



County of San Mateo

Inter-Departmental Correspondence

Department: HEALTH SERVICES BHRS

File #: 18-635

Board Meeting Date: 8/7/2018

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: Louise F. Rogers, Chief, Health System
David A. Young, Director, Behavioral Health and Recovery Services

Subject: San Mateo County Mental Health Services Act Three-Year Plan and Annual Update, AB114 Reversion Plan and Innovation Plan

RECOMMENDATION:

Adopt a resolution authorizing the approval and submission of San Mateo County's Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for FY's 2017-20 and Annual Update; including a "Reversion Plan", which entails an updated Innovations spending plan to avoid funds being reverted to the state Department of Health Care Services as required under AB114.

BACKGROUND:

In 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created additional state funds to expand mental health services. Since 2006, MHSA resources and expenditures have been approved by your Board as part of the larger Health System budget. Since 2012, State legislation has required an MHSA Three-Year Program and Expenditure Plan and Annual Updates to be approved by each county Boards of Supervisors. The Mental Health and Substance Abuse Recovery Commission (MHSARC) receives public comments and makes a recommendation for approval by the Board of Supervisors.

On January 27, 2015, your Board approved the MHSA Three-Year Plan for FY 2014-15 through FY 2016-17.

DISCUSSION:

In 2017, Behavioral Health and Recovery Services (BHRS) conducted a comprehensive evaluation of programs and a public comment process concerning MHSA services. This process, called Community Program Planning (CPP), was launched to develop the next MHSA Three-Year Plan. The CPP process included a countywide needs assessment, strategy development, and prioritization phase. Planning was led by the MHSA Manager, the Director of the Office of Diversity and Equity, and the BHRS Director, and engaged the MHSARC and the MHSA Steering Committees as well. Approximately 300 diverse stakeholders participated through multiple input sessions were held

across the County. BHRS engaged in separate focused planning processes for the following three key areas:

- 1) **Prevention and Early Intervention (PEI) for Ages 0-25:** MHSA guidelines require that at least 51% of PEI allocations fund programs for children, youth and transition-age youth. Between October and December 2017, a taskforce of PEI experts, leaders, clients/consumers, family members, and community members convened for three 2-hour planning meetings. Taskforce participants reviewed data, prioritized issues, helped develop a final set of recommendations across various areas, and prioritized programming for youth mental health crisis support and prevention. The recommendations are included as part of the enclosed MHSA Three-Year Plan.
- 2) **Assembly Bill (AB) 114 Reversion:** AB 114, enacted in 2017, was one-time legislation to allow counties to submit a plan by July 1, 2018, for spending of funds that would otherwise revert. MHSA requires funds that are allocated to a county, but not spent within three years, to be returned to the state for distribution to other counties. BHRS received notification on May 3, 2018, that a total of \$4,256,155 was subject to reversion. This entailed \$3,832,545 for Innovation projects and \$423,610 for Workforce, Education and Training.
- 3) **Innovations (INN):** The MHSA Innovations (INN) component requires counties to allocate 5% of MHSA funds to pilot and evaluate innovative projects in order to advance new best practices. San Mateo County's Reversion Plan will apply the Innovation funds subject to reversion under AB 114 to a statewide Behavioral Health Technology Innovation Collaborative that will include San Mateo County. This project will pilot technology-based behavioral health and wellness interventions intended to: increase access to mental health care; promote early detection of mental health symptoms; and predict the onset of mental illness. By participating in this multi-county effort, BHRS will be applying these funds to San Mateo County projects, although they will be administrated through a statewide joint powers entity (CalMHSA).

Full Service Partnerships (FSP)

Every year a status report on the impact of Full Service Partnerships (FSP) is provided to your Board. FSPs are one of the core programs funded by MHSA; the service model provides intensive "whatever it takes" mental health services and supports to eligible youth and transition-aged youth (TAY), adults, and medically fragile older-adult clients.

During the first year of the FSPs, clients demonstrated positive health outcomes, particularly for reducing arrests, decreases in mental and physical health emergencies, and lower school suspensions for youth. These positive outcomes are maintained when viewed across four to five years of continued participation. Specific outcomes for youth (school attendance, grades and suspensions) demonstrated some variability across years of participation, although this observation entails a small number of clients and it involves the highest risk youth. Thus, conclusions should not be over-interpreted. The complete FSP outcome report is enclosed as part of the MHSA Three-Year Plan; a chart summarizing improvement is detailed below.

Improvement in Outcomes by Age Group, Year before FSP Compared with First Year in FSP

FSP Outcomes	Child (n = 134)			TAY (n = 203)			Adult (n = 310)			Older adult (n = 54)		
	Year Prior	1 Year	Improvement	Year Prior	1 Year	Improvement	Year Prior	1 Year	Improvement	Year Prior	1 Year	Improvement
Homelessness	9	7	22%	28	26	7%	84	59	28%	**	**	**
Detention/ Incarceration	21	25	-24%	39	32	16%	47	34	30%	**	**	**
Arrests	24	8	67%	53	18	65%	47	6	87%	**	**	**
Mental Health Emergencies	54	5	89%	85	28	67%	127	56	57%	12	7	42%
Physical Health Emergencies	12	0	100%	49	6	88%	71	25	65%	17	12	29%
School Suspensions	34	17	47%	20	6	72%	**	**	**	**	**	**
Attendance Ratings*	3.8	4.1	10%	3.8	3.7	-4%	**	**	**	**	**	**
Grade Ratings*	2.7	3.1	14%	2.9	2.9	1%	**	**	**	**	**	**
Employment	**	**	**	**	**	**	30	42	26%	**	**	**

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

** Not Applicable

The MHSARC reviewed and recommended that your Board approve the MHSA Three-Year Program & Expenditure Plan and the Annual Update on July 5, 2017, and September 6, 2017, respectively. The MHSARC reviewed PEI Ages 0-25 and recommended that your Board approve the recommendations on February 7, 2018, and the AB114 Reversion Plan and Innovation Plan on June 6, 2018. This year the AB114 Plan to spend MHSA Funds and a new Innovation Plan are included for approval. Note that submission of these plans was delayed because key information was not provided by DHCS until May, 2018. Thus, the extensive process required to fully evaluate our MHSA programs, complete the public comment period, and conduct the review process for the Three-Year Plan could not be initiated until that time.

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

The MHSA Three-Year Plan Program and Expenditure Plan, Annual Update, AB 114 Reversion Plan, and MHSA Innovation Plan contribute 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. It is projected that 85% of FSP clients shall be maintained at a current or lower level of care. 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.

PERFORMANCE MEASURE(S):

Measure	FY 2017-18 Actual	FY 2018-19 Projected
Percentage of FSP clients maintained at current or lower level of care	87% 427 of 489 clients	85% 416 of 489 clients

FISCAL IMPACT:

There is no Net County Cost associated with this plan. BHRS received \$29.9 million in FY 2016-2017 and \$32.9 million in FY 2017-18. We anticipate a reduction in MHSA revenue for FY 2018-19 because of the state direction of MHSA funds to the implementation of “No Place Like Home” legislation. Funds that are not yet allocated through our internal planning process or RFP 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.