

Mental Health Services Act (MHSA) Community Training

Sutter-Yuba Counties

To find out more or to participate, please contact Sue Shaffer, Project Coordinator, or Donna Thompson, Staff Analyst at:

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Welcome & Introductions

Joan Hoss, LCSW
Mental Health Director

YOUR PARTICIPATION
is valued and
appreciated

Background on the Public Mental Health System

- **Local systems are stretched beyond capacity and unable to meet demand**
- **Consumers and family members are without adequate care and are demanding that mental health be addressed with the same urgency as health care**
- **Advocates and Stakeholders have presented the issues to Californians and have offered a compelling set of strategies to correct the current system flaws.**

Overview of Mental Health Services Act

DMH: *“To... expend funds made available through this initiative to transform the current mental health system in California ...This will not be “business as usual”. Eventually access will be easier, services more effective and out-of-home and institutional care will be reduced.”*

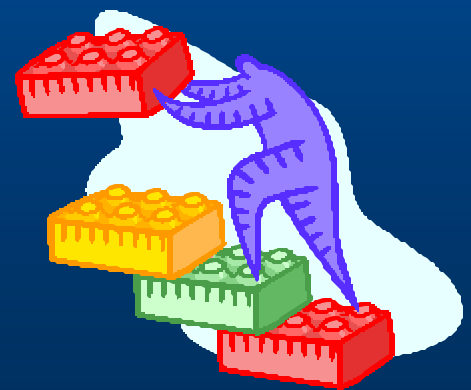
Overview of Mental Health Services Act

- **Revenue is generated through an additional 1% tax on individuals with taxable income over \$1 million**

Overview of Mental Health Services Act

Core Philosophies

- **Client & Family
Involvement/Empowerment**
- **Strength-Based Services**
- **Cultural Competence**
- **Recovery Oriented Services**



Overview of Mental Health Services Act

MHSA is Intended to

- Introduce effective new service models that promote well-being, recovery and self-help
- Introduce prevention and early intervention to prevent negative impact of serious mental illness
- Enhance human resource, technology and infrastructure of current system
- Reduce stigma and change negative social perceptions of mental illness
- Correct fragmentation and effective delivery of services.

Overview of Mental Health Services Act: Six Components

Current
Focus

- 1. Community Program Planning**
- 2. Community Services & Supports (CSS) for**
 - **Children**
 - **Transition Age**
 - **Adults**
 - **Older Adults**
- 3. Capital Facilities & Information Technology**
- 4. Prevention & Early Intervention Programs**
- 5. “Innovative” Programs**
- 6. Education & Training**

Overview of Mental Health Services Act

Three Types of CSS Transformation Funding:

- **Full Service Partnership Funds**
 - Enrollee-based program w/measurable outcomes (i.e. AB2034)
 - “Whatever it takes”
 - 50% or more of funding
- **General System Development Funds**
 - Improve services and infrastructure
- **Outreach and Engagement Funding**
 - For populations receiving little or no services
 - Emphasis on eliminating ethnic disparities

Essential Elements for all Three-Year CSS Plan

- **Current task: Develop three-year plans for Community Services & Supports**

1. **Community collaboration**

- Consumers and Family Members
- Service Providers
- Social Services
- Education
- Law Enforcement
- Others



Essential Elements for all Three-Year CSS Plan Continued:

2. Cultural competence

3. Client/family driven mental health system for:

- Adults
- Older Adults
- Transition age youth
- Family driven system of care for children and youth

4. Wellness focus

- Includes the concepts of recovery and resilience

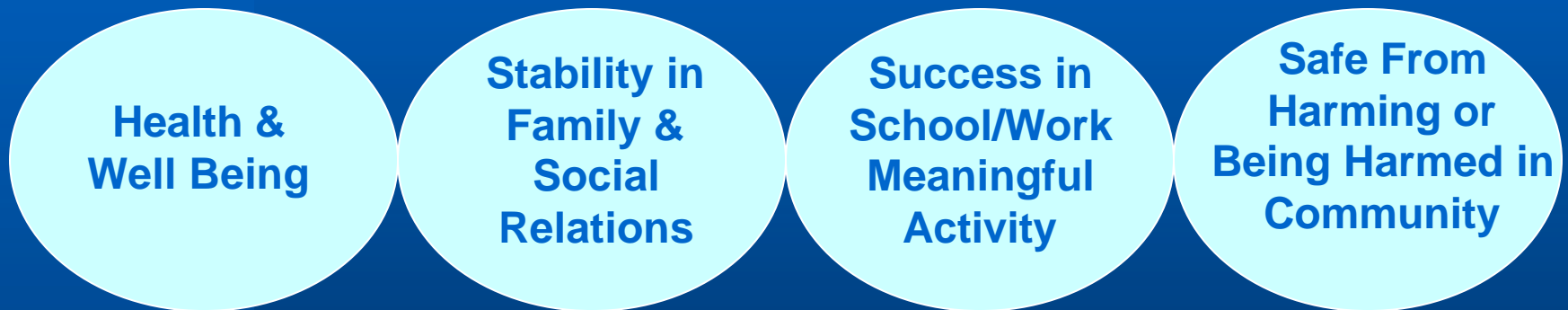
Essential Elements for all Three-Year CSS Plan Continued:

5. Integrated service experiences for clients and their families

- This means that services are “seamless” to clients
- Services are delivered or coordinated through a single agency or system of care.
- The integrated service experience centers on the individual/family

Overview of Mental Health Services Act

Common Goals for All Ages



Examples of System Outcome Objectives

↑ Health Status

↓ Homelessness

↑ School Attendance

↓ Days incarcerated

↑ Access

↓ # Placements

↑ Graduations

↓ Jail Recidivism

↓ Suicide

↓ Inpatient Incidents

↑ Work stability

↓ Victims of Crime

↑ Stable Living

Overview of Mental Health Services Act

Managing Expectations

- Needs are greater than the funding to meet all the unmet need.
- Development of appropriate services
 - Gradual systems transformation to client and family member driven recovery and resiliency based model.

Overview of Mental Health Services Act

Managing Expectations

- **Target Population: Serious Mental Illness (SMI); Serious Emotional Disturbance (SED); < 200 % of Poverty; Unserved and Underserved (i.e. ethnic, homeless, children 0-5 years, older adult)**

Emphasis on Recovery & Resiliency in the MHSA



Re-design our system to better support Recovery & Resilience:

*The right services can open the door to
choice, empowerment and wellness!*

- **Client/Family Centered Services**
- **Consumers as Service Providers**
- **Self-Help Programs**

Recovery

- **The process in which people who are diagnosed with a mental illness are able to live, work, learn and participate fully in their communities.**
- **For some, recovery means;**
 - **Recovering certain aspects of their lives**
 - **Reduction or elimination of symptoms**
- **Focusing on recovery in service planning encourages and supports hope.**

Recovery Movement

- **Restores hope**
- **Emphasizes strengths/assets**
- **Values individual differences**
- **Client directed treatment**

Aspects of Recovery

1. Hope
2. Personal empowerment
3. Respect
4. Social connections
5. Self-responsibility
6. Self-determination
7. Resiliency

Recovery Language in the Act

5813.5 (d) Planning for services shall be consistent with the philosophy, principles and practices of the *Recovery Vision* for mental health consumers.

(1) To promote concepts key to the recovery for individuals who have mental illness: *hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.*

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer's individual needs.

Resiliency



Resiliency

- Resilience refers to the personal qualities of optimism and hope and,
- Personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence.
- Mental health treatments which teach good problem solving skills, optimism, and hope can build and enhance resilience in children. (Source: California Family Partnership Association, March 2005)

Client and Family Driven Mental Health System



Transformation...

“Consumers of mental health services must stand at the center of the system of care. Consumers’ needs must drive the care and services that are provided.”

-Presidents New Freedom Commission Report

“If we don’t transform the system, we will have failed.” -DMH spokesperson

Consumer Involvement in System Change

Consumer Planning for the Mental Health Services Act Stakeholder Process:

- Education and discussion focus groups
- Strong consumer representation in all stakeholder workgroup meetings
- Consumer involvement in leadership committee

Emphasis on Cultural Competency in the MHSA

Cultural Competence is defined as...

Cross (1989) has defined cultural competence as a congruent (consistent) set of attitudes, behaviors, and policies that enable a system, agency or provider to treat culturally diverse clients effectively.

(adapted from Cross, et al., 1989; cited in DMH Information Notice No.:02-30)

Background



- Racial and ethnic populations are a growing segment of the U.S. population are currently either underserved, and/or inappropriately served in the mental health system (Rice, 1996)
- Developing effective and efficient culturally competent organizations, access, and programs is fiscally prudent. The lack of these components in a mental health system results in inappropriate and inefficient services leading to higher levels of care for clients and higher costs...(Rice, 1996)

Surgeon General Reports Racial Ethnic Populations Disparities

- **Availability of Care**
- **Access to care**
- **Less likely to receive needed mental health services**
- **Receive a lower quality of mental health care**
- **Underrepresented in mental health treatment**
- **Underrepresented in mental health research.**

Cultural Competence Planning for MHSA

Counties must:

- Engage in outreach to insure comprehensive participation from diverse consumers and families
- Reach out to individuals who do not belong to organized advocacy groups
- Reach out to consumers and families who are underserved or unserved whether by reason of race/ethnicity, language differences, cultural competence, geographic location or other factors
- Insure stakeholder diversity that reflects demographics of county

Why Current Emphasis on Culture & Cultural Competence

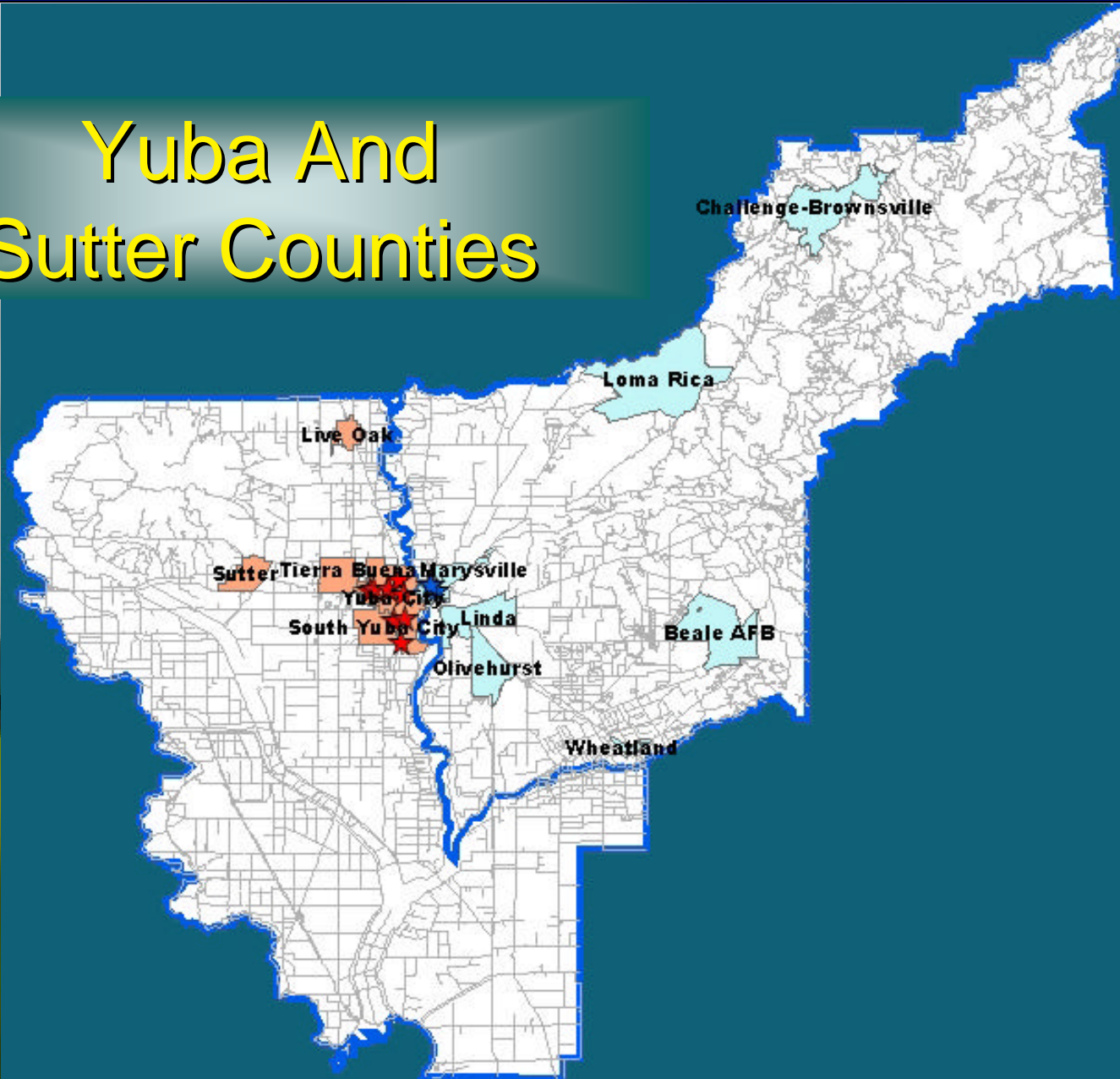
- Changing demographics
- Eliminate longstanding disparities in health status of racial & ethnic groups
 - Access to care
 - Quality of care
 - Appropriateness of care
- To improve the quality of service, client engagement, and service outcomes
- To meet legislative, regulatory and accreditation mandates

Culture May Influence...

- Health, healing, wellness and recovery belief systems;
- How illness, disease, addiction and their causes are **perceived**; both by the client and the provider;
- The **behaviors** of clients who are seeking behavioral health care and **attitudes** towards providers;
- The **delivery** of services by the provider who looks at the world through his/her limited set of values can compromise access for individuals from other cultures.

County Demographics Population and Utilization Data

Yuba And Sutter Counties



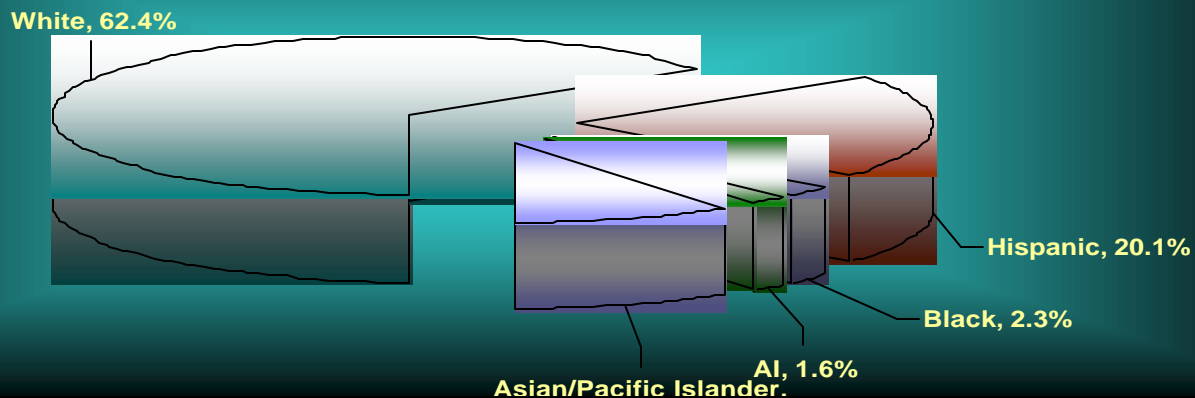
Projected Growth

	Total Population 2000		Projected Population	Projected Population
	Number	% Urban	2010	2020
CALIFORNIA	33,871,648	94.5%	40,262,400	45,821,900
SUTTER	78,930	85.5%	99,600	115,600
YUBA	60,219	69.9%	71,400	81,900

Ethnicity

	White	Black	Hispanic	American Indian	Asian/Pacific Islander	Total
CALIFORNIA	46.7%	6.4%	32.4%	0.5%	11.1%	97.1%
SUTTER	60.2%	1.8%	22.2%	1.2%	11.3%	96.7%
YUBA	65.3%	3.0%	17.4%	2.2%	7.6%	92.5%

Sutter-Yuba Ethnicity

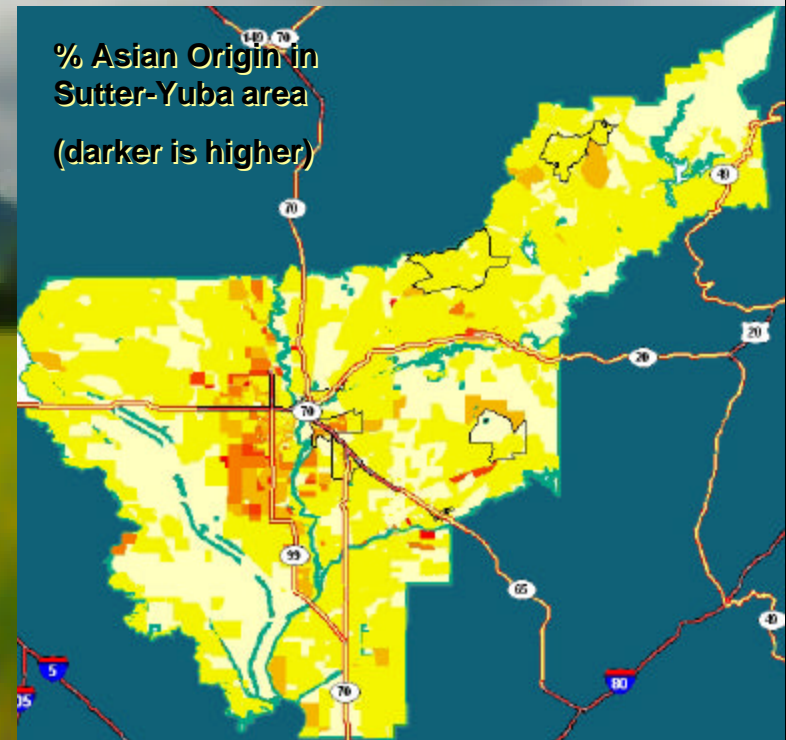
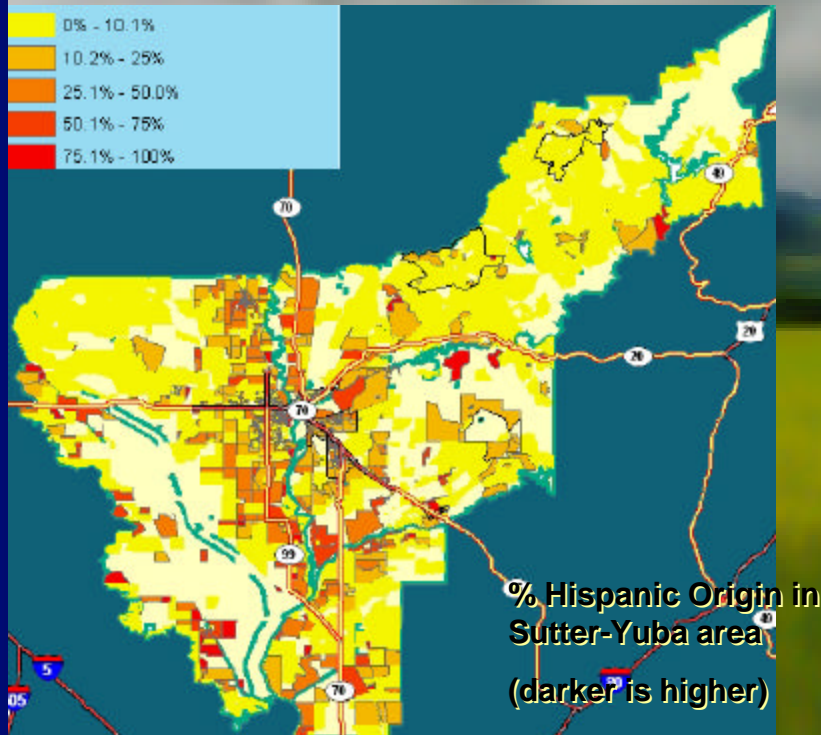


Unmet Need by Ethnicity

	White	Black	Hispanic	American Indian	Asian/Pacific Islander	Total
Clients served 2004 SYMH	3794	160	574	103	317	4948
Sutter-Yuba SMI Prevalence	5842	227	2038	159	966	9232
Sutter-Yuba Unmet Need	2048	67	1464	56	649	4384
Estimated % Unserved	35%	30%	72%	35%	67%	47%

Ethnic Distribution

- ◆ Hispanic origin - Live Oak (41.3%) and the Meridian-/Robbins (38.2%) area have high concentrations
- ◆ Asian origin – Linda's population has 19.9% Asians, while the greater Yuba City area averages around 15%

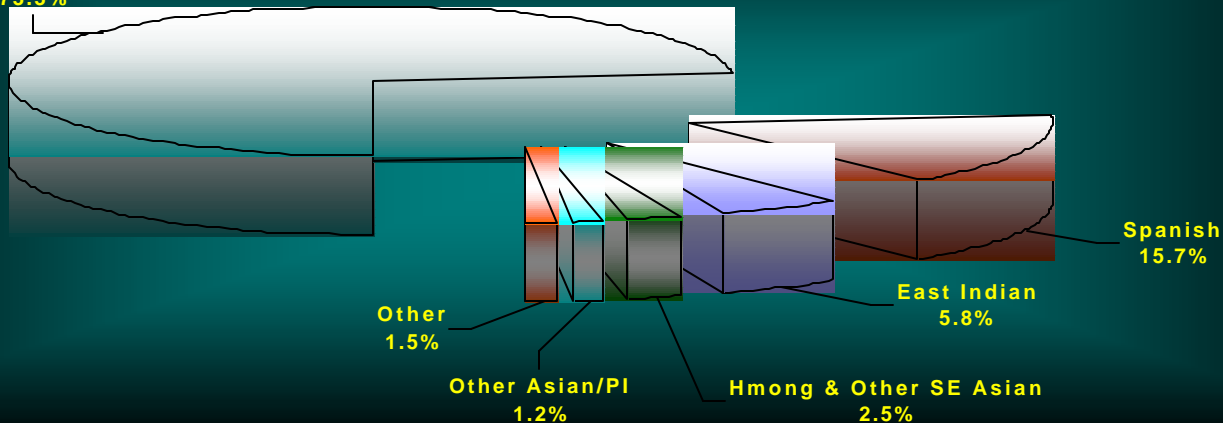


Language

	Only English	Spanish	East Indian	Hmong & Other SE Asian	Other Asian/Pacific Islander	Other
CALIFORNIA	19,014,873	8,105,505	252,953	625,240	2,083,939	1,334,119
SUTTER	51,048	12,980	7,261	199	831	947
YUBA	43,268	7,258	175	2,963	746	984

Sutter-Yuba Language

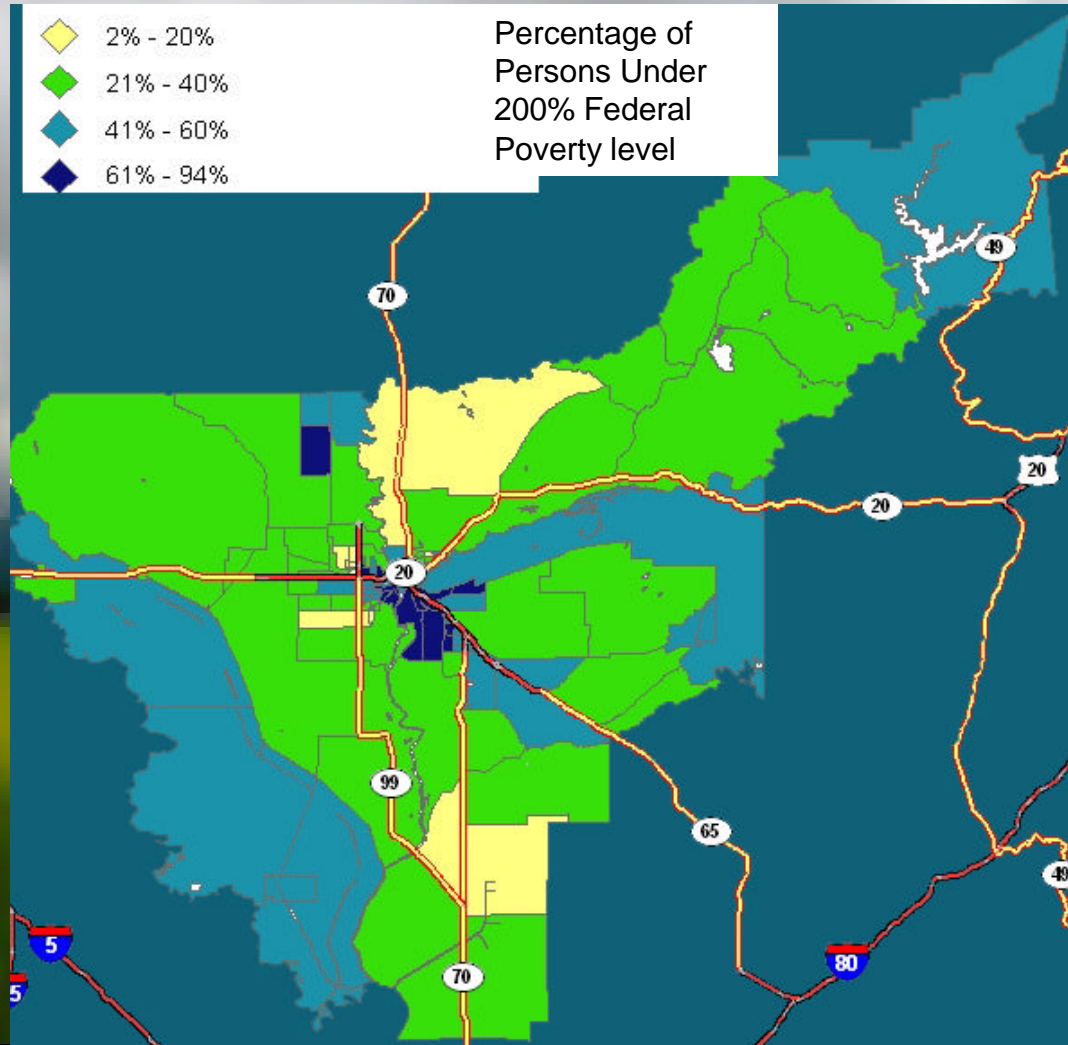
Only English
73.3%



Age and Gender

	Youth 0 thru 17		TAY 16 thru 24		Adult 18 thru 59		Older Adult 60+		Total	
	M	F	M	F	M	F	M	F	M	F
CALIFORNIA	14%	13%	7%	6%	30%	29%	6%	8%	50%	50%
SUTTER	15%	14%	6%	6%	27%	27%	7%	9%	49%	50%
YUBA	16%	15%	8%	6%	28%	27%	6%	8%	50%	50%
Clients served 2004 SYMH	846	505	340	345	1434	1937	94	175	2374	2617
Sutter-Yuba SMI Prevalence	1631	2083	670	866	1564	3180	230	590	3425	5853
Sutter-Yuba Unmet Need	785	1578	330	521	130	1243	136	415	1051	3236
Estimated % Unserved	48%	76%	49%	60%	8%	39%	59%	70%	31%	55%

Areas of Poverty in Yuba and Sutter Counties



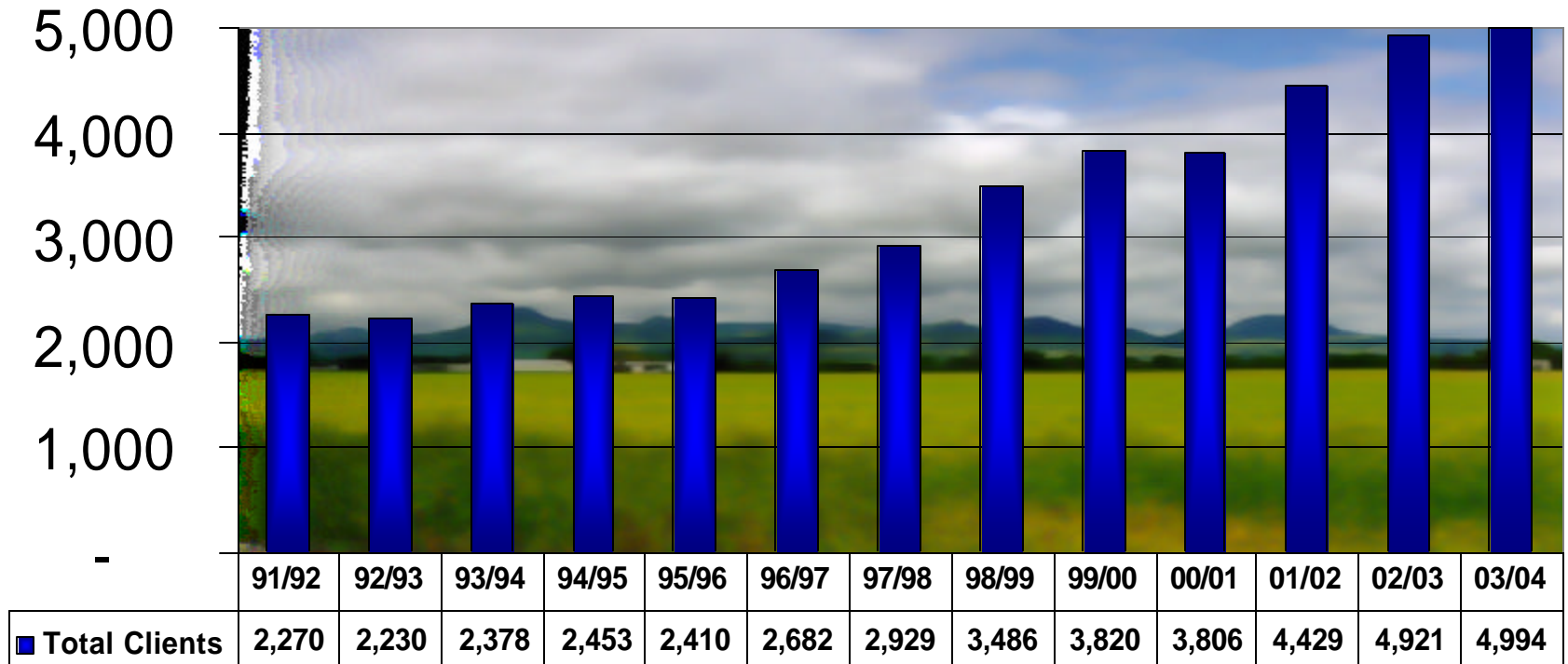
We have particular pockets of poverty in the Linda, South Yuba City and Live Oak areas, but large rural areas are also very high in poverty. The current Federal poverty level is \$18,850 for a family of four. Many people with income levels below 200% of poverty level are eligible for some kind of government aid.

A landscape photograph showing a vibrant green field in the foreground, a line of trees and a few buildings in the middle ground, and a range of mountains in the background under a sky with scattered clouds. The image is framed by a blue border.

Sutter-Yuba Mental Health Current Services and Staffing

Growth in Mental Health Services

Total Clients -
Sutter-Yuba Mental Health All Services



Consumer Self-Help

“Nothing about us without us...” *

The MHSA states that, “Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for Mental Health Consumers.” *Within the Recovery Vision it is clear that policies, programs, and the implementations of such must include at all levels the users of service and their family members.* We firmly believe and must require “nothing about us without us...”

- * Originated from the California Self-Help Movement, and has been adopted as a slogan from the California Network of Mental Health Clients.

Characteristics of Self-Help

- **Equal Partners – Reaching Across Not Down**
- **Life experiences are the basis of knowledge**
- **The boundaries in the helping relationship are less rigid**
- **Role Models of: Hope, Empowerment and Recovery**

Sutter-Yuba Self-Help SAMHSA Supported/Funded Programs

- **Advocacy Program**
 - 20 people at Mental Health and the community have employment supported by SAMSHA funding.
- **Job Preparation**
 - 26 people participate at Mental Health
- **Current Self-Help Programs in Sutter-Yuba Counties include:**
 - **Recovery and Advocacy**
 - Provide limited assistance with Groups, Support, Benefit Assistance, Housing Assistance, Peer Support

Community Collaboration



Community Collaboration

- **Community collaboration** refers to the process by which various stakeholders including groups of individuals or families, citizens, agencies, organizations, and business **work together to share information and resources in order to accomplish a shared vision.**



MHSA in Sutter-Yuba Counties

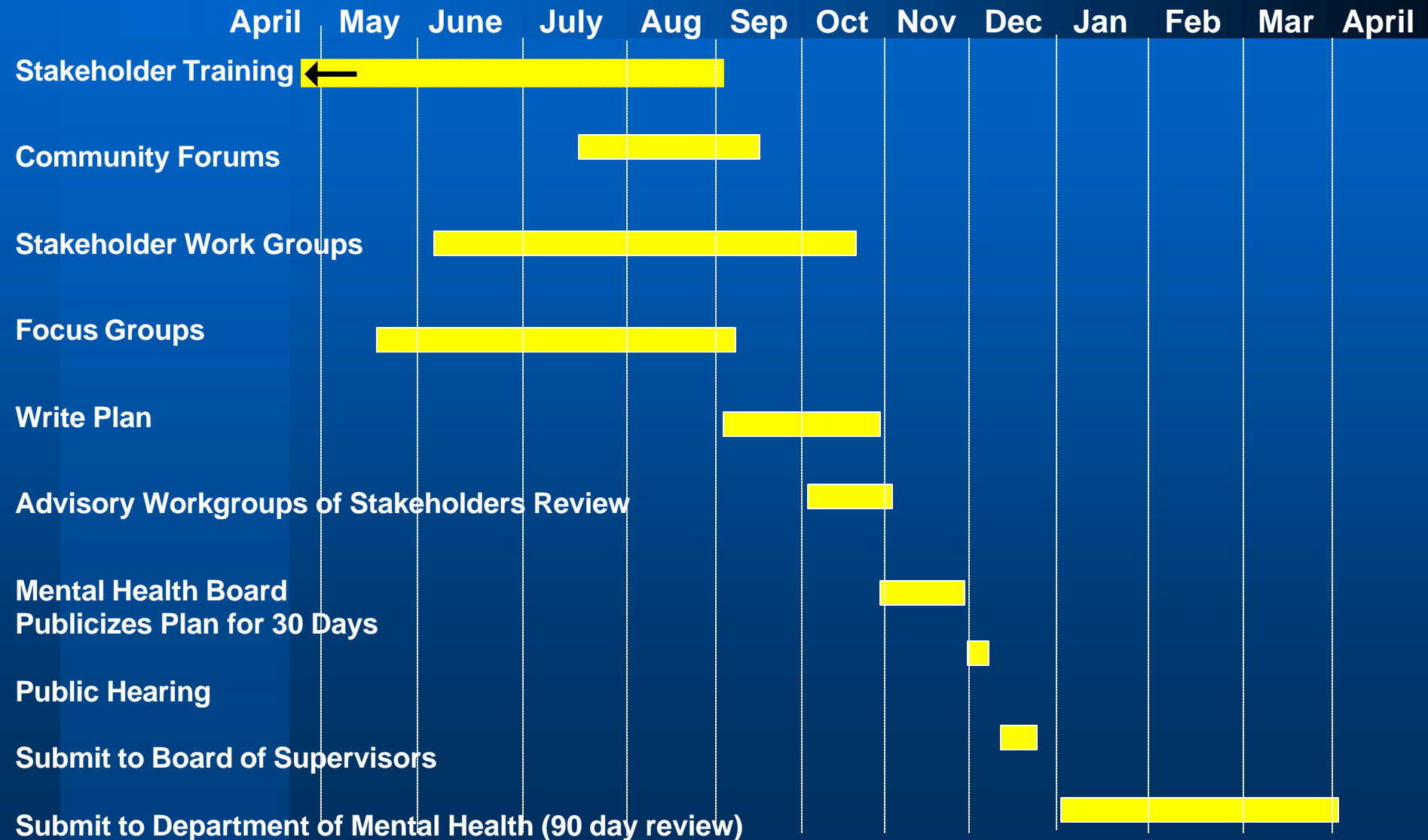
Planning for Community Involvement

March 2005

January 2006



Sutter-Yuba Counties Mental Health Services Act Planning Timeline: April 2005 – April 2006



Mental Health Division Contacts

- **Recovery, Support and Advocacy:**
LaVon Novak, Peer Counselor
(530) 822-7200 ext. 2257
- **NAMI Sutter-Yuba:**
(530) 822-7178

Mental Health Division Contacts

- **Mental Health Director**

Joan Hoss, LCSW: (530) 822-7200

- **Mental Health Program Chief**

Lynn Tarrant, MFT: (530) 822-7200

- **MHSA Project Communication:**

Donna Thompson, (530) 822-7200 ext. 2293

Sue Shaffer, (530) 822-7200 ext. 2259

Additional Information on MHSA

- **California Department of Mental Health Web Site:**
 - <http://www.dmh.cahwnet.gov/MHSA/>
- **Sutter-Yuba Mental Health Services Web Site:**
 - <http://www.co.sutter.ca.us>
 - <http://suttercounty.org> (Click MHSA on left side of screen)

Key Source Documents

- President's New Freedom Commission on Mental Health Report
- Institute of Medicine's Crossing the Quality Chasm Report
- California Planning Council's Master Plan
- Little Hoover Commission Reports



We want to hear from you
today...

Before you leave, a brief survey
will be collected with
your thoughts and concerns

Questions & Answers