



Legislation Text

File #: 15-0964, **Version:** 2

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

- 1) Adopt the County's Mental Health Services Act Fiscal Year 2016/17 Plan Update, including the Innovation Plans;
- 2) Authorize implementation of Fiscal Year 2016/17 Plan Update, with the exception of the Innovation Plans that must be approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) after adoption by the Board, and authorize implementation of the Innovation Plans following final approval by the MHSOAC; and
- 3) Adopt and authorize the Chair to sign Resolution **089-2016** to add a 1.0 Full Time Equivalent allocation for a Mental Health Worker I/II.

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

DEPARTMENT RECOMMENDATION

Health and Human Services Agency (HHS) recommending the Board adopt and authorize implementation of the Mental Health Services Act (MHSA) Fiscal Year (FY) 2016-17 Plan Update (except Innovation), and adopt the County's MHSA FY 2016-17 Innovation Plans and authorize implementation following final approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC). HHS also recommending the Board adopt and authorize the Chair to sign Resolution xxx-2016 to add a 1.0 Full Time Equivalent allocation for a Mental Health Worker I/II to support Assisted Outpatient Treatment and Restoration of Competency services.

DISCUSSION / 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.

The MHSA requires Counties to prepare a three-year program and expenditure plan (the MHSA three-year plan), and prepare annual updates. 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, 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 May 23, 2016 for the MHSA FY 2016-17 Plan

Update. At the close of the comment period, the Mental Health Commission conducts a public hearing to receive input from the community, consider approval and make recommendations for the MHSA three-year plan/update; which was completed on May 25, 2016. The approved MHSA three-year plan/update, incorporating any substantive comments resulting from the 30-day comment period and the public hearing, is submitted to the Board of Supervisors for adoption. Effective March 24, 2011, Assembly Bill 100 amended several sections of the MHSA, resulting in the elimination of the requirement that the State and the MHSAOAC review, comment on, and approve county MHSA plans and updates, with the exception of Innovation Plans, which must still be approved by the MHSAOAC after adoption by the Board of Supervisors. On August 25, 2015 (File 15-0964, Item 19), the Board authorized the implementation of the MHSA FY 2015-16 Three-Year Plan Update.

The MHSA established five (5) components that address specific goals for priority populations and key community mental health needs. The five (5) components include:

- 1) Prevention and Early Intervention (PEI) - Programs designed to prevent mental illnesses from becoming severe and disabling.
- 2) 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.
- 3) Workforce Education and Training (WET) - Education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers.
- 4) Capital Facilities and Technology Needs (CFTN) - Support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care.
- 5) Innovation (INN) - New, emerging and/or unique mental health practices/approaches that contribute to learning.

The anticipated revenues and expenditures for each MHSA component and project are summarized in Attachment B to the MHSA Plan Update. In FY 2016-17, MHSA revenues are anticipated to be approximately \$8,000,000. In addition to the MHSA revenues, other revenues that support MHSA programs, such as Medi-Cal reimbursements and the Mental Health Block Grant, are estimated to be approximately \$3,000,000.

Innovation Programs

HHSA, with the support of the Mental Health Commission, is supporting the use of MHSA Innovation funds to implement the following two programs:

- 1) HHSA is currently working with the Sheriff, Public Defender and Superior Court to implement a local Restoration of Competency (ROC) program for misdemeanor offenders who are found incompetent to stand trial. The current program will allow for ROC services to clients who are in jail.

If approved, this innovation plan will allow for the use of MHSA funds to develop a ROC program that allows misdemeanor offenders who are determined to not be a threat to the community to receive ROC services. The goal of this project is to provide ROC services in an Outpatient Setting to individuals, living in their community, seeing their Mental Health Professionals, and having the support of their family and community, as well as to reduce

recidivism.

- 2) The second proposal is to use MHSA Innovation funds to support the Community HUB model, partnering with First 5 El Dorado, the HHSA/Maternal Child and Adolescent Health program and the Library.

The goal of this project is to increase physical and mental health care access for pregnant women, families and children ages birth through 18 years, leveraging the best practices in early childhood, health and community building to inform systems change and increase access to health care, social services and mental health services.

Mental Health Worker I/II Position

On August 25, 2015, the Board approved Resolution 141-2015 authorizing the implementation of Assisted Outpatient Treatment (AOT), also known as Laura's Law, in El Dorado County, pursuant to Welfare and Institutions Code. On November 13, 2015 the County of El Dorado Office of Procurement and Contracts issued Request for Proposal #16-952-036 to implement a targeted AOT Pilot Program, but no responses were received.

Projected utilization for AOT and ROC services support the need for an additional 1.0 FTE allocation for a Mental Health Worker I/II in order to provide AOT and ROC services within the County, expanding the continuum of mental health services for the community.

ALTERNATIVES

Disapproval of the FY 2016-17 MHSA Plan Update would cause the County to be out of compliance with the requirements of MHSA that each county prepare an annual update. The FY 2015-16 MHSA Plan would continue as the foundation for MHSA services in the County.

OTHER DEPARTMENT / AGENCY INVOLVEMENT

N/A

CAO RECOMMENDATION

It is recommended that the Board approve this item.

FINANCIAL IMPACT

MHSA revenues and expenditures were included in the FY 2016-17 Recommended Budget, and will be included in future year budget requests. Additional revenue sources that offset the MHSA expenditures have also been budgeted. There is no Net County Cost associated with the MHSA program.

CLERK OF THE BOARD FOLLOW UP ACTIONS

- 1) Clerk of the Board to provide Human Resources and the Health and Human Services Agency each with one (1) copy of the executed resolution signed by the Chair.

STRATEGIC PLAN COMPONENT

Health and Human Services Agency Strategic Plan Objective 3.3.3: "Develop and implement programs in alignment with the currently approved Mental Health Service Act (MHSA) Plan."

County Strategic Plan, Health Communities Goal 5, Objective 3 to improve access to services for all residents.

CONTACT

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