



WELLNESS • RECOVERY • RESILIENCE

Mental Health Board MHSA Innovation, Capacity Assessment and 3-Year Planning Process

1

February 18, 2020

Sonoma County Department of Health Services Behavioral Health Division
2227 Capricorn Way, Santa Rosa, CA

Agenda

- ▶ Mental Health Services Act Background
 - ▶ MHSA History
 - ▶ Community Program Planning Process
 - ▶ Reconvening Steering Committee
 - ▶ Initiating Stakeholder Committee
- ▶ Innovation
 - ▶ MST Final Report
 - ▶ Innovation 2020
- ▶ Capacity Assessment
 - ▶ System of Care/System Maps
 - ▶ Findings
- ▶ Three Year Planning Process for Fiscal Year 2020-2023

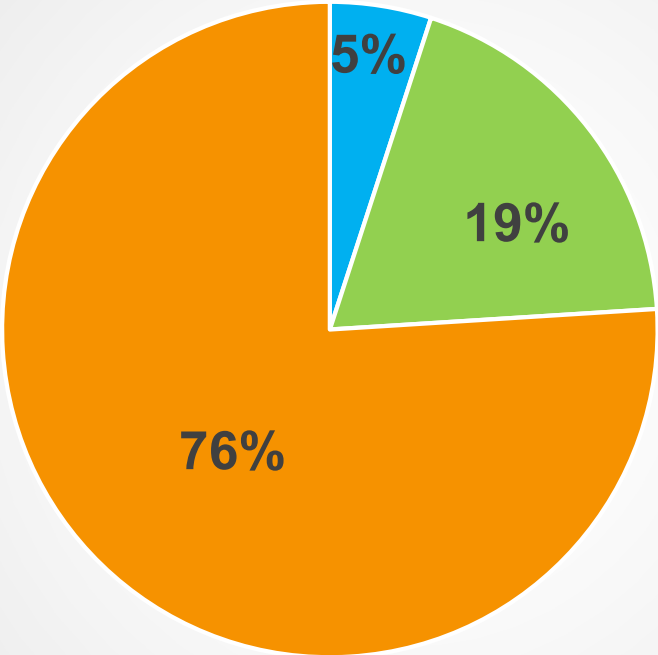
MHSA 101: History

- ▶ In 2004, CA voters approved Proposition 63
- ▶ 1% tax on personal income in excess of \$1M
 - ▶ Annually bringing in \$2B Statewide and approximately \$23M for Sonoma
- ▶ MHSA was created to change the way California treats mental illness by:
 - ▶ expanding the availability of innovative and preventative programs
 - ▶ reducing stigma and long-term adverse impacts for those suffering from untreated mental illness
 - ▶ holding funded programs accountable for achieving those outcomes.
- ▶ **MHSA requires an inclusive and on-going Community Program Planning Process**

MHSA Component	Categories	Funding Allocation
Community Services and Supports (CSS)	<ul style="list-style-type: none"> • Full Service Partnerships (FSP) • General Systems Development (GSD) • Outreach and Engagement (O&E) 	<p style="text-align: center;">76%</p> <p>At least half of the CSS allocation is to be spent on FSPs</p> <p>WET, CF/IT (Capital Facilities and Information Technology) and Housing components can continue to be funded under CSS, as determined by the following additional funding guidelines.</p> <ul style="list-style-type: none"> • Up to 20% of the average 5-year total of MHSA funds can be allocated from CSS to the technological needs, capital facilities, human resources, and a prudent reserve. • Assembly Bill 727 clarifies that counties can fund housing assistance, not just for FSP clients.
Prevention and Early Intervention (PEI)	<ul style="list-style-type: none"> • Early Intervention • Prevention • Recognition of Signs of Mental Illness • Stigma and Discrimination • Access and Linkages 	<p style="text-align: center;">19%*</p> <p>At least half of the PEI allocation is to be spent on Ages 0-25</p>
Innovations (INN)	<p style="text-align: center;">N/A</p>	<p style="text-align: center;">5%</p>

MHSA Primary Components

Components



- Innovation
- Prevention & Early Intervention
- Community Services & Supports

Community Program Planning Process CPPP

“Community Collaboration” means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals. 9 CCR § 3200.060

6

The County shall provide for a **Community Program Planning Process** as the basis for developing the Three-Year Program and Expenditure Plans and updates. 9 CCR § 3300

Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process.

MHSA Steering Committee



Reconvening MHSA Steering

8

Committee

- ▶ In January 2019 received over 50 applications for the committee
- ▶ 25 members were selected that represent the diverse demographics of Sonoma County including those stipulated in CCR § 3200.270, § 3200.300
- ▶ First meeting March 2019, and held 6 meetings in 2019
- ▶ **Provided training on:**
 - ▶ MHSA 101
 - ▶ MHSA Steering Committee Charter and Purpose
 - ▶ Community Program Planning Process
 - ▶ Current Budget and Draft Annual Update
 - ▶ Innovation and Final Innovation Report for MST
 - ▶ Capacity Assessment and 3-Year Integrated Planning Process
- ▶ **Subcommittees:**
 - ▶ Innovation 2020 Projects
 - ▶ Capacity Assessment for Three Year Integrated Planning
- ▶ In Feb 2020 ten additional diverse members were selected to account for attrition

Initiating MHSA Stakeholder Committee

9

- ▶ Clients, consumers, families of children, adults and seniors clients/consumers
- ▶ Steering Committee applicants that are not serving on the MHSA Steering Committee
- ▶ MHSA Contractors
- ▶ Peer Community
- ▶ Any MHSA interested parties
- ▶ MHSA Newsletter subscribers
- ▶ General Public
- ▶ Meeting at least biannually: August 2019 and January 2020
- ▶ Topics discussed:

MHSA History and Overview	Annual Update Plan FY 19-20
MHSA Updates 2020	Expenditure Plan FY 19-20
3-Year Integrated Planning Process FY 2020-2023	Innovation Final Report for MST
Innovation 2020	Capacity Assessment findings
Community Planning Process & Local Review Process	Recruiting Members for MHSA Steering and CRC Committees



10

INNOVATION

Innovation Final Report:

Mobile Support Team (MST)

May 2012-June 2018

Background

- In 2006, mobile crisis support was identified by stakeholders as a priority during the MHSA Community Services and Supports (CSS) public community planning process
- **Problem:** Prior to MST law enforcement agencies have shouldered the entire burden of responding to individuals experiencing a behavioral health crisis.
- **Goal:** Improve outcomes for people facing a mental health crisis in the County by avoiding unnecessary arrests, involuntary psychiatric holds, and confrontations with law enforcement, injuries, or deaths.
- **Action:** DHS-BHD partnered with Santa Rosa Police Department and Sonoma County Sheriff's Office to implement the Sonoma Mobile Support Team with Innovation funds.

Mobile Support Team Outcomes

Program Strengths

Law Enforcement Findings

- ▶ The MST is willing to be of help no matter what the situation or what the “ask”:
 - “They play well in our world. We have mutual respect.”
- ▶ Due to their ability to quickly gain client trust, members of the MST have been particularly effective at intervening with juvenile clients and clients who have experienced sexual violence and abuse:
 - ▶ “People in crisis get better service from the MST. They need softer treatment and we (deputies) don’t have the time.”
- ▶ Involving MST has reduced the amount of time law enforcement personnel have to spend on mental health crises calls
- ▶ MST’s knowledge of substance abuse issues and treatment prevents the unnecessary arrest of drug-involved clients

Mobile Support Team Outcomes

13

Program Challenges:

- ▶ Data Challenge: Unable to collect data to support hypothesis that MST reduced frequency and duration of psychiatric hospitalizations and arrests
- ▶ Challenges identified by law enforcement focused on the need to expand the MST's to meet the significant community need.
 - ▶ The need for MST availability during the majority of "busy time" for mental health calls (5PM-2AM)
 - ▶ The need to cover West County and the Russian River where there are a significant amount of mental health calls
 - ▶ The need to provide weekend hours
- ▶ Challenges identified by NAMI
 - ▶ Educate the public about MST services and allow members of the public to circumvent law enforcement and contact MST directly during a mental health crisis
 - ▶ Look into the possibility of developing MOUs with key referral partners to identify opportunities for sharing data and ensuring a closed-loop referral system

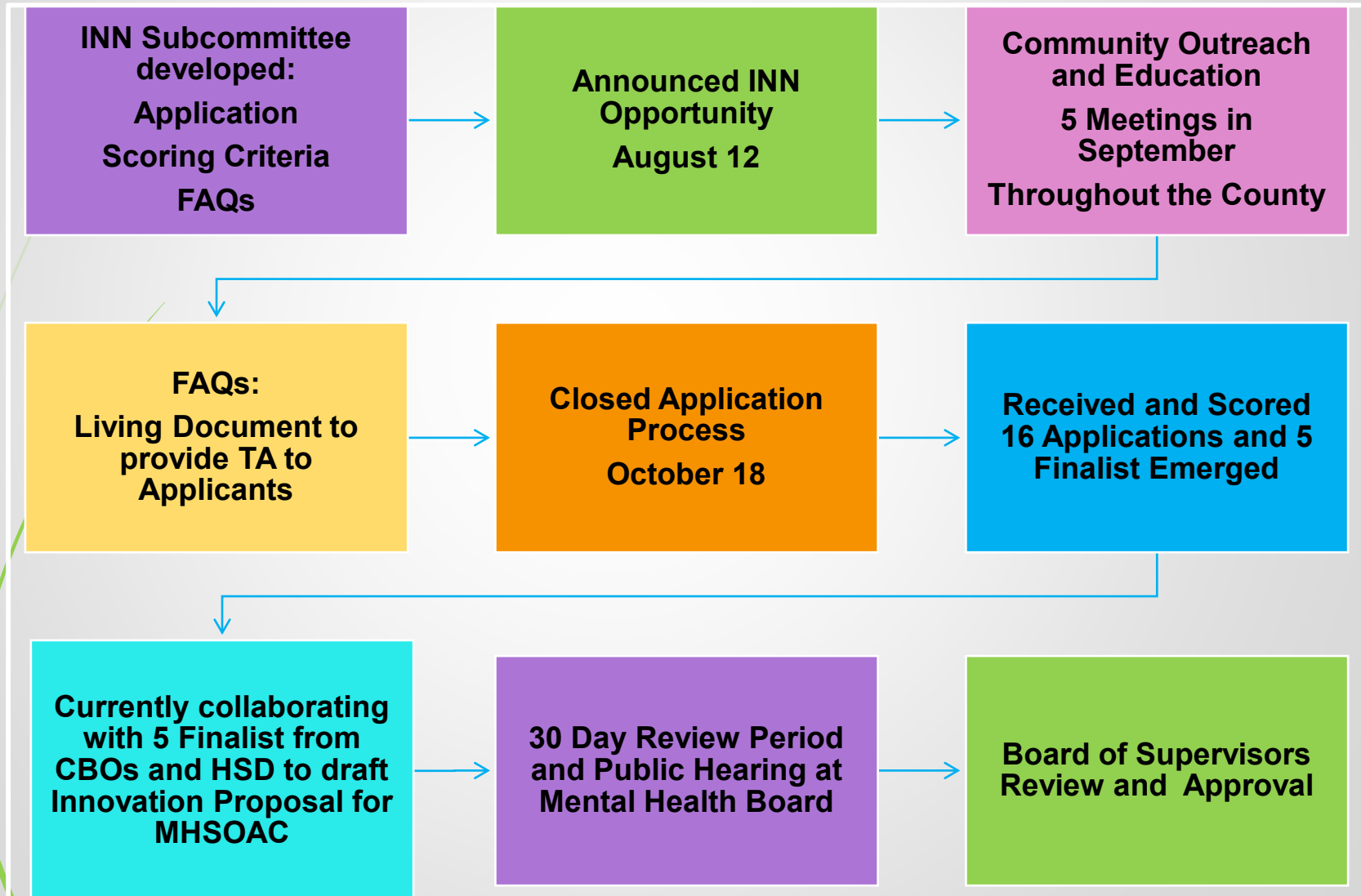
Innovation 2020

Community Application Process

14



Innovation 2020 Application Process:




Innovation 2020 Scoring

- ➔ Scoring panel members
 - ➔ Kathy Smith, Erika Klohe, Stephanie Chandler, Sam Tuttleman, Melissa Ladrech, Bruce Robbins and Julie Kawahara
- ➔ Ranking of Applications
 - ➔ Scorers had read and scored all 16 applications prior to meetings
 - ➔ 10/25 and 11/8 from 10a-3p
- ➔ Top 5 scoring applications are Finalist
- ➔ Common Area for improvement-evaluation

Finalists

17

#	Applicant Name(s)	Project Title	Total Budget
1.	Buckelew Programs (Aldea Children and Family Services, On the Move/VOICES)	Early Psychosis Intervention Care EPIC Program with UC Davis MHSOAC Incubator	\$474,181
2.	Early Learning Institute	Instructions Not Included (INI) with Dads Matter	\$689,860
3.	First 5 Sonoma County	Promoting Early Relational Mental Health (New Parent TLC)	\$418,185
4.	On the Move/VOICES (La Plaza, Humanidad, Latino Service Providers, Raizes Collective and North Bay Organizing Project)	Nuestra Cultura Cura Social Innovations Lab	\$736,585
5	Sonoma County Human Services Department Adult & Aging (and Santa Rosa Community Health)	Collaborative Care Enhanced Recovery Project: Advancing Older Adult Depression Care through Extended Supportive Services (CCERP)	\$999,558



Capacity Assessment 2019

By RDA: Research Development Associates

Capacity Assessment Timeline 2019

19

Phase I

Project Launch and Discovery

Kick-off Meeting

Context and
Background
Information Gathering

Systems of Care
Mapping

Preliminary Impressions

Capacity Assessment
Subcommittee
Meetings

Phase II

Data Collection and Analysis

10 Focus Groups and 7
Key Informant Interviews

Surveys: 447 completed

Consumer and Service
Utilization Data Analysis

Financial Analysis

Capacity Assessment
Subcommittee and
Steering Committee
Meetings

Phase III

Reporting and Dissemination

Initial Findings
Presentation to
Capacity
Assessment
Subcommittee

Presentation to
Steering
Committee

MHSA Capacity
Assessment
Report

July-Aug

Aug-Oct

Nov-Dec

Project Methods

20

Assessment Questions

- ➔ **Structure**: What is the current state of the specialty mental health system? What programs and services are available, for whom, in which geographic regions, and at what capacity?
- ➔ **Process**: How do people move through the system? What are the strengths and barriers?
- ➔ **Resources**: How are resources invested? Do they align with stated system priorities and the community's needs?

Data Sources:

- Context And Background Interviews
- Systems Mapping
- Service Utilization Data
- Consumer Demographic Data
- Financial Data
- Focus Groups and Interviews with Stakeholders, Consumers, Families, & Underserved Communities
- Countywide Survey

Data Limitations:

- Change of EHR data system
- TAY moved from Adult to Youth System
- Multiple record systems – Avatar, SWITS, Quarterly Report
- About 15% of consumers were missing important demographic information
- Some groups likely underrepresented

Overview: System of Care

21

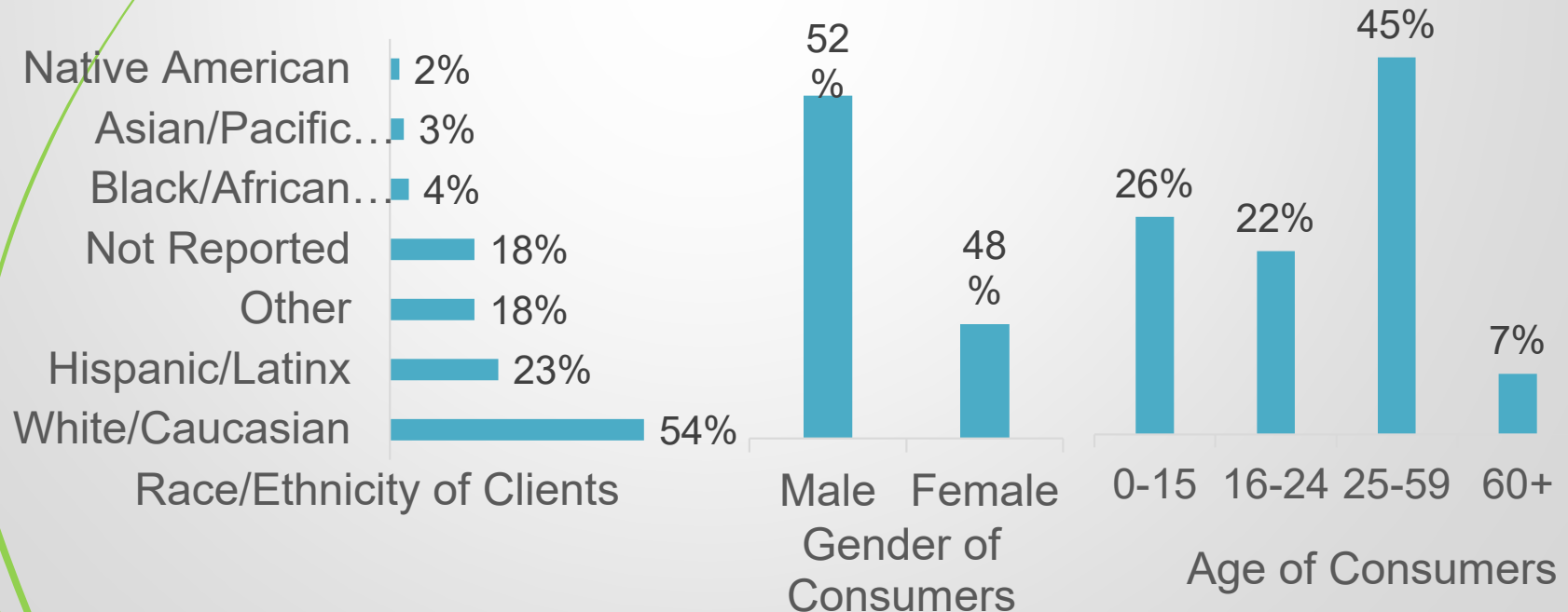
Almost 4,000 consumers served

- ▶ Additional 10,000 consumers reached through peer, prevention and early intervention, and outreach services
- ▶ High acuity level in population
 - ▶ 29% of consumers with a Psychotic Disorder (compared to 16% state average)
 - ▶ Over 50% of consumers went to CSU

**SONOMA COUNTY
CONSUMERS FY 18-19**

Consumers Served (EHR):
3,860

Budget:
\$93,561,935



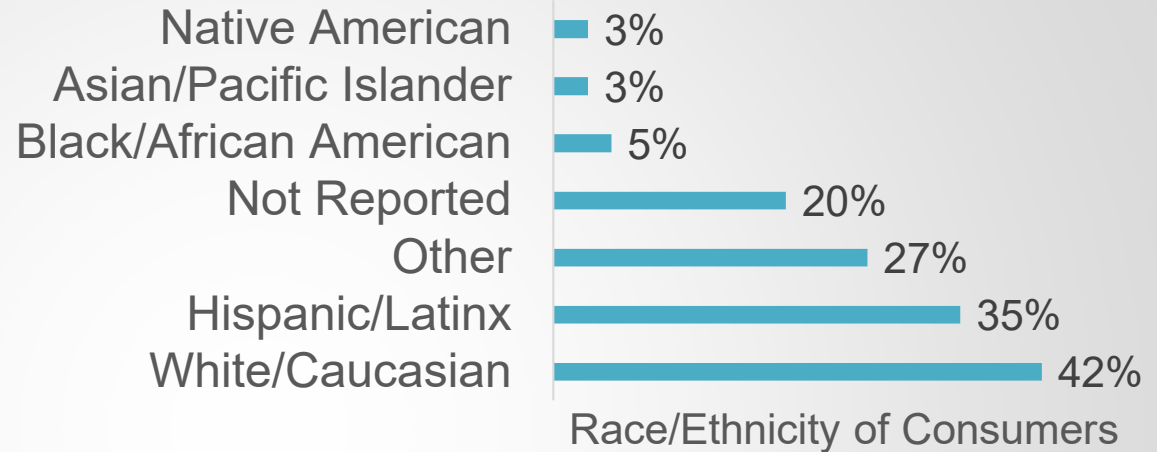
Youth & Family Services

YOUTH & FAMILY CONSUMERS FY 18-19

Consumers Served:
1,820

Budget:
\$20,794,098

(CSU expenses not included)



- ➔ Currently in transitional period after restructuring & new contracts with providers
- ➔ System streamlined to improve organization & increase capacity.
- ➔ Dedicated justice & foster staff provide collaborative interagency services

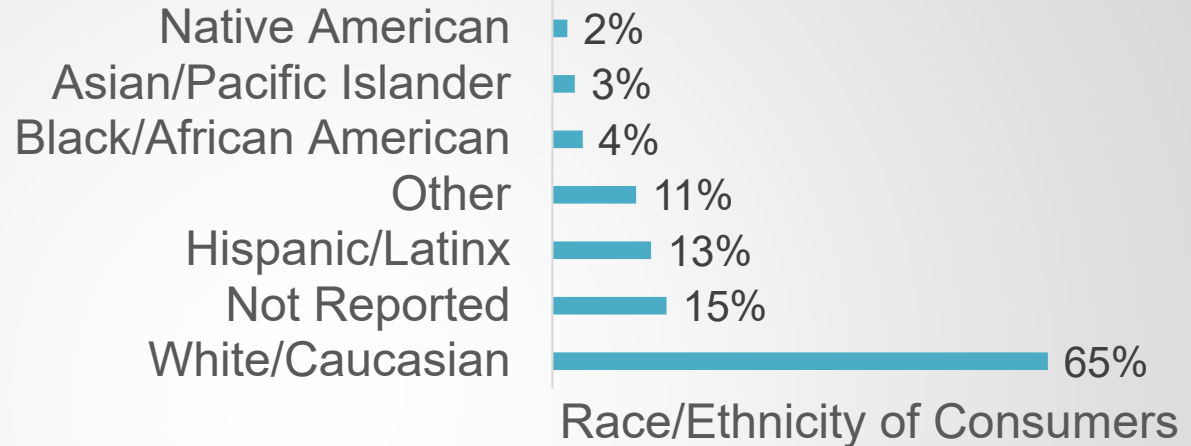
Adult & Older Adult Services

ADULT CONSUMERS FY 18 - 19

Consumers Served:
2,040

Budget:
\$53,213,025

(CSU expenses not included)



- ➔ A variety of programs & services make up a rich continuum
- ➔ High proportion of crisis & residential beds
- ➔ Reduction in CSU beds; Planned addition of PHF
- ➔ Increased investment in FSP & case management

Overview: System of Care & System Maps

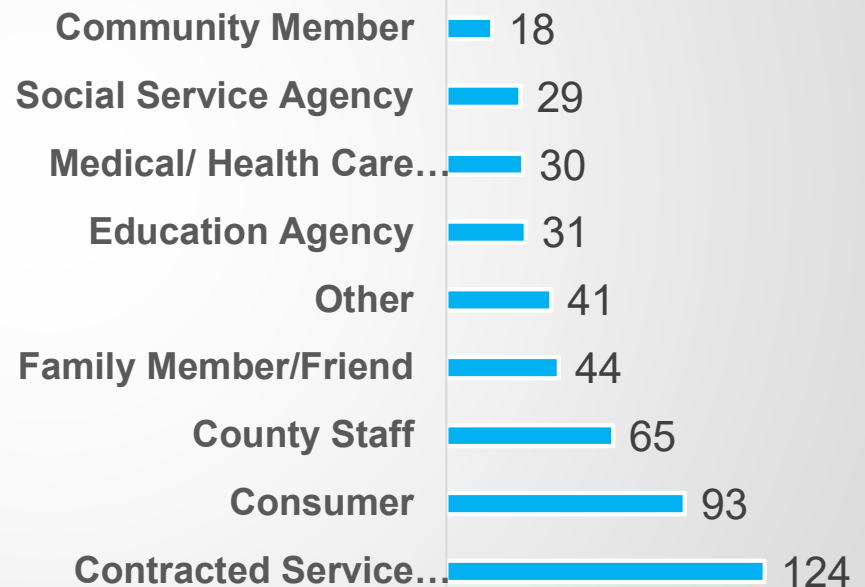
- ➔ Review System Maps
 - ➔ Youth
 - ➔ Adult

Stakeholder Participation

Key Informant Interview Participants

- ▶ Sean Bolan, Wellness and Advocacy Center
- ▶ Eric Lofchie, Santa Rosa City Schools
- ▶ Mark Orlando, Veterans Service Office
- ▶ Alison Whitmore, Sonoma County Indian Health Project
- ▶ Jessica Carrol, Positive Images
- ▶ Christy Davila, West County Services
- ▶ Stephanie Chandler, Redwood Community Health Coalition

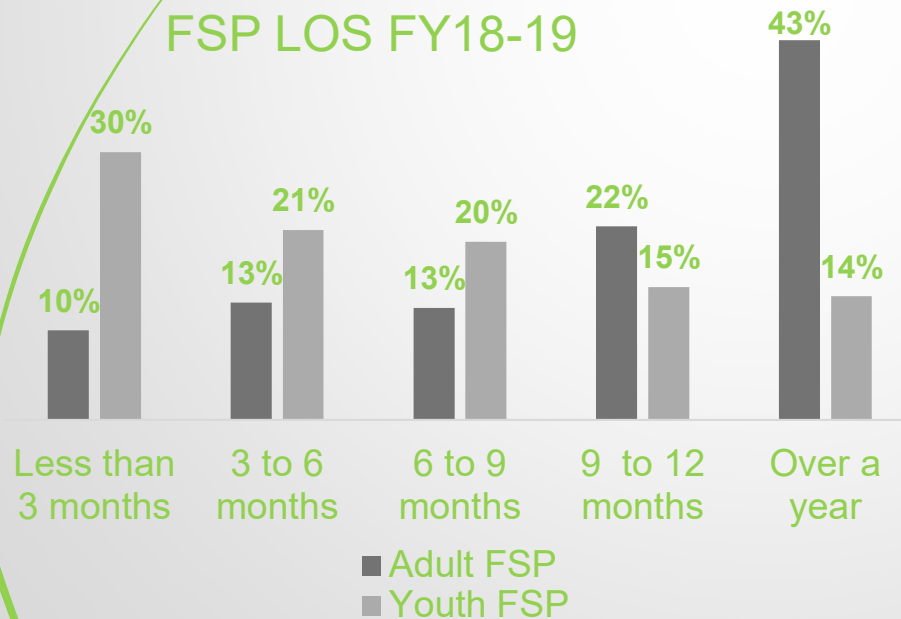
Affiliation of Stakeholders (N=475)



Movement through the System

Some consumers have longer than expected stays

Facility, FY18-19	Expected Length of Stay (LOS)	Overstay Episodes
CSU	<24 hours	73% (1,893)
CRT	14 days	58% (228)
ART	9 months	50% (15)



□ Limits consumers recovery & increases likelihood of crisis, hospitalization, & incarceration

- Over 40% of inmates have a mental illness
- 6% of CSU clients make up almost 30% of CSU episodes

□ County is improving oversight & utilization review

Areas for Improvement

➤ **Barriers to Access**

- Difficult to enroll in services/longer wait times
 - This may lead to a high use of crisis services
 - Low “graduation” from services reduces service availability
- Consumers have longer than expected stays
- Inconsistency in service transitions

➤ **Peer supporters mostly work in discrete peer support programs**

- Peer Centers see about 750 consumers a month
- Improve programs by increasing peers on clinical teams

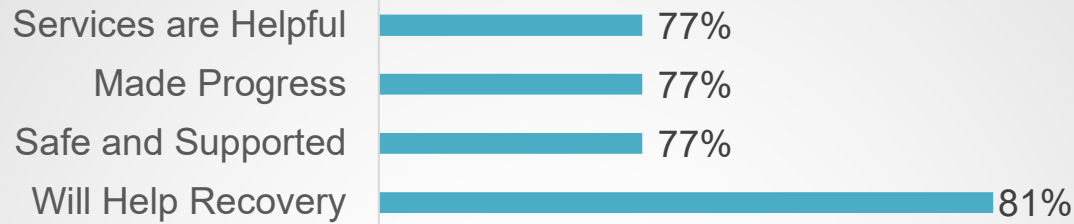
Areas for Improvement

- **Increase population specific programs & services, currently the services are focused on prevention rather than treatment**
 - SCIHP, Positive Images, Latino Service Providers, Community Baptist Church
 - Latinx
 - Fewer Latinx consumers compared to Sonoma's population
 - Limited bilingual staff and culturally specific services
 - Can lead to increased use of crisis services
- **System Costs:**
 - Consumers overstaying in programs resulted in lost revenue
 - Greater use of crisis and acute services
 - Treatment teams are clinician heavy and there is a lack of peer providers on the treatment teams. This structure is more costly, can contribute to implicit bias and may create a system that is less recovery oriented than a system of care with imbedded peer providers

Areas of Strength and/or Change

29

- ➔ Overall, consumers are satisfied with services



Survey Respondents about Services and Providers, Very or Mostly True

- ➔ County has adopted a drop-in Access Clinic & wait times are dramatically reduced
- ➔ County is improving oversight & utilization review
- ➔ Innovation project focused on developing more culturally appropriate services for Latinx
- ➔ Incorporating community/stakeholders into Cultural Responsiveness Committee

3-Year Planning Calendar 2019

Date ³⁰	Stakeholders	Content
Jun 3	MHSA Steering Committee	<ul style="list-style-type: none"> • Overview of Capacity Assessment • Recruited Capacity Assessment Subcommittee • Contract with RDA to conduct Capacity Assessment
Jun 19	Capacity Assessment Subcommittee	Reviewed MHSA regulations on Capacity Assessment and RDA's scope of work
Jul 17	Capacity Assessment Subcommittee	RDA facilitated discussions on CA process, identifying needs and outreach plan for community engagement
Aug 12	Stakeholder Committee	<ul style="list-style-type: none"> • MHSA History and Overview • Community Planning Process and Local Review Process • Annual Plan
Aug 21	Capacity Assessment Subcommittee	<ul style="list-style-type: none"> • Review Qualitative Data Collection Activities: Stakeholder groups, Focus groups, Key informants • Reviewed and customized surveys
Sep 9	MHSA Steering Committee	RDA presents Capacity Assessment scope and process
Sep 18	Capacity Assessment Subcommittee	RDA reviewed Preliminary Indications and project updates
Dec 17	MHSA Contractors Meeting	<ul style="list-style-type: none"> • MHSA Coordinator reviewed and discussed preliminary findings of Capacity Assessment • MST INN Final Report • INN 2020 Finalist
	Capacity Assessment Subcommittee	RDA reviewed and discussed preliminary findings Recruited Subcommittee on Three-Year Planning Process

3-Year Planning Calendar 2020

Jan 6 31	Santa Rosa	MHSA Steering Committee	<ul style="list-style-type: none"> Capacity Assessment Findings Three-Year Community Program Planning Process
Jan 14	Petaluma	CHIPA	<ul style="list-style-type: none"> Capacity Assessment Findings Three-Year Community Program Planning Process
Jan 16	Santa Rosa	MHSA Stakeholders and General Public	<ul style="list-style-type: none"> Capacity Assessment Findings MST INN Final Report INN 2020 Finalist
Feb 18	Santa Rosa	Mental Health Board and General Public	<ul style="list-style-type: none"> Capacity Assessment Findings MST INN Final Report INN 2020 Finalist
Mar 4	Santa Rosa	DHS-BHD Staff	<ul style="list-style-type: none"> Capacity Assessment Findings MST INN Final Report INN 2020 Finalist
Apr 13	Santa Rosa	MHSA Steering Committee	<p>Review Draft MHSA 3-Year Plan and Budget FY 2020-2023</p>
Apr 13-15	Petaluma	<ul style="list-style-type: none"> Stakeholders Contractors General public 	
Apr 13-15	Santa Rosa		
Apr 13-15	Healdsburg		
Apr 13-15	Guerneville		
Apr 13-15	Sonoma Valley		
Apr 20	Entire County	All	Post Final Draft 3-Year Plan for FY 2020-2023
May 27	Santa Rosa	Stakeholders, Contractors, General public	Mental Health Board Public Hearing
Jun 9	Santa Rosa	Stakeholders, Contractors, General public	Board of Supervisors Review and Approval
No later than Jul 3	N/A	DHCS and MHSOAC	Submit Sonoma County Final MHSA Three-Year Plan 2020-2023 to DHCS and MHSOAC

QUESTIONS?

Melissa Ladrech, LMFT

MHSA Coordinator

Melissa.Ladrech@Sonoma-County.org