UPDATE: CPT PROCESS

THEMES, DIRECTION, CHALLENGES, AND NEXT STEPS FOR THE MHSA COMMUNITY PLANNING PROCESS

As of 11/16/23

Update Part I:

CPT Current Status and Outcomes

Update: CPT Current Status and Outcomes

- CPT members and other stakeholders were asked to select one or more workgroups to participate in: CSC, PEI, Housing, WET
- Currently 4 stakeholder feedback sessions have been completed with each of the 4 Workgroups
- There are two additional sessions scheduled to complete the process for receiving feedback from the CPT on development of the draft MHSA 2-year plan: Nov 17th and Dec 5th
- Feedback for each workgroup reflects:
  - Focus categories for needed programs and services,
  - The goal for each category
  - how that goal can be accomplished through expansion and/or improving existing programs and services and/or adding new services

Update: 4 Workgroups and CPT Feedback Categories

- **Community Supports Continuum (CSC)**
  - Categories:
    1. Emergency Response
    2. Psychiatric Beds
    3. Full Service Partnerships (FSP)
    4. Access to Quality Care

- **Prevention and Early Intervention Services (PEI)**
  - Categories:
    1. Target Pops: Early Childhood, Birth-5 years old and Underserved Communities
    2. Access: School based, Community Engagement
    3. Effective Practices: Suicide Prevention, EBPs

- **Homeless Services and Housing Resources (HSHR)**
  - Categories:
    1. Eviction Prevention
    2. Street Outreach
    3. Service Quality
    4. Types of Housing
    5. Resources for specific populations

- **Workforce**
  - Categories:
    1. Career Pathway
    2. Recruitment
    3. Retention
    4. Training
    5. Capacity Building

Update: CPT Themes across 4 Workgroups

- Improve access to care through several program expansions and planning, outreach and engagement efforts
- Equity
- Cultural Competency across programs and services
- Expand Resources for Special Populations
- Expand opportunities for partnerships and funding with CBOs
- Increased focus on involvement for individuals with lived experience
- Provide training and information on resources to staff, peers and communities on:
  - Services
  - Housing
  - Outreach Programs
  - Education and Career Pathways to enter the MH System
- Expand career pathways to address staffing shortages
- Increase awareness of existing resources through outreach and engagement

Update: Community Planning Process Challenges

- **Time Flies….**
  - Very tight timeline (usually only 2 weeks) between stakeholder meetings, to collect feedback, synthesizing info, reporting out, posting, developing next agenda and next steps and working with various units to engage stakeholder feedback towards developing the Plan
- **New Process, New People….**
  - Shift from YourDMH to CPT created a larger stakeholder body with many new people without foundational knowledge of MHSA. Level setting can be challenging but is critical
  - All stakeholders (new and seasoned) needed to understand the new processes developed for the CPT. Orientation of stakeholders has taken more time than initially planned/calendar
- **The Coordination Domino Effect….**
  - Meeting coordination is complex, and time intensive to ensure technical set up and prep for virtual/hybrid meetings, full ADA accommodations must be secured with a limited number of available vendors, translation, posting, distribution of information
  - Many set up items are interconnected/dependent and if there is an unplanned failure for one item, other items are impacted causing delays and potential cancellation of meetings
- **Logistic Limitations….**
  - Meeting time/space/transportation/accessibility is limited to accommodate as many individuals that would like to be involved. We aim for greater inclusion but logistics have been limiting

Update Part II:

Description Key Steps of the Community Panning Process

KEY STEPS – COMMUNITY PLANNING PROCESS

STEP 1: CPT members and stakeholders identified critical issues (unmet needs & service gaps) in four areas.

STEP 2: Consultants turned critical issues into recommendations and confirmed them with CPT members.

STEP 3: Consultants and DMH staff clustered the recommendations into draft categories and confirmed them with CPT members.

STEP 4: DMH staff coded the CPT recommendations within each category and confirmed them with CPT members.

STEP 5A: DMH coded what is possible (or not) to fund under MHSA regulations and/or DMH authority.

STEP 5B: DMH internally reviewed MHSA proposals for one-time funds, FY 2024-25 and 2025-26.

STEP 6: CPT members rank options and build consensus.

STEP 1: CPT members and stakeholders identified critical issues (unmet needs & service gaps) in four areas.

Prevention & Early Intervention (PEI)

1 – Lack of X…
2 – Poor quality of Y…
3 – Gap in…
N – Et cetera

Community Supports Continuum (CSC)

1 – Lack of X…
2 – Poor quality of Y…
3 – Gap in…
N – Et cetera

Homeless Services & Housing Resources (HSHR)

1 – Lack of X…
2 – Poor quality of Y…
3 – Gap in…
N – Et cetera

Workforce Education & Training (WET)

1 – Lack of X…
2 – Poor quality of Y…
3 – Gap in…
N – Et cetera

STEP 2: Consultants turned critical issues into recommendations and confirmed them with CPT members.

PEI

1 – More of X…
2 – Improve Y…
3 – Create Z…
N – Et cetera

CSC

1 – More of X…
2 – Improve Y…
3 – Create Z…
N – Et cetera

HSHR

1 – More of X…
2 – Improve Y…
3 – Create Z…
N – Et cetera

WET

1 – More of X…
2 – Improve Y…
3 – Create Z…
N – Et cetera

STEP 3: Consultants and DMH staff clustered the recommendations into draft categories and confirmed them with CPT members.

PEI [ADD #]

1 – More of X…
2 – Improve Y…
3 – New Z…
N – Et cetera

PEI

1. Populations
   a. Early Childhood & Birth-5
   b. Underserved Communities
2. Access
   a. School-Based: K
   b. Community Engagement
3. Effective Practices
   a. Suicide Prevention
   b. Evidence Based Practices/ Treatment

CSC [ADD #]

1 – More of X…
2 – Improve Y…
3 – New Z…
N – Et cetera

CSC

1. Emergency Response
2. Psychiatric Beds
3. Full Service Partnerships
4. Access to Quality Care

HSHR [ADD #]

1 – More of X…
2 – Improve Y…
3 – New Z…
N – Et cetera

HSHR

1. Eviction Prevention
2. Street Outreach
3. Housing Options
4. Service Quality
5. Specific Populations

WET [ADD #]

1 – More of X…
2 – Improve Y…
3 – New Z…
N – Et cetera

WET

1. Mental Health Career Pathways
2. Training and Capacity Building
3. Financial Incentives
4. Residency and Internships

STEP 4: DMH staff coded the CPT recommendations within each category and confirmed them with CPT members.

PEI

1. Populations
   a. Early Childhood & Birth-5
   b. Underserved Communities
2. Access
   a. School-Based: K
   b. Community Engagement
3. Effective Practices
   a. Suicide Prevention
   b. Evidence Based Practices/ Treatment

CSC

1. Emergency Response
2. Psychiatric Beds
3. Full Service Partnerships
4. Access to Quality Care

HSHR

1. Eviction Prevention
2. Street Outreach
3. Housing Options
4. Service Quality
5. Specific Populations

WET

1. Mental Health Career Pathways
2. Training and Capacity Building
3. Financial Incentives
4. Residency and Internships

RECOMMENDATIONS

A. Programs, Services, Interventions
1. Exist Already: Expand and/or Improve?
2. Do Not Exist: Add?

B. Actions
1. Policies
2. Practices
3. Advocacy

RECOMMENDATIONS

A. Programs, Services, Interventions
1. Exist Already: Expand and/or Improve?
2. Do Not Exist: Add?

B. Actions
1. Policies
2. Practices
3. Advocacy

RECOMMENDATIONS

A. Programs, Services, Interventions
1. Exist Already: Expand and/or Improve?
2. Do Not Exist: Add?

B. Actions
1. Policies
2. Practices
3. Advocacy

RECOMMENDATIONS

A. Programs, Services, Interventions
1. Exist Already: Expand and/or Improve?
2. Do Not Exist: Add?

B. Actions
1. Policies
2. Practices
3. Advocacy

STEP 5A: DMH codes what is possible (or not) to fund under MHSA regulations and/or DMH authority.

CPT RECOMMENDATIONS

A. PROGRAMS, SERVICES, INTERVENTIONS (PSIs)	B. ACTIONS [Policies, Practices, Advocacy]

NOT POSSIBLE FOR MHSA/DMH	POSSIBLE FOR MHSA/DMH	
MHSA cannot fund due to regulations and/or DMH lacks authority to implement.	PSI and/or ACTION is already part of an MHSA plan and ongoing funds have been allocated.	PSI or Action is NOT already part of AN MHSA plan and funds have not been allocated yet.
NO RANKING NEEDED Ascertain who addresses the issue and how.	**NO RANKING NEEDED** Ascertain how it is already included in the MHSA Plan and allocation.	**RANKING NEEDED** Rank PSIs, ACTIONS, and MHSA Proposals (see next slides).

STEP 5B: DMH internally reviews MHSA proposals for 1X funds, FY24-25 thru 25-26.

MHSA PROPOSALS: DECISION TREE

REVIEW QUESTIONS	RESPONSE	ACTION
1. Is the proposal within the scope of MHSA?	Yes or No	If NO, proposal does not move forward. If YES, move to Question 2.
2. Is DMH already implementing this work (directly or contracted)?	Yes or No	If NO, move to Question 3. If YES, proposal does not move forward.
3. Can the proposal be implemented & funds spent by June 30, 2026, to avoid reverting funds back to the state?	Yes or No	If NO, proposal does not move forward. If YES, move to Question 4.
4. Does the proposal address unmet mental health needs or mental health service gaps?	Yes or No	If NO, proposal does not move forward. If YES, move proposal to RANKING.

STEP 6: CPT members rank options and build consensus.

CPT RECOMMENDATIONS	MHSA PROPOSALS
P, S, I or Action is NOT already part of MHSA plan and funds have not been allocated yet.	Proposals meet the DMH review criteria.

PEI:
1X $ AVAILABLE FY 2024-25 & 2025-26

CSS:
1X $ AVAILABLE FY 2024-25 & 2025-26

PEI PROPOSALS: CRITERIA & RANKING
1.
2.
3.
4.
N.

CSS PROPOSALS: CRITERIA & RANKING
1.
2.
3.
4.
N.

CPT MEMBERS BUILD CONSENSUS

UPDATE: CPT PROCESS

THEMES, CHALLENGES, AND NEXT STEPS
FOR THE MHSA COMMUNITY PLANNING PROCESS
As of 11/16/23

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