Mental Health Services Act – 3-Year Integrated Plan
Fiscal Years 17/18 – 19/20

Presentation to the Health Commission
August 15, 2017
Presentation Overview

• MHSA Overview and Structure

• State Requirements - MHSA Three-Year Integrated Plan

• Highlight Plans for Upcoming Years (FY 17/18 – 19/20)

• Review Highlights of Program Outcomes for FY 16/17

• Moving Forward
• Enacted into law in 2005

• 1% tax on personal income over $1 million

• Designed to transform the mental health system to address unmet needs

• Based on a set of core principles

  ✓ Cultural Competence
  ✓ Integrated Service Delivery
  ✓ Community Collaboration
  ✓ Wellness and Recovery
  ✓ Client and Family Member Inclusion
## San Francisco MSHA Service Categories

<table>
<thead>
<tr>
<th>MHSA Components</th>
<th>San Francisco Service Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Services and Support (CSS)</strong></td>
<td>Recovery-Oriented Treatment Services</td>
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<tr>
<td></td>
<td>Peer-to-Peer Support Services</td>
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<td></td>
<td>Vocational Services</td>
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<td></td>
<td>Housing (for Full Service Partnerships (FSP) clients)</td>
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<tr>
<td><strong>Prevention and Early Intervention (PEI)</strong></td>
<td>Mental Health Promotion &amp; Early Intervention (PEI) Services</td>
</tr>
<tr>
<td><strong>Workforce Education and Training (WET)</strong></td>
<td>Behavioral Health Workforce Development &amp; Training</td>
</tr>
<tr>
<td><strong>Capital Facilities and Technological Needs (CF/TN)</strong></td>
<td>Capital Facilities/Information Technology</td>
</tr>
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</table>

Innovations (INN) Component/Funding is integrated into all SF MHSA Service Categories.
County mental health programs are required to prepare and submit a Three-Year Program and Expenditure Plan (Plan) and an Annual Update report for MHSA programs and expenditures.

Annual Updates to the 3-Year Integrated Plan are required:
- To provide an overview of progress, highlight outcome data, and any amendments to the plan.

**Community Program Planning**

- This 3-Year Plan was developed in collaboration with behavioral health consumers, their families, peers, and service providers.

- In early 2017, SF MHSA hosted eleven (11) community engagement meetings across the City’s eleven Supervisory Districts to identify the most pressing mental health-related needs of the community and develop the continuation of strategies to meet these needs.
Next Three Years
Looking Ahead

1. Monitor No Place Like Home (NPLH) housing bond.

2. Propose New Innovation Programs to the State:
   a) Intensive Case Management (ICM) Flow (FY 17/18)

3. Monitor and continue to evaluate 81 current MHSA programs

4. Coordinate the solicitation of proposals to continue programs (Request for Proposals/Qualifications)

5. Monitor Revenues and Expenditures
## Summary of DAH Sites with FSP Units

Approximately **210 dedicated MHSA Housing Units**

### Coming Soon
**No Place Like Home**
($2 Billion Housing Bond)

Estimating this program will bring **500** additional new units to San Francisco

### Table: DAH Sites with FSP Units

<table>
<thead>
<tr>
<th>Building</th>
<th>Total DAH Units</th>
<th>FSP Units (MHSA Operating Funds)</th>
<th>FSP Units (MHSA Capital Financing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>990 Polk</td>
<td>50</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Ambassador/Dalt/Ritz</td>
<td>21</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Cambridge/San Cristina/Iroquois/Hamlin/Senator</td>
<td>43</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Camelot</td>
<td>55</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Empress</td>
<td>89</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Kelly Cullen Community</td>
<td>172</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Le Nain</td>
<td>86</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Pacific Bay Inn</td>
<td>75</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Rene Cazenave Apartments (RCA)</td>
<td>120</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Richardson</td>
<td>120</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Star Hotel</td>
<td>54</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Veterans Common</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Willie B. Kennedy</td>
<td>20</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Windsor</td>
<td>91</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Aarti (TAY Housing)</td>
<td>56</td>
<td>50</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
<td><strong>66</strong></td>
<td></td>
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</tbody>
</table>
ICM / FSP programs

- Wraparound case management
- Smaller client caseloads
- Support for housing
- 24/7 access
- Social milieu
- Payee services
- Vocational programming
- Focus on wellness and recovery
- “Whatever it takes”

Clients with:
- Serious Mental Illness
- History of psych emergencies
- Homelessness
- Substance use
- And more…

New INN Project
Intensive Case Management
Outpatient Flow Project

Problem: Fewer than 10% of clients leaving the ICMs successfully connect to Outpatient Clinics

Standard OP

- Appointment-based
- Therapy/case management
- Larger client caseloads

Multiple reasons:
- Huge gap between levels of service
- Client/staff fear, distrust, worry
- Unclear, variable referral processes
- Communication barriers between providers

Possible Countermeasures:
- Test and implement new communication protocols for referral and linkage from ICMs to OP clinics
- Augment case management and social support at OP clinic sites
- Build a team of highly skilled peer counselors based at OP clinics to support client transitions
Full Service Partnerships
- An intensive and comprehensive model of case management based on a client-and family-centered philosophy of doing “whatever it takes” to assist individuals diagnosed with SMI/SED to lead independent, meaningful, and productive lives.

- 1051 clients served
- Drop in MH & SUD emergencies (76%)
- Drop in arrests (85%)
- 24/7 Access
- Housing

Early Psychosis Program
- Early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30:

- 79 clients served
- Reduction in total number of acute inpatient episodes (26%)
- Improved well-being as measured by PHQ-9 (74%)

Looking Forward 17/18:
- Both programs are currently in the solicitation process (Request for proposals)
The **Peer-to-Peer Support Program** comprises of thirteen (13) peer programs that are designed to improve and support the mental health and overall wellness of San Franciscans.

The peer programs are designed to integrate peer and family member specialists in the public mental health service delivery system.

**Outcomes highlights**

- Using an Isolation Scale *at baseline and six months* individuals screened (17) showed 20.8% decrease in isolation and 52% increase in social engagement. - **Addressing Needs of Socially Isolated Older Adult Program**

  - 90% (n= 24) of graduates reported engagement with Health and Human Services field, through employment, volunteer work and continued education – **Peer Specialist MH Certificate and Leadership Academy**

**Looking Forward 17/18:**

- Some programs under this category are currently in the solicitation process for proposals to continue programming (Request for Qualification)
This service category comprises of 10 programs designed to ensure consumers are able to secure meaningful and long-term employment.

**Outcomes**

- **54%** of internship graduates obtained employment after program completion
- **86%** of IT trainee graduates reported an increase in their coping abilities
- **100%** of Horticulture/Landscaping trainees reported an improvement in skills

**MHSA-funded Peer Staff**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>6</td>
</tr>
<tr>
<td>2016</td>
<td>164</td>
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</tbody>
</table>

Placed in 46 sites (clinic and community-based)

MHSA Key Principle: Consumer and family member Inclusion
### Some FY 15/16 Highlights

- **80** Interns placed under the Graduate MSW Internship Program.
- **100%** ($n=33$) of the Faces for the Future graduating seniors have enrolled in post-secondary programs.
- Within the past 5 years **36%** ($n=7$) of Child Psychiatrists were hired by the network after completion of the psychiatry fellowship program.

### Moving Forward

- Begin to implement 5-year Strategic Plan for Workforce Development, Education & Training (WDET)
  - † Professional Development
  - † Recruitment and Retention
  - † Develop Trauma Informed Systems
  - † Staff Self-care & Wellness
  - † Succession Planning
The Mental Health Promotion and Early Intervention (PEI) service category is comprised of the following five program areas:

1. Stigma Reduction
2. School-Based Mental Health Promotion
3. Population-Focused Mental Health Promotion
4. Mental Health Consultation and Capacity Building
5. Comprehensive Crisis Services.

**Outcome highlight:**

246 unduplicated participants attended Harm Reduction support groups conducted by the Harm Reduction Therapy Center, with 66% of participants demonstrating reduced risk behaviors.

- Tenderloin Self-Help Center

**Recent Development:**

Beginning July 1, 2017, new contracts were developed to continue services under the **School-Based & Population-focused** Mental Health programs. This was as a result of an RFQ.
- SF receives a monthly allocation from the State based on a formula determined by Department of Health Care Services.

- Based on taxes collected, fluctuations impact fiscal projections and available funding. Annual funding is not confirmed until after FY.

- As a result of MHSA’s instable revenue, SF MHSA makes ongoing adjustment to the MHSA budget.
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