

MHSA Planning

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Compliance



SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

WHAT IS MHSA?

In November 2004, the voters of California approved Proposition 63, the Mental Health Services Act (MHSA). The Act imposes a 1% tax on incomes exceeding \$1 million to expand and transform the pre-existing mental health system.

Funding is divided into 5 MHSA Funding Components

- Community Services and Supports (CSS) -Funding Continues Yearly
- Housing - One time Funds- will end with Residences at Depot Street
- Prevention & Early Intervention (PEI) -Funding Continues Yearly
- Workforce Education and Training (WET) - One Time Funds - ended 2016
- Innovation - Funding Continues Yearly
- Capital Facilities / Information Technology- One Time Funds- will end 2018

County mental health programs are required to:

- Submit a Three-Year Program and Expenditure Plan & Annual Plan Update
- Conduct a public hearing and establish a 30-day comment period for all plans
- Have the Plan approved by the Board of Supervisors & County Auditor Controller



Programs Established To Date

How has the funding in these categories been used to date?



Community Services and Supports (CSS) - Ongoing Funding

- Mobile Crisis Teams in Santa Barbara & Santa Maria
- North County Crisis Residential Program
- Homeless Services
- Wellness & Recovery Outpatient Teams
- Co-Occurring Outpatient Teams

Within the CSS component are the Full Service Partnerships (FSPs):

- Assertive Community Treatment (ACT) Programs
- Supported Housing Programs
- SPIRIT Program for Children
- Justice Alliance



Housing - One time Funds

Housing Projects To Date:

- Garden Street Apartments: 10 housing units in Santa Barbara;
- Home Base on G: 13 housing units in Lompoc;
- Rancho Hermosa: 12 one, two and three bedroom units in Santa Maria
- The Residences at Depot Street (under review): 35 one, two and three bedroom units in Santa Maria



Prevention Early Intervention (PEI) - Ongoing Funding

- Early Childhood Mental Health Services
- SAFTY Mobile Crisis Services for Youth
- Transition Age Youth Programs
- Support to Culturally Underserved Communities
(Promotoras)
- CARES Clinics
- Access and Assessment Teams
- Integration of Primary and Mental Health Care



Workforce Education and Training (WET) - One Time Funds

- Peer Training and Internships;
- Peer Expert Pool who completed training and internships and are paid for services provided within the Department;
- Crisis Intervention Training (CIT) for law enforcement personnel (which has lead to supporting and assisting the SB County Sheriff's Department in Developing its own certified CIT Program).



Innovation - Ongoing Funding- 3 Year Maximum

- SSI/SSDI Outreach, Access and Recovery (SOAR) Program- SSI Benefits Acquisition Program (2011-14)
- Culturally Adapted and Recovery Focused Models of Care - identify, train, and incorporate evidence based practices (EBPs) into service delivery system; follow up by monitoring fidelity (2014-15)
- Medical Integration and Older Adult Program - specialized teams providing whole-person care, including physical health and addiction issues (2014-15)
- Resiliency Interventions for Sexual Exploitation (RISE) Project (2015-18)



Capital Facilities / Information Technology - One Time Funds

- Installed videoconferencing equipment across the regions to facilitate improved system-wide collaboration and meeting participation;
- Purchased hardware and software for computers installed at the three Recovery Learning Centers and maintained equipment over the past 5 years;
- Transition to an Electronic Health Care record across the system - all out-patient clinics have been converted; conversion of the Psychiatric Health Facility is underway.



New Programs from the Last Three-Year Plan

- Enhanced Homeless Services
- Co-Occurring Outpatient Teams
- Wellness and Resiliency/Recovery Outpatient Teams (adult and children)
- HOPE Program for Youth Placed in Foster/Extended Family Homes
- Crisis Residential North
- Justice Alliance as a Full Service Partnership
- Crisis Triage Teams
- Crisis Stabilization Unit
- Operation of Crisis Residential South
- Mobile Crisis West
- Access & Assessment Teams



New Programs from the Last Three-Year Plan (continued)

- Girls Resiliency Restoration and Reintegration aLiance (GIRRRRL) - now RISE
- Culturally Adapted and Recovery-Focused Models of Care
- Medical Integration and Older Adult Program



Budget Data

- Current MHSA Annual Allocation: \$20 Million
- At Least 50% of Community Services & Supports (CSS) dollars must fund Full Service Partnerships (FSPs)
- 20% of funds must be used for Prevention & Early Intervention (PEI) programs; 51% of that must be used for children/TAY services
- Designated funding for Housing, Capital Facilities/ Information Technology, and Workforce Education and Training is utilized until expended
- One time programs supported with ongoing funds
- Prudent reserve: Over \$2 Million; all MHSA money utilized



No New MHSA Funding Identified At this Time

- The future of existing State (MHSA) and Federal (ACA) funding streams is uncertain at this time.
- The No Place Like Home initiative will reduce the Department's MHSA funding by \$1.4 M over the next two years.
- The focus of this Three-Year Plan will be on improving existing programs.
- Community input on other services and operations is encouraged in the event additional funding becomes available.



Proposal: Operate Transition Age Youth (TAY) Program as a Full Service Partnership

- Currently the older TAY population (ages 18-24) may receive services as part of the adult ACT programs.
- The proposal would expand TAY services by establishing a separate FSP program that provides unique services to this population.
- **The objectives:** employment with Department of Rehabilitation support per contract, field based engagement services, housing support, 24/7 crisis support.



Proposal: Reconsidering Justice Alliance

Currently, Justice Alliance is a Full Service Partnership providing the following services:

- Outreach and engagement to clients involved with the criminal justice system, including linkage to outpatient and ACT programs as appropriate;
- Present in court to provide mental health assessments to charged misdemeanants;
- Competency restoration services to individuals found Incompetent to Stand Trial (ISTs);
- Case management of criminally involved clients.



Proposal: Increase Programming at the Recovery Learning Centers

Proposal: Use the Recovery Learning Centers (RLCs) more fully as part of the continuum of care:

- Provide Psychiatry & Medical staff time at the RLCs for medication support services;
- Increase clinical support on site;
- Enhance employment support on site;
- Enhance Peer support on site;
- Link with Department's outpatient groups to facilitate transition to RLCs.



Proposal: Further Integrate the Existing Treatment Teams Into Levels of Care

Level 1- Consumer Run Centers	Level 2- Outpatient Wellness	Level 3- Field Capable/Moderate Clinical Services	Level 4- Moderate to High Service Intensify	Level 5- FSPs High Intensity Community Based
<ul style="list-style-type: none"> ➤ Network Providers ➤ Recovery Learning Centers ➤ Medication Compliant ➤ Vocational Rehab 	<ul style="list-style-type: none"> ➤ Minimal Maintenance ➤ Groups, Case Management, Individual Services ➤ Minimum Med Management ➤ Integrated MH/SUD/Medical 	<ul style="list-style-type: none"> ➤ Less intensive maintenance ➤ Step down from ACT/Supportive Housing ➤ Community Based ➤ Integrated MH/SUD/Medical 	<ul style="list-style-type: none"> ➤ Step down from ACT with intensive services-field based, ACT-lite ➤ Supportive Housing Programs ➤ Integrated MH/SUD/Medical 	<ul style="list-style-type: none"> ➤ ACT/Jail/Homeless ➤ Difficulty accessing office services-outreach ➤ Field based services ➤ Integrated MH/SUD/Medical



Preparing for “No Place Like Home”

The “No Place Like Home” Initiative will divert a portion of MHSA funds to provide \$2 billion State wide in bond proceeds for investment in the development of permanent supportive housing for persons who are living with a severe mental illness.

These individuals must be:

- in need of mental health and/or co-occurring substance use services;
- experiencing chronic homelessness, or are at-risk of chronic homelessness, or homelessness.



Utilization of “No Place Like Home” Funding

The “No Place Like Home” funding must be used for:

- permanent supportive housing; and
- utilize low barrier tenant selection practices that prioritize and offer flexible, voluntary, and individualized supportive services.



Funding Available for “No Place Like Home”

There will be two funding allocations:

- Non-competitive funds based on county population of homeless (Santa Barbara’s estimated allocation: \$2.7 million).
- Competitive funds which may be awarded, after application and analysis, out of a pool of funds for medium sized counties.
- Additionally there are start-up or “technical assistance” funds available in the form of grants (Santa Barbara’s allocation: \$100,000).



Engagement in the “No Place Like Home” Initiative

The Department has had preliminary meetings with the County Housing & Community Development leadership who will assist with community notification of funding and vetting of potential development partners.

At this time, the Department intends to apply for both the non-competitive and competitive funding, as well as take advantage of the technical assistance support for planning purposes.



Community Input Makes A Difference - Feedback From the Last Three-Year Plan

➤ Integration of physical and mental health services	➤ Specialized treatment teams
➤ More crisis beds for adults	➤ Screening Brief Intervention, Referral and Treatment (SBIRT) and Public Health Clinics
➤ Improve aftercare services	➤ Open Recovery Learning Centers to all in need
➤ Strengthen Department of Rehabilitation Services for employment support and job skills development	➤ More bilingual/bicultural service providers
➤ Replicate successful programs across the County	➤ Bilingual Support/interpreter services available in all regions
➤ Improve sharing of client information among authorized providers	➤ Peers should be integrated into staff to demonstrate commitment to recovery model
➤ Develop better relationships with partners	➤ Make meetings more accessible throughout the region
➤ Focus on being welcoming and train staff on how to welcome clients	➤ MHSA principles should apply throughout the whole system, including the CBO partners
➤ Comprehensive Co-occurring education	



Stakeholder Feedback Is Encouraged and Welcomed

Feedback?

Thoughts?

Ideas?

Thank you!

For more information about the MHSa process, and to see prior year MHSa Plans, please visit our website at <http://countyofsb.org/behavioral-wellness/mhsa-home>.

