

Draft MHSA Fiscal Year 2015-16 Annual Update

Mental Health Board
Presentation
January 6, 2016

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Mental Health Services Act (MHSA)

- Proposition 63 was passed by California voters in November 2004 and became known as MHSA
- MHSA authorized a 1% tax on personal income over \$1 million to develop and expand community based mental health programs
- Five distinct funding components in MHSA

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Community Program Planning

- January 4 – February 3, 2016: 30-day posting for public review and comment
- January 6, 2016: Mental Health Board Presentation and Collective Comment
- January 21, 2016: MHSA Steering Committee Presentation and Collective Comment
- January 26, 2016: DBHS Cultural Competence Committee Presentation and Collective Comment
- February 3, 2016: Mental Health Board conducts Public Hearing

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Community Services and Supports (CSS) Component

- Provides funding for mental health treatment services and supports for children/youth and families living with severe emotional disturbance and adults living with a serious mental illness

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CSS Component (continued)

- 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: APSS, HRC TCORE, and Regional Support Teams

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CSS Component (continued)

- SAC-2 Sierra Elder Wellness
 - Full Service Partnership providing 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

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CSS Component (continued)

- SAC-4 Permanent Supportive Housing
 - Full Service Partnerships providing 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
 - Includes Guest House, New Direction and Pathways

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CSS Component (continued)

- SAC-5 Transcultural Wellness Center
 - Full Service Partnership 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

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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 clinic
 - Consumer and Family Voice and SAFE Programs promote the DBHS mission to effectively provide quality mental health services through advocacy, system navigation, trainings, support groups
 - Mental Health Respite Programs: Mental Health Crisis Respite Center, Abiding Hope Respite House and Wellness and Recovery Respite

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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 are transitioning from long-term hospitalizations

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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

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CSS Component (continued)

- SAC-9 Transition Age Youth (TAY) Full Service Partnership
 - Core FSP Services: Assessment, Case Management, Individual Therapy/Counseling, Group Therapy/Rehab, Collateral Support (eg. Family therapy), Crisis Intervention, Social Rehabilitation/ Skills Building, Medication Evaluation and Monitoring
 - 24/7 Response
 - Peer Support
 - Supportive services may include food, clothing, housing, substance abuse treatment, and respite care
 - Will be implemented in FY2016-17

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CSS Component (continued)

- SAC-10 Crisis Residential
 - New 15-bed Crisis Residential Program
 - Voluntary services are designed for persons who meet psychiatric inpatient criteria or are at risk of admission due to an acute crisis
 - SB82 Capital Funding Grant Award of \$1.2M:
 - Facility renovation costs, furnishings/equipment, start-up

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CSS Component (continued)

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

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CSS Cost per Client

FY2015-16 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: CORE	\$ 1,408.73	\$ 11,269,878
SAC2 - FSP: Sierra Elder Wellness	\$ 13,387.76	\$ 2,008,164
SAC4 - FSP: Permanent Supportive Housing	\$ 8,149.31	\$ 9,779,170
SAC5 - FSP: Transcultural Wellness Center	\$ 8,454.85	\$ 2,536,456
SAC6 - GSD: Wellness and Recovery Center	\$ 1,679.29	\$ 5,037,871
SAC7 - FSP: Adult Full Service Partnership	\$ 15,920.33	\$ 7,164,147
SAC8 - FSP: Juvenile Justice Diversion and Treatment	\$ 31,058.02	\$ 2,857,338
TOTAL		\$ 40,653,024

*Average cost per client is based on all funding sources in Work Plan divided by Work Plan capacity and only includes previously approved and implemented programs

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Penetration Rates From page 21 of the Update

Penetration CY 2013 and 2014	Calendar Year 2013					Calendar Year 2014					Percent Change From CY13 to CY14	
	A		B		B/A	A		B		B/A		
	Medi-Cal Eligible Beneficiaries	Medi-Cal Clients (Undup)	Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries	Medi-Cal Clients (Undup)	Medi-Cal Penetration Rates	Medi-Cal Eligible Beneficiaries	Medi-Cal Clients (Undup)	Medi-Cal Penetration Rates			
	N	%	N	%	%	N	%	N	%	%	%	
Age-Group	0 to 5	63,883	17.7%	907	4.5%	1.4%	68,908	17.1%	1,011	4.9%	1.5%	7.1%
	6 to 17	109,448	30.3%	7,711	38.7%	7.0%	123,220	30.5%	7,855	37.9%	6.4%	-9.8%
	18 to 59	143,854	39.8%	9,900	49.6%	6.9%	162,903	40.4%	10,362	49.9%	6.4%	-7.2%
	60+	44,462	12.3%	1,426	7.2%	3.2%	48,316	12.0%	1,524	7.3%	3.2%	0.0%
	Total	361,647	100.0%	19,944	100.0%	5.5%	403,347	100.0%	20,752	100.0%	5.1%	-7.3%
Gender	Female	200,121	55.3%	10,267	51.5%	5.1%	222,117	55.1%	10,749	51.8%	4.8%	-5.9%
	Male	161,525	44.7%	9,833	48.3%	6.0%	181,229	44.9%	9,991	48.1%	5.5%	-8.3%
	Unknown	1	-	44	0.2%	-	1	0.0%	12	0.1%	-	-
	Total	361,647	100.0%	19,944	100.0%	5.5%	403,347	100.0%	20,752	100.0%	5.1%	-7.3%
Race	White	94,656	26.2%	7,069	35.4%	7.5%	104,315	25.9%	7,229	34.8%	6.9%	-8.0%
	African American	65,361	18.1%	4,847	24.3%	7.4%	68,367	16.9%	4,980	24.0%	7.3%	-1.4%
	American Indian/Alaskan Native	3,060	0.8%	170	0.9%	5.8%	3,123	0.8%	190	0.9%	6.1%	8.9%
	Asian/Pacific Islander	55,771	15.4%	1,525	7.6%	2.7%	67,493	16.7%	1,490	7.2%	2.2%	-18.5%
	Other	54,691	15.1%	2,512	12.6%	4.8%	65,396	16.2%	2,776	13.4%	4.2%	-8.7%
	Hispanic	88,108	24.4%	3,821	19.2%	4.3%	94,653	23.5%	4,087	19.7%	4.3%	0.0%
	Total	361,647	100.0%	19,944	100.0%	5.5%	403,347	100.0%	20,752	100.0%	5.1%	-7.3%

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CSS Full Service Partnership Program FY2012-13 Outcomes

- Hospitalizations decreased by 68%
- Hospital days decreased by 78%
- Arrests decreased by 63%
- Incarcerations decreased by 36%
- Incarceration days decreased by 30%
- Homeless occurrences decreased by 75%
- Homeless days decreased by 92%
- Connected to Primary Care increased by 23%

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MHSA Housing Program Accomplishments

- Housing for homeless individuals living with mental illness
- Local investment of \$16 million in MHSA funds
- Leveraged over \$130 million of federal, state and local funds resulting in hundreds of units
- 161 units are dedicated to MHSA tenants
- To date, 660 households with a total of about 760 homeless persons with mental illness are housed thanks to MHSA funding in Sacramento

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Prevention and Early Intervention (PEI) Component

- Provides funding for programs and activities designed to prevent mental illness from occurring or becoming more severe and disabling

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PEI Component (continued)

- 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, New: Iu-Mien)
 - Community Support Team
 - Mobile Crisis Support Teams
 - Caregiver Crisis Intervention Respite Program

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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
 - Adoptive Families Respite Program

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PEI Component (continued)

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

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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

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PEI Component Budget

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

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Workforce Education and Training (WET) Component

- Time limited funding with a goal to recruit, train and retain diverse culturally and linguistically competent staff for the public mental health system
- Consists of eight previously approved Actions
 - Highlights include ongoing participation in law enforcement training, two high schools implementing behavioral health curriculum, Mental Health First Aid (MHFA) training for community and system partners and Youth MHFA training for teachers and school staff, and Wellness Recovery Action Plan (WRAP) Facilitators Training

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Innovation (INN) Component

- Provides funding to test new and/or improved mental health practices or approaches with the goal of increasing access, increasing the quality of services, or promoting interagency collaboration
 - Projects are limited to five-year term
 - Successful projects may be sustained with CSS and/or PEI funding, as appropriate based on funding requirements and system needs

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INN Component (continued)

- INN Project 1: Respite Partnership Collaborative (RPC) Project approved in 2011 and ends in 2016
 - 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
 - Respite program sustainability

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INN Component (cont'd)

- INN Project 2: Mental Health Crisis/Urgent Care Clinic
 - Attachment C contains INN Project 2 Plan
 - Highlights on slide

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Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities Project – Approved in July 2012 and completed in late 2015
 - Renovated and improved the county-owned complex at 2130, 2140, and 2150 Stockton Blvd to allow for the co-location of the MHSAs-funded APSS Clinics (including Peer Partner programs)

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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
 - Currently in Phase 4 of the 5-phased Sacramento Health Information Exchange (SachIE) Project

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FY2015-16 MHS Funding Summary

	MHS Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	68,914,911	15,996,162	8,591,737	3,040,313	7,281,873	
2. Estimated New FY 2015/16 Funding	33,390,235	8,347,558	2,196,726			
3. Transfer in FY 2015/16 ¹	0			0	0	
4. Access Local Prudent Reserve in FY 2015/16	0	0				0
5. Estimated Available Funding for FY 2015/16	102,305,146	24,343,720	10,788,463	3,040,313	7,281,873	
B. Estimated FY 2015/16 MHS Expenditures	42,357,656	12,447,866	3,729,514	2,327,109	3,013,136	
G. Estimated FY 2015/16 Unspent Fund Balance	59,947,490	11,895,854	7,058,949	713,204	4,268,737	

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Attachment C - INN Project 2 Plan

- **Mental Health Crisis/Urgent Care Clinic**
 - Learning component will test adapting an urgent care clinic/medical model to provide mental health services for individuals of any age experiencing an urgent mental health need
 - Project Outcomes include:
 - Creating alternatives for individuals needing urgent mental health care
 - Improving client experience
 - Reducing unnecessary/inappropriate psychiatric hospitalizations
 - Improving care coordination across the system of care

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County Certifications

- County Compliance Certification
- County Fiscal Accountability Certification
- Similar to County certifications in Three-Year Plan
- These certifications 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)

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Questions / Collective Comment

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