

Talking Points for Center Discussions on Transformation

- The loss of the 1115 Waiver (funds to serve clients without a payer source) this Fiscal Year created a budget gap of \$14.4 million. At the time the Department submitted its budget, we believed our MHSA- Community Services and Supports (CSS) plan would become operational in January, 2006. Consequently, we placed \$14.4 million of CSS funds in our budget.
- Over the course of the Fiscal Year, it became clear that the FSP area was the only component of the CSS plan we could use this Fiscal Year.
- Consequently, the Department is asking 7 centers (6 of whom are part of the Big 7) to identify a total of 83 staff who would stop providing traditional outpatient services and become part of a FSP team (or in some cases join an existing one at the Center).
- In order to accomplish such a large transition, each of these Centers (and ultimately all adult Centers) will need to use the Recovery Scale to identify client stage of recovery, corresponding needed services and those clients who can transition to wellness or other community-based services if they continued to receive medication through the Center.
- Services will need to be re-configured in order to more closely correspond with stage of recovery. Wherever possible best practices should be used in intervening, including Cognitive Behavioral Therapy, motivational interviewing, wellness recovery action planning, illness management and other treatment approaches with demonstrated results. The SAMHSA website has information on their evidence-based approaches for adults.
- These changes, coupled with changes made next year due to the Department's projected budget deficit, will result in an oddly balanced system with a skewed focus on intensive service programs (FSPs). Eventually, our system will attain more balance when other components of MHSA are introduced and we develop solid strategies to achieve adequate flow in and through our system.
- The strategic use of SA Navigators (for community-building), the Housing Trust Fund, IMD step-down supports and wellness centers will all need to be worked into the plan you create at your Center.