



San Bernardino County

Legislation Text

File #: 4248, Agenda Item #: 30

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

June 8, 2021

FROM

VERONICA KELLEY, Director, Department of Behavioral Health

SUBJECT

Mental Health Services Act Annual Plan Update Fiscal Year 2021-22

RECOMMENDATION(S)

1. Approve the Mental Health Services Act Annual Plan Update 2021-22, including a decrease in MHSA expenditures of \$7,019,414 from \$123,420,848 to \$116,401,434, for the period of July 1, 2021 through June 30, 2022.
2. 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 Annual Update Fiscal Year 2021-22, on behalf of the County.
3. 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 Annual Update Fiscal Year 2021-22, on behalf of the County.
4. Authorize the Director of the Department of Behavioral Health, as the County Mental Health Director, to execute and submit the Mental Health Services Act Annual Update Fiscal Year 2021-22 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 and Mental Health Services Oversight and Accountability Commission, on behalf of the County, subject to review by County Counsel.
5. 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 Annual Update Fiscal Year 2021-22, 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

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) Annual Update (Plan Update) 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 year. The Plan will not exceed \$116,401,434 in 2021-22 for MHSA program services and will be funded 100% by MHSA funding in the approximated annual amounts below.

MHSA Component	Current 2021-22 Amount	Recommended Increase/Decrease	Recommended 2021-22 Amount
Community Services and Supports	\$79,832,763	\$2,824,093	\$82,656,856
Prevention and Early Intervention	\$22,597,144	(\$4,602,082)	\$17,995,062
Innovation	\$8,385,888	(\$2,401,474)	\$5,984,414
Workforce Education and Training	\$3,659,329	\$322,063	\$3,981,392
Capital Facilities and Technological Needs	\$8,945,724	(\$3,162,014)	\$5,783,710
Totals	\$123,420,848 (\$7,019,414) \$116,401,434		

Adequate appropriation and revenue will be included in the Department of Behavioral Health’s (DBH) 2021-22 recommended budget.

BACKGROUND INFORMATION

DBH developed the MHSA Annual Plan Update 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, Sections 3300, 3315, and 3320, which included a 30-day public review and comment period from February 23, 2021 through March 24, 2021 and a Public Hearing was held by the County of San Bernardino Behavioral Health Commission on April 1, 2021.

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 Update to MHSOAC within 30 days of adoption by the Board of Supervisors (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 and DHCS, 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 component programs.
- 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, adults, and older 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 strategies into other funded programs or ending strategies depending on lessons learned.
- The purpose of the WET component is to recruit, 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.

On June, 9, 2020 (Item No. 13), the Board approved DBH’s MHSA Three-Year Integrated Plan for 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.

The recommended decrease of \$7,019,414 in MHSA expenditures for 2021-22 will decrease the total amount of MHSA funds expended from \$370,388,948 to \$363,369,534 for the total period of July 1, 2020 through June 30, 2023. The State determines funding allocations by year. Revenue is generated via a tax surcharge from personal income, and as income fluctuates, the balance fluctuates. The adjustments in expenditures for 2021-22 reflects anticipated expenditures based on previous years utilization and maximizing opportunities to leverage other funding sources to support programming.

Program changes identified through stakeholder input include increased behavioral health and housing supports for homeless individuals, expanded mental health crisis services, increased access to services for individuals experiencing first symptoms of the onset of a serious mental illness, and increased access to mental health treatment for individuals transitioning from the adult criminal justice system.

In accordance with WIC Section 5848, a public hearing was held on April 1, 2021, by the San Bernardino County Behavioral Health Commission, and no substantive recommendations or changes to the Plan Update 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 Kesse, Contracts Manager, 388-0869) on May 10, 2021; County Counsel (Dawn Martin, Deputy County Counsel, 387-5455) on May 13, 2021; Finance (Christopher Lange, Administrative Analyst, 386-8393) on May 20, 2021; and County Finance and Administration (Tanya Bratton, Deputy Executive Officer, 388-0332) on May 20, 2021.