



BOARD OF SUPERVISORS
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101
(805) 568-2240

Department Name: Behavioral Wellness
Department No.: 043
For Agenda Of: June 20, 2017
Placement: Administrative
Estimated Tme:
Continued Item: No
If Yes, date from:
Vote Required: Majority

TO: Board of Supervisors
FROM: Department Alice Gleghorn, Ph.D., Director
Director(s) Department of Behavioral Wellness 681-5220
Contact Info: Celeste Andersen, JD, Chief of Compliance
Department of Behavioral Wellness 681-5220
SUBJECT: Mental Health Services Act Three Year Plan FY 2017-2020

County Counsel Concurrence

As to form: N/A

Auditor-Controller Concurrence

As to form: N/A

Other Concurrence:

As to form: N/A

Recommended Actions:

That the Board of Supervisors:

- A. Approve and adopt the Department of Behavioral Wellness Mental Health Services Act Three Year Plan Update for Fiscal Years 2017-2020 in accordance with the California Department of Health Care Services (DHCS) requirements; and
- B. Determine that these activities are exempt from California Environmental Quality Act review per CEQA Guidelines Section 15378(b)(4) since the recommended actions are government fiscal activities which do not involve commitment to any specific project which may result in potentially significant physical impact on the environment.

Summary Text:

The Mental Health Services Act (MHSA) passed by California voters in 2004, leveled a 1% tax on annual incomes over \$1 Million to increase funding for mental health services. MHSA funds are distributed to counties upon State approval of the County MHSA Plan. MHSA legislation was designed to be consumer-directed and oriented with a mandate to develop preventive and innovative program services. The funds are to be used only for additional and innovative mental health services, and may not supplant funding for pre-existing services. MHSA funds are to be used for voluntary client services within the least restrictive setting and are allocated according to the six system-building components listed below.

In addition, per the State MHSA design, the Department of Behavioral Wellness' MHSA Three Year Plan should expand or transform services, capitalize on funding sources, and enhance the existing system with a focus on promoting consumer-directed and recovery-oriented programs to address serious mental illness, particularly within unserved or underserved populations. Pursuant to Welfare & Institutions Code section 5847, the MHSA Plan must be approved by the County Board of Supervisors before final submission of the Plan to the State Department of Health Care Services.

Background:

During this coming 2017-2020 MHSA Three Year Plan period, the Department of Behavioral Wellness will focus on continuing the enhancement and evolution of the many programs and initiatives launched during the last Three Year Plan period. The period of 2014 through 2017 was an ambitious and productive period for the Department, as it sought to implement recommendations from the consultant Tri-West Group's System Change initiative, as well as establish new facilities and operations made feasible by the grant awarded to the Department through the Investment in Mental Health Wellness Act of 2013 (California Senate Bill 82).

For the 2017-2020 Three Year Plan period, Behavioral Wellness will focus on refining existing programs as the most prudent manner for moving forward due to limited fiscal growth anticipated; continued uncertainty about the future of the federal Affordable Care Act and the expanded Medicaid funding it provides to the Department; and the need to anticipate mandatory contributions to the new MHSA "No Place Like Home" initiative. To accomplish the objectives, the MHSA applies a specific portion of its funds exclusively to each of six system-building components listed below with the goal of achieving the following:

- A. Safe and adequate housing, including safe living environments, with family for children and youths;
- B. Reduction in homelessness;
- C. A network of supportive relationships;
- D. Timely access to needed help, including times of crisis;
- E. Reduction in incarceration in jails and juvenile halls; and
- F. Reduction in involuntary services, including reduction in institutionalization and out-of-home placements.

The following programs, within the specified funding categories, will continue to be supported by MHSA funding during this Three Year Plan period:

1. **Capital Facilities and Technological (10%):**
 - A. Electronic Health Records conversion for the Psychiatric Health Facility.
2. **Community program planning and administration (10%)** – the administrative cost to run and support the programs.
3. **Community Services and Supports (45%):**
 - A. CARES Mobile Crisis
 - B. New Heights Program for Transition Age Youth
 - C. Partners in Hope – Recovery Learning Centers and Family Advocates
 - D. Homeless Outreach Services
 - E. Co-Occurring Outpatient Teams
 - F. Childrens Wellness Recovery and Resiliency Outpatient Teams

- G. Adult Wellness and Recovery Outpatient Teams
 - H. HOPE Program – intensive in-home treatment for foster youth and their families
 - I. Anka Crisis Residential Services - North County
 - J. Medical Integration Program
 - K. SB 82 Enhanced Crisis Services (partially supported with MHSA funding):
 - i. Crisis Triage Teams
 - ii. Crisis Stabilization Unit (CSU)
 - iii. Anka Crisis Residential Facility – South County
 - iv. Mobile Crisis West
 - L. Full Service Partnerships:
 - i. Santa Barbara, Lompoc and Santa Maria ACT Programs
 - ii. Supported Community Services in Santa Maria and Santa Barbara
 - iii. SPIRIT Program for Children
 - iv. Justice Alliance Forensic Program
4. **Education and Training (10%):** Funding in this category has been expended. Funding for Peer related programs has been transferred to the Community Services and Supports category.
5. **Innovation (5%):**
- A. RISE Project (Resiliency Interventions for Sexual Exploitation)
6. **Prevention and Early Intervention (20%):**
- A. Support to Culturally Underserved Communities (Promotoras)
 - B. Great Beginnings Early Childhood Mental Health Services
 - C. START Program -School-Based Services for Children and Transition Age Youth
 - D. Early Detection and Intervention Teams for Children and Transition Age Youth (TAY)
 - E. SAFTY Children’s Mobile Crisis Program
 - F. Access and Assessment Teams

Also, Behavioral Wellness has been able to leverage MHSA Housing Funds to fund the Residences on Depot Street, Santa Maria: 35 MHSA units including studios, one, two and three bedroom units. Behavioral Wellness is already planning for investment in the development of permanent, low barrier to entry, supportive housing for persons who are living with a severe mental illness to address the initiative “No Place Like Home”.

One significant Department goal for this three year planning process was to fulfill the objective of broad, diverse and inclusive stakeholder feedback and engagement to help direct the Department’s efforts in program enhancement. With this in mind, as well as in response to feedback received over the last few years, the stakeholder planning process was significantly expanded. Four (4) Community Stakeholder forums were held at locations across the County at different hours of the day to accommodate varied work schedules. In addition, 15 presentations were provided to individuals and groups, including the Department of Behavioral Wellness Commission’s public hearings, the Department’s Community Action Team meetings, Community Based Organization partner meetings, Department regional staff meetings, and to all three community based Recovery Learning Centers. A final Public Hearing was held by the Behavioral Wellness Commission on May 15, 2017. Ultimately, over 150 stakeholders attended the forums and presentations, with some attending more than one session.

Stakeholder participation across these meetings was particularly enthusiastic, as evidenced by comments from consumers in housing programs and the Recovery Learning Centers. Generally, stakeholders were receptive to the four (4) proposals the Department is considering implementing during this Three Year Plan period:

- A. Operate Transition Age Youth (TAY) programs as Full Service Partnerships – leverage the new contract with the State Department of Rehabilitation that will provide additional vocational rehabilitation services and employment support services to TAY and further augment services with field-based engagement, housing support, and 24/7 response support, similar to what is provided in the ACT programs;
- B. Reconsider the operations of the Justice Alliance Program – working with the Courts, District Attorney’s Office, Public Defenders Office, and law enforcement, reconsider how the Justice Alliance program is structured with the goal of enhancing support to criminally involved mental health consumers to reduce recidivism;
- C. Increase programming at the Recovery Learning Centers – use the Recovery Learning Centers as part of the continuum of care, including providing medication management hours, Peer and employment support, and enhanced linkage with the Department’s outpatient clinics; and
- D. Further integrate existing Treatment Teams into Levels of Care – support consumer transition between both higher and lower levels of care, and include integrated mental health/substance use/physical health care, as well as supportive employment services, at all levels of care.

Feedback from these Stakeholder forums, as well as comments received during the 30-day public comment period, from May 1-31st, 2017, are included in the MHSA Plan as Attachment 2. Where available, program performance reports, using data collected by the Department for Fiscal Year 2015-2016 are included in this FY 2017-2020 Three Year Plan.

Over the past year we have utilized Fiscal Year 2015-2016 data collected by the Department to provide program performance reports. The Department will continue to collect this data in the coming years, and intends to expanded data collection to address some other critical areas and to ensure progress is being made to achieve the MHSA goals.

Fiscal and Facilities Impacts:

Budgeted: There are no budget impacts from the approval of the Mental Health Services Act Plan Update for Fiscal Year 16/17.

Fiscal Analysis:

| <u>Funding Sources</u> | <u>Current FY Cost:</u> | <u>Annualized On-going Cost:</u> | <u>Total One-Time Project Cost</u> |
|-------------------------------|--------------------------------|---|---|
| General Fund | \$ - | \$ - | \$ - |
| State | \$ 34,373,196.00 | \$ 34,373,196.00 | \$ - |
| Federal | \$ 173,413.00 | \$ 173,413.00 | \$ - |
| Fees | \$ 28,172,739.00 | \$ 28,172,739.00 | \$ - |
| Other: | \$ 5,273,471.00 | \$ 5,273,471.00 | \$ - |
| Total | \$ 67,992,819.00 | \$ 67,992,819.00 | \$ - |

Narrative: As the income tax that funds MHSA is paid by only a very small proportion of the population (approximately 1/10 of one percent of California taxpayers), it is subject to some variability from year to year. While the State's current economic forecasts indicate continued annual growth in this funding stream over the next two years, the County maintains a modest prudent reserve that can be drawn on during economic downturns. However, the Department is already planning for the State's "No Place Like Home" housing initiative which will redirect up to \$1.4M of Behavioral Wellness' funding away from MHSA annually. This redirection of funding is not expected to begin until FY2017/18 and will be phased in, to a maximum of \$1.4M annually, over the course of the next two to three fiscal years. As this redirection is phased in, economic trends indicate expected growth over this period, so it is anticipated that the increased funding from economic growth will fully cover the redirection of funding to the "No Place Like Home" initiative.

Special Instructions:

Please return one (1) Minute Order to Denise Morales at: dmorales@co.santa-barbara.ca.us.

Attachments:

Attachment A: MHSA Plan Update for FY 2017-2020

Authored by:

Celeste Andersen/D.Morales

cc: