

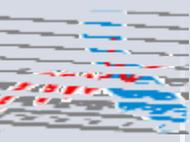
MENTAL HEALTH SERVICES ACT

Orientation to MHSA Three-Year Integrated Plan

Stakeholder Conference Call

Friday, April 27, 2007
3:00 pm to 4:00 pm

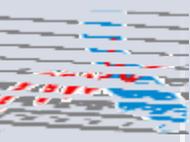
Toll Free Call-In #: 1-866-296-6505
Verbal Password: MHSA
TTY#: 1-800-735-2929



MENTAL HEALTH SERVICES ACT

Orientation to MHSA Three-Year Integrated Plan

- 3:00 Welcome, Review Purpose, Agenda and Conference Call Process
- General Background on MHSA Integrated Plan
- 3:15 Question and Input
- 3:25 Discussion on Draft Principles of the MHSA Integrated Plan
- 3:40 Questions and Input
- 4:00 Adjournment

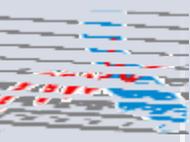


MENTAL HEALTH SERVICES ACT

Presenter: Carol Hood

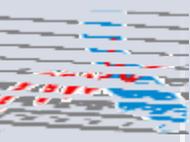
Deputy Director, Dept. of Mental Health

Facilitator: Bobbie Wunsch



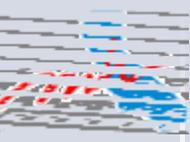
Purpose of Today's Call

- To introduce the concept and timeline for the MHSA Three-Year Integrated Plan
- To get input and feedback on draft principles that will guide the development of the Integrated Plan requirements. When they are finalized, the principles will inform the planning, program and funding requirements for the initial Three-Year Integrated Plan.



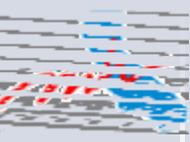
What is the Integrated Plan?

- Each county mental health program is required to submit a three-year integrated plan which shall be updated annually and approved by DMH after review and comment by the OAC
- The plan shall include the PEI, CSS and Innovation components, as well as a program for technological needs, capital facilities and MHSA workforce education/training
- MHSA envisioned an initial integrated plan from the beginning, but DMH decided to incrementally implement individual MHSA components



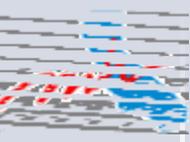
What is the timeline for the Initial Integrated Plan?

- The first Three-Year Integrated Plan will cover the FY 2009/2010 through 2011/2012
- DMH anticipates the Plan requirements and funding information will be available in early 2008.
- Need time to make it happen—By beginning this process now, there is ample time for planning and input into the requirements at the state level and for planning at the local level.



MHSA Integrated Plan

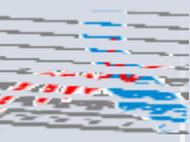
Questions & Input



Draft Principles

for Developing the County

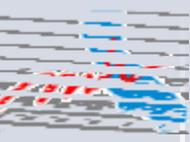
Three-Year Integrated Plans
(FY 09/10 – 11/12)



Build on Previous Efforts

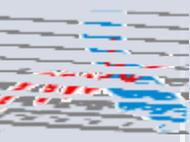
The Integrated Plans shall reflect the values and requirements of the MHSA, the vision and guiding principles established by DMH, and the five fundamental concepts identified in the CSS Plan Requirements

- **Community Collaboration**
- **Cultural Competence**
- **Client/family driven mental health system**
- **Wellness focus**
- **Integrated service experiences**



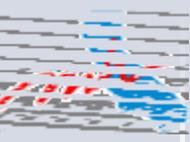
Build on Previous Efforts

- The Integrated Plan and all components should build toward the outcomes defined in the MHSA
 - Reduction of the long-term adverse impact on individuals and families resulting from untreated serious mental illness
 - Expansion of successful, innovative service programs for children, adults and seniors, including culturally and linguistically competent approaches for underserved populations
 - Reduction of the seven negative outcomes identified in the Act



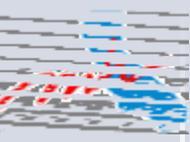
Build on Previous Efforts

- Based on input from NAMI, Network, UACC and other partners
- MHSA Integrated Plans shall use a logic model structure including:
 - Identification of statewide and community issues
 - Analysis of mental health needs
 - Priority populations
 - Capacity Assessments/Resource
 - Strategies
 - Goals and Objectives
 - Resource and Funding Needs



Two Types of Integrated Plan Components

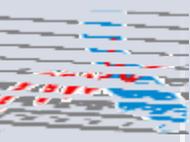
- **The MHSA Integrated Plan is comprised of the two types of components described in the MHSA:**
 - Service system/service delivery oriented components
 - Support and infrastructure components



Two Types of Integrated Plan Components

- **CSS, PEI and Innovation Plans are service system and service delivery oriented**
 - Identify effective practices and grow out of the community issues
 - Needs assessments
 - Selected initial populations and desirable outcomes that are identified through state and local community planning processes
 - Consistent with the parameters established for all components

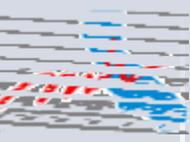
The OAC determines the principles and priorities for PEI and Innovation Plans; DMH establishes the plan requirements



Two Types of Integrated Plan Components

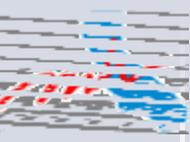
Capital/Technology and Workforce Education and Training should be in support of the local CSS, PEI and Innovation Plans and the entire county mental health service system.

- Provide infrastructure to support a transformed service system.
- Planning for these components should be targeted to stakeholders with expertise in these areas, including those for whom the services are intended, and should be focused and time-limited



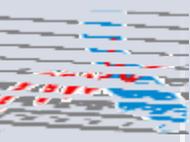
One Mental Health System

- MHSA Integrated Plans shall include a current capacity assessment of the entire county mental health system, by service system for each age group. These assessments must identify disparities, including but not limited to racial/ethnic and gender disparities by age group
- MHSA Integrated Plans shall describe the interface between MHSA funded programs/services/infrastructure and existing county mental health systems. Plans should leverage resources by complimenting and enhancing existing effective programs



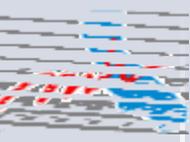
Continued Focus on Stakeholder Input

- Components should build upon the extensive state and local planning processes that have occurred
- Local planning for the initial Integrated Plan and on-going planning for all components may add new stakeholders with particular expertise in each component
- Process should continually augment and strengthen what is already in place. In this way counties will be able to develop an informed constituency, while continually reaching out to broaden diversity and expertise



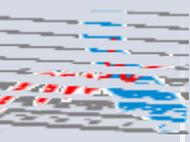
Continued Focus on Stakeholder Input

- Counties shall have local stakeholder groups who participated in the local planning processes involved (which can be through some kind of designated representation) in on-going development, implementation and oversight of the MHSA Integrated Plan
- Consumers and family members shall be represented in all planning processes with emphasis should be placed on including individuals and family members of various age groups, race/ethnicities, and cultural groups, reflecting the demographics of the county



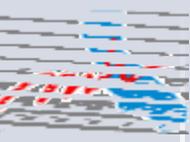
Streamlined Requirements

- Plan requirements should provide templates for brief narratives, staffing and/or contract descriptions and budgets
- Templates should include linkages to the fundamental concepts, issues, needs, priority populations and goals and objectives
- There will be separate accounting and budgets for CSS, PEI and Innovation components, as required by statute



Streamlined Requirements

- MHSA Integrated Plans shall include reports on individual outcomes for persons receiving significant services, as well as other performance outcomes related to the county's plan
- MHSA Integrated Plans should be such that stakeholders can read them and understand what a particular county is planning to do and what services and supports are to be provided



MHSA Integrated Plan – Draft Principles

Questions & Input

Contact Information

DMH/MHSA

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