Alameda County Behavioral Health Department

Mental Health Services Act (MHSA) Annual Update
Fiscal Year (FY) 2024-2025

Alameda County Board of Supervisors' Health Committee Presentation

Monday, June 10, 2024

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Alameda County Health

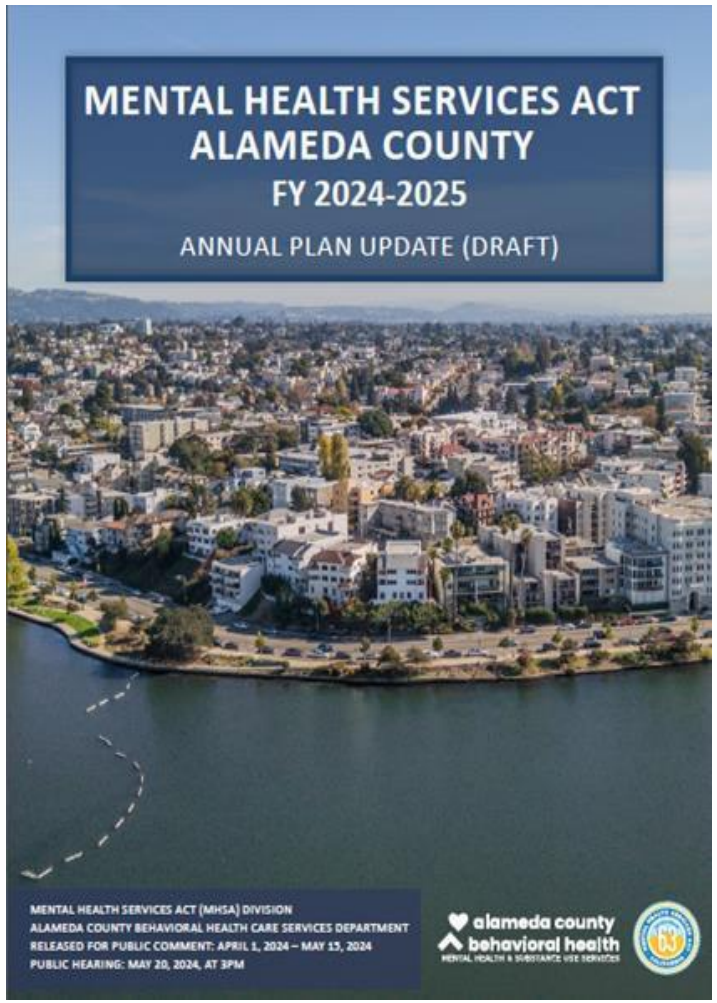
Presenters:
Tracy Hazelton, MPH | MHSA Division Director
Karyn L. Tribble, PsyD, LCSW | ACBHD Director
Colleen Chawla | Director, Alameda County Health

Presentation Purpose

- To provide the Board of Supervisors' Health Committee with program and fiscal updates from the draft MHSA Annual Plan Update FY 24-25.

- Request Health Committee recommend the draft MHSA Annual Plan Update FY 24-25 be moved to the full Board of Supervisors calendar for approval (per Welfare and Institutions Code Section 5847).

FY 24/25 DRAFT MHSA Plan Update Process Highlights



- **Plan Budget:** $206M (9% increase from FY 23/24)
- Five program components for FY 24/25.
- Public Comment: April 1st-May 15th 2024.
- Mental Health Advisory Board Public Hearing: May 20, 2024.
- Increased Community Engagement:
  - 36 Listening Sessions attended by 394 Community Members.
  - 611 Survey Responses.
- Multiple Improvements have been made to make the Plan:

  Easy to find **Easy to use** **Easy to understand**

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Major Content Areas of the MHSA Plan & Quality Improvement Changes

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

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Karyn L. Tribble, PsyD, LCSW

MESSAGE FROM THE ACBH DIRECTOR

Welcome to Alameda County Behavioral Health Care Services (ACBH) Department's Fiscal Year (FY) 2024 - 2025 Mental Health Services Act (MHSA) Program and Expenditure Plan!

Fiscal Year 2024-2025 marks the second year of our current and final MHSA Three-Year Plan cycle under the existing MHSA regulations (FY 2023/24-2025/26). This Plan Update is an opportunity for ACBH to provide both fiscal and programmatic information, as well as to document changes from FY 23/24 and highlight key accomplishments. We are pleased to report that the programs and approaches included with our plan align with our department's highest vision for our services; our True North Metrics: *Quality, Investment in Excellence, Accountability, Financial Sustainability, and Outcome-Driven Goals.*

As the Director of Alameda County's Behavioral Health Department, I personally invite you and all of our many valued stakeholders to explore our newly developed Plan Update, and to provide public comment through our various forums. The voices of both our peers/those with lived experience and local community members, in addition to our data sources, affirm that our beneficiaries and communities are benefitting from our services and supports. While this Plan spotlights our accomplishments, we also recognize that there remains an ever-growing need for equitable and community focused behavioral health services, especially considering the unprecedented challenges of the past few years and the complex opportunities that lie ahead.

Given that the March 2024 ballot measure, Proposition 1, has now been passed by voters, this will be the final Plan that will be developed with new changes being considered and under the current structure of MHSA. Proposition 1 renames the MHSA to the "Behavioral Health Services Act (BHSA)," which will now include Substance Use Services as an approved population that may be served by these funds. Although no new funding will be provided to serve individuals with substance use conditions, the department will re-evaluate services to determine how best to meet this need and opportunity over the next several years. Additionally, the measure will expand reporting requirements, moves forward with the implementation of a behavioral health infrastructure bond, and changes funding categories (including the elimination of Prevention services as an allowable component as they will instead be administered by the state of California).

In future Plans, other changes associated with Proposition 1 will include a required increase of a specific type of client support referred to as Full-Service Partnership (FSP) programs and a shift in funding towards support related to housing. Internal planning has already begun to ensure that future plans are compliant with the new requirements related to BHSA and will continue in FY 2024-2025 given the pending changes, reductions, or elimination of previously supported programs required by June 30, 2026, to be implemented on July 1, 2026 with the beginning of the first BHSA Three Year Plan FY 2026/27-2028/29.

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CSS
PEI
INN
WET
CFTN
PMI
Appendices

- The Major Content Areas are all hyperlinked in the Table of Contents.
- Component Tabs are included on each page to easily move through the document.
- The Plan document is searchable for specific text/words using the control F function.
- The Executive Summary has been expanded.
- New icons and infographics have been added.
- The Public Comment time period for the FY 24/25 Annual Update was expanded.
- Expanded Community Engagement process.
- Increased documentation of program metrics.

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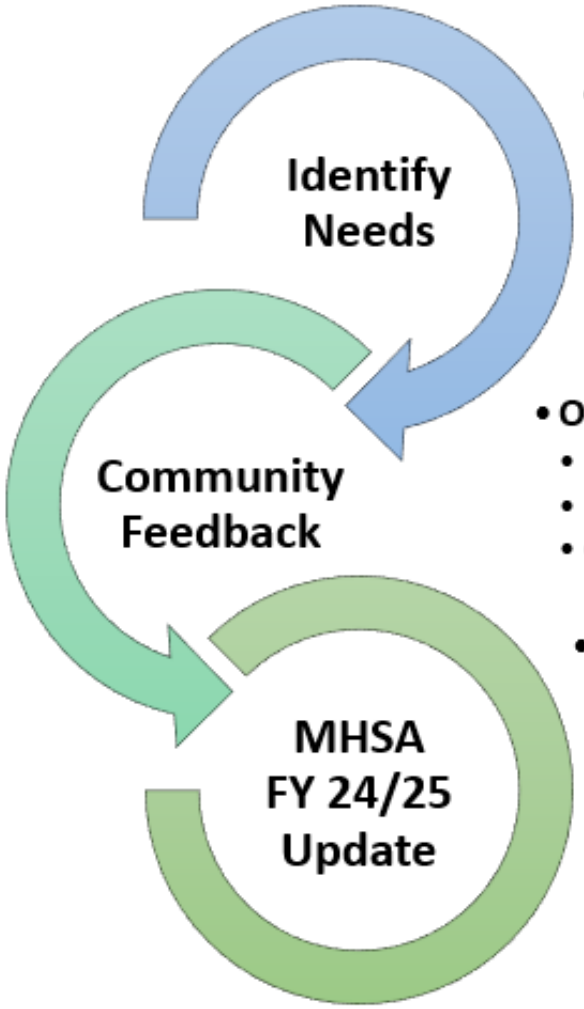
Community Engagement Process

- The yearly Community Program Planning Process (CPPP).
- Stakeholder Engagement.
- Involvement of Clients, Providers, Peers and Family Members



- **August 2023 - September 2023**
  - Review regional strategies, evaluations, and reports
  - Utilize MHSA Stakeholder Group and CPPP Committee to Plan and implement community input process
- **October 2023 - January 2024**
  - Listening Sessions
  - Key Informant Interviews
  - Community Input Surveys
- **February 2024 - June 2024**
  - 45-Day Public Comment
  - Public Hearing at the Alameda County Mental Health Advisory Board
  - Board of Supervisors Health Committee Presentation
  - Board of Supervisors approval
  - Departmental implementation

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Areas of Identified Community Need

- Access, Coordination and Navigation to Services
- Housing Continuum
- Crisis Continuum
- Child/Youth/Young Adult Needs
- Behavioral Health Workforce
- Community Violence and Trauma
- Adult/Older Adult Needs
- Substance Use
- Needs of the Re-entry Community for both Adults and Youth
- Needs of Family Members
- Needs of Veterans

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Listening Sessions & Key Informant Interviews (36 sessions, 394 participants)

- ACBHD Cultural Responsiveness Committee
- ACBHD Pride Coalition
- Alameda Contra Costa Medical Association (ACCMA)
- African American Family Outreach Project
- Asian Health Services TAY Group
- Axis Community Health
- Ashland Cherryland Healthy Communities Collaborative
- Bay Area Community Services
- CARES Alameda
- Casa Ubuntu - English
- Casa Ubuntu – Spanish
- City of Alameda
- City of Fremont
- City of Livermore
- City of Oakland
- CPPP Committee
- Families Advocating for the Severely Mentally Ill (FASMI)
- Fatherhood Summit First 5
- Family Education Resource Center (FERC) – English
- FERC – Spanish
- First 5 Help Me Grow
- Jay Mahler Recovery Center
- La Familia Counseling Center
- City of San Leandro
- LGBTQIA Center
- Mental Health Association of Alameda County
- MHSA Stakeholder Group
- Pacific Center
- PEERS TAY Group
- PEI UELP Provider Meeting
- Peers Organizing Community Change (POCC)
- Supportive Housing Community Land Alliance
- Swords to Plow Shares
- Trauma Recovery Partners
- Veterans Collaborative Court
- Mental Health Association for Chinese Communities (MHACC)

Top Area of Need and Strategies & Solutions

Area of Need	Strategies & Solutions
1. **Access, Coordination and Navigation to Services** 	• Establish **community navigation centers** as one-stop shops to provide access, coordination, and navigation to various services. • Support, fund and increase programs that utilize **community navigators**, promoters, and peer support services. • Implement **culturally sensitive and appropriate outreach strategies**. • Develop a comprehensive digital platform and **master directory** containing contact information, assessment details, and available resources for mental health services. • **Prioritize bilingual services** to support multiple languages in the growing client base and improve accessibility for diverse communities. • Develop clear and transparent **referral processes.** • **Centralized care coordination teams:** Establish dedicated teams to navigate patients through the system, coordinate appointments, and advocate for their needs.

Other High Priority Areas of Need & Strategies/Solutions

Area of Need	Strategies/Solutions
Housing Continuum	• More supportive Housing (short and long term) • Increase PEI programs for homeless
Crisis Continuum	• Prioritize crisis mental health services. • Expand after hour & weekend crisis services • More crisis stabilization beds.
Child/Youth and Young Adult Needs	• Increase and improve engagement strategies. • Address diverse needs of children youth, and young adults. • Strengthen support systems by educating family members.
Behavioral Health Workforce 	• Address work shortages by recruiting from diverse communities. • Expand peer support programs. • Support other non clinical service models. • Provide funding for training programs. • Provide support to workforce to prevent job burnout and fatigue.

Programmatic Changes Highlights FY 24/25

MHSA Budget for
FY 24/25 = **$206M**

 = in process

 = in development

 = about to be implemented

These changes are listed under "Plan Update from FY 23/24"

- Development of new Electronic Health Record System.
- Potential New Innovation project.

- Workforce Needs Assessment and System Mapping
- Clinical Focus Innovation project.

- Washington Hospital Emergency Dept. 2 year pilot.
- 2 new Early Intervention programs for youth/young adults that identify as Lesbian, Gay, Bi-sexual, Transgender, Questioning, Intersex (LGBTQI).
- Safe Landing Reentry Project.

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Examples of Performance/Client Satisfaction & Empowerment

83% of Full Service Partnership (FSP) partners had more than one type of staff member visit within a two-week period.

79% of active FSP partners received at least one primary care visit within one year of their participation in the FSP (increase from 65% in previous FY).

70% of clients who were admitted to Amber House Crisis Stabilization program made a connection to outpatient behavioral health services within seven (7) days of discharge. The benchmark is 64% or greater.

73% of Prevention and Early Intervention (PEI) clients responded positively to the survey question, “As a result of the services received, I am more prepared to seek out help when needed”.

68% of PEI clients responded positively to the survey question, “As a result of the services received, “I have learned more ways to manage stress or emotional challenges”.

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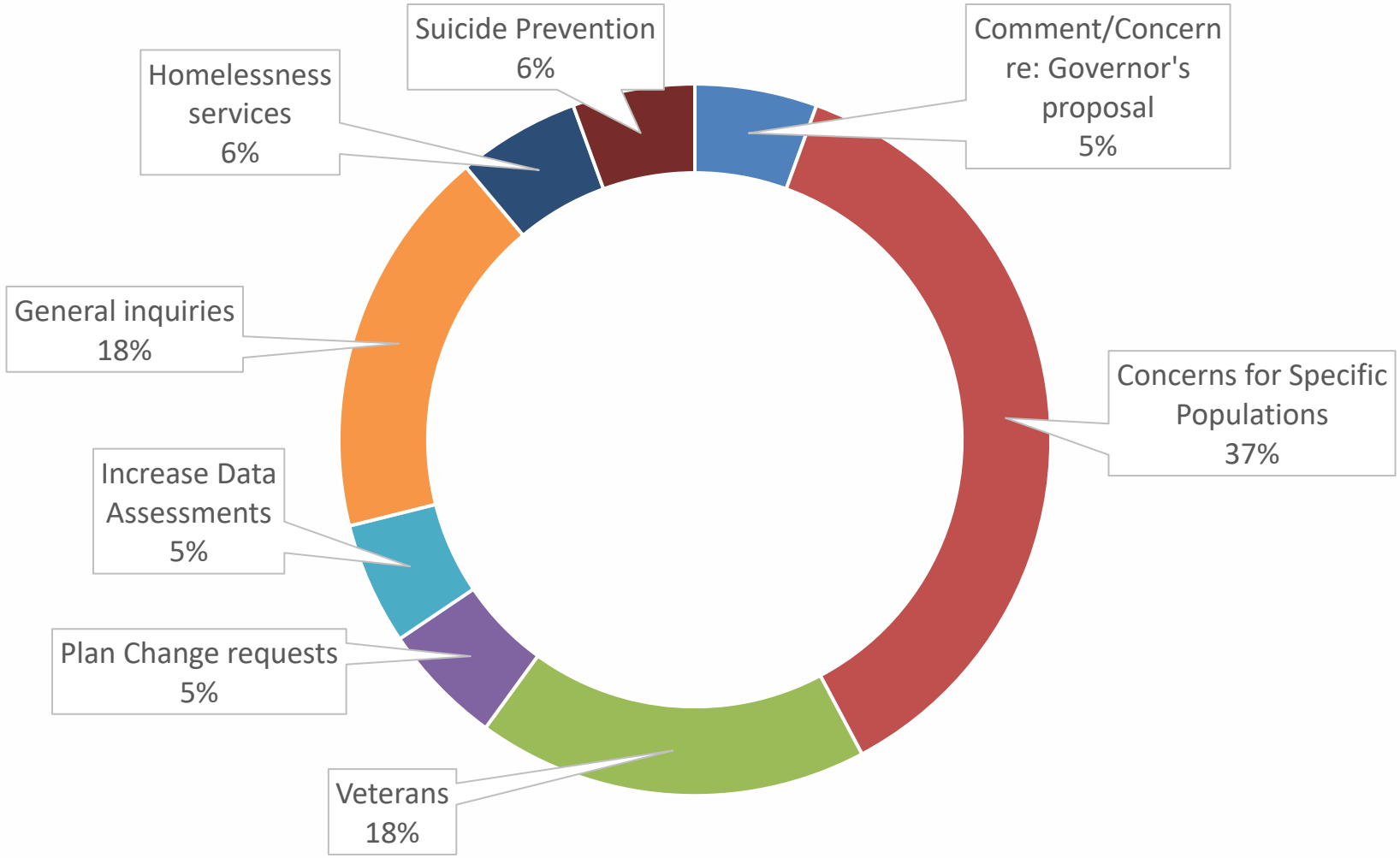
MHSA Public Comment Themes



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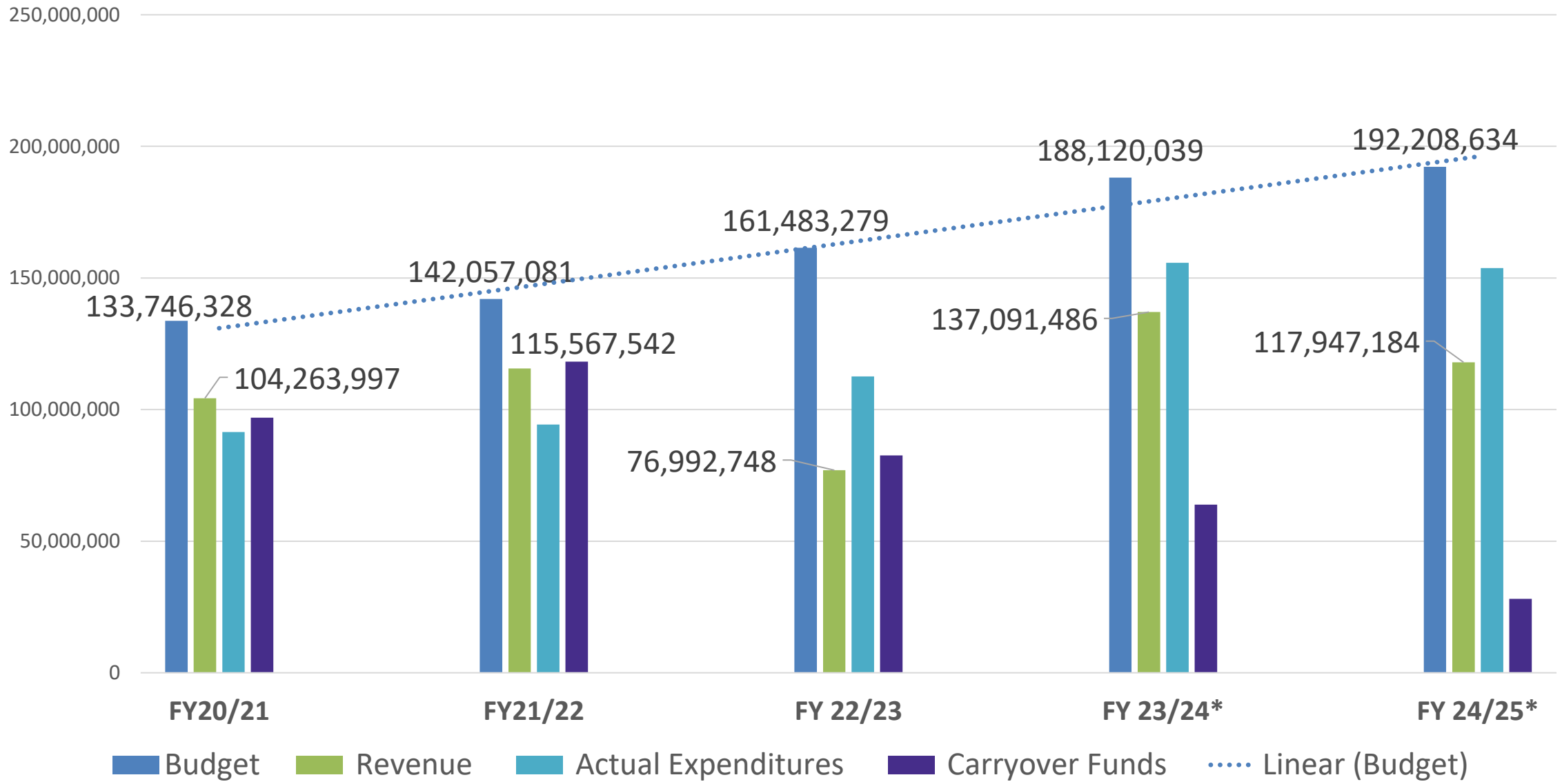
MHSA FY 24/25 Fiscal Overview Highlights

MHSA Funding *Estimates* (in Millions)

Source	All Components	CSS	PEI	INN	WET	CFTN
Unspent funds from prior FYs	163.57	120.63	10.66	20.98	4.09	7.20
State Allocation FY 24/25	**96.52**	73.36	18.34	4.82		
Transfer to WET/CFTN/PR	(14.58)	(14.58)			3.50	4.00
Available Funding	253.02	179.41	29.00	25.81	7.59	11.20
Projected Expenditures*	**206.15**	157.26	22.99	8.16	7.12	10.62
Carryover Funds	46.86	22.15	6.01	17.65	.474	.578

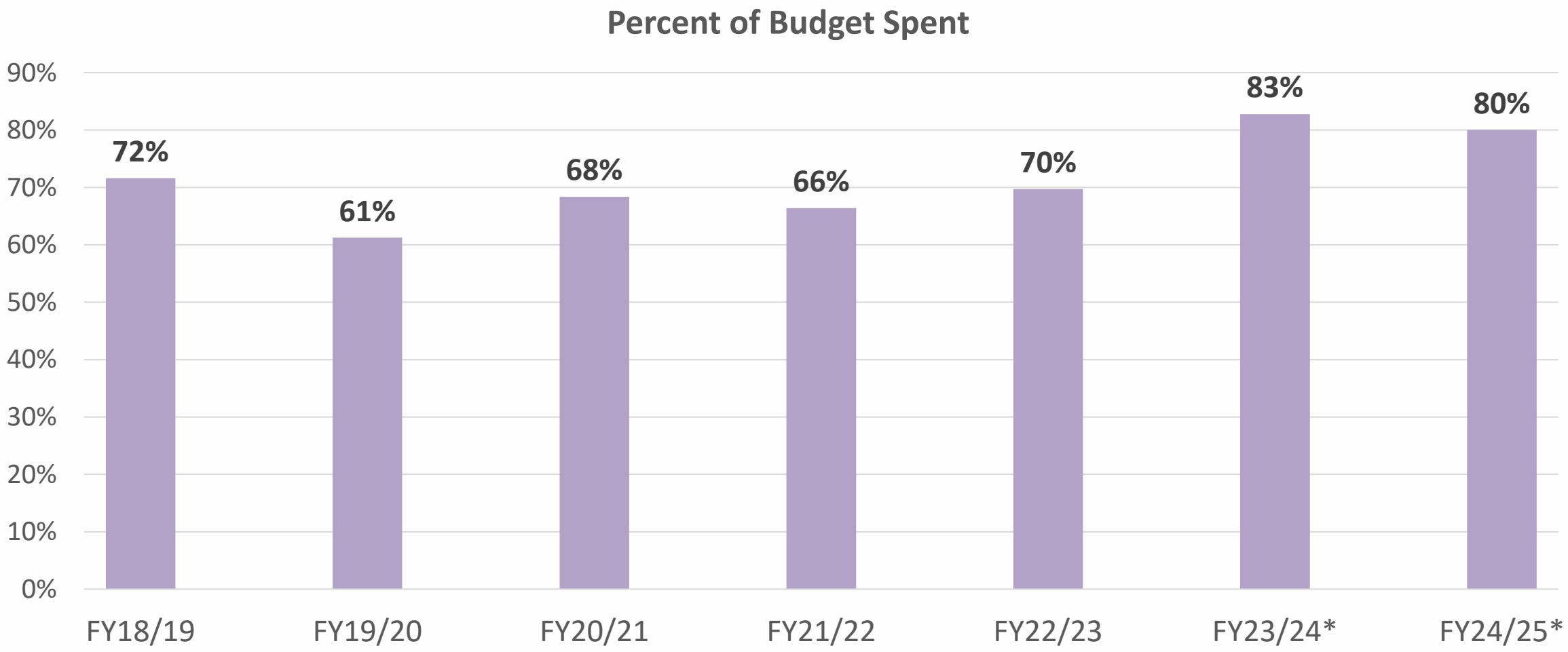
*The above budget does not include the Prudent Reserve, estimated to be $21.6M in FY 24/25

MHSA Fiscal Trend Summary Information



*Estimate data

MHSA Budget vs Actual Spending by Fiscal Year



*Estimate data

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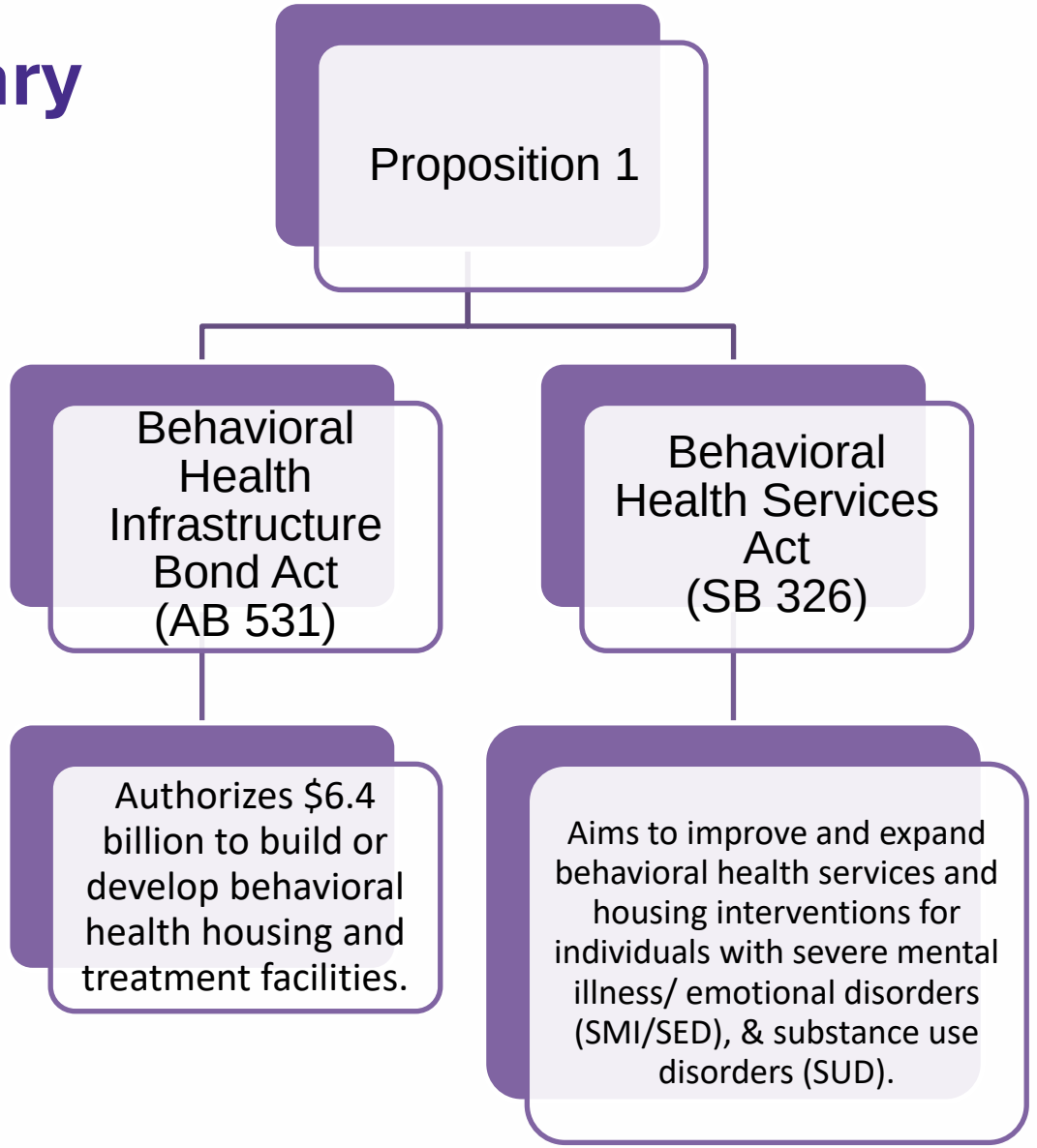
Proposition 1: High-Level Summary

- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the most severely mentally ill individuals.
- Inclusion of eligible programming for those with substance use conditions.
- Significant focus on housing and homelessness.
- Statewide focus on increased accountability and transparency



Key Prop 1 and BHSA Implementation dates*

Summer 2024
Bond applications for treatment sites open

Winter 2024
Bond applications for supportive housing open

Winter 2025
BHSA Fiscal and Community Engagement Transition begins

Spring/Summer 2025
Bond money awarded to:
cities,
counties,
tribal entities, and
organizations across California

Summer 2026
All counties implement new 3-year comprehensive behavioral health services plans

Bond Dates **BHSA Dates**

* As of 5/15/2024 https://mentalhealth.ca.gov/

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Prop 1 Next Steps

- Sharing information and encouraging all to stay informed.
- Working closely with California Behavioral Health Directors Association (CBHDA) and other counties to analyze, understand impacts and make recommendations.
- Developing a Strategy Plan for the Transition process.
- Listening to community questions and concerns.

NEW Resources

- Transitions website: Behavioral Health Transformation (ca.gov)
- New State website: Mental Health for All: https://mentalhealth.ca.gov/

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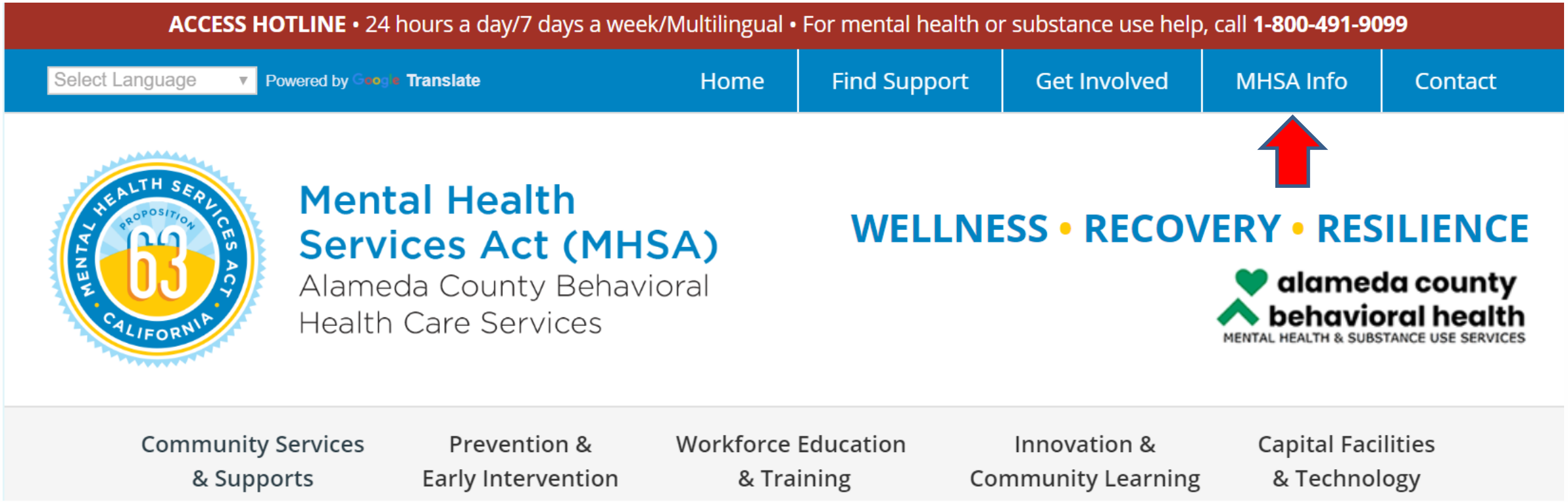
MHSA Website www.ACMHSA.org



For more information, contact our MHSA Staff at MHSA@acgov.org.

The FY 24/25 Plan Update can be found under the **MHSA Info tab**

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THANK YOU.

QUESTIONS/COMMENTS?

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