

MHSA Strategic Planning Workgroup Recommendations

Children's Workgroup

- Identify additional funding (MHSA, leveraged funding, grants/foundation, etc.) to appropriately staff mobile crisis to increase in-home/in-school response for crisis de-escalation and crisis treatment planning.
- Provide all children's services in the child's natural environment, including at home and in school, as appropriate.
- Train mental health staff and providers on evidence based practices related to children, including training all mobile crisis responders on best practices for responding to children's psychiatric emergencies.
- Provide training to school administrators, teachers, etc., on children's mental health services offered by Solano County, including foster care support and mobile crisis, and the most effective way to access these services.
- Increase outreach efforts to families with children, including developing a resource guide of children's mental health services and utilizing existing networks for distribution.

Transition Age Youth Workgroup

- Develop a Peer Mentoring Program.
- Explore the idea of utilizing a local psychiatrist in a TAY FSP.
- Develop ways to increase availability of housing opportunities for TAY.
- Create matrix showing links between providers and services in the community.
- Increase coordination with Mobile Crisis Unit to more effectively assist TAY, and reduce perception that Mobile Crisis Unit is hesitant to help TAY.

Adult Workgroup

- Implement customer service training with a focus on respecting the dignity of the individual.
- Increase integration/collaboration with community partners (law enforcement, hospitals).
- Increased educational training & employment opportunities for consumers and family members throughout MHP and Mobile Crisis
- Disperse educational resource information throughout the community, County via resource guides, e-mail and website.
- **Create a structured outpatient follow-up.**

Older Adults Workgroup

- Provide senior peer counselors and peer support groups (in FSP, community, and county outpatient clinics).
- Retrain and strengthen Older Adult FSP:
 1. Return to 1.0 FTE Supervisor/Clinician
 2. Dedicate RN to program.

- Revisit program design to address needs on a continuum between out-patient clinic and FSP (investigate IMPACT model).
- **Provide Mobile Crisis intervention in home**
- Provide additional staff for Mobile Crisis – training in Geriatric Mental Health.
- Increase availability of affordable housing using MHSA Housing and other available funding sources.

Full Service Partnership Workgroup

Overarching FSP Principles

- **Consumer and Family Driven:** Consumers and family members of consumers are considered equal partners to treatment providers in the treatment process.
- **Individualized Services:** The focus is on the client and client’s family members’ entire situation and how the mental health concerns are affecting all aspects of life (housing, relationships, school, self-care, etc...) for a “whatever it takes” approach. There are many different levels of service with an overall goal of increasing functioning, improving quality of life, and decreasing symptoms.
- **Wellness and Recovery Model:** The ultimate goal of the FSP is to move the client toward wellness & recovery. This includes providing the necessary treatment in the least restrictive environment, moving clients toward fewer interventions and lower levels of care as appropriate, and connecting clients with their community and community resources during and after treatment.
- **Cultural Competence:** Consumers are provided with cultural and linguistically appropriate services.
- **Other Key Aspects** of a FSP include:
 - Coordination of medical and mental health care
 - 7 day a week/24 hour access to mental health services;
 - Support with housing
 - Advocating for consumer needs and teaching consumers empowerment

Linkages for FSP Continuum of Care

- There should be a focus on a seamless, flowing system for moving people to different levels of service depending on their changing needs (ex. FSP to Outpatient as needs become less intensive) with a clear referral process

Workgroup Recommendations by Themes	Training	Outreach/Resource Guide	Peer Support	Coordination with Community	Mobile Crisis	Coordination/Seamless System	Staffing	Other
Train mental health staff and community providers on evidence based practices related to children, including training all mobile crisis responders on best practices for responding to children's psychiatric emergencies. (C)	X			x	X			
Provide training to school administrators, teachers, etc., on children's mental health services offered by Solano County, including foster care support and mobile crisis, and the most effective way to access these services. (C)	X			X				
Implement customer service training for county staff and providers with a focus on respecting the dignity of the individual. (A)	X			x				
Increased educational training & employment opportunities for consumers and family members throughout MHP and Mobile Crisis (A)	X							
Advocating for consumer needs and teaching consumers empowerment (FSP)	X							
Increase outreach efforts to families with children, including developing a resource guide of children's (community based & county) mental health services and utilizing existing networks for distribution (C)		x						
Create matrix showing links between providers and services in the community. (TAY)		X						
Disperse educational resource information throughout the community, County via resource guides, e-mail and website. (A)		X						
Develop a Peer Mentoring Program. (TAY, A)			X					
Provide senior peer counselors and peer support groups (in FSP, community, and county outpatient clinics). (OA)			X					

Workgroup Recommendations by Themes	Training	Outreach/Resource Guide	Peer Support	Coordination with Community	Mobile Crisis	Coordination/Seamless System	Staffing	Other
Identify additional funding (MHSA, leveraged funding, grants/foundation, etc.) to appropriately staff mobile crisis to increase in-home/in-school response for crisis de-escalation and crisis treatment planning. (C)					x		x	
Explore the idea of utilizing a local psychiatrist in a TAY FSP. (TAY)							x	
Retrain and strengthen Older Adult FSP: (OA) Return to 1.0 FTE Supervisor/Clinician Dedicate RN to program.							x	
Increase coordination with Mobile Crisis Unit to more effectively assist TAY, and reduce perception that Mobile Crisis Unit is hesitant to help TAY. (TAY)					x	x		
Provide additional staff for Mobile Crisis – training in Geriatric Mental Health. (OA)	x				x			
Increase integration/collaboration with community partners (law enforcement, hospitals). (A)				x				
Provide all children’s services in the child’s natural environment, including at home and in school, as appropriate. (C)				x				
Revisit program design to address needs on a continuum between out-patient clinic and FSP (investigate IMPACT model). (OA)						x		
Coordination of medical and mental health care focus on a seamless, flowing system for moving people to different levels of service depending on their changing needs (ex. FSP to Outpatient as needs become less intensive) with a clear referral process (FSP)						x		

Workgroup Recommendations by Themes	Training	Outreach/Resource Guide	Peer Support	Coordination with Community	Mobile Crisis	Coordination/Seamless System	Staffing	Other
Coordination of medical and mental health care (FSP)						x		
Create a structured outpatient follow-up. (A)								
Provide Mobile Crisis intervention in home (A)					x			
7 day a week/24 hour access to mental health services (FSP)								
Continue to support FSP Principles (FSP) <ul style="list-style-type: none"> • Consumer and Family Driven • Individualized Service • Wellness and Recovery • Cultural Competence 								x