



San Bernardino County

Legislation Text

File #: 2273, Agenda Item #: 13

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF THE COUNTY OF SAN BERNARDINO
AND RECORD OF ACTION**

June 9, 2020

FROM

VERONICA KELLEY, Director, Department of Behavioral Health

SUBJECT

Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23

RECOMMENDATION(S)

1. Approve the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23, in the amount of \$370,388,948, for the period of July 1, 2020 through June 30, 2023.
2. Approve the Innovation Projects included in the Plan as approved by the California Mental Health Services Authority on May 28, 2020.
3. Approve the annual assignment of Prevention and Early Intervention funds to the California Mental Health Services Authority for continued implementation of statewide projects, through the approval of the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23.
4. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to sign the Mental Health Services Act County Compliance Certification form, as required by the California Department of Health Care Services, for the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23, on behalf of the County.
5. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, and the Auditor-Controller/Treasurer/Tax Collector to sign the Mental Health Services Act County Fiscal Accountability Certification form, as required by the California Department of Health Care Services, for the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23, on behalf of the County.
6. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to execute and submit the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23 documents and any subsequent non-substantive amendments necessary, as required by the California Department of Health Care Services, to the State of California Department of Health Care Services, Mental Health Services Oversight and Accountability Commission, on behalf of the County, subject to review by County Counsel.
7. Direct the Director of the Department of Behavioral Health, as the County Mental Health Director, to transmit all documents and amendments in relation to the Mental Health Services Act Three-Year Integrated Plan Fiscal Years 2020-21 through 2022-23, to the Clerk of the Board of Supervisors within 30 days of execution.

(Presenter: Veronica Kelley, Director 388-0801)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Operate in a Fiscally-Responsible and Business-Like Manner.

**Provide for the Safety, Health and Social Service Needs of County Residents.
Pursue County Goals and Objectives by Working with Other Agencies.****FINANCIAL IMPACT**

This item does not impact Discretionary General Funding (Net County Cost). The submission and approval of the Mental Health Services Act (MHSA) Three-Year Integrated Program and Expenditure Plan (Plan) for Fiscal Years 2020-21 through 2022-23 to the California Department of Health Care Services (DHCS), Mental Health Services Oversight and Accountability Commission (MHSOAC) is required by the State in order to expend State funds for the upcoming program years. The Plan will not exceed \$370,388,948 of MHSA funding. Over the three-year period, the approximated annual amounts are provided below. The annual assignment of Prevention and Early Intervention (PEI) funds to the California Mental Health Services Authority (CalMHSA) is included in the aggregate total of PEI expenditures. Program funding can be modified through the mandated stakeholder process. Any necessary updates are reflected in the required Annual Update to the Plan and presented to the Board of Supervisors (Board) for approval prior to submission to DHCS.

MHSA Component	2020-21	2021-22	2022-23	Total MHSA Expenditures
Community Services and Supports	\$77,718,041	\$79,832,763	\$81,397,864	\$238,948,668
Prevention and Early Intervention	\$22,400,145	\$22,597,144	\$22,848,842	\$67,846,131
Innovation	\$8,348,583	\$8,385,888	\$8,335,824	\$25,070,295
Workforce Education and Training	\$4,251,921	\$3,659,329	\$3,767,608	\$11,678,858
Capital Facilities and Technological Needs	\$8,685,172	\$8,945,724	\$9,214,100	\$26,844,996
Total	\$121,403,862 \$123,420,848 \$125,564,238 \$370,388,948			

Adequate appropriation and revenue will be included in the Department of Behavioral Health's (DBH) 2020-21 recommended budget and in DBH's future recommended budgets.

BACKGROUND INFORMATION

DBH developed the MHSA Plan according to the guidelines provided by MHSOAC, including following the stakeholder process in California Welfare and Institutions Code (WIC) section 5848) and California Code of Regulations Title 9, Division 1, Chapter 14, Section 3300, 3315, and 3320, which included a 30-day public review and comment period from March 24, 2020 through April 24, 2020 and a Public Hearing was held by the County of San Bernardino Behavioral Health Commission on May 4, 2020. A separate 30-day public review and comment period for the Innovation component plans preceded the Plan public review and hearing. The public review and comment period was from November 27, 2019 through December 26, 2019 and a public hearing was held by the County of San Bernardino Behavioral Health Commission on January 2, 2020.

MHSOAC has directed the DBH Director, as the County Mental Health Director and responsible for the administration of the County's mental health services, to execute and submit the Plan to MHSOAC within 30 days of adoption by the Board. The MHSOAC maintains evaluation responsibilities over all MHSA components

and maintains approval authority over the Innovation (INN) component only. After approval by the Board and Plan submission to the MHSOAC, MHSA program services and operations will proceed with implementation. An MHSA Plan or an annual update to the Plan is submitted each year to report evaluation outcomes and any required changes.

The Plan highlights trends, program goals, and outcomes of DBH programs and provides a roadmap to a unified system of care. The emphasis of the Plan is to link MHSA components, programs, and funding with Medi-Cal and other behavioral health programs to create an integrated service experience for San Bernardino County residents.

In 2004, California voters passed Proposition 63, which established a state personal income tax surcharge of one percent on the portion of taxpayers' annual taxable income that exceeds \$1 million. Since 2005, MHSA (also known as Proposition 63) has provided funding to the County for services and resources that promote wellness, recovery, and resiliency for adults and older adults with serious mental illness and for children and youth with serious emotional disturbances and their family members. Per WIC section 5847, DBH must submit a Board approved Plan and annual updates.

The Plan consists of six MHSA components including: Community Program Planning (CPP), Prevention and Early Intervention (PEI), Community Services and Supports (CSS), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

- The CPP is not a specific “programmatic component”, but rather includes countywide stakeholder input and involvement in the planning, implementation, evaluation, and improvement of all MHSA components.
- The PEI component is intended to reduce risk factors, increase protective factors, and intervene early in the progression of an illness.
- The CSS component contributes to the ongoing transformation of the public mental health system by: augmenting existing services; establishing a system of care for crisis services; developing programming to address the needs of transitional age youth; developing supportive housing and maximizing MHSA funds for housing opportunities; and enhancing and expanding wraparound services to children, youth, and adults.
- INN projects are unique, as they are intended to contribute to learning and test the implementation of novel, creative, ingenious mental health approaches expected to contribute to learning for integration into the mental health system. All INN projects are time-limited and part of rigorous evaluation process, which can include transitioning INN activities into other funded programs or ending activities depending on lessons learned.
- The WET component is intended to develop and maintain an appropriately educated and culturally competent workforce.
- The CFTN component provides funding to purchase or rehabilitate County-owned buildings that will be utilized in the provision of behavioral health services, such as the construction of Crisis Residential Treatment centers, and to support the implementation of new electronic and technological enhancements such as the new Electronic Health Record.

Over the three-year period, DBH anticipates that MHSA programs will serve approximately 495,000 clients across the continuum of care. The cost per client varies widely depending upon the specific MHSA program and the individual level of care provided, with estimated costs ranging from \$298 to \$5,110 per client.

As part of the PEI component, on June 17, 2014 (Item No. 31), the Board approved the assignment of 4% (\$561,894 annually) of PEI funds to CalMHSA for continued implementation of statewide PEI projects through the approval of the MHSA Plan for Fiscal Years 2014-15 through 2016-17. Subsequently, on June 13, 2017 (Item No.19), the Board approved its continued support to the statewide projects as part of the Plan for Fiscal Years 2017-18 through 2019-20. The Statewide PEI Project is publicly known as Each Mind Matters:

California's Mental Health Movement, which represents an umbrella name and vision to amplify individual efforts from the county and other organizations that are taking place across California under a united movement to reduce stigma and discrimination associated with mental illness and prevent suicides. The funding assigned to CalMHSA for implementation of statewide projects will expire on June 30, 2020. To continue statewide efforts, counties have been asked to allocate a percentage of their PEI MHSA funds to CalMHSA for project support. During CPP, stakeholders expressed the desire to continue supporting the statewide PEI Project annually through 2022-23. As part of the annual stakeholder and reporting process, DBH will return to the Board for approval of any plan updates, including the ongoing support of statewide projects through 2022-23.

As part of the INN component, WIC section 5847 states that DBH must submit Board adopted Innovation projects for final MHSOAC approval. Three new Innovation projects have been proposed and included in the Plan in accordance with the guidelines provided by MHSOAC. As outlined in WIC Section 5848 and California Code of Regulations Title 9, Division 1, Chapter 14, Section 3300, 3315, and 3320, the community stakeholder process was completed and included a 30-day public review and comment period, occurring from November 27, 2019 through December 26, 2019 and a public hearing held by the County of San Bernardino Behavioral Health Commission on January 2, 2020.

Funding under the Innovation component is to be used with at least one of the following primary purposes: increase access to underserved groups, increase the quality of services, increase access to services, or promote interagency collaboration. The newly proposed Innovation projects are as follows:

- Eating Disorder Collaborative (\$12,113,426) - A comprehensive flexible interagency model of interventions and services for those diagnosed with and eating disorder. (This project is part of DBH's AB-114 plan to utilize money at risk for reversion)
- Cracked Eggs (\$1,568,143) - A workshop series that allows participants to discover, learn and explore their mental states in a structured process of self-discovery through art.
- Multi-County Full Service Project Partnership (FSP) Initiative (\$979,634) - A collaborative partnership between multiple counties and Third Sector to create a data-informed approach to improving FSP consumer options.

The three proposed projects are currently in various stages of review with the MHSOAC. Originally, the projects were scheduled to be reviewed by the MHSOAC on March 26, 2020 however due to COVID-19, the meeting was postponed to May 28, 2020, at which time the projects were approved. MHSOAC maintains evaluation responsibilities over all MHSA components and maintains approval authority over the Innovation component only.

In accordance with WIC section 5848, a public hearing for the Plan was held on May 4, 2020 by the San Bernardino County Behavioral Health Commission, and no substantive recommendations or changes to the Plan were suggested. Non-substantive text edits were identified and updated during the stakeholder process.

DHCS has the responsibility of releasing the fully executed State Agreement to the County, and MHSOAC continues to provide DBH with direction on the preparation and submission of the MHSA Plan and annual updates. Items requiring Board approval, such as acceptance of funding, or requests for changes in departmental appropriation or staffing will continue to be presented to the Board.

PROCUREMENT

N/A

REVIEW BY OTHERS

This item has been reviewed by Behavioral Health Contracts (Natalie Kessee, Contracts Manager, 388-0869)

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on May 13, 2020; County Counsel (Dawn Martin, Deputy County Counsel, 387-5455) on May 14, 2020; Finance (Christopher Lange, Administrative Analyst, 386-8393) on May 20, 2020; and County Finance and Administration (Tanya Bratton, Deputy Executive Officer, 388-0332) on May 20, 2020.