



## Legislation Text

**File #:** 18-834, **Version:** 1

Approve the Mental Health Services Act (MHSA) FY2018/19 Annual Update for mental health services rendered in FY2017/18 as required by law

Published Notice Required? Yes ☒ No ☐

Public Hearing Required? Yes ☒ No ☐

### **DEPARTMENTAL RECOMMENDATION:**

The Department of Health and Social Services (H&SS) recommends that the Board approve the Mental Health Services Act (MHSA) FY2018/19 Annual Update for mental health services rendered in FY2017/18 as required by law.

### **SUMMARY:**

On January 24, 2017, the Board approved the FY2017-FY2020 MHSA Three-Year Integrated Plan (Plan) which provides a comprehensive approach to strengthening the local public mental health system and directs funding to support programs and services that serve County residents with mental illness. Counties are required to report progress through an annual update to the Plan. The FY2018/19 MHSA Annual Update provides a detailed summary of the first fiscal year of the Plan implementation for services rendered during FY2017/18.

In accordance with Title 9 of California Code of Regulations, Sections 3300 and 3315, the MHSA Annual Update was developed with community stakeholder input and information gathered from seven stakeholder meetings held in Fairfield for the opening and closing sessions and in Benicia, Vallejo, Vacaville, Dixon and Rio Vista for the remaining sessions. All of the sessions took place during September 6-17, 2018. On October 17, 2018, the Annual Update was posted online for a mandatory 30-day public review and comment period. A final public hearing was held on November 13, 2018 by the Local Mental Health Advisory Board (MHAB) to review the Annual Update and MHAB recommended that the document be presented to the Board of Supervisors for approval.

Throughout the attached FY2018/19 MHSA Annual Update, numerous success stories associated with MHSA programs have been included to highlight some of the positive outcomes as a result of MHSA funded programming. MHSA funded programs strive to: provide community education and stigma reduction; reduce suicides in our community; provide prevention services for individuals before they become very ill; provide evidence-based treatment services anchored in the values of wellness and recovery for individuals with serious mental illness; secure housing for individuals who are seriously and persistently mentally ill; and reduce high cost inpatient hospitalizations and involvement with the criminal justice system.

### **FINANCIAL IMPACT:**

All programs and services provided in FY2017/18 and reported on in the FY2018/19 MHSA Annual Update were funded through MHSA and revenues generated through Medi-Cal billing. The total expenditures for MHSA programs for FY2017/18 was \$26,068,553 of which \$19,630,632 was MHSA funded. The remaining

expenditures in the amount of \$6,437,921 were primarily funded through federal Short Doyle Medi-Cal and third-party payors. No County General Fund was used for MHSA expenditures. The costs associated with preparing the agenda item are nominal and absorbed by the department's FY2018/19 Adopted Budget.

## **DISCUSSION:**

In November 2004, California voters passed Proposition 63, which imposes a one percent income tax on personal income in excess of \$1 million to provide funding to support County mental health programs. There are five components of MHSA: Prevention and Early Intervention (PEI); Community Services & Supports (CSS), Innovation (INN); Workforce Education and Training (WET); and Capital Facilities and Technological Needs (CFTN). MHSA programs address 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. Counties administer MHSA programs and are required to create and implement, with the local community, three-year integrated plans. Counties are also required to provide annual updates to the State and constituents regarding the implementation and progress of the current three-year integrated plan.

Below are Solano County highlights for the five MHSA components, which can be found in the FY2017/2018 Annual Update:

Prevention and Early Intervention (PEI) - this component focuses on preventing mental illness from becoming severe and disabling for consumers of all ages and also includes the County's Suicide Prevention and Stigma and Discrimination Reduction efforts. FY2017/18 PEI key highlights and achievements include:

- 2,740 individuals received prevention services, screening and/or training, through the Early Childhood Program which serves children ages 0-5 and their parents/caretakers.
- 1,883 individuals received prevention services, parent/teacher trainings and/or student workshops, through the School-Based Mental Health Services programs, and 165 students K-12 received early intervention treatment services.
- 265 individuals received prevention services, screening and/or training, through the Early Intervention Psychosis program, and 43 individuals and their families received early intervention treatment services.
- 1,481 individuals received prevention services, screening and/or training, through the two Older Adult Programs, and 143 older adults received early intervention treatment services.
- 107 county staff and community partners attended 5 suicide prevention trainings.
- 1,133 individuals received prevention services, outreach, social/support groups, through the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Outreach & Access program, and 36 individuals received early intervention treatment services.
- 765 individuals received prevention services, peer and family support groups, through the National Alliance on Mental Illness (NAMI).
- 877 individuals received prevention services, trainings and consultation, through the African American Faith-Based Initiative Mental Health Friendly Communities (MHFC) program.

Community Services and Supports (CSS) - this component provides intensive services for children with serious emotional disturbance and adults with persistent and severe mental illness and at least 51% of the funding must be allocated to the provision of Full Service Partnership (FSP) programs. FY 2017/18 CSS key highlights and achievements include:

- A total of 549 consumers were served in the County and contractor operated Full Services Partnership (FSP) Programs, including 9 children ages 0-5, 178 children ages 6-18, 97 transitional aged youth,

233 adults, and 35 older adults.

- 45 homeless mentally ill consumers were served by the Caminar HOME (homeless mentally ill) FSP program, 107 mentally ill offenders were served by the county-operated forensic FSP program, and 12 commercially sexually exploited children/youth (CSEC) consumers were served by the transition age youth (TAY) FSP program.
- With nearly 3000 admissions, 1,622 individuals were served by the Crisis Stabilization Unit (CSU) contributing to the reduction of inpatient hospitalizations.
- 200 adults were served by the Relapse Prevention and Crisis Aftercare program.
- 339 consumers and/or family members were served by the County-operated Wellness & Recovery Unit and 651 adult consumers were served through the two Wellness and Recovery Centers operated in Fairfield, Vacaville, and Vallejo.
- 23 consumers received vocational rehabilitation services through the Cooperative Employment Program.
- The Mentally Ill Offender Crime Reduction (MIOCR) Re-entry program served 102 mentally ill offenders.
- County Outreach Clinicians provided 41 outreach activities to Latino community members and 38 outreach activities to Filipino community members.
- The Homeless TAY Homeless Youth Outreach Clinician conducted 36 outreach activities and served 62 unduplicated homeless youth. 229 individuals received housing support through -shelter housing, urgent respite housing, transitional housing, and/or permanent housing.

Innovation (INN) - this component provides funding for counties to pilot innovative programs and services to enhance public mental health systems. In FY2014/15, the Board along with the California Mental Health Services Oversight and Accountability Committee (MHSOAC) approved the County's Innovation Component Plan to implement the Mental Health Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) interagency Collaboration Project with U.C. Davis, Center for Reducing Health Disparities (CRHD). The project aims to increase access to culturally and linguistically appropriate services for the County's specific underserved populations with low mental health service utilization rates: the Latino, Filipino, and LGBTQ communities. U.C. Davis CRHD and Solano County began implementation of the project in January 2016. FY2017/18 INN key highlights and achievements include:

- 37 individuals participated in two Culturally and Linguistically Appropriate Services (CLAS) training cohorts.
- A total of 8 quality improvement (QI) action plans were developed by CLAS cohorts 1 and 2. Of these QI action plans 4 focused on outreach/stigma reduction efforts and 4 concentrated on workforce development or mental health career pipelines.
- A total of 7 coaching sessions were held for CLAS cohorts 1 and 2 during the reporting period.
- UC Davis CRHD provided the following reports which are posted on the county website at: <http://www.solanocounty.com/depts/mhs/cc.asp>
  - *Mental Health Statistics Improvement Program Results for Youths and Families Population;*
  - *Mental Health Statistics Improvement Program Results for Adult and Older Adult Population;*
  - *Latino Voices: Community Narratives about Mental Health in Solano County;*
  - *Filipino-American Voices: Community Narratives about Mental Health in Solano County;*
  - *LGBTQ Voices: Community Narratives about Mental Health in Solano County.*

Workforce Education and Training (WET) - this component provides countywide training and skills building for the local mental health workforce and partnering professionals. FY2017/18 WET key highlights and achievements include:

- 24 Peace Officers from the Solano County Sheriff's Department and local police departments received Crisis Intervention Team (CIT) Training.
- 35 Clinical staff and supervisors attended an Eating Disorder training, which provided an overview of how to identify the disorder.
- One intern was provided a stipend during the reporting period.

Capital Facilities and Technological Needs (CFTN) - this component provides funds for the acquisition and renovation of facilities, including housing with supportive services for the mentally ill. CFTN also provides funding for electronic health information systems. FY 2017/18 CFTN key highlights and completed projects include:

- Completion of the safety measures for ePrescribing of controlled substances.
- Training and implementation of the Data Analytics/Key Performance Indicators (KPI) Dashboard.

Programs are developed or expanded based upon the needs identified across the community. As the Behavioral Health division evaluates financial resources over the next two years, the following input guides the priorities:

- Implement a Mobile Crisis program.
- Increase mental health services in local schools.
- Increase trauma-informed care.
- Increase services for older adults.
- Increase services for seriously mentally ill population.
- Increase prenatal/postpartum services.
- Expand case management support for adult consumers.
- Expand vocational employment services.
- Increase support for Commercially Sexually Exploited Children/Youth (CSEC).
- Provide training for the treatment of consumers with mental health and co-occurring developmental delays.

### **ALTERNATIVES:**

The Board may choose not to approve the MHSA FY2018/19 Annual Update. This is not recommended as the update has been developed in accordance with the provisions of the MHSA, including significant community and stakeholder input, and the Mental Health Advisory Board. Not approving the Annual Update report would result in not meeting state mandates and could inadvertently put future MHSA funds at risk.

### **OTHER AGENCY INVOLVEMENT:**

The MHSA FY2018/19 Annual Update was developed in collaboration with community MHSA stakeholders which included, consumers, family members, county and community-based providers, law enforcement, local educational agencies, veterans, faith-based organizations, and the local Mental Health Advisory Board.

### **CAO RECOMMENDATION:**

**APPROVE DEPARTMENTAL RECOMMENDATION**