



County of San Mateo

Inter-Departmental Correspondence

Department: HEALTH

File #: 19-867

Board Meeting Date: 9/17/2019

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 Annual Update

RECOMMENDATION:

Adopt a resolution authorizing the approval and submission of San Mateo County's Mental Health Services Act (MHSA) FY 2018-2019 Annual Update for MHSA Programs and Expenditures to the State Mental Health Services Oversight and Accountability Commission.

BACKGROUND:

In 2004, California voters passed Proposition 63, known as the MHSA, which made additional state funds available to expand and transform mental health services. Since 2006, MHSA resources and expenditures have been approved by your Board as part of the larger County Health budget. State legislation requires that the MHSA Three-Year Program and Expenditure Plans and subsequent Annual Updates be approved by the County's Boards of Supervisors. The Mental Health and Substance Abuse Recovery Commission (MHSARC) has reviewed the FY 2018-19 MHSA Annual Update, following a public hearing and 30-day public comment, and is recommending approval by the Board of Supervisors.

DISCUSSION:

On August 7, 2018, your Board approved the MHSA Three-Year Program and Expenditure Plan for FY 2017-18 through FY 2019-20. The three-year plan has completed two years of implementation in which BHRS continues 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:

- 1) State approval of a two-year innovation funding extension for the San Mateo County Pride Center and a one-year, no additional cost, extension of the Health Ambassador Program for Youth (HAP-Y) and the Neurosequential Model of Therapeutics (NMT) in an adult system of care.

- 2) State approval of San Mateo County's Assembly Bill 114 Plan to participate on the statewide Technology Suite Collaborative Innovation project.
- 3) Guidelines for an MHSA Prudent Reserve were established by the State Department of Health Care Services, at an amount of 33 percent of the average Community Services and Supports revenue received from MHSA. The MHSA Steering Committee reviewed and approved a recommended Total Reserve, including the Prudent Reserve, of 50 percent of the highest annual MHSA revenue. Excess unspent funds in reserve will be used to advance MHSA program priorities identified in the MHSA Three-Year Plan.

Full Service Partnerships (FSPs)

Every year a status report on the impact of FSPs is provided to your Board. 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, particularly for reducing arrests, decreasing mental and physical health emergencies, increasing employment, and lowering school suspensions for youth. These positive outcomes are maintained when viewed across four to five years of continued participation. This year we included a substance use outcome and found that fewer adult and older adult clients had an active substance use problem and are receiving treatment from a substance use provider, after a year in FSP services.

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 Annual Update; a chart summarizing improvements is detailed below.

Improvement in Outcomes by Age Group, Year before FSP Compared with First Year in FSP (through June 30, 2018)

FSP Outcomes Self-reported Outcomes	Adult (25 to 59 years) N = 346			Older adult (60 years & older) N = 59		
	<i>Yr prior</i>	<i>Year 1</i>	<i>% change</i>	<i>Yr prior</i>	<i>Year 1</i>	<i>% change</i>
Homelessness	91	58	36.3%	3	8	N/A**
Detention or Incarceration	61	43	29.5%	3	5	N/A**
Employment	35	44	25.7%	4	2	N/A**
Arrests	52	6	88.5%	3	0	N/A**
Mental Health Emergency	151	57	62.3%	13	7	46.2%
Physical Health Emergency	83	26	68.7%	18	12	33.3%
Active S.A. Problem	268	171	36.2%	44	18	59.1%
S.A. Treatment	184	62	66.3%	39	6	84.6%

FSP Outcomes <i>Self-reported Outcomes</i>	Child (16 years and younger) N = 148			TAY (17 to 25 years) N = 202		
	<i>Yr prior</i>	<i>Year 1</i>	<i>% change</i>	<i>Yr prior</i>	<i>Year 1</i>	<i>% change</i>
Homelessness	8	6	25%	24	26	8%
Detention or Incarceration	22	26	18%	31	29	6%
Arrests	24	9	63%	54	19	65%
Mental Health Emergency	57	7	88%	84	23	73%
Physical Health Emergency	13	0	100%	51	5	90%
Suspension	38	19	50%	21	5	76%
Grade*	3.28	2.95	10%	3.17	3.11	2%
Attendance*	2.25	1.85	18%	2.26	2.39	5%

* 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 Annual Update on March 6, 2019, and subsequently reviewed and approved the MHSA Innovation extensions for the HAP-Y and NMT-Adults on June 5, 2019.

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

The MHSA Annual Update for FY 2018-19 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.

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 75 percent of FSP clients shall be maintained at a current or lower level of care.

PERFORMANCE MEASURE:

Measure	FY 2018-19 Actual	FY 2019-20 Projected
Percentage of FSP clients maintained at current or lower level of care	74% 406 of 551 clients	75% 413 of 551 clients

FISCAL IMPACT:

There is no Net County Cost associated with this plan. BHRS received \$32.9 million in MHSA funding in FY 2017-18 and \$33.5 million in FY 2018-19. We anticipate a reduction in MHSA revenue for FY 2019-20 because of the state 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 Trust 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.