Community Services and Supports (CSS) Expansion Planning

- CSS is one of five components of MHSA
- CSS provides funding for mental health treatment services and supports for children/youth and their families living with severe emotional disturbance and adults living with a serious mental illness
- Division identified up to $16M in MHSA Community Services and Supports (CSS) sustainable growth funding
- Planning efforts kicked off in January 2014
- Expansion focuses on improved timeliness to services and increased system capacity
February 2014 – MHSA Steering Committee approved a three-phased approach to planning for $11M in CSS Expansion
- Phase A – Bringing Adult Outpatient Regional Support Team service delivery system under MHSA umbrella
- Phase B – New and/or Expanded Full Service Partnerships for all ages
- Phase C – Other System Priorities based on historical inputs and/or new ideas and concepts

Recommended adding $600k in CSS funding to each of the four RSTs to implement the RST Community Care Team
- Teams will enhance engagement and timely access to services using culturally and linguistically competent services. Deliver flexible, recovery-based, individualized services, allowing for seamless transitions throughout the continuum of outpatient services and supports available in Sacramento County.
- MHSA Steering Committee approved this recommendation on August 21, 2014
Phase B Workgroup – New TAY Full Service Partnership (FSP)

- Recommended development of a new Full Service Partnership Program designed to meet the needs of Transition Age Youth (TAY) ages 16–25
- Program will provide core FSP services and flexible supports that are culturally and linguistically competent. Services will include outreach, engagement, retention and transition strategies
- Steering Committee approved this recommendation and allotted $2.5M for this program on November 20, 2014

What is a Full Service Partnership?

- Service category of MHSA Community Services and Supports (CSS) component
- Collaborative relationship between County (or service provider) and client and when appropriate the client’s family
- Provides full spectrum of community services so that client can achieve identified goals
- “Whatever it takes”
FSP Services

- Core Services: Assessment, Case Management, Individual Therapy/Counseling, Group Therapy/Rehab, Collateral Support (e.g. family therapy), Crisis Intervention, Social Rehabilitation / Skills Building, Medication Evaluation and Monitoring
- 24/7 Response
- Peer Support
- Non-mental health services and supports including, but not limited to: Food, Clothing, Housing, Substance Abuse Treatment, Respite Care

Phase B – Existing FSP Expansion

- MHSA Steering Committee approved $3m for expansion of existing FSP programs on November 20, 2014 in order to:
  - Increase existing FSPs capacity
  - Implement new and different service strategies that further address system challenges

- DBHS is working to:
  - Analyze FSP data in the context of identified system challenges
  - Request existing FSPs to respond to how they will address system challenges through expanded funding
  - Review FSP responses and negotiate expansion allocation
  - Implement expansion
Phase C – Other System Priorities

- Based on historical inputs and/or new ideas and concepts

SB82 Investment in Mental Health Wellness Grants

- Mobile Crisis Support Teams
- Crisis Residential Capital Funding
Mobile Crisis Support Teams Grant

- California Health Facilities Financing Authority (CHFFA) awarded a grant of $266k (personnel and capital funding)
- In partnership with Sacramento Police Department:
  - Team comprised of SPD Officer and Mental Health Professional
  - Respond to calls in Downtown Sacramento
- In partnership with Sacramento County Sheriff’s Department:
  - Team co-staffed with Mental Health Professional and Peer
  - Team will meet Sheriff in the field
  - Respond to calls in District 6 (South Sacramento)
- May 15, 2014 – MHSA Steering Committee approved up to $275k annually to fund costs not covered by grant

Crisis Residential Capital Grant

- July 17, 2014 – MHSA Steering Committee urged DBHS to pursue new 15-bed Crisis Residential Capital Funding Round 2 grant and approves up to $1.5m annually to fund related services
- CHFFA awarded a grant of $1.2M in Capital Funding
  - Facility renovation costs, furnishings/equipment
  - Up to 3 months of program start up costs
Phase C Other System Priorities

- Based on historical inputs and/or new ideas or concepts
  - New 15-bed Crisis Residential Program services costs up to $1.5M annually (leveraged with Medi-Cal)

MHSA Three-Year Plan Content and Process

- Three-Year Plan and Annual Updates are required by MHSA
- Three-Year Plan addresses Fiscal Years 2014-15, 2015-16, and 2016-17
  - Includes previously approved MHSA programs and activities
  - Includes Phases A and B of CSS Expansion Planning
  - Includes SB82 grant awards with MHSA funding
MHSA Three-Year Plan Process

- Draft Three-Year Plan posted for 30-day public review and comment January 11 – February 10, 2015
- January 15, 2015 – MHSA Steering Committee provides collective comment on Draft Plan
- January 27, 2015 – Cultural Competence Committee provides collective comment on Draft Plan
- February 4, 2015 – Mental Health Board provides collective comment on Draft Plan
- February 10, 2015 – Mental Health Board conducts the Public Hearing at the close of the 30-day public comment period (as required by MHSA)
- Division reviews all public comment (including collective comment) received and makes and necessary changes
- Final MHSA Three-Year Plan submitted to the Sacramento County Board of Supervisors for approval (Copy of approved Plan submitted to State)

Questions