

The MHSA Integrated Three-Year Program Plan FY2017/20 addresses a broad continuum of prevention, early intervention, and direct services along with the necessary infrastructure, technology and training elements to effectively support the mental health system. During FY2016/17 and into FY2017/18, an increased need for services to appropriately treat Transition Age Youth and an increase in youth identified as at risk in the category of CSEC or who were currently being exploited was identified. As awareness about the issue of CSEC increases in the community, the number of youth identified as needing intensive mental health services has increased.

Additionally, during the community planning process, stakeholders endorsed the provision of support for new legal mandates that were expected to impact the children's system of care: presumptive transfer under the CCR, which will result in Solano County being responsible to serve foster youth from other counties who reside in Solano County through a presumptive transfer process; and the expansion of the Katie A. mandate, which seeks to improve access to effective mental health care and reduce potential trauma by ensuring that children/youth at risk of entering the foster care system or already foster care involved can receive intensive mental health services in their own homes and communities.

The proposed contract amendments with Seneca Family Agencies will provide an increase in capacity to serve high risk transition-aged youth diagnosed with a severe mental illness, expand services to the CSEC population, and increase capacity to serve more foster youth and/or youth identified to be eligible through presumptive transfer and/or Katie A. services.

FINANCIAL IMPACT:

MHSA Community Services and Supports revenue and Short Doyle Medi-Cal revenues will fund the contract amendments. The total new contract amounts with the amendments are:

- Seneca Family of Agencies amendment of \$347,899 for a total amount of \$912,253
- Seneca Family of Agencies amendment of \$200,000 for a total amount of \$600,000

There is available appropriation in the FY2017/18 Adopted Budget for the contract amendments and there is no impact to the County General Fund.

DISCUSSION:

The Three-Year Integrated MHSA Program Plan for FY2017/20 was approved by the Board on January 24, 2017 in accordance with the State regulation which requires counties to develop integrated three-year spending plans for submission to the California Mental Health Oversight and Accountability Commission (MHOAC) and the Department of Health Care Services (DHCS). The goal of MHSA is to transform the existing mental health service system through specific components including: Prevention and Early Intervention (PEI), Community Services and Supports (CSS), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technology Needs (CFTN), all aimed at providing services to those most affected by serious mental illness.

On June 26, 2017 the Board approved a contract with Seneca Family of Agencies for \$564,354 for period of July 1, 2017 through June 30, 2018 to provide the transition-aged youth FSP services for high-risk youth aged 16-25 diagnosed with a severe mental illness who would benefit from an intensive strengths-based mental health service program that emphasizes recovery and wellness. In general, individuals served by FSP programs have more severe mental health conditions as defined as seriously emotionally disturbed (SED) children/youth or persistently seriously mentally ill (SMI) adults who are currently at risk of, or have recently been at risk of hospitalization, out of home placement, involvement with child welfare, homelessness, involvement with the juvenile/adult criminal justice system, incarceration or are part of an unserved/underserved population. FSP services involve a multidisciplinary approach including, but not limited to, mental health clinicians, mental health specialists, peer/parent support counselors, and a psychiatrist, working collaboratively with the consumer and family.

During FY2016/17 and into FY2017/18, an increased need for services to appropriately treat transition age youth and an increase in youth identified as at risk for CSEC or who were currently being exploited was identified. As such, the community endorsed the need to provide comprehensive treatment services for the CSEC population. Due to the fact that the sexual exploitation of youth can start during early childhood the contract amendment for the CSEC portion of services for the Seneca Transition-aged youth FSP program will allow for the program to serve children as young as 10 years old who have been identified as being the victims of, or at risk of, commercial sexual exploitation. The transition-aged youth populations, particularly those who are current or former foster youth, are more at risk for homelessness, involvement with the legal system, and exploitation. Seneca Family of Agencies has been serving the transition-aged youth population through a current contract to provide FSP level services, and more recently has been accepting referrals for youth identified as CSEC in order to provide the intensive services needed to meet the needs of this very vulnerable population. There is a provision in the FY17/18 MHS Annual Update for an increase in funding to meet this community need. In FY2016/17, Solano County provided seven FSP programs both through county-operated programs and contractor-operated programs which included Seneca Family of Agencies.

FY 2017/18 Contract Performance Outcomes (July 1, 2017-December 31, 2017):

- 18 unduplicated transition-aged youth consumers have been served year to date
- 13 of consumers served have achieved or maintained stable housing.
- Of the 13 consumers who were administered baseline and follow up assessments, 9 of the youth served have achieved or partially met their treatment goal/s at the 6-month mark or discharge.
- *New Goal:* At least 75% of consumer will experience a reduction in hospitalizations and/or criminal justice involvement throughout treatment, as compared pre-treatment assessment data. To date only one of the five consumers who were hospitalized within the prior 6 months of entering the program experienced a hospitalization since engaging with the program and none of the consumers have been arrested or incarcerated.

Starting July 1, 2017, Presumptive Transfer under the umbrella of CCR became effective and includes guidelines for the transfer of foster youth between counties. Data from the UC Berkeley's California Child Welfare Indicators Project (CCWIP) dated July 1, 2017, the most recent report available, indicated that 306 children/youth under another county's jurisdiction were placed within Solano County. While not all of the 306 foster youth will need mental health services, under CCR Child Welfare Departments in the placing counties can request presumptive transfer resulting in Solano County being responsible for providing any mental health services for the transferred foster youth residing in Solano County. To date this fiscal year, 50 children/youth under another county's jurisdiction have been served through Solano County Mental Health. At its implementation in July 2017 CCR provided that presumptive transfer did not have to occur unless a child/youth residing out of his/her county remained out of county as of December 31, 2017 at which point the Presumptive Transfer needs to occur by the next dependency court hearing unless the child qualifies for a waiver. Therefore, it is anticipated that the number of presumptive transfer cases will steadily increase as children/youth remaining out of county are presumptively transferred.

On June 26, 2017, the Board approved a contract with Seneca Family of Agencies for \$450,000 for the period of July 1, 2017 through June 30, 2018 to address short and long-term behavioral health care needs of foster youth age 5 ½ to 21 (up to the client's 21st birthday) who meet the criteria and are eligible for the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Medi-Cal Program. The service is aimed at improving long-term outcomes for foster children and their families by providing services that are effective in reducing maltreatment; improving caretaking and coping skills; enhancing resiliency; and supporting healthy and nurturing relationships and children's physical, mental, emotional and educational well-being. Through the contract, Seneca has already been serving foster youth and is well positioned to expand services to meet the needs of the foster youth as required by CCR.

FY 2017/18 Contract Performance Outcomes (July 1, 2017-December 31, 2017):

- Thirty-four unduplicated children/youth have been served year to date.

- Of the 24 consumers who were administered baseline and follow up assessments, 88% or 21 of the youth achieved or partially achieved at least one treatment goal at the 6-month mark of discharge. The follow up assessment is administered at intake and at each subsequent 6 month interval or at discharge; therefore, data does not include consumers who have not yet been reassessed.
- 94% or 32 of the children/youth had timely Child Family Team (CFT) meetings which are required within 90 days of admission per the Katie A. statute.
- An average of 93% of the child/youth served remained in stable placements (foster homes or residential facilities) or were stepped down from residential placements back to the community.

ALTERNATIVES:

The Board may choose not to approve the amendments with Seneca Family of Agencies. This is not recommended as it would prevent the County from completing program requirements established in the MHSA Plan or meeting the legal mandates of CCR and Presumptive Transfer eligibility. It will also result in a lack of adequate mental health services for vulnerable youth in the community and create further negative outcomes.

OTHER AGENCY INVOLVEMENT:

The Solano County FY2014/17 and FY 2017/20 MHSA Integrated Plans were developed through a comprehensive, countywide planning process which gathered input from a variety of stakeholders, including community-based organizations, service providers, law enforcement, hospitals and other medical providers, and mental health consumers and their families. County Counsel has reviewed the contract amendments for legal sufficiency.

CAO RECOMMENDATION:

APPROVED DEPARTMENTAL RECOMMENDATION