

Draft MHSA Fiscal Year 2018-19 Annual Update

MHSA Steering
Committee Presentation
February 21, 2019

Community Program Planning

- February 4, 2019 – March 6, 2019: 30-day posting for public review and comment
- February 21, 2019: MHSA Steering Committee Presentation and Collective Comment
- February 26, 2019: DBHS Cultural Competence Committee Presentation and Collective Comment
- March 6, 2019: Mental Health Board Presentation and Collective Comment
- March 6, 2019: Mental Health Board conducts Public Hearing

Community Program Planning (continued)

- November 7, 2017 Board of Supervisors Action
 - Board of Supervisors took action to support dedicating \$44 million in MHSA funding over the next three years to fund mental health treatment services and supports for individuals with serious mental illness, who may have co-occurring substance use disorders and are experiencing or at-risk of homelessness

Community Program Planning (continued)

- November 7, 2017 Board of Supervisors Action
 - Direct staff to focus available PEI funding, including any potential AB114 PEI reversion dollars, where appropriate, on needs of children and youth under age 25 with a specific focus on programs that help foster youth experiencing serious emotional disturbances

Community Program Planning (continued)

- Homeless Mental Health Services Expansion
 - MHSA Steering Committee
 - Discussed Board Action in November 2017
 - Convened a workgroup to develop a recommendation
 - In January 2017, supported moving forward a recommendation for expansion of MHSA programs for individuals with serious mental illness, who are homeless or at-risk of homelessness, and may also have a co-occurring disorder

Community Program Planning (continued)

- MHSA PEI-funded Mental Health Services for Foster Youth
 - MHSA Steering Committee
 - Discussed Board Action in November 2017
 - Convened a workgroup to develop a recommendation
 - In January 2018, supported moving forward a recommendation for MHSA PEI-funded mental health services for children/youth in the foster care system

Community Program Planning (continued)

- Prevention Program addressing needs of the African American community
 - Cultural Competence Committee convened an Ad Hoc Workgroup to develop a recommendation in December 2018
 - Ad Hoc Workgroup presented recommendation to the Cultural Competence Committee
 - Cultural Competence Committee presented the recommendation to the MHSA Steering Committee on January 17, 2019
 - MHSA Steering Committee supported moving the recommendation forward

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
- In Fiscal Year 2016-17:
 - 1,889 unduplicated clients were served across the implemented Full Service Partnership Programs
 - 13,276 unduplicated clients were served across the General System Development programs

CSS Component (continued)

- 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
 - Expanded in alignment with Board Action and with SC recommendation for homeless mental health services expansion
 - Expansion includes a new outpatient program that will roll out FY2018-19

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

CSS Component (continued)

- SAC-3 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
 - Expanded in alignment with Board Action and with SC recommendation for homeless mental health services expansion
 - Expansion includes a new FSP program that will roll out in FY2018-19

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
 - 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 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
 - Expanded in alignment with Board Action and with SC recommendation for homeless mental health services expansion

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 that may also have co-occurring substance use disorder and/or co-morbid medical concerns, many of whom are transitioning from long-term hospitalizations
 - Expanded in alignment with Board Action and with SC recommendation for homeless mental health services expansion

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 who are risk of or experiencing homelessness, aging out of the child mental health system, involved in or aging out of the child welfare or foster care system or juvenile/criminal justice system, at risk of psychiatric hospitalization, experiencing first episode of a serious mental illness, other at risk populations
 - Services include outreach, engagement, retention and transition strategies that emphasize independent living and life skills, mentorship

CSS Component (continued)

- SAC-9 Crisis Residential
 - 15-bed Crisis Residential Program in Rio Linda
 - 12-bed Crisis Residential Program in South 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

CSS Component (continued)

- SAC-10 Consultation, Support and Engagement Teams (CSET)
 - Program is designed to address the needs of children and youth that have been commercially sexually exploited
 - Program has two components:
 - Outreach and engagement services for children, youth and families
 - Consultation, education and training to mental health providers that are delivering treatment services to this underserved population
 - Program services started in July 2018.

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

FY2018-19 CSS COMPONENT BUDGET Work Plan / Program	Average Cost/Client*	Budget Amount
SAC1 - GSD: TCORE	\$ 5,957	\$ 33,357,813
SAC2 - FSP: Sierra Elder Wellness	\$ 14,631	\$ 2,048,327
SAC3 - FSP: Permanent Supportive Housing	\$ 10,676	\$ 17,230,424
SAC4 - FSP: Transcultural Wellness Center	\$ 10,613	\$ 2,653,266
SAC5 - GSD: Wellness and Recovery Center	\$ 2,296	\$ 7,749,522
SAC6 - FSP: Adult Full Service Partnership	\$ 20,951	\$ 9,427,929
SAC7 - FSP: Juvenile Justice Diversion and Treatment	\$ 28,324	\$ 3,625,533
SAC9 - GSD: Crisis Residential	\$ 12,086	\$ 3,746,579
TOTAL		\$ 79,839,393

*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

Penetration Rates from page 30 of the Annual Update

Penetration Rates		Calendar Year 2016					Calendar Year 2017					Percent Change between CY 2016 and CY 2017
		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	Percent Change				
		N	%	N	%	%	N	%	N	%	%	%
Age Group	0 to 5	72,266	12.8%	1,555	5.7%	2.2%	69,886	12.5%	1,203	4.3%	1.7%	-20.0%
	6 to 17	134,120	23.7%	9,967	36.5%	7.4%	133,236	23.8%	9,737	34.7%	7.3%	-1.7%
	18 to 59	293,755	52.0%	13,894	50.9%	4.7%	288,999	51.7%	15,070	53.7%	5.2%	10.2%
	60+	65,086	11.5%	1,894	6.9%	2.9%	67,305	12.0%	2,075	7.4%	3.1%	5.9%
	Total	565,227	100.0%	27,310	100.0%	4.8%	559,426	100.0%	28,085	100.0%	5.0%	3.9%
Gender	Female	298,366	52.8%	14,261	52.2%	4.8%	296,052	52.9%	14,523	51.7%	4.9%	2.6%
	Male	266,860	47.2%	13,039	47.7%	4.9%	263,373	47.1%	13,553	48.3%	5.1%	5.3%
	Unknown/Not Reported	----	----	10	0.0%	N/A	----		9	0.0%	N/A	N/A
	Total	565,226	100.0%	27,310	100.0%	4.8%	559,425	100.0%	28,085	100.0%	5.0%	3.9%
Race	White	149,383	26.4%	8,766	32.1%	5.9%	140,900	25.2%	8,927	31.8%	6.3%	8.0%
	African American	89,118	15.8%	6,037	22.1%	6.8%	85,432	15.3%	6,174	22.0%	7.2%	6.7%
	American Indian/Alaskan Native	4,290	0.8%	264	1.0%	6.2%	3,927	0.7%	286	1.0%	7.3%	18.3%
	Asian/Pacific Islander	112,185	19.8%	1,706	6.2%	1.5%	78,944	14.1%	1,788	6.4%	2.3%	48.9%
	Other	101,461	18.0%	4,837	17.7%	4.8%	121,538	21.7%	5,036	17.9%	4.1%	-13.1%
	Hispanic	108,792	19.2%	5,700	20.9%	5.2%	128,686	23.0%	5,874	20.9%	4.6%	-12.9%
	Total	565,229	100.0%	27,310	100.0%	4.8%	559,427	100.0%	28,085	100.0%	5.0%	3.9%

Retention Rates from page 31 of the Annual Update

Retention FY 16/17														
FY 16/17		Total Served	1 Service		2 Services		3 Services		4 Services		5 to 15 Services		>15 Services	
			N	%	N	%	N	%	N	%	N	%	N	%
Race (0-17.9)	API	325	23	7.1%	22	6.8%	13	4.0%	12	3.7%	106	32.6%	149	45.8%
	Black	2227	203	9.1%	147	6.6%	88	4.0%	74	3.3%	664	29.8%	1051	47.2%
	Hispanic	3189	268	8.4%	164	5.1%	129	4.0%	142	4.5%	1088	34.1%	1398	43.8%
	Nat-Amer	93	8	8.6%	1	1.1%	4	4.3%	5	5.4%	24	25.8%	51	54.8%
	White	2312	144	6.2%	100	4.3%	90	3.9%	83	3.6%	661	28.6%	1234	53.4%
	Other	646	41	6.3%	29	4.5%	27	4.2%	33	5.1%	218	33.7%	298	46.1%
Unknown	601	81	13.5%	56	9.3%	46	7.7%	30	5.0%	204	33.9%	184	30.6%	
Race (≥18)	API	1433	101	7.0%	74	5.2%	65	4.5%	50	3.5%	670	46.8%	473	33.0%
	Black	3607	562	15.6%	337	9.3%	196	5.4%	158	4.4%	1304	36.2%	1050	29.1%
	Hispanic	2322	353	15.2%	199	8.6%	109	4.7%	111	4.8%	872	37.6%	678	29.2%
	Nat-Amer	192	17	8.9%	21	10.9%	9	4.7%	8	4.2%	81	42.2%	59	30.7%
	White	6369	775	12.2%	486	7.6%	329	5.2%	309	4.9%	2503	39.3%	1967	30.9%
	Other	750	91	12.1%	69	9.2%	56	7.5%	41	5.5%	295	39.3%	198	26.4%
Unknown	1832	548	29.9%	231	12.6%	147	8.0%	98	5.3%	580	31.7%	228	12.4%	
Age	0-17.9	9393	768	8.2%	519	5.5%	397	4.2%	379	4.0%	2965	31.6%	4365	46.5%
	≥ 18	16505	2447	14.8%	1417	8.6%	911	5.5%	775	4.7%	6305	38.2%	4650	28.2%
Sex	Male	12594	1805	14.3%	954	7.6%	612	4.9%	540	4.3%	4176	33.2%	4507	35.8%
	Female	13296	1408	10.6%	981	7.4%	695	5.2%	613	4.6%	5093	38.3%	4506	33.9%
	Other/Unk*	8	2	25.0%	1	12.5%	1	12.5%	1	12.5%	1	12.5%	2	25.0%
Language	English	22173	2738	12.3%	1652	7.5%	1101	5.0%	973	4.4%	7698	34.7%	8011	36.1%
	Spanish	1470	129	8.8%	89	6.1%	72	4.9%	81	5.5%	588	40.0%	511	34.8%
	Russian	249	9	3.6%	13	5.2%	7	2.8%	6	2.4%	144	57.8%	70	28.1%
	Hmong	323	18	5.6%	18	5.6%	12	3.7%	13	4.0%	164	50.8%	98	30.3%
	Vietnamese	190	3	1.6%	10	5.3%	8	4.2%	6	3.2%	96	50.5%	67	35.3%
	Cantonese	66	0	0.0%	2	3.0%	4	6.1%	0	0.0%	32	48.5%	28	42.4%
	Other	634	34	5.4%	39	6.2%	30	4.7%	28	4.4%	347	54.7%	156	24.6%
	Unknown	793	284	35.8%	113	14.2%	74	9.3%	47	5.9%	201	25.3%	74	9.3%
TOTAL	25898	3,215	12.4%	1,936	7.5%	1,308	5.1%	1154	4.5%	9270	35.8%	9015	34.8%	

CSS Full Service Partnership Program FY2016-17 Outcomes

- Psychiatric hospitalizations decreased by 59.6%
- Arrests decreased by 60.1%
- Incarcerations decreased by 44.9%
- Incarceration days decreased by 53%
- Homeless occurrences decreased by 72.4%
- Homeless days decreased by 90.8%
- ER visits for psychiatric reasons decreased by 67.9%
- ER visits for medical reasons decreased by 74.8%
- Employment rate increased by 0.8%
- Majority (83.5%) of partners connected with Primary Care Physicians

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 at any given time thanks to MHSA funding in Sacramento
 - 15 units are in development through the Special Needs Housing Program
- Exploring Opportunities to expand (e.g. NPLH, vouchers, etc.)

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 2016-17:
 - Approximately 7,400 individuals served across PEI programs
 - More than 22,000 individuals received universal screenings
 - More than 18,000 callers accessed the Suicide Crisis Line

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, Iu-Mien)

PEI Component (continued)

- Suicide Prevention Project (continued)
 - New/Expanded in alignment with Board Action and with SC recommendation for homeless mental health services expansion
 - Community Support Team
 - Mental Health Navigator Program
 - Mobile Crisis Support Teams
 - 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 Adult Respite

PEI Component (continued)

- Strengthening Families Project
 - Quality Child Care Collaborative
 - HEARTS for Kids/CPS Mental Health Team
 - Bullying Prevention Education and Training
 - Early Violence Intervention Begins with Education
 - Adoptive Families Respite Program
 - Foster Families Urgent Response System – anticipated to roll out late this FY
 - Safe Zone Squad – anticipated to roll out late this FY

PEI Component (continued)

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

PEI Component (continued)

- Mental Health Promotion Project
 - “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

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.

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
- Consists of eight previously approved Actions
 - Highlights 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; Psychiatric Residents and Fellowships Training Program; and Wellness Recovery Action Plan (WRAP) Facilitator Training

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

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

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; and Medical Clearance Screening Pilot
 - Clinic opened in November 2017

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

INN Component (continued)

- Proposed INN Project 3: Behavioral Health Crisis Services Collaborative
 - Project was developed as a result of local community planning
 - Public/private partnership with Dignity Health and Placer County with the intent to establish integrated adult crisis stabilization services on a hospital emergency department campus in northeastern Sacramento County
 - Anticipated to roll out late this FY

Capital Facilities and Technological Needs (CF/TN) Component

- Capital Facilities Project – Approved in July 2012 and completed in late 2015
 - Renovated the three building at the Stockton Blvd complex that house the APSS Clinic, Peer Partner Program and INN Project 2: Mental Health Crisis/Urgent Care Clinic
 - Renovations allowed for an expansion of service capacity with space for additional consumer and family-run wellness activities and social events

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 the final phases of implementation

MHSA Funding Summary

	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 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	90,405,387	27,635,040	14,556,721	631,887	110,932	
2. Estimated New FY 2018/19 Funding	45,228,304	11,307,076	2,975,546			
3. Transfer in FY 2018/19 ^{a/}	(5,415,710)			1,750,000	3,665,710	
4. Access Local Prudent Reserve in FY 2018/19	0	0				0
5. Estimated Available Funding for FY 2018/19	130,217,981	38,942,116	17,532,267	2,381,887	3,776,642	
B. Estimated FY 2018/19 MHSA Expenditures	65,068,234	18,177,393	3,862,178	1,489,769	3,415,710	
G. Estimated FY 2018/19 Unspent Fund Balance	65,149,747	20,764,723	13,670,089	892,118	360,932	

H. Estimated Local Prudent Reserve Balance*	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	14,891,847
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	14,891,847

*Estimated Local Prudent Reserve Balance reflects adjustment of \$4,500,000 per direction from Department of Health

County Certifications

- County Compliance Certification
- County Fiscal Accountability Certification
- These certifications will be completed and signed after Sacramento County Board of Supervisors approval

Attachment A

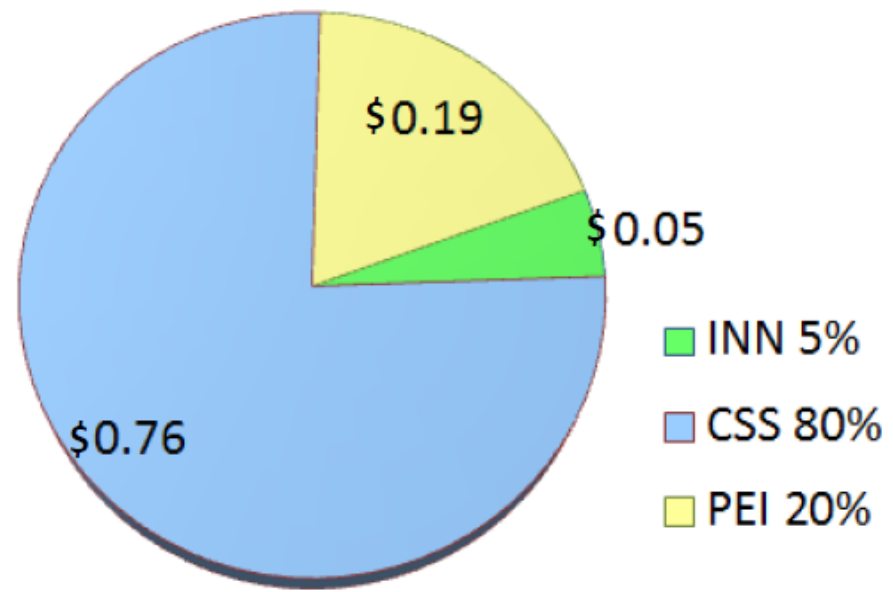
Funding Summary Presentation

- 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

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

Attachment A – Funding Summary Presentation (continued)



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

Attachment A – Funding Summary Presentation (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)
 - 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%
 - In FY2017-18, increased from 3.26% to 3.29%
 - In FY2018-19, decreased from 3.29% to 3.23%

Attachment B – Cultural Competence Committee and Ad Hoc Workgroup Recommendation on PEI Program for the African American Community

- Cultural Competence Committee/Ad Hoc Workgroup Recommendation
 - Ad Hoc Workgroup presented recommendation to Cultural Competence Committee
 - Cultural Competence Committee presented recommendation to MHSA Steering Committee on January 17, 2019
 - Steering Committee supported moving recommendation forward
- Meeting Flyer
- Workgroup Composition

Attachment C – Sacramento County Mental Health 2018 Human Resource Survey

- Survey assesses demographic and linguistic information from staff, volunteers, committee members who serve individuals throughout Mental Health System of Care
- Purpose is to determine whether or not staff, volunteers, committee members are reflective of the diversity of the community

Member Questions Collective Comment
