



**MHSA STAKEHOLDER LEADERSHIP COMMITTEE MEETING
SUMMARY FOR SLC MEETING ON NOVEMBER 20, 2009**

Note 1: All votes are recorded in numbers of Green – Yellow – Red; SLC = Stakeholder Leadership Committee; ST = Steering Team

Note 2: Some SLC members left before voting on each plan.

Agenda Item	Summary of Discussion and Actions
Announcements & MHSA Updates	<ul style="list-style-type: none"> • Five TN projects were approved by DMH – Electronic Health Record, Data Warehouse, Bed & Housing Exchange, Consumer Learning Centers and Website Redesign and Portal. The County Health Record Integration project was deferred until its anticipated start date. The Consumer Health Education project was not approved; MHD will explore options for meeting the projects’ objectives under CSS or PEI. • Per Assembly Bill 1571, beginning January 1, 2010, counties must include veterans and representatives of veterans’ organizations in MHSA planning groups. To meet this requirement the MHD will make additional efforts to include these stakeholders in ongoing planning. In addition, the SLC voted unanimously to: 1) add Tito Cortez (a Vietnam Veteran, MHB member and a member of Veterans of Foreign Wars) to the SLC; and, 2) make an additional seat on the SLC available to a representative of a veterans serving organization, with a preference for local organizations or the Veterans Administration in Palo Alto. • The MHD intends to reconstitute CSS Work Plan A-05 as a distinct work plan. The objectives of this work plan are to increase consumers and family members in direct services, integrate them into operations system-wide and to include them in ongoing system improvement. The programs and services consistent with A-05’s objectives were moved to other work plans. The MHD believes that by reconsolidating, the MHD will better meet A-05’s objectives. • Equally important, the MHD shared that in is considering consolidating all family member services under an “Office of Family Affairs,” reporting to the Deputy Director, and enhancing the “Office of Consumer Affairs (OCA)” by adding a program manager. The OCA already reports to the Deputy Director. The OCA and OFA will also be responsible for implementing / managing relevant Workforce Education and Training (WET) programs.
MHSA Issue Resolution Process	<ul style="list-style-type: none"> • The staff presented an overall concept for a local MHSA Issue Resolution Process. In addition to incorporating elements commonly discussed (e.g. published timelines, confidentiality, unified process, etc.), the MHD proposed that the MHSA Coordinator would be the MHD’s single point of contact for receiving and processing MHSA “issues.” The position would coordinate with the Compliance and QI staff as needed. • The MHD also proposed creating an MHSA Issue Review Committee that would be responsible for reviewing issue trends and recommending improvements. The committee would not be tasked with reviewing or intervening in specific issues. • The MHD will prepare a draft policy and begin the vetting process in January (originally December).



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<p>System of Care for Adults and Older Adults</p>	<ul style="list-style-type: none"> • This item was postponed and will be discussed at the December 11, 2009 SLC meeting.
<p>INN Work Plan Development</p>	<ul style="list-style-type: none"> • The MHD presented three possible approaches for selecting which of the nearly 150 innovative ideas submitted would be developed into Innovation work plans (aka projects). The MHD believes that it can support the development of and fund less than 10 INN work plans. • Ultimately, the SLC selected (29-3-1) the approach that underscored both the importance of individuals’ expressed preferences (i.e. votes on October 16) and the value of having representation from each of the seven clusters and the entire lifespan (Children, Youth and TAY, Adults, Older Adults, Cultural, Special Populations and Outreach). Using this approach, the following eight ideas were selected (listed by cluster order): <ol style="list-style-type: none"> 1. Early Childhood Universal Screening Kiosk Project 2. Peer-Run TAY Inn 3. Treatment of Co-Occurring Anxiety, Impulse Control and Obsessive Compulsive Disorders in Autistic Adult Population 4. Merging Old with the New (Older Adults) 5. Multicultural Center 6. Transitional Mental Health Services for Extremely Underserved, Newly Released Inmates 7. Law Enforcement / Mental Health Mobile Crisis Team 8. Innovative Outreach • Each of the ideas selected must be shaped into work plans that meet the guidelines prescribed by the State. MHD staff will seek additional stakeholder input in order to develop Innovation “Concepts,” which will consist of a basis narrative, scope of work and preliminary budget. • The SLC will review the INN “Concepts” in February (originally January) and determine which should be fully developed and submitted to the State.
<p>Next Steps</p>	

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