Mental Health Services Act –
Annual Update
Fiscal Year 16/17

Presentation to the Health Commission
January 17, 2017
Building on existing DPH efforts to transform the delivery of mental health treatment in our system.

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<th>MHSA Core Principle: Integrated Service Delivery</th>
<th>MHSA Components</th>
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<td>Primary Care Integration</td>
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<td>• BH staff at 8 Primary Care clinics</td>
<td>• Community Support Services</td>
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<td>• $5 million MHSA Capital funds</td>
<td>• Capital Facilities</td>
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<td>• Suicide prevention training</td>
<td>• Prevention and Early Intervention</td>
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<td>DPH/AC WDET</td>
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<td>• Black/African American Peer Leadership &amp; Wellness</td>
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<td>• Transitions/DAH</td>
<td>• Housing/Community Support Services</td>
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<td>• Environment Health</td>
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MHSA Overview

- Enacted into law in 2005
- 1% tax on personal income over $1 million
- Designed to transform the mental health system to address unmet needs, both to individuals not currently receiving any services, as well as to those who are not receiving enough services
- Supports innovation
- Based on a set of core principles
## Components Summary

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<th>Components</th>
<th>Summary</th>
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<td>Community Services &amp; Supports (CSS)</td>
<td>Supports Full Service Partnership (FSP) programs and other programs improving the mental health service delivery system for all clients.</td>
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<td>Innovation (INN)</td>
<td>To test novel, creative mental health practices/ approaches that contribute to learning.</td>
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<td>Prevention and Early Intervention (PEI)</td>
<td>Programs designed to prevent mental illnesses from becoming severe and disabling. Programs emphasize improving timely access to services for underserved populations.</td>
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<td>Workforce Education and Training (WET)</td>
<td>Identify gaps in workforce; increase workforce’s cultural and linguistic capacities; educate consumers.</td>
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<td>Capital Facilities and Technology Needs (CF/TN)</td>
<td>Renovation of admin and service facilities owned by City; modernize information systems and provide access to health records for consumers and family members.</td>
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## San Francisco MSHA Service Categories

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<th>MHSA Components</th>
<th>San Francisco Service Categories</th>
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<td><strong>Community Services and Support</strong> (CSS)</td>
<td>Recovery-Oriented Treatment Services</td>
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<td>Peer-to-Peer Support Services</td>
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<td>Vocational Services</td>
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<td>Housing (for FSP clients)</td>
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<tr>
<td><strong>Prevention and Early Intervention</strong> (PEI)</td>
<td>Mental Health Promotion &amp; Early Intervention (PEI) Services</td>
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<td><strong>Workforce Education and Training</strong> (WET)</td>
<td>Behavioral Health Workforce Development &amp; Diversification</td>
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<td><strong>Capital Facilities and Technological Needs</strong> (CF/TN)</td>
<td>Capital Facilities/Information Technology</td>
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*All SF MHSA Service Categories Include INN Funding*
- SF receives a monthly allocation from the State based on a formula determined by Department of Health Care Services.

- Annual funding is not confirmed until after FY.

- MHSA funding is uneven.
County mental health programs shall 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.

This Annual Update (16/17) is the final annual report to the MHSA Three-Year Program and Expenditure Plan for FY 14/15 - 16/17.

Plans and annual updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of adoption.
**Full Service Partnerships**

- 1051 FSP clients served:
  - 85% drop in arrests;
  - 76% drop in Mental Health & Substance Use Disorder emergencies;
  - 70% reduction in school suspensions.

- New programs in 15/16:
  - Assisted Outpatient Treatment;
  - Strong Parent and Resilient Kids (SPARK) (serving ages 0-5).

**Early Psychosis Program**

- Early intervention treatment program for schizophrenia and early psychosis for individuals between the ages of 16 and 30:
  - 79 clients served
  - 26% reduction in total number of acute inpatient episodes
  - 74% improved well-being as measured by PHQ-9

**Other highlights:**

- BH Access Center: An expanded team provided enhanced supports for the 1,714 individuals.

- All youth detained for more than 72 hours at the SF Juvenile Justice Center are screened for behavioral health issues.

- Behavioral health staff at eight (8) primary care clinics; Primary Care Staff at three (3) MH Clinics.
BHS Vocational & Peer to Peer Programs

Outcome Highlights

Centralized Referral

8 Workforce Sectors

457 Training and Internship Opportunities

Supported Employment

Competitive Employment

Vocational Services Highlights

**FY 14/15**

- **100%** of iAbility trainee graduates were participating in paid vocational opportunity 3 months after graduation
- **80%** of first impression trainees met their vocational goals by program completion

Peer to Peer Program Highlights

Peers provide a beacon of hope to inspire consumers that wellness and recovery are attainable:

- Rapid Growth in BHS:
  - 2007: 6 MHSA-funded Peer staff
  - 2016: **164** MHSA-funded Peer staff
- Placed in 46 sites (clinic and community-based)
- MHSA funds six (6) peer-run programs
  - **1780** individuals served in FY 14/15
Continue to fund DPH-wide Trauma Informed Systems Training Initiative.

In partnership with Ambulatory Care coordinated 112 trainings for DPH staff.

80 Interns placed under the Graduate MSW Internship Program.

80% success retaining fellows from the Psychiatry Fellowship Program.

14 workers trained under the Training Academy for Paraprofessionals.

22 graduated from the City and College Certificate program.

Developing 5-year Strategic Plan for WDET.
Programs designed to prevent mental illnesses from becoming severe and disabling. Programs emphasize improving timely access to services for underserved populations.

- **Population-focused PEI Programs**
  - Culture-specific programming targeted for underserved groups including racial/ethnic populations, LGBTQ, Transitional Age Youth and Older Adults.
  - Services include health promotion, screening and assessment, and short-term therapeutic services.
  - **27,066** individuals served at all levels of intensity.

- **School-based PEI Programs**
  - a collaboration with community-based organizations and SFUSD K-12 school campuses.
  - Services include family education, wraparound case management, and individual and group therapeutic services.
  - **3,066** individuals served.
- Permanent Support Housing
  - 83 units (63 capital; 20 lease)

- MHSA funded Direct Access to Housing (DAH) and Transitions staff
  - providing housing placement and supportive services

- Transitional Housing for TAY
  - 56 Units (6 Capital; 50 Lease)

- Emergency Stabilization Units (SRO units)
  - 11 units
AB 1618 signed by Governor on July 1, 2016

$2 billion bond proceeds to invest in permanent supportive housing:
- for persons who are experiencing homelessness, chronic homelessness, or at risk of homeless, and who are in need of mental health services.
- Bonds to be repaid by funding from the Statewide MHSA Fund.
  - Impact on SF MHSA Allocation Funds

**Key Features**
- Counties eligible applicants (either solely or with housing development sponsor).
- Utilize low-barrier tenant selection.
- Counties must commit to provide mental health services and coordinate access to other supportive services.
State approved the expansion of three Innovations funded projects:
- First Impressions
- Socially Isolated Older Adults
- Transgender Pilot Project

SF MHSA launched several new programs including:
- Peer Wellness Center
- Expansion of the DOR Vocational Co-op Program
- TAY Vocational Program

MHSA Program Evaluators are currently reviewing all MHSA program objectives in an effort to develop adequate outcome measures and improve overall program evaluation.
The MHSA program plan to release the following Request for Qualifications (RFQ) in FY 16/17:

- School-Based Programs
- Population-Focused Programs
- Community Drop-In & Resource Support Services
- Peer Health and Advocacy Programs
Questions?

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