



# County of San Mateo

## Inter-Departmental Correspondence

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**Department:** HEALTH

**File #:** 16-304

Board Meeting Date: 6/27/2017

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**Special Notice / Hearing:** None  
**Vote Required:** Majority

**To:** Honorable Board of Supervisors

**From:** Louise Rogers, Chief, Health System  
Stephen Kaplan, Director, Behavioral Health and Recovery Services

**Subject:** Mental Health Services Act Annual Update

**RECOMMENDATION:**

Adopt a resolution authorizing the approval and submission of San Mateo County's Mental Health Services Act (MHSA) Fiscal Year 2016-2017 Annual Update for MHSA Programs and Expenditures to the State Department of Health Care Services.

**BACKGROUND:**

In 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created additional funding for expanded mental health services. Since 2006, MHSA resources and expenditures have been approved by your Board as part of the larger Health System budget. In 2012, state legislation was amended requiring counties to receive approval for each year's required MHSA Annual Update from their respective Boards of Supervisors. This approval process takes place after the MHSA Annual Update has been approved by the Mental Health & Substance Abuse Recovery Commission (MHSARC), subsequent to a public hearing and public comment period of at least 30 days. The MHSARC recommended that your Board approve San Mateo County's Fiscal Year (FY) 2016-2017 MHSA Annual Update.

**DISCUSSION:**

On January 27, 2015, your Board approved a three-year MHSA plan for FY 2014-15 through FY 2016-17. The three-year plan has completed two years of implementation in which BHRS continued to engage with diverse stakeholders through the MHSARC and the MHSA Steering Committee.

Key updates to the MHSA Plan from last year's submission include the State approval of three Innovation (INN) Project Plans, the development of an Issue Resolution Process for MHSA planning, implementation and evaluation, the development of a more targeted and intentional MHSA Steering Committee member guidelines and application process. The approved MHSA INN projects include 1) piloting of the Neurosequential Model of Therapeutics (NMT), a primarily youth-focused holistic

approach for those affected by trauma, in an adult system of care; 2) an LGBTQ Behavioral Health Coordinated Services Center; and 3) a stigma reduction, capacity building Health Ambassador Program for Youth (HAP-Y).

A status report on the impact of Full Service Partnerships (FSP), one of the core programs funded by MHSA, is depicted below. The FSP service model provides intensive “whatever it takes” mental health services and supports to eligible youth and transition-aged youth (TAY), adult and medically fragile older-adult clients. FSPs continue to demonstrate positive health outcomes for clients.

**Number of clients for each Outcomes by Age Group,  
Year Prior to Entering FSP Compared with One Year of FSP**

Outcomes	Child (n = 136)		TAY (n = 182)		Adult (n = 298)		Older adult (n = 53)	
	Year Prior	1 Year in FSP	Year Prior	1 Year in FSP	Year Prior	1 Year in FSP	Year Prior	1 Year in FSP
Homelessness	7	4	24	24	72	57	**	**
Detention or Incarceration	19	22	35	29	42	33	**	**
Arrests	22	8	49	15	45	6	**	**
Mental Health Emergencies	54	4	69	22	119	57	12	7
Physical Health Emergencies	16	0	35	29	69	24	17	12
School Suspensions	33	19	40	6	**	**	**	**
Attendance Ratings*	3.8	4.0	3.8	3.8	**	**	**	**
Grade Ratings*	2.9	3.0	3.0	3.1	**	**	**	**
Employment	**	**	**	**	30	42	**	**

\* School attendance and grades are ratings on a 1-5 scale (higher is better).

\*\*Not reported

The MHSA Annual Update, which includes the positive health outcomes of FSP clients, contributes to the Shared Vision 2025 outcome of a Healthy Community by expanding recovery-based mental health programs for people with serious mental illness, reducing the long-term negative impact from untreated mental illness, and preventing mental illness from becoming severe and disabling.

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

### **PERFORMANCE MEASURES:**

In FY 2015-16, 83% (385/ 466) of FSP clients maintained at current or lower level of care. A client is considered “maintained at the current or lower level of care” if they did not have a new admission or had one or more new admission to a program with the same or lower level of care, during the fiscal year.

Measure	FY 2016-17 Estimated	FY 2017-18 Projected
Percentage of FSP clients maintained at current or lower level of care	90% (based on 415 clients through 1/18/17)	85%

**FISCAL IMPACT:**

BHRS received \$23.1 million in FY2015-2016 and anticipates receiving \$30.5 million in FY 2016-17. BHRS has budgeted \$27,754,058 in FY 2016-17 and \$27,967,369 in FY 2017-18 to implement current and planned MHSA services. Funds that are not budgeted are held in the BHRS MHSA trust account and are used to manage the fluctuations in funding that occur from year to year including anticipation of a reduction in MHSA revenue due to the State's implementation of the "No Place Like Home" act. There is no Net County Cost associated with this agreement.