

**2013-14 Mental Health Services Act Plan
and
2014-15 Mental Health Services Act
Three Year Plan Update
Santa Barbara County Department of
Alcohol, Drug and Mental Health Services**

March 24, 2015





What is MHSA

- In November 2004, the voters of California approved Proposition 63, the Mental Health Services Act (MHSA). Imposes a 1% tax on incomes exceeding \$1 million are used to expand mental health care.
- Funding is divided into 5 MHSA Funding Components
 - Community Services and Supports (CSS)- *Ongoing Funding*
 - Outpatient Housing – *One Time Funds*
 - Prevention Early Intervention (PEI) – *Ongoing Funding*
 - Workforce Education and Training (WET) – *One Time Funds*
 - Innovation – *Ongoing Funding*
 - Capitol Facilities / Information Technology – *One Time Funds*
- County mental health programs are required to submit an Annual Plan Update and a Three-Year Program and Expenditure Plan
- Conduct a public hearing and establish a 30-day comment period for all plans
- Three Year Plans and Annual Updates must be adopted by the county Mental Health Commission and the Board of Supervisors



MHSA 13/14 Annual Plan Update and MHSA 14/15 Three Year Proposal

- Despite the fact that we are well passed FY 13/14, submission and approval is still needed. In prior planning, it was decided to submit 13/14 in conjunction with the 14/15 Three Year Plan. The 15/16 Plan Update process is underway and will take into consideration current budget projections.
- There are no significant changes to the 13/14 Plan. All significant changes proposed are contained within the 14/15 Three Year Plan. The primary focus of this presentation will be on the proposed recommendations found in the 14/15 Three Year Plan.

The recommendations result in broad systems change and transformation of our outpatient system of care. Specifically:

- The creation of an outpatient system of care in which treatment is determined primarily by need, not by payer source (MediCal vs. Non-MediCal)



MHSA 13/14 MHSA Annual Plan Update and MHSA 14/15 Three Year Proposal

- Transform outpatient clinic sites into MHSA-funded Behavioral Health Access Centers that provide non-crisis centralized assessments, referrals, and linkages to behavioral health programs and services that are co-located at the centers, as well as those that not co-located at the centers.
- Stakeholders have determined the programs, treatments needed for those programs.
- Adopt a behavioral health “funding hierarchy” that uses MHSA funds first and foremost to cover the costs associated with providing services to those that are un-served and under-served.



FY 14-15 Plan Stakeholder Process Overview

- **Steering Committee proposed the creation of the MHSA planning team (included external stakeholders)**
- **Steering Committee, MH Commission, and AOD Advisory Committee served as primary stakeholders and advisors**
- **Action Teams Interviews were conducted**
- **Broad Community Stakeholder Event (12/05/13)**
- **ADMHS Staff Input was solicited**
- **ADMHS Psychologist Provided Information and Feedback**
- **CBO Meeting conducted to solicit input (Adult, Child, Coalition)**
- **Consultation with MH SOAC on stakeholder process**
- **System-wide Survey on Treatments and Training Needs**
- **Briefings to ADP Advisory, Steering Committee, MH Commission**
- **Ongoing updates provided to all stakeholders throughout process**
- **Multiple postings of draft plan were distributed to ensure transparency and ongoing feedback**



Planning & Implementation Considerations

- **All stakeholder input:**
 - Steering Committee's Vision, Values, Principles
 - MHSA stakeholders
 - ADMHS clinical teams
 - ADMHS Psychologists
 - Riverside and other counties
 - Contacts on MHSAOAC
- **Community desire for:**
 - Access to care
 - Initial and immediate
 - Specialized treatments
 - Specific Populations
 - Culture Change
- **Regional Balance**
 - Adult/Child Balance
 - ADMHS / CBO Balance
 - Support Staff
 - Psychiatrists and Med Staff
 - Caseload Sizes
 - Evidence Based Practices / Best Practices
 - Intake Procedure – centralized vs distributed
 - Easy Transition for consumers, family members, and staff
 - Integrated Care
 - Value Focus

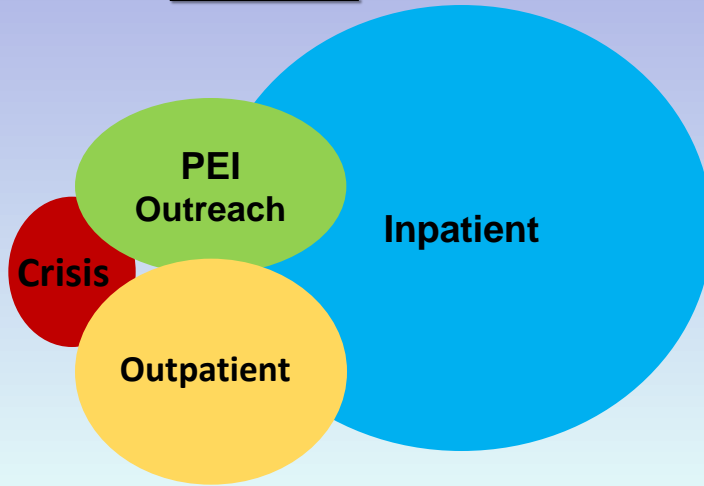


System Needs Identified by Stakeholders

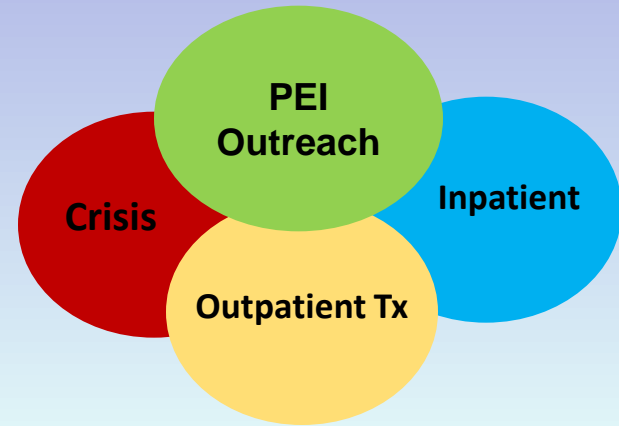
- **Treatment based upon Need, not Payer**
- **Behavioral Health Access Centers**
 - Transform clinic & CARES sites
- **System-Wide Approaches**
 - Welcoming
 - Trauma-Sensitive
 - Culturally Competent
 - (LGBTQ, Latino, Geriatric, Forensic, others)
 - Peers & Family Members
 - Integration
 - Complexity Capable
- **Teams/Programs**
- **Access and Assessment (flexible, mobile, each region)**
- **Forensic (Justice Alliance)**
- **Homeless**

ADMHS System Overview

CURRENT



FUTURE



Current

Unbalanced

Single Access Point

No Integrated Co-Occurring Program

Medi-Cal Driven

Generic Treatments

Siloes - Rigid Barriers

Transformed

Balanced

Multiple Access Points

Co-Occurring Capable Throughout

Consumer Need Focused

Specialized Teams

Flowing Internal Access

ADMHS Crisis System of Care

CURRENT

Pre-Crisis Support

**Mobile Crisis Team
dispatch to ER, Jail, Field**



Crisis Residential North



5150 Hold?

Yes

No



**PHF
Psych
Facility**

**Generic
Outpatient
Clinic**



FUTURE



Pre-Crisis Support

**Mobile Triage Team
& Mobile Crisis Team
in every Region**



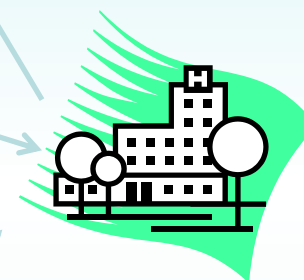
**Crisis Residential North
Crisis Residential South
Crisis Stabilization Unit**

5150 Hold?

Yes

No

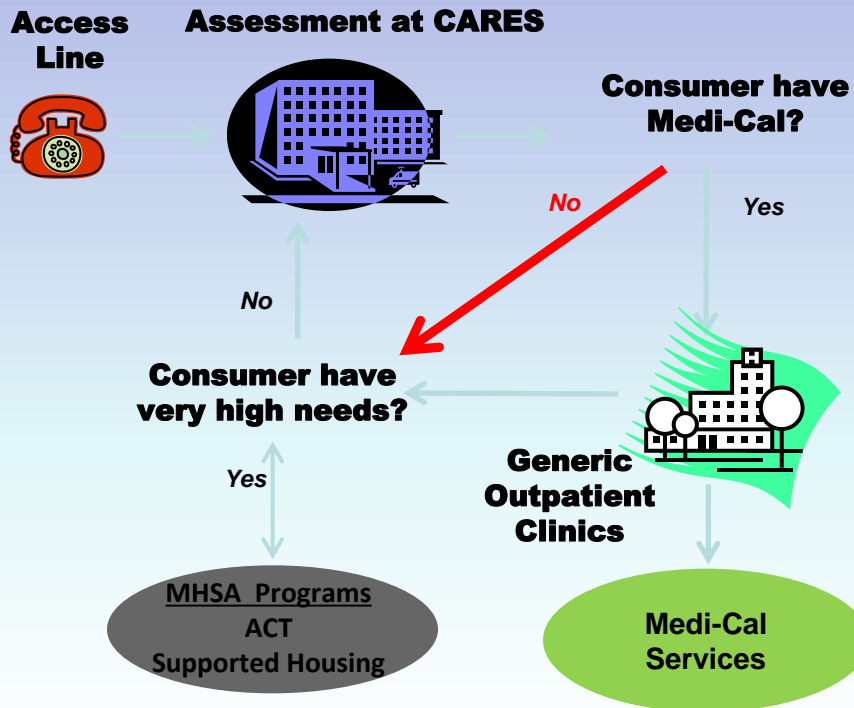
**PHF
Psych
Facility**



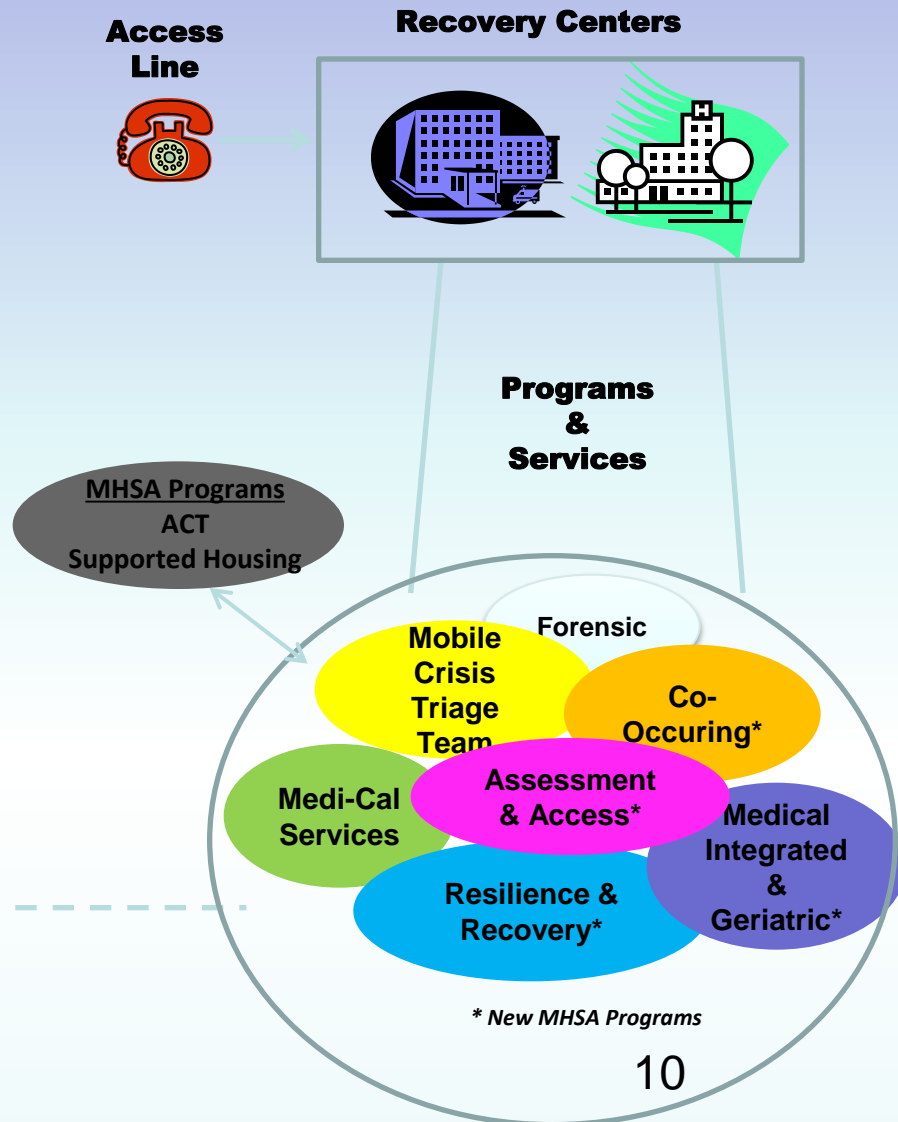
- **Pre-Crisis Support**
- **Discharge Planning**
- **Outpatient Tx**
- **MHSA Programs**

Adult Access to Care

CURRENT



FUTURE



Substance Abuse Tx



MHSA Programs by Component

- The 2014/15 Plan Update proposes to integrate the principles of MHSA into all outpatient programs and services. This involves the creation of new specialty teams at adult and children's outpatient clinics.
- What follows is a listing of programs by MHSA funding initiative. The program overview will also include a description of new proposed programs.

Community Services and Supports



- ACT - Assertive Community Treatment for adults county wide
- Supported Housing – Lower level ACT like services for adults in North and South County
- CARES Mobile Crisis – County wide adult crisis services
- New Heights – Mental health interventions for transition aged youth county wide
- Partners in Hope – Peer lead supportive services; Recovery Learning Center services
- Bridge to Care – Access to medication for co-occurring populations in Lompoc
- Development of affordable housing units – MHSA Housing funds for construction costs only

NEW CSS Programs

- Justice Alliance/Forensics FSP – County wide team providing intensive treatment to clients in the Adult Justice System
- Adult Wellness and Recovery – Specialized teams serving personality disorder clients who demonstrate need and who do not fit in other programs
- Child Recovery and Resilience – Specialized teams serving children who demonstrate need and who do not fit in other programs
- Co-Occurring Services – Specialized teams addressing needs of Co-occurring client population
- HOPE Program – Service teams designed to treat foster care populations
- Homeless Services – Creates a robust Homeless Services Team in Santa Barbara and allows for homeless service expansion to Santa Maria and Lompoc
- CARES Crisis Residential North and South Crisis Stabilization Unit – SB 82 Funded
- Katie A - provision of intensive in-home and community-based mental health services for children foster care or at imminent risk of removal from their families.
- Crisis Triage – SB 82 funded, expands treatment and early intervention capacity of three inter-related crisis triage support services offering wellness focused trauma informed care.



Workforce Education and Training

- Crisis Intervention Training – Mental Health Crisis Intervention Training for Law Enforcement
- Peer Support Specialist Training and Internships – Entry level internships for peers

Prevention and Early Intervention

Prevention and Early Intervention - Outreach programs for families, providers, and others to recognize early signs of mental illness.

- Support to Culturally Underserved Communities – Promotor Model Program
- Integration of Primary and Mental Health Care – Integrated Mental Health and Primary Care services provided by Community Health Centers of the Central Coast
- Early Childhood Mental Health Services (Great Beginnings) – Early Childhood Services provided by CALM
- School-Based Prevention/Early Intervention Services – School base services provided by Family Service Agency and the Council on Alcoholism and Drug Abuse
- Early Intervention and Detection Teams for TAY – Transition Aged Youth Services for early signs of psychosis
- Crisis Services for Children and TAY – SAFTY Crisis Services for children operated by Casa Pacifica

New PEI Program

- Access and Assessment – New Program - Component will improve access for clients and provide consistent and streamlined assessment process.



Innovation

- **GRRRL Program – Specialized program addressing the needs of young women who are victims of sex trafficking**
- **Cultural Adaptations to Evidence Based Practices – Component will allow adaptations to be made to Evidence Based Practices and Models. Adaptations will ensure that all interventions are culturally appropriate and sensitive to the needs of the diverse county populations**
- **Medical Integration Program and Older Adult Component**

Capital Facilities and Technological Needs

- **Client/Family Access to Resources – increases computer access for clients at the RLC's**
- **Electronic Health Records Enhancement – System Wide Electronic Health Record implementation**
- **Consumer Security and Confidentiality – allowed for security upgrades to remain in compliance with state and federal security and confidentiality requirements.**



Budget Projections FY 14/15 Plan

Funding Sources	Current FY Cost:	<u>Annualized</u> On-going Cost:	<u>Total One-Time</u> Project Cost
General Fund	\$ -	\$ -	\$ -
State	\$ 36,646,465.00	\$ 36,646,465.00	\$ -
Federal	\$ 27,344,150.00	\$ 27,344,150.00	\$ -
Fees	\$ -	\$ -	\$ -
Other:	\$ 620,168.00	\$ 620,168.00	\$ -
Total	\$ 64,610,783.00	\$ 64,610,783.00	\$ -



Recommended Actions:

- 1. Approve and adopt the Mental Health Services Act Plan Update for Fiscal Year (FY) 13/14 and the FY 14/15 Three Year Plan Update.**
- 2. Approve a Budget Revision Request (BRR# 0003803) transferring appropriations of \$250,000 in the Alcohol, Drug and Mental Health Services Department from Services and Supplies to Salaries and Benefits for the purpose of funding the staffing associated with the Girls Resiliency Restoration and Reintegration aLLiance (GRRRL) program.**
- 3. Approve the attached Personnel Resolution effective March 16,2015**
- 4. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guidelines Section 15378(b)(4) since the recommended actions are government fiscal activities which do not involve commitment to any specific project which may result in potentially significant physical impact on the environment.**