
 - Develop full program by end of FY09-10
- California Assembly Bill 1571
 - Requires counties' MHSA local stakeholder planning groups to include veterans and representatives from veterans organizations. Requires DMH, as part of its review of county plans, to inform the CA Department of Veterans Affairs of county plans that have outreach programs specifically for veterans or that provide services specifically for veterans.
 - Effective January 1, 2010
 - **Proposal: Add one seat to the SLC for a veteran who is a representative of an organization serving veterans in the County.**

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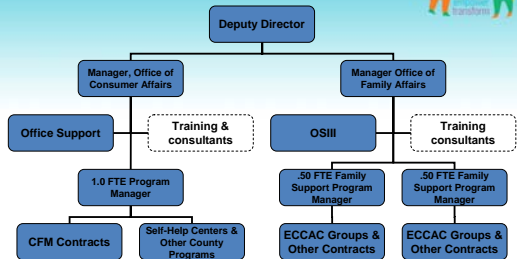
Consumer and Family Member Services



- A-05 was a distinct work plan in the initial CSS Plan to:
 - Increase consumers and family members (CFM) in direct services.
 - Integrate CFMs into operations system-wide.
 - Include CFMs in system improvement.
- Current Objectives:
 - Establish a more visible, robust and coherent CFM system and infrastructure.
 - Improve the connectedness and dynamics between training, policy, operations and culture change.
- Actions – Reinstate Work Plan A-05
 - Establish an Office of Family Affairs (OFA), reporting to the Deputy Director, by merging ECCAC operations with other Family Member operations.
 - Enhance the Office of Consumer Affairs (OCA).
 - Both Offices would have responsibility and authority to implement related workforce education and training.

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Organizational Chart



- Nearly 50 consumers in stipend positions, totaling approximately \$500K
- Approximately 40 family members in stipend positions, totaling approximately \$620K
- \$175K in other MHSA-funded CFM programs; excluding positions in contracted services.

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Local MSHA Issue Resolution Process (IRP)

Today's Purpose: Endorse concept for local IRP and plan next steps.

Mandate



- DMH has statutory responsibility for investigating the performance of counties in regards to MSHA.
- Since APR 08, DMH has been developing a State process for filing and resolving issues related to
 - MSHA Community Program Planning
 - MSHA Service Access
 - Use of MSHA Funds
 - Consistency between program implementation and approved MSHA Plans.
- DMH IRP: Requirements for DMH to review
 - Exhaust local IRP
 - Issue must be related to MSHA Agreement, MSHA Regulations (WIC, DMH Information Notices & Letters) or Statutes (MSHA)

Principles for IRP



- Protect Confidentiality
- Protect Rights of Individuals
- No Wrong Door
- Effective Communication & Dissemination
- User Friendly
- Appeal to Independent or External Review
- Client & family member involvement
- Unified system, building upon existing systems

Primary Groups Served



Adults and older adults with Medi-Cal, Medicare, MHSA funding and the uninsured

Ethnic Mix

Ethnicity	% of AOA
White	43%
Latino	23%
Asian/PI	20%
African Amer.	7%
Native Amer.	1%
All Other	6%

Geographic Mix

Area	% of AOA
San Jose East, Central	27%
San Jose South	13%
Morgan Hill, Gilroy	8.5%
Mt. View, Sunnyvale	7%

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Levels of Care



- **Inpatient** and 23-hour care in a secure environment for high acuity, extreme risk
 - Acute inpatient and jail
 - Institutes for mental disease (IMD) and skilled nursing facilities (SNF)
 - Emergency psychiatric services (EPS)
- **Residential** care with mental health support for clients transitioning from a secure environment to community care
- **Outpatient** mental health services for stable clients continuity their recovery
- **Self help** for clients progressing toward advanced recovery

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Specialized Populations



Institutional Services

- High risk of harm to self or others
- Criminal offenders
- Clients requiring skill building for independent, unsupervised living

Residential Mental Health Services

- Clients requiring transitional support from an IMD to independent living (crisis residential)
- Clients receiving case management and skill building in a group setting (board & care)
- Criminal offenders in transition to community independent living (Evans Lane)

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Specialized Populations (cont.)



Outpatient and Intensive Outpatient Services

- Culturally specific services
- MHSA full service partnerships
- Families in CalWorks
- Crisis diversion through Urgent Care in lieu of EPS
- Mental Health Court
- Drug Treatment Court
- Day treatment, day rehabilitation

Self Help

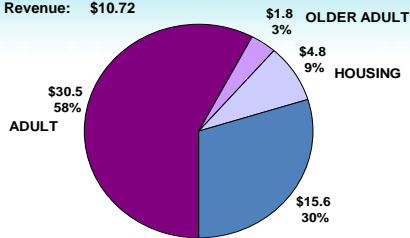
- Clients who are stable and in early or advanced recovery

MHSA Funds & Other Funds for AOA Programs

FY09-10 Work Plans (in millions)



Total CSS Funding: \$52.75
MHSA Funding: \$42.03
Matching Revenue: \$10.72



■ Adult CSS + Match ■ OA CSS + Match ■ Housing ■ Other CSS

IMPACT OF MHSA FUNDING



Impact of MHSA Funding on AOA Programs



- MHSA funding has funded **new programs** and services:
 - Distinct FSP programs for adults and older adults
 - Specialized services for older adults (Golden Gateway)
 - 24/7 Urgent Care
 - Oversight of homeless services
 - Residential and outpatient services for criminal offenders on probation (Evans Lane)

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Impact of MHSA Funding on AOA Programs



- **Enhance inter-departmental** system-focused services:
 - Specialized programs for criminal offenders and diversion from jail or prison through **collaboration with Courts and Probation** Department
 - **Integrated team** to assure coordination of discharges for both acute inpatients and IMD clients to outpatient care
 - Collaborative program with **Social Services** for outreach to faith communities
 - Incorporation of mental health services into **VMC primary care** clinics (FQHCs)

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Impact of MHSA Funding on AOA System Redesign



- **Adult system redesign --**
 - **Training** for all providers in wellness and recovery model
 - Training in Wellness & Recovery Action Planning (WRAP)
 - Implementation of Milestones of Recovery Scale (MORS)
 - Piloting of Clinically Informed Outcomes Management (CIOM)
 - Support for **restructuring** of both county and contract programs
 - Development of **quality outcomes and improvement** approach

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Impact of MHSA Funding on AOA System Redesign



- **Peer and family mentor program development**
- **Expanded and enhanced self help programs**
 - All sites (central, north and south county) have coordinators
 - All sites offer five day programming and socialization and ongoing recovery skill building
- **Improved client benefits processing assistance**

MHSA FUNDED PROGRAMS AND SERVICES



Full Service Partnership (FSP) Programs



- **Adult programs**
 - Offered by Gardner, Momentum, Opportunity Health, Mekong, Indian Health, Community Solutions
 - Focused on high risk populations; IMD discharges
 - Capacity 200; **241 clients served since 2007**
 - Average length of stay = 12.6 months
 - **EPS admissions have dropped 29%**, but acute psych admissions have increased slightly
 - Studying IMD recidivism

Full Service Partnership (FSP) Programs



- **Older Adult programs**

- Offered by Community Solutions and Catholic Charities
- Focused on group at risk of hospitalization
- Capacity 25; **43 clients served since 2007**
- Average length of stay = 1 year
- **EPS admissions have dropped 53%, acute psych admissions decreased 33%**

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Full Service Partnership (FSP) Programs



- **Criminal Justice programs**

- Offered by Gardner, Community Solutions, and Catholic Charities
- Focused on ex-offenders with mental illness
- Capacity 180; **297 served since 2007**
- Average length of stay = 10 months; 50 re-admissions after discharge or AWOL
- **EPS admissions have dropped 29%**, acute psych admissions increased....
- But **arrests** (self reported) **dropped by 93%**

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MHSA Comprehensive Services for Older Adults



- **Golden Gateway** comprehensive older adult services
 - A service of Catholic Charities
 - Offers **in-home assessment** with **integrated team** of MD, nurse, mental health
 - Provides complete outpatient mental health and case management services
 - Extensive **outreach** to diverse communities
 - Ongoing **education** at senior centers, housing communities and faith communities
- Partnership with Department of Aging and Adult Services for extensive **outreach to the faith community**

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MHSA Housing Programs



- **MHSA Permanent Housing Units:**
 - Collaborative funding w/ (former) Office of Affordable Housing
 - **40 developed & 90% occupied**; 56 in development
 - Location: 18 (north), 76 (central), 17 (south)
 - FSP Permanent Housing 40 Units w/ Momentum
- **Transitional Housing Units:**
 - **106 contracted** for criminal justice clients; **70 occupied**, including Evans Lane, 3 in San Martin
- Short-term (2-4 yrs) Tenant Based **Rent Subsidy** Program
- **Shelter beds, homeless services**
 - **Collaboration with police departments** in serving the homeless
 - Office of Housing & Homeless Support Services created

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Services to Uninsured



- **Redesigned Central Mental Health** to serve uninsured only
 - Supported with MHSA funds
 - Assessment, brief therapy, medication management
 - Implementing pilot project with on-site Social Services staff to assist clients in receiving SSI and Medi-Cal
 - To date over 1,300 clients served:
 - 127 successful in receiving Medi-Cal and re-assigned to a full service provider
 - 800+ also converted to APD (ability to pay sliding scale arrangement), Valley Care insurance for low income residents
 - Others still pending approval

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AOA *Current Initiatives*



- Successfully implementing adult system redesign in both county and contract sites
- Trained 436 in MORS, 129 in WRAP including providers, clients, and family members
- Transitioned 1,600+ clients to receive mental health care through VMC primary care clinics (FQHCs), with case management offered through mental health department staff

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FY10-11 *Priorities* for AOA



- Apply MORS and CIOM to **outcome measurement and quality improvement**
- Expand **peer and family mentor** programs
 - Integrate into clinical teams *and* each Self Help Centers
- Improve **integration of mental health and primary care**
 - Transition clients with MORS scores of 6, 7, and 8 to primary care, self help and community support
- Implement comprehensive, **coordinated services for older adults**
- **Decrease disparities** and achieve improved penetration rates in underserved communities

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Innovation (INN) Work Plan Development



- Review and endorse an approach for selecting ideas for development into INN work plans.
- Endorse process for developing INN work plans

INN Overview



- 1 of 5 MHSA Components.
- OAC is the approval authority.
- Ongoing funding with a 3-Yr Reversion Period.
- MHD intends to sustain \$3.1M INN Plan annually, including 310K for County Admin.
- Broad Scope; collaboration & leveraging are encouraged.
- INN “contributes to learning rather than a primary focus on providing services” – try out new approaches.

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OAC's "Decision Path for Counties"



Issue for County	Barrier	Essential Purpose for Innovation (MHSA)	County's Learning/Change Goal	Mental Health Practice/Approach to
A significant, challenging problem for the county	What has prevented the county from solving this problem? Why isn't the desired solution in place now?	The four purposes for Innovation, specified in the MHSA and in Innovation Guidelines	What county wants to learn in its effort to surmount the barriers and resolve identified issues; learning/practice change that is the focus of the Innovation	The identified mental health practice or approach the county wants to try out: this is the vehicle for county's learning, practice change and system development

County Process



- JAN '09: SLC recommended using a sub-committee to begin INN planning process.
- FEB thru MAR '09: ECCACs, C/FM and MHD Staff met developed three "Focus Areas."
- JUL '09: SLC adopted Focus Areas & next steps in the planning process – "call for innovative ideas."
- AUG – SEP '09: broad range of ideas submitted.
- OCT 16, 2009: SLC and other stakeholders expressed their preferences at OCT 16 SLC meeting.

Summary of Ideas Submitted



- All ideas sorted into 1 of 7 clusters.
- Submissions varied in scope and detail; stakeholder discussion and review focused primarily on the issue or area represented.
- Call for ideas prioritized inclusion rather than INN requirements.
- Key Considerations
 - SLC input & Stakeholder input
 - Lifespan approach
 - Timing & Resources

Total number of ideas submitted	148
Total number of SLC Meeting attendees	149
Total number of votes	1,302
Total number of SLC votes	354
Total number of Community votes	948

Steps to Final Plan

(starting 11/20)



- Identify ideas for development into INN Concepts
 - Staff conduct additional community program planning for each idea (research, interviews, public forums, etc.)
 - Staff develop INN Concepts: preliminary budget & basic INN work plan narrative
- January 15th: SLC selects which Concepts should be further developed into INN work plans
- Possibility of additional stakeholder input
- SLC review Draft INN Component Plan on FEB 20 → 30 day posting, MHB Public Hearing, 2d SLC review, HHC, BOS, DMH

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Approaches for Selecting Ideas for Development into INN Work Plans



- Approach 1 – Frequency (8)
 - Top 5 ideas prioritized by SLC
 - Top 5 ideas prioritized by Stakeholders
- Approach 2 – Mutual Endorsement (8)
 - Ideas that were highly regarded (Top 10) by both SLC & Stakeholders (4)
 - Add one idea from each remaining cluster (4)
- Approach 3 – Lifespan/Cluster (7)
 - In each Cluster, the one idea that had the most number of total votes.

Note: Approach 2 and 3 have at least one idea in each Focus Area and Cluster.

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Approach 1 – Frequency



1. Multi-Cultural Center
2. Transitional MH Services for Extremely Underserved-Newly Released Inmates
3. Peer-Run TAY Inn
4. In-Reach Benefits Liaison
5. Law Enforcement/MH Mobile Crisis Team
6. Treatment of Co-occurring Anxiety, Impulse Control and Obsessive-Compulsive Disorders in Autistic Population
7. Demonstration Project: SJPd-MH Homeless Outreach Team
8. Removing Barriers to Person-Centeredness: Moving from Clinical Gaze to Social Responsibility

Approach 2 – Mutual Endorsement



Mutually Endorsed	Remaining Clusters (highest total votes)
	01-CHILDREN: Early Childhood Universal Screening Kiosk Project
02-YOUTH & TAY: Peer-Run TAY Inn	
	03-ADULTS: Treatment of Co-occurring Anxiety, Impulse Control and Obsessive-Compulsive Disorders in Autistic Population
	04-OLDER ADULTS: Merging Old with the New
05-CULTURAL: Multi Cultural Center	
06-SPECIAL POPULATIONS: Transitional MH Services for Extremely Underserved-Newly Released Inmates	
06-SPECIAL POPULATIONS: Law Enforcement/MH Mobile Crisis Team	
	07-OUTREACH: Innovative Outreach

Approach 3 – Lifespan/Cluster



01-Children	Early Childhood Universal Screening Kiosk Project
02-Youth & TAY	Peer-Run TAY Inn
03-Adults	Treatment of Co-occurring Anxiety, Impulse Control and Obsessive-Compulsive Disorders in Autistic Population
04-Older Adults	Merging Old with New
05-Cultural	Multi-Cultural Center
06-Special Populations	Transitional Mental Health Services for Extremely Underserved-Newly Released Inmates
07-Outreach	Innovative Outreach Approach

Your Voice Matters!



- SLC Meetings: 12/11 (changed from 12/18), 1/15, 2/19, 3/19, 4/16, 5/21, 6/18

Contact Information

Nancy Pena, Ph.D., Director, MHD, 408-885-5782

Bruce Copley, Deputy Director, MHD 408-885-5773

Ky Le, MHSA Project Manager, 408-885-7543 ky.le@hhs.sccgov.org

Jeannette Ferris, Continuous Learning Manager, 408-792-3911

ThuHien Nguyen, Ph.D., ECCACs, 408-792-3912

Jennifer Jones, Consumer Affairs Manager, 408-793-6780

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