MHSA Annual Plan Update
FY 2019-20

Sharon Ishikawa, PhD
MHSA Coordinator
April 15, 2019

Overview

Introduction & Timeline
What’s New/Changes
Program Highlights
MHSA Components

Community Services & Supports  
Prevention & Early Intervention  
Innovation  
Workforce Education & Training  
Capital Facilities & Technological Needs

Community Planning Process

Community Engagement Meetings
- The MHSA Office held 7 community engagement meetings from July 31, 2018 – August 27, 2018 at sites in North, Central and South Orange County.

PEI Community Planning Meetings
- PEI held a total of five meetings from August 14, 2018 – September 25, 2018 to identify Needs in the community that could be addressed with available time-limited funds.

MHSA Budget Presentations
- Program budgets were present by the MHSA Fiscal Manager at the December 17, 2018 and January 28, 2019 MHSA Steering Committee Meetings.
Annual Plan Update Timeline

- 30-Day Posting: 3/22/19 through 4/21/19
- MHB Study Meeting: 4/9/19
- MHSA Steering Committee: 4/15/19
- MHB Public Hearing: 4/30/19
- Board of Supervisors Agenda: 5/21/19

What’s New/Changes: CSS

**ADD Supportive Services for Residents in PSH**
- New program to help adults who are living with SPMI be successful in housing placements by providing supportive services as needed *(see page 165)*

**DISCONTINUE Adolescent Dual Diagnosis Residential Treatment**
- Discontinue MHSA funding for this program
- Services will continue through Drug MediCal and MediCal

**DISCONTINUE MH Collaborative Courts – Probation Services**
- MHSA cannot be used to pay for law enforcement positions
- Services will continue through alternate, non-MHSA funds
CSS Funding

Original FY 19/20: $134,463,477

New FY 19/20: $171,195,419

*increase of $36,731,942

What’s New/Changes: PEI

CONTINUE Strong Families Strong Children *
• Continue INN project with PEI funds (see page 86)

ADD Services for Education & BH Support for TAY/Young Adults *
• Provide outreach, education, stigma reduction, and suicide prevention activities for high risk TAY (see page 41)

ADD K-12 School-Based Mental Health Services *
• Provide evidenced-based prevention strategies and training for teachers, parents/caregivers, and students (see page 41)

ADD Early Childhood Mental Health *
• Build capacity within the early education setting and the family through education, coaching and support services (see page 45)

DISCONTINUE Physical Fitness and Nutrition
• Provider no longer supports a gym facility following a reorganization

* Time-limited using carryover funds
PEI Funding

Original FY 19/20: $35,452,761

New FY 19/20: $43,490,187

*increase of $8,037,426

What’s New: INN

OAC APPROVAL RECEIVED DECEMBER 2018

• Statewide Early Psychosis Learning Health Care Network
• Collaborate with other counties to standardize the evaluation of early psychosis programs; establish shared learning; and apply identified strategies that will improve OC CREW participant outcomes, program impact and cost-effectiveness (see page 187)

PENDING PROPOSAL

• Behavioral Health System Transformation Project (see page 188)
INN Funding

**Original FY 19/20**
$6,081,434

**New FY 19/20**
$20,003,788

*increase of $13,922,354

What’s New: CFTN

**CAPITAL FACILITIES Projects**
- Contribution to construction of Anita Wellness Campus
- Renovations to Crisis Stabilization Unit(s)
- Renovations to a behavioral health training facility
- Completion of renovations to MHSA services/administration building

**TECHNOLOGICAL NEEDS Project**
- Increased scope of work on enterprise data warehouse, software/hardware supporting development of business intelligence and predictive analytics solutions
CFTN Funding

Original FY 19/20
$0 - CF
$5,093,311 - TN
$5,093,311 - Total

New FY 19/20
$17,645,000 - CF
$11,142,737 - TN
$28,787,797 - Total

*total increase of $23,694,486

WET Funding

Original FY 19/20
$5,150,282

New FY 19/20
$5,085,282

*decrease of $65,000
TOTAL FY 19/20 MHSA Funding

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding</th>
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<tbody>
<tr>
<td>CSS</td>
<td>$171,195,419</td>
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<tr>
<td>PEI</td>
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<tr>
<td>WET</td>
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<td><strong>TOTAL</strong></td>
<td><strong>$268,562,473</strong></td>
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*increase of $82,321,208

Program Outcome Highlights

- Full Service Partnership (FSP) Programs (see page 113)
- Crisis Services (see page 59)
- School-Based Prevention Programs (see page 25)
Full Service Partnerships

OUTCOMES FY 2017-18 AND FY 2016-17

Impact on Psychiatric Hospitalization Days by FY

Children

FY 2017-18
Baseline: 7.7  Follow-up: 3.5
FY 2016-17
Baseline: 9.6  Follow-up: 1.6

TAY

FY 2017-18
Baseline: 36.4  Follow-up: 14.6
FY 2016-17
Baseline: 38.9  Follow-up: 17.9

Adults

FY 2017-18
Baseline: 0  Follow-up: 0
FY 2016-17
Baseline: 0  Follow-up: 0

Older Adults

FY 2017-18
Baseline: 20.1  Follow-up: 5.0
FY 2016-17
Baseline: 23.1  Follow-up: 11.7

Longer bar = greater impact  Impact measured by Cohen’s D
Impact measured by Cohen's D
Longer bar = greater impact

Impact on Incarceration Days by FY

Impact on Unsheltered Homeless Days by FY

Longer bar = greater impact
Impact measured by Cohen's D
Crisis Services
OUTCOMES FY 2017-18 AND FY 2016-17

Crisis Prevention Hotline

FY 17-18
9,200 unduplicated callers, 11,607 calls

FY 16-17
6,807 unduplicated callers, 8,475 calls

% High-Risk Callers: Call Start and End
Crisis Assessment Team

**Children's CAT**
- FY 2017-18: 51%
- FY 2016-17: 56%

**TAY/Adult CAT/PERT**
- FY 2017-18: 82%
- FY 2016-17: 79%

3,768 evaluations 3,039 evaluations 4,553 evaluations 4,568 evaluations

**Dispatch-to-Arrival < 30 minutes**
**Target > 70%**

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**In-Home Crisis Stabilization**

**Children's**
- FY 2017-18: 6%
- FY 2016-17: 12%

672 admissions 404 admissions

**Hospitalization Rate:** Up to 60 Days Following Discharge; Target < 25%
Crisis Residential Programs

**Children's**

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<th>FY 2017-18</th>
<th>FY 2016-17</th>
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<td>31% to 100%</td>
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<td>9%</td>
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277 admissions 243 admissions

Hospitalization Rate: Up to 60 Days Following Discharge; Target < 25%

**TAY**

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64 admissions 60 admissions

Hospitalization Rate: Up to 60 Days Following Discharge; Target < 25%

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Crisis Residential Programs

**Adult**

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<th>FY 2017-18</th>
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<td>11% to 100%</td>
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626 admissions 426 admissions

Hospitalization Rate: Up to 48 Hours Following Discharge; Target < 5%
School-Based Prevention

OUTCOMES FY 2017-18 AND FY 2016-17

School-Based BH Intervention & Support (BHIS)

FY17-18: 26,358 served across all three tiers

FY16-17: 26,924 served across all three tiers

Tier 2: Impact on Self-Concept by FY

Self-Concept

FY 2017-18
Baseline: 64.1
Follow-up: 65.0

FY 2016-17
Baseline: 62.8
Follow-up: 64.2

Longer bar = greater impact  Impact measured by Cohen’s D
School-Based BHIS

**Tier 3: Impact on Disruptive Behavior by FY**

**School Readiness / Connect the Tots**

**FY16-17:**
862 children, 1,035 parents served

**FY17-18:**
873 children, 1,130 parents served

_Impact measured by Cohen’s D_
School-Based Stress Management Services

**Impact on Mindful Attention Awareness by FY**

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<th>FY 2017-18</th>
<th>Baseline: 3.4</th>
<th>Follow-up: 4.2</th>
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<tr>
<td>FY 2016-17</td>
<td>Baseline: 3.3</td>
<td>Follow-up: 4.2</td>
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Impact measured by Cohen’s D

FY17-18: 77 teachers who taught 4,094 students in 29 schools  
FY16-17: 64 teachers who taught 3,033 students in 27 schools

Longer bar = greater impact

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School-Based Mental Health Services

**Impact on Youth Protective Factors by FY**

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<th>Resilience</th>
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<td>FY 2016-17</td>
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<th>Resourcefulness</th>
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<td>FY 2017-18</td>
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<td>FY 2016-17</td>
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Impact measured by Cohen’s D

FY17-18: 1,215 students served  
FY16-17: 2,078 students served

Longer bar = greater impact
Gang Prevention Services

Impact on Global Health by FY

FY2017-18: 426 students and parents in 34 schools across 8 districts
FY2016-17: 427 students and parents in 39 schools across 11 districts

Longer bar = greater impact
Impact measured by Cohen’s D
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855-OC-Links (625-4657)  
www.ochealthinfo.com/oclinks  

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