


Mental Health Services Act (MHSA)

Community Planning Process and Orientation



DANA BARFORD
MHSA PROJECTS MANAGER
SEPTEMBER 2020



Agenda For Today



Toni Navarro
Executive Director

- Welcome and Tri-City Update

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Dana Barford
MHSA Projects Manager

- Overview of Mental Health Services Act
- Role of the Stakeholder
- Five MHSA Plans
- Outcomes and Data Collection Methods
- MHSA Workgroups



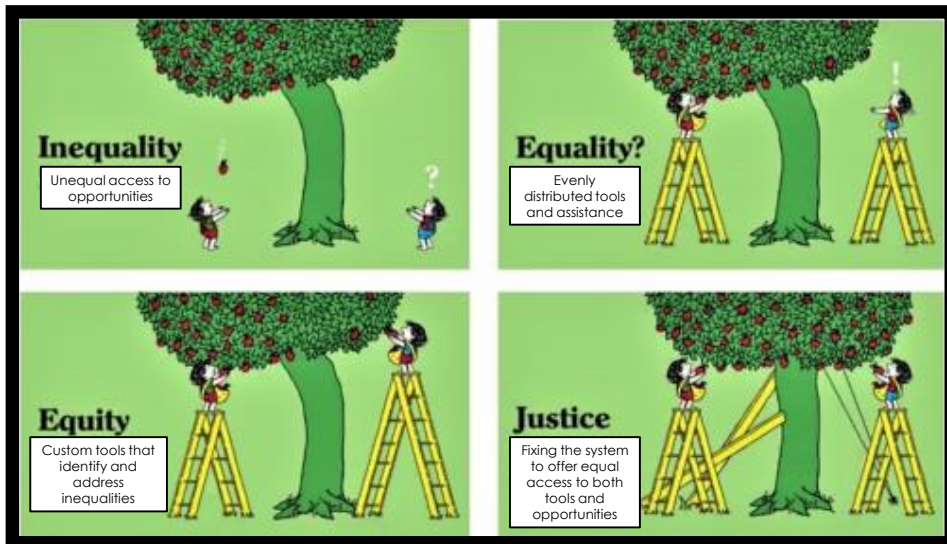
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Antonette (Toni) Navarro, LMFT
Executive Director
Tri-City Mental Health




2020 Cultural Competency Plan

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Our Three Cities vs Tri-City Staff How Do Our Demographics Compare

Average Demographics for Cities of Claremont, La Verne and Pomona	3
White	42%
Hispanic/Latino	34%
Asian	10%
Black/African Am	5%
Native Am/Alaska Native	1%
Native Hawaiian/Pacific Islander	0.33%
Other	4%
Two or More Races	3.67%

Average Demographics for Tri-City Mental Health Staff	
White	16.35%
Hispanic/Latino	54.33%
Asian	8.17%
Black/African Am	9.62%
Native Am/Alaska Native	0.48%
Native Hawaiian/Pacific Islander	0.48%
Other	9.62%
Two or More Races	0.96%




WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act MHS



Proposition 63
Voter Initiative Passed in
2004



1% State Tax on
Incomes of \$1 Million
or More



Provides funding for programs,
personnel and other resources
Prevention, Early Intervention,
Treatment and Recovery



Driven by Community
Partnerships and
Stakeholder Engagement

Guiding Values of MHSA

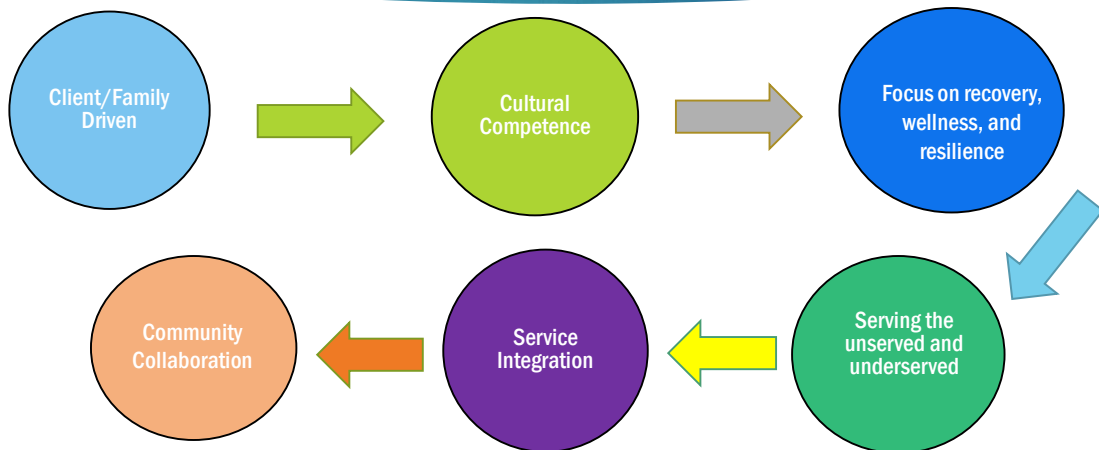
Mission of MHSA

The funding is provided to each county to "create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families."

Vision of MHSA

The MHSA pledges to look beyond "business as usual" to help build a system where access will be easier, services are more effective, out-of-home and institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists.

MHSA Core Principles



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Benefits of Being a Stakeholder

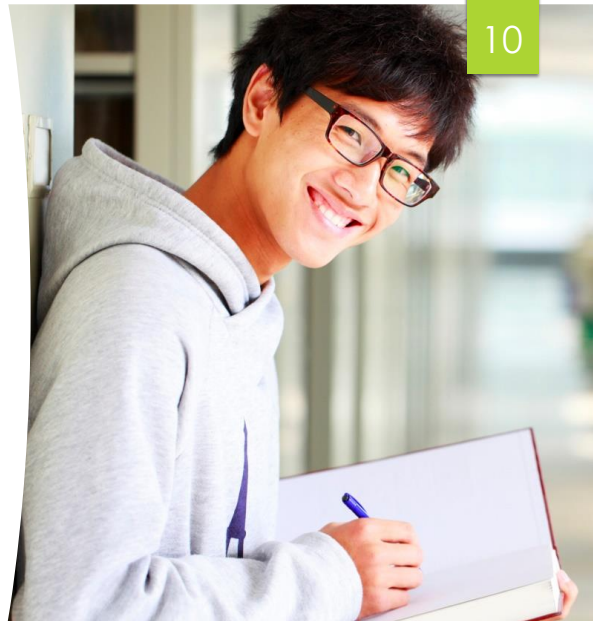
- ▶ Consumers, family members, community members, clients, CBO's and providers
- ▶ Review current programs and make recommendations for new programs
- ▶ Input for improvements outlined in MHSa Annual Updates and 3-Year Plans
- ▶ Plan reviewed (30 days) & Public Hearing hosted by our Mental Health Commission



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Stakeholder Contributions

- ✓ Attending Stakeholder Meetings via Webinars
- ✓ African American Family Wellness Advisory Committee
- ✓ ¡Adelante! Latino & Hispanic Wellness Committee
- ✓ LGBTQ+ Wellness Advisory Council
- ✓ Service Learners (Volunteers)
 - Peer Mentor
 - Wellness Center
- ✓ Attend Mental Health Commission and Governing Board Meetings



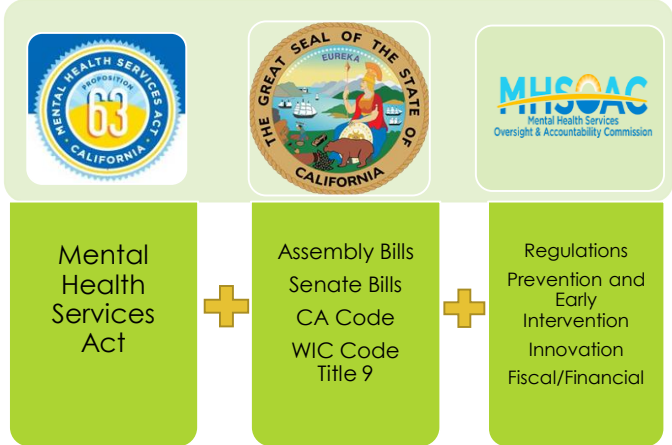
MHSA Guidance For Counties

Community Planning Survey

Community voice regarding:

- Unserved/underserved population
- Program development
- Improve service delivery

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DIVERSITY AND INCLUSION



Three-Year Cultural Competence Plan December 2020

- **African American Family Wellness Advisory Council (AAFWAC)**
 - Meets 4th Thursday of the month at 10:30 am
Contact Rimmi Hundal at rhundal@tricitymhs.org
- **¡Adelante! Latinex and Hispanic Wellness Committee**
 - Meets the 2nd Thursday of the month at 2:30 pm
Contact Daisy Martinez at dmartinez@tricitymhs.org
- **LGBTQ+ Wellness Committee**
 - Meets the 3rd Tuesday of the month at 11:00 am
Contact Douglas Hughett at dhughett@tricitymhs.org

MHSA Plans

Innovation (2012) Innovation consists of **short-term projects**, one to five years, that **explore novel efforts to strengthen aspects of the mental health system.**

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Community Service and Supports (2009) This plan **provides intensive treatment and transition services for people who experience serious and persistent mental illness** or severe emotional disturbances or who are at risk of SMI/SED.

Workforce Education and Training (2012) The WET efforts focus on **strengthening and supporting existing staff through trainings** while also focusing on **attracting new staff and volunteers to ensure future mental health personnel.**

Capital Facilities and Technological Needs (2013) This plan focuses on **improvements to facilities, infrastructure and technology** of the local mental health system.

Prevention and Early Intervention (2010) These programs **focus on early intervention and prevention services** in addition to anti-stigma efforts.

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Community Services and Supports Programs (CSS)

Full Service Partnerships



Supplemental Crisis/Intensive Outreach and Engagement Team



Field Capable Clinical Services for Older Adults



Community Navigators

Wellness Center



Permanent Supportive Housing



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Prevention and Early Intervention

PEI services are directed to reduce the likelihood of serious mental illness and its negative consequences for individuals and communities at elevated risk

Prevention

Activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.

Early Intervention

Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

Prevention and Early Intervention (PEI)

- Community Wellbeing Program
- Community Mental Health Trainers
- Stigma Reduction/Suicide Awareness
- TAY and Older Adult Wellbeing Peer Mentor Program
- Wellness Center Activities
- Family Wellbeing Program
- NAMI: Ending the Silence
- Housing Stability Program
- Therapeutic Community Gardening
- Early Psychosis Program



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Workforce Education and Training

PRIMARY OBJECTIVES:

- >Develop systematic approach to training and learning
- >Develop a deeper pool of volunteers and future Mental Health employees

Designed to Address Issues with Public Mental Health Workforce

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Areas of Concern

- ▶ Shortage of public mental health workers
- ▶ Recognized lack of diversity in the mental health workforce
- ▶ Under-representation of mental health professionals with consumer and family member experience
- ▶ Deficiency in experience in racially, ethnically, or culturally-diverse communities

Efforts to Mitigate Issues

- ▶ TAY high school and college students who are evaluating careers in mental health
- ▶ As service learners, they participate in the program to gain hands-on experience in community mental health
- ▶ Individuals with lived experience who want to give back to the community and participate in programs that support their recovery
- ▶ Recruiting efforts target diverse social media pages, associations and groups by advertising on their website
- ▶ Attend various job fairs targeting specific ethnic groups such as the African American Mental Health Conference & the Latino Mental Health Conference

Innovation

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Purpose

- ▶ **Increase access to mental health services** to underserved groups
- ▶ **Increase the quality of mental health services**, including measured outcomes
- ▶ **Promotes interagency and community collaboration** related to mental health services or supports or outcomes
- ▶ **Increase access to mental health services**, included but not limited to, **services provided through permanent supportive housing**

General Criteria

- ▶ **Introduces a new practice or approach to the overall mental health system**, including, but not limited to, prevention and early intervention
- ▶ **Makes a change to an existing practice in the field of mental health**, including but not limited to, application to a different population
- ▶ **Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting** to the mental health system
- ▶ **Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite**

Current Innovation Project

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- ✓ *14 County Collaborative*
- ✓ *Five-year Project*
- ✓ *Increasing Access to Mental Health Services*
- ✓ *Utilize a Suite of Technology-Based Mental Health Solutions*

Capital Facilities and Technological Needs (CFTN)

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Capital Facilities and Technological Needs (CFTN)

Supports the goals of MHSa and the delivery of services

Move the mental health system towards the goals of wellness, recovery, resiliency, and cultural competence

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Therapeutic Community Garden Renovation and Expansion



Improve electronic health record and system enhancement

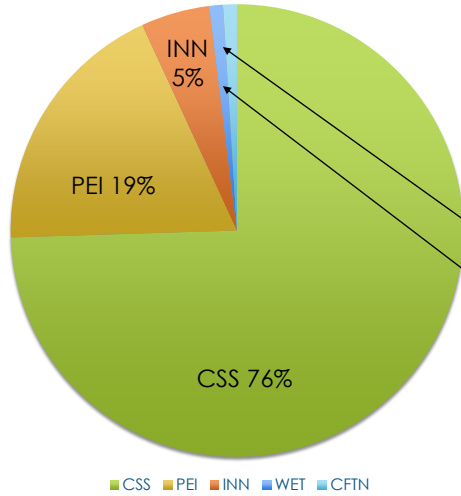


Purchase of buildings for staff/Upgrades to electrical and expansion



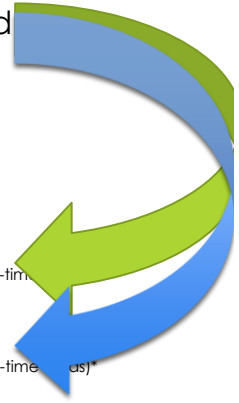
Create a community computer lab to improve access for consumers and family members

MHSA Funding Allocations




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- Community Services and Support (76%)
- Prevention and Early Intervention (19%)
- Innovation (5%)
- Workforce Education (one-time costs)
- Capital Facilities and Technological Needs (one-time costs)



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Impact of COVID 19 on MHA Funding and Service Delivery



Educational and Connection Webinars



Tele-Therapy and Online Support Groups



Impact on Expected MHA Revenue



COVID 19 Resources

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Outcomes

Are we making a difference?

How do we know how we are doing?



Results Based Accountability
 How much did we do?
 How well did we do it?
 Is anyone better off?



Community Planning Surveys
 Presentation Surveys



Mental Health Commission Meeting
 Governing Board Meetings
 Stakeholder Meetings



CSS/PEI/INN/WET Workgroups
 Cultural Groups

MHSA Workgroup Options



- Review current MHSA programs and services
- Discuss successes and challenges for each program
- Review gaps in service
- Make recommendations to stakeholders and TCMH staff for changes, if needed

MHSA Workgroup Dates

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- ▶ PEI Thursday, Oct 15
10:00 – 11:00 pm
- ▶ CSS Thursday, Oct 15
2:00 – 3:00 pm

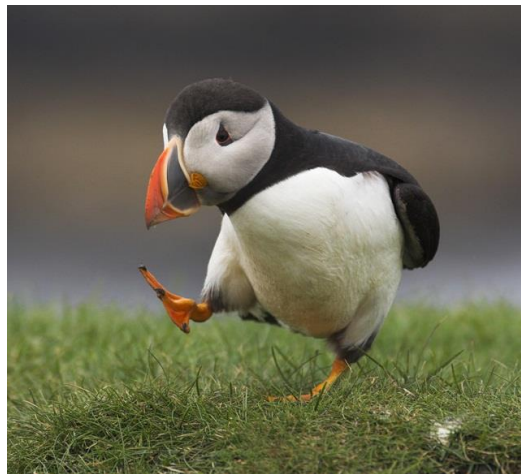


What questions can we answer for you?



Next Steps

- ❖ Sign-up for our workgroup(s) via email
- ❖ Complete the survey in your email
- ❖ Next stakeholder meeting in January



thank
you!

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