



County of El Dorado

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Title: Health and Human Services Agency, Mental Health Division, recommending the Board consider the following:
1) Adopt El Dorado County's Mental Health Services Act (MHSA) Three-Year Plan, covering Fiscal Years 2013-14 (from Plan adoption date) through FY 2015-16; and
2) Authorize implementation of the Three-Year Plan through June 30, 2014 or until the FY 2014-15 MHSA Plan Update is adopted by the Board, whichever occurs at the later date. (Est. Time: 15 Min.)

FUNDING: State MHSA Funds and Expenditure Offsets from Insurance Reimbursements (Federal, State or Private Insurance).

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Attachments: 1. A - FY 13-14 MHSA Three-Year Plan 12-10-13

Date	Ver.	Action By	Action	Result
12/10/2013	1	Board of Supervisors	Approved	Pass

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- 1) Adopt El Dorado County's Mental Health Services Act (MHSA) Three-Year Plan, covering Fiscal Years 2013-14 (from Plan adoption date) through FY 2015-16; and
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Fiscal Impact/Change to Net County Cost

No change. MHSA revenues and expenditures were anticipated in the FY 2013-14 Approved Budget for the Mental Health Division (MHD), 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 Mental Health Services Act (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, has services that are accessible, and is 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 MHSA 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.

The MHSA 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.
- Community Services and Supports (CSS) - Mental health services and supports for children, youth, transition 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.
- Workforce Education and Training (WET) - Education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers.
- Capital Facilities and Technology Needs (CFTN) - Support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care.
- Innovation (INN) - New, emerging and/or unique mental health practices/approaches that contribute to learning.

On July 23, 2014, the Board authorized the implementation of the FY 2012-13 MHSA Plan Update as well as authorized the continuation of the County's MHSA programs as identified in the FY 2012-13 Plan Update until the FY 2013-14 MHSA Plan was approved by the Board.

Reason for Recommendation

The MHSA requires counties to prepare a three-year program and expenditure plan (the MHSA Plan), and prepare annual updates. The MHSA Plan 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.

The community planning process for the FY 2013-14 draft three-year plan began in April 2013. The community planning process included public meetings, individual/small group meetings, hard copy and online surveys, and the opportunity to provide written input. Indirect input was also gathered through attendance at meetings that were not specifically focused on mental health issues (e.g., community collaboratives, staff meetings).

Once an MHSA Plan or update is developed, the draft plan is posted for review and comment for at least 30 days. At the close of the comment period, the Mental Health Commission conducts a public hearing to receive input from the community and consider approval of the MHSA Plan. During this time, the Mental Health Commission may make recommendations to the County for revisions to the MHSA Plan. Once approved by the Mental Health Commission, and the substantive comments received during the comment period are incorporated, the MHSA Plan proceeds to the County Board of Supervisors for adoption.

The 30-day comment period for the draft three-year plan ended October 30, 2013 at 5:00 p.m., and the public hearing before the Mental Health Commission was held on October 30, 2013 at 5:00 p.m. The FY 2013-14 three-year plan approved by the Mental Health Commission is before the Board today for adoption.

The FY 2013-14 three-year plan includes the elements required by the MHSA, including a discussion of the community planning process, the MHSA programs to be implemented, performance outcomes, and the expenditure plan. The community planning process identified the following priorities:

- services for children;
- services for older adults;
- locally provided services;
- suicide prevention;
- stigma and discrimination reduction;
- comprehensive resource bank development (including promotion of the available information); and
- community-based coordination of mental health resources and services.

Programs to address these needs and programs required by MHSA are funded through the following components:

- **Prevention and Early Intervention (PEI):** Nine current projects will continue, ten new projects will be implemented, two current projects will be discontinued, and one current project will move to the Workforce Education and Training component. During the community planning process, participants were encouraged to comment on existing PEI projects and submit new projects that would address the mental health needs of the unserved and underserved populations in the County. It was discussed in the public meetings that the County receives approximately \$1,000,000 in PEI revenues annually to be utilized for ongoing projects, and the PEI fund balance (estimated at approximately \$1,000,000 at the time the public meetings) could be utilized to fund one-time-only projects, higher start-up costs, or other short-term duration projects.

Public participation resulted in the identification of 27 proposed PEI projects (nine existing and 18 new), which would have required annual funding in excess of \$2.5 million. Rather than the Agency being the sole decision maker as to which projects to include in the MHSA Plan, the proposed PEI projects were posted for public review and comment and public meetings were held for in-person discussions regarding the proposed PEI projects. The public was notified of the opportunity to comment on the proposed PEI projects through emails from the Agency to over 600 individuals and a posting on the County's News and Hot Topics page that resulting in over 1,100 individuals receiving an email notification of the opportunity to comment. Although the response level was low, comments generally aligned with the priorities identified during the community planning process. Of the 27 proposed PEI projects, 19 were funded based upon the needs identified during the community planning process, the comments received on the proposed PEI projects, the purpose and intent of MHSA, and the available PEI revenues and fund balance. All projects receiving a positive response of 56% or higher were included in the MHSA Plan and were in line with community priorities and the purpose and intent of the MHSA. One current project that received lower than 56% approval rate was included in the plan due to MHSA requirement to address health disparities within our community, and one new project that received lower than 56% approval was included due to the identified need for increased coordination of services between health care providers and mental health providers, especially in light of the Affordable

Care Act.

Of the total funded PEI projects (excluding County administrative costs), approximately 45% of the funding is allocated to projects addressing the needs of children (from birth through age 18) or children and their families; 8% of the funding is allocated to projects specifically designed to address the needs of older adults (age 60+); 32% of the funding is allocated to programs that address the needs of all ages across the community; and the remaining 15% of the funding is allocated to projects to educate and support the mental health needs of the community and provide resource linkage (e.g., Suicide Prevention, Mental Health First Aid, Community Outreach and Resources).

New PEI projects incorporated into the plan are:

- Children 0-5 and Their Families
- Mentoring for 3-5 Year Olds by Adults and Older Adults
- SAMHSA Model Programs
- Senior Peer Counseling
- Older Adult Program
- Suicide Prevention and Stigma Reduction
- Foster Care Continuum Training
- Community-Based Mental Health Services
- Community Health Outreach Worker
- Community Outreach and Resources

Proposed PEI projects that were unable to be incorporated into the plan due to lack of funding are:

- Community-Based Support Groups
- Behavioral Care Manager
- Latino Outreach Tahoe Basin Expansion
- Stigma and Discrimination Reduction
- Mental Health 101
- Parent and Youth Partner Program
- Mental Health Professionals in Schools in El Dorado Hills
- Community Mental Health Coordinator

However, all PEI projects, as well as all other projects within the MHSA Plan, will be re-evaluated during the next community planning process scheduled to begin in January 2014, with an anticipated implementation date of July 1, 2014.

The current three-year plan budgets full utilization of annual revenues (currently anticipated at \$1,066,068) and near complete utilization of the PEI fund balance (\$1,203,584) by the end of FY 2015-16. The fund balance, revenue and expenditure estimates will be monitored on an on-going basis and re-evaluated in each MHSA Plan Update, with the budgets for each project adjusted as necessary.

- **Community Services and Supports (CSS):** Ten current projects will continue and four new projects will be implemented to address community needs and meet MHSA requirements. There are three programs for children, three programs for adults (one of which is specifically designed

for older adults), one program for transitional aged youth (TAY), and three projects within the community system of care (to address outreach and engagement needs, community-based services, and resource management).

One potential CSS project identified in the MHSA Plan, Assisted Outpatient Treatment (Laura's Law), is under analysis by the Mental Health Commission and the Agency. No decision to implement this project has been made, but the potential project is identified in the MHSA Plan for transparency since ongoing discussion about this project utilizing MHSA funding are underway. Should the outcome of the analysis performed by the Mental Health Commission and the Agency indicate that Laura's Law may be an effective and viable project in El Dorado County, the project would be brought to the Board of Supervisors for consideration since its scope reaches several County departments, and the project will be included in a community planning process, and plan approval and adoption process, prior to implementation.

As part of the community planning process, participants were encouraged to comment on existing CSS projects and submit new projects that would address the mental health needs of those who are seriously emotionally disturbed (children) or severely mentally ill (adults). It was discussed at the public meetings that the County receives approximately \$4,000,000 in CSS revenues and \$1,000,000 in insurance reimbursements (e.g., Medi-Cal, private insurance) annually to be utilized for CSS projects. Additionally, the County has a significant CSS fund balance of approximately \$4,430,880. While it is prudent to maintain a fund balance to be accessed when annual revenues are lower than anticipated, the Agency anticipates a fund balance of \$2,743,785 by the end of FY 2015-16, which is higher than is necessary. Therefore, during the FY 2014-15 community planning process, additional CSS projects or expansion of current projects that do not require ongoing revenues for sustainability will be identified. The fund balance, revenue and expenditure estimates will be monitored on an on-going basis and re-evaluated in each MHSA Plan Update, with the budgets for each project adjusted as necessary.

- **Workforce Education and Training (WET):** Three current projects will continue, three new projects will be implemented, and one project has moved from PEI to WET with an expanded scope of services.

Two new projects are included in the draft Three-Year Plan to meet needs identified through the community planning process of identification of mental health issues as early as possible and suicide prevention. The "Early Indicators of Mental Health Issues" and "Suicide Prevention and Training" projects were proposed by the El Dorado County Office of Education (EDCOE) for county-wide implementation, and two other similar projects were proposed by community partners, but on a smaller scale (geographically) and a smaller participation rate (limited scope of who would be trained to perform these functions). To reach as broad an audience as possible (county-wide) with consistent training and messaging, EDCOE is identified in the MHSA Plan as the recipient of funding for these projects. EDCOE has the authority to mandate participation in required training, whereas if the training were to be provided to educators and school staff through a community provider, there is no authority to mandate attendance. Additionally, training will be provided to educators and school staff who work on a daily basis with the children rather than providing the training to contracted provider staff who may not have the same level of interaction with children on a regular basis.

No new MHSA funding is received for WET projects. WET projects are funded through the WET fund balance of \$360,026. Additional contributions to WET from the CSS fund balance will be

necessary starting in FY 2014-15. Given the high CSS fund balance, utilization of a small amount of CSS funding to develop and support a strong public mental health system is recommended.

- **Capital Facilities and Technology (CFTN):** Four current projects will continue. These projects include continued support of the Electronic Health Record System, including Outcome Measurement Tools, Telehealth, and Electronic Care Pathways to encourage referrals between primary care physicians and the MHD. The Electronic Care Pathways project is being expanded to allow for the development of an adult mental health care pathway in coordination with the ACCEL program. At this time, there is only the pediatric mental health care pathway through ACCEL.

No new MHSA funding is received for CFTN projects. CFTN projects are funded through the CFTN fund balance of \$706,901. Additional contributions from the CSS fund balance will be necessary starting in FY 2015-16. Given the high CSS fund balance, utilization of a small amount of CSS funding to support the infrastructure needs of the mental health system is recommended.

- **Innovation (INN):** Innovation projects to be implemented are not included in this draft Three-Year Plan. Innovation Plans must be approved by the State once adopted by the Board of Supervisors. To avoid further delay of implementation of the FY 2013-14 three-year plan due to inclusion of an Innovation projects, an Innovation Plan will be developed separately and routed to the State for review and approval after adopted by the Board of Supervisors. It is anticipated that the draft Innovation Plan will be completed in early 2014. During the community planning process for this MHSA Plan, the public was encouraged to identify potential Innovation projects. Preliminary discussions with the State indicate at least two proposed Innovation projects will qualify under the strict Innovation project requirements, whereas the other four will need to be further vetted. However, additional Innovation projects may still be identified and the County is not required to pursue only those preliminary Innovation ideas discussed in this Three-Year Plan.

The anticipated revenues and expenditures for each MHSA component and project is included in the FY 2013-14 draft three-year plan and summarized in Attachment C to the Three-Year Plan. Revenues and expenditures are anticipated to remain within the FY 2013-14 Approved Budget for the MHD. Should it later be determined that a budget adjustment or additional personnel allocations be necessary to meet project scopes, the Agency will return to the Board of Supervisors.

Action(s) to be taken following Board approval

The Agency will implement the FY 2013-14 MHSA Plan, which will remain in effect through June 30, 2014 or until the FY 2014-15 MHSA Plan is adopted by the Board, whichever occurs later, and will forward a copy of the adopted FY 2013-14 MHSA Plan to the MHSAOAC within 30-days.

Contact

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