Mental Health Services Act

Strategic Plan

Recommendations from
MHSA Steering Committee
December 3, 2009

Goals for today

- Provide Background & Overview of Mental Health Services Act Steering Committee Process
- Review Recommendations, Priorities & Outcomes developed by Committee
- Seek input & feedback from Public Forum Participants
- Review next steps.

Community Participation

- MHSA Steering Committee: met monthly, June – November 2009
- MHSA Workgroups: met at least on three occasions between July-September 2009
- MHSA Planning Committee: met on five occasions between October and November 2009
- MHSA Stakeholders, Community Forum: Convened December 3, 2009
- Local Mental Health Board: Meeting December 15, 2009.

Strategic Planning Questions

1. What are we trying to achieve? For whom?

2. What are our primary strategies and activities? Should we change them?

3. How can we measure if consumers are better off?

Strategic Planning Questions

5. How can we measure if we are delivering services well?

6. How are we doing on these measures?

7. Who can we partner with to improve?

8. What should we do?

Planning Process

1. Workgroup analysis of existing programs by age group, analysis of Full Service Partnerships
2. Workgroup recommendations for improvements
3. Planning team composed of representatives of workgroups, consumers, families, providers and County charged with consolidating and prioritizing recommendations, developing outcome measures
4. Recommendations approved by full MHSA Steering Committee

Paradigm Shift

A continuum of care is best for consumers and families with severe mental illness/emotional disturbance

Steering Committee Recommendations

1. **Coordinated, seamless continuum of care for all age groups - Required**
   - Full Service Partnership
   - Intensive services
   - Outpatient Mental Health services
   - Individualized -personal/family-centered services
   - In-home/in-school services (Older Adults/Children)
   - Wellness & Recovery Services to support return to everyday life.

Steering Committee Recommendations

Continuum of Care – Required Elements (Continued)

- Peer support & mentoring
- Training for consumers
  - Discovering your purpose and passion
  - Employment & Education
- Linkages to families and community
- Clear, seamless referral process among all partners

Steering Committee Recommendations

Continuum of Care – Required Elements (Continued)

- Collaborative relationship among all partners for goal setting, program design and operations, permitting consumers to flow:
  - Among county programs such as Mobile Crisis, Full Service Partnerships, inpatient and outpatient services
  - Between medical and mental health- to allow flow to different levels of service
  - Among community partners such as hospitals, law enforcement, private providers and networks

Steering Committee Recommendations

Continuum of Care – Optional, highly desirable elements

- Structured, follow-up care
- Increased, specialized staff (children, older adults)
- Increased medical staff (older adults)
- Housing

Steering Committee Recommendations

2. Increase outreach, education and information about about access and mental health services. Build on and link existing resource guide/provider and service matrix, website, e-mail, etc. to:
   - Schools
   - Families with children
   - County staff
   - Consumers/community
   - Current networks

Steering Committee Recommendations

3. Training for County Staff, Partners and Contractors
   - Best practices (especially 0-5 and geriatric)
   - Customer service and cultural sensitivity

4. Additional, specialized staff for Mobile Crisis (Optional, highly desirable)

Outcomes
Consumer Impact Measures

Will vary by age group

* % showing improvement in diagnosis
* % showing improvement as reported by both clinician & consumer
* % with ER visits for medical, mental health visits
* % hospitalized, % re-hospitalized
* % of clients able to maintain stable housing/rate of residency change

Outcomes
Consumer Impact Measures

- % able to obtain/maintain education/employment
- % able to live independently/least restrictive living situation
- % with strong connections to family (as defined by consumer), community
- % not incarcerated, % not re-incarcerated

Outcomes System/Quality Measures

- % consumers receiving recommended services
- Rate of participation/attendance by consumers
- % of clients satisfied with services
- % of staff with appropriate training
- % of staff demonstrating cultural competence, customer service and sensitivity

Outcomes System/Quality Measures

- Hours of service per client
- Degree to which services and referrals are coordinated and seamless
  - With county services, i.e. Mobile Crisis
  - With community partners such as hospitals, law enforcement, private providers and networks
  - Between medical and mental health- to allow flow to different levels of service
  - With other MHSA plans and services

Funding

Some recommendations will be funded through the MHSA Prevention and Early Intervention, Workforce Employment And Training and MHSA Housing Plans

Next Steps

- Local Mental Health Board Presentation
- Board of Supervisors
- Budget planning for next 3 years
- MHSA Community Services & Support Plan Update
- Issue Request for Proposals/Proposal Developing in Winter 2009-10
- New contracts start July 1, 2010.

How to Provide Input

- Provide community input during community meeting.
- Contact Jayleen Richards, MHSA Coordinator, at 707-784-8320 or jmrichards@solanocounty.com or send email to SolanoMHSA@solanocounty.com.
- Need assistance providing comments, please contact Rachel Ford at 707-784-8320.