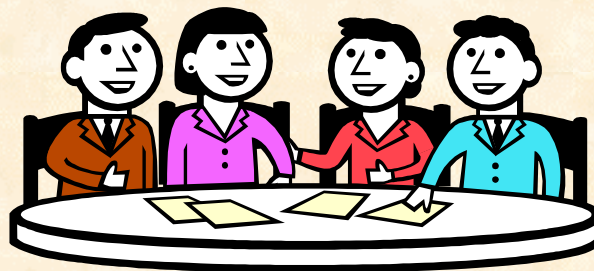


Mental Health Services Act System of Care Workgroups

June 6th and 7th 2005



Older Adult System of Care

Stanislaus County MHSA Planning Process - System of Care Workgroup Agenda - June 6 & 7 2005

Introductions

- a. Name/Affiliation/What brought you here today?
- b. Brief overview of MHSA
- c. Brief overview of local planning process - "How did we get here?"
- d. Purpose of meeting
- e. Expected outcome of the day

Summary of Local Older Adult Service/Population Data

- a. Comments/Observations
- b. How does this fit or not fit your knowledge or perception?

Break

Summary of Stakeholder Process to-date

- a. Who?
 1. Unserved and underserved older adult populations
 2. Based on your expertise, perceptions and the summary of service data, are there any glaring omissions of unserved or underserved older adult populations that should be included?
- b. What?
 1. Critical needs
 2. Based on your expertise, perceptions and the summary of service data, are there other critical needs that should be included?
- c. How?
 1. Barriers and other issues
 2. Based on your expertise, perceptions and the summary of service data, are there other significant barriers and issues that should be included?

Divide into afternoon small groups

Lunch

Small Groups – Develop strategies

Break

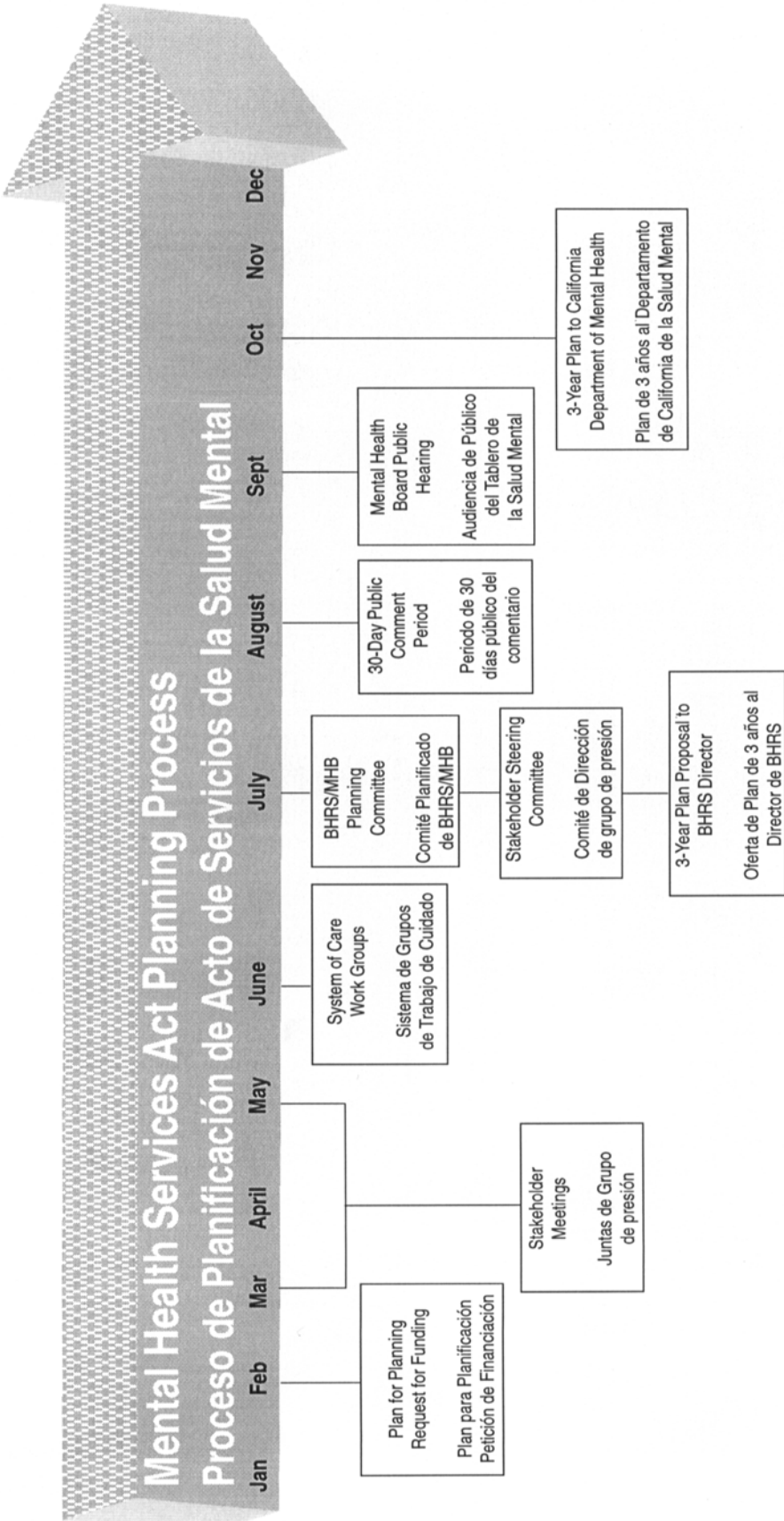
Small Groups – Report out

Prioritize Strategies within populations

Wrap-up

- a. Identify next steps
- b. Evaluations

The Mental Health Services Act



Behavioral Health & Recovery Services

A Mental Health, Alcohol and Drug Service Organization

Servicios de Salud Mental, Alcohol y Drogas

Mental Health Services Act

Brief Overview of Local Planning Process “How Did We Get Here?”

December 2004 –

- Board of Supervisors approves BHRS to go ahead with pre-planning activities
- 12/17 – DMH hold first Stakeholder Meeting in Sacramento – Stanislaus County has a small cohort of consumers attending.
- 12/29 – Meetings began with local Consumer network, started generating ideas and partnership for planning process that would begin after January 1.
- BHRS Sr. Leadership begins to make pre-planning decisions

January 2005 –

- Consultant and Project Manager established
- 1/21 – BHRS all staff meeting to officially introduce MHSA
- 1/24 - BHRS/MHB Planning Committee is formed and has first meeting.
- DMH issued Plan for Planning requirements

February 2005 –

- Plan for Planning is developed and distributed to stakeholders for input.
- BHRS/MHB Planning Committee and sub-committees meet to develop ideas about ways to inform the local community about MHSA planning process. e.g., website and informational handouts etc.

March 2005 –

- March 1st - Plan for Planning is submitted to DMH
- Town Hall meetings begin; March 22, 29, 31
- Targeted Focus Groups are scheduled and conducted
- Consumers, Family Members and BHRS Leadership attend stakeholder meetings in Sacramento to make changes in 3-year plan requirements

April 2005 –

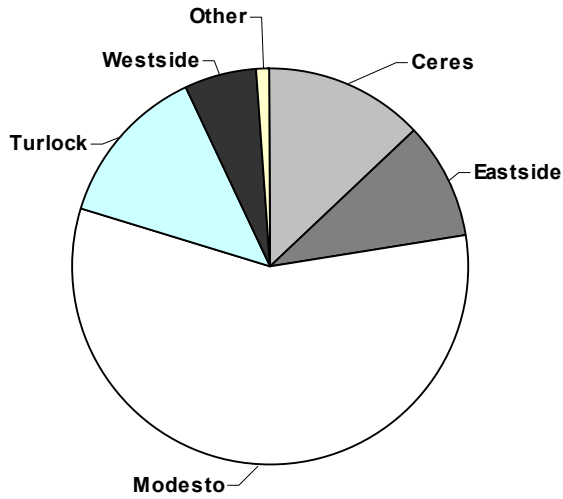
- Town Hall Meetings continue; April 5 & 6
- April 7 & 13 - Targeted Focus Group Facilitator Trainings are conducted; 45 people were trained this included; consumers, family members, contract agency staff and BHRS staff.
- Targeted Focus Outreach efforts begin in earnest! All types of groups in all types of settings!

May 2005 –

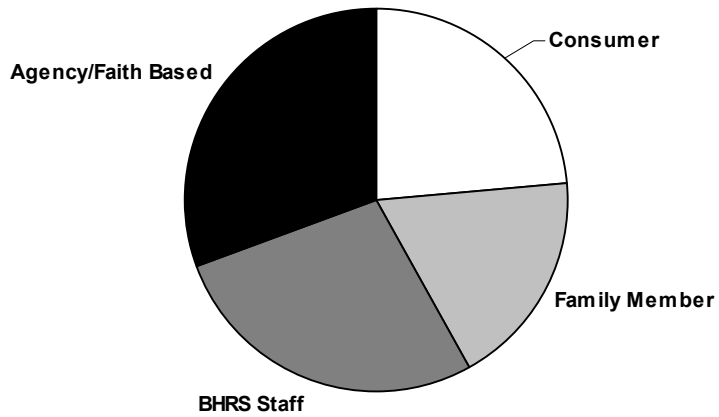
- 3 more Town Hall meetings are scheduled with co-sponsorship from community groups; faith-based, ethnic, disabilities and education.
- El Concilio conducts targeted outreach efforts to Latino community

Demographics from MHSA Feedback Response Forms

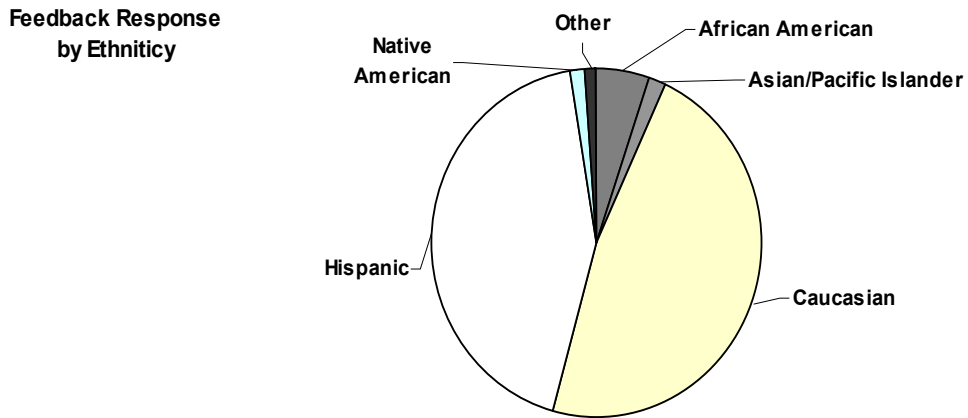
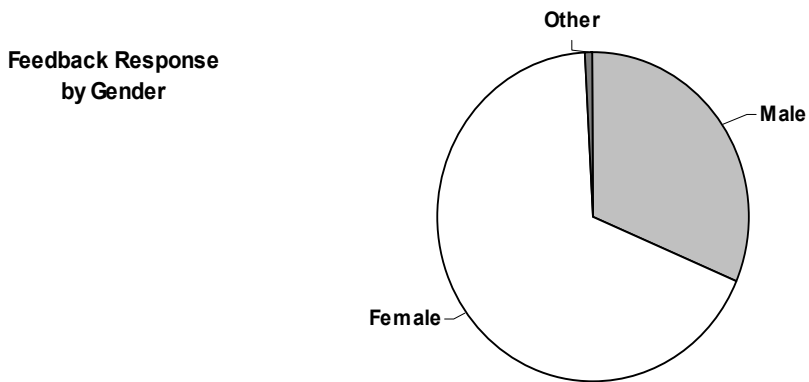
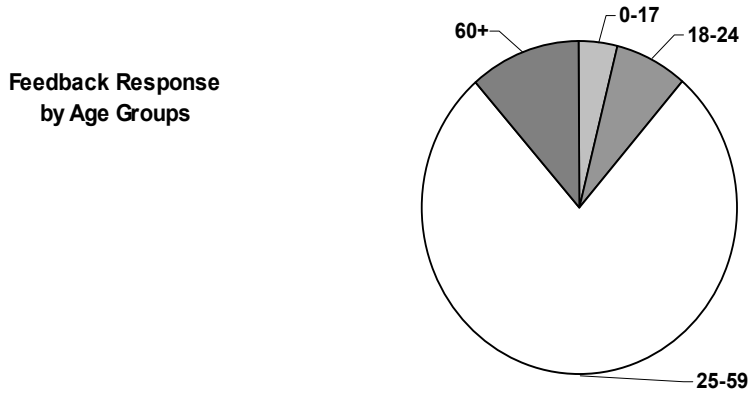
Feedback Response
by Region



Feedback Response
by Type



Demographics from MHSA Feedback Response Forms



Mental Health Services Act “System of Care” Workgroups

“System of Care” workgroups are the step in the MHPA planning process that follows the conclusion of the initial phase of the community stakeholder process.

Workgroups will be organized around the four age-related populations which BHPA has responsibility for including in the 3 year plan submission;

- **Children**
- **Adults**
- **Transition Age youth (16-25 years)**
- **Older Adults**

Objectives:

These system of care workgroups will:

- **review all the feedback that has been obtained during the general stakeholder process**
- **look for gaps in the information**
- **fill in the gaps with feedback and ideas**
- **begin to describe strategies to address unmet needs identified during the stakeholder process to that point**
- **time permitting, some prioritization of strategies, within age groups, will occur**

Mental Health Services Act Program and Expenditure Plan Requirements

These plan requirements are intended to build upon and operationalize the concepts in the Vision Statement and Guiding Principles for Implementation of MHSA. They are intended to initiate significant changes that look beyond “business as usual”.

- **Increases in the level of participation and involvement of clients and families in all aspects of the public mental health system**
- **Increases in client and family operated services**
- **Outreach to and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates**
- **Increases in the array of community service options for individuals diagnosed with serious mental illness and children/youth diagnosed with serious emotional disorders, and their families, that will allow them to avoid unnecessary institutionalization and out-of-home placements.**

Mental Health Services Act

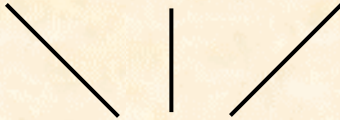
Essential Elements for All Three-Year Program and Expenditure Plan

- **Community Collaboration**
- **Cultural Competence**
- **Client/family driven mental health system for older adults, adults and transition age youth and family driven system of care of children and youth**
- **Wellness focus, which includes the concepts of recovery and resilience**
- **Integrated service experiences for clients and their families throughout their interactions with the mental health system**

Community Input/Gap Analysis Process

Community Input

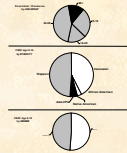
1500 + Suggestions



60 + Categories

Service Gap Analysis

Demographic Data



Regional Data



WHO?

WHO?

- Populations highlighted in the Community Input/Gap Analysis

- Uninsured/Underinsured
- Homeless/Inadequately housed
- People in Crisis
- Dually Diagnosed (People with Mental Health and Alcohol and Drug Problems)
- People of Color – Particularly Hispanic/Asian
- Communities – Particularly Westside of Modesto and Westside of Stanislaus County
- Family/Caregivers
- People involved with Other Agencies –
 - Children - Juvenile Justice, Child Welfare, Schools, Public/Private Healthcare
 - Transition - Juvenile Justice, Law Enforcement, Schools, Public/Private Healthcare
 - Adults - Law Enforcement, Public/Private Healthcare
 - Older Adults - Healthcare only - Public/Private Healthcare



Mental Health Services Act
- System of Care Workgroups

WHAT?

WHAT?

- Unmet Needs highlighted in the Community Input/Gap Analysis

- Outreach – Community Education
- Medication Services
- Emergency Response
- Employment
- Prevention
- Peer Support
- Non-traditional Treatment
- Improved Partnerships with Other Agencies
 - Mental Health Court
 - School Based Programs
 - Joint Health/Mental Health
 - Joint BHRS/CSA
 - Private Provider/BHRS Cooperation



Mental Health Services Act
- System of Care Workgroups

HOW?

HOW?

- Barriers and other issues highlighted in the Community Input/Gap Analysis

- Consumer Participation
- Consumer Workers/Peer Programs
- Consumer Education
- More staff/staffing levels
- More staff training
- Faster access – less paperwork/delay
- Transportation
- Respite
- Childcare
- Financial (Insurance)
- Financial (Help with food, clothing, etc)
- Cultural Issues – including Faith Based, LGBT
- Language Issues
- Lack of knowledge/understanding of system/resources



Mental Health Services Act
- System of Care Workgroups

Mental Health Services Act
- System of Care Workgroups

Specific Population by Age Consistent with MHSA and DMH Priorities*:

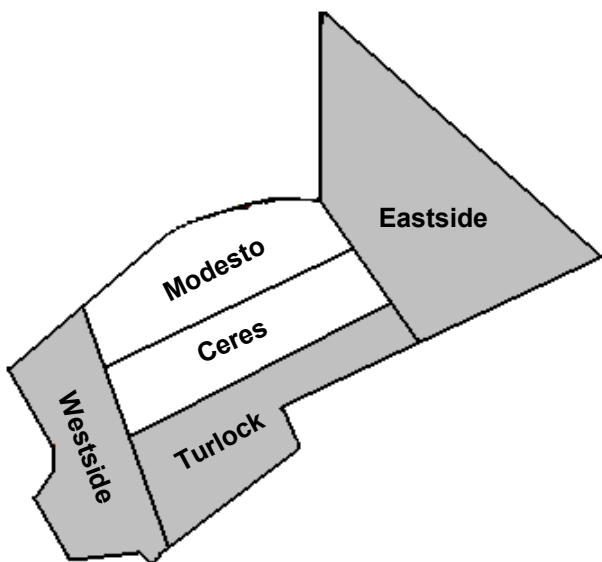
Older Adults 60 years and older with serious mental illness

This includes:

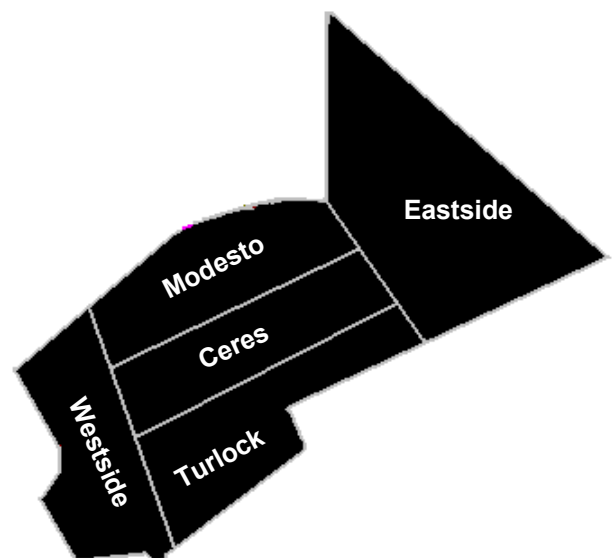
- Including older adults with a co-occurring substance abuse disorder and/or health conditions – who are not currently being served and have a reduction in personal or community functioning, are homeless, and/or at risk of homelessness, institutionalization, nursing home care, hospitalization and emergency room services.
- Older adults who are so under-served that they are at imminent risk of any of the above are also included.
- Transition age older adults (between the ages of 50-59 who are aging out of the adult mental health system) may be included under the older adult population when appropriate.

*CDMH DRAFT MHSA Community Services and Supports Three Year Program and Expenditure Plan Requirements 51805

County Overall

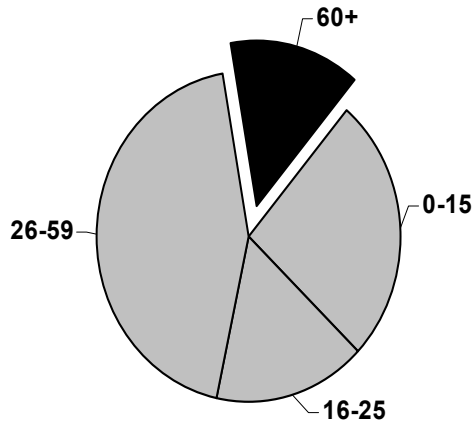


Older Adult System of Care (OASOC) - Age 60+

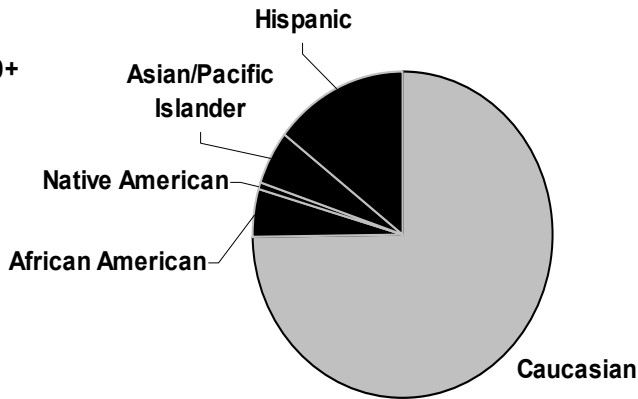


Older Adult System of Care (OASOC) – Age 60+

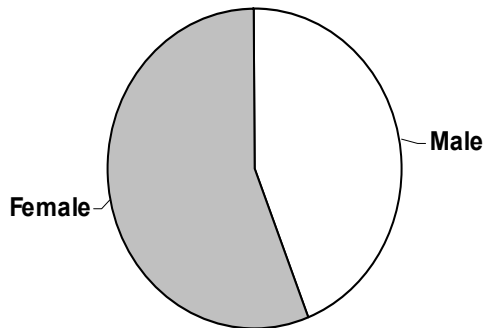
All Age Groups



OASOC Age 60+ by Ethnicity



OASOC Age 60+ by Gender



WHO?

**- Populations highlighted in the Community
Input/Gap Analysis**

Uninsured/Underinsured

Homeless/Inadequately housed

People in Crisis

Dually Diagnosed (People with Mental Health and Alcohol/Drug problems)

People of Color – Particularly Hispanic/Asian

**Communities – Particularly Westside of Modesto and Westside of Stanislaus
County**

Family/Caregivers



**Mental Health Services Act
- System of Care Workgroups**

WHAT?

- Unmet Needs highlighted in the Community Input/Gap Analysis

Outreach – Community Education

Medication Services

Emergency Response

Employment

Prevention

Peer Support

Non-traditional Treatment

Housing

Improved Partnerships with Other Agencies

Mental Health Court

School Based Programs

Joint Health/Mental Health



**Mental Health Services Act
- System of Care Workgroups**

HOW?

- Barriers and other issues highlighted in the Community Input/Gap Analysis

Consumer Participation

Consumer Workers/Peer Programs

Consumer/Family Education

More staff/staffing levels

More staff training

Faster access – less paperwork/delay

Transportation

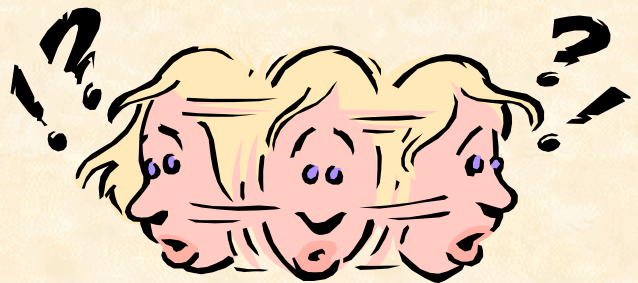
Respite for Caregivers

Childcare

Financial (Lack of insurance)

Financial (Help with food, clothing, etc)

Cultural Issues



**Mental Health Services Act
- System of Care Workgroups**

**Older Adult Services Workgroup
MHSA Stakeholder Planning Process
June 6, 2005**

Small Group Assignment

- Participants will self-select (or be assigned to even-out groups) to workgroups of about 6-8 persons for each unserved or underserved populations.
- Brainstorm and list (record on flipchart) strategies to address the critical needs and barriers and other issues for your population
- For purposes of this activity, a strategy is an approach, a program or program enhancement idea.
- Briefly describe the strategy in enough detail to communicate your ideas to others. It is not necessary to work out every detail or to identify every issue that may arise.

Multi-voting Process

- Each participant gets 3 votes
- Votes will be done by placing a “post-it” on the strategy the participant wishes to prioritize
- Participants can put all 3 votes on one strategy or spread them around
- Compiled data will be submitted to the representative stakeholder process

Obrigado!

ขอบคุณ

شكراً

Hvala
Diky

Köszönettel
Merci

Gracias

Vielen
Dank
Teşekkürler

Grazie

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Grazie

Gracias

شكراً

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Hvala
Köszönettel

THANK YOU

Teşekkürler

شكراً
Merci
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Dank

Merci

Köszönettel

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