

Goals of Today's Meeting



Recap of OC Community Planning & MH Trends

Review of OC MHSA Strategic Priorities

Review of Proposed CSS Programs & Budgets

Review of Proposed CFTN Projects & Budgets

Review of Amended PEI Budget & WET Follow Up

CSS Planning – CA Code of Regulations (CCR) 3650

- 1 Assessment of mental health (MH) needs
- 2 Community identification of MH issues
- 3 Proposed programs & services
(specific requirements for FSPs)
- 4 County capacity to implement, including
diverse racial/ethnic populations
- 5 County MHSA Plan



MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

SYNOPSIS OF IDENTIFIED NEEDS & DISPARITIES

SHARON ISHIKAWA
MHSA COORDINATOR

Community Planning - Overview

CA CCR Step

1,2 Community Feedback Surveys

1,2 Community Engagement Meetings

1,2 Preliminary Results Summary 12-16-2019

1,2 HCA Synopsis of Health Trends/Disparities

3,4 HCA Proposed Priorities for Carryover Funds

Community Planning - Recap

Community Feedback Surveys

GOAL

- Obtain community feedback on MHSA priority populations most in need of services, by service type

PURPOSE

- Align community input with findings identified through data reports to identify strategic priorities for MHSA Three-Year Plan

METHOD

- Paper surveys at community events, BHS programs
- Electronic surveys distributed to MHSA, Be Well, BHS Contract Provider lists
- n=1,136 returned

Community Planning - Recap

Community Engagement Meetings

GOAL

- Facilitate community discussions around barriers and strategies for specific populations
 - SPA Meetings: Populations identified from preliminary survey results (n=153 participants)
 - K-12 School Districts (n=110)
 - Criminal Justice Agencies (n=13)

PURPOSE

- Begin to identify strategies that are responsive to the needs of specific populations
- *Discussions will be on-going throughout 3YP Period*

METHOD

- Small group discussions/activities, report out

Community Planning - Overview

CA CCR Step



Community Planning - Recap

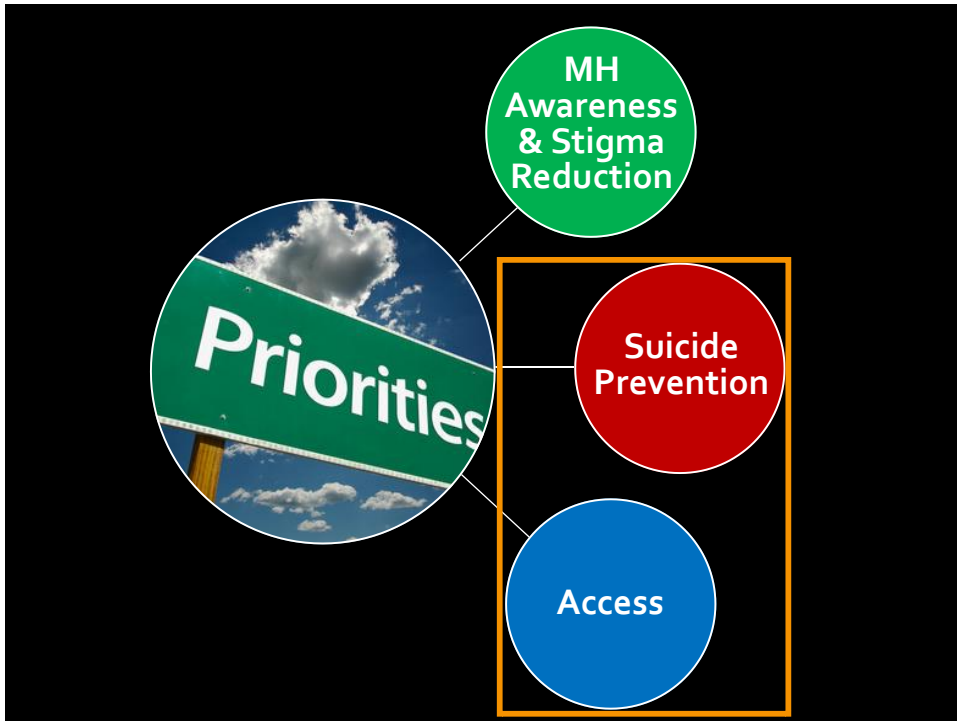
Synopsis of Health Trends/Disparities



HCA Reviewed for:

- **Commonalities across reports**
- **Alignment w/ Local & State initiatives**
- **Correspondence w/ 2018 & 2019 Community Feedback**

(see handout for details)



Recommended CSS Priority:

Suicide Prevention

Rationale:

Local/State Initiatives

OC Suicide Prevention | MHSOAC Striving for Zero | School IDs
Crisis Response Network (AZ Model) | OC Strategic Financial Plan (CSUs)

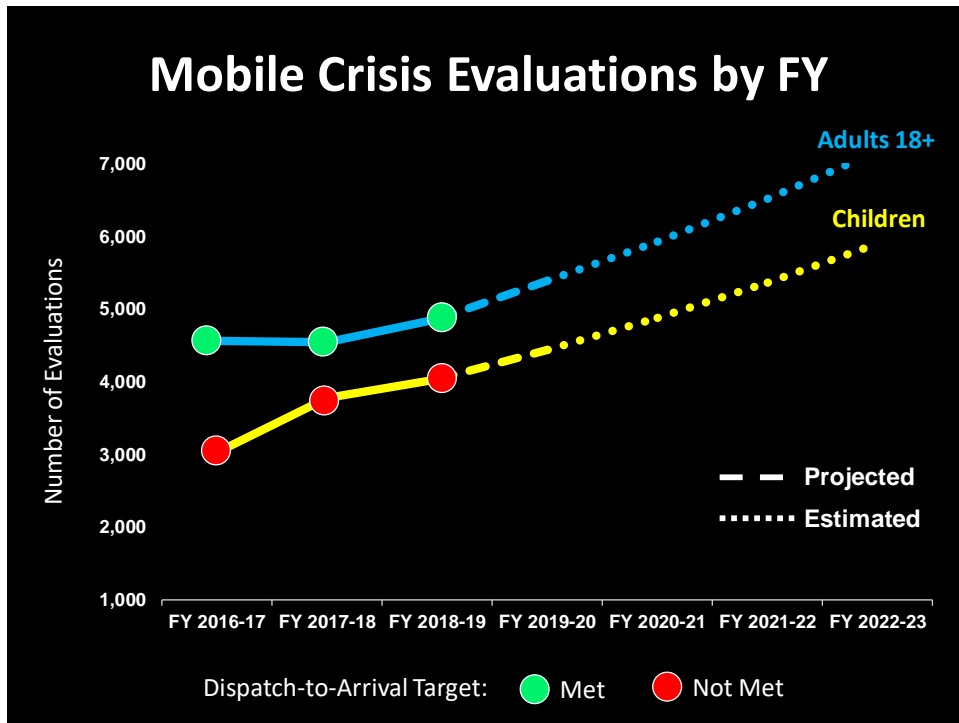
OC Data Trends


Below CA and US rates, but increasing



Local Needs

Increasing call utilization of Children's CAT | Increased request for PERT
OC Integrated Services Vision 2025





FEW STUDENTS

INTENSIFIED SUPPORT
Targeted academic, behavioral and social-emotional support directed toward the few students with greater needs

Suicide Prevention

- Crisis / Suicide Prevention Hotline
- ✓ **Students experiencing a behavioral health emergency**

Feedback:
***Crisis Assessment Team:** expanded services/availability, more timely response, regardless of insurance type*

(see handout for details)

Priority Populations for Suicide Prevention (based on Preliminary Survey Results)

Stigma & Discrimination Reduction	Mental Health & Well-Being Promotion	Violence & Bullying Prevention	Suicide Prevention
LGBTQ	Youth (16-25 years)	Youth (16-25 years)	Youth (16-25 years)
Youth (16-25 years)	Adults (26-59 years)	Children (0-15 years)	Children (0-15 years)
Homeless	Children (0-15 years)	Students at Risk of School Failure	Adults (26-59 years)
Mental Health w/ Substance Use	Parent/Families	Foster Youth	LGBTQ
Adults (26-59 years)	Older Adults	LGBTQ	Veterans

Strategy



- EXPAND **Crisis Services Continuum**, with particular focus on:
 - Children/Young TAY under 18:
 - Mobile Crisis Assessment, In-Home Crisis Stabilization, Crisis Residential Services, Crisis Stabilization Unit (13+)
 - TAY/Adults/Older Adults 18+:
 - Crisis Residential Services
- ENSURE responsiveness to **LGBTQ+, Veterans**, others
- REVIEW strategies and recommendations from **MHSOAC Striving For Zero** report
- Continue to PARTNER with **OC Suicide Prevention Initiative**, and local groups and agencies championing this effort

Recommended CSS Priority:

Access

Rationale:

Local/State Initiatives

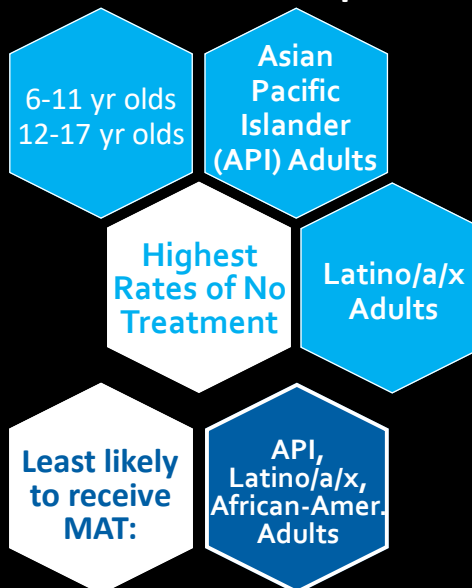
MHSOAC PEI Regulations (Timeliness, Linkage) | HEDIS | EQRO

OC Data Trends

1/4 to 2/3 not accessing needed services



Priority Populations for Access (based on UCSD Needs and Gaps Analysis)



Recommended CSS Priority 3:

Access

Rationale:

Local/State Initiatives

MHSOAC PEI Regulations (Timeliness of Access, Linkage)

OC Data Trends

1/4 to 2/3 not accessing needed services

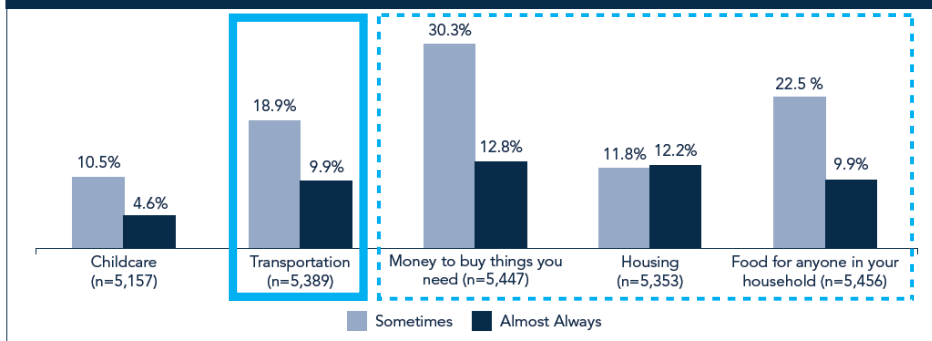


Local Needs

Frequently identified barrier (by Consumers, Family Members, Providers)
(2018 & 2019 CEMs)

2018 CalOptima Member Health Needs Assessment

Exhibit 3: Percent of members who needed help with basic needs in the past six months



■ ■ ■ Still requires planning and development of strategies / guidelines

Strategy

Access

- Strategies to improve access to services for those living with SED/SMI:
 - EXPAND **transportation** to families with young children (all ages)
 - EXPAND **school-based** mental health services (children/young TAY)
 - OFFER / EXPLORE **tele-/virtual behavioral health care options** (all ages, initial focus 18+)
 - *Partnering with the community to identify and integrate strategies and approaches that improve the cultural and linguistic responsiveness of the system of care (CSS & PEI)*

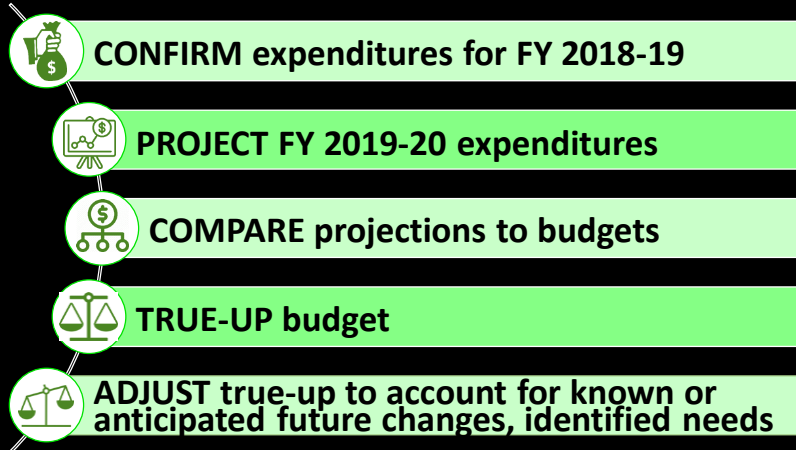


MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

PROPOSED CSS & CFTN PROGRAM BUDGETS

ANTHONY LE
BHS FISCAL MANAGER

Budget Update Process for MHSA Three-Year Plan (3YP)



Understanding the Budget Grid

FY 2018-19			FY 2019-20		
FY 2018-19 Approved Budget	Actual Expenditures	% Change	FY 2019-20 Approved Budget	Anticipated Expenditures Projected as of Nov 2019	% Change

FY 2020-21		
PRIOR Year (FY 2019-20) Approved Budget	Proposed Changes	Requested FY 2020-21 Budget



MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

CSS ACCESS & LINKAGE TO TREATMENT SECTION

ACCESS & LINKAGE TO TREATMENT

Who Are They For?

Individuals of all ages living with SMI or SPMI.

What Do These Programs Do?

Link individuals to the appropriate level of care.

Tailored to meet the needs of specialized, unserved populations (i.e., homeless, community re-entry)

CSS-Funded Programs

- BHS Outreach & Engagement
- Courtyard (After-Hours)
- Open Access
- CHS Jail to Community Outreach

PEI-Funded Programs

- OC Links

CSS SECTION 1: Access & Linkage to Treatment

SECTION SUBTOTAL	Approved FY 19/20	Requested FY 20/21	Requested FY 21/22	Requested FY 22/23
1. Access & Linkage to Treatment	\$6,069,933	\$7,969,933	\$8,469,933	\$8,569,933

Increase due to shifting Open Access budget here
(removing from Recovery Center/Clinic budget) ←

Modest increases over these two years due to continuing
ramp up of CHS Jail to Community Re-Entry hiring ←



MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

CSS SUICIDE & CRISIS PREVENTION SECTION

SUICIDE & CRISIS PREVENTION PROGRAMS

Who Are They For?

Individuals of all ages experiencing a behavioral health emergency

What Do These Programs Do?

Support individuals by providing access to services or facilitating admission to a psychiatric hospital

CSS-Funded Programs

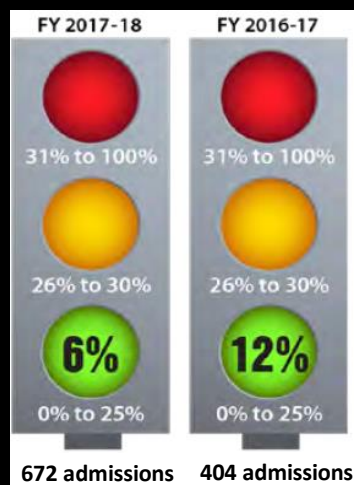
- Mobile Crisis Assessment
- Crisis Stabilization Units
- In-Home Crisis Stabilization
- Crisis Residential Services

PEI-Funded Programs

- Warmline
- Suicide Prevention

In-Home Crisis Stabilization

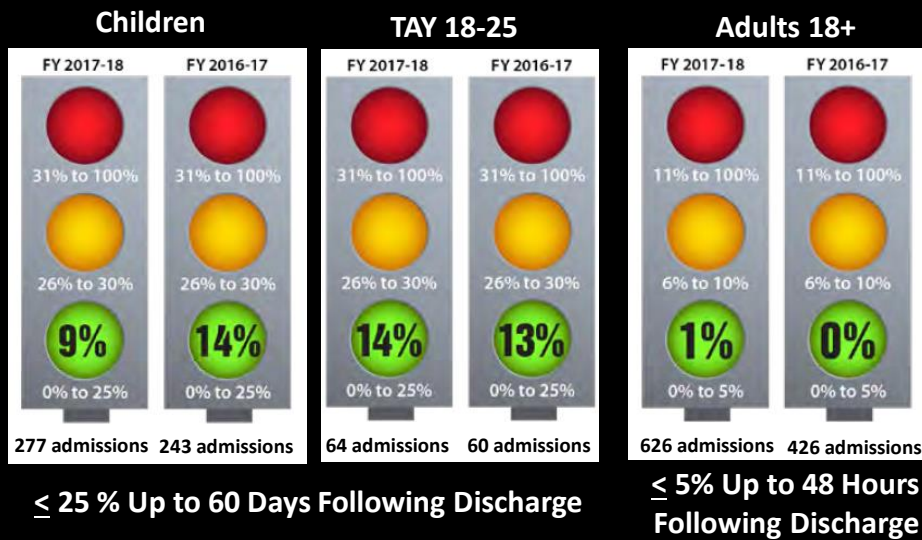
Children's



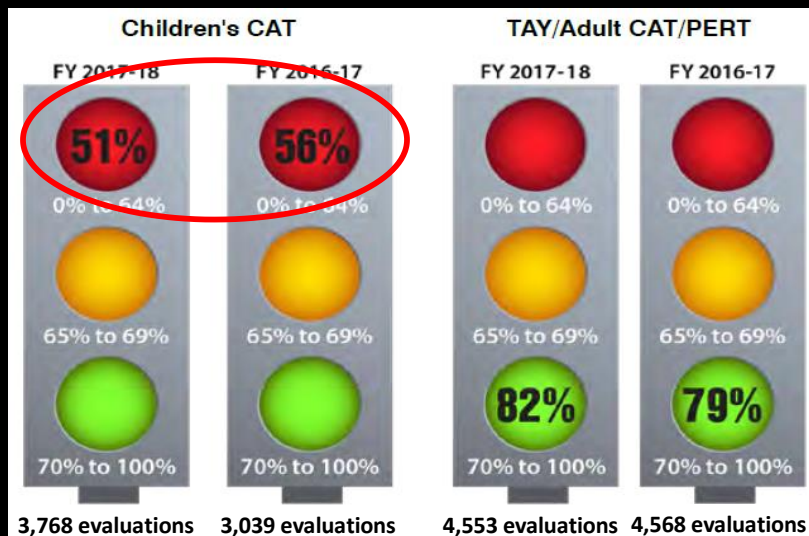
Hospitalization Rate: Up to 60 Days Following Discharge

Crisis Residential Services

Hospitalization Rate



Mobile Crisis Assessment



Dispatch-to-Arrival ≤ 30 minutes

CSS SECTION 2: Suicide & Crisis Prevention

SUBSECTIONS	Approved FY 19/20	Requested FY 20/21	Requested FY 21/22	Requested FY 22/23
2a. Mobile Crisis Assessment	\$8,835,858	\$9,135,858	\$9,135,858	\$9,135,858
2b. Crisis Stabilization Units	\$4,150,000	\$6,700,000	\$10,000,000	\$10,000,000
2c. In-Home Crisis Stabilization	\$2,585,480	\$2,935,480	\$2,935,480	\$2,935,480
2d. Crisis Residential Services	\$7,730,845	\$9,030,845	\$11,280,845	\$11,280,845
Suicide & Crisis Prevention SUBTOTAL	\$23,302,183	\$27,802,183	\$33,352,183	\$33,352,183



MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

CSS OUTPATIENT TREATMENT SECTION

OUTPATIENT TREATMENT

Who Are They For?

Individuals of all ages who are experiencing mental health symptoms or living with SED/SMI.

What Do These Programs Do?

Provide outpatient clinical interventions and other services designed to promote recovery and resilience.

CSS-Funded Programs

- FSP, PACT
- Clinic Expansion
- Residential Treatment

PEI-Funded Programs

- Early Intervention
 - General - all ages
 - Family-Focused
 - Veteran-Focused
 - Early-Onset Psychosis

REDUCTION IN NEGATIVE OUTCOMES FOR FSP PARTNERS

	Psychiatric Hospitalization Days		Homeless Days		Incarceration Days	
	FY16/17	FY17/18	FY16/17	FY17/18	FY16/17	FY17/18
CHILDREN	83%	51%	83%	92%	19%	60%
TAY <small>Transitional Aged Youth</small>	63%	70%	74%	78%	79%	80%
ADULTS	62%	58%	75%	86%	80%	83%
OLDER ADULTS	58%	87%	82%	87%	88%	75%

REDUCTION IN NEGATIVE OUTCOMES FOR PACT PARTNERS

	Psychiatric Hospitalization Days		Homeless Days		Incarceration Days	
	FY16/17	FY17/18	FY16/17	FY17/18	FY16/17	FY17/18
CHILDREN	-	-	-	-	-	-
TAY <small>Transitional Aged Youth</small>	74%	64%	74%	73%	58%	79%
ADULTS	81%	79%	54%	57%	70%	67%
OLDER ADULTS	44%	89%	57%	73%	69%	84%

CSS SECTION 3: Outpatient Treatment				
SUBSECTIONS	Approved FY 19/20	Requested FY 20/21	Requested FY 21/22	Requested FY 22/23
3a. FSP	\$53,530,226	\$53,766,876	\$53,766,876	\$53,766,876
3b. PACT	\$10,799,650	\$10,599,650	\$10,599,650	\$10,599,650
3c. Clinic-Expansion	\$12,874,666	\$15,523,666	\$16,523,666	\$16,523,666
3d. Residential Treatment	\$5,370,000	\$6,500,000	\$8,000,000	\$8,000,000
Outpatient Tx SUBTOTAL	\$82,574,542	\$86,390,192	\$88,890,192	\$88,890,192



MHSA THREE-YEAR PLAN FOR FYS 2020-21 TO 2022-23

SUPPORTIVE SERVICES SECTION

SUPPORTIVE SERVICES

Who Are They For?

Individuals of all ages who are experiencing mental health symptoms or living with SED/SMI.

What Do These Programs Do?

Provide a broad array of supports generally designed to augment / expand upon an individual's gains made in other treatment programs.

CSS-Funded Programs

- Mentoring, Peer Mentoring
- Supported Employment
- Wellness Centers
- Transportation
- Supportive Housing, Shelter

PEI-Funded Programs

- **Family Support**
 - Parent Education
 - Family Support Services
 - Children's Support & Parenting

CSS SECTIONS 4-5: Supportive Services, Supportive Housing/Homelessness				
SECTION SUBTOTALS	Approved FY 19/20	Requested FY 20/21	Requested FY 21/22	Requested FY 22/23
4. Supportive Services	\$10,275,501	\$10,625,501	\$10,775,501	\$10,775,501
5. Supportive Housing/ Homelessness	\$34,139,757	\$3,660,858	\$3,669,668	\$3,678,743

CSS Section Subtotals & Grand Total				
SECTIONS	Approved FY 19/20	Requested FY 20/21	Requested FY 21/22	Requested FY 22/23
1. Access & Linkage to Treatment	\$6,069,933	\$7,969,933	\$8,469,933	\$8,569,933
2. Suicide & Crisis Prevention	\$23,302,183	\$27,802,183	\$33,352,183	\$33,352,183
3. Outpatient Treatment	\$82,574,542	\$86,390,192	\$88,890,192	\$88,890,192
4. Supportive Services	\$10,275,501	\$10,625,501	\$10,775,501	\$10,775,501
5. Supp. Housing/ Homelessness	\$34,139,757	\$3,660,858	\$3,669,668	\$3,678,743
CSS Subtotal	\$156,361,916	\$136,448,667	\$145,157,477	\$145,266,552
Admin. Costs	\$17,833,503	\$18,639,508	\$19,469,693	\$20,053,784
CSS GRAND TOTAL	\$174,195,419	\$155,088,175	\$164,627,171	\$165,320,336

MHSA CSS Budget Analysis for Three-Year Plan

FY's 2020-21 through 2022-23

Purpose: To provide projected CSS balances for 3-year planning.

**Figures reflect current Three-Year Plan amounts from existing CSS funded programs*

CSS FY 2019-20		
Beginning Balance	\$56,390,458	
Projected Revenue	\$133,061,697	
Projected Expenditures	-\$152,924,317	
Projected WET Transfer	-\$4,196,082	
Projected CFTN Transfer	-\$24,439,152	
Shift from Prudent Reserve	\$26,319,779	
Ending Balance	\$34,212,383	

CSS FY 2020-21		Est. 82% Spending
Projected Beginning Balance	\$34,212,383	\$34,212,383
Projected Revenue	\$138,000,000	\$138,000,000
Carryover CFTN Remaining Balance	\$4,176,508	\$4,176,508
Preliminary Budget	-\$155,088,175	-\$127,172,304
Preliminary WET Transfer	-\$5,145,584	-\$5,145,584
Preliminary CFTN Transfer	-\$12,519,749	-\$12,519,749
Projected Ending Balance	-\$34,753,508	\$31,551,255

MHSA CSS Budget Analysis for Three-Year Plan (continued)

CSS FY 2021-22		Est. 82% spending
Projected Beginning Balance	\$31,551,255	\$31,551,255
Projected Revenue	\$139,200,000	\$139,200,000
Preliminary Budget	-\$164,627,171	-\$134,994,280
Preliminary WET Transfer	-\$5,219,584	-\$5,219,584
Preliminary CFTN Transfer	-\$8,840,752	-\$8,840,752
Projected Ending Balance	-\$39,487,507	\$21,696,638

CSS FY 2022-23		Est. 82% spending
Projected Beginning Balance	\$21,696,638	\$21,696,638
Projected Revenue	\$139,200,000	\$139,200,000
Preliminary Budget	-\$165,320,336	-\$135,562,676
Preliminary WET Transfer	-\$5,296,662	-\$5,296,662
Preliminary CFTN Transfer	-\$8,966,158	-\$8,966,158
Projected Ending Balance	-\$40,383,156	\$11,071,143

Projected Unspent CSS funds at the end of three-year plan ending FY 22/23	\$11,071,143
Future projects the unspent funds will be allocated to:	-\$11,071,143
<ul style="list-style-type: none"> - Expansion of Crisis Services (Suicide Prevention) - Transportation Assistance Program (Access) - Increase cultural & linguistic responsiveness (Access) - Additional Wellness Campus 	
Projected Ending Balance	\$0



Recommended PEI Priority 1:

**MH
Awareness
& Stigma
Reduction**

Rationale:

Local/State Initiatives

MHSOAC PEI Regulations | OC Integrated Services Vision 2025

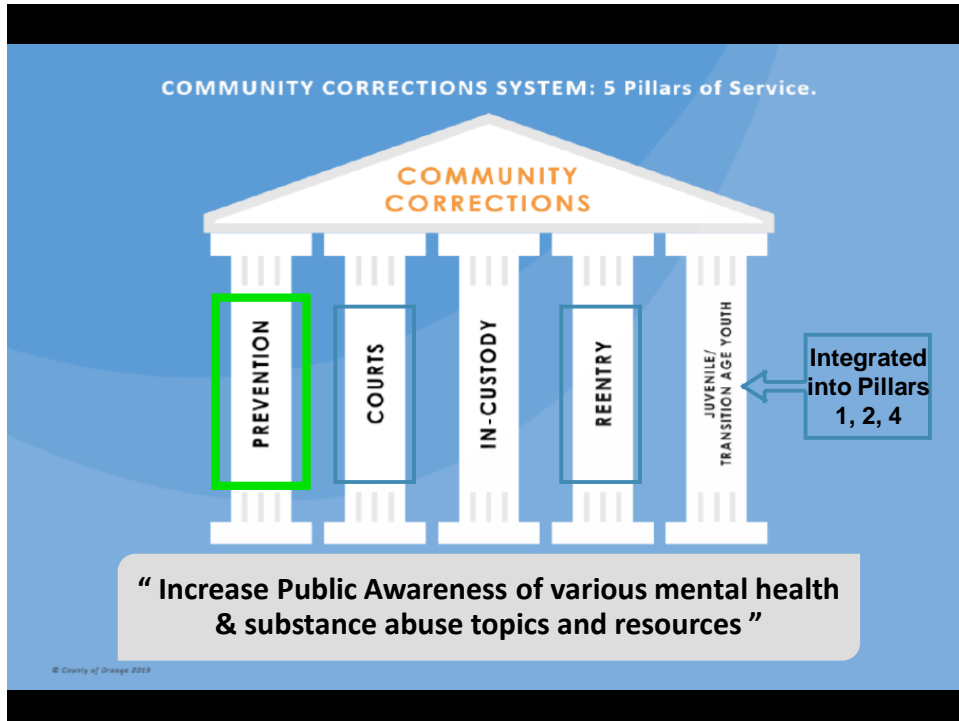
OC Data Trends

Stigma frequently identified as barrier



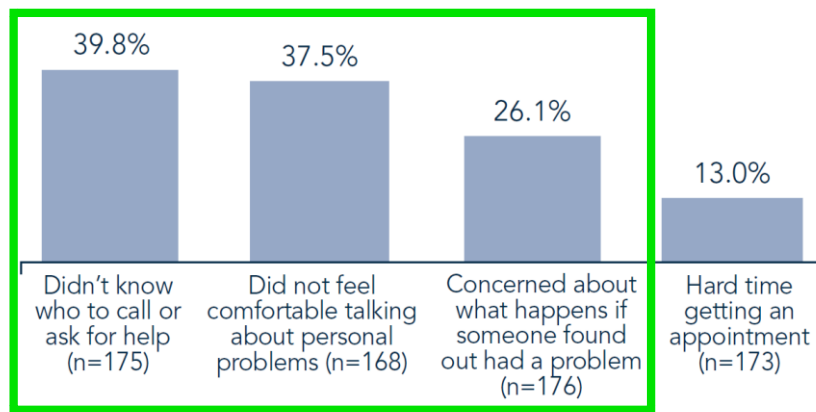
Local Needs

Stigma Reduction | Increased Awareness (Signs & Resources)
(2018 & 2019 CEMs and 2019 Surveys)



2018 CalOptima Member Health Needs Assessment

Exhibit 7: Reasons why members (who needed to see a mental health specialist but) didn't get services



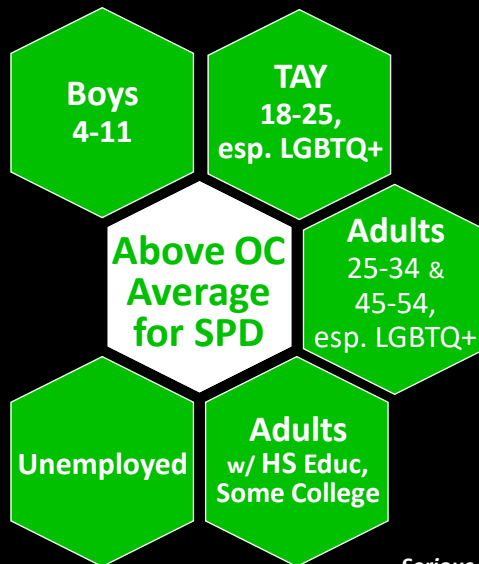
Priority Populations for Campaigns (based on Preliminary Survey Results)

MH Awareness Campaigns & Education			
Stigma & Discrimination Reduction	Mental Health & Well-Being Promotion	Violence & Bullying Prevention	Suicide Prevention
LGBTQ	Youth (16-25 years)	Youth (16-25 years)	Youth (16-25 years)
Youth (16-25 years)	Adults (26-59 years)	Children (0-15 years)	Children (0-15 years)
Homeless	Children (0-15 years)	Students at Risk of School Failure	Adults (26-59 years)
Mental Health w/ Substance Use	Parent/Families	Foster Youth	LGBTQ
Adults (26-59 years)	Older Adults	LGBTQ	Veterans

Priority Populations for Campaigns (based on Preliminary Survey Results)

BH System Navigation	Outreach & Engagement	Early Intervention	Outpatient Treatment
Youth (16-25 years)	Youth (16-25 years)	Children (0-15 years)	Youth (16-25 years)
Children (0-15 years)	Homeless	Youth (16-25 years)	Adults (26-59 years)
Mental Health w/ Substance Use	Adults (26-59 years)	Students at Risk of School Failure	Mental Health w/ Substance Use
Homeless	Mental Health w/ Substance Use	Foster Youth	Homeless
Adults (26-59 years)	Children (0-15 years)	Parent/Families	Mental Health w/ Medical Conditions

Priority Populations for Campaigns (based on UCSD Needs & Gaps Analysis)



SPD =
Serious Psychological Distress

Strategy

MH
Awareness
& Stigma
Reduction

- Continue to PARTNER with **local groups** who successfully engage these and other priority populations
- INCORPORATE **findings and recommendations** from recent RAND reports:



Social Marketing of Mental Health Treatment: CA's Mental Illness Stigma Reduction Campaign — 2019



Differential Association of Stigma with Perceived Need and Mental Health Service Use - 2018

- PARTNER with **media/marketing organizations**

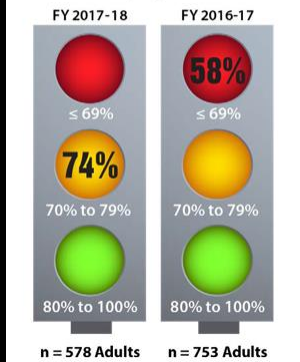


Outreach & Engagement for the Homeless

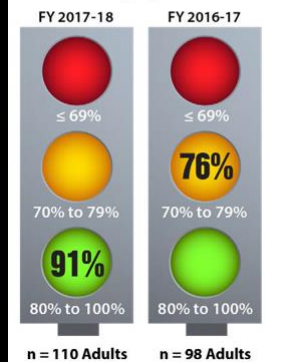
PROGRAM	FY 2016-17	FY 2017-18
BHS Outreach & Engagement	Referrals: 8,696 Linkages: 2,399	Referrals: 9,225 Linkages: 2,576
Courtyard (After-Hours) Outreach	Referrals: 896 Linkages: 642	Referrals: 786 Linkages: 577

Open Access

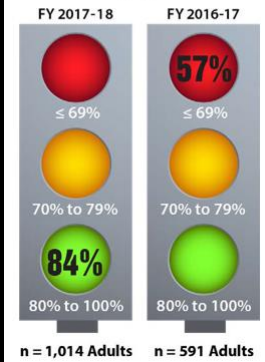
% Discharged From Hospital & Linked to Medication Services in 3 Days Recovery Open Access



% Discharged From Jail & Linked to Medication Services in 3 Days Recovery Open Access



% Linked Within 30 Days of Discharge Recovery Open Access



Wellness Centers

Monthly Consumer Participation in Groups by FY

