

County of San Mateo

Inter-Departmental Correspondence

Department: HEALTH File #: 20-195

Board Meeting Date: 4/7/2020

Special Notice / Hearing: None Vote Required: Majority

То:	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 FY 2019-20

RECOMMENDATION:

Adopt a resolution authorizing the approval and submission of San Mateo County's Mental Health Services Act FY 2019-20 Annual Update for Mental Health Services Act Programs and Expenditures 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 subsequent Annual Updates be approved by the County's Board of Supervisors. The Mental Health and Substance Abuse Recovery Commission (MHSARC) reviewed the FY 2019-20 MHSA Annual Update on February 5, 2020, following a public hearing and 30-day public comment, and is recommending approval by the Board of Supervisors.

DISCUSSION:

On August 7, 2018, the Board approved the MHSA Three-Year Program and Expenditure Plan for FY 2017-18 through FY 2019-20. The enclosed Annual Update includes implementation highlights; program outcomes for FY 2017-18 and 2018-19; and expenditure projections.

There are two key items in this annual update for Board approval:

 Approve five new MHSA Innovation project proposals to submit to the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSARC reviewed the Innovation project proposals on November 6, 2019, following a public hearing and 30-day public comment, and recommends that the Board approve. a. Addiction Medicine Fellowship

Estimated Project Amount & Length: \$663,125 / 4 years

This will be the first Addiction Medicine Fellowship based in a local health safety net health system, serving as a model for California's 58 counties.

b. Prevention and Early Intervention Services in Low-Income Housing

Estimated Project Amount & Length: \$925,000 / 4 years

The proposed project will provide behavioral health resources, support, screening, referrals and linkages to young adults, ages 18-25, on-site at affordable housing properties.

c. PIONEERS Program

Estimated Project Amount & Length: \$925,000 / 4 years

Pacific Islanders Organizing, Nurturing, and Empowering Everyone to Rise and Serve (PIONEERS) will provide a culturally relevant, behavioral health program for Native Hawaiian and Pacific Islander (NHPI) college-age youth.

d. Older Adult Homelessness Prevention due to Economic Stress

Estimated Project Amount & Length: \$750,000 / 4 years

Isolated older adults will be screened for economic stress, behavioral health issues, and connected to homeless, housing, and behavioral health resources to prevent acute homelessness.

e. Social Enterprise Cultural and Wellness Café

Estimated Project Amount & Length: \$2,625,000 / 5 years

The cultural arts and wellness-focused social enterprise café will provide sustainable youth development and mental health programming for North San Mateo County.

2) Approve the ongoing release of unencumbered housing funds.

On June 2, 2015, the Board approved the release of unencumbered San Mateo County MHSA housing funds following MHSARC review and recommendation to approve. Counties are now required to complete ongoing fund release authorization for both existing and future unencumbered funds that may be received by CalHFA on behalf of the counties (e.g. funds that are no longer required by a housing project, accrued interest, and/or other funds receive on behalf of the counties.) Currently, San Mateo County has an estimated \$104,066 in accrued interest and loan payments held by CalHFA.

Full-Service Partnerships (FSPs)

The FSP service model provides intensive "whatever it takes" mental health services and support to eligible youth and transition-aged youth (TAY), adults, and medically fragile older-adult clients.

Every year a summary chart of self-reported FSP outcomes is provided to the Board. This past fiscal year, one of our FSP providers for adults and medically fragile older adults changed its electronic healthcare record (EHR) system and is currently in the process of converting its data to the original analytic format. The data is expected to be available in Spring 2020.

In lieu of the summary chart the following health care utilization outcomes, which are collected through Behavioral Health and Recovery Services (BHRS)' EHR system, capture BHRS FSP client outcomes one year prior to participation in FSP compared to one year after FSP participation.

Healthcare Utilization (EHR data)				
Age Group	Child	ΤΑΥ	Adults	OA
Sample Size	210	176	313	47
Hospitalization	70%	21%	54%	33%
1 Year before FSP	10	24	120	12
1 Year After FSP	3	19	55	8
Psychiatric Emergency Services	54%	34%	29%	40%
1 Year before FSP	52	77	168	15
1 Year After FSP	24	51	120	9

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 87% 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 a current or lower level of care	85% 374 of 439 clients	87% 348 of 398 clients*

*Based on data through 3/11/2020

FISCAL IMPACT:

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 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.