



Agenda Date: 3/15/2005
Agenda Placement: 6B

NAPA COUNTY BOARD OF SUPERVISORS Board Agenda Letter

TO: Board of Supervisors
FROM: Shelli Brobst for Randolph F. Snowden - Director
Health & Human Services
REPORT BY: Shelli Brobst, Contracts Analyst, 253-4720
SUBJECT: Proposition 63-Mental Health Services Act Plan

RECOMMENDATION

Director of Health and Human Services requests approval of the following in regard to the Mental Health Services Act:

1. The Napa County Mental Health Services Act Community Planning Funding Request; and
2. Budget Transfer No. 69 in the amount of \$40,000, increasing appropriations in the Mental Health budget with offsetting revenues from the Mental Health Services Act.
(4/5 vote required)

EXECUTIVE SUMMARY

Proposition 63, the Mental Health Services Act (MHSA), which became law on January 1, 2005, is designed to "expand mental health services" in California with funding provided for prevention and early intervention, services to children, services to adults and older adults, education and training, and innovative programs. Funds must be used to expand, not supplant, services or county funds. To receive this funding, Napa County Mental Health must submit to the state Department of Mental Health and/or the Oversight and Accountability Commission for approval a three-year expenditure plan, to be updated at least annually. Such plans must be developed with local stakeholder input. Napa County is eligible to receive \$95,780 in initial funding for planning activities designed to develop a local MHSA implementation plan. Today's action approves Napa County's request and plan for use of the initial funding.

FISCAL IMPACT

Is there a Fiscal Impact? Yes
Is it currently budgeted? No

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| What is the revenue source? | Proposition 63 (Mental Health Services Act) funding provided by the California Department of Mental Health. |
| Is it Mandatory or Discretionary? | Discretionary |
| Discretionary Justification: | MHSA Community Program Planning funds will be used to develop a structure for the county, in partnership with our stakeholders, to determine how best to utilize additional funds that will become available for MHSA Community Services and Support. |
| Is the general fund affected? | No |
| Future fiscal impact: | Funds will be allocated in Fiscal Year 2004-2005, and the allocation will be spent by June 30, 2006. |
| Consequences if not approved: | If not approved, the county would lose the opportunity to receive funding for new and expanded mental health services and activities. |
| Additional Information: | None |

ENVIRONMENTAL IMPACT

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.

BACKGROUND AND DISCUSSION

Mental Health Services Act Community Program Planning

In November 2004, California voters approved Ballot Proposition 63, and the Mental Health Services Act (MHSA) became state law effective January 1, 2005. Napa County is slated to receive \$95,780 pursuant to WIC Section 5892(e)(3) to develop Community Program Planning under the MHSA. In order to receive this initial funding, Napa County must submit a funding request to the Department of Mental Health (DMH) by March 15, 2005. The purpose of the initial funding is to provide a structure and process that Napa County will use, in partnership with stakeholders, to determine how to utilize funds that will be come available for the MHSA Community Services and Supports component of the MHSA. The initial funding will be distributed to Napa County in two equal payments in Fiscal Year 2004-2005. The first payment will be made when DMH approved Napa's Request for Funding. The second payment will be made in June 2005. All payments will be subject to sufficient funding being available in the Mental Health Services Fund.

Community Program Plan

Napa County views the Mental Health Services Act (MHSA or the Act) as a unique opportunity to improve Napa County's mental health system to better serve the communities comprising the county. Napa County HHS will use the MHSA community program planning process and the initial funding provided by the state to enhance the evidence basis for our mental health service delivery continuum, to strengthen the cultural competence of our system, and to infuse the system with services based on the values of recovery/wellness through independence, hope, personal empowerment, and resiliency for adults and seniors with severe mental illness and for children with serous emotional disorders and their families.

Napa County MHSA Plan to Include Consumers and Families

The Napa County Mental Health system is proposing significant changes to its current processes for program development to significantly increase consumer and family involvement in the planning and monitoring of services. A long range goal of this planning initiative is to create a working partnership among consumers, families, county agencies and providers. This partnership is intended to provide for meaningful involvement of consumers and families in the management of all aspects of our mental health system.

Toward this goal, Napa County has implemented or proposes to implement a variety of measures to ensure the involvement of families and consumers in the planning process under the Act. These measures include:

- | Outreach to ensure participation from diverse consumers and families. These activities include monthly consumer and family meetings led by consumers and family representatives, with assistance from a consultant experienced in group processes and planning; liaison roles for consumer and family representatives; and outreach to encourage consumers and families to participate in monthly meetings.

- | Outreach to individual consumers and families who may not belong to organized advocacy groups. These activities include posting meeting notices in locations frequented by consumers and families who are not already identified as mental health clients such as churches, schools, primary care clinics and Hispanic community centers.

- | Outreach to consumers and families who may have been previously underserved or unserved, whether by reason of race/ethnicity, language differences, cultural competence, geographic location or other factors. These activities include posting of notices in English and Spanish, providing translation services or conducting meetings in Spanish if non-English speakers are in attendance, rotating the location of meetings among the five primary population centers in Napa County, and special outreach to drug and alcohol/dual diagnosis consumers by holding meetings at the Wolfe Center (a teen drug and alcohol program) and posting notices at AA/NA meetings in our communities.

- | Napa County Mental Health has already used or anticipates using a variety of methods to obtain consumer and family involvement, including:
 - o monthly consumer and family meetings;
 - o a standing agenda item to provide information to and feedback from the Mental Health Advisory Board and the Alcohol and Drug Advisory Board regarding the Act;
 - o notices to consumer and family representatives to keep their constituents advised of state conference calls or video conferences available for their participation;
 - o a public hearing run by the Mental Health Advisory Board to review the county's draft three year MHSA plan when completed;
 - o public notice of Board of Supervisor agenda items involving discussion of the Act;
 - o a public television discussion of the Act for the purpose of informing the public in Napa County of the opportunities the Act presents, soliciting public participation, and providing information regarding scheduled consumer and family meetings; and

- posting of notices of consumer and family meetings in local newspapers on a regular basis.
- | Napa County Mental Health will use a variety of financial or additional measures to assure consumer and family involvement in the planning process. These methods include:
 - | stipends covering up to five hours per month for consumer and family representatives to plan, lead and summarize the monthly consumer and family meetings and to prepare for and participate in Stakeholder Meetings;
 - | funds to be paid for childcare, meals, housing, and transportation assistance to consumers and families to participate in monthly meetings, trainings, conferences or other aspects of consumer and family involvement; and
 - | funds to pay a consumer/family translator during those meetings or events in which we anticipate non-English speaking attendees.

Napa County MHSA Plan to Include Community Partnerships

Napa County HHS enjoys a vibrant partnership with community agencies, community-based non-profits, schools and employers. We plan to enlist the members of these established coalitions as active partners and stakeholders in the planning process.

Napa County Mental Health is inviting these various community constituencies to choose representatives to participate in the Mental Health Services Act Stakeholders Meetings. Each of these constituencies' representatives is being asked to meet monthly with their individual constituents and provide feedback on an ongoing basis to the Stakeholders Meetings. Besides the two consumer representatives and the one family representative mentioned above, these community constituencies are broken into the following constituency groups, all of which have selected their representatives:

- Napa County Non-Profit Coalition (2 representatives);
- Law Enforcement representative: courts, local sheriffs/police associations, the jail and juvenile hall and the probation department;
- School representative: Napa County Unified School District, Napa County Office of Education, and the local community college;
- Physical Health representative: Napa County Public Health, the two local non-profit medical hospitals, and the local community based primary care clinic;
- Mental Health Advisory Board Representative: chosen by the Mental Health Advisory Board; and
- Non-mental health county representative: social services, child welfare, and older adult services, veterans services, vocational services, housing and drug and alcohol services.

Napa County intends to ensure stakeholder diversity that reflects the demographics of the county, including geographic location, age, gender, and race/ethnicity.

Napa County Community Program Plan Designation of Responsibility

To effect meaningful change in our county mental health system, achieve consumer and family participation, and significantly improve access to mental health services by underserved or unserved severely mentally ill persons, it will be necessary to dedicate staff time, expert consulting services and related resources to the initiative. The agency intends to allocate a portion of the time of its Psychiatric Medical Director to the planning initiative. Recent budget reductions preclude the possibility of our reassigning additional existing staff to plan and implement services under the Act. Therefore, we are proposing to implement the planning

and program development objectives of the Act in the following manner:

- | We have appointed our Psychiatric Medical Director to oversee and direct the planning process. HHSAs soon to be hired Mental Health Director and our existing mental health management level staff also will take an active role in the process of planning and implementation called for under the Act.
- | We are entering into a contract with Allen Shea and Associates to provide consulting services relating to planning and implementation of the Act. Their work will include: (1) an analysis of available data relating to the unmet needs within our communities for mental health services (which will be made available to entities participating in the planning process) and (2) facilitation or co-facilitation of monthly consumer or family meetings. Allen Shea's work will be directed by the Psychiatric Medical Director through weekly meetings, phone contact and written pre-approval of expenses and planned direct service time.

Napa County Plan for Training of Stakeholders and Staff

Napa County will develop or has already begun providing training on the Act to the various stakeholders including:

- | Consumer and family training through participation in state and county-sponsored trainings;
- | Mental Health management and supervisor training at scheduled monthly state meetings and at weekly HHSAs staff meetings;
- | Mental Health line staff training and input at the annual compliance training for all mental health employee staff (June 2005);
- | Mental Health line contractor staff training and input at the annual compliance training for all mental health contract staff (June 2005);
- | County-sponsored training provided at stakeholder representative request for other constituencies; and
- | Presentations to the Mental Health Advisory Board, a standing item related to the Act on the Board's monthly agenda, and specialized training provided by our contractor/consultant regarding the Mental Health Advisory Board's role in the required Public Hearing.

Napa County will develop or has already begun developing the required content for county sponsored trainings. In addition, the state Department of Mental Health (DMH) has developed content meeting DMH requirements for participation by constituencies. The county sponsored trainings will include background on the public mental health system, existing services and the Act; concepts of recovery and resiliency for consumers, families and staff; cultural competency; an assessment of underserved and unserved communities in Napa County; a review of county-specific demographic information; and information how to achieve systemic change.

Napa County MHSA Proposed Budget

Salaries: We propose to hire extra help staff (a maximum of one 0.5 FTE equivalent) to assist with clerical responsibilities associated with the Psychiatric Medical Director's responsibilities in overseeing the implementation of this plan.

Consumer and Family Member Support: We propose to pay a total of three consumer and family representatives a stipend covering up to five hours per month at the agency's Community Aide rate to fulfill their responsibilities as consumer and family representatives.

Translator Services: We anticipate paying a family/consumer Spanish-speaking member to assist with translation services at the monthly consumer and family meetings.

Travel and Transportation: We are budgeting up to \$5,000 to support meals, housing, and mileage of consumer and family members at the various meetings and trainings available to consumers and family members.

Childcare: We are proposing up to \$1,000 for childcare expenses for families and consumers participating in planning activities.

Professional Services: We will enter into a consulting agreement with Allen Shea and Associates for \$46,000 in direct services at \$90 per hour of service.

Travel and Transportation: We are budgeting up to \$5,000 for travel and transportation expenses incurred by agency staff and consultants.

Supplies: We are budgeting up to \$3,000 for costs relating to the posting of notices, document duplication, and other incidental expenses.

SUPPORTING DOCUMENTS

A . MHSA Community Program Plan

B . MHSA Community Program Plan Budget

CEO Recommendation: Approve

Reviewed By: Meegan Condon