MHSA Advisory Committee
3/29/2017 – 20 N. San Pedro Rd., Conf. Room Pt. Reyes
1:30 – 3:00 pm

In Attendance: Suzanne Tavano, Mary Roy, Kasey Clarke, Kristen Gardner, Carol Kerr, Karin Jinbo (Substitute), Kerry Peirson, Maya Gladstern, Marisa Smith, Mark Parker, Gail Theller, Celia Allen, Jenny Bates, Denise Zvanovec, Ann Pring

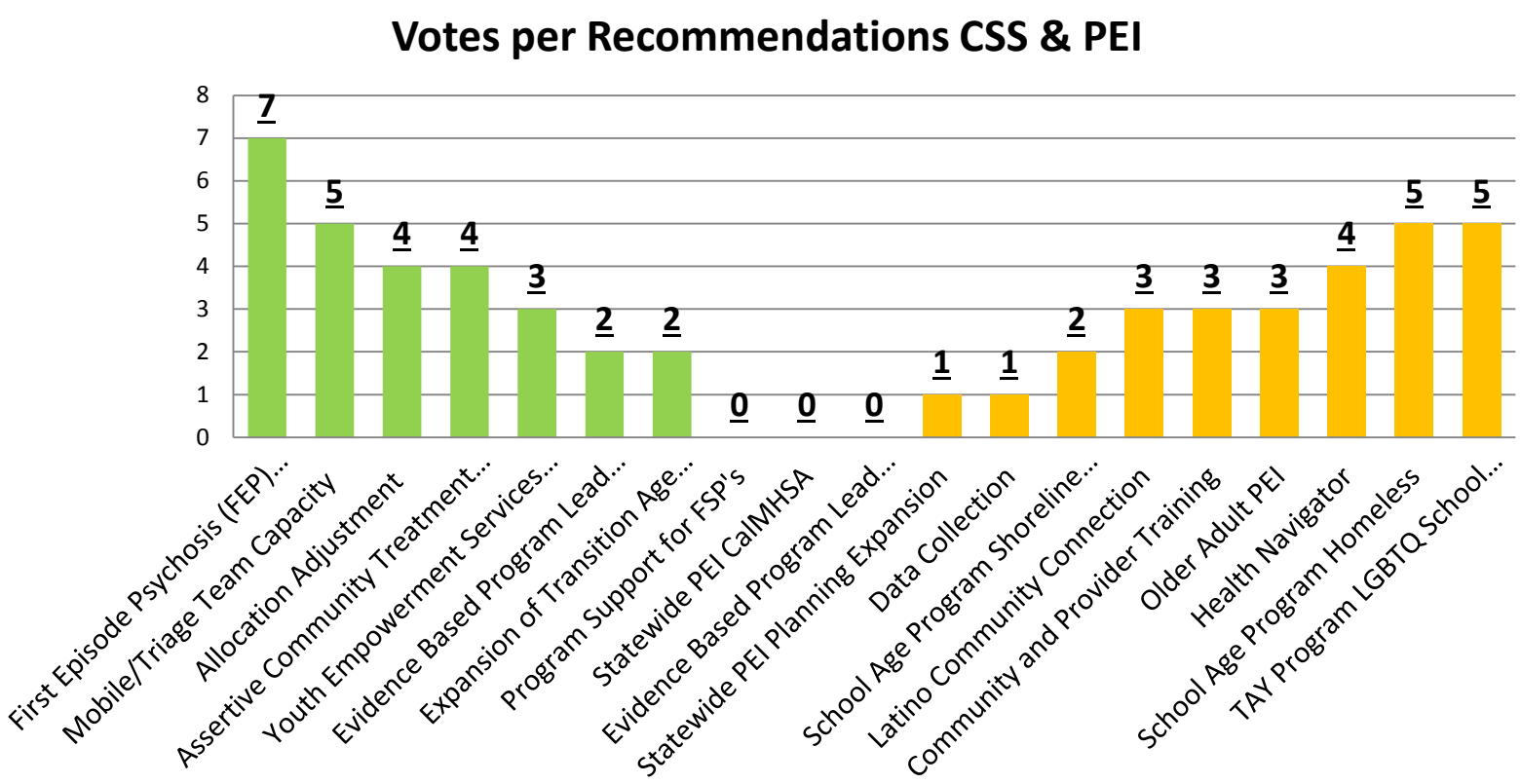
Next Meeting: June 28th, 2017. 1:30 – 3:00
20 N. San Pedro Road, Pt. Reyes Conf. Room

Agenda Item	Discussion
Welcome Introductions and Announcements	
Statement of Purpose and Review of Relevant MHSA guidelines	Please review the *'MHSA Three Year Integrated Planning'* PowerPoint **Today's Goal** – MHSA Advisory Committee will review and provide their input on the community and stakeholder recommendations for the Mental Health Services Act (MHSA) Three Year Integrated Plan for July 2017 through June 2020. **Question Response**: TAY Program Expansion – Would increase services for newcomers and LGBTQ at schools **Question Response:** Statewide Prevention and Early Intervention Planning Expansion – this provides funding to conduct a Suicide Prevention Strategic Planning process in FY17-18, which would then inform how the suicide prevention funds are used in FY18-19 and beyond **<u>Innovation (INN)</u>** The current INN Project is underway. A planning process for a new INN project will take place in FY 17-18.

Recommendations by MHSA Component	**Question Response:** response to a trend of deemphasizing Family Programs – Triple P and Consumer Family and Empowerment programs - Triple P is an evidence based model. Triple P capacity has already been built in the community and in programs. The current YES staff already has Triple P training. Staff and community members have already been certified and received trainings to be able to continue Triple P services. - Consumer Family and Empowerment – Had challenges and will not continue to allow for a new EHR (Electronic Health Record) - Family Training – Scholarship programs were excelling and the family trainings had already stopped since 14/15. Additionally, WET has taken on much of the consumer and family work. • Peer Specialist • Interns **Question Response:** Response to Discontinuing Dual Diagnosis Training • There was a person providing consultation and now that Dr. DeVido has come on board, he has provided greater capacity in presenting the content related to Dual Diagnosis Training as an MD, Psychiatrist, Addiction Specialist A draft budget were presented solely to the MSHA Advisory Committee present and collected at the end of the meeting so not to confound others who would look at this out of context. An initial draft budget was presented to the MSHA Advisory Committee present and collected at the end of the meeting. It is planned that a more complete draft will be developed which reflects both the MHSA Advisory Committee input and management decision making at the next meeting. Follow Up: Invite Dr. Devido to come to the MHSA Advisory Committee

Discussion	Budget Presentation • A list of CSS, PEI, WET, CFTN programs that are Existing, Discontinued, New/expanding were presented with program names, descriptions of service with dollar amounts relating to the current average yearly spending, proposed yearly spending and total proposed spending over the entire 3 year planning period. • • Section 1 includes Existing Services • Section 2 includes Discontinued Services • Section 3 includes New/Enhanced Services • Totals and grand totals were presented in each section • The bottom line in CSS displays a deficit, a total of $1,598,456 over the three year period if we were to fund all programs. **Question Response:** SMSS – Reports from the community and research showed that the target population was not being reached. Program discontinued **Question Response:** Mobile Teams had received SB 82 Grant money and may need to be revisited at a later date if they are not able to continue receiving SB 82 grant money. **Question Response**: Care Team money comes partially from Prop 63, AB 109 and other funds. **Question Response**: WET funding changes over the three year period, such that the first year is higher than the second, and the second higher than the third. Three reason that the training needs under WET change over the three years and that is reflected in the budget. **Question Response:** System-wide – evidence based practice Lead Staff – 1 Licensed Mental Health Practitioner – will be an individual who can maintain fidelity to evidence based practices to look at coaching and support groups throughout the BHRS system of care. 70% of the funding is through CSS and 30% is through PEI. Emphasis on existing program Proposed dollar amounts are within budget **Question Response:** :What is FSP Support? It is an increase in capacity for administrative support including recording required data. **Question Response:** ACT is the assertive community treatment, which is the model that guides FSP's, ACT model would provide FSP services for those who need that level of services but do not fall within the target populations of existing FSPs. The BOS asked for an increase of capacity and the community also asked for additional capacity. FSP's are very specialized and this model would allow for more flexibility. **Question Response:** non-Medi-Cal Uninsured, individuals receive services if they meet the standard of medical necessity. The majority of folks go through the Uniform Method of Determining Appropriate Payment (UMDAP), process receive a determination of financial responsibility, which usually results in $37 dollars a year expense to the client. This is assuming that meet criteria for services rendered.

Next Steps	**Question Response** : Veterans program has been under expended – during 15-16 the personnel had to leave due to medical reasons and plan to return. That person mainly provides outreach. For clients already receiving services they have continued to receive services. People are working on finding a way to resolve and fill the temporary gap. **Question Response** : School age Program to focus on providing services to homeless TAY – no current identified location for these services **Question Response** : IBH program and other programs that were discontinued. These services were launched under MHSA and have now been able to apply and receive federal grants so that they may continue to provide services. Other strategies continue under PEI, and may be enhanced, to reach target populations that are served by the IBH programs. **CFTN** • $500,000 of one time money has been added to the current funds to provide 1.7m total for CFTN. This will partially fund the EHR (Electronic Health Record), and continue the current EHR during the transition. One aim within a more complete EHR would be to establish client or family portals. The current EHR does not have the flexibility to accomplish this. A new HER system would be better able to accommodate the clinical and billing adaptability and allow for necessary change. Client records, such as WRAP plans, would be able to be contained within their EHR. **Input Process:** MHSAAC members were asked to prioritize their CSS and PEI recommendations by placing a sticker with their name to support a program. Members were given 3 CSS and 3 PEI stickers to provide input. There were a total of 9 MHSAAC members present.

Review Priorities	 **Question**: No reference to ERC becoming entirely peer run – The ERC board is supportive and it appears to be moved forward. **Question**: Have Changes have been made in the past throughout the 3 year planning process? **Response:** An example of a change was the smoking cessation program was advocated for it was incorporated into the plan. During the 30 day public comment period or during the Public Hearing opinions and revisions may be made. But is our hope that we have done a thorough job with the MHSA Planning Process and provided ample opportunity for input and that the hearing may reflect that. Substantive comments are noted and are a part of the 3 Yr. Planning Process report, these comments will be responded to online. Public comments will be posted online. Comments are reviewed on a case by case basis and the overall sets of comments are reviewed for a theme. A copy will be taken to the public library in Pt. Reyes and San Rafael. Request made to make the plan available at the ERC and the training programs. The draft will be available to the committee The MSHA AC will be informed of when the BOS will be reviewing the plan.

Next Steps	Draft MHSA 3 yr. Plan 30 Day Public Review Public Hearing at Mental Health Board Plan will be Finalized Go to BOS (Board of Supervisors) Submit to State
Adjourn	**Next Meeting: June 28, 2017 1:30 – 3:00pm** **20 N. San Pedro, Pt. Reyes Conf. Room**

MENTAL HEALTH SERVICES ACT (MHSA)

Three Year Integrated Planning

Fiscal Years

2017-18, 2018-19, 2019-20

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AGENDA

- Welcome and Introductions
- Statement of Purpose and review of relevant MHSA guidelines
- Recommendations by MHSA Component
- Discussion
- Next Steps
- Adjourn

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Today's Goal

MHSA Advisory Committee will Review and provide their Input on the Community and Stakeholder Recommendations for the Mental Health Services Act (MHSA) Three Year Integrated Plan
for July 2017 through June 2020

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MHSA Committee Purpose

The goal of Marin County Mental Health Services Act (MHSA) Advisory Committee (MHSAAC) is to provide input and recommendations to the Behavioral Health and Recovery Services (BHRS) Division when determining what MHSA funded programs are developed and prioritized, including prevention and early intervention, crisis intervention services, treatment services, and recovery services.

WIC § 5848 *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. 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. 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.*

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Committee Member Roles and Responsibilities

Represent the views of their constituency group as a whole rather than their individual or agency agenda(s). The MHSAAC is not a place to advocate for funding for an individual entity or organization, nor does it mean that attendance will guarantee funding. The MHSAAC is intended to be a safe place for members to voice their concerns and share input in order to increase access and reduce barriers to services for their unserved/underserved constituents.

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Client Driven Programs and Services

Client driven programs and services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and definition and determination of outcomes

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Community Services and Supports (CSS)

See Handout

Existing Programs:

Full Service Partnerships (FSPs):

YES FSP, TAY FSP, STAR FSP, HOPE FSP, ODYSSEY FSP

System Development/Outreach and Engagement (SDOE):

Enterprise Resource Center

Adult System of Care

Co-Occurring Capacity

Crisis Continuum

Discontinued Programs:

Southern Marin Services Site

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Community Services and Supports (CSS)

See Handout

New / Enhancement Proposed Programs:

Expand Capacity of Mobile / Transition Teams

Evidence Based Practice Lead Staff

Expansion of Transition Age Youth (TAY) FSP

First Episode Psychosis Program

Assertive Community Treatment (ACT) Program

Youth Empowerment Services (YES) FSP Expansion

Program support for FSPs

3% Allocation Adjustment for Existing Programs

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Community Services and Supports (CSS)

See Handout

New / Enhancement Proposed Programs *(con't)*:

Substance Use Disorder System Capacity for SMI

- *Related to Co-Occurring Capacity initiative, funded under existing CSS program*

Increase Providers with Lived-Experience

- *Embedded in new CSS program budget proposals*

Increase Vocational and Independent Living Skills to FSP participants

- *Will be funded with non-MHSA funding*

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Prevention and Early Intervention (PEI)

See Handout

Existing Prevention and Early Intervention Programs:

- Early Childhood Mental Health (ECMH)
- School Age Program
- Transition Age Youth (TAY) Prevention and Early Intervention
- Latino Community Connection
- Vietnamese Community Connection
- Veteran's Community Connection
- Older Adult Prevention and Early Intervention
- Statewide Prevention and Early Intervention
- Community and Provider Training

Discontinued Programs:

- Triple P (Positive Parent Program)
- Integrated Behavioral Health in Primary Care

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Prevention and Early Intervention (PEI)

See Handout

New / Enhancement Proposed Programs:

Older Adult Prevention and Early Intervention Expansion

Evidence Based Practice Lead Staff

Health Navigator

Transition Age Youth (TAY) Expansion (LGTBQ school support)

Statewide Prevention and Early Intervention Planning Expansion

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Prevention and Early Intervention (PEI)

New / Enhancement Proposed Programs *(con't)*:

School Age Program Expansion (Shoreline School)

School Age Program New Program for outreach/support/linkage for high risk (e.g. homeless) students

Latino Community Connection Expansion

Statewide Prevention and Early Intervention CalMHSA contribution

Community and Provider Training Speakers Bureau Expansion

Data Collection to meet new State PEI data requirements

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Workforce, Education and Training (WET)

See Handout

Existing Workforce Education and Training Programs:

- Scholarships for Underserved Consumer and Family Members
- Consumer / Family Member Training Initiatives
- Peer Mentoring
- BHRS APA Intern Stipends

Discontinued Programs:

- Family Member Focus Training
- CBO Intern Stipends
- WET Coordination
- System-wide Dual Diagnosis Training
- California Institute for Mental Health Training

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Workforce, Education and Training (WET)

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New Proposed Program:

Peer Specialist and AOD Intern Stipend Program

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Capital Facilities and Technological Needed (CFTN)

Existing CFTN Programs:

- Electronic Health Record Upgrade

Discontinued Programs:

- Scanning
- E-Prescribing
- Consumer Family Empowerment
- Behavioral Health Information Crosswalk

New/Enhanced Proposed Program:

- Practice Management System
  - *New electronic health record (EHR) and Billing system to replace existing system*

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Innovation (INN)

Current Innovation Project:

Growing Roots: The Young Adult Services Project

MHSOAC Approved: April 28, 2016

Project Completion Date: June 30, 2019

Project Budget: $1,616,900

New Innovation Project:

Begin Stakeholder Process in FY2017-18

Project Budget: $517,000 per year for 3 years ($1,551,000)

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COMMITTEE MEMBER INPUT PROCESS

- Charts are on the walls with the CSS and PEI Recommendations
- Each Member has 3 Green CSS stickers and 3 Yellow PEI stickers with their names on them
- Only 1 sticker per Recommendation
- Count off 1-2-1-2 and the 1's go to the PEI Charts and the 2's go to the CSS Charts
- Once you've put up all your CSS stickers, go to the PEI Charts to do the same

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Next Steps

- BHRS Director finalized recommendations
- BHRS Writes MHSA Three-Year Program and Expenditure Plan for FY17-18 through FY19-20
- Plan posted and open for 30-day Public Comment Period
- Public Hearing at the Mental Health Board
- Finalize MHSA Three Year Plan
- Bring before the Board of Supervisors for their support/approval
- Submit approved plan to the State and begin new plan as of July 1, 2017.

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Q & A

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Thank you!

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