

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

Program Description (4-102)

Bi-County Mental Health, also referred to as Sutter-Yuba Mental Health Services (SYMHS), is a division of the Sutter County Human Services Department. Under a Joint Powers Agreement entered into between the counties of Sutter and Yuba in 1969, SYMHS provides specialty mental health services to residents of both counties. Subsequently, in the mid-1970s, by resolution of both Boards of Supervisors, it was determined SYMHS would also provide bi-county drug and alcohol services. SYMHS provides the full range of specialty mental health services to eligible Sutter and Yuba County Medi-Cal beneficiaries; provides crisis and specialty mental health services for all Sutter and Yuba County residents regardless of payer status; administers managed-care contracts for mental health services with private for-profit and non-profit agencies; and provides a comprehensive system of care for the seriously mentally ill, to the extent resources are available.

\$41,285	Increase related to the addition of one Crisis Counselor position (0.5 FTE funded in this budget unit) effective July 1, 2016
\$92,040	Increase related to the addition of one (1.0 FTE) flexibly-staffed Licensed Psychiatric Technician/LVN effective July 1, 2016
\$55,219	Increase related to the addition of one (1.0 FTE) Medical Clerk I/II position effective July 1, 2016

Services & Supplies

\$571,062	Increase in total Professional Specialized Service accounts based on estimated need for contracted services
-----------	---

Other Charges

\$280,415	Increase in Support & Care of Persons based on estimated needs
-----------	--

Major Budget Changes

Salaries & Benefits

\$184,741	General increase due to negotiated Salaries and Benefits	(\$82,000)	Decrease in Contribution to Homeless. Work associated with outreach to the homeless mentally ill was previously performed by a contractor but has now been brought in-house
\$105,000	Overall Increase in Special Pay, Other Pay, and Extra Help		
\$51,606	Increase related to the addition of one (0.625 FTE funded in this budget unit) Rehabilitation Clinician to be effective July 1, 2016	\$96,553	Increase in Interfund Conservator associated with a change in the way SYMHS provides funding to the Public Guardians of both Sutter and Yuba Counties for services to mentally ill conservatees

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

\$94,093	Increase in Interfund Overhead (A-87) Cost Plan charges as provided by the Auditor-Controller's Office	mandate costs for local government for 2004 and prior
	(\$358,500)	Decrease in Federal Mental Health Medi-Cal revenue based on current estimate

Capital Assets

\$99,450	Replacement of four (4) aging vehicles
----------	--

Program Discussion

Residual Equity Transfer-Out

\$46,698	Increase in Operating Transfer Out related to implementation of the Opterra Energy Efficiency Project offset by an anticipated reduction in Utilities expense
----------	---

Sutter-Yuba Mental Health Services (SYMHS) has served between 5,500 and 6,000 unique mental health clients each year, for the last several years. There has been a significant increase in demand for mental health services due in part to expanded children's services supported by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds which became available in 1995. This, together with the Medi-Cal consolidation that became effective in 1998 and growth in local population, has resulted in the level of service provided today by SYMHS to mental health clients in Sutter and Yuba Counties.

Revenues

\$1,478,294	Increase in Interfund In – Realignment revenues from 2011 Realignment based on statewide revenue projections
(\$300,000)	Decrease in Interfund Admin – Miscellaneous Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services
\$630,910	Increase in Interfund Transfer In - Sales Tax revenues from 1991 Realignment based on statewide revenue projections
(\$100,000)	Decrease in Interfund Miscellaneous Revenue due to anticipated decreased reimbursement for administrative support to MHSA-funded programs
(\$300,000)	Decrease in State Mandated Costs revenue based on payment in full of all unfunded

Under Medi-Cal consolidation, SYMHS has been the Mental Health Plan for more than 40,000 Medi-Cal beneficiaries in Sutter and Yuba Counties. Mental health treatment is an entitlement under Medi-Cal. SYMHS is responsible for assessing and treating, or referring for treatment, all Medi-Cal eligible individuals who meet medical necessity criteria and seek Specialty Mental Health Services on either an inpatient or outpatient basis. In addition to providing direct services, SYMHS established contracts with licensed therapists in the local community and statewide to serve area children who have been placed out-of-home.

In 1991, responsibility for providing Specialty Mental Health Services was realigned from the state to counties. Revenue to fund these services came from dedicated shares of Vehicle License Fees (VLF) and sales taxes. During FY

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

2011-12, the State realigned responsibility for additional mental health and Substance Use Disorder (SUD) services to counties, along with an additional dedicated portion of sales taxes to fund them. The areas realigned are:

- EPSDT
- Mental Health Managed Care
- Drug Courts
- Drug Medi-Cal
- Non-Drug Medi-Cal Treatment Services

All of these were previously funded by State General Fund monies.

SYMHS has a long-term contract relationship with Victor Community Support Services, Inc. (VCSS). VCSS provides assessment and treatment services to youth on school campuses. These services are funded through a combination of Medi-Cal and EPSDT.

SYMHS provides substance use disorder treatment services to local residents under contracts with the California Department of Health Care Services (DHCS), which include significant funding from federal Substance Abuse Prevention and Treatment (SAPT) block grants.

SYMHS provides a number of judicially-linked programs. These include drug diversion services authorized under section 1000 of the California Penal Code; services to individuals referred by the courts in both counties for mental health treatment and substance abuse counseling; psychiatric services to youth in juvenile hall and youth in the Maxine Singer Youth Guidance Center; services to inmates in both counties' jails; and services to individuals involved in drug courts in both counties.

During FY 2011-12, Public Safety Realignment shifted responsibility for certain offenders from the state to counties and funding became available to continue and expand services in collaboration with the Probation Department.

SYMHS now has four Intervention Counselor positions and one Mental Health Therapist position that are stationed at Sutter County Probation to provide services related to Public Safety Realignment.

SYMHS also provides an intensive day treatment program to pregnant women and women with small children under its First Steps program. First Steps is widely recognized to be a very effective substance abuse treatment program with many successful graduates in our communities.

Although responsibility for Drug Medi-Cal (DMC) services has been realigned to counties, local DMC providers are still contracted directly with DHCS. There are currently two of these agencies in the community. It is anticipated that SYMHS will eventually assume responsibility for oversight of these contractor-provided services.

SYMHS, under funding agreements with Sutter and Yuba Counties' Social Services agencies, provides additional treatment services in the Child Protective Services and the California Work Opportunity and Responsibility to Kids (CalWORKs) programs of both counties.

Healthcare Reform has impacted SYMHS. Impacts include changes in the clients SYMHS will serve, increasing linkages to primary care providers, new requirements for claims submission and cost reporting, etc. These impacts are evolving and SYMHS has not attempted to budget specifically for implementation of new requirements and revenues related to Healthcare Reform. As new requirements become clear, SYMHS may return to the Board with budget adjustments to reflect these anticipated changes.

During the last year, SYMHS has entered a new relationship with Rideout Memorial Hospital. Psychiatric Emergency Services (PES) Crisis Counselors are embedded 24/7 at the Rideout Emergency Room. Individuals placed on an

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

involuntary hold under Welfare and Institutions Code Section 5150 are now taken directly to the Rideout ER for assessment. This arrangement is beneficial for SYMHS, Rideout, and the community. Crisis services are still available for voluntary clients 24/7 at the main SYMHS facility on Live Oak Boulevard.

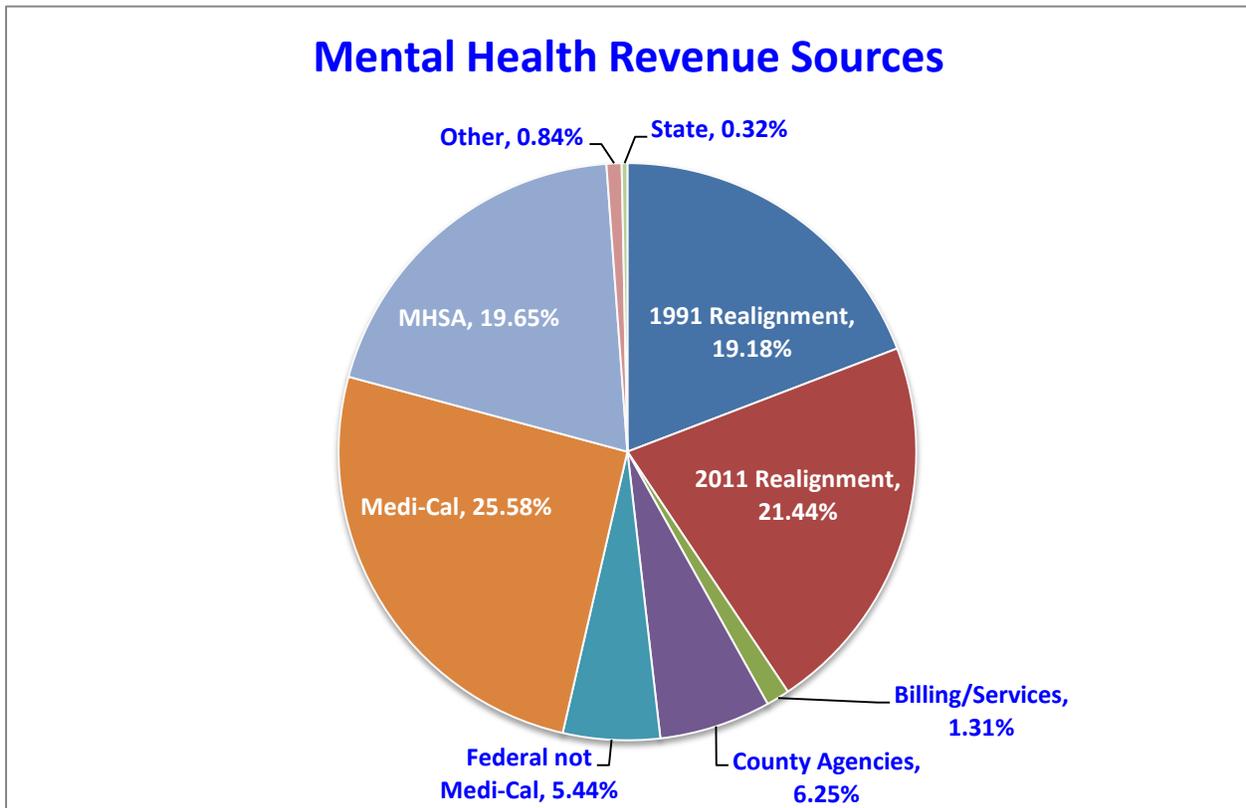
As this budget was being prepared, work was in progress to move Mental Health’s youth outpatient programs, along with Social Services programs and other portions of the Welfare and Social Services Division, to a facility on Stabler Lane. This would empty the modular building at the Live Oak Boulevard site, which has exceeded its useful life span. Following the move, the modular building will be removed and returned to its owner.

Work has resumed to evaluate the feasibility of constructing a new Human Services building on the Live Oak boulevard site.

FY 2016-2017 Budget Discussion

SYMHS’s rates are required by federal law to be based on actual costs. Medi-Cal is billed using interim rates, estimated based on costs from a prior year, and these rates are then reconciled to actual costs at the end of each fiscal year through a mandated cost report process. For FY 2016-17, SYMHS will charge \$1,136.55 per day on the Inpatient Unit. Other services are charged by the minute: \$8.23 per minute for Medication Support, \$3.42 per minute for Case Management/Brokerage, \$4.42 per minute for Mental Health Services, and \$6.57 per minute for Crisis Intervention. These interim rates are based on the FY 2013-14 Cost Report and may be adjusted upon completion of the FY 2014-15 Cost Report.

In addition to the above, the rate for the First Steps perinatal substance abuse treatment program is \$118.94 per day. Clients are charged for these and for other substance use



Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

disorder treatment services on a sliding fee schedule based on ability to pay.

From a financial perspective, several factors are affecting the FY 2016-17 Mental Health budget. Until recently, both locally and statewide, Mental Health Realignment allocations remained flat or declined. Mental Health Realignment (1991) revenue was originally based on portions of sales taxes and motor vehicle license fees but, due to 2011 Realignment, beginning in FY 2011-12 it is based only on an increased portion of sales tax revenue. Statewide growth in Realignment funding paid for increasing caseloads in Child Welfare Services, Foster Care, and/or In Home Supportive Services; programs which, by statute, have first draw on Realignment growth dollars. Mental Health started receiving Realignment growth. The Mental Health Division uses Realignment funding as a match to draw down the Federal contributions to Medi-Cal.

- The State Budget Act in 2011 enacted Public Safety Realignment, transferring approximately \$5.6 billion in State fiscal responsibilities for public safety programs from the State to the counties. Funding for the programs is provided largely through a dedicated portion (1.0625 percent) of State sales and use taxes and a small portion of redirected Vehicle License Fee revenues. Proposition 30, approved by the voters in November 2012, provided constitutional protections for this revenue source. While nearly all 2011-realigned programs were transferred to counties in FY 2011-12, Medi-Cal Specialty Mental Health Services, which includes EPSDT services for children and youth, was not realigned until FY 2012-13 because the Legislature diverted \$861 million in Mental Health Services Act (MHSA) funds to support those programs in FY 2011-12.

- For FY 2012-13 and subsequent fiscal years, the Legislature enacted SB 1020 of 2012, which establishes a permanent financial structure for 2011 Realignment. This bill, together with SB 1009 of 2012, includes changes to state laws governing Medi-Cal Specialty Mental Health to effectuate its 2012-13 realignment to counties. State General Fund monies that previously funded EPSDT and mental health managed care have been replaced by 2011 Realignment sales tax revenue. Mental health services previously mandated by AB 3632 for special education students are now the responsibility of the schools.
- Funding for Substance Use Disorder (SUD) prevention and treatment remained flat or declined slightly for over the last several years. New funding under Criminal Justice Realignment has allowed the addition of SUD programs at Probation and in the Jails.

The complexity of mental health and SUD funding and programs has increased for a variety of reasons, including 2011 Realignment and major changes to MHSA's payment methodology. This increased complexity has required added administrative staff in the Business Office and in Quality Assurance.

Extra hire personnel are still essential to the business model for operation of Mental Health's Psychiatric Health Facility (PHF), which provides inpatient treatment, and Psychiatric Emergency Services (PES), which provides crisis services, both of which operate on a 24 hour per day, 7 days per week basis. Extra hire personnel provide essential flexibility in meeting staffing requirements for the PHF that vary based on patient census and acuity. They also provide standby services for both the PHF and PES. Mental Health has worked closely with the Human Resources Department and the County Administrator's Office to ensure use of extra hire personnel in compliance with the

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

Affordable Care Act

2011 Realignment has decreased the State's practice of deferring payments to counties as a means of addressing its fiscal shortcomings. The Board of Supervisors assisted SYMHS in meeting the difficult cash flow problems caused by the State's past deferral of payments to counties by authorizing borrowing from other funds of the Mental Health Department. SYMHS pays interest on these cash flow loans, but the State does not pay interest on the payments it defers, so an added cost is imposed on SYMHS as a result. SYMHS continues to pay down this borrowing.

An additional area of concern is the effect of prior year audits. Before its dissolution, the State Department of Mental Health Audit Division became much more aggressive in their audit reviews. Generally, these audits occur between four and five years after the year the services were provided. This means that any process error that is discovered may have continued to be made in subsequent years. In effect, a relatively minor error made in one year could have a significant impact over time if that error continued to be made in subsequent years. Responsibility for these audits has now transitioned to the Department of Health Care

Services Timeliness and consistency of audits remain ongoing issues for counties.

Recommended Budget

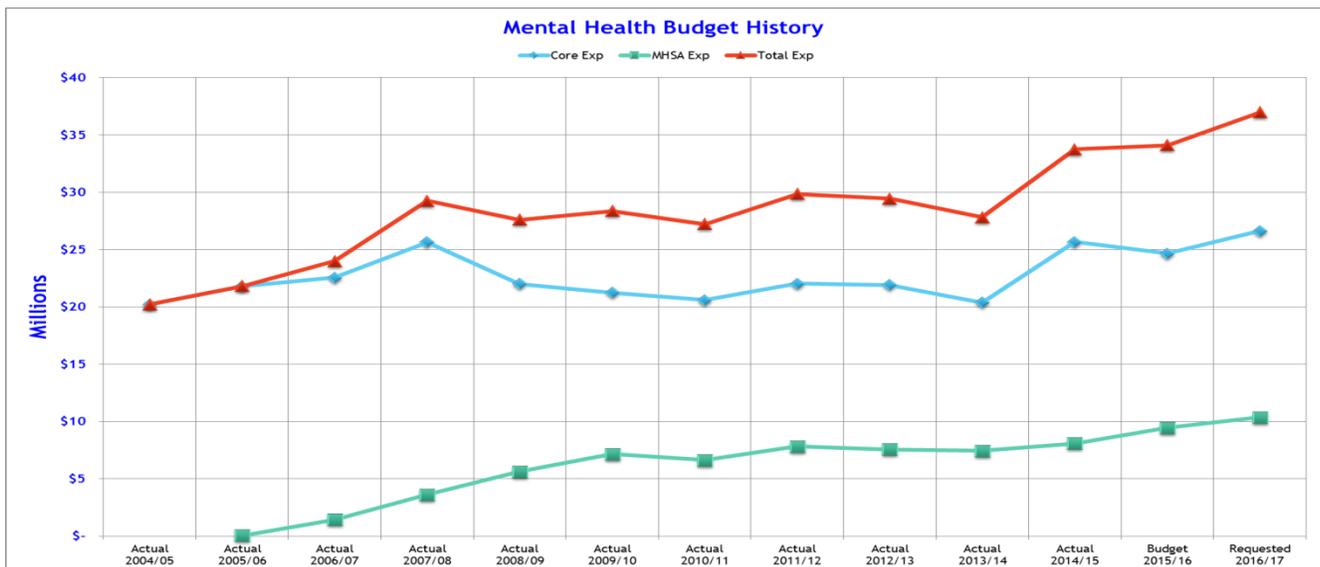
This budget is recommended at \$26,313,210, which is an increase of \$1,699,343 (6.9%) over FY 2015-16.

This budget unit receives no financing from the General Fund. The sources of funding for Sutter-Yuba Mental Health Services are shown in the Mental Health Revenue Sources chart. Mental Health's funding history is shown graphically in the Mental Health Budget History chart.

The increase in total cost is largely due to increased costs for personnel and for contracted services.

The following new positions are recommended to be effective July 1, 2016:

- Add one Rehabilitation Clinician position to be recruited as a registered occupational therapist or recreational therapist - 62.5% funded by the Mental Health budget with the remainder funded by the Mental Health Services Act budget (4-104)



Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

- Add one Crisis Counselor - 50% funded by the Mental Health budget with the remainder funded by the Mental Health Services Act budget (4-104)
- Add one flexibly-staffed Psychiatric Technician/LVN position
- Add one flexibly-staffed Medical Clerk I/II position

Capital Assets are recommended at \$99,450 for the purchase of four replacement vehicles. The Department requested three mid-sized sedans and one small SUV.

Residual Equity Transfer-Out is budgeted at \$46,698 for payment of the Department's share of the Opterra Energy Efficiency Project. The Mental Health Building on Live Oak Blvd had Lighting and HVAC upgrades to help reduce the building's energy usage. In addition, the properties on Plumas and E. Onstott Rd will benefit from the Acacia property Solar Panel array that will offset Utility costs. This payment reflects Mental Health's proportional share of the payment.

It remains SYMHS's objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties.

Use of Fund Balance

The Mental Health fund contained a Restricted Fund Balance in the amount of \$310,386 as of July 1, 2015. It is estimated the Restricted Fund Balance will equal \$2,477,080 at July 1, 2016. It is recommended that \$1,038,551 of the Restricted Fund Balance be cancelled in FY 2016-17 for use in the Mental Health budget.

The Mental Health fund also contains a Restricted Fund Balance for Sutter County use

in the amount of \$51,419. There are no planned uses for this fund balance.



Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

Program Description (4-104)

The passage of Proposition 63, known as the Mental Health Services Act (MHSA), in November 2004 provided the first opportunity in many years for Sutter-Yuba Mental Health Services (SYMHS) to provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that will effectively support this system.

The MHSA budget unit (4-104) was created in FY 2005-06, beginning with the Community Services and Supports component. The Mental Health Services Act requires counties to place MHSA funds in a local Mental Health Services Fund, invest the funds consistent with County practice for other funds, and transfer any interest earned back into the Fund. The MHSA prohibits using MHSA funds to supplant funding previously provided for Mental Health Services by other sources.

\$41,285 Increase related to the addition of one Crisis Counselor position (0.5 FTE funded in this budget unit) effective July 1, 2016

Other Charges

(\$94,170) Decrease in Support and Care of Persons based on estimated needs

(\$100,000) Decrease in Interfund Miscellaneous Transfer due to anticipated decreased reimbursement to the Mental Health Budget (4-102) for administrative support to MHSA-funded programs

(\$300,000) Decrease in Interfund Other Department due to anticipated decreased reimbursement from MHSA-funded programs for medication support services provided by physicians funded in the Mental Health Budget (4-102)

Revenues

\$90,000 Increase in Interfund Transfer In - Wrap Around based on estimated program costs

Major Budget Changes

Salaries & Benefits

\$476,205 General increase due to negotiated Salaries and Benefits and position additions during FY 2015-16

\$143,600 Increase in Interfund In – Realignment revenues from 2011 Realignment based on statewide revenue projections

\$30,963 Increase related to the addition of one (0.375 FTE funded in this budget unit) Rehabilitation Clinician to be effective July 1, 2016

(\$611,500) Decrease in Federal Mental Health Medi-Cal revenue based on current estimate

\$105,000 Increase in Interest Apportioned to the MHSA Fund based on current estimates

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

\$481,933 Increase in Cancellation of Obligated Fund Balance

Program Discussion

The Mental Health Services Act (MHSA), also known as Proposition 63, was passed by the voters in November 2004. MHSA funds for counties are used to expand and transform mental health services. The MHSA has five components:

- Community Services and Support
- Prevention & Early Intervention
- Innovation
- Capital Facilities and Technological Needs
- Workforce Education and Training

Sutter-Yuba Mental Health Services (SYMHS) has approved programs in all five MHSA components. These components and programs are listed below. It should be recognized that the capacity to accept clients into these programs is directly related to available staffing.

Community Services and Supports (CSS) Component

The Urgent Services Program was developed to serve all ages with distinct, age-appropriate services for youth and adults who have acute mental health issues and are at greatest risk of harming themselves or others, at risk of hospitalization, or are at risk of incarceration in jails or juvenile justice institutions. SYMHS also works with school-based counselors and other school personnel to identify children at greatest risk.

The Older Adult Services Program has been developed to serve older adults, aged 60 and over, who are physically or geographically isolated and who have psychiatric disabilities. Further priority is given to those whose cultural

identity places them in underserved populations within our community. This program enables participants to obtain and maintain positive social connections; experience respect from their providers of mental health services; feel empowered and listened to in the process of planning and obtaining their services; and have continuity in their providers. This program also incorporates peer-delivered services; uses a family-friendly approach to service planning and delivery; and provides housing services and treatment leading to recovery, to promote the program's goals of reducing disparities in services and decreasing homelessness for mentally ill clients.

The Ethnic Outreach Program targets our major underserved populations: Latino, Hmong, and Punjabi-speaking Asian Indians. Each program is intergenerational, serving children, youth, transition-aged youth, adults, and older adults within each cultural group. Within these broader categories, females are specifically targeted, as they are more likely to be underserved in our system and specifically within these cultures. This program enables participants to obtain and maintain positive social connections; live in safety and in a setting which is of their choosing; and have access to integrated mental health and drug and alcohol treatment for those with co-occurring disorders. Participants can also obtain assistance to engage in meaningful activities such as employment or education/training; receive services that recognize their developmental process as "normal" and do not marginalize issues of wellness; and experience respect from their providers of mental health services. As a result, clients feel empowered and listened to in the process of planning and obtaining their services; have continuity in their providers; and have individualized service plans that recognize the uniqueness of each person within the context of their ethnic/racial/cultural identity.

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

The approved FY 2015-16 MHSA Annual Plan Update included a significant change for the Ethnic Outreach Program: establishment of a Latino Outreach Center to provide a new service location at Holly Oak Square on Garden Highway. This proposal was developed in collaboration with stakeholder groups from the Latino community to provide culturally-competent services in an environment with reduced stigma and near affordable housing that is home to many Latino Medi-Cal beneficiaries. The Center is now up and running with the goal of reducing disparities in behavioral health services provided to the Latino community. Services are provided by bi-lingual SYMHS staff.

The Integrated Full Service Partnership Program serves individuals from all age groups with serious mental illnesses or serious emotional disturbances. This population is significantly more at risk for victimization, addiction disorders, overuse of emergency rooms, psychiatric hospitalizations and incarceration in jails and juvenile justice institutions. Transition age youth are especially at risk to enter into the cycle of homelessness, unemployment, and substance abuse.

Within the Integrated Full Service Partnership, specific services are available to serve children ages 0-5 and youth aged 6-15 who have severe emotional disturbances or severe mental illnesses that result in significant social, emotional, or educational impairments and/or who are at risk of homelessness or going into out-of-home care. Children ages 0-5 are the most underserved population and have the most potential to need extensive resources over the longest time, should they go untreated. SYMHS works with the Ethnic Outreach programs to find children whose cultural identity places them in underserved populations within our community (Hispanic, Asian Indian, and Hmong) and who are in need of mental health services.

Services are available for Transition Age Youth (TAY) aged 16-25 who have severe emotional disturbances or mental illnesses that result in significant social, emotional, educational, and/or occupational impairments or who are at risk of homelessness. TAY within our community who are unserved, underserved, or inappropriately served include young women with self-harming, high-risk behaviors; youth aging out of foster care; and youth transitioning from children's mental health or probation systems to adult systems. Priority for services is given to those with co-occurring substance abuse and mental health disorders, those at significant risk of gang involvement, the uninsured, and those whose cultural identity places them in underserved populations within our community.

Services are available for adults and older adults who have co-occurring mental health and substance abuse disorders and who are homeless, or at risk of homelessness. Priority will be given to those whose cultural identity places them in underserved populations within our community (Latino, Asian Indian, and Hmong).

The Wellness and Recovery Center serves adults and older adults with serious and persistent mental illness who meet the target population criteria established by Sutter-Yuba Mental Health Services.

Prevention and Early Intervention (PEI) Component

The PEI component of MHSA was approved by the State and implemented by SYMHS during FY 2009-10. PEI approaches are intended to be transformational by restructuring the mental health system to a "help-first" approach. Prevention programs bring mental health awareness into the lives of all members of the community through public education initiatives and dialogue. PEI builds capacity for providing

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). A goal of PEI is to help mental health become part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The SYMHS implementation of PEI has two major components:

- The Community Prevention Team is intended to serve individuals experiencing onset of serious psychiatric illness; children and youth in stressed families; children and youth at risk for school failure; children and youth at risk of or experiencing juvenile justice involvement; and underserved cultural populations. The team works with agencies in the community to enhance overall community capacity for prevention and early intervention. They will expand mentoring programs for youth, expand use of the Strengthening Families model throughout the community and support recreational opportunities for youth that fight stigma and build self-esteem.
- The First Onset component is directed toward individuals experiencing the first onset of serious psychiatric illness. It includes mental health consultation with pediatricians or other primary care providers to improve individuals' access to quality mental health interventions by increasing providers' capacity to offer effective mental health guidance and early intervention service; implementation of Teen Screen, a program of voluntary school screening to identify youth at risk for suicide and potentially suffering from mental illness; provide Aggression Replacement Training® to aid in early identification of mental illness and address

stigma issues with the goal of improving social skill competence, anger control, and moral reasoning; and provide education and training at sites in the local community.

In addition to the above PEI programs, MHSA includes, within PEI, funding for the following statewide projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction. Funding for these projects is allocated to each county, but the projects will be executed on a regional or statewide basis. SYMHS has joined with mental health agencies in 48 other counties to form the California Mental Health Services Authority (CalMHSA) under a Joint Exercise of Powers Agreement (JPA) to implement these projects. SYMHS reassigned its FY 2008-09 and FY 2009-10 allocations totaling \$300,400 to CalMHSA. Allocations for two additional years have not yet been assigned. Counties formed CalMHSA to ensure the priorities of counties were truly reflected in the execution of these important projects. The alternative was to assign this funding to the former Department of Mental Health.

Capital Facilities and Technology Needs Component

During FY 2010-11, SYMHS received approval for its Wellness & Recovery Center Project. This provides \$197,550 to remodel the former nurses' quarters of the old county hospital, also known as the "little white house," to serve as the main activity space and offices for the Wellness and Recovery Program. The cost for this project came in significantly higher than the initial estimates and the project was discontinued. The current Annual Plan Update instead proposed to use the MHSA Capital Facilities funds for a much-needed expansion of the Psychiatric Emergency Services (PES) area at SYMHS' main site on Live Oak Blvd. The need for the PES expansion was overcome by events when PES services for individuals on involuntary

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

holds under Welfare and Institutions Code Section 5150 was relocated to the Rideout Memorial Hospital Emergency Room. The FY 2016/17 Annual Plan Update currently in process would redirect these funds toward remodeling space in the main clinic building for educational programs directed primarily towards Wellness and Recovery Program clients.

In late FY 2010-11, SYMHS received approval for its Electronic Health Record (EHR) System Project. This provided \$1,567,750 to implement EHR infrastructure, practice management, clinical data management and computerized provider order entry. The Anasazi system was selected to replace SYMHS's 1980s-vintage, COBOL-based information system with a modern EHR and billing system. This is a critical step toward compliance with upcoming federal mandates for implementation of EHRs and Health Information Exchange. EHR implementation began in FY 2011-12 and is proceeding in phases that will continue into FY 2016-17.

Work is also under way to select and implement an outcome measures tracking system. This system would pull data on patient and program outcomes from the EHR for analysis to provide information for data-driven decision-making.

Workforce Education and Training (WET) Component

During FY 2011-12, SYMHS received approval for its WET Component. This provides \$180,000 annually for five years for training and higher education scholarships. This program was coordinated by a consultant who assisted SYMHS in developing and implementing the training and scholarship programs and is now coordinated by a Staff Analyst who serves as the MHS Coordinator. Trainings focus on cultural competencies, service delivery, and

workforce preparedness. Work is in progress toward implementation of an online training service.

Innovation

A plan to implement certain innovative practices was approved by the State Mental Health Services Oversight and Accountability Commission. One project is to assign a Mental Health Therapist to each County's Probation Department to provide treatment services; one within the jail setting and another at the day reporting center. The second project provides additional support to TAY after they age out of the program, with the objective of reducing addiction disorders, overuse of emergency rooms, psychiatric hospitalizations, and incarceration in jails and justice institutions. The third project is to increase cooperation between traditional Hmong Healers and Mental Health professionals in order to improve mental health outcomes among Hmong clients.

FY 2016-17 Funding

MHSA is a volatile and economically sensitive funding source. This funding decreased during the recent economic downturn but is now recovering. SYMHS intends to direct MHSA funding that exceeds the amounts in their approved plans into the Prudent Reserve called for in the MHSA.

The process by which counties receive their MHSA funding changed in FY 2011-12. Counties previously received funds 18 to 24 months after the State received the related tax revenue. However, funds are now being transferred to counties monthly based on their allocations and approved MHSA plans, as tax revenue is received. This process is managed by the State Department of Finance.

Bi-County Mental Health

Edmund C. Smith, Interim Director of Human Services

MHSA revenue is projected to increase in FY 2016-17, but revenue above the requirements of the approved MHSA Plan will be retained in the Mental Health Services Fund for future use or for inclusion in the Prudent Reserve consistent with the Mental Health Services Act.

The Governor's May Revision to the proposed FY 2016-17 State Budget included support for a Senate measure to divert Mental Health Services Act funds to securitize a \$2 billion bond for chronically homeless individuals. The amount to be diverted statewide is up to \$130 million per year for 20 years. The estimated impact on Sutter and Yuba Counties is a reduction in MHSA revenues of up to \$600,000 per year based on current MHSA funding allocation methodologies. As proposed, the funds would be administered by the Department of Housing & Community Development and counties would have to compete for grant funding for homeless housing projects.

Recommended Budget

This budget is recommended at \$10,406,385, which is an increase of \$235,110 (2.3%) compared to FY 2015-16. MHSA program expenses are funded by revenue from the State and from the Federal share of reimbursement for services claimed to Medi-Cal. This budget unit receives no financing from the General Fund. See Figures 1 and 2 in the Mental Health (4-102) budget narrative for information on Mental Health funding sources and history.

The following new positions are recommended to be effective July 1, 2016:

- Add one Rehabilitation Clinician position to be recruited as a registered occupational therapist or recreational therapist - 37.5% funded by the MHSA budget with the

remainder funded by the Mental Health budget (4-102).

- Add one Crisis Counselor - 50% funded by the MHSA budget with the remainder funded by the Mental Health budget (4-102).

It remains SYMHS's objective to keep the Mental Health budget and the Mental Health Services Act budget in balance and to fully utilize all available funding in a fashion most advantageous to our counties.

Use of Fund Balance

The MHSA fund contained a Restricted Fund Balance in the amount of \$6,662,407 as of July 1, 2015. It is estimated the Restricted Fund Balance will equal \$5,644,340 at July 1, 2016. It is recommended \$1,486,319 of the Restricted Fund Balance account (#31170) be cancelled in FY 2016-17 for use in the MHSA budget.

The MHSA fund also contains Non-Spendable Fund Balance amounts of \$874,458 (#31014) for housing and \$2,184,370 (#31031) recognizing the cash advance to the Mental Health Fund (0007).

