



County of El Dorado

330 Fair Lane, Building A
Placerville, California
530 621-5390
FAX 622-3645
www.edcgov.us/bos/

Legislation Text

File #: 14-0806, Version: 1

Health and Human Services Agency, Mental Health Division, recommending the Board consider the following:

- 1) Adopt El Dorado County’s Mental Health Services Act Three-Year Plan Update, covering Fiscal Years 2014/15 (from Three-Year Plan Update adoption date) through Fiscal Year 2016/17; and
- 2) Authorize implementation of the Three-Year Plan Update through June 30, 2015 or until the Fiscal Year 2015/16 Three-Year Plan Update is adopted by the Board, whichever occurs at the later date. (Est. Time: 30 Min.)

FUNDING: State Mental Health Services Act Funds, Federal Medi-Cal, Expenditure Offsets from Insurance Reimbursements (Federal, State or Private Insurance), State AB 109, Interest.

BUDGET SUMMARY:	
Total Estimated Cost.....	\$11,864,826
Budget - Current FY.....	\$11,864,826
Budget - Future FY.....	
New Funding.....	\$8,235,633
Savings.....	\$0
Other.....	\$3,629,193
Total Funding Available.....	\$11,864,826
Change To Net County Cost.....	\$0

Fiscal Impact/Change to Net County Cost

Mental Health Services Act (MHSA) revenues and expenditures were included in the FY 2014-15 Recommended Budget, and will be included in future year budget requests. There is no Net County Cost associated with the MHSA program.

Background

California voters passed Proposition 63, the MHSA, in November of 2004, and the MHSA became effective January 1, 2005. The MHSA imposes a one percent (1%) tax on personal income in excess of \$1,000,000. These funds are distributed to counties through the State and are intended to transform the mental health system into one that is consumer and family driven; is recovery oriented, accessible, and culturally competent; and offers services appropriate for the population that is served.

Effective March 24, 2011, Assembly Bill (AB) 100 amended several sections of the MHSA, resulting in the elimination of the requirement that the State and the Mental Health Services Oversight and

Accountability Commission (MHSOAC) review, comment on, and approve county MHSOAC plans and updates, with the exception of the Innovation Plan that must still be approved by the MHSOAC after adoption by the Board of Supervisors.

On December 10, 2013 (File 13-1512), the Board authorized the implementation of the FY 2013-14 Three-Year Plan Update as well as authorized the continuation of the County's MHSOAC programs as identified in the FY 2013-14 Three-Year Plan Update until the FY 2014-15 Three-Year Plan Update was approved by the Board.

The MHSOAC established five components that address specific goals for priority populations and key community mental health needs.

- Prevention and Early Intervention (PEI) - Programs designed to prevent mental illnesses from becoming severe and disabling. One new PEI project is incorporated into the plan as Project 1f: Prevention and Early Intervention for Youth in Schools.
- Community Services and Supports (CSS) - Mental health services and supports for children, youth, transitional age youth, adults, and older adults who meet certain criteria specified by statute (seriously emotionally disturbed (children) or having a severe mental illness (adults)). This component includes Housing. There are no new projects proposed but current projects have been expanded to meet increasing demand for services and identified community needs. CSS Project 2d: Assisted Outpatient Treatment (AOT) continues to be identified as a future potential project with associated funding; however, this project is not yet implemented within El Dorado County. Programmatic discussions relative to AOT are taking place and further discussions will be held with the Board of Supervisors at a later date.
- Workforce Education and Training (WET) - Education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers. No new projects are included in this Plan Update.
- Capital Facilities and Technology Needs (CFTN) - Support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care. No new projects are included in this Plan Update.
- Innovation (INN) - New, emerging and/or unique mental health practices/approaches that contribute to learning. No new projects are included in this Plan Update.

The FY 2014-15 Three-Year Plan Update identifies the nine proposals for new programs that were submitted during the community planning process: three in PEI (all addressing the same issue); four in CSS; one in combination with PEI and CSS; and one in WET. Six of the proposals were incorporated into current projects and one new project was developed under PEI reflecting a consolidation of the three PEI proposals.

The anticipated revenues and expenditures for each MHSOAC component and project is included in the FY 2014-15 Three-Year Plan Update and summarized in Attachment E to the Three-Year Plan Update. The Three-Year Plan Update budgets full utilization of annual PEI revenues (anticipated at \$1,251,689 in FY 2014-15) and near complete utilization of the PEI fund balance by the end of FY 2016-17.

There are sufficient CSS revenues and fund balance to support the proposed programs for all of FY 2014-15 and FY 2015-16; however, the plan includes service reductions beginning in FY 2015-16 in order to remain within budget. In addition, under the current revenue and expenditure assumptions,

additional service reductions will be required in FY 2016-17 in order to remain within budget. The fund balance, revenue and expenditure estimates will be monitored on an on-going basis and re-evaluated in each Three-Year Plan Update, with the budgets for each project adjusted as necessary in the FY 2015-16 Three-Year Plan Update.

Reason for Recommendation

The MHSA requires counties to prepare a three-year program and expenditure plan (the MHSA three-year plan), and prepare annual updates (three-year plan update). The MHSA three-year plan/update is to be developed with input from local stakeholders, including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. This community planning process is utilized to provide an opportunity for stakeholders and interested parties to discuss mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations.

Once a MHSA three-year plan/update is developed, the draft document is posted for review and public comment for at least 30 days, which closed on July 9, 2014 for the FY 2014-15 Three-Year Plan Update. At the close of the comment period, the Mental Health Commission conducts a public hearing to receive input from the community and consider approval and make recommendations for the MHSA Plan, which was conducted on July 16, 2014 for the FY 2014-15 Three-Year Plan Update. The approved MHSA three-year plan/update, incorporating any substantive comments, is submitted to the County Board of Supervisors for adoption.

Clerk of the Board Follow Up Actions

None.

Contact

Don Ashton, Director

Concurrences

Mental Health Commission