

Division of Behavioral Health Services

MHSA Steering Committee

April 15, 2021

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Background

August 6, 2019: MHSA Update Presentation

Provided next steps for making MHSA funds available for services in the community through strategies for planning and stakeholder input, including bringing services in line with community needs and available resources through the Adult Outpatient Services Redesign.

January 21, 2021: Behavioral Health System and Stakeholder Participation
 Presentation

Provided an overview to the MHSA Steering Committee outlining BHS' plan to implement a regular procurement schedule for contracted programs, utilizing stakeholder input from various methods and groups to ensure programming is effective, respectful and responsive.



The Adult Outpatient Transformation is an opportunity to integrate community stakeholder input to refine our outpatient system to more effectively serve our community and to enhance the overall adult outpatient mental health services delivery system.



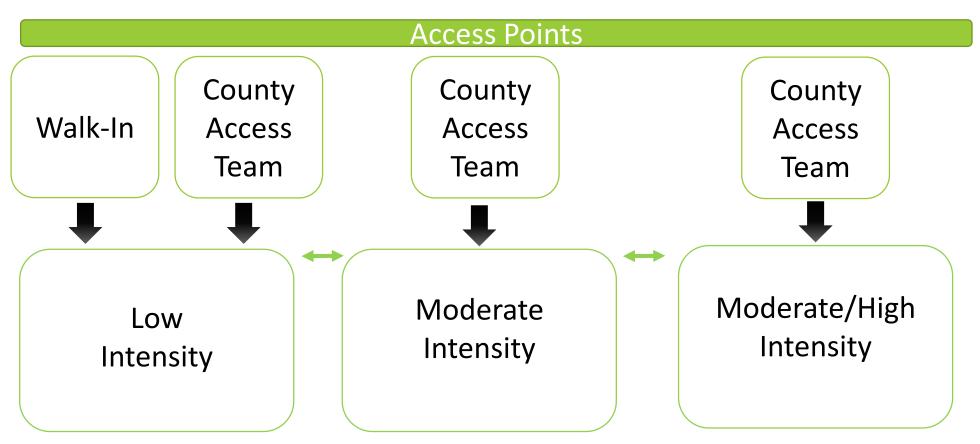
Current Outpatient Service Delivery

Current Adult
Outpatient system includes:

Walk-in Centers providing site-based low to moderate level of care

Site-based clinics providing low to moderate level care

Flexible site-based & community-based services moderate to high level of care







Beginning in 2019, Sacramento County Behavioral Health Convened Several Stakeholder Feedback Sessions with a total of 658 participants

- Goal: The goal of the Stakeholder Feedback Sessions was to gather feedback and ideas about the current Behavioral Health Services System.
- **Feedback:** The feedback of the Stakeholder Feedback Sessions will influence current priorities and inform future needs for the Behavioral Health Services System.
- **Premise:** There is value in engaging those who have a high stake in the work the County is driving forward around Behavioral Health.

Behavioral Health Community Town Halls A total of 259 participants attended a Community Town Hall

Held On:

- 07/30/2019
- 08/01/2019
- 02/26/2020

Stakeholder Representation	Percentage
System Partners	33%
BHS Staff	23%
Community Members (including family members)	17%
Consumers	16%
Did not indicate	28%

Note: Those who indicated stakeholder category may identify in more than one category which is why the total exceeds 100%.

Smaller Community Conversations A total of 165 participants attended

Held On:

- 12/05/2019
- 12/10/2019
- 12/11/2019
- 12/12/2019
- 01/07/2020
- 01/13/2020
- 01/30/2020
- 02/07/2020
- 02/13/2020

Stakeholder Representation	Percentage
lu Mien*	27%
Native American	12%
LatinX*	11%
Russian*	11%
African American/Black	10%
Hmong*	9%
Cantonese*	8%
Arabic*	7%
Vietnamese*	5%

^{*}conducted in language

Consumers:

- 09/01/2019
- 10/07/2019
- 10/10/2019
- 12/16/2019

Direct Services Staff:

- 10/16/2019
- 10/18/2019
- 10/21/2019

Family Name

Members:

- 10/17/2019
- 11/01/2019

Focus Groups

Total of 59 Focus Group Participants

Stakeholder Representation	Percentage
Consumers	54%
Direct Service Staff	37%
Family Members	9%

Participants represented the following Outpatient Community-Based Organizations:

- Regional Support Teams:
 - ➤ Visions
 - > Turning Point
 - > TLCS/HRC
 - ➤ El Hogar

- El Hogar Guest House
- TLCS/HRC TCORE
- CSHC Wellness & Recovery Centers

Held On:

- 01/12/2021
- 01/13/2021
- 01/14/2021
- 01/18/2021
- 01/19/2021
- 01/20/2021

Behavioral Health Racial Equity Collaborative Focus Groups & Key Informant Interviews Total of 31 Participants

Focus Groups with African American/Black/Of African Descent Community:

- Total of Eight Focus Groups & Two Key Informant Interviews
 - 6 focus groups with general mix of people by age, gender, and experience with County
 - 1 focus group comprised of 6th and 7th graders
 - 1 focus group comprised of formerly incarcerated men and/or individuals who worked with them
 - 2 interviews with key informants from the transgender community

Survey open from:

03/05/21 -03/19/21

Available in:

- English
- Spanish
- Russian
- Farsi
- Arabic
- Hmong
- Chinese
- Vietnamese

Community Survey on Outpatient Services Total of 144 Participants

Stakeholder Representation	Percentage
Service Provider Staff	34%
Consumer	24%
Family Member	16%
Other	13%
Peer Advocate	10%
Consumer/Family Advocate	3%

Survey Distribution:

- •MHSA Steering Committee Distribution List
- •Mental Health Board Distribution List
- Cultural Competency Committee (CCC)
- •CCC Ad Hoc Workgroup
- Supporting Community Connections

"We need to be seen, heard and genuinely supported"

participant

Key Areas for Improvement

- Timely and Improved Access
- Culturally Responsive Services and Trauma Informed Delivery System
- Increase Peer Supports to Bridge Gaps
- Increase Family Involvement
- Data Informed Decisions
- Smaller/More Manageable Case Loads Sizes with Less Turn-Over
- No Fail Approach
- Transportation
- Telemedicine
- Walk In Capacity

- Warm Hand Off ~ Improve Care Coordination
- Diverse Workforce that Reflect and Speak the Language of the Community Served
- Improve Access through Community Hubs with Collocated Services
- Increase Opportunities for Job
 Training/Coaching and Integrating
 Employment as a Recover Goal
- Medication Support
- Inclusive Environment and Support for Consumers and Family Members



Feedback-Driven Goals for the Transformation



Goals of the Transformation

• Incorporate the four principles of **Recovery Oriented Leadership (ROL)** to increase hope, commitment, and action across the system of care.

Having a vision that is worth working towards and believing that things can improve.

HOPE HEALING

Acknowledgement that people need healing, compassion and encouragement as they work towards finding wholeness and health.

People are encouraged to be a part of the community and their contributions are promoted, while they are accepted for who they are.

COMMUNITY ENGAGEMENT

AUTHORITY

People with psychiatric disabilities have the power to decide their future and take meaningful action based on their beliefs and desires.

Goals for the Transformation (Con't)

- Practice values and principles that enhance culturally responsive services, recovery and resilience
- Increase treatment effectiveness through recovery framework
- Increase the use of evidenced-based practices and community-defined evidence practices
- Ensure funding is allocated to support mainstream Medi-Cal and community-defined recovery centered services, while maximizing federal funding
- Hiring and retaining staff that are able to support the unique needs of every service recipient (i.e. ethnic, racial, age, sexual orientation, gender identity and linguistic needs)
- Expand points of access points to mental health services including peer supports
- Increase supports to families, strengthen support systems and community connections

Recovery Stepping Stones Journey To Wellness And Optimal Health



C.O.R.E

Community: Increase community engagement and connections, belonging and supportive

Outreach: Inclusive, Inviting, welcoming, educational and inspirational

Recovery: Intentional progression towards optimal health and wellbeing

Empowerment: Client and family driven goals and outcomes, independent, confident, courageous and resourceful



Next Steps



Proposed Timeline



- 2019 to 2021: Gathered Stakeholder Input
- March 5, 2021: Announcement of Upcoming Competitive Selection Opportunity on DHS Website & Media Release
- April 15, 2020: MHSA Steering Committee Presentation
- April/May 2021: Letter of Intent (LOI) Anticipated Release
- June 2021: Request For Applications (RFA) Anticipated Release*
- Fall 2021: Announcement of Awardees
- Fall/Spring 2022: Transition Period
- Summer 2022: Transformation Fully Implemented
- *RFA will only be sent to organizations that respond to the LOI

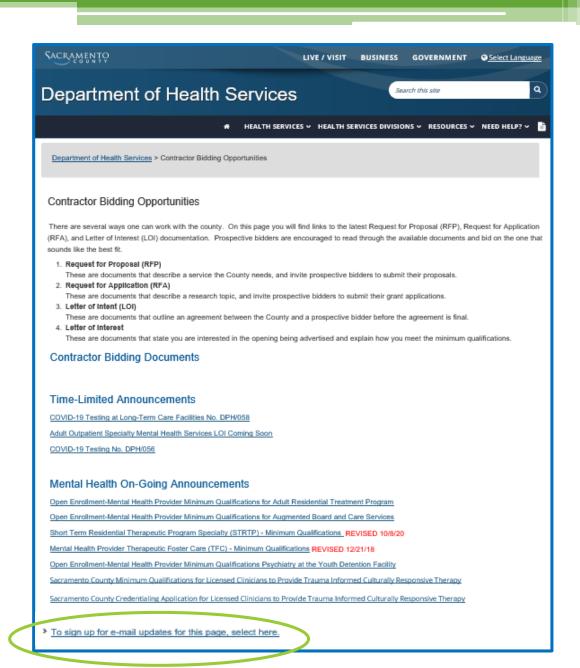
Competitive Selection Reminder

Interested organizations can subscribe to receive notifications of new opportunities at the website:

http://www.dhs.saccounty.net/Pages/Contrac tor-Bidding-Opportunities.aspx

and clicking:

To sign up for email updates for this page.



Questions?

