

MHSA Fiscal Year 2013-14 Annual Update

Sacramento County
Mental Health Board
Presentation
May 1, 2013

Community Program Planning

- April 9 – May 9, 2013: 30-day posting for public review and comment
- April 18, 2013: MHSA Steering Committee Presentation and Collective Comment
- April 23, 2013: DBHS Cultural Competence Committee Presentation and Collective Comment
- May 1, 2013: Mental Health Board Presentation and Collective Comment
- May 9, 2013: Mental Health Board conducts Public Hearing

Community Services and Supports (CSS) Component

- SAC-1 Transitional Community Opportunities for Recovery and Engagement (TCORE)
 - Low to moderate intensity community-based services for individuals being released from acute care settings or at risk for entering acute care settings who are not linked to on-going mental health services
 - Includes contracted and county-operated components

CSS Component (continued)

- SAC-2 Sierra Elder Wellness
 - Specialized geriatric services including psychiatric support, multidisciplinary mental health assessments, treatment, and intensive case management services for those requiring intensive services in order to remain living in the community at the least restrictive level of care

CSS Component (continued)

- SAC-4 Permanent Supportive Housing
 - Provides seamless services designed to meet the increasing needs of the underserved homeless population
 - Permanent supportive housing services include expedited benefits acquisition, integrated, comprehensive high intensity services, rapid access to permanent housing
 - Services also provided to support clients at MHSA-financed housing developments

CSS Component (continued)

- SAC-5 Transcultural Wellness Center
 - Designed to increase penetration rates and reduce mental health disparities in the Asian/Pacific Islander (API) communities
 - Provides full range of services with interventions and treatment that take into account the cultural and religious beliefs and values, traditional and natural healing practices, and associated ceremonies recognized by the API communities

CSS Component (continued)

- SAC-6 Wellness and Recovery Center
 - Wellness and Recovery Centers offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals
 - Peer Partner Program provides peer support services to clients linked to the Adult Psychiatric Support Services clinics
 - Consumer and Family Voice Program promotes the DBHS mission to effectively provide quality mental health services through advocacy, system navigation, trainings, support groups, psycho-educational groups, etc.

CSS Component (continued)

- SAC-7 Adult Full Service Partnership
 - Provides an array of high intensity services designed to serve consumers with persistent and significant mental illness that may also have co-occurring substance use disorder and/or co-morbid medical concerns, many of whom transitioning from long-term hospitalizations

CSS Component (continued)

- SAC-8 Juvenile Justice Diversion and Treatment
 - Provides screenings, assessments and intensive mental health services and supports to eligible youth (and their families) involved in the Juvenile Justice System

CSS Component (continued)

- CSS Administration and Program Support
 - Provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, and monitoring of the CSS programs and activities

CSS Component Budget

FY2013-14 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	\$ 1,765	\$ 6,176,512
SAC2 - FSP: Sierra Elder Wellness	\$ 7,780	\$ 1,166,964
SAC4 - FSP: Permanent Supportive Housing	\$ 5,250	\$ 6,300,310
SAC5 - FSP: Transcultural Wellness Center	\$ 7,873	\$ 1,810,748
SAC6 - GSD: Wellness and Recovery Center	\$ 1,311	\$ 2,884,379
SAC7 - FSP: Adult Full Service Partnership	\$ 9,136	\$ 2,740,863
SAC8 - FSP: Juvenile Justice Diversion and Treatment	\$ 19,391	\$ 1,784,000
CSS Administration and Program Support	N/A	\$ 3,933,281
TOTAL		\$ 26,797,057

*Average cost per client is based on MHSA funding in Work Plan divided by Work Plan capacity

Penetration Rates

Taken from page 11 of the Update - Demonstrates a significant improvement systemwide in the percent change from calendar year 2010 to 2011

Medi-Cal Penetration Rate		CY2009	CY2010	Percent Change From CY09 to CY10	CY2011	Percent Change From CY10 to CY11
		Medi-Cal Penetration Rate	Medi-Cal Penetration Rate		Medi-Cal Penetration Rate	
Age Group	0 to 5	2.1	2.1	0	2.6	22.2
	6 to 17	9.1	8.3	-8.8	8.2	-0.7
	18 to 59	7.4	5.2	-29.7	5.6	7.9
	60+	3.4	2.3	-32.4	2.3	1.6
	Total	6.4	5.1	-20.3	5.4	5.5
Gender	Female	6.0	4.6	-23.3	5.0	8.1
	Male	6.9	5.7	-17.4	5.9	2.9
	Total	6.4	5.1	-20.3	5.4	5.2
Race	White	9.5	7.4	-22.1	7.3	-1.5
	African American	8.3	7.0	-15.7	7.0	0
	AI/AN	9.6	7.6	-20.8	5.0	-34.9
	API	3.5	2.6	-25.7	2.7	4.7
	Other	5.4	3.4	-37.0	5.0	46.9
	Hispanic	3.9	3.4	-12.8	3.9	15.5
	Total	6.4	5.1	-20.3	5.4	5.5

*The percent of change in penetration rates was calculated on a larger number than the rounded number displayed on this chart for each year

CSS Full Service Partnership Program Outcomes

- Hospitalizations decreased by 56%
- Hospital days decreased by 75%
- Total arrests decreased by 62%
- Incarcerations decreased by 41%
- Incarceration days decreased by 86%
- Homeless episodes decreased by 90%
- Homeless days decreased by 98%
- Employment rate increased to 5.7%

Prevention and Early Intervention (PEI) Component

- Suicide Prevention Project
 - Suicide Prevention Crisis Line
 - Postvention counseling services and suicide bereavement support groups and grief services
 - Supporting Community Connections (Consumer-Operated Warm Line; Hmong, Vietnamese, Cantonese; Slavic/Russian-Speaking; Youth/Transition Age Youth; Older Adult; African American; Native American; Campus Connections; Latino/Spanish-Speaking)
 - Community Support Team

PEI Component (continued)

- Strengthening Families Project
 - Quality Child Care Collaborative
 - HEARTS for Kids
 - Bullying Prevention Education and Training
 - Early Violence Intervention Begins with Education
 - Independent Living Program (ILP) 2.0

PEI Component (continued)

- Integrated Health and Wellness Project
 - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
 - SeniorLink
 - Screening, Assessment, and Brief Treatment

PEI Component (continued)

- Mental Health Promotion Project
 - “Mental Illness: It’s not always what you think”
 - Multi-media outreach
 - Social media
 - Stakeholder engagement
 - Collateral material
 - Community outreach events
 - Speakers Bureau

PEI Component (continued)

- Training, Technical Assistance and Capacity Building
 - Time-limited funding focused on developing specific capacity to serve unserved and underserved racial, cultural and ethnic communities in all PEI programs and related prevention services

PEI Component (continued)

- PEI Administration and Program Support
 - Provides administration and program support associated with on-going community planning, as well as implementation, training, consultation, and monitoring of the PEI programs and activities

PEI Component Budget

FY2013-14 PEI COMPONENT BUDGET	
Project / Programs	Budget
Suicide Prevention	\$ 3,126,959
Strengthening Families	\$ 2,101,145
Integrated Health and Wellness	\$ 1,975,000
Mental Health Promotion	\$ 722,259
Training, Technical Assistance and Capacity Building	\$ 202,700
PEI Administration and Program Support	\$ 1,270,785
TOTAL	\$ 9,398,848

Workforce Education and Training (WET) Component

- Consists of eight previously approved Actions
 - Actions 1, 2, 4, 5, 7 and 8 are implemented or in advanced stages of planning
 - Actions 3 and 6 were delayed due to the nature of the economy and the direct correlation on the job market
 - Given early indications the economy is stabilizing and the anticipation of improving job market conditions, DBHS will explore the opportunities for implementation of these Actions

Innovation (INN) Component

- Respite Partnership Collaborative (RPC) Project approved in 2011
 - Project seeks to increase voluntary community-based mental health respite service options to offer a variety of alternatives to psychiatric hospitalization
 - Learning objective for the project is to determine if a public-private partnership can lead to new partnerships, increased efficiencies and improved services to community members

Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities Project – Approved in July 2012
 - Renovating and improving the county-owned complex at 2130, 2140, and 2150 Stockton Blvd to allow for the co-location of the MHSA-funded APSS and Peer Partner programs
 - Project construction is expected to begin in September 2013

CF/TN Component (continued)

- Technological Needs Project – Began in Fiscal Year 2010-11
 - Furthers the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care
 - In the process of implementing phase 4 of the 5-phased Sacramento Health Information Exchange (SacHIE) Project

FY2013-14 MHSA Funding Summary

County: Sacramento

Date: 4/9/2013

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2013/14 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years ^{a/}	\$40,111,421	\$4,709,706	\$8,370,716	\$14,459,085	\$3,862,347	
2. Estimated New FY 2013/14 Funding ^{b/}	\$32,712,242			\$8,178,060	\$2,152,121	
3. Transfer in FY 2013/14 ^{c/}	(\$5,117,777)		\$5,117,777			
4. Access Local Prudent Reserve in FY 2013/14						
5. Estimated Available Funding for FY 2013/14	\$67,705,886	\$4,709,706	\$13,488,493	\$22,637,145	\$6,014,468	
B. Estimated FY 2013/14 Expenditures	\$26,797,057	\$2,012,803	\$4,244,292	\$9,398,848	\$3,500,000	
C. Estimated FY 2013/14 Contingency Funding^{d/}	\$40,908,829	\$2,696,903	\$9,244,201	\$13,238,297	\$2,514,468	

^{a/}This figure includes unanticipated one-time unsustainable increased funding, as well growth dollars received in FY2012-13. A Community Planning Process will be conducted in FY2013-14 to expand the CSS Component plan. This figure also includes CSS funds that will be used to sustain successful projects in other components when those funds are exhausted.

^{b/}New information in March 2013 indicates MHSA revenues are increasing. Due to the volatile nature of this tax-based revenue, the sustainability of these increased revenues is being reviewed.

^{c/}Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

^{d/}The amount of sustainable growth funding available is being calculated based on future year projections and fiscal consultation. A Community Planning Process will be conducted in FY2013-14 to plan for expansion of the CSS Component plan. This figure also includes CSS funds that will be used to sustain successful projects in other components when those funds are exhausted.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2013	\$19,391,847
2. Contributions to the Local Prudent Reserve in FY13/14	\$0
3. Distributions from Local Prudent Reserve in FY13/14	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2014	\$19,391,847

FY2013-14 MHSA Funding Summary (cont'd)

- FY2012-13 – Unanticipated unsustainable one-time funding, as well as unanticipated growth funding received
- Unspent figure includes CSS funds that will be used to sustain successful projects in other components when those funds are exhausted
- New information in March 2013 indicates MHSA revenues are increasing
- The amount of sustainable growth funding available is being calculated based on future year projections and fiscal consultation
- A Community Planning Process will be conducted in FY2013-14 to plan for expansion of the CSS Component plan

County Certification of Compliance

- Similar to County certifications in prior year updates
- Incorporates new requirement for local Board of Supervisor Approval
- This certification will be completed and signed after Sacramento County Board of Supervisors approval (prior to submission to the Mental Health Services Oversight and Accountability Commission - MHSOAC)

County Fiscal Accountability Certification

- New requirement effective in Fiscal Year 2013-14
- Language developed by MHISOAC in collaboration with the Statewide association of County Auditor-Controllers
- This certification will be completed and signed after Sacramento County Board of Supervisors gives its approval (prior to submission to the MHISOAC)