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# Santa Clara County MHSA Stakeholder Leadership Committee Meeting



## and Stakeholder Forum

October 17, 2008

*Revised: 10/17/08 (2:45PM)*



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# 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

# Community Program Planning Process (CP<sup>3</sup>)

(CCR, Title 9, Section 3300)

- Designate positions / units responsible for:
  - overall planning process;
  - ensuring that stakeholders:
    - have the opportunity to participate in CP<sup>3</sup>;
    - reflect the County's diversity;
    - include representatives and/or family members of unserved/ undeserved populations;
  - outreach to SMI and/or SED consumers and their families
- CP<sup>3</sup> will include training for participants



# Community Program Planning Process (CP<sup>3</sup>)

(CCR, Title 9, Section 3300) continued...

- 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. Registration, Review Agenda & Meeting Summary		<ul style="list-style-type: none"> <li>■ Agenda</li> <li>■ Summary from 9/26</li> <li>■ Presentation Slides</li> </ul>
3. Action Items – Endorse a. Sunnyvale Senior Housing Project	<ul style="list-style-type: none"> <li>■ Sunnyvale Senior Housing Project Services Outline</li> <li>■ Housing Development Overview (see Component Report)</li> </ul>	
4. Discussion Items a. Shared Housing Survey & Housing Development Goals b. CFTN Draft Projects c. SLC Membership d. Component Planning Update e. Budget Update	<ul style="list-style-type: none"> <li>■ SLC Membership Roster</li> <li>■ 08-09 Mandate Study</li> </ul>	<ul style="list-style-type: none"> <li>■ Consolidated Component Report</li> </ul>
5./6. Public Comments / Next Steps		

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# Action Item – Sunnyvale Senior Housing Project

Endorse the proposed project (application) for submission to the Board of Supervisors.



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# Sunnyvale Senior Housing Project

- MHSA Funding Requested: \$1,800,000.
- 18 designated MHSA 1-bedroom Units out of 124 Units
- Eligibility: seniors 62 and above; homeless or at risk of homelessness
- Timeline: Submit application in December and start construction: June '09. Start Occupancy: Summer '10.



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# MHSA Consumer Shared Housing Survey & Housing Development Goals

Discuss Implications for MHSA  
Housing Program & Housing Plus  
Fund





# Consumer Shared Housing Survey

- 856 respondents
- 505 (59%): interested in shared housing
- 363 (42%): have experienced shared housing
- Several housing amenities were suggested.
- Many services were recommended.
- Caucasians, Hispanics, African Americans: highest # of respondents
- Next step: conduct focus groups



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# Housing Development Goals

- Goals were based on census data, info from the State, Uni/Care, and consumers
- Organized according to Area of the County, Population Served, and Type of Housing Unit
- Tracking by # of units and amount of \$ spent (based on Housing Plus Fund and MHSA Housing Program funding sources)

# Housing Development Goals

<b>Unit Goal by Region</b>	North County	Central County	South County	Other	Total
	27 (18%)	105 (70%)	12 (8%)	6 (4%)	150

(In proportion to MH population)

<b>Unit Goal by Age</b>	Children	Youth	Adults	Older Adults	Total
	31 (21%)	23 (15%)	78 (52%)	18 (12%)	150

(In proportion to MH population)

<b>Unit Goal by Unit Size</b>	SRO	1-BR	2-BR	Shared	Total
	45 (30%)	60 (40%)	0 (0%)	45 (30%)	150

(In proportion to MH expressed need)

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# Draft Technology Needs Projects

Discuss proposed projects in preparation  
for planning and prioritization  
(larger version at back of slide packet)

# Clinical and Administrative - Projects

These projects will enhance the current capabilities of MHD to improve the quality of care, measure key clinical and administrative metrics to increase operational efficiency and cost effectiveness.

## PROJECTS

## DESCRIPTION

Enterprise Data Warehouse with Reporting Tools

- An EDW combines disparate data from multiple sources and makes it available in a single database.
- The EDW contains all of the data that MHD needs for its reporting needs and makes it available in one place.

Full Electronic Health Record (EHR)

- The EHR is a secure integrated system that contains all consumer demographic, financial, medical history, assessment, treatment, billing, medication orders, lab order and results.
- The EHR contains the comprehensive medical record for a client, replacing the multiple paper client charts that currently exist.
- The EHR promotes the 'big picture' view of each consumer and the sharing of information across clinicians.

County Health Record Integration Initiative

- Lead an initiative across other service agencies, such as DADS, VMC, SSA to develop a secure, real-time, combined client record. The combined client record will provide a cross agency view of registered clients demographic, services and care, medications, insurance, employment, housing and other information defined during the project.
- The cross view will offer each agency opportunities to comprehensively view a client's range of services, identify gaps in service and measure outcomes through better data.

County-wide Resource Tracking

- Build web-enabled databases to track resources availability across the County to support MH Administrators, consumers and case managers (CM).
- One such database should collect housing information including availability.
- Another such database should capture bed availability and occupancy in RFC's, IMD's and Board and Care facilities utilized by MHD.
- Captured data may include descriptions of the facility, area, location, level of care, services and vacancies and can be accessed by CM, Treatment Teams, consumers and providers and would facilitate rapid identification of vacancies and provide reporting on census, length of stay and other needed information.

# Clinical and Administrative - Benefits

These projects will enhance the current capabilities of MHD to improve the quality of care, measure key clinical and administrative metrics to increase operational efficiency and cost effectiveness.

## PROJECTS

## BENEFITS

Enterprise Data Warehouse with Reporting Tools

Combine All data that affects MHD in one location

Allows wider range of flexible reporting tools that can be accessed by users for standard and Ad Hoc reports

Develop dashboards tailored for clinical and management reporting

Offers editing and 'cleaning' of data to improve quality

Full Electronic Health Record

Integrate consumer registration, assessment and treatment planning, service capture and billing

Adds e-prescribing and order communications for labs

Modify workflows across MHD for greater efficiency and consumer safety

Standardized electronic data exchanges

County Health Record Integration Initiative

Improve coordination of care between agencies providing services

Provide opportunities to reduce costs by eliminating duplicative services and multi-agency case management

Offer easier navigation through services agencies for consumers with fewer forms to complete on shared information

Achieve better treatment outcomes through coordination

County wide Resource Tracking

Web based RCF, IMD and Board and Care housing information

Simplifies the identification of housing availability for Housing Service teams and Providers

Allow consumers to check on available housing opportunities

Places responsibility for entering, updating and maintaining current information on Housing operators

# Consumer Empowerment - Projects

These projects will support wellness activities and offer opportunities for improved understanding of health issues for consumers and their families. The empowerment of consumers will increase the sense of control over health and life issues and strengthen communication with providers.

## PROJECTS

## DESCRIPTION

Enhance and Expand the Computer Lab for Consumers

- Enhance and expand the computer lab model, currently operational at Zephyr, to all three peer supported wellness recovery sites across the County. Provide up-to-date PC's, printers and MS Office software for all sites and continue to provide broadband internet access. The internet access supports consumers in the expression of wellness skills, such as bill paying, job and housing searches, and obtaining health related information.
- Offer computer literacy skill training for consumers to increase and promote greater skills in MS Office, effective internet searches, resume creation, and other life needs. Training for computer job skills relevant to employment. Allow consumers to maintain & support the Lab

Upgrade the Santa Clara Web-site for Consumers and Their Families

- Connects to the current County MHDweb-site. Supplement the content with links to more online consumer resources, employment and educational opportunities, housing and online health information. Empower consumers to design, build and maintain this website
- Offer a consumer blog, class and community activities schedules, links to the NAMI sponsored site and online chat for consumers and their families.
- When the EHR is implemented the County site could also offer links for appointment scheduling and communication with clinicians.

# Consumer Empowerment - Benefits

These projects will support wellness activities and offer opportunities for improved understanding of health issues for consumers and their families. The empowerment of consumers will increase the sense of control over health and life issues and strengthen communication with providers.

## PROJECTS

Enhance and Expand the Computer Lab for Consumers

Upgrade the Santa Clara Web-site for Consumers and Their Families

## BENEFITS

Provides a resource for consumer for school, job, housing and life needs

Provides access to wellness and recovery health information

Offers computer skill enhancement and job training opportunities

Supplements current web-site with links to school, job and community activities

Blog and online chat provide opportunities for sharing and on-going communication

Supplements the current web-site with consumer wellness, recovery and health information





# What Does it Mean for Me?

Enterprise Data Warehouse with Reporting Tools	Provide a secure location for all mental health data. Allow for more efficient and accurate report creation for planning and operations
Full Electronic Health Record (EHR)	More complete care for clients including e-prescribing. We need to prepare now for when EHR becomes law in 2014.
County Health Record Integration Initiative	Less forms to fill out and fewer hassles for clients, families and caregivers to gain access to health records and services. Integration will reduce costs.
County Wide Resource tracking database for consumers & caregivers	Clients and families can gain access much sooner to housing and treatment due availability on-line
Enhance and Expand the Computer Lab for Consumers	Provide computer training to consumers for job training and personal needs.
Create Santa Clara MHD Website for Consumers and their Families	Provide a forum for consumers to communicate with each other and to obtain support for their lives

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# SLC Membership

Continue refining and improving the stakeholder engagement process

# SLC Issues

- Items Resolved
  - Definitions for “consumer” and “family member”
  - 51% = individuals on the committee
- Items Unresolved
  - Terminology: consumer/client focus group
  - Is the current roster accurate? Alternates?
  - Are there any groups or organizations that should be added?
- New Business
  - Add slots for all ECCACs
  - Purpose Statement

# MHSA Planning Snapshot - Submission

	<b>Planned Submissions to DMH</b>				
	<b>Nov. '08</b>	<b>Dec. '08</b>	<b>Jan. '09</b>	<b>Feb. '09</b>	<b>Apr. '09</b>
Component Plans		FY09 CSS Mid-Year Augmentation	FY09 CFTN Comp. Plan	FY09 WET Plan	FY09 PEI Plan FY10 MHSA Plan Update <b>Innovation Plan</b>
Project Plans		Sunnyvale Sr. Housing	Hillview Glen Apts.		
Administrative Reports & Other MHSA Actions	FY09 Q1 CSS Report Assignment of PEI Funds PEI Additional CP3 Request 1 <sup>st</sup> Cash Flow Statement	Resolution to Sign JPA Agreement			2d Cash Flow Statement

# Preparation for Integrated Plan

- FY09-10 Annual Update is the first year that consolidates funding requests for all MHSA components\*
- FY09-10 is the planning year.
- First Three-Year Integrated Plan is for FY10-11, FY11-12 and FY12-13
  - Robust community planning process
  - Annual Updates for interim years
  - Statewide focus/themes as part of quality improvement process
- However, annual funding requests submitted to DMH are for funding amounts for only one FY.
- Locally, communities should develop 3- to 5-yr expenditure plans for each component.

\* Pending Innovation Guidelines



# Preparation for Integrated Plan (cont.)

## Critical Tasks for FY08-09:

- Obtain approval from DMH / OAC for all FY08-09 MHSA Components, including:
  - PEI one-time projects
  - Transition of applicable CSS projects to other components
- Develop FY09-10 MHSA Plan that aligns all components with projected CSS increase and that:
  - Provides MHD with sufficient administrative capacity
  - Mitigates current and future budget shortfalls
  - Provides paths for addressing critical transformation issues
  - Avoids reversions

\* Pending Innovation Guidelines



# MHSA Planning Snapshot

	<b>FY09 PEI Plan</b>	<b>FY09 CFTN Plan</b>	<b>FY09 CSS Mid-Year Augmentation</b>	<b>FY09 WET Plan</b>	<b>FY10 MHSA Plan Update</b>
Planning Start	JUN 08		AUG 08		
Begin Stakeholder Engagement	JUL 08	JUN 08	AUG 08	JUL 08	DEC 08
SLC First Review & Public Posting	2/20/09	11/21/08	10/25/08 (posting)	12/19/08	2/20/09
Public Hearing	MAR 09	12/19/08	<u>NA</u>	JAN 09	MAR 09
SLC Second Review	4/17/09	12/19/08	11/17/08	1/23/09	4/17/09
HHC Review	4/8/09	12/10/08	11/12/08	2/11/09	4/8/09
BOS Review	APR 09	JAN 09	12/9/08	FEB 09	APR 09
Submit to DMH	APR 09	JAN 09	DEC 09	FEB 09	APR 09
DMH Approval	JUN 09	FEB 09	JAN 09	MAR 09	JUN 09

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# County Budget Update

Discuss current impact of budget reductions on MHD and implications for CSS planning



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# **FY09 and FY10 MHD Budget Considerations**

**FY09 Budget Gap**

**FY09 State Budget Impact**

**FY09 24-Hour Shortfall**

**FY10 Budget Reduction Target**



# Continuing Budget Crisis

	<b>FY09</b>	<b>FY10</b>
■ FY09 Budget Gap	\$ 366,000	\$ 366,000
■ FY09 State Budget Impact	\$ 2,250,000	\$ 3,350,000
■ FY09 24-Hour Shortfall	<u>\$ 5,900,000</u>	<u>\$ 5,900,000</u>
<b>Subtotal</b>	<b>\$ 8,516,000</b>	<b>\$ 9,616,000</b>
■ FY10 Reduction Target	?	?



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# MHD Recent Background

- FY07 – Second year of 24-Hour deficit in EPS/BAP, contract hospital and IMD budgets (BOS approved \$9.3 million one-time augmentation)
- FY08 - \$17 million reduction, with 6 mo. bridge funding for many items, \$10.8 million ongoing 24-hour augmentation;
- FY09 - \$8 million reduction; annualized FY08 \$17 million reductions



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# MHSA CSS Considerations

- \$4.6 FY09 Augmentation pending proposal
- \$3.8 Unimplemented Programs
  - C-03 Juvenile Justice Treatment \$776K
  - A-02 Detox \$33K
  - A-02 DD Residential \$239K
  - A-02 High User Team \$748K
  - A-02 Day Hospital \$469K
  - A-04 Urgent Care North/South \$1.5
- **\$8.4 Total**



# Non-Supplantation

- Funds must be used for programs authorized by Section 5892 of W&I Code
  - CSS, PEI, WET, CFTN, Innovation
  - Local Planning, State Administration
- ***Funds cannot be used to replace other state or county funds required to be used to provide mental health services in FY04-05 (time of enactment MHSA)***
- Funds must be used on new programs (not in existence at enactment) or to expand capacity of existing services that were being provided at the time of enactment of the MHSA (11/2/04)

# Non-Supplantation (cont.)

- ***...other state or county funds required***
  - All allocations either from or through DMH
    - State General Fund (SGF), PATH, SAMHSA
  - EPSDT SGF
  - Realignment Funds (excl. 10% transfers)
- Calculated aggregately – counties may cease funding programs that no longer meet county or stakeholder needs
- Not required to provide county overmatch for MH services even if this funding was previously approved by the County.

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# Next Steps

- MHD Develops \$9.6 reduction plan
- MHD Develops possible options to mitigate losses
- Draft proposal posted by October 25
- Proposal review at next SLC in November



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# General Public Comments



# Your Voice Matters!

- Next SLC Meetings: **11/17**, 12/19, 1/23/09, 2/20/09, 3/20/09, 4/17/09, 5/15/09, 6/19/09
- Next Steering Team Meeting: 10/3, 11/7, 12/5

## Contact Information

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