Programs Reporting Tool, and Population Level Outcome Measures

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Mental Health Services
Oversight & Accountability Commission

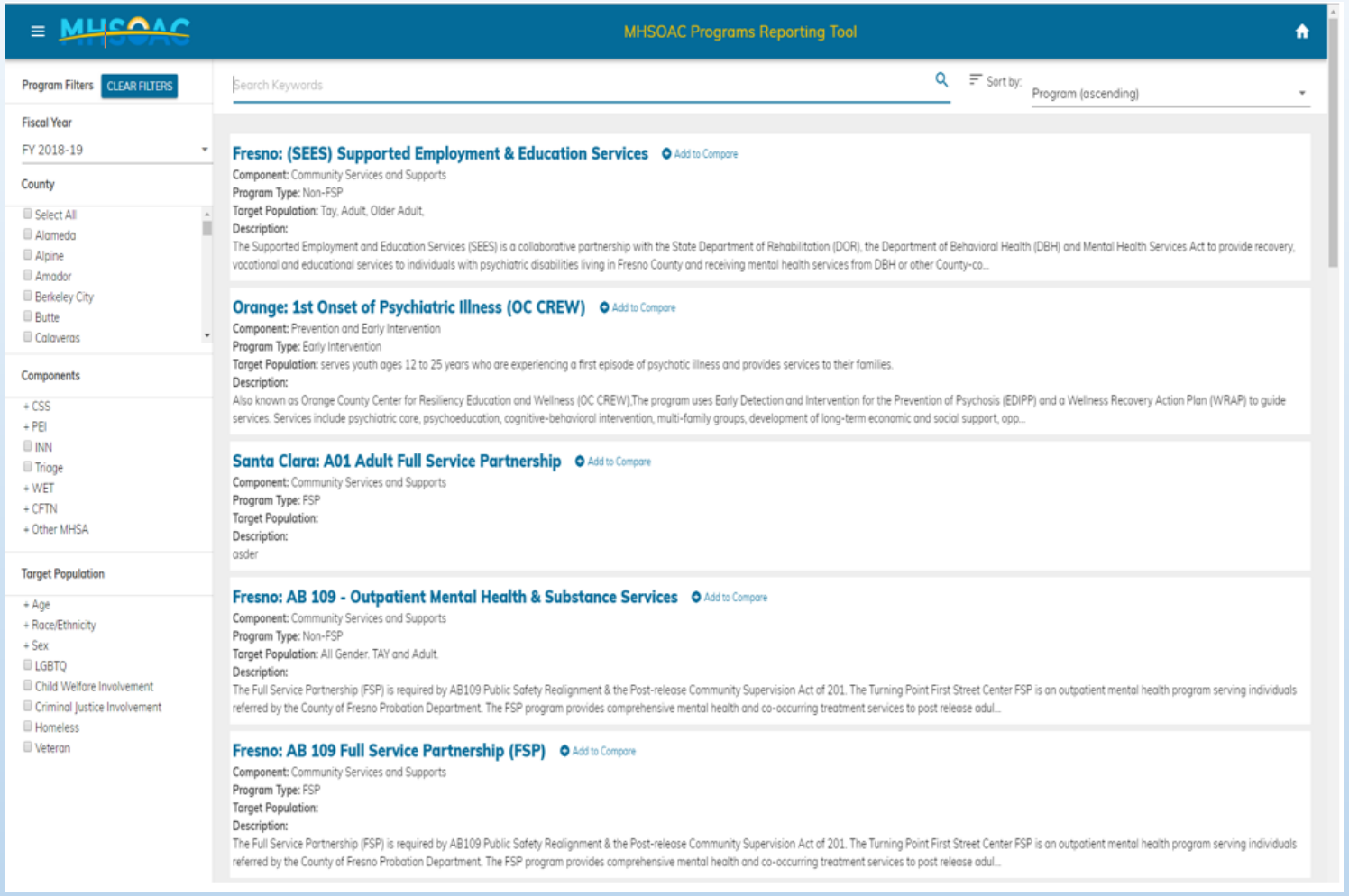
Our Vision

To make data from reports on programs funded under the Mental Health Services Act, available to the public via a Visualization Portal. The portal will provide transparency through the publication of information & statistics to various stakeholders.

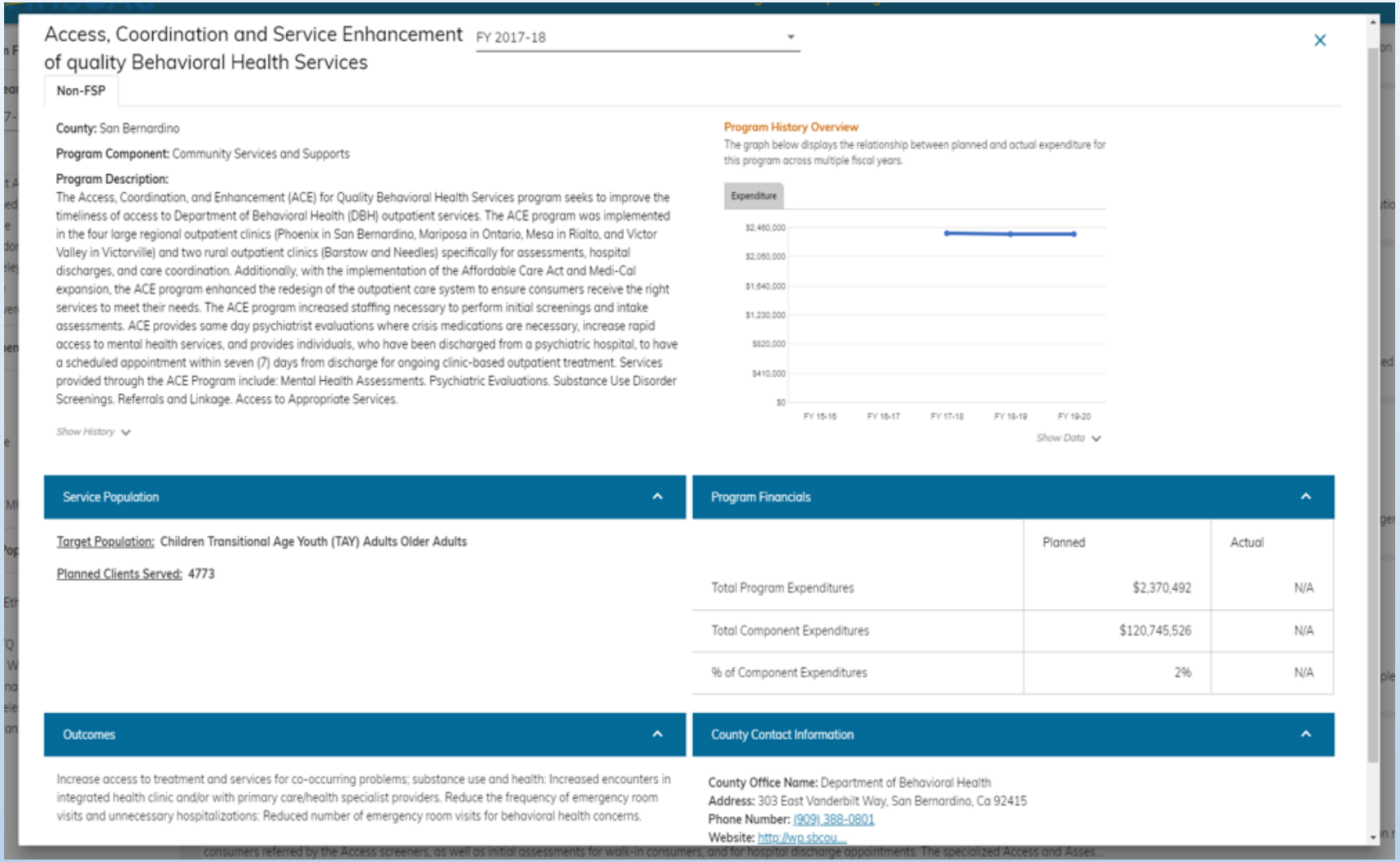
Mental Health Services
Oversight & Accountability Commission

Programs Reporting Tool 1.0

Programs Search Tool



Program Profile Tool



Access, Coordination and Service Enhancement of quality Behavioral Health Services

FY 2017-18

Non-FSP

County: San Bernardino

Program Component: Community Services and Supports

Program Description:
The Access, Coordination, and Enhancement (ACE) for Quality Behavioral Health Services program seeks to improve the timeliness of access to Department of Behavioral Health (DBH) outpatient services. The ACE program was implemented in the four large regional outpatient clinics (Phoenix in San Bernardino, Mariposa in Ontario, Mesa in Rialto, and Victor Valley in Victorville) and two rural outpatient clinics (Barstow and Needles) specifically for assessments, hospital discharges, and care coordination. Additionally, with the implementation of the Affordable Care Act and Medi-Cal expansion, the ACE program enhanced the redesign of the outpatient care system to ensure consumers receive the right services to meet their needs. The ACE program increased staffing necessary to perform initial screenings and intake assessments. ACE provides same day psychiatrist evaluations where crisis medications are necessary, increase rapid access to mental health services, and provides individuals, who have been discharged from a psychiatric hospital, to have a scheduled appointment within seven (7) days from discharge for ongoing clinic-based outpatient treatment. Services provided through the ACE Program include: Mental Health Assessments. Psychiatric Evaluations. Substance Use Disorder Screenings. Referrals and Linkage. Access to Appropriate Services.

Show History

Program History Overview
The graph below displays the relationship between planned and actual expenditure for this program across multiple fiscal years.

Show Data

Service Population

Target Population: Children Transitional Age Youth (TAY) Adults Older Adults

Planned Clients Served: 4773

Program Financials

	Planned	Actual
Total Program Expenditures	$2,370,492	N/A
Total Component Expenditures	$120,745,526	N/A
% of Component Expenditures	2%	N/A

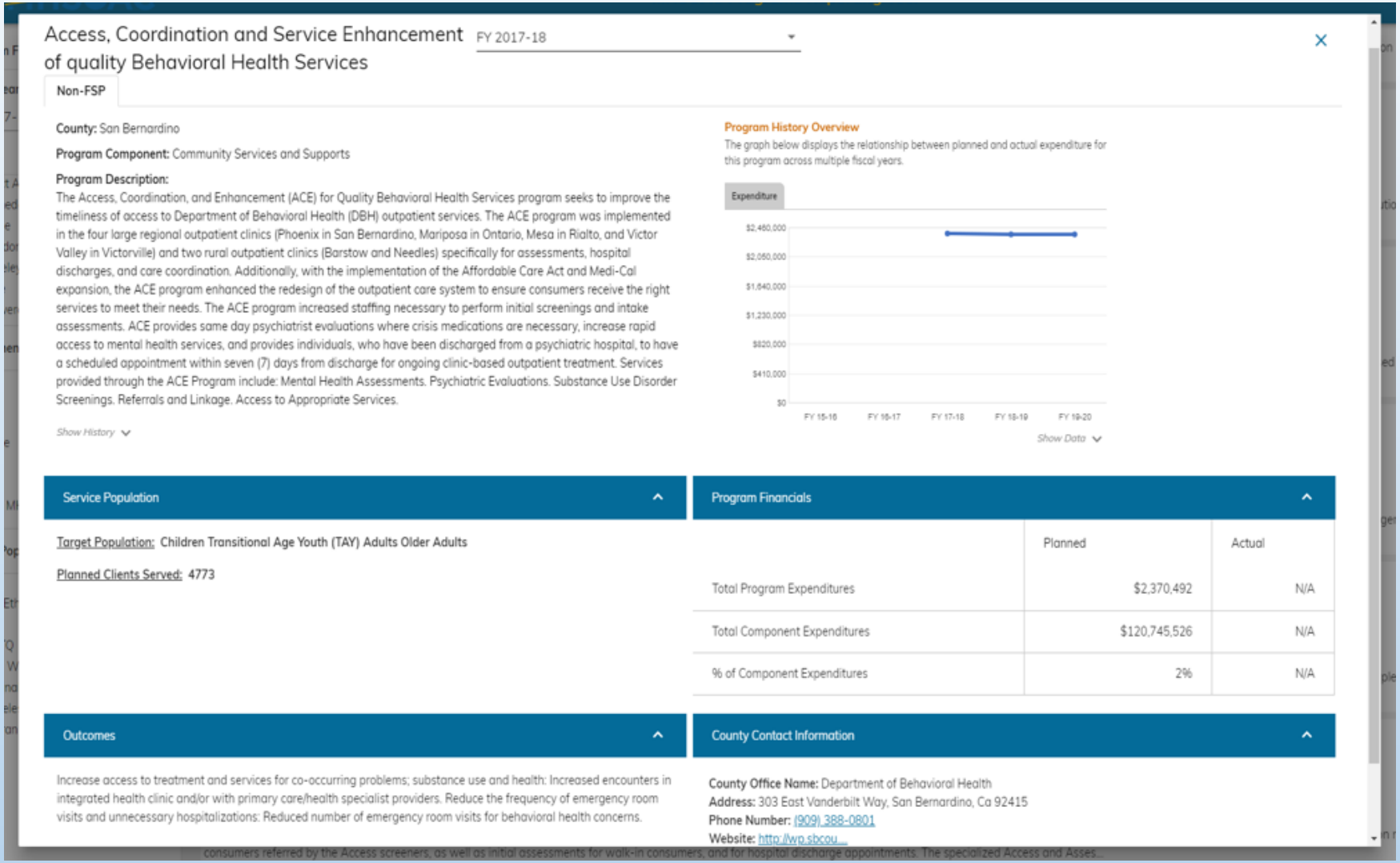
Outcomes

Increase access to treatment and services for co-occurring problems; substance use and health: Increased encounters in integrated health clinic and/or with primary care/health specialist providers. Reduce the frequency of emergency room visits and unnecessary hospitalizations: Reduced number of emergency room visits for behavioral health concerns.

County Contact Information

County Office Name: Department of Behavioral Health
Address: 303 East Vanderbilt Way, San Bernardino, Ca 92415
Phone Number: (909) 388-0801
Website: http://wp.sbcou...

Program Profile Tool



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The graph below displays the relationship between planned and actual expenditure for this program across multiple fiscal years.

Expenditure

$2,460,000
$2,050,000
$1,640,000
$1,230,000
$820,000
$410,000
$0

FY 15-16 FY 16-17 FY 17-18 FY 18-19 FY 19-20

Show Data

Service Population

Target Population: Children Transitional Age Youth (TAY) Adults Older Adults

Planned Clients Served: 4773

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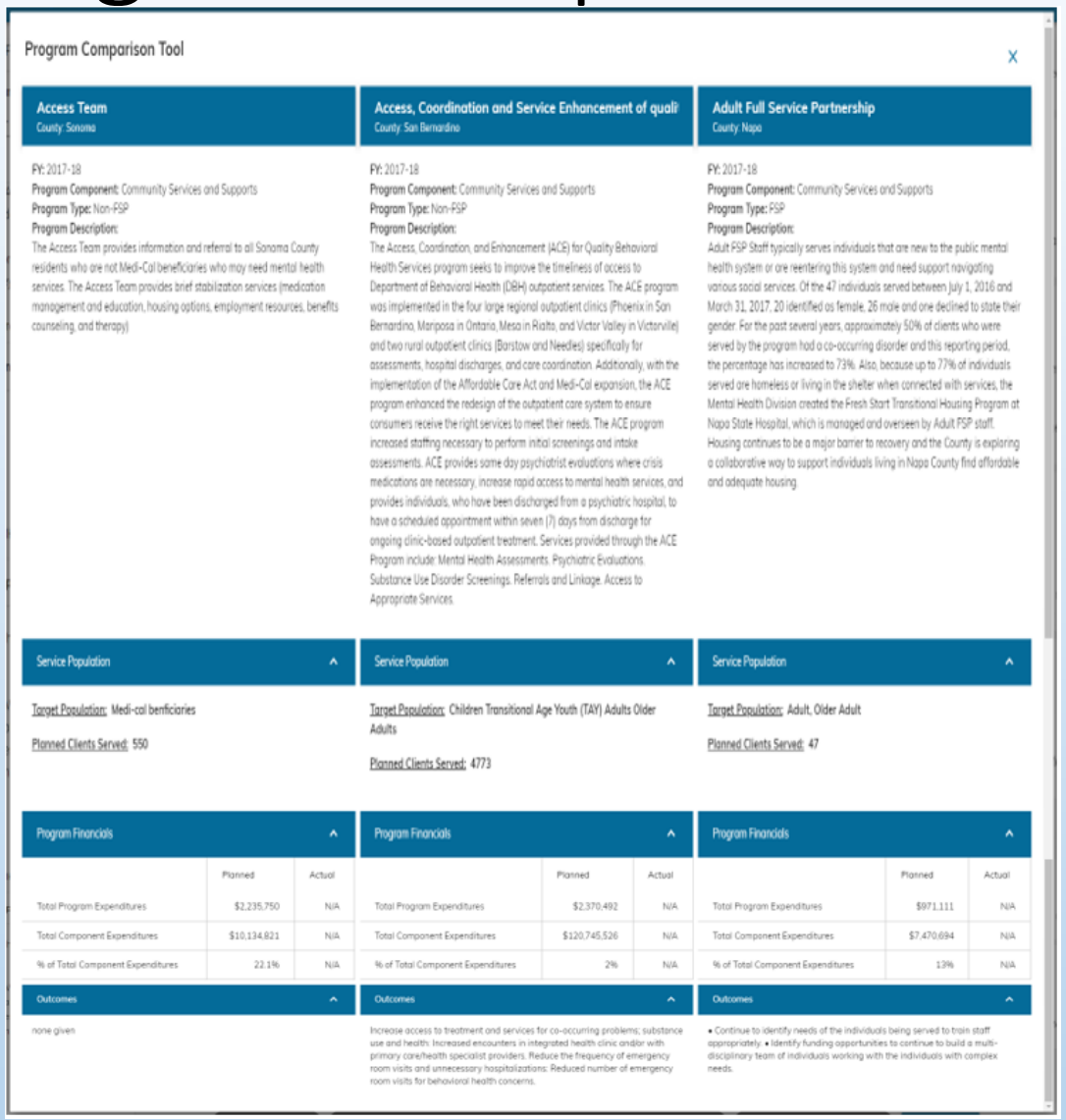
Phone Number: (909) 388-0801
Website: http://wp.sbcou...

consumers referred by the Access screeners, as well as initial assessments for walk-in consumers, and for hospital discharge appointments. The specialized Access and Asses...

Program Comparison Tool



Program Comparison Tool

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Access Team	Access, Coordination and Service Enhancement of quali	Adult Full Service Partnership
County: Sonoma	County: San Bernardino	County: Napa
FY: 2017-18 **Program Component:** Community Services and Supports **Program Type:** Non-FSP **Program Description:** The Access Team provides information and referral to all Sonoma County residents who are not Medi-Cal beneficiaries who may need mental health services. The Access Team provides brief stabilization services (medication management and education, housing options, employment resources, benefits counseling, and therapy)	FY: 2017-18 **Program Component:** Community Services and Supports **Program Type:** Non-FSP **Program Description:** The Access, Coordination, and Enhancement (ACE) for Quality Behavioral Health Services program seeks to improve the timeliness of access to Department of Behavioral Health (DBH) outpatient services. The ACE program was implemented in the four large regional outpatient clinics (Phoenix in San Bernardino, Mariposa in Ontario, Mesa in Rialto, and Victor Valley in Victorville) and two rural outpatient clinics (Barstow and Needles) specifically for assessments, hospital discharges, and care coordination. Additionally, with the implementation of the Affordable Care Act and Medi-Cal expansion, the ACE program enhanced the redesign of the outpatient care system to ensure consumers receive the right services to meet their needs. The ACE program increased staffing necessary to perform initial screenings and intake assessments. ACE provides same day psychiatrist evaluations where crisis medications are necessary, increase rapid access to mental health services, and provides individuals, who have been discharged from a psychiatric hospital, to have a scheduled appointment within seven (7) days from discharge for ongoing clinic-based outpatient treatment. Services provided through the ACE Program include: Mental Health Assessments. Psychiatric Evaluations. Substance Use Disorder Screenings. Referrals and Linkage. Access to Appropriate Services.	FY: 2017-18 **Program Component:** Community Services and Supports **Program Type:** FSP **Program Description:** Adult FSP Staff typically serves individuals that are new to the public mental health system or are reentering this system and need support navigating various social services. Of the 47 individuals served between July 1, 2016 and March 31, 2017, 20 identified as female, 26 male and one declined to state their gender. For the past several years, approximately 50% of clients who were served by the program had a co-occurring disorder and this reporting period, the percentage has increased to 73%. Also, because up to 77% of individuals served are homeless or living in the shelter when connected with services, the Mental Health Division created the Fresh Start Transitional Housing Program at Napa State Hospital, which is managed and overseen by Adult FSP staff. Housing continues to be a major barrier to recovery and the County is exploring a collaborative way to support individuals living in Napa County find affordable and adequate housing.
Service Population	**Service Population**	**Service Population**
Target Population: Medi-cal benficiaries Planned Clients Served: 550	Target Population: Children Transitional Age Youth (TAY) Adults Older Adults Planned Clients Served: 4773	Target Population: Adult, Older Adult Planned Clients Served: 47
Program Financials	**Program Financials**	**Program Financials**

	Planned	Actual
Total Program Expenditures	$2,235,750	N/A
Total Component Expenditures	$10,134,821	N/A
% of Total Component Expenditures	22.1%	N/A

	Planned	Actual
Total Program Expenditures	$2,370,492	N/A
Total Component Expenditures	$120,745,526	N/A
% of Total Component Expenditures	2%	N/A

	Planned	Actual
Total Program Expenditures	$971,111	N/A
Total Component Expenditures	$7,470,694	N/A
% of Total Component Expenditures	13%	N/A

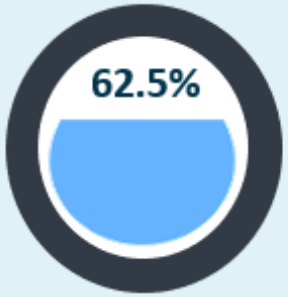
Outcomes	Outcomes	Outcomes
none given	Increase access to treatment and services for co-occurring problems; substance use and health. Increased encounters in integrated health clinic and/or with primary care/health specialist providers. Reduce the frequency of emergency room visits and unnecessary hospitalizations. Reduced number of emergency room visits for behavioral health concerns.	• Continue to identify needs of the individuals being served to train staff appropriately. • Identify funding opportunities to continue to build a multi-disciplinary team of individuals working with the individuals with complex needs.

Current Development: FSP and Overview Page

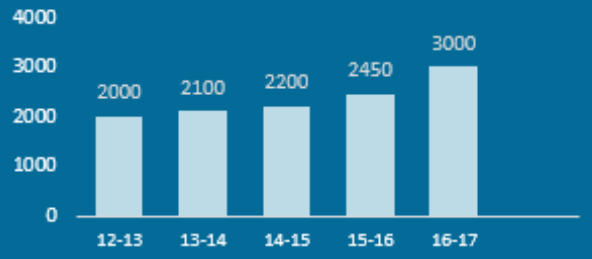
Full Service Partnership (FSP)

2016-2017 FSP Data for **Statewide**

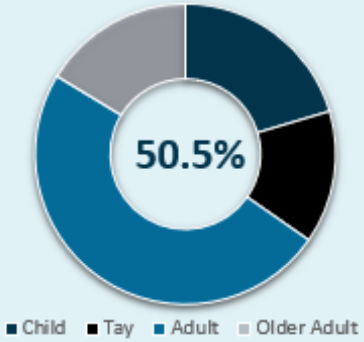
2016-2017 Percent of CSS Expenditures



Number of Clients Served

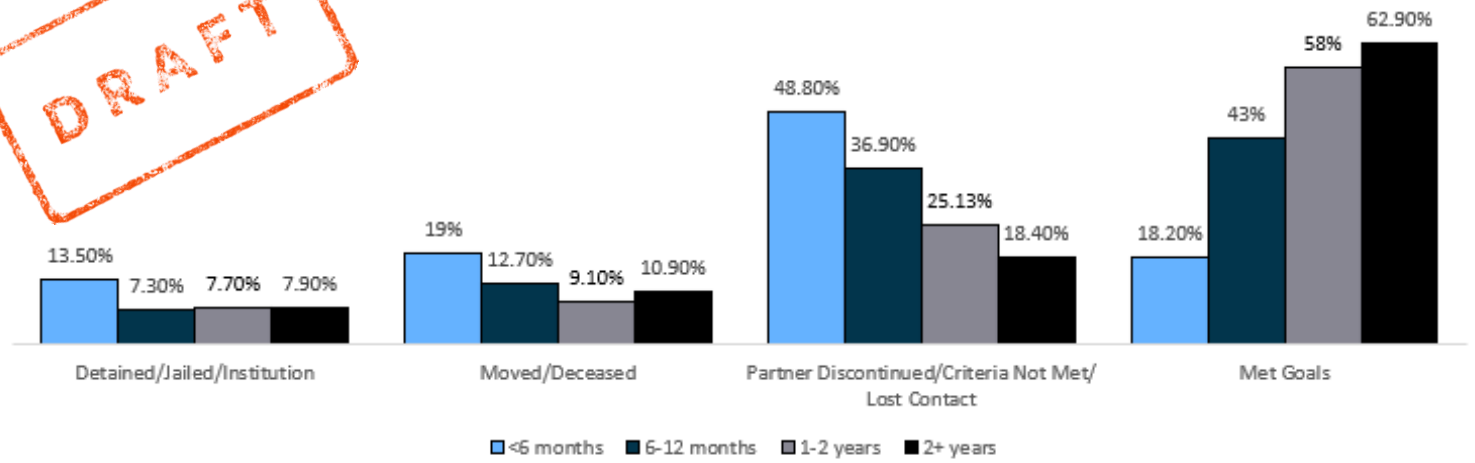


2016-2017 Clients Served by Age



2016-2017 Disenrollment Reason by Length of Enrollment

DRAFT



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Mental Health Services
Oversight & Accountability Commission

MHSA Spotlight

Statewide

FY 2016-17

39,809,693
People

34.07% in Poverty

$1,057,413,214
Total Expenditures

100% of Statewide MHSA Revenue

1,240
MHSA Programs

Card Four
secondary title

Statewide MHSA Programs FY 2016-17

Programs	# Programs	Program Expenditures	Administrative Expenditures
CSS	397	$806,617,589	$169,771,841
PEI	410	$177,322,391	$22,937,318
INN	63	$18,496,368	$5,259,881
WET	221	$19,651,376	$2,439,216
CFTN	39	$31,986,226	$1,632,857
Other MHSA	110	$3,339,264	$565,272
Total	**1240**	**$1,057,413,214**	**$202,606,385**

MHSUDS: Mental Health & Substance Use Disorder Services
Crisis Line: (800) 273-8255
Administration:
(916) 319-9758
mhsa@dhcs.ca.gov
http://www.dhcs.ca.gov/services/MH/

Future Development: Population Level Outcomes

Population-Level Outcomes Measures Project Purpose

The purpose of this project is to identify, gather, maintain, display, and disseminate key metrics of the negative consequences of mental health challenges and unmet needs in California.

Population-Level Outcomes Measures
Project Goals

The project is to develop, through a series of public engagement efforts and background research process, sets of preferred and feasible outcome measures relating to

- negative outcomes of mental illness including Suicide, Incarceration, School failure dropout, Unemployment, Prolonged Suffering, Homelessness, and Removal of children from their homes* (*California Code, Welfare and Institutions Code - WIC § 5840).
- prevalence rates of mental illness by major demographic categories suitable for supporting the evaluation of disparities in mental health service delivery and outcomes,
- the impact(s) of mental health and substance use disorder conditions (e.g., disease burden),

Population-Level Outcomes Measures
Project Goals

The project is to develop, through a series of public engagement efforts and background research process, sets of preferred and feasible outcome measures relating to

- capacity of the service delivery system to provide treatment and support
- successful delivery of mental health services
- population health measures for mental health program client populations

Additionally, the contractor is to deliver 10 data fact sheets and 10 data briefs relating to the outcome domains identified above.