STRENGTHS MODEL IMPLEMENTATION IN CALIFORNIA

Since CIBHS started supporting implementation of Strengths Model case management in the Fall of 2017, five California Counties (Los Angeles, Mono, Inyo, Alpine, and Napa) are in various stages of implementing this model. The Strengths Model is a recovery-oriented, evidence-based case management model that uses practical tools, methods, and practice interventions to help people with serious mental illnesses and co-occurring substance use disorders build and rebuild lives that bring meaning, purpose, and valued identity. Staff from CIBHS and the University of Kansas Center for Mental Health Research and Innovation are supporting implementation through skill-building workshops, in-person skill development support, coaching calls, and fidelity reviews.

In October 2017, three counties (Mono, Inyo, and Alpine) joined together to implement Strengths Model case management through a learning collaborative approach. The three counties have involved all their staff in implementing the model, not just the staff who use the primary tools with clients (the Strengths Assessment and the Personal Recovery Plan). They view this as an agency-wide commitment to a strengths-based, recovery-oriented organizational culture. All three counties have increased in fidelity to Strengths case management just over the halfway through the 18-month implementation project. In addition to five joint learning sessions, each county has benefited from CIBHS staff providing individual field mentoring, group supervision sessions, on-site skill-building support, coaching calls, and fidelity reviews.

In July 2018, LA County started a pilot of Strengths Model case management. The plan is to implement with four teams, two of which will be full-service partnership (FSP) programs. LA County has an interest in improving their multi-disciplinary teams through the Strengths Model. Right now teams are in the pre-implementation phase where CIBHS staff are looking at their current systems design in order to build Strengths upon existing structures and approaches the teams are using to help people move forward in their recovery journey. The project will extend over two years and evaluate the effectiveness of Strengths Model case management in improving client outcomes and maximizing staff efficiency through enhanced staff coordination and well-defined treatment goals.

CASE STUDIES
CALIFORNIA FUTURE HEALTH WORKFORCE COMMISSION

The California Future Health Workforce Commission was created in 2017 to help the state close the gap between the health workforce we have and the workforce needed. The Commission is composed of recognized senior leaders who represent California’s diversity and bring expertise from health, education, employment, labor, and government sectors. The Commission is developing a 12-year strategic plan for building the future health workforce that includes practical short, medium, and long-term solutions to address current and future workforce gaps.

CIBHS serves in the role of lead behavioral health consultant, facilitating a Subcommittee comprised of behavioral health leaders from health plans, MHPs, academia, government, technology, associations, consumers & family members and others. CIBHS has led the Subcommittee through a process of identifying known workforce problems, researching strategies to address the problems and presenting key recommendations to the Commission. This statewide project is managed by the Public Health Institute, funded by Blue Shield Foundation of California, California Health Care Foundation, The California Wellness Foundation, The California Endowment, and the Gordon and Betty Moore Foundation.

CASE STUDIES

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REGIONAL PARTNERSHIPS – MENTAL HEALTH SERVICES ACT WORKFORCE EDUCATION & TRAINING

Since 2008, CIBHS has supported implementation of three MHSA WET Regional Partnerships for workforce pipeline and skills development for the current and future workforce.

Greater Bay Area Mental Health & Education Workforce Collaborative: The mission of the Greater Bay Area Mental Health & Education Workforce Collaborative (the Collaborative) is to promote the growth and support of a public mental health workforce in the Bay Area that is wellness, recovery and resiliency-oriented and culturally and linguistically competent; and employs consumers, family members, and people of ethnic and cultural diversity at all levels of the public mental health system. Counties include Alameda, Contra Costa, Marin, Sonoma, Solano, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, San Benito, Monterey and the City of Berkeley. Funded by OSHPD, through a contract with Alameda County. Accomplishments include the start-up and launch of CSU Monterey Bay's Master of Social Work (MSW) program. Over 1,000 high school youth have been introduced to behavioral health careers through conferences and institutes. Over 300 peer providers and/or their supervisors have received training that has included technical assistance to Human Resources departments.

Central Regional Partnership: The Central Regional Partnership (CRP) priorities are focused on educational pipeline strategies, clinical supervision, skills development for staff, consumers and family members, along with the training of community members to reduce stigma against mental illness. Counties include Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare, Tuolumne, Yolo and Yuba. Funded by OSHPD, through a contract with Placer County. Accomplishments include the implementation of a Rural Weekend MSW Program, with graduates providing critical services in rural areas of the Central Region. The CRP’s Roving Clinical Supervision program has served 200 license-eligible staff, with 49 now licensed and an additional 50 ready to take exams for licensure. With over 300 Mental Health First Aid instructors providing 1500 courses, there are now approximately 25,000 community members who have been trained as “Mental Health First Aiders.”

Superior Regional Partnership: The goals of the Superior Regional Partnership are to support the planning, development and implementation of a distance learning system, accessible throughout the region. This includes articulation agreements between 2- and 4-year institutions; strengthening of curricula to support wellness and recovery principles and assure that mental health departments support and encourage career paths, identify resources to support training and technical assistance available in distance education formats. Counties include Glenn, Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen, Tehama, Mendocino, Lake, Colusa, Butte, Plumas, Sierra and Nevada. Funded by OSHPD, through a contract with Glenn County. Accomplishments include the launch of new distributed learning Bachelor of Social Work (BSW) and Master of Social Work Programs (MSW) at CSU Chico and CSU Humboldt. A total of 158 individuals have graduated from the BSW and MSW programs. Of those graduating approximately 90% have remained within the Superior Region and joined the workforce. An additional 114 are expected to graduate during the 2018-19 academic year. Supervision Support to MSW Distributed Learning students is offered to individuals enrolled in field internship placements. Additionally, over 70 staff with lived experience have participated in several training programs, including WRAP and Peer Provider Core Competency trainings.

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The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver set in motion a statewide revolution in Substance Use Disorder (SUD) treatment. The SUD field’s historic approaches to financing and general business practices, regulatory oversight, clinical practice and provider relations are entering a period of flux that will eventually result in a new SUD treatment system that bears little resemblance to its current state. While some provider agencies have the capacity to make the needed changes and improvements to service delivery rather effectively and quickly, other providers may experience considerable challenges adapting to the new delivery system.

The primary goal of the DMC-ODS Waiver Learning Collaboratives is to provide focused support to providers implementing changes to improve their services in response to the new waiver requirements. The collaboratives teach providers critical skills to manage their business in a managed care environment so that they can meet planned financial and clinical goals, grow, and serve more people. Teams from participating organizations attend two learning sessions, each followed by a 2- to 3-month action period when participants work hard to make their changes a reality with the support of a coach assigned to each organization. The action period is supplemented with regular communication and coaching, as well as web conferences.

Over 25 DMC-ODS provider agencies have participated and made improvements to their documentation and billing processes and their work and patient flows. Participants have increased recruitment, expanded services, and implemented continuous quality improvement strategies. These changes have helped the providers adapt to the new DMC-ODS environment and thrive.
Mental Health Services Act (MHSA) Bootcamp
CIBHS convened, moderated and curated an MHSA Bootcamp on April 16-17, 2018, to provide history and context of the Act, as well as provide a forum for counties to share technical assistance concerns and questions around the administration of MHSA funds and resources. Representatives from most California Counties attended. The focus of the presentations in the Bootcamp included:

- Orientation, History, and Evolution of the MHSA
- MHSA Fiscal Overview
- Audit readiness
- Prevention and Early Intervention (PEI) Regulations
- Innovation
- Stakeholder Involvement & The Role of Planning Council
- Role of MHSA Committee & Coordinator, Mentor-Mentee Relationships, Regional MHSA Meetings

Evidence-Based Practices Symposium
The CIBHS Evidence-Based Practices Symposium is entering its 9th Year in 2019. Last year’s theme was “Building Lives Beyond Trauma” that showcased cutting-edge evidence-informed strategies to increase the level and quality of support to consumers of behavioral health services. The conference has expanded from a singular focus on the needs of children and families to the needs of adults, older adults, and the more robust inclusion of evidence-based strategies to help people with substance use disorders. In 2018, the 335 conference attendees included employees from 50% of California counties.

Fiscal Leadership Institute (FLI)
This annual convening, managed by CIBHS, is hosted twice each year. The purpose of FLI is to provide a forum for county behavioral health fiscal and management staff to stay abreast of the latest finance policy and regulatory changes, provide a platform for peer to peer exchange of ideas, and allow for interaction and dialogue between county behavioral health and DHCS staff.

CIBHS/USC Leadership Institute
The Leadership Institute is a leadership development program designed to help good behavioral health leaders become great leaders in the field of public behavioral health care. Since inception in 2002, the Institute has trained over 600 California leaders. Faculty and staff include national and local experts from a range of leadership disciplines. All have been selected for their knowledge of, and experience in, multiple aspects of leadership, both within and outside of public behavioral health systems. Faculty selection is informed by rigorous evaluations, completed by staff and participants, that rate presenters on content relevance, depth of knowledge, and learning experience. Staff from all 58 California Counties have attended these highly rated institutes that regularly sell out their twice per year convenings.