

Mental Health Services Act (MHSA) FY 2017-20 Three Year Program and Expenditure Plan

OUTLINE OF DRAFT PLAN



FY 2017-20 Plan Summary

- The Three Year Plan proposes to set aside \$51.6 million for fiscal year 2017-18 to fund 85 programs and plan elements. This is a proposed \$8.5 million annual increase in budget authority from the previous Three Year Plan.
- This increase will be offset by estimated additional Medical reimbursement, increase in state MHSA Trust Fund revenue, and use of unspent funds from previous years.
- 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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Introduction

- Describes MHSA, MHSA values, statutory and regulatory requirements
- Outlines changes to the current Three Year Plan
 - A description of this year's Needs Assessment and Community Program Planning Process
 - Addition of outcome indicators for FSP programs and PEI categories
 - Planning for re-purposing the County's Oak Grove facility
 - Introduces the "No Place Like Home Initiative"
 - Adds the Special Needs Housing Program
 - Funds the EPSDT expansion requirements
 - Expands children and adult mobile crisis response capacity
 - PEI programs are aligned with new required PEI categories
 - First Hope is adding a first psychotic break program
 - Two new innovative projects are introduced
 - A Family Support Program is added to the WET component
 - Mental Health First Aid is linked to community first responders
 - A Loan Forgiveness Program added to address workforce shortages
 - Funds added to allow for programs' increased cost of doing business

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.

Needs Assessment

- In 2016 CCBHS conducted a data driven assessment of public mental health needs to complement the planning process.
- Prevalence and penetration rates were used to determine that the County is proportionally serving all three regions as well as by race/ethnicity, age group and identified gender. Asian/Pacific Islanders, Latina/os, children ages 0-5 and the elderly are slightly underrepresented. All service rates exceed state averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a critical shortage of psychiatry time, with an underrepresentation of Latina/os in the CCBHS workforce.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process for FY 2017-18
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

Community Program Planning Process

Highlights (1)

- CPAW planned and hosted three community forums
- Over 300 individuals attended forums in San Pablo (West), Pleasant Hill (Central), and Bay Point (East)
- Attendees self identified:
 - 23% as a consumer
 - 32% as a family member
 - 39% as a service provider
 - 14% as a community member
- Small group discussions addressed topical questions developed by consumer, family member and service provider representatives
- Attendees prioritized identified mental health needs

Community Program Planning Process

Highlights (2)

Prioritized Needs:

1. More housing and homeless services
2. More support for family members
3. Better coordination of care
4. Children and youth in-patient and residential beds
5. Finding the right services when you need it
6. Improved response to crisis and trauma
7. Support for peer and family partners
8. Intervening early in psychosis
9. Getting care in my community, my culture, my language
10. Assistance with meaningful activity
11. Getting to and from services
12. Care for homebound frail and elderly
13. Serve those who need it the most
14. Help moving to a lower level of care as one gets better
15. Better program and fiscal accountability

The Plan

- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **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

\$37.6 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- **Full Service Partnerships** (\$23.7m):
 - 9 Full Service Partnership Programs serving all age groups and all county regions
 - Assisted Outpatient Treatment
 - FSP support staff at all children and adult clinics
 - 3 Wellness and Recovery Centers
 - Hope House (transitional residential center)
 - Oak Grove Youth Residential Center (in planning)
 - MHSA funded housing services (temporary, supported or permanent)
- **General System Development** (\$13.8m):
 - Children's Wraparound and EPSDT expansion
 - Older Adult Program
 - Clinical staff at the Miller Wellness Center, Concord Health Center
 - Clinic support and liaison staff to PES and CCRMC
 - Administrative support and quality assurance staff

Prevention and Early Intervention

\$8.7 million to fund 25 MHSAs programs that provide prevention and early intervention services to approximately 13,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. All programs are in the following 7 categories:

1. Seven programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness (\$1m)
2. Five programs provide Prevention Services that reduce risk factors and increase protective factors (\$1.6m)
3. The First Hope program provides Early Intervention Services for youth at risk of or who are experiencing early onset of psychosis (\$2.6m)
4. Four programs provide Access and Linkage to Mental Health Services (\$1.1m)
5. Six programs Improve Timely Access to Mental Health Services for Underserved Populations (\$1.5m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to Reduce Stigma and Discrimination (\$.3m)
7. Contra Costa Crisis Center and County staff address Suicide Prevention (\$.6m)

Innovation

\$2.1 million in FY 2017-18 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.

- 4 projects are approved and will be in operation for FY 17-18 (\$1.4m):
 - Recovery Through Employment Readiness. Contra Costa Vocational Services adding pre-vocational services for consumers as part of their mental health treatment plan
 - Coaching to Wellness. Adding peer wellness coaches to the adult clinics
 - Partners in Aging. Support for frail, homebound older adults
 - Overcoming Transportation Barriers. Assisting consumers overcome transportation barriers to accessing services
- 2 projects are in development, and are expected to be in operation during the Three Year Plan (\$.7m – estimated):
 - CORE – multi-disciplinary treatment team to serve youth with mental health and substance use disorders
 - CBSST – bringing cognitive behavioral social skills training to clients living in augmented board and care facilities

Workforce Education and Training

\$2.6 million annually from Contra Costa's MHSAs unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support.** (\$1.23m) Funds the county operated senior peer counseling program, a new contract operated family support volunteer program, and WET administrative staff
2. **Training and Technical Assistance.** (\$.23 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/Familia de Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** (\$.44m) Funds the college accredited SPIRIT course where approximately 50 individuals yearly are trained as peer providers and family partners
4. **Internship Programs.** (\$.35m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
5. **Financial Incentive Programs.** (\$.3m) Establishes a locally administered loan forgiveness program to address critical workforce shortages, such as psychiatrists, and supports upward mobility of community support workers

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. For FY 17-20:

- \$696,00 remaining of MHSA funds to complete and integrate Behavioral Health Services' electronic records system with the Epic system currently in use by the County's Health Services
 - Completion forecasted for FY 18-19
 - As per the provisions of the 2010 proposal any costs that exceed the originally approved \$6 million will be born by the County's Health Services Department

Program Component Changes

Due to component fidelity the following programs and plan elements have changed component funding from current (FY 14-17) to proposed (FY 17-20) Three Year Plan:

- The Older Adult Senior Peer Counseling program has moved from CSS to WET
- Funding for the mental health clinicians at the Concord Health Center have moved from PEI to CSS
- Rainbow Community Center has moved from INN to PEI
- The Perinatal Depression (WELL) Project has moved from INN to PEI
- OCE staff supporting the SPIRIT program has moved from PEI to the WET component

The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 2017-18, 18-19 and 19-20
- Projected fund balances will be updated in subsequent FY 18-19 and 19-20 MHSAs Plan Updates as revenues and expenditures actualize
- Projected revenues include state MHSAs Trust Fund distribution, interest earned, and federal financial participation (Medi-Cal reimbursement)
- 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 available 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 needs to match the Funding Summaries, and will be adjusted accordingly.

The Budget (2)

- \$7.8m in unspent CSS funds from previous years is transferred to the WET component in order to finance the proposed WET category expenditures for the three year period
- The \$1.7m received in 2016 for the Special Needs Housing Program has been added to the CSS budget for FY 17-18. Any of these funds not spent during FY 17-18 will be added to the FY 18-19 budget when the Three Year Plan is updated in 2018
- A collective increase in budget authority for FY 18-19 and 19-20 allows for an increase in the cost of doing business. Subsequent Three Year Plan annual budget authority will be reviewed based upon actual costs and adjusted, if appropriate, for Board of Supervisor review and approval
- It is projected that the requested total budget authority for the Three Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution or federal financial participation (Medi-Cal reimbursement)

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
 - 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
- Includes a quarterly 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.

Appendix A - 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

Appendix B - Program 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 15-16 outcomes
- Contains an alphabetized Program and Plan Element Profile Table of Contents

Appendix C - Glossary

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

Appendix D – Certifications

Appendix E - Funding Summaries

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

Appendix F - Public Comment, Hearing

Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission’s review of draft plan and recommendations.
- Contra Costa Behavioral Health Service’s response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Timeline

- **MAR 2** - 1st DRAFT Three Year Plan shared with CPAW/MHC for input
- **MAR 20** - 2D DRAFT Three Year Plan posted for 30 day public comment period
- **MAY 3** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY (early)** – Public Comment, Hearing and MHC recommendations addressed
- **MAY (late)** - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUNE** – BOS considers Three Year Plan

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

- Any additional uses for MHSA funds that is not currently depicted in the Three Year Plan will eventually deplete the County's unspent reserve and potentially trigger a contraction of programs
- The County's level of participation in the "No Place Like Home" initiative is currently unknown
- Level of future federal financial participation for California is unknown
- Full budget impact of new initiatives is unknown
 - Re-purposing of Oak Grove facility
 - Full impact of Continuum of Care reform requirements for Children's System of Care
 - mobile crisis response teams

Your Input Is Most Welcome!

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