

County of Santa Clara

Santa Clara Valley Health & Hospital System

Mental Health Services



HHS07 062409

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DATE: June 24, 2009

TO: Board of Supervisors

FROM:

A handwritten signature in black ink, appearing to read "Kim Roberts".

Kim Roberts
SCVHHS - Chief Executive Officer

SUBJECT: Submission of the County's FY10 Mental Health Services Act Plans to the California Department of Mental Health

RECOMMENDED ACTION

Consider recommendations relating to County's FY10 Mental Health Services Act Plans.

Possible action:

- a. Accept report on the Mental Health Services Act.
- b. Authorize the Mental Health Department's submission of the County's FY10 Annual Update to the Community Services and Supports Plan, Initial Workforce Education and Training Plan, Initial Prevention and Early Intervention Plan, Seven Technological Needs Project Proposals, and Innovation Component Request for Funding for Community Program Planning to the California Department of Mental Health.

FISCAL IMPLICATIONS

All costs related to these Mental Health Services Act (MHSA) plans, proposals and requests will be fully covered by MHSA. Some of the FY10 MHSA components are included in the FY10 recommended budget, while others will require an appropriation modification following State approval.

The County must submit an annual update to the Community Services and Supports Plan in order to access funds (\$5.9 million of additional ongoing funding in FY10). The Workforce Education and Training (\$4.2 million in FY10), Prevention and Early Intervention (\$13.7 million in FY10) and Innovation Component (\$310,000 in FY10) Plans are the first to be submitted by the County. The County has an approved Capital Facilities and Technological Needs Component Proposal, but the seven Technological Needs Project Proposals (\$6.1 million in FY10) are the first to be submitted by the County.

The submission includes several new ongoing and one-time funded programs that will significantly mitigate the impact of proposed FY10 budget reductions. These programs are highlighted in the Background section.

CONTRACT HISTORY

On November 2, 2004, California voters passed Proposition 63, now referred to as the Mental Health Services Act or MHSA, establishing new tax revenues to expand and improve local public mental health systems. The administrator of these funds, the California Department of Mental Health (DMH), divided implementation of new MHSA funds into five components: 1) Community Services and Supports (CSS) which expands services to seriously mentally ill children, transition age youth, adults and seniors; 2) Prevention and Early Intervention (PEI) services; 3) Workforce Education and Training (WET); 4) Capital Facilities and Technological Needs (CFTN); and 5) Innovation (INN). Each component requires a robust community planning process involving various stakeholders including consumers, family members and underserved communities.

In addition, DMH created an MHSA Housing Program, which is a discrete program funded with a one-time statewide investment of \$400 million. The County's allocation for the MHSA Housing Program is \$19.2 million. The funds are used to develop permanent affordable housing for mental health consumers. In May 2008, the Board of Supervisors authorized these funds to be assigned to the California Housing Finance Agency, which is charged with administering the program on behalf of each county. Development projects under this program are currently underway.

The County's three-year CSS Program and Expenditure Plan was approved by the Board of Supervisors on December 13, 2005 and submitted to the State on December 31, 2006, with final approval of the Plan given on June 30, 2006. Several updates due to increases in the availability of MHSA funding have been approved by the Board, with the latest update approved on December 16, 2008.

REASONS FOR RECOMMENDATION

The Mental Health Department provides quarterly reports to the Health and Hospital Committee (HHC) on the Mental Health Services Act. The last report was submitted in April 2009 and the next report is due in September 2009.

On April 14, 2009, the report submitted to HHC on the proposed submission of the CSS annual plan update and the initial WET plan for FY10 requested the actions to be forwarded to the Board of Supervisors for approval. The report was accepted by HHC, however the actions were subsequently listed on the May 5, 2009 Board agenda as "information only."

The annual update to the CSS plan was later modified, following discussions during the County budget process, while

the WET component remains unchanged. The Background section and the attached executive summaries provide more detailed information on each component.

The changes to the annual update to the CSS plan include:

- An increase in ongoing funding for the Office of Housing and Homeless Support Services (item # 26 in the attached Summary of the FY 10 CSS Annual Update).
- A decrease in one-time funding for the Housing Plus Fund Redirection to other Homeless Services (item # 27).
- The set asides for expanding services to seriously emotionally disturbed children and youth (#11) were combined with set asides targeting kids in the foster care system (#10) in order to provide more flexibility in responding to needs.

All plans were posted for 30 days for public review and comment (CSS and WET: April 6 – May 6, 2009; PEI and TN projects April 17 – May 17, 2009). The Mental Health Board convened a public hearing regarding the plans on May 18, 2009 to allow for additional comment. The Stakeholder Leadership Committee (SLC) endorsed all plans after reviewing a summary of the public comments and substantive changes on May 21, 2009. The Mental Health Board considered the plans on June 8, 2009, and recommended submission of the plans to the Board of Supervisors.

The Mental Health Department is requesting authorization to submit the FY10 MHSA plans now, rather than waiting until August, so that the County will be able to access funding for the various MHSA projects sooner and the department can move forward with PEI and WET projects and key technology projects. PEI stakeholders, particularly school districts and South County) are eager to start the next phase of planning at the community level. In addition, submission to the State would enable MHD to incur costs against the seven technology projects which are consistent with the Board approved CFTN Component Proposal, thus allowing planning and implementation of an electronic health record and a data warehouse to proceed.

BACKGROUND

Community Services & Supports (CSS)

Since the State's initial approval of the County's CSS plan, MHD has been implementing CSS programs and have been updating its CSS Plan annually - as required by DMH - and as necessary to take advantage of additional MHSA funds. The County's proposed CSS plan for FY10 is \$42,333,204 (\$34,691,991 in ongoing funding and \$7,641,213 in one-time funding). In addition to continuing programs currently supported by ongoing CSS funds, the FY10 update utilizes additional ongoing funds to support new or expanded programs and uses one-time funds to support other critical programs on a year to year basis. The attached CSS Annual Plan Update describes the level of funding by Work Plan and the new ongoing and one-time proposals for FY10.

Two one-time funded programs or services are proposed for "conversion" to ongoing funds. Both are related to the MHD 24 -Hour Care system and are intended to mitigate any potential budget shortfall in FY10.

- **Full Service Partnership (FSP) Utilization of High End Services.** This proposal budgets \$1 million in ongoing support to FSP clients (primarily adults) to cover MHSA-eligible costs of temporary (up to 30 days) utilization of locked 24 -hour services (IMDs, BAP, etc.). In FY08 and FY09, one-time MHSA funds covered these

costs, providing an annual estimated \$1.2 million in critical funds to the 24-Hour Care budget. For FY10, MHD proposes to ensure ongoing support for FSP client needs (\$1 million) and to allocate additional one-time resources (\$500,000). This item maximizes MHSA funding to support eligible expenses in the MHD 24 -Hour Care system.

- **Residential Recovery Options.** This proposal provides ongoing funds for contracted residential recovery services for clients discharging from EPS, BAP and other high end services, and is another strategy to support the MHD 24-Hour Care system. Contractors provide time-limited treatment and residential services to clients until they are able to locate permanent housing resources. In FY09, this proposal consisted of \$1 million in one-time funds. For FY10, the MHD proposes to ensure long-term access to resources by dedicating ongoing funds (\$1 million); moreover, MHD proposes to expand services through an additional allocation of \$2 million in one-time funds.

The report accepted by HHC on April 14, 2009 and the Board of Supervisors on May 5, 2009 includes a summary of the other CSS proposals.

Workforce Education and Training (WET)

The WET component supports workforce development programs to remedy the shortage of qualified individuals - including consumers and family members - to provide services to address severe mental illnesses. Programs under WET are intended to enhance and support the public mental health system's workforce.

For FY10, MHD's proposed WET plan consists of \$4,172,888 in expenditures. Approximately half of WET programs will be funded by transfers from CSS. Although this action limits MHD's ability to fund additional CSS programs, it ensures that the County will be able to sustain WET programs over the next four fiscal years and that WET programs will be supported at some level once WET funds are exhausted.

The WET plan is organized into seven work plans (aka Actions): WET Coordination; Training in Recovery Principles & MHSA Standards; Improved Services and Outreach to Unserved and Underserved Populations; Welcoming Consumers and Family Members; Collaboration with Key System Partners; Comprehensive Mental Health Career Pathways Model; and Stipends & Incentives to Support Mental Health Career Pathways.

The attached summary of the WET plan provides more detailed information about these work plans. It was previously accepted by HHC on April 14, 2009 and by the Board on May 5, 2009.

Prevention and Early Intervention (PEI)

The County's current allocation of PEI funds is \$13,690,000. PEI funds represent approximately 20% of the County's ongoing MHSA funding. PEI services will be geared toward restructuring the mental health system to a "help-first" approach. PEI services will promote mental health literacy and awareness and decrease stigma and discrimination by engaging the community in healthy dialogues. Prevention services will be aimed at preventing mental health problems by increasing protective factors and decreasing risk factors. Early intervention programs will change the trajectory of emerging behavioral, emotional and mental health problems by providing low-intensity, short duration services.

Per DMH guidelines, the PEI plan must address the entire life span with at least 51% of the funding utilized to serve the 0 through 25 age range. PEI plans consist of various projects (aka work plans) comprised of programs and supportive services to be delivered outside the clinic setting, in community settings (e.g. schools), and which leverage other resources. Programs should be research-informed practices, must target mental health outcomes, and must address prescribed key community mental health needs, prescribed priority populations and underserved cultural populations.

Using three general approaches, the County's PEI plan aims to establish a network of layered services that identify mental health problems at the earliest stages, improve access to services and deliver timely and appropriate services. First, the plan establishes – county-wide – a base of prevention services that increase access to services by increasing awareness and reducing stigma and discrimination among underserved cultural communities. Second, the plan establishes countywide prevention and early interventions for individuals at key stages in the life span – early childhood, transition age youth and the transition into older adulthood. Finally, the plan concentrates high risk areas with services along the entire life span and continuum of need.

The County's PEI plan consists of four projects totaling \$12.2 million annually and another \$1.2 million annually for administration, planning and evaluation. Factoring in a 3% annual increase, MHD projects that this funding level can be sustained through FY14. In addition, these figures do not include the County's share of the statewide PEI Training, Technical Assistance and Capacity Building project. Under this project, MHD also proposes to use an estimated \$290,000 annually for four years to increase the community's ability to provide effective PEI services. The attached summary of the PEI plan provides an overview of the following four projects:

- **Project 1 - Community Engagement and Capacity Building for Reducing Stigma and Discrimination: \$800,000**
- **Project 2 - Strengthening Families and Children: \$6,900,000**
- **Project 3 – Preventions and Early Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness with Psychotic Features: \$1,350,000**
- **Project 4 - Primary Care/Behavioral Health Integration for Adults and Older Adults: \$3,150,000**

In addition to the above projects, the attached PEI Executive Summary includes the following:

- Annual Training, Technical Assistance & Capacity Building: \$289,000
- County Administration: \$1,200,000

Capital Facilities & Technological Needs (CFTN)

The County's current allocation of CFTN funds is \$21,297,000. On January 27, 2009, the Board of Supervisors approved the submission of the County's Capital Facilities and Technological Needs (CFTN) Component Proposal to DMH, which approved the Proposal on March 2, 2009. In order to actually access CFTN funding, the County must now submit individual project proposals for Capital Facilities or Technological Needs to DMH. The seven TN Project Proposals, which are consistent with the framework of the Component Proposal, allow the County to access funding. The attached summary of TN Projects provides an overview of each project.

Implemented over the next several fiscal years, MHD estimates that the TN projects will cost \$18.6 million in total. Per DMH guidelines, the current TN project proposals only request funding (approximately \$6.1 million) for FY10.

Project	Timeline	Estimated Cost
Full Electronic Health Record	Jul 2009 to Dec 2014	\$13.60 million
Enterprise Data Warehouse	Jan 2010 to Dec 2011	\$2.65 million
County Health Record Integration Initiative	Jan 2013 to Dec 2014	\$1.15 million
Bed & Housing Information Exchange	Jun 2013 to Dec 2014	\$.20 million
Computer Lab Enhancement	Mar 2010 to Mar 2011	\$.57 million
Consumer Portal & Web-Site Redesign	Mar 2010 to Dec 2014	\$.32 million
Consumer & Family Health Education	Jun 2011 to May 2012	\$.13 million
Total Technological Needs Estimated Budget		\$18.62 million

Innovation (INN)

For FY10, Santa Clara County’s funding allocation is \$3,263,200. Submission of the \$310,000 funding request (attached) will allow MHD to begin planning the Innovation Component. Per the Guidelines, Innovation projects contribute to learning rather than focusing on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning by:

- Introducing a new mental health practices/approaches including prevention and early intervention,
- Making a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introducing a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.

MHD’s INN Committee met once a week between mid-February and mid-March to identify focus areas that would direct future INN planning. The focus areas are: strategies to improve treatment of co-occurring disorders; strategies to increase access to services focusing on Medi-Cal penetration rates; and strategies to emphasize and increase the involvement of consumers and family members in service delivery.

MHD temporarily halted INN planning when Proposition 1E threatened to redirect MHSA funds. With the proposition’s failure, MHD will re-initiate the planning process by requesting planning funds.

CONSEQUENCES OF NEGATIVE ACTION

The County would not be able to access MHSA funds for FY09-10 if the plans are not submitted to DMH.

ATTACHMENTS

- Summary of FY09-10 CSS Annual Update
- Summary of Initial Workforce Education and Training Plan for FY10
- Summary of Initial Prevention and Early Intervention Plan for FY10
- Summary of Technological Needs Project Proposals for FY10
- Innovation Component Request for Funding for Community Program Planning for FY10