

Draft MHSA Fiscal Year 2022-23 Annual Update

MHSA Steering Committee
Presentation
April 21, 2022

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Community Program Planning

- April 4 – May 4, 2022: 30-day posting for public review and comment
- April 21, 2022: MHSA Steering Committee Presentation and Collective Comment
- April 26, 2022: BHS Cultural Competence Committee Presentation and Collective Comment
- May 4, 2022: Mental Health Board Presentation and Collective Comment
- May 4, 2022: Mental Health Board conducts Public Hearing

Community Services and Supports (CSS) Component

- Provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and transition age youth (TAY), adults, and older adults living with a serious mental illness.
- In Fiscal Year 2020-21:
 - 2,590 unduplicated clients were served across the implemented Full Service Partnership Programs
 - 32,043 unduplicated clients were served across the General System Development programs

Mental Health Services Act (MHSA) Community Services & Supports (CSS) Component

SAC1 Community Opportunities for Recovery and Engagement	SAC2 Sierra Elder Wellness	SAC3 Permanent Supportive Housing (PSH)	SAC4 Transcultural Wellness Center (TWC)	SAC5 Wellness & Recovery	SAC6 Adult Full Service Partnership (Adult FSP)	SAC7 Juvenile Justice Diversion and Treatment Program (JJDP)	SAC8 Transition Age Youth Full Service Partnership (TAY FSP)	SAC9 Crisis Residential Program (CRP)	SAC10 Children's Community Mental Health Services	SAC11 MH Crisis/Urgent Care Clinic (MHUCC)	SAC12 Family FSP
Adult Psychiatric Support Services (APSS) Clinic	Sierra Elder Wellness FSP	Guest House	TWC FSP	Wellness and Recovery Centers (WRCs)	Integrated Services Agency (ISA) FSP	JJDP FSP	TAY FSP	15-bed CRP	Consultation, Support and Engagement Teams (CSET)	MHUCC	Family FSP
TCORE		New Direction FSP		Peer Partners	Sacramento Outreach Adult Recovery (SOAR) FSP			15-bed CRP	Flexible Integrated Treatment (FIT)		
Regional Support Teams (RSTs)		Pathways FSP		Consumer & Family Voice	Adult FSP			15-bed CRP			
Community Outreach Recovery Empowerment (CORE)		Arise FSP		SAFE				15-bed CRP			
		Adult Residential Treatment (ART)		MH Crisis Respite Center							
		Augmented Board and Care (ABC)		Abiding Hope Respite House							
				Mental Health Respite Program							

- Bold outline indicates Full Service Partnership (FSP) program.**
- Not bold outline indicates General System Development (GSD) program.**
- Dashed outline indicates not fully implemented program.**
- Dot/dashed outline indicates program moving from innovation to CSS as of July 2022.**



CSS Component (continued)

- SAC-1 Community Opportunities for Recovery and Engagement
 - 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, TCORE, Regional Support Teams, and Adult Outpatient Services Transformation: CORE
 - Services include housing supports for homeless/at-risk of homelessness

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 older adults who require intensive services to remain living in the community at the least restrictive level of care
 - Services will also be provided to support clients at MHSA-financed housing developments

CSS Component (continued)

- SAC-3 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, and rapid access to permanent housing
 - Services also provided to support clients at MHSA-financed housing developments
 - Includes Guest House, New Direction, Pathways, Arise, Adult Residential Treatment, and Augmented Board and Care Programs

CSS Component (continued)

- SAC-4 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

CSS Component (continued)

- SAC-5 Wellness and Recovery
 - Wellness and Recovery Centers offer an array of comprehensive services and wellness activities designed to support clients in their recovery goals – Expanded capacity and housing supports for homeless/at-risk of homelessness
 - Peer Partner Program provides peer support services to clients linked to the Adult Psychiatric Support Services clinic and Mental Health Treatment Center
 - Consumer and Family Voice and Sacramento Advocates for Family Empowerment (SAFE) Programs promote the BHS 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

CSS Component (continued)

- SAC-6 Adult Full Service Partnership
 - Provides an array of high intensity services designed to serve consumers with persistent and significant mental illness who may also have co-occurring substance use disorder and/or co-morbid medical concerns, many of whom are transitioning from long-term hospitalizations
 - Services include housing supports for homeless/at-risk of homelessness
 - Services will also be provided to support clients at MHSA-financed housing developments
 - New Adult FSP

CSS Component (continued)

- SAC-7 Juvenile Justice Diversion and Treatment
 - Provides screenings, assessments, and intensive integrated mental health services and Full Service Partnership supports to eligible youth (and their families) involved or at risk of involvement in the Juvenile Justice System

CSS Component (continued)

- SAC-8 Transition Age Youth (TAY) Full Service Partnership
 - Provides Full Service Partnership services to TAY at risk populations
 - Services include outreach, engagement, retention and transition strategies that emphasize independent living and life skills, and mentorship
 - Services will also be provided to support clients at MHSA-financed housing developments

CSS Component (continued)

- SAC-9 Crisis Residential Program (CRP)
 - Voluntary community-based services are designed for individuals who can be appropriately served in a community setting and meet psychiatric inpatient criteria or are at risk of admission due to an acute crisis
 - 15-bed CRP in Rio Linda
 - 15-bed CRP in South Sacramento
 - 15-bed Transition Age Youth CRP
 - 15-bed CRP in Rancho Cordova

CSS Component (continued)

- SAC-10 Children's Community Mental Health Services
 - Consultation, Support and Engagement Team (CSET) Program is designed to address the needs of children and youth who have been commercially sexually exploited
 - Flexible Integrated Treatment (FIT) Program provides strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services to children and youth with serious emotional disturbance under the age of 21 years

CSS Component (continued)

- SAC-11 Mental Health Urgent Care Clinic (MHUCC)
 - With support from the MHSA Steering Committee, the time-limited MHSA Innovation Project 2: MHUCC program services will transition from the Innovation (INN) Component to CSS funding in FY 2022-23

CSS Component (continued)

- SAC-12 Family Full Service Partnership
 - New Family Full Service Partnership (FSP) program will address the mental health and wellness of an individual client through a family systems lens. The Family FSP will serve children age 0-21 and adult parents/caregivers of children age 0-21 and their family. The ultimate goal is to sustain health, wellness, safety and stability through the natural supports of a family system.
 - Services will also be provided to support clients at MHSA-financed housing developments

CSS Full Service Partnership Program FY 2020-21 Outcomes

- Homeless occurrences decreased by 66.4%
- Homeless days decreased by 80%
- ER visits for psychiatric reasons decreased by 86.4%
- Psychiatric hospitalizations decreased by 51.1%
- Psychiatric hospitalization days decreased by 56%
- Arrests decreased by 68.3%
- Incarcerations decreased by 41%
- Incarceration days decreased by 33.5%
- Employment rate - Of partners with employment as goal, 4.3% were working during the FY

MHSA Housing Program Accomplishments

- Housing for homeless individuals living with mental illness
- In FY 2020-21, MHSA FSP programs:
 - Housed 374 clients/households who were literally homeless
 - Served 182 clients/households residing in MHSA-funded apartments
 - Provided over \$2.1M in rental assistance
 - Provided over \$2.9M in housing supports/services
- MHSA Housing Portfolio
 - Currently 221 apartments across 10 developments
 - Pipeline 234 units at 8 developments
 - Exploring opportunities to expand (e.g. NPLH, vouchers, housing grants)

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 2020-21:
 - 72,033 served across Suicide Prevention
 - 7,165 outreached through Suicide Prevention
 - 2,810 served across Strengthening Families
 - 49,742 trained through Strengthening Families
 - 304 served across Integrated Health and Wellness
 - 183 outreached through Integrated Health and Wellness

Mental Health Services Act (MHSA) Prevention & Early Intervention (PEI) Component

Suicide Prevention	Strengthening Families	Integrated Health & Wellness	Mental Health Promotion	Time-Limited Community Driven PEI Program
Suicide Crisis Line & ED Follow-Up/ Postvention Services	Quality Child Care Collaborative (QCCC)	Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)	"Mental Illness: It's not always what you think" project Multi-Media Outreach Social Media and Microsite Stakeholder Engagement Collateral Material Community Outreach Events Research	34 Sacramento County Community-Based Organizations
Suicide Bereavement Support Groups and Grief Services	CPS Mental Health Team	SeniorLink		
Supporting Community Connections (SCC) <ul style="list-style-type: none"> Consumer-Operated Warm Line Hmong, Vietnamese, Cantonese-Speaking Slavic/Russian-Speaking Youth/TAY Older Adult African American American Indian/Alaskan Native Latino/Spanish-Speaking Arabic-Speaking Iu Mien Afghan Farsi-speaking Ukrainian Phone Support 	Bullying Prevention Education & Training	Trauma Informed Wellness Program for the African American Community	"Mental Illness: It's not always what you think" project Stop Stigma Sacramento Speakers Bureau	
Community Support Team (CST)	Early Violence Intervention Begins with Education (eVIBE)		Mental Health Matters	
Mental Health Navigator Program (MHNP)	Adoptive Families Respite Program			
Mobile Crisis Support Teams (MCSTs)	The Source			
Caregiver Crisis Intervention Respite	Safe Zone Squad			
Respite Program				
The Ripple Effect Respite				
Danelle's Place Respite				
Q-Spot Youth/TAY Respite				
Lambda Lounge Adult Mental Health Respite				

PEI Component (continued)

- Suicide Prevention Program
 - Suicide Crisis Line
 - Emergency Department Follow-Up/Postvention Services
 - Suicide Bereavement Support Groups and Grief Services
 - Supporting Community Connections (SCC):
 - Consumer-Operated Warm Line; Hmong, Vietnamese, Cantonese; Slavic/Russian-Speaking; Youth/Transition Age Youth; Older Adult; African American; American Indian/Alaskan Native; Latino/Spanish-Speaking, Lu Mien, Arabic-Speaking
 - New SCC programs: Farsi, Afghan, Ukrainian Phone Support

PEI Component (continued)

- Suicide Prevention Program (continued)
 - Community Support Team
 - Mental Health Navigator Program
 - Mobile Crisis Support Teams
 - Mental Health Respite Programs:
 - Caregiver Crisis Intervention Respite
 - Respite (for Teens and TAY)
 - The Ripple Effect Respite
 - Danelle's Place Respite
 - Q Spot Youth/TAY Respite
 - Lambda Lounge Adult Respite

PEI Component (continued)

- Strengthening Families Program
 - Quality Child Care Collaborative
 - CPS Mental Health Team
 - Bullying Prevention Education and Training
 - Youth Mental Health First Aid
 - Early Violence Intervention Begins with Education
 - Adoptive Families Respite Program
 - The Source
 - Safe Zone Squad

PEI Component (continued)

- Integrated Health and Wellness Project
 - Sacramento Early Diagnosis and Preventative Treatment (SacEDAPT)
 - SeniorLink
 - Trauma Informed Wellness Program for the African American Community

PEI Component (continued)

- Mental Health Promotion Program
 - “Mental Illness: It’s not always what you think”
 - Multi-media outreach
 - Social media and microsite
 - Stakeholder engagement
 - Collateral material
 - Community outreach events
 - Stop Stigma Sacramento Speakers Bureau
 - Mental Health Matters

Time-Limited Community Driven PEI Program

- Program and competitive bidding process administered by CalMHSA
 - 34 grants awarded for up to two years of operation

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
- Activities are sustained with CSS funding
- Highlights include: 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; Eliminating Inequities in Behavioral Health webinar series; Behavioral Health Interpreter Training; Behavioral Health Peer Support Specialist Certification; Psychiatric Residents and Fellowships Training Program; Central Regional Partnership WET Grant Program

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 terms of five years or less
 - Successful projects may be sustained with CSS and/or PEI funding, as appropriate based on funding requirements and system needs

Innovation (INN) Component

Mental Health Services Act (MHSA) Innovation (INN) Component

**INN Project 1:
Respite Partnership Collaborative
(RPC)**
2011-2016
Programs sustained with CSS or PEI funding

- Capital Adoptive Families Alliance
- Del Oro Caregiver Resource Center
- Turning Point Community Programs:
Abiding Hope Respite House
- Iu Mien Community Services

RPC Round 1

- Saint John's Program for Real Change
- TLCS: Crisis Respite Center

RPC Round 2

- A Church for All: Ripple Effect
- Sacramento LGBT Community Center:
Lambda Lounge
- Wind Youth Services
- Gender Health Center
- Sacramento LGBT Community Center:
Q Spot

RPC Round 3

**INN Project 2:
Mental Health
Crisis/Urgent Care Clinic**
2017 - 2022

Mental Health Urgent Care Clinic (MHUCC)
Turning Point Community Programs

**INN Project 4:
Multi-County Full Service
Partnership Innovation Collaborative**
2020 - Present

Multi-County Full Service Partnership (FSP)
Collaborative
Third Sector & Sacramento, Fresno, San
Bernardino, San Mateo, Siskiyou, Ventura
counties

**INN Project 3:
Behavioral Health Crisis Services
Collaborative**
2018 - Present

Behavioral Health Crisis Services
Collaborative
BHS, Placer County & Dignity Health

**INN Project 5:
Forensic Behavioral Health
Multi-System Teams**
2021 - Present

Criminal Justice Services Program
El Hogar

INN Projects

- **Mental Health Crisis/Urgent Care Clinic (MHUCC)**
 - Adapted urgent care clinic/medical model to provide crisis response/care for individuals experiencing a mental health crisis
 - Outcomes included: 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; and Improving care coordination across the system of care
 - With support from the MHSA Steering Committee, MHUCC program services will transition from INN to CSS funding in FY 2022-23

INN Projects (continued)

- Behavioral Health Crisis Services Collaborative
 - Public/private partnership with Dignity Health and Placer County
 - Integrated adult crisis stabilization services at Mercy San Juan adjacent to emergency department
 - Outcomes include: Improving behavioral health outcomes through a public/private collaboration; Improving the integration of medical and mental health crisis stabilization services through a public/private partnership
 - This INN Project term will end in December 2022

INN Projects (continued)

- **Multi-County Full Service Partnership (FSP)**
 - Project will implement new data informed strategies to program design and continuous improvement for FSP programs
 - County-specific implementation and evaluation technical assistance for outcomes-focused FSP improvements
 - Outcomes include: Improving how FSP priority outcomes are defined and tracked; new/strengthened data collection and analysis; shared FSP best practice framework; Increasing clarity and consistency of FSP enrollment criteria, referral and program graduation processes

INN Projects (continued)

- Forensic Behavioral Health Multi-System Teams
 - Focused on justice involved adults (18+) and older adults to increase access to mental health services, promoted interagency and community collaboration related to mental health services, supports and outcomes
 - Adapts and expands on the Child and Family Team Child Welfare model
 - Outcomes include: increased collaboration; immediate access to services; care coordination and reduced re-incarcerations
 - Renamed: ***Community Justice Services Program***

Capital Facilities and Technological Needs (CF/TN) Component

- Technological Needs Project
 - Furthers the County's efforts in achieving the federal objectives of meaningful use of electronic health records to improve client care

Budget

	MHSA Funding				
	A	B	C	D	E
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs
A. Estimated FY 2022/23 Funding					
1. Estimated Unspent Funds from Prior Fiscal Years	75,246,020	16,358,915	10,296,081	1,893,395	3,342,144
2. Estimated New FY 2022/23 Funding	83,628,946	20,885,263	5,560,492		
3. Transfer in FY 2022/23 ^{a/}	(5,500,000)			1,000,000	4,500,000
4. Adjustment to Local Prudent Reserve in FY 2022/23*					
5. Estimated Available Funding for FY 2022/23	153,374,966	37,244,179	15,856,573	2,893,395	7,842,144
B. Estimated FY 2022/23 MHSA Expenditures	88,270,937	18,358,645	4,956,366	1,764,737	5,495,392
G. Estimated FY 2022/23 Unspent Fund Balance	65,104,029	18,885,534	10,900,207	1,128,657	2,346,752

Note - Estimated Unspent Funds from Prior Fiscal Years figures are dynamic and will change based on actual expenditures, finalized cost reports, and cost settlements.

Budget

H. Estimated Local Prudent Reserve Balance*	
1. Estimated Local Prudent Reserve Balance on June 30, 2022	13,196,792
2. Contributions to the Local Prudent Reserve in FY 2022/23	0
3. Distributions from the Local Prudent Reserve in FY 2022/23	0
4. Adjustment due to Prudent Reserve Limits in WIC 5892(b)(2)	
5. Estimated Local Prudent Reserve Balance on June 30, 2023	13,196,792

County Certification

- County Fiscal Accountability Certification
- This certification will be completed and signed after Sacramento County Board of Supervisors approval

Attachment G

MHSA Funding Summary

- CSS Component Funding
 - Majority must be directed to Full Service Partnership programs
 - 76% of each MHSA dollar is CSS
 - 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

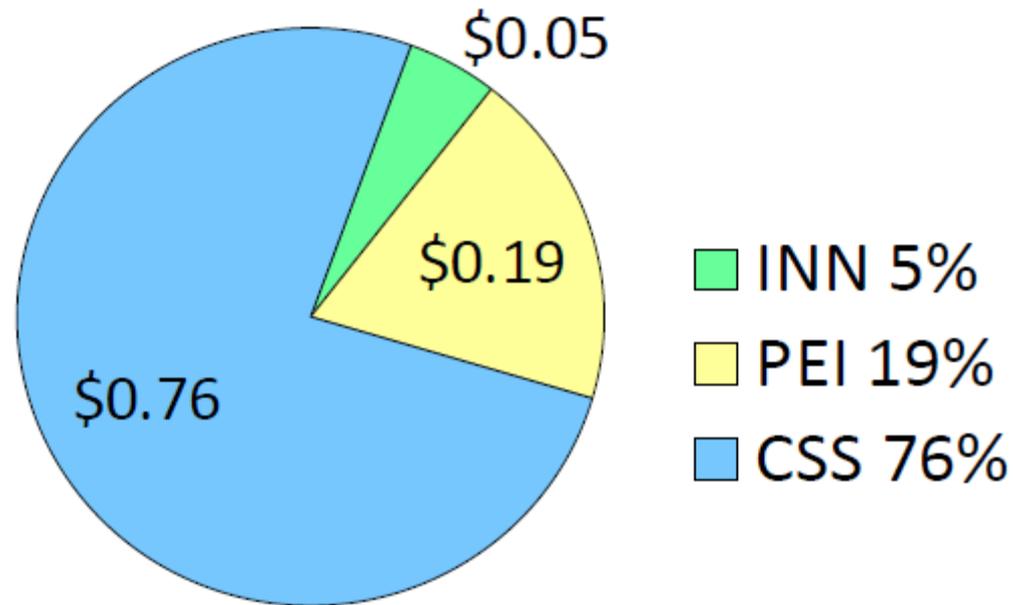
Attachment G

Funding Summary (continued)

- PEI Component Funding
 - Majority must be directed to services for ages 0-25
 - 19% of each MHSA dollar is PEI
- 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

Attachment G

Funding Summary (continued)



Attachment G

Funding Summary (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

Attachment G

Funding Summary (continued)

- Overarching Points
 - MHSA 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)
 - MHSA revenue is volatile and difficult to project
 - In FY 2020-21, Sacramento County allocation *increased* from 3.26% to 3.41%

Attachments

- A: Report Back on Community/Stakeholder Input for the Adult Outpatient Services Transformation (CORE)
- B: Adult Outpatient Services Transformation (CORE) Overview
- C: Cultural Competence & Ethnic Services Newsletters
- D: 2020 Human Resource Survey Report
- E: Sacramento County Behavioral Health Racial Equity Collaborative
- F: Behavioral Health Service Equity Update
- G: Mental Health Services Act (MHSA) Annual Update Funding Summary
- H: Behavioral Health System and Stakeholder Participation
- I: Time Limited Community Driven PEI Grants Program Overview
- J: Annual Prevention and Early Intervention Evaluation Report FY 2020-21
- K: California Multi-County FSP Innovation Project Year Two Summary Report
- L: Innovation (INN) FY 2020-21 Evaluation Report
- M: Sacramento County MHSA Housing Portfolio Catalog

Member Questions, Discussion and Collective Comment

- Overall, is the MHSA Steering Committee in support of moving the MHSA Annual Update forward?
- Is there additional feedback that should be considered?
- Is there feedback regarding the general format?