

Draft MHSA Fiscal Year 2016-17 Annual Update

Mental Health Board
Presentation
January 4, 2017

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Annual
Update
page 6

Community Program Planning

- December 12, 2016 – January 11, 2017: 30-day posting for public review and comment
- December 14, 2016: DBHS Cultural Competence Committee Presentation and Collective Comment
- December 15, 2016: MHSA Steering Committee Presentation and Collective Comment
- January 4, 2017: Mental Health Board Presentation and Collective Comment
- January 11, 2017: Mental Health Board conducts Public Hearing

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Community Services and Supports (CSS) Component

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- 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
- In Fiscal Year 2014-15:
 - 1,674 unduplicated clients were served across the seven implemented FSPs
 - 7,057 unduplicated clients were served across the seven GSD programs

CSS Component (continued)

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- SAC-1 Transitional Community Opportunities for Recovery and Engagement (TCORE)
 - Community-based mental health treatment 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
 - HRC TCORE Expansion in process

CSS Component (continued)

- SAC-2 Sierra Elder Wellness
 - Full Service Partnership providing specialized geriatric services including psychiatric medication 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
 - Expansion in process

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CSS Component (continued)

- SAC-4 Permanent Supportive Housing
 - Full Service Partnership 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
 - Expansion in process

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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
 - Capacity expanded to 300

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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. Expansion in process.
 - 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 Mental Health 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
 - Capacity expanded to 450

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CSS Component (continued)

- SAC-8 Juvenile Justice Diversion and Treatment
 - Provides screenings, assessments and intensive integrated mental health services and FSP supports to eligible youth (and their families) involved in the Juvenile Justice System
 - Capacity expanded to 128 in FY 2016-17

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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 in Rio Linda opened in August 2016
 - Longstanding 12-bed Crisis Residential Program in Sacramento
 - Voluntary community-based services are designed for persons who meet psychiatric inpatient criteria or are at risk of admission due to an acute crisis

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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

CSS Cost per Client

FY2016-17 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	\$ 3,116	\$ 24,931,090
SAC2 - FSP: Sierra Elder Wellness	\$ 13,388	\$ 2,008,164
SAC4 - FSP: Permanent Supportive Housing	\$ 8,596	\$ 10,314,759
SAC5 - FSP: Transcultural Wellness Center	\$ 8,501	\$ 2,550,246
SAC6 - GSD: Wellness and Recovery Center	\$ 1,756	\$ 5,269,165
SAC7 - FSP: Adult Full Service Partnership	\$ 15,920	\$ 7,164,147
SAC8 - FSP: Juvenile Justice Diversion and Treatment	\$ 27,057	\$ 3,463,242
SAC9 - FSP: TAY Full Service Partnership	\$ 16,667	\$ 4,000,000
SAC10 - GSD: Crisis Residential	\$ 9,689	\$ 3,139,391
TOTAL		\$ 62,840,204

*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

CSS Programs Highlighted in Little Hoover Commission Report

- Report published in September 2016
- Sacramento County CSS-funded programs highlighted in report:
 - El Hogar Guest House Homeless Clinic
 - Palmer Apartments (component of TLCS, Inc. New Direction FSP)
 - Boulevard Court Apartments (MHSA-funded housing development)
 - TLCS, Inc. Crisis Respite Center

Penetration Rates From page 26 of the Update

Penetration Rates	Calendar Year 2014						Calendar Year 2015						Percent Change between CY 2014 and CY 2015
	A		B		B/A	A		B		B/A			
	Medi-Cal Eligible Beneficiaries	Medi-Cal Clients (Undup)	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 Penetration Rates				
	N	%	N	%	%	N	%	N	%	%	%		
Age Group	0 to 5	68,908	17.1%	1,011	4.9%	1.5%	71,427	16.9%	1,243	4.7%	1.7%	13.3%	
	6 to 17	123,220	30.5%	7,855	37.9%	6.4%	130,882	77.0%	10,098	38.1%	7.7%	20.3%	
	18 to 59	162,903	40.4%	10,362	49.9%	6.4%	169,974	40.1%	13,330	50.2%	7.8%	21.9%	
	60+	48,316	12.0%	1,524	7.3%	3.2%	51,391	12.1%	1,857	7.0%	3.6%	12.5%	
	Total	403,347	100.0%	20,752	100.0%	5.1%	423,674	100.0%	26,528	100.0%	6.3%	23.5%	
Gender		N	%	N	%	%	N	%	N	%	%	%	
	Female	222,117	55.1%	10,749	51.8%	4.8%	232,221	54.8%	13,682	51.6%	5.9%	22.9%	
	Male	181,229	44.9%	9,991	48.1%	5.5%	191,452	45.2%	12,837	48.4%	6.7%	20.0%	
	Unknown	1	0.0%	12	0.1%	-	---	---	9	0.0%	---	---	
Total	403,347	100.0%	20,752	100.0%	5.1%	423,673	100.0%	26,528	100.0%	6.3%	23.5%		
Race		N	%	N	%	%	N	%	N	%	%	%	
	White	104,315	25.9%	7,229	34.8%	6.9%	107,779	25.4%	8,843	33.3%	8.2%	18.8%	
	African American	68,367	16.9%	4,980	24.0%	7.3%	70,073	16.5%	6,078	22.9%	8.7%	19.2%	
	American Indian/Alaskan Native	3,123	0.8%	190	0.9%	6.1%	3,173	0.7%	230	0.9%	7.2%	18.0%	
	Asian/Pacific Islander	67,493	16.7%	1,490	7.2%	2.2%	75,755	17.9%	1,766	6.7%	2.3%	4.5%	
	Other	65,396	16.2%	2,776	13.4%	4.2%	72,079	17.0%	4,263	16.1%	5.9%	40.5%	
	Hispanic	94,653	23.5%	4,087	19.7%	4.3%	94,815	22.4%	5,348	20.2%	5.6%	30.2%	
Total	403,347	100.0%	20,752	100.0%	5.1%	423,674	100.0%	26,528	100.0%	6.3%	23.5%		

CSS Full Service Partnership Program FY2014-15 Outcomes

- Hospitalizations decreased by 71%
- Hospital days decreased by 77%
- Arrests decreased by 66%
- Incarcerations decreased by 50%
- Incarceration days decreased by 43%
- Homeless occurrences decreased by 82%
- Homeless days decreased by 85%
- Employment rate increased by 13%
- Connected to Primary Care increased by 40%

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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
 - Expansion effort underway to increase the number of households housed in 2017

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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
- In Fiscal Year 2014-15:
 - More than 8,300 individuals served across PEI programs
 - More than 176,000 individuals received universal screenings
 - More than 30,000 callers accessed the Suicide Crisis Line

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PEI Component (continued)

- Suicide Prevention Project
 - Suicide 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; Latino/Spanish-Speaking, Lu-Mien)

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PEI Component (continued)

- Suicide Prevention Project (continued)
 - Community Support Team
 - Mobile Crisis Support Teams (Expansion in process)
 - Mental Health Respite Programs:
 - Caregiver Crisis Intervention Respite
 - Homeless Teens and TAY Respite
 - The Ripple Effect Respite
 - Danelle’s Place Respite
 - Q Spot Youth/TAY Respite
 - Lambda Lounge Respite

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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 – Program discontinued in 2016-17 due to AB12 implementation (funding shifted to MCST expansion)
 - 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; Mental Health Interpreter Training; and Wellness Recovery Action Plan (WRAP) Facilitator 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 spanned five years, concluding in June 2016
 - RPC was a community-driven collaborative committed to establishing and supporting a continuum of mental health respite services and supports
 - With MHSA Steering Committee support, all eleven mental health respite programs transitioned to sustainable MHSA funding once INN project funding ended

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INN Component (continued)

- INN Project 2: Mental Health Crisis/Urgent Care Clinic
 - Adapts urgent care clinic/medical model to provide crisis response/care for individuals experiencing a mental health crisis
 - Adaptations will focus on:
 - Crisis Program Designation –
 - Direct Access
 - Ages Served
 - Medical Clearance Screening Pilot

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INN Component (continued)

- INN Project 2: Mental Health Crisis/Urgent Care Clinic (continued)
 - Project Outcomes include:
 - Creating an effective alternative for individuals needing crisis care
 - Improving client experience in achieving and maintaining wellness
 - Reducing unnecessary or inappropriate psychiatric hospitalizations, incarcerations and emergency room visits
 - Improving care coordination across the system of care

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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 program)

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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 Sacramento Health Information Exchange (SachIE) Project

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FY2016-17 MHSA Funding Summary CORRECTED

County: Sacramento Date: 12/29/16

	MHSA 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 2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	78,621,575	17,039,994	10,711,973	1,564,948	3,523,284	
2. Estimated New FY 2016/17 Funding	43,309,020	10,827,255	2,849,277			
3. Transfer in FY 2016/17 ^d	(969,931)			969,931	0	
4. Access Local Prudent Reserve in FY 2016/17	0	0				0
5. Estimated Available Funding for FY 2016/17	120,960,664	27,867,249	13,561,250	2,534,879	3,523,284	
B. Estimated FY 2016/17 MHSA Expenditures	47,452,869	13,344,218	3,681,741	2,534,879	2,994,482	
G. Estimated FY 2016/17 Unspent Fund Balance	73,507,795	14,523,031	9,879,509	0	528,802	

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

Attachment A Funding Summary Presentation

- CSS Component Funding
 - Majority must be directed to Full Service Partnership programs
 - 80% of each MHSa dollar is CSS (after 5% to INN)
 - Unspent and new CSS funding is combined to:
 - Sustain CSS programming and activities
 - Sustain critical activities in WET and CF/TN
 - Sustain successful and applicable INN projects
 - Sustain MHSa Housing Program investments

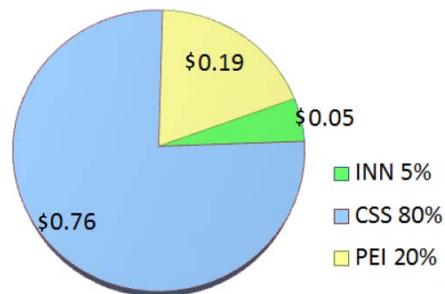
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Attachment A – Funding Summary Presentation (continued)

- PEI Component Funding
 - Majority must be directed to services for ages 0-25
 - 20% of each MHSa dollar is PEI (after 5% to INN)
- INN Component Funding
 - Funding to test new/improved mental health practices or approaches
 - Projects can span up to 5 years (not sustainable)
 - 5% of each MHSa dollar is INN

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Attachment A – Funding Summary Presentation (continued)



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Attachment A – Funding Summary Presentation (continued)

- WET Component Funding
 - Time-limited funding
 - Activities must be sustained by CSS funding
- CF/TN Component Funding
 - Time-limited funding
 - Activities must be sustained by CSS funding
- Prudent Reserve
 - Per W&I Code, counties must establish and maintain a prudent reserve to ensure MHSA-funded programs continue when revenues decline

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Attachment A – Funding Summary Presentation (continued)

- Overarching Points
 - MESA funding is generated by 1% tax on personal income in excess of \$1M
 - Greatly impacted by shifts in the economy (impacts lag by approximately 2 years)
 - State revenue projections may be overestimated by \$150-200M annually
 - Sacramento County allocation:
 - In FY2015-16, reduced from 3.21% to 3.16% due to statewide recalculation of distribution methodology
 - In FY2016-17, increased from 3.16% to 3.26%
 - Recalculation expected annually moving forward

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Member Questions Collective Comment

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