



County of San Mateo

Inter-Departmental Correspondence

Department: HEALTH

File #: 20-605

Board Meeting Date: 8/4/2020

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Louise F. Rogers, Chief, San Mateo County Health
Scott Gilman, Director, Behavioral Health and Recovery Services

Subject: San Mateo County Mental Health Services Act Three-Year Program and Expenditure Plan FY 2020-23 and Annual Update FY 2020-21

RECOMMENDATION:

Adopt a resolution authorizing the approval and submission of the San Mateo County Mental Health Services Act Three-Year Program and Expenditure Plan FY 2020-23 and Annual Update FY 2020-21 to the State Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services.

BACKGROUND:

In 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which made additional state funds available to expand and transform mental health services. Since 2006, MHSA resources and expenditures have been approved by the Board as part of the larger County Health budget. State legislation requires that the MHSA Three-Year Program and Expenditure Plans and Annual Updates be approved by the County's Board of Supervisors. On June 3, 2020, the Mental Health and Substance Abuse Recovery Commission (MHSARC) voted to open a 30-day public comment period on the MHSA plan and on July 1, 2020, held a public hearing and voted to close the 30-day public comment period on July 3, 2020. MHSARC is recommending approval of the Three-Year Program and Expenditure Plan FY 2020-23 and Annual Update FY 2020-21 by the Board of Supervisors.

On April 7, 2020, the Board approved the MHSA Annual Update FY 2019-20, which included program outcomes for FY 2017-18 and FY 2018-19. On August 7, 2018, the Board approved the MHSA Three-Year Program and Expenditure Plan (MHSA Three-Year Plan) for FY 2017-18 through FY 2019-20.

DISCUSSION:

In December 2019, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan commenced. Planning was led by the MHSA Manager and the Director of BHRS along with the MHSARC and the MHSA Steering



Committee. Over 400 individuals participated in the CPP process via surveys, in-person and online input sessions, key interviews, and a 30-day public comment process.

The Needs Assessment phase of the CPP process included a review of 18 local plans, assessments, evaluations, and reports across various fields to identify priority mental health and substance use needs across service sectors. It also included a prioritization of the identified needs via online survey that was distributed broadly to individuals living or working in San Mateo County. There were 329 respondents to the survey.

The Strategy Development phase was launched at an MHSA Steering Committee meeting in March and was followed up with 28 community input sessions and key interviews with diverse groups and vulnerable populations to identify strategies to address the prioritized needs. Participants brainstormed and prioritized strategies in the areas of prevention, direct service and workforce training.

Impact of COVID-19 pandemic

To offset the anticipated lack of new funding due to COVID-19 pandemic and subsequent recession, a strategic planning approach was proposed to the MHSA Steering Committee. The 22 strategies prioritized through the input sessions were organized under 5 MHSA Strategic Initiatives (Housing, Crisis Diversion, Cultural Responsive and Trauma-Informed Services, Integrated Treatment and Recovery Supports, and Family and Community Engagement) with the intent to reallocate existing MHSA staff resources to engage stakeholders in a planning process with stakeholders to meaningfully develop strategies for the prioritized initiative. The goals of the planning process will be to a) define a continuum of services, b) identify gaps at all levels of support or intensity in treatment, and c) identify the activities/strategies that will support a comprehensive continuum of services and articulate expected outcomes. This can be accomplished within the current budget and will give us valuable information we need to make informed decisions about funding and next steps once MHSA revenue increases.

The MHSA Steering Committee ranked, via online survey, Housing as the most important initiative to focus planning resources on at this time, followed by Crisis Diversion strategies.

Additionally, as of July 1, 2019, there was approximately \$5 million in MHSA unspent one-time funding available. Based on stakeholder input, this one-time funding will be allocated to support COVID-19 related impacts in San Mateo County. Funding priorities for these monies were developed with feedback from stakeholders and included technology and other client support needs, workforce

needs, and stop gaps for budget reduction impacts.

The resolution has been reviewed and approved by County Counsel as to form.

A client is considered "maintained at the current or lower level of care" if, during the fiscal year, they did not have a new admission to a higher level of care or had one or more new admissions to a program with the same or lower level of care. It is projected that 86% of Full-Service Partnership clients shall be maintained at a current or lower level of care.

PERFORMANCE MEASURE:

Measure	FY 2019-20 Actual	FY 2020-21 Projected
Percentage of Full-Service Partnership clients maintained at a current or lower level of care	86% 384 of 451 clients*	85% 382 of 450 clients

*Based on data through 7/8/2020

FISCAL IMPACT:

Behavioral Health and Recovery Services received \$32.9 million in MHSA funding in FY 2017-18 and \$33.5 million in FY 2018-19. We anticipate approximately 5.5% to 7.5% reduction in MHSA revenue for FY 2019-20 due to a number of factors, including the COVID-19 pandemic. Funds that are not yet allocated through our internal planning process or Request for Proposals to the community are held in a Trust Account. This account is also used to manage the fluctuations in funding that occur from year to year, as well as to support maintenance of effort and cost increases for current programs. There is no Net County Cost associated with this plan.