



Programs Reporting Tool, and Population Level Outcome Measures

**Brandon McMillen,
Rachel Heffley, and
Michelle Adams**

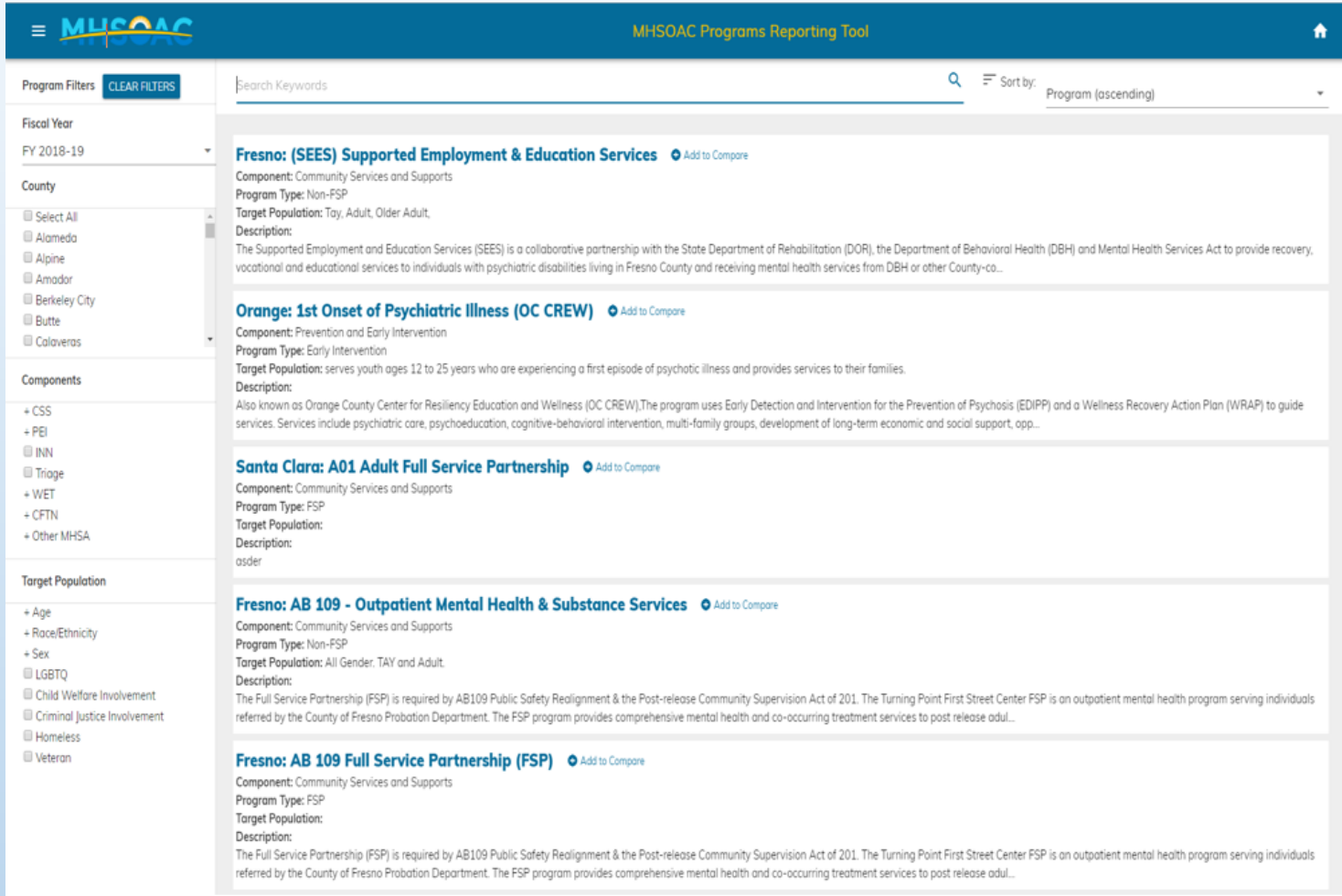


Our Vision

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.

Programs Reporting Tool 1.0

Programs Search Tool



The screenshot displays the MHSOAC Programs Reporting Tool interface. The top navigation bar includes the MHSOAC logo, the title "MHSOAC Programs Reporting Tool", and a home icon. Below the navigation bar, there is a search section with a search bar labeled "Search Keywords", a search icon, and a "Sort by:" dropdown menu currently set to "Program (ascending)".

On the left side, there are several filter sections:

- Program Filters:** Includes a "CLEAR FILTERS" button.
- Fiscal Year:** A dropdown menu currently showing "FY 2018-19".
- County:** A list of counties with checkboxes: Select All, Alameda, Alpine, Amador, Berkeley City, Butte, and Calaveras.
- Components:** A list of components with expandable/collapsible icons: + CSS, + PEI, INN, Triage, + WET, + CFTN, and + Other MHSA.
- Target Population:** A list of target populations with checkboxes: + Age, + Race/Ethnicity, + Sex, LGBTQ, Child Welfare Involvement, Criminal Justice Involvement, Homeless, and Veteran.

The main content area displays a list of search results, each with a title, component, program type, target population, and description:

- Fresno: (SEES) Supported Employment & Education Services** (Add to Compare)
 - Component: Community Services and Supports
 - Program Type: Non-FSP
 - Target Population: Tay, Adult, Older Adult.
 - Description: The Supported Employment and Education Services (SEES) is a collaborative partnership with the State Department of Rehabilitation (DOR), the Department of Behavioral Health (DBH) and Mental Health Services Act to provide recovery, vocational and educational services to individuals with psychiatric disabilities living in Fresno County and receiving mental health services from DBH or other County-co...
- Orange: 1st Onset of Psychiatric Illness (OC CREW)** (Add to Compare)
 - Component: Prevention and Early Intervention
 - Program Type: Early Intervention
 - Target Population: serves youth ages 12 to 25 years who are experiencing a first episode of psychotic illness and provides services to their families.
 - Description: Also known as Orange County Center for Resiliency Education and Wellness (OC CREW),The program uses Early Detection and Intervention for the Prevention of Psychosis (EDIPP) and a Wellness Recovery Action Plan (WRAP) to guide services. Services include psychiatric care, psychoeducation, cognitive-behavioral intervention, multi-family groups, development of long-term economic and social support, app...
- Santa Clara: A01 Adult Full Service Partnership** (Add to Compare)
 - Component: Community Services and Supports
 - Program Type: FSP
 - Target Population:
 - Description: asder
- Fresno: AB 109 - Outpatient Mental Health & Substance Services** (Add to Compare)
 - Component: Community Services and Supports
 - Program Type: Non-FSP
 - Target Population: All Gender, TAY and Adult.
 - Description: The Full Service Partnership (FSP) is required by AB109 Public Safety Realignment & the Post-release Community Supervision Act of 2011. The Turning Point First Street Center FSP is an outpatient mental health program serving individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adul...
- Fresno: AB 109 Full Service Partnership (FSP)** (Add to Compare)
 - Component: Community Services and Supports
 - Program Type: FSP
 - Target Population:
 - Description: The Full Service Partnership (FSP) is required by AB109 Public Safety Realignment & the Post-release Community Supervision Act of 2011. The Turning Point First Street Center FSP is an outpatient mental health program serving individuals referred by the County of Fresno Probation Department. The FSP program provides comprehensive mental health and co-occurring treatment services to post release adul...

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.



Expenditure

Fiscal Year	Planned	Actual
FY 15-16		
FY 16-17		
FY 17-18	\$2,370,492	\$2,370,492
FY 18-19		
FY 19-20		

[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

Access, Coordination and Service Enhancement of quality Behavioral Health Services
FY 2017-18
✕

Non-FSP

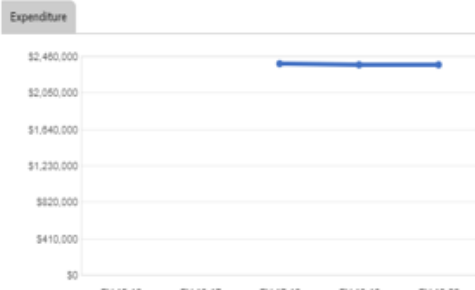
County: San Bernardino

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

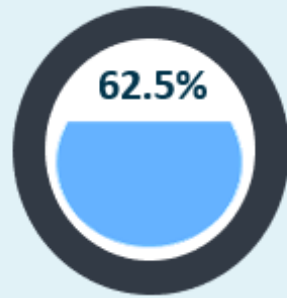
County Office Name: Department of Behavioral Health
Address: 303 East Vanderbilt Way, San Bernardino, Ca 92415
Phone Number: (909) 388-0801
Website: <http://wp.sbcounty.gov>

Program Comparison Tool

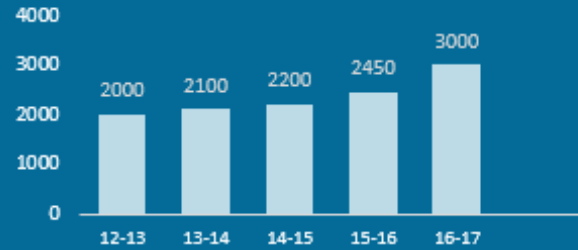
Program Comparison Tool			Access, Coordination and Service Enhancement of quality			Adult Full Service Partnership		
Access Team County: Sonoma			Access, Coordination and Service Enhancement of quality County: San Bernardino			Adult Full Service Partnership County: Napa		
FY: 2017-18 Program Component: 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 Riata, 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 beneficiaries 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		Planned	Actual		Planned	Actual
Total Program Expenditures	\$2,235,750	N/A	Total Program Expenditures	\$2,370,492	N/A	Total Program Expenditures	\$971,111	N/A
Total Component Expenditures	\$10,134,821	N/A	Total Component Expenditures	\$120,745,526	N/A	Total Component Expenditures	\$7,470,694	N/A
% of Total Component Expenditures	22.1%	N/A	% of Total Component Expenditures	2%	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 on-site 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

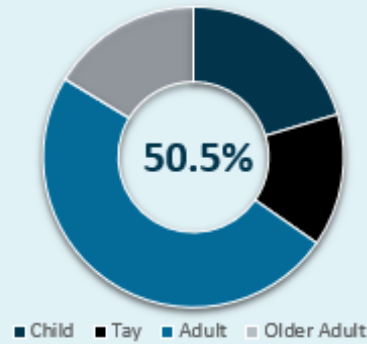
2016-2017 Percent of CSS Expenditures



Number of Clients Served

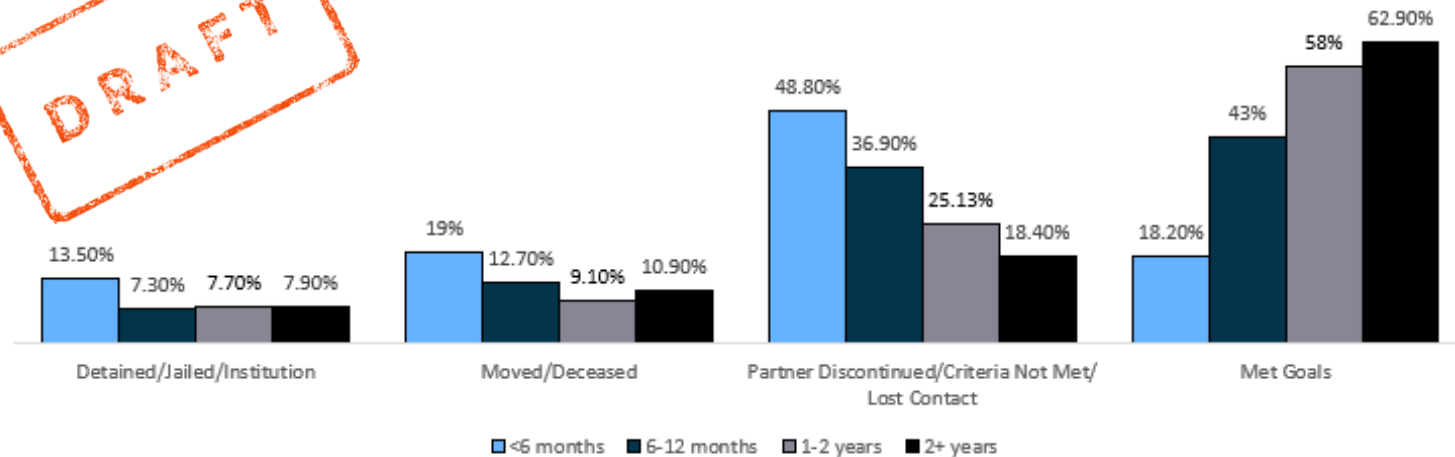


2016-2017 Clients Served by Age



2016-2017 Disenrollment Reason by Length of Enrollment

DRAFT



Statewide

FY 2016-17



39,809,693
People

34.07% in Poverty



\$1,057,413,214
Total Expenditures

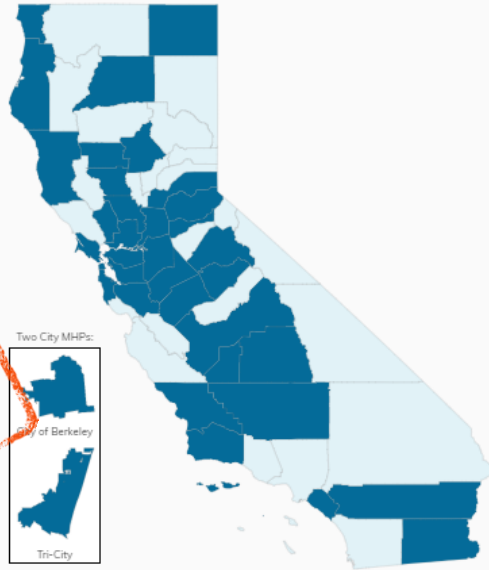
100% of Statewide MHSA Revenue



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.