

Solano County

Mental Health Services Act

Mental Health Advisory Board: Public Hearing December 14, 2017
FY 2017/2018 Annual Update: A Look Back at FY 2016/2017

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Presentation Overview

- Mental Health Services Act (MHSA) Refresher
- High Level Snapshot for FY 2016/2017:
Achievements & Challenges
- A Closer Look – Updates on MHSA Components &
Services
- Public Comment & Questions
- Next Steps—MHSA Annual Update

Mental Health Services Act (MHSA)

- **In November 2004, California voters passed Proposition 63, which imposes a one percent tax on personal income in excess of \$1 million to provide funding to support County mental health programs.**
- **Five components include:**
 - Prevention and Early Intervention (PEI)
 - Community Services and Supports (CSS)
 - Innovation (INN)
 - Workforce Education and Training (WET)
 - Capital Facilities and Technology Needs (CFTN)



Mission & Values of MHSA

- Community collaboration
- Promotes cultural competence
- Decreases stigma
- Increased access to unserved and underserved groups
- Creates individual and family-driven programs
- Philosophy of a wellness, recovery and resilience
- Promotes an integrated service experience
- Outcome-based programs

MHSA Community Planning Process

Community Stakeholder Input

- 8 targeted community stakeholder meetings were held across the county, 6 focus groups were held, and additional feedback was obtained at selected community committee meetings.
- Stakeholders included: consumers, family members, mental health and physical health providers, substance abuse providers, social service agencies, education, law enforcement, faith-based representatives, veterans, etc.

High Level Snapshot – FY 2016/2017

Successes and Achievements

- Increased number of clients served across MHSA Programs
- Effective partnerships across disciplines
- MHSA programs and services are spread across the County



High Level Snapshot – FY 2016/2017

Barriers and Challenges

- Shift to tracking qualitative outcomes
- Data collection and reporting
- Lack of housing
- Staffing shortages—psychiatry and direct providers for CBOs
- Lack of bilingual staff to serve unserved/underserved communities



PEI: Community-wide Strategies

Quantitative Outcomes

Suicide Prevention & Stigma Reduction Efforts

- Initiated Suicide Prevention community planning process
- **195** individual county and community partners attended suicide prevention trainings
- **2** Mental Health First Aid trainings provided to **21** community members
- Distributed suicide prevention school toolkits to **42** middle and high schools
- African-American Faith-Based Initiative reached **342** training participants, **700** outreach attendees, and **2** participating churches received mini grants for stigma reduction events
- NAMI provided peer and family support groups and stigma reduction presentations to **376** individuals

PEI: Targeted Strategies Quantitative Outcomes

Prevention & Early Intervention Efforts

- LGBTQ Outreach & Access Program: **508** individuals received prevention services and **13** individuals received early intervention treatment services
- Early Childhood Partnership for Early Access for Kids Program (PEAK): **1198** individuals received prevention services and **8** children received early intervention treatment services
- School-Based Mental Health Services Programs: **678** individuals received prevention services and **233** students received early intervention treatment services
- Early Intervention in Psychosis Program: **319** individuals received prevention services and **61** consumers received evidence-based early psychosis treatment
- Older Adult Programs: **1613** individuals received prevention services and **379** older adults received early intervention treatment services

A Closer Look—Qualitative Outcomes for PEI Strategies

- Of the **199** primary caregivers who attended a PEAK workshop, **99%** of them demonstrated increased knowledge on the presented topics. Of the **116** providers who attended a workshop, **100%** demonstrated increased knowledge.
- Of those students receiving treatment services with A Better Way's school-based program, **69%** showed improvement in symptoms, per the Child Behavior Checklist and/or the Beck Depression Inventory.
- Of clients enrolled in treatment with Aldea SOAR, at the 6 month mark, **67%** improved relative to overall symptom severity. At the 12 month mark, **82%** had improved.

A Closer Look—Qualitative Outcomes for PEI Strategies

- Of the older adult clients who were served by AAoA's PEAS program, **78%** demonstrated improvement on the PHQ-9 Depression measure, **72%** on the GAD-7 Anxiety measure, and **86%** on an overall Quality of Life measure.
- Due to a collaboration with Meals on Wheels, **400** Faith in Action flyers were distributed to individual via their volunteer drivers.
- Of the **342** individuals that attended a training facilitated by the African American Faith Based Initiative, **92%** demonstrated an increase in knowledge on the topics presented.

CSS: Full Service Partnerships (FSP)

- **County and Contractor-Operated Full Services Partnership (FSP) Programs served 565 individuals**

- **7** children (ages 0-5)
- **169** children (ages 6-15)
- **110** Transition-Age Youth (TAY) (ages 16-25)
- **245** Adults (ages 26-59)
- **34** Older Adults (60+)



134 were forensic consumers served by FACT Program and **39** were served by the Caminar HOME FSP and were homeless or at risk of homelessness at intake

- **Qualitative Outcomes**

- **7%** of the adult FSP consumers were hospitalized one time and only **1%** were hospitalized two or more times; **3%** of the child/youth FSP consumers were hospitalized one time and only **1%** were hospitalized two or more times.

CSS: Outreach & Engagement Outcomes

- **Hispanic Outreach & Latino Access (HOLA)**
 - Conducted **27** outreaches to a total **697** individuals
 - **172** contacts to Access Line due to HOLA Outreach
- **KAAGAPAY—Filipino Outreach**
 - Conducted **121** outreaches to a total **676** individuals
 - **60** contacts to Access line due to KAAGAPAY Outreach
- **ARCH—Homeless TAY Outreach (January 2017-June 30, 2017)**
 - Conducted **65** outreach activities and served **30** TAY homeless youth
 - **100%** were screened for Mental Health and/or Substance Abuse needs and **47%** linked to other resources

CSS: General System Development (GSD)

Quantitative Outcomes

- **Crisis Services & Supports**
 - Crisis Stabilization Unit: **1721** consumers served acute track; **630** consumers served urgent medication clinic
 - Relapse Prevention & Crisis Aftercare: **157** adult consumers provided crisis aftercare direct services
 - County Crisis Worker: **97** consumers served thru local ERs and jails
- **Mentally Ill Offender Programming**
 - Mentally Ill Offender Crime Reduction (MIOCR) Re-entry Program: **99** consumers served
 - Jail Liaison: **96** consumers served

CSS: General System Development (GSD): Quantitative Outcomes

- **Wellness & Recovery Programming**
 - County Wellness & Recovery Unit: **442** consumers served through the consumer support groups; **126** family members served through the family support groups
 - Wellness & Recovery Centers: **598** consumers served
 - Cooperative Employment Program: **98** consumers served
- **Targeted System Supports**
 - County Expanded Bilingual Services: **50** additional child/youth consumers served
 - Adult Psychiatry Clinic On-Duty Staff: **531** consumers served
 - Foster Child Services & Supports (July 1, 2016-December 31, 2016): **60** consumers served
 - CARE Clinic: **13** consumers served (program launched November 2016)
 - Katie A Services (KAS) Program: **46** consumers served

CSS: MHSA Funded Housing Programs

- **Supported Housing**
 - Permanent Housing: **73** consumers served
 - Transitional Housing: **17** consumers
 - Respite Housing: **120** consumers served
 - Shelter Housing: **8** consumers served



A Closer Look– Qualitative Outcomes for CSS GSD Services

- Of the **13** clients who completed the Child Haven CARE Clinic, **94%** demonstrated improvement on the Child Behavior Checklist and **100%** successfully transitioned back to school/daycare.
- Of the **98** clients served through the Cooperative Employment Program and **23** were graduated after maintaining employment for 90 days or more.
- Of the **46** clients enrolled in Seneca Center’s Katie A. Services program, **87%** had partially or fully achieved their treatment plan goals and **83%** had increased their natural supports.
- **7** of the **10** youth discharged from the Seneca TAY program improved **100%** in 5 key areas on the Child and Adolescent Needs & Strengths Assessment. The remaining **3** were stepped down to a lower level program.
- **70%** of clients discharged from the Exodus CSU were linked to Outpatient MH services (additional **19%** were directly admitted to inpatient)

Innovation Project



U.C. Davis – Center for Reducing Health Disparities & County partnering to initiate the *Mental Health Interdisciplinary Collaboration and Cultural Transformation Model*

Annual Report for FY 16/17

- **Key Informant Interviews:** 46 individuals
- **Focus Groups:** 31 individuals
- **Community Forums:** 61 individuals
- **Cultural Competency 101 Training:** 190 County and CBO staff

Pending Changes for FY 17/20

- Added additional Cultural Competency training and train-the-trainer component.
- Unspent INN funds from year 1 and 2 being used to support expansions. No change to overall budget

WET Initiatives

- **Crisis Intervention Training—Law Enforcement**

- **335** individuals trained

- **TF-CBT Training**

- **10** staff certified in TF-CBT
- **36** clients treated with TF-CBT
- **100%** of the clients who complete a post-assessment demonstrated improvement in PTSD symptoms



CFTN Initiatives

- **Capital Facilities: No funding spent in FY 16/17**

Electronic Health Record Implementation – MyAvatar a three phase implementation – began July 1, 2013. Phases I and II are completed. The system now has **355** users and **170** custom reports.

- **Technology Needs: Completed Projects**

- ePrescribing of Controlled Substances
- eLab Orders & Results
- Migration to hosted system (early July)

- **Technology Needs: Still In Progress**

- Point of Service Scanning
- Data Analytics/KPI Dashboard
- Enhanced data warehouse
- Health Information Exchange
- Mobile Connect



MHSA Expenditures FY 2016/17

- All programs and services described in the 2016/17 MHSA Annual Update were funded with MHSA monies.
- Total expenditures for FY 2016/17 was **\$18,791,272**

Funding Component	Total Expenditures
CSS	\$14,933,079
PEI	\$2,730,432
INN	\$933,073
WET	\$68,875
CFTN	\$125,813

- In addition to MHSA revenue, a number of programs generated Medi-Cal revenues.
- The delivery of MHSA services did not result in any financial impact to the County General Fund.

Public Comments & Questions

Next Steps MHSA Annual Update

- Solano County Board of Supervisors – **January 2017**
- Submission to the California Mental Health Services Oversight and Accountability Commission (MHSAOAC) for approval.

The full Annual Update document is posted at:

http://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp

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THANK YOU!