Mental Health Services Act Plan Update FY 2022-2023

Board of Supervisors Health Committee

June 13, 2022

Presented by:

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MHSA Plan Update Presentation Highlights

Presentation Purpose: Presenting program and fiscal updates from the MHSA FY 21/22 Plan Update with the goal of the Health Committee recommending this document to be moved to the full Board of Supervisors calendar for approval per Welfare and Institutions Code Section 5847.

Presentation Highlights:

- Current Status of the Three-Year MHSA Plan
- Review of MHSA Regulations and Approval Process
- Themes from the Community Program Planning Process (CPPP) & 30 day Public Comment period
- Program Outcome examples
- Fiscal Overview FY 22/23
- FY 22/23 Program Changes

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Current Status of the MHSA Three-Year Plan FY 20/21-22/23

- FY 22/23 will be the 3rd year of our Three-Year Plan
- The priorities and services for this Year-3 Plan Update were generated through the review of revenue projections and community input:
  - *Workforce Crisis/contract augmentations*
  - *Housing/Homelessness*
  - *Racial/Ethnic and linguistic focused services*
  - *Justice involved individuals who have a severe mental illness and their families*
- Data in this Plan Update highlight outcomes in multiple areas including reductions of acute crisis days, incarceration events and increases in overall perception of functioning, hope and resiliency.
- Based on current and previous community feedback we've incorporated an additional $22.9M in projected revenues for FY22-23.

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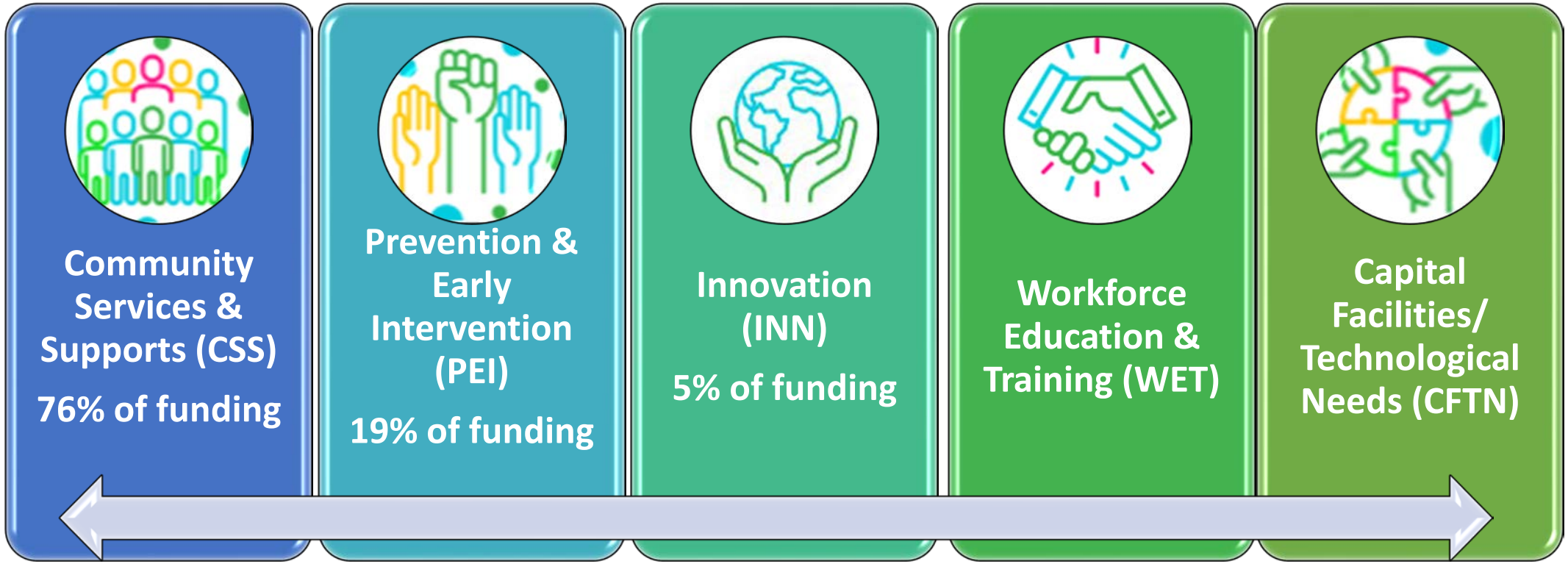
MHSA Component Areas

- In 2004, California voters passed Proposition 63, known as the Mental Health Services Act
- Funded by 1% tax on any personal incomes over $1 million



MHSA Three Year Plan/Plan Update Process

County mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for MHSA programs and expenditures.

- **Alameda County's Three Year Plan:**
- **FY 20/21-22/23**
- **FY 22/23 is the 3rd year of our Three Year Plan.**

The Mental Health Board shall conduct a public hearing on the draft Three-Year Plan/Plan Update at the close of the 30-day public comment period.

- **30 day public comment period: April 1, 2022-April 30, 2022**
- **MH Board Hearing: May 16, 2022**

Plans and Annual Updates must be adopted by the county Board of Supervisors (BOS) and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after BOS adoption.

- **BOS Health Committee June 13, 2022**
- **Full BOS**
- **For INN projects MHSOAC Approval**

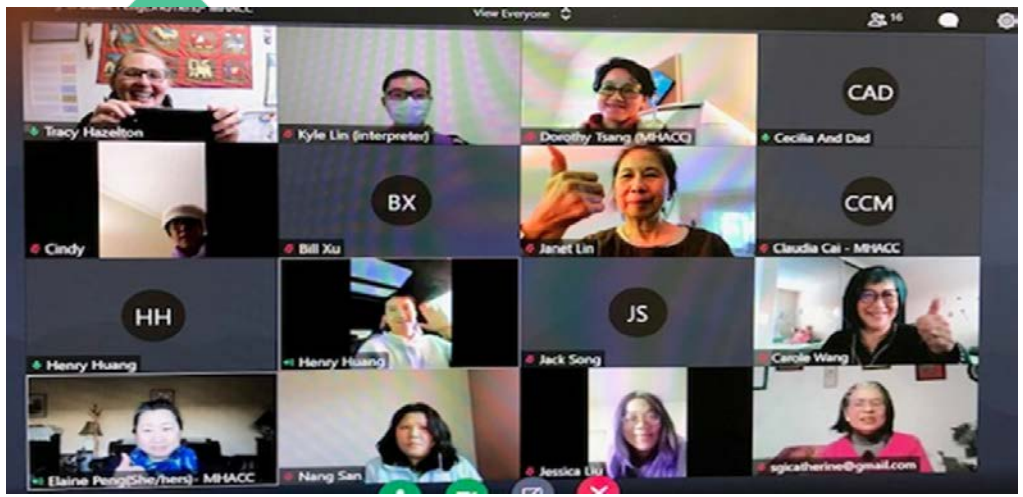
Highlights from our Community Program Planning Process (CPPP)

CPPP was held between October 1, 2021 through January 31, 2022

- **18 Listening sessions, 307 community stakeholders** (55% increase from last year)

30 day Public Comment Period
April 1, 2022-April 30, 2022

- **ACBH received 270 Public Comments**



Themes from the CPPP and 30 day Public Comment Period

- Supports and activities for the **LGBTQ community**
- Need for **increased language capacity**, especially for **Asian communities**
- **Youth Suicides**
- More **peer support** services
- **Stigma** all around, but particularly in Asian communities
- More services for the **African American** community across the lifespan
- Address **insecure housing and homeless**
- **Navigation** Assistance
- **Isolation**/lack of community/the need for evening & weekend activities

- **Fiscal strategies** to utilize unexpended MHSA funds to increase community workforce and mental health services
- Increased funding for the **crisis and text lines**
- Support for the **African American Wellness Hub**
- Support for **early childhood** programming

MHSA Components & Program Summaries

Each MHSA component contains program summaries following standardized format:

- *Page 1: MHSA component definition*
- *Client story (also known as vignettes or success stories)*
- *Program/project summaries*

MHSA **must** include all projects intended to be funded for the year in this plan. Each program/project summary will include:

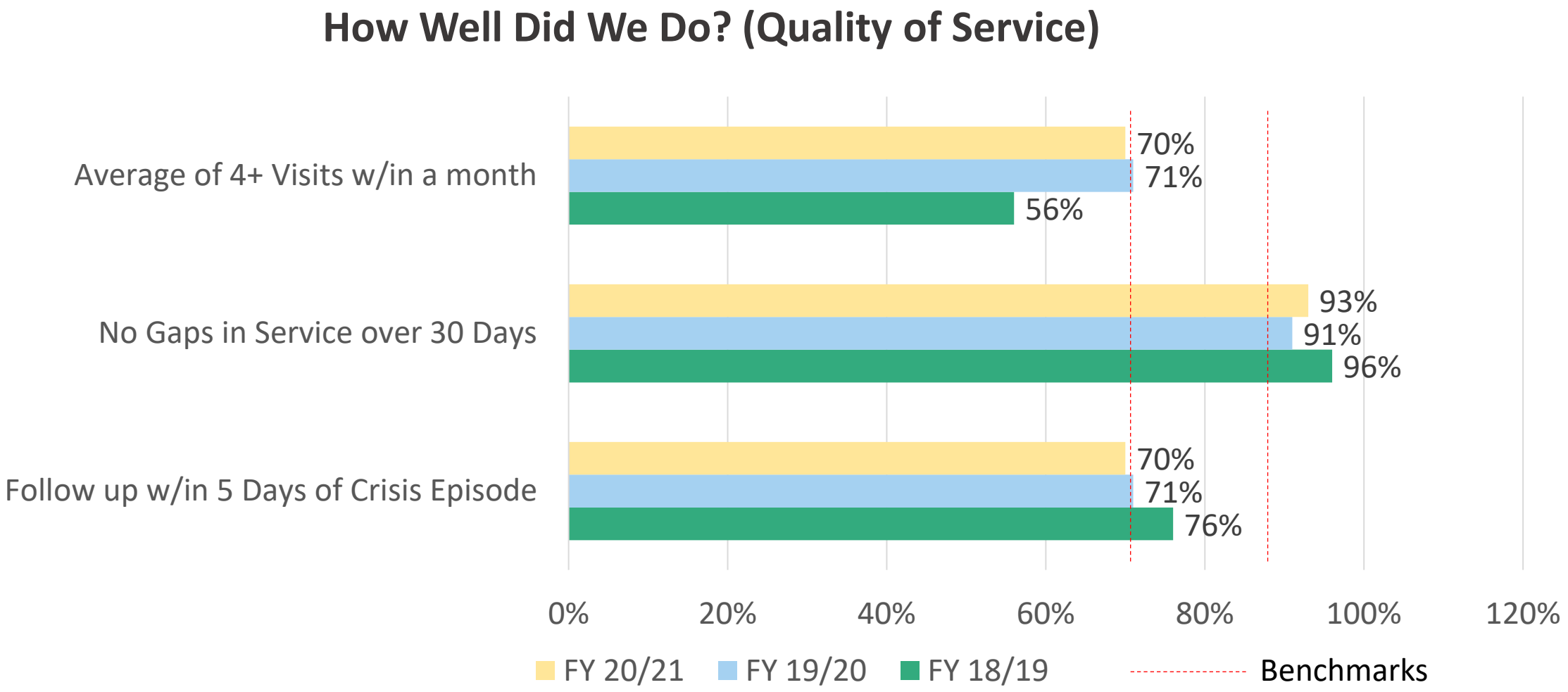
- *MHSA Work Plan Budget identifier (e.g. OESD 33). This aligns with the Table of Contents*
- *Organization name*
- *Program/Project name*
- *The number of children, adults, and seniors to be served*
- *Results Based Accountability (RBA): Addresses 3 questions*

How Much Did We Do?

How Well Did We Do It?

Is Anyone Better Off?

Full Service Partnership (FSP) Program Highlights, FY 19/20

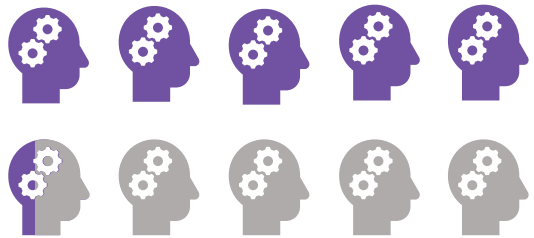


Program Outcome Highlights, FY 20/21 data

Is Anyone Better Off?? (Program Impact)

8 in 10
Adult Full Service Partnership (FSP)episodes had a decrease in both hospital and subacute admissions during the one year after enrollment.

53% In Home Outreach Team clients were connected to outpatient mental health services within 90 days after discharge.



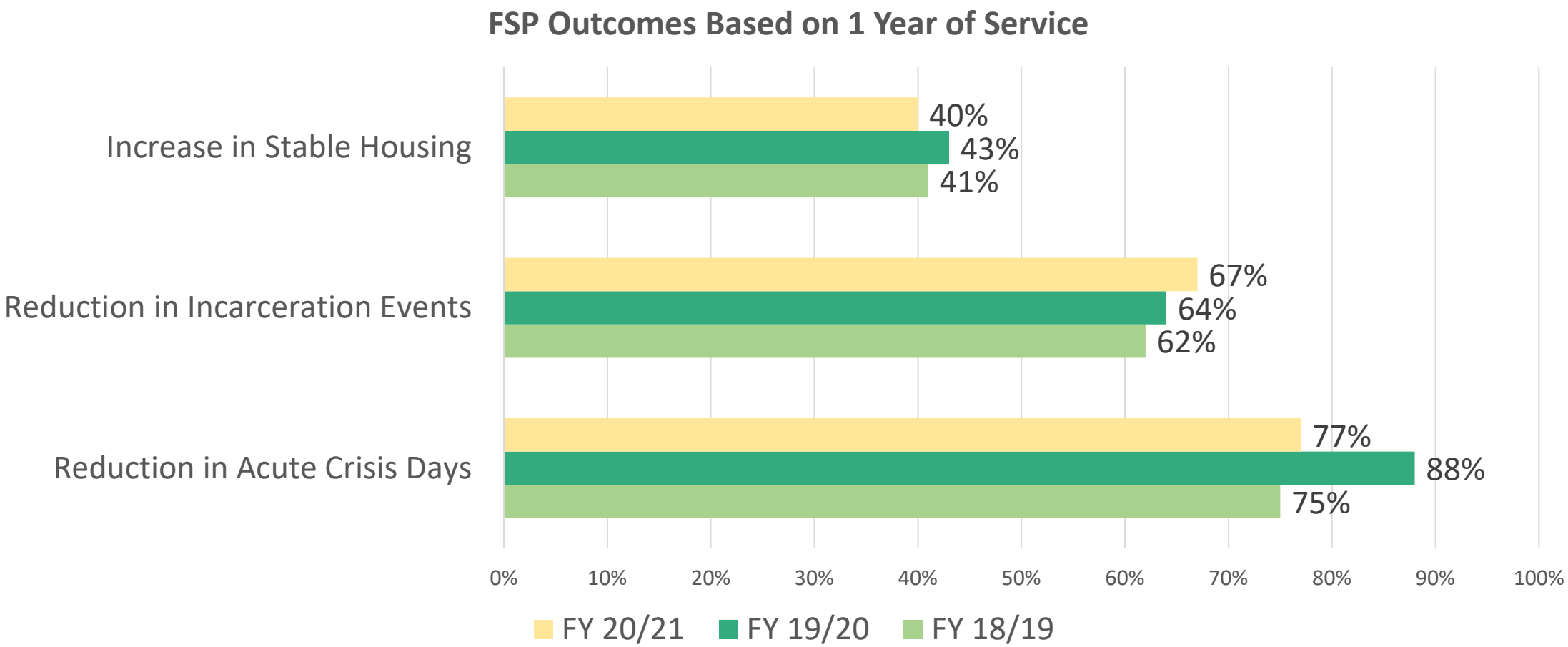
FSP Client Quotes

“They help me make it to appointments, they helped me get a phone, they helped me get the right medication so it's really nice of them.”

"I got my own spot. They come through. They be helping. I wouldn’t be here if not for [them].”

Full Service Partnership (FSP) Program Highlights, FY 19/20

Is Anyone Better Off?? (Program Impact)



Post-COVID MHSA Landscape

- Initially, COVID slowed both services and demands due to compliance with public health emergency
- MHSA funds dropped unexpectedly in 2020
- Subsequently, demands have increased significantly
- Increased demand, provider competition to hire, and workforce burnout has led to severe workforce crisis
- Today, providers, CBO contracted and county BH struggling to find enough workforce, which is limiting ability to expand services to meet needs
- Counties have been working to pivot to unexpected revenue increases, much like the state and shore up providers and services, but are also needing to be mindful of future downturns

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County MHSA Spending Goal:

GOOD FISCAL STEWARDSHIP

- Meet legal obligations (i.e., planning process, categorical spending, prudent reserve/reversion)
- Meet ethical obligations (e.g., address community needs, meaningful community stakeholder engagement, and avoid starts and stops to services which could be harmful to clients and create chaos for providers)
- Meaningful Transparency that helps to inform local and statewide stakeholder decisions and oversight.

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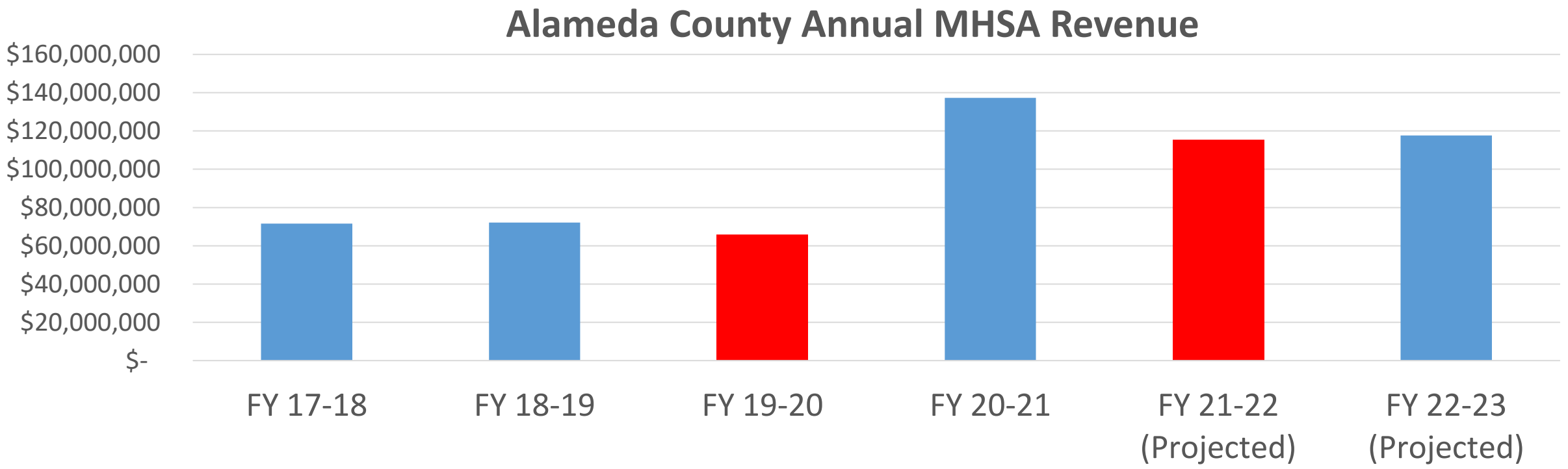

Fiscal Year	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22 (Projected)	FY 22-23 (Projected)
MHSA Revenue	$ 71,629,573	$ 72,099,545	$ 65,694,634	$ 137,256,052	$115,290,355	$ 117,680,000
% Change from Previous Year	10%	1%	-9%	109%	-16%	2%

Previous & Current MHSA Funding Estimates for FY 22/23

When the Three-Year Plan was developed FY 22/23 revenue was estimated to decline to $55.7M

Current revenue estimates for FY 22/23 are much higher at $111.7M (100% increase)

MHSA funding is highly volatile where annual revenue estimates can be sensitive to external events and inaccurate projections from the State. Final revenue amounts are not known until the end of the fiscal year.

MHSA FY 22/23 Fiscal Overview Highlights

MHSA Funding Estimates (in millions)

Source	All Components	CSS	PEI	INN	WET	CFTN
Unspent funds from prior FYs	89.61	68.20	3.40	14.20	.275	3.51
State Allocation FY 21/22	111.79	84.96	21.24	5.58		
Transfer to WET/CFTN	17.00	(17.00)	5.00	12.00		
Available Funding	201.40	136.16	24.64	19.79	5.27	15.51
Projected Expenditures*	173.55	121.44	20.13	11.58	4.92	15.46
Carryover Funds	27.85	14.72	4.51	8.21	.346	.575

*The above budget does not include the Prudent Reserve, estimated to be $14.59M in FY 22/23

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Carryover Overview

Currently, expenditures are higher than the annual MHSA revenue from the state.

Carryover is needed to cover the gap between expenditures and revenue

- The annual carryover amount continues to decrease
- Due to increased revenue projections ACBH is budgeting aggressively for FY 22/23 to reduce the amount of carryover
- ACBH Budget Workgroups have recommended

Reasons for carryover:

- Staff vacancies at both county and CBO level
- Time it takes to implement INN and CFTN projects
- Contractors underspending
- Project delays
- Historical revenue fluctuations

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Proposed MHSA Budget & Community Input Alignment

MHSA Budget for FY 22/23 = **$173.5M**

Based on community feedback we've incorporated an additional $22.9M in projected revenues for FY22-23.

- Provider contract increases to address the workforce crisis
- Develop new INN proposals (peer support and justice involved community)
- Expand workforce financial incentive programming
- Additional funding for the African American focused Wellness Hub
- Increase National Alliance for Mental Illness (NAMI)Empowerment funding
- Expand Housing rental subsidies
- Increase in Crisis Line/Text Line and Suicide Prevention Education funding
- Increase funding for the Afghan community and other racial ethnic focused communities
- Additional financial supports to multiple PEI programs to reduce isolation and stigma and promote increased health and wellness

New/Expanded Partnerships

- **Office of Homeless Care & Coordination (OHCC):** Aligning MHSA funding with Home Together 2026 Community Plan
- **Hospitals & Primary Care:** Alameda Health Systems and Washington Hospital projects
- **District Attorney's Office and Law Enforcement:** New Forensic INN Projects
- **Enhanced relationship with Peer and Family member Community:** Peer Specialist certification and INN projects

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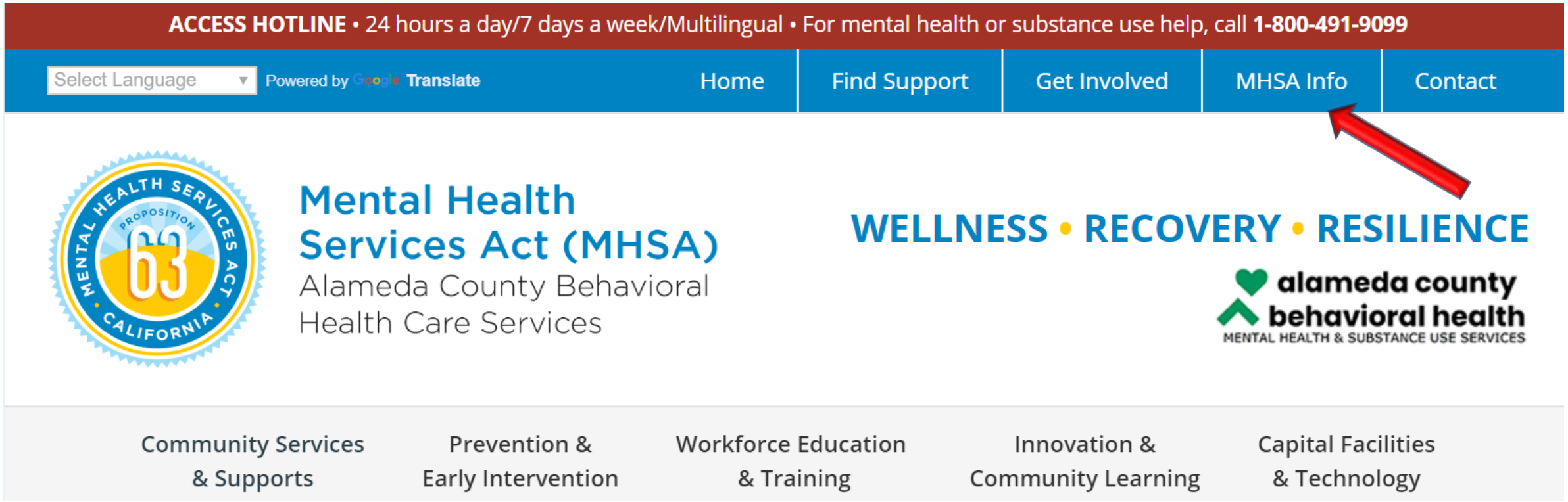
MHSA Website www.ACMHSA.org



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

Questions & Discussion
Thank You

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