

Mental Health Services Act (MHSA) FY 2016-17 Update to the Three Year Program and Expenditure Plan

OUTLINE OF DRAFT PLAN Update

Plan Update for FY 2016-17

Summary

- The FY 15-16 Plan Update proposes to set aside \$43.1 million for fiscal year 2016-17 to fund 85 programs and plan elements. This is the same total budget as approved last year in the Three Year Plan.
- Unspent funds from previous years will be utilized for FY 2015-16, but increased projected revenues for FY 2016-17 will approximate projected expenditures for FY 2016-17.
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements in the foreseeable future.

Plan Outline Summary

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- Evaluating the Plan
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 - Public Comment and Hearing
 - Board Resolution

Introduction

- Describes MHSA, MHSA values, statutory and regulatory requirements
- Outlines changes to the Three Year Plan
 - A description of this year's Community Program Planning Process.
 - Changes to the Adult Full Service Partnership program.
 - The implementation of the Assisted Outpatient Treatment Program, and description of its proposed evaluation.
 - Changes to the description of the Miller Wellness Center.
 - Adjustments to CSS, INN, and WET component budget line items to more closely align with projected expenditures. Component totals are not affected.
 - A description of the passage and potential impact of new PEI and INN regulations.
 - *The Budget* reflects increased projected revenues to reflect current estimates. Funding summaries indicate sufficient MHSA funds are available to fully fund authorized budgeted amounts for FY 2016-17.
 - An alphabetized Program and Plan Element Profiles Table of Contents.

Vision

We intend to utilize MHSa funding to assist Behavioral Health Services in addressing three key areas:

- Access – improve assistance with eligibility, transportation, shorten wait times, increase availability after hours, provide services that are culturally and linguistically competent
- Capacity – take the time to partner with the individual and his/her family to determine the level and type of care needed, coordinate necessary health, mental health and other needed resources, and then successfully work through challenging mental health issues
- Integration – work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes the recently completed Community Program Planning Process for FY 2016-17

Community Program Planning Process for FY 2016-17

- **CPAW and PEI providers developed a plan to:**
 - engage stakeholders who do not normally participate in the stakeholder process and who are traditionally underserved by public mental health
 - Utilize creative events or venues in settings where people are receiving services
- **23 different events were hosted by PEI providers throughout the County during OCT-DEC**
- **645 surveys were completed**

Community Program Planning Process for FY 2016-17 – Highlights (1)

- **Prioritized Needs**
 - Affordable housing as part of the treatment plan
 - Better information and help accessing services
 - Better coordination among service providers
 - Help getting to and from services
 - Services that are culturally and linguistically competent

Community Program Planning Process

for FY 2016-17 – Highlights (2)

- Suggested strategies
 - Place care providers where people are already accessing other types of service
 - Provide more cultural competency training, to include training for language interpreters
 - Provide monitors for translation services
 - Establish a Lyft or Uber account for transportation
 - Expand free ride window for county transit buses
 - Provide trainings on how consumers and family members can learn about how to access and advocate for resources and services
 - Host events, such as a resource fair to bring people together to learn about each other and problem solve how to provide more and better services

Community Program Planning Process for FY 2016-17 – Highlights (3)

- Survey highlights
 - Receiving mental health services was the service most often identified as important
 - 62% of respondents were currently receiving mental health services
 - 54% of those who tried to get services received services in less than two weeks; 31% over two weeks later; 15% did not receive services at all
 - 26% indicated that they had declined mental health services because
 - They did not want help of that nature (42%)
 - They were too embarrassed to ask (33%)
 - Services were not in their community (29%)
 - Services were not in their language (26%)

The Plan

- **Community Services and Supports (CSS)**
 - Full Service Partnerships
 - General System Development
- **Prevention and Early Intervention (PEI)**
 - Reducing risk of developing a serious mental illness
 - Preventing relapse of individuals in recovery
 - Reducing stigma and discrimination
 - Preventing suicide
 - Early intervention
- **Innovation (INN)**
- **Workforce Education and Training (WET)**
- **Capital Facilities and Technology (CF/TN)**

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

Community Services and Supports

\$31.6 million to fund:

- 29 MHSA programs that provide services to approximately 2,000 consumers; children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.
- Seven additional plan elements that support and enhance non-MHSA funded community mental health programs and clinics.
- Programs and plan elements include:
 - 9 Full Service Partnership programs (children, TAY, adults)
 - Assisted Outpatient Treatment Program
 - Miller Wellness Center (mental health)
 - Hope House (transitional residential center)
 - Housing Services (temporary, supported or permanent)
 - 3 Wellness and Recovery Centers
 - Older Adult Program
 - Clinic support
 - Administrative support

Community Services and Supports

Changes for FY 16-17

- **Changes to the Full Service Partnership Program**
 - Rubicon ending as adult FSP provider in West
 - Hume Center expanding to provide FSP in both East and West
- **Implementation of AOT and its evaluation**
 - AOT started FEB 1; CCBHS accepting referrals
 - Mental Health Systems operational
 - Resource Development Associates developing evaluation plan
- **Changes to the Miller Wellness Center**
 - 4 CCBHS positions identified for MHSA funding – Program Supervisor, 2 CSW II positions filled
- **Adjustments to CSS budget line items**
 - Crestwood line item increased to account for specialty mental health services being provided

Prevention and Early Intervention

- \$8 million to fund 28 MHSA programs that provide prevention and early intervention services designed to prevent mental illness from becoming severe and debilitating, and to provide outreach and engagement to underserved populations.
- Approximately 13,000 individuals served yearly.
- Programs and plan elements include:
 - 8 agencies outreaching to underserved communities
 - 5 agencies supporting at risk youth
 - 5 agencies supporting families with at risk children
 - 3 programs integrating primary and mental health care to adults, older adults
 - First Hope program to provide early intervention for first break psychosis
 - Putnam Clubhouse to assist in preventing relapse
 - Contra Costa Crisis Center and countywide suicide prevention efforts
 - Office for Consumer Empowerment

Prevention and Early Intervention

Changes for FY 16-17

- Describes impact of new PEI regulations
 - Expands from two to seven categories
 - Requires all PEI programs to
 - create access and linkage to mental health services
 - reduce stigma and discrimination
 - provide outreach and engagement to underserved populations
 - Establishes new reporting requirements as of JUL 2016
- Programs to incorporate changes by JUL 2016

Innovation

\$2 million in FY 2016-17 to fund new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system.

- 7 projects are approved and will be in operation for FY 16-17:
 - Support for lesbian, gay, bi-sexual, transgender or questioning consumers
 - Addressing perinatal or post-partum depression
 - Post-traumatic stress disorder groups
 - Outreach to exploited youth
 - Vocational services for unserved consumer
 - Peer wellness coaches
 - Support for the frail, homebound older adult
- 1 project will receive MHSOAC approval and will be in operation during FY 16-17:
 - Overcoming transportation barriers to accessing services

Innovation

Changes for FY 16-17

- All 8 INN Projects will be in operation in FY 16-17
- New INN regulations now in effect.
 - Clarifies what comprises a new and different pattern of service
 - Sets a maximum period of five years that an INN project can be funded in the INN component
 - Provides new reporting requirements
- Indicates that concepts will be solicited for new INN projects via stakeholder process

Workforce Education and Training

\$640,000 annually from Contra Costa's MHSA Fund to recruit and retain a diverse, qualified workforce capable of providing consumer and family driven services that are compassionate, culturally and linguistically responsive, and promote wellness, recovery and resilience across healthcare systems and community based settings. Categories are:

- Workforce staffing support
- Training and technical assistance
- Mental health career pathway programs
- Internship programs
- Financial incentive programs

No changes to this component for FY 16-17

Capital Facilities and Information Technology

This component enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to implement MHSA services and supports, and to generally improve support to the County's community mental health service system.

- \$6 million to build and integrate Behavioral Health Services' Epic Tapestry electronic records system with the Epic system currently in use by the County's Health Services
 - \$850,000 estimated to be available for FY 16-17

The Budget

- Provides estimated available funds, revenues and expenditures by component for FY 16-17. Depicts estimated funds available by component starting July 2017.
- The County maintains a prudent reserve of \$7,125,250 to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. This is in addition to unspent funds from previous years.

NOTE: This current draft version contains dollar amounts that are approximate. This is because Finance is in the process of finalizing the Funding Summaries that will be included as Appendix E. The Budget in the Plan Update needs to match the Funding Summaries, and will be adjusted accordingly.

Budget Analysis

- Revenues are estimated to approach expenditures for FY 2016-17, thus moving toward a structurally balanced budget for the next Three Year Plan.
- WET and CF/TN component fund balances are projected to be fully utilized by JUN 2017. Any new capital facility and/or information technology projects, or continued funding of WET programs after JUN 2017 will need to be funded by unspent funds from prior fiscal years.

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded program or plan elements:
 - Meet the letter and intent of MHSA
 - Support the needs, priorities and strategies identified in the community program planning process
 - Meet agreed upon outcomes and objectives
 - Are cost effective
- Adds a MHSA financial report to enable ongoing fiscal accountability.

Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

Mental Health Service Maps

Provides six one page pictorial of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

Program and Plan Element Profiles

Provides a profile of each MHSA funded program or plan element according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program or plan element
 - Total MHSA funds allocated
 - FY 14-15 outcomes
- Now contains an alphabetized Program and Plan Element Profile Table of Contents

Glossary

Provides an alphabetical listing and definition of 75 terms used in the document.

Certifications, Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

Public Comment and Hearing

- Will include evidence of public comment period and summary of public comments.
- Mental Health Commission's review of draft plan and recommendations.
- Contra Costa Mental Health's response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Timeline

- **4 – 12 FEB - 1st DRAFT** Plan Update shared with CPAW/MHC for input
- **19 FEB - 2D DRAFT** Plan Update posted for 30 day public comment period
- **6 APR - Mental Health Commission (MHC)** hosts Public Hearing on Plan Update
- **7-11 APR – Public Comment and MHC** recommendations addressed
- **12 APR - Plan Update** submitted to County Administrator for inclusion on Board of Supervisors’ (BOS) agenda
- **19 APR – Earliest date** on BOS agenda

Issues for MHSA FY 17-20 Three Year Program and Expenditure Plan

- Modest increase in MHSA revenue projections should be able to address increase in cost of doing business – not enough to add any significant new CSS, PEI programming.
- Need to implement process to address four INN projects sunsetting JUN 2017, and a process to address backfill.
- State funds allocated to WET component in 2008 will be spent by JUN 2017. Any WET programs will need to be funded by unspent local MHSA funds from previous years.
- CF/TN component funds allocated from the local MHSA fund in 2011-12 will be spent by JUN 2017. Any new projects will need to be funded by unspent funds from previous years.

Your Input Is Most Welcome!

Point of Contact:

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Stakeholder Meeting Calendar

February 2016



| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---------|---|--|--|----------|
|  | 1 | 2 | 3 Mental Health Comm: 4:30 – 6:30 pm 550 Ellinwood Way, Pleasant Hill | 4 CPAW Orientation: 2-3 PM CPAW: 3-6 pm 2425 Bisso Ln., 1 st Floor Conf. Room, Concord | 5 | 6 |
| 7 | 8 Membership (moved for February): 3-5 pm 1340 Arnold Dr., Ste 200, Martinez | 9 | 10 | 11 Children's: 11 am - 1 pm 1340 Arnold Dr., Ste 200, Martinez Steering: 3-5 pm 2425 Bisso Ln., Concord | 12 | 13 |
| 14 | 15 President's Day Holiday | 16 | 17 Systems of Care (moved for February): 10 am - 12 pm 1340 Arnold Dr., Ste 200, Martinez Housing: (no meeting in Feb. Next mtg 3/16.) | 18 MHSA Finance Comm: 1-3 pm 1340 Arnold Dr., Ste 112, Martinez | 19 Social Inclusion (moved for February): 10 am - 12 pm 2425 Bisso Ln., Concord | 20 |
| 21 | 22 Innovation: 2:30-4:30 pm 1340 Arnold Dr., Ste 112, Martinez | 23 | 24 Aging & Older Adults: 2:00 p.m. – 3:30 pm 2425 Bisso Ln., Concord | 25 | 26 | 27 |
| 28 | 29 | | | | | |