



Legislation Text

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Receive and approve the Mental Health Services Act FY2019/20 Annual Update for services rendered in FY2018/19 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 receive and approve the Mental Health Services Act FY2019/20 Annual Update for services rendered in FY2018/19 as required by law.

SUMMARY:

November 2004, California voters passed Proposition 63 which imposed a one-percent income tax on personal income in excess of \$1 million to provide funding to support County mental health programs. This is called the Mental Health Services Act (MHSA). 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 three-year integrated plans with the local community. 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.

On January 24, 2017, the Board approved the FY2017/18 through FY2019/20 MHSA Three-Year Integrated Plan (Plan) which outlines a comprehensive approach to strengthening the local public mental health system and directs funding to support programs and services for County residents with mental illness. The FY2018/19 MHSA Annual Update provides a detailed summary of the second fiscal year of the Plan implementation for services rendered during FY2018/19.

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 six (6) stakeholder meetings. Meetings were held in Fairfield, Vacaville, Rio Vista, and Vallejo, between September 5 and 17, 2019. On October 17, 2019, the Annual Update was posted online for a mandatory 30-day public review and comment period. A final public hearing was held on November 19, 2019 by the Local Mental Health Advisory Board (MHAB) to review the Annual Update and recommend that the document be presented to the Board of Supervisors for approval.

In the attached FY2019/20 MHSA Annual Update, numerous success stories associated with MHSA programs have been included to highlight some of the positive client outcomes as a result of MHSA-funded programming. MHSA-funded programs strive to: provide community education and stigma reduction; reduce suicides in the 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 FY2018/19 and reported on in the FY2019/20 MHSA Annual Update were funded with MHSA and were offset by revenues generated through Medi-Cal billing. The total expenditures for MHSA programs for FY2018/19 was \$27,096,351 of which \$20,831,091 was funded with MHSA. The remaining expenditures, in the amount of \$6,265,260, were primarily funded through federal Short Doyle Medi-Cal and third-party payors. No County General Fund was used for MHSA programs.

The costs associated with preparing the agenda item are nominal and absorbed by the department's FY2019/20 Adopted Budget.

DISCUSSION:

The MHSA Three-Year Integrated Plan has five major components. Below are highlights for each component that can be found in the FY2019/20 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 includes the County's Suicide Prevention and Stigma and Discrimination Reduction efforts. FY2019/20 PEI key highlights and achievements include:

- 2,081 children and/or caretakers received services-parent education groups, screenings and/or training-through the Early Childhood Program which serves children ages 0-5 and their parents/caretakers. The Help Me Grow line received 2,116 calls for requests for services and support.
- 57 mothers received screenings and 43 mothers received group or individual counseling through the Pregnant and Postpartum Maternal Support program.
- 992 individuals received prevention services-parent/teacher trainings and/or student workshops-through the School-Based Mental Health Services programs, and 244 students K-12 received early intervention treatment services.
- 279 individuals received prevention services-screening and/or training-through the Early Intervention Psychosis program, and 38 individuals and their families received early intervention treatment services.
- 950 individuals received prevention services services-screening and/or training-through the two Older Adult Programs, and 117 older adults received early intervention treatment services.
- 218 county and community partners attended 12 suicide prevention trainings.
- 2,575 individuals received prevention services-outreach, social/support groups-through the Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Outreach & Access program, and 42 individuals received early intervention treatment services.
- 529 individuals received prevention services-peer and family support groups-through the National Alliance on Mental Illness (NAMI).
- 779 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 2018/19 CSS key highlights and achievements include:

- A total of 509 consumers were served in the County and contractor operated Full Services Partnership (FSP) Programs, including 6 children ages 0-5, 128 children ages 6-15, 163 transitional aged youth, 235 adults and 36 older adults.
- 46 homeless mentally ill consumers were served by the Caminar HOME (homeless mentally ill) FSP

program, 110 mentally ill offenders were served by the county-operated forensic FSP program and 24 commercially sexually exploited children/youth (CSEC) consumers were served by the transition age youth (TAY) FSP program.

- 1,101 individuals were served by the Crisis Stabilization Unit (CSU) contributing to the reduction of inpatient hospitalizations.
- 171 adults were served by the Relapse Prevention and Crisis Aftercare program.
- 359 consumers and/or family members were served by the County-operated Wellness & Recovery Unit and 504 adult consumers were served through the two Wellness and Recovery Center programs operated in Vallejo, Fairfield, and a satellite site 2 days per week in Vacaville.
- 91 consumers received vocational rehabilitation services through the Cooperative Employment Program and of those 44 were employed.
- The Mentally Ill Offender Crime Reduction (MIOCR) Re-entry program served 89 mentally ill offenders.
- County Outreach Clinicians provided 17 outreach activities to Latino community members and 9 outreach activities to Filipino community members.
- The TAY Homeless Youth Outreach Clinician conducted 53 outreach activities and served 43 unduplicated homeless youth.
- 282 individuals received housing support through-shelter housing, urgent respite housing, transitional housing, and/or permanent housing.
- 16 children ages 3-6 who had been expelled or risk of expulsion from daycare/preschool completed the CARE program and all 16 were successfully transitioned back to daycare/preschool.
- 53 children/youth in foster care were served by the Katie A. Service program.
- 259 children/youth open to Child Welfare Services received a Child and Adolescent Needs and Strengths (CANS) assessment to determine needs.

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)* project in partnership 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. FY2018/19 ICCTM key highlights and achievements include:

- The third and final cohort of the "Providing Quality Care with CLAS" training was provided. This training curriculum was guided by and created from the Culturally and Linguistically Appropriate Services (CLAS) standards and information from the community health assessment completed in Phase I of the project which included a comprehensive community stakeholder process. To date 51 participants have received the training.
- A total of 10 quality improvement (QI) action plans were developed by participants from the three training cohorts. Of these QI action plans 5 were focused on community outreach/stigma reduction efforts, 2 concentrated on workforce development including mental health career pipelines, and 3 on training practices.

UCD CRHD provided a comprehensive report covering each of the QI action plans. This report is available for review at:

<http://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=31103>

In FY2018/19, the Board along with the California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the County's Innovation Component Plan to implement the *Early Psychosis Learning Health Care Network (EP LHCN)* project in partnership with U.C. Davis, Behavioral Health Center of

Excellence (BHCE), L.A. County, San Diego County, and Orange County. The project aims to develop the infrastructure for a sustainable statewide learning collaborative to improve Early Psychosis programs by bringing consumer-level data to the clinician's fingertips, allow programs to learn from each other, and position the state to participate in the development of a national network to inform and improve care for individuals with early psychosis across the US. The EP LHCN will also support practice-based research to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes. In June of 2019, UCD BHCE provided a report that detailed the status of implementation for the EP LHCN during FY2018/19. This report is available for review at:

<http://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=31104> .

Workforce Education and Training (WET) - this component provides countywide training and skills building for the local mental health workforce and partnering professionals. FY2018/19 WET key highlights and achievements include:

- 292 Peace Officers from the Solano County Sheriff's Department and local police departments received Crisis Intervention Team (CIT) Training.
- The Assertive Community Treatment (ACT) evidence base model was provided to 100 participants
- 32 Clinical staff and supervisors attended the second round of Eating Disorder training, which provided more in-depth tools to support our staff in assisting consumers with eating disorders.
- 28 staff and supervisors participated in Peer-to-Peer to help build a support system to assist with the traumatic work experience by those working in the behavioral health field.
- 37 children's providers were trained in Play Therapy, which provides additional tools and resources for our clinical staff.

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 2018/19 CFTN key highlights and completed projects include:

- Point of Service Scanning, which allows staff to scan documents instead of manually entering data
- CANS-50 and Reaching Recovery, which are outcome tools.

During the community stakeholder planning process, the following items were identified as priorities should MHSA funding become available during FY2019/20:

- Increase parent education.
- Increase services for seniors.
- Increase prenatal/postpartum services.
- Expand vocational employment services.
- Increase community training and education in support of Native American Community.
- Provide 24/7 response for initial engagement when children/youth ages 10-25 are identified as Commercially Sexually Exploited Children/Youth (CSEC).
- Increase community training and education in support of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community.
- Expand housing services and supports.

ALTERNATIVES:

The Board may choose not to approve the MHSA FY2019/20 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 endorsement of the Mental Health Advisory Board. Approval of the Annual Update report is required for compliance with the MHSA requirements.

OTHER AGENCY INVOLVEMENT:

The MHSA FY2019/20 Annual Update was developed in collaboration with community MHSA stakeholders which included, consumers, family members, county and community-based providers, law enforcement, other county departments, local educational agencies, veterans, faith-based organizations, and the local Mental Health Advisory Board.

CAO RECOMMENDATION:

APPROVE DEPARTMENTAL RECOMMENDATION