

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

(1) DEPARTMENT Behavioral Health	(2) MEETING DATE 7/22/2014	(3) CONTACT/PHONE Frank Warren, Division Manager 788-2055 Raven Lopez, Accountant III 781-4783	
(4) SUBJECT Request to approve the Mental Health Services Act Annual Update and Three-Year plan for FYs 2014-15, 2015-16 and 2016-17. All Districts.			
(5) RECOMMENDED ACTION It is recommended that the Board approve the Mental Health Services Act Annual Update and Three-Year Plan for Fiscal Years 2014-15, 2015-16 and 2016-17.			
(6) FUNDING SOURCE(S)	(7) CURRENT YEAR FINANCIAL IMPACT \$12,384,648.00	(8) ANNUAL FINANCIAL IMPACT \$12,345,967.00	(9) BUDGETED? Yes
(10) AGENDA PLACEMENT <input type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ___) <input checked="" type="checkbox"/> Board Business (Time Est. <u>15</u>)			
(11) EXECUTED DOCUMENTS <input checked="" type="checkbox"/> Resolutions <input type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input type="checkbox"/> N/A			
(12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A		(13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: N/A <input type="checkbox"/> 4/5 Vote Required <input checked="" type="checkbox"/> N/A	
(14) LOCATION MAP N/A	(15) BUSINESS IMPACT STATEMENT? No	(16) AGENDA ITEM HISTORY <input type="checkbox"/> N/A Date: <u>7/23/2013</u>	
(17) ADMINISTRATIVE OFFICE REVIEW Reviewed by Leslie Brown			
(18) SUPERVISOR DISTRICT(S) All Districts			

County of San Luis Obispo



TO: Board of Supervisors

FROM: Jeff Hamm, Health Agency Director
Anne Robin, L.M.F.T., Behavioral Health Administrator

DATE: 7/22/2014

SUBJECT: Request to approve the Mental Health Services Act Annual Update and Three-Year plan for Fiscal Years 2014-15, 2015-16 and 2016-17. All Districts.

RECOMMENDATION

It is recommended that the Board approve the Mental Health Services Act Annual Update and Three-Year Plan for Fiscal Years 2014-15, 2015-16 and 2016-17.

DISCUSSION

The Mental Health Services Act (MHSA) was enacted into law January 1, 2005, following the passage of Proposition 63 in November 2004 which added a 1% tax on adjusted annual income over \$1,000,000. MHSA funds are divided into five distinct components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Capital Facilities and Technology Needs (CFTN), and Innovation (INN).

The 2014-2015 MHSA Annual Update details the programs being administered, their operating budget, and results of past implementation. This year, in accordance with instructions from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Update includes a Three-Year Program and Expenditure Plan. Proposed program adaptations and other changes to the original component plans and past Updates will be outlined herein, along with projected planning and budgeting for the 2015-2016, and 2016-2017 fiscal years. Assembly Bill 1467 (passed in June 2012), amended the Act to require that the three-year program and expenditure plan and annual updates must be adopted by the County Board of Supervisors and then submitted to the MHSOAC within 30 days of adoption (Welfare and Institutions Code 5847 (a)).

As required by Welfare and Institutions Code 5848 (a) of the MHSA, the local MHSA Community stakeholder group is responsible for guiding the planning process, analyzing community input, and selecting projects in accordance with community priorities. Details of the stakeholder planning process can be found in the [Annual Update and Three Year Plan](#) (pages 9-13). Stakeholders, staff and providers discussed specific needs which could be met in the coming fiscal year. County staff presented several key recommendations to the stakeholder advisory group for approval and budget preparation. In addition to current CSS programs, the stakeholders approved the following for implementation in FY 2014-15:

- Conversion of up to three current CSS-funded positions to expand crisis capacity as conditions for the County's acceptance of grant funds from the California Health Facilities Financing Authority (CHFFA).
- Conversion of a Licensed Psychiatric Technician position (in the Behavioral Health Treatment Court program) to a Licensed Practitioner of Healing Arts (LPHA). This will allow the program to add capacity for providing therapy to program participants.
- Renaming the positions known as "Caseload Reduction Therapists" to "Integrated Access Therapists" to better reflect the positions' objectives.

- Move Latino Outreach Program and Mobile Crisis out of the PEI budget and back into CSS.
- Move Child and Youth and TAY FSP teams focused in Lucia Mar Unified School District into the newly-named work plan "School and Family Empowerment" – which will include the current Community School services.

As WET funding is no longer being distributed to the County, and all programs have been implemented, work plans will continue to decrease over the next couple of years. The balance of the funds is projected to be expended by FY 2015-16. This will not result in a reduction of permanent staff as WET funds temporary interns and staff trainings. Additionally, the interns have typically generated enough Medi-Cal and Realignment 2011 revenues to offset any costs associated with the position.

PEI projects remain strong and popular amongst community stakeholders, providers, and program participants. The PEI Three-Year Evaluation was published along with the FY 2013-2014 Annual Update and featured outstanding evidence of successful program implementation and efficacy. The Middle School Comprehensive Program has motivated school districts to seek additional funding in order to replicate the model in non-PEI sites. The County presented the results of the evaluation to the stakeholders who recommended the County maintain the original PEI work plans with normal allocated funded levels in FY 2014-2015. Program evaluation is fluid and ongoing, allowing the County to build upon successes, and adapt quickly to ever-changing community need.

The INN component of MHSA is the most unique. INN projects must be novel, new, and creative, and not duplicated in another community. The Board of Supervisors approved funding for eight local Innovation projects in June 2011. The County provided extensive technical assistance to community and in-house providers in areas such as: project development, measurement of learning, and data collection and developed an Innovation Learning Collaborative as a way for providers to share common themes among the projects and help one another overcome common barriers to implementation of the testing phase. In July 2013, an external evaluator was selected via county procurement processes. Preliminary findings are included in the Annual Update and Three Year Plan and the evaluation of all Innovation projects is now underway. The formal evaluation is expected to be published at the conclusion of all of the Innovation projects at the end of 2014-15.

The CFTN project includes a comprehensive integrated behavioral health system that will modernize and transform clinical and administrative information systems through a Behavioral Health Electronic Health Record (BHEHR) System allowing for a 'secure, real-time, point-of-care, client-centric information resource for service providers' and the exchange of client information according to a standards-based model of inter-operability. The project is scheduled to be completed during FY 2014-15.

The San Luis Obispo County Annual Update and Three Year Plan was posted by the Behavioral Health Department for Public Review and Comment for 30 days, May 19 through June 18, 2014. A Public Notice was posted in the San Luis Obispo Tribune and sent to other local media. The draft Annual Update and Three Year Program and Expenditure Plan was also posted on the San Luis Obispo County Mental Health Services website and distributed by email to over 500 stakeholders. In addition, copies were made available at each Mental Health Services clinic and all County libraries.

The Annual Update was recommended for approval by the San Luis Obispo County Behavioral Health Board at a Public Hearing held on June 18, 2014.

OTHER AGENCY INVOLVEMENT/IMPACT

The MHSA programs are a result of community collaboration and reviewed by mental health stakeholders through the MHSA planning process and by the local community planning team.

FINANCIAL CONSIDERATIONS

The FY 2014-15 Behavioral Health Adopted Budget includes appropriations in the amount of \$12,384,648 allocated for the MHSA programs. This is a decrease of \$685,282 from the prior fiscal year. The decrease is primarily due to the completion of the Behavioral Health Electronic Health Record under the CFTN component. The MHSA programs are funded by:

- Medi-Cal and 2011 Realignment \$2,224,300
- Federal & State Grants: \$225,602

- Interfund Transfers: \$94,044
- Insurance and Private Pay Payments: \$28,227
- Mental Health Services Act Trust funds: \$9,812,475

MHSA Budget by Component	FY 2014-15
Community Services & Supports (CSS)	8,910,255
Prevention & Early Intervention (PEI)	1,898,000
Innovation (INN)	624,492
Workforce, Education & Training (WET)	264,495
Capital Facilities/Technological Needs (CFTN)	687,406
Total FY 2014-15 MHSA Budget	12,384,648

RESULTS

MHSA is dedicated to transforming the public mental health system and seeks to reduce the long-term adverse impact from untreated serious mental illness. Details of the positive impact MHSA funded programs have had on our community can be found, in further detail, within the pages of the annual update. Highlights include:

CSS Full Service Partnerships:

- Homelessness of clients reduced 40%
- Emergency room and psychiatric hospitalizations of clients reduced 86%
- Jail days of clients reduced 83%

Additionally, the County continues to work towards a more thorough evaluation of CSS – including the use of logic models, evaluation plans, data collection tools, and standardized procedures for data analysis.

WET:

- 94% of educational forum participants surveyed report an increased awareness of mental health stigma and the tools necessary to reduce it.

PEI:

- 99% of stigma reduction presentation participants surveyed agreed that they have an increased awareness of wellness and recovery tools related to mental health
- Pre and post assessments of over 200 children (0-5) participating in the Positive Development Program had a 29% decrease in their impulsive behavior scores, a 25% decrease in their aggression scores, and an 18% increase in pro-social behaviors.
- Over 300 students participating in the Middle School Comprehensive Project, Student Assistance Program, demonstrate an increase in protective factors and a decrease in protective factors related to mental health, specific outcomes include:
 - 16% improvement in grades
 - 31% reduction in absenteeism
 - 26% reduction in physical fighting
 - 42% increase in coping skills
 - 18% reduction in suicidal ideation
 - 26% reduction in self-harm behaviors

- 93% of parents participating in parenting classes indicated reduced behavioral problems in their children as a result of increased parenting skills.
- 66% of Transitional Aged Youth program participants demonstrated self-sufficiency upon completion of the Successful Launch program, and 93% obtained educational goals.
- Pre and post assessments of Older Adult clients receiving counseling demonstrated, on average, a 67% decrease of symptoms of depression.

INN projects are developed for the purposes of developing a new mental health practice, testing the model, evaluating the model, and sharing the results with the statewide mental health system. All projects have been implemented, and evaluation is in process. Preliminary findings include:

- Post surveys of Cuesta's Wellness Arts Students indicate that 92% of students are able to meet their educational goals as result of the class, and 76% agree that they have improved mental wellness as a result of the class.
- 100 % of Service Enhancement Program participants surveyed indicate improved awareness and ability to access community resources as a result of the program.

The **CFTN** project's goal is to apply current technology to modernize and transform the delivery of service. The ultimate goal is to provide more effective and efficient service, facilitating better overall community and client outcomes. The Behavioral Health Electronic Health Record project will be completed during FY 2014-15.

The passage of the MHSA provided San Luis Obispo County increased funding, personnel and other resources to support mental health programs for children, transitional age youth, adults, older adults and families. The MHSA addresses a broad continuum of prevention, early intervention and service needs as well as the necessary infrastructure, technology and training elements that supports the County's public mental health system, and contributes to the desired community wide goal of a safe, healthy, and livable community.

ATTACHMENTS

1. Attachment 1 - Mental Health Services Act Annual Update and Three-Year Plan for Fiscal Years 2014-15, 2015-16 and 2016-17