



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

Stakeholder Leadership Committee

7/17/09



Revised: 7/15/09

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

(CCR, Title 9, Section 3300)



- Designate positions / units responsible for:
 - overall planning process;
 - ensuring that stakeholders:
 - have the opportunity to participate in CP³;
 - 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
- CP³ will include training for participants

Community Program Planning Process (cont.)



- 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. Agenda & Announcements		<ul style="list-style-type: none"> • Agenda • Presentation Slides • 5/21 Summary • Common Acronyms
3. Component Updates	<ul style="list-style-type: none"> • Rev. FY10 CSS Summary & Proposals • Rev. WET Matrix 	
4. Sobrato Gilroy Homeless Center	<ul style="list-style-type: none"> • MHSA Housing Development Overview • SGHC Development Description 	
5. Joint Powers Authority	<ul style="list-style-type: none"> • JPA Talking Points 	
6. Proposed DMH MHSA Issue Resolution Process	<ul style="list-style-type: none"> • Proposed Process • Presentation from DMH • CFLC Recommendations 	
7. INN Planning	<ul style="list-style-type: none"> • INN Guidelines Excerpt 	
8. SLC Work Plan	<ul style="list-style-type: none"> • SLC Work Plan 	
9. Next Steps		

Updates



- County Budget Updates
- TN Project Proposals & INN CPP Funding Request submitted on 6/30/09
- WET Plan submitted on 7/10/09;
 - Annual budget \$4.11M
 - 1.0 FTE Evaluator (Decision Support) to CSS
 - County Administration is \$411K and consistent with original budget

Updates (cont.)



- CSS Plan submitted on 7/15/09
 - \$35.2M ongoing and \$7.5M one-time
 - Program Changes
 - Adds 4.0 FTE RCs to support FQHCs
 - Adds 3.0 FTE MFT/PSWs for uninsured kids
 - No County COLA; CBO COLA spread into contracts
- PEI Plan pending submission; exploring options to enhance local suicide prevention strategies
- MHSA Housing Forum Update

Proposed Expenditures*



	FY09-10	FY10-11	FY11-12	FY12-13	FY13-14
Ongoing CSS	\$ 35,200,000	\$ 35,200,000	\$ 36,256,000	\$ 37,343,680	\$ 38,463,990
One-Time CSS	\$ 7,565,455	\$ 6,000,000	\$ 2,824,374	\$ -	\$ -
Ongoing PEI	\$ 13,400,000	\$ 13,802,000	\$ 14,216,060	\$ 14,642,542	\$ 15,081,818
Tng, TA & CB	\$ 289,900	\$ 289,900	\$ 289,900	\$ 289,900	\$ -
INN	\$ 3,100,000	\$ 3,100,000	\$ 3,100,000	\$ 3,100,000	\$ 3,100,000
WET	\$ 4,117,732	\$ 4,241,264	\$ 4,368,501	\$ 4,499,556	\$ 2,349,186
CFTN	\$ 6,060,000	\$ 5,860,000	\$ 2,231,667	\$ 2,231,667	\$ 2,231,667
Sustained TN	\$ -	\$ 1,000,000	\$ 1,030,000	\$ 1,060,900	\$ 1,092,727
	\$ 69,733,087	\$ 69,493,164	\$ 64,316,502	\$ 63,168,245	\$ 62,319,388

Note 1: Ongoing Expenditures Include 3% COLA starting in FY11-12. INN Plans are Time Limited Projects

Note 2: WET Includes \$2M transfer from CSS starting FY09-10

Note 3: TN Sustained Includes \$1M transfer from CSS starting FY10-11

* Awaiting new MHSA revenue and planning estimate projections

Sobrato Gilroy Homeless Center



- Developer: South County Housing Corp.
- Service Provider: Community Solutions (MediCal) & County South County Clinic (unsponsored)
- Location: 9386 Monterey Road, Gilroy, CA
- 35 studio apartment units; 17 MHSA units
- MHSA Funds: \$3.4M; applying for HUD program funding
 - Balance: \$7.2M Capital
 - Balance: \$2.9M Capitalized Operating Subsidy
- For SMI adults, homeless or at risk of homelessness
- Community Center, medical clinic, other providers on site!
- Contiguous to 64 units of transitional and permanent housing units for families
- Open around spring, 2012

California Mental Health Services Authority (CMHSA)



- Joint Powers Authority (JPA) is an institution permitted under law, whereby two or more public authorities (e.g. [local governments](#), or utility districts) can operate collectively.
- JPAs are created to increase the fiscal and operation efficiency and performance of the entities involved. This distinguishing purpose comes in many forms with shared goals, objectives and desired outcomes.

California Mental Health Services Authority (cont.)



- A vehicle for Members to jointly develop, and fund mental health services and education Programs as determined on a regional, statewide, or other basis.
- In the JPA, counties choose if they want to act jointly on a project. If a county does not want to participate, they can freely elect not to.
- The JPA, is a vehicle for counties to act jointly on a project, but the JPA would contract with other entities to implement the project and to monitor the performance of the project.
- Counties acting jointly through the JPA on a project would still be required to follow any guidance or regulations governing the use of funds for the project.

California Mental Health Services Authority (cont.)



- Membership & Status
 - 7 counties have joined CMHSA; 15 counties are in process
 - Officially filed the CMHSA with state
- At this time what is clear to say is that CMHSA **could** provide a vehicle for counties to act jointly to meet statewide goals including the PEI Statewide Projects
- **BUT** it is premature to discuss the details of what or how CMHSA could accomplish this specifically for PEI Statewide Projects
- MHD proposes to join by September 2009

DMH MHSAs Issue Resolution Process



- Purpose: To develop a process for filing and resolving issues related to MHSAs Community Program Planning Process, service access, and consistency between program implementation and approved Plans.
- Background
 - Issues referred to DMH from OAC, CMHPC and others
 - Workgroups established to develop a formal process APR '08 – FEB '09
 - DMH is using the proposed process as an interim.
 - Public comments received until July 31, 2009

issue.resolution@dmh.ca.gov

http://www.dmh.ca.gov/Prop_63/MHSA/Meetings/default.asp.

DMH MHSAs Issue Resolution Process (cont.)



- Types of MHSAs Issues that may be submitted to CMHPC, OAC or DMH
 - Access to services
 - Appropriate use of funds
 - Inconsistency between approved Plan and implementation
 - Local Community Program Planning Process
- Other Non-MHSA issues may be submitted to:
 - Patients' Rights Advocates
 - Ombudsman
 - Medi-Cal Issue Resolution Process
 - County Quality Assurance and Utilization Review staff
 - Disability Rights California, formerly known as Protection and Advocacy Incorporated

DMH MHSAs Issue Resolution Process (cont.)



- Framework
 - Referred to DMH (or via OAC and/or CMHPC), determine if
 - Local process exhausted and
 - Issue relates to MHSAs Agreement, regulations or statutes
 - DMH Review & Fact Finding
 - County inconsistent → Direct County to take Action or
 - County is consistent → Letter to Flier, County, OAC and CMHPC closing the issue/case
- Next Steps
 - Stakeholders review and comment on DMH proposed process
 - County MHD develop local review process consistent with DMH process and guidelines
 - First review 8/21/09 SLC

Innovation Component - Background



- Innovation Component
 - 1 of 5 MHSAs Components
 - MHSAs General Standards & Services must be voluntary
 - Ongoing funding; 3 Yr Reversion Period; Non-Supplant
 - Sustain \$3.1M annually, including 310K for County Admin
- January 2009 SLC endorsed preliminary planning process
- ECCACs, C/FM, Staff met FEB thru MAR '09
- Focus Areas reported to SLC 4/3/09
 - Strategies to Improve Treatment of Co-Occurring Disorders
 - Strategies to Increase Access to Services focusing on Medi-Cal Penetration Rates
 - Strategies to emphasize and increase the involvement of consumers and family members in service delivery

INN Component – Requirements



- Essential Purposes (select one or more):
 - Increase access to underserved groups
 - Increase the quality of services, including better outcomes
 - Promote interagency collaboration
 - Increase access to services
- Broad in Scope
- Reporting: Annual, Final and Ongoing
- Regional collaboration & leveraging are encouraged
- OAC is the approval authority

INN Component – Requirements (cont.)



- An Innovation is one that “contributes to learning rather than a primary focus on providing services” – try out new approaches
- Contribute to learning by:
 - Introducing new MH practices that have never been done before, or
 - Changes an existing MH practice, including adaptation for a new setting or community, or
 - Introduces a new application to the MH system of a promising community-driven practice that has been successful in non MH settings

INN Component – Planning Options*



GOAL – 1st SLC Review by NOV 20, 2009

- Current Planning Process (e.g. CSS or PEI)
 - Work groups meet and develop plans
 - Local vetting process (SLC, forums, etc.)
- Pure Request for Proposals
 - Issue RFP based on guidelines and Stakeholder input
- Request for Concepts
 - Solicit ideas and concepts
 - Process for selecting concepts
 - Staff develop work plans

* All options require a procurement process

INN Component – Planning Options (cont.)



Option	Richness of New Ideas	Speed	Inclusiveness	Resources Required	Draws On Expertise?
Current	T-2nd	3rd	2 nd Depends on Resources &Engagement	3rd	May limit to current stakeholders
RFP	T-2nd	1st	3rd	1st	May limit to CBOs or Organizations
Concept	1st	2nd	1st	2nd	Requires consultation after concepts are selected

INN Component – Planning Options (cont.)



- Group Exercise
 - Consider the focus areas. What needs or projects immediately come to mind?
 - Consider the proposed planning options. Which option would most likely result in INN work plans that address your priorities in each of the focus areas?
- Discussion & Input on Options
- Select Planning Option and Identify Next Steps

SLC Work Plan



- Overall Goals
 - Implement WET, PEI, TN Projects
 - Plan and begin implementing INN
 - Conduct deliberate process for evaluating CSS work plans
 - Organize SLC and stakeholder structure to meet current needs: MHS is integral part of the mental health system, but it is also a catalyst for improvement.
- 1st SLC Review and Posting by 4/16/09

SLC Work Plan - Concept



- AUG: Re-orient stakeholders to CSS work plans
 - Purpose and Intent (e.g. target population)
 - Programs, Activities and Progress
 - Outcomes to the extent outcomes are available
- SEP thru NOV: Present and discuss work plans in context of their systems for care
- DEC: Present and discuss cross-cutting programs (e.g. FSP, ECCACs, Consumers & Family Members)
- JAN thru MAR: Present proposed or modified work plans for FY10-11

Your Voice Matters!



- SLC Meetings: 8/21, 9/25, 10/16, 11/20, 12/18, 1/15, 2/19, 3/19, 4/16, 5/21, 6/18

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