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Mental Health Services Act Three-Year Program & Expenditure Plan FY 2023-2026

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**Alameda County Board of Supervisors, Health Committee
July 17, 2023**

MHSA Three-Year Plan Presentation Highlights

Presentation Purpose: Presenting program and fiscal updates from the draft MHSA Three-Year Plan FY 23-26 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 23/24
- FY 23/24 Program Changes
- Modernization of MHSA Governor's Proposal



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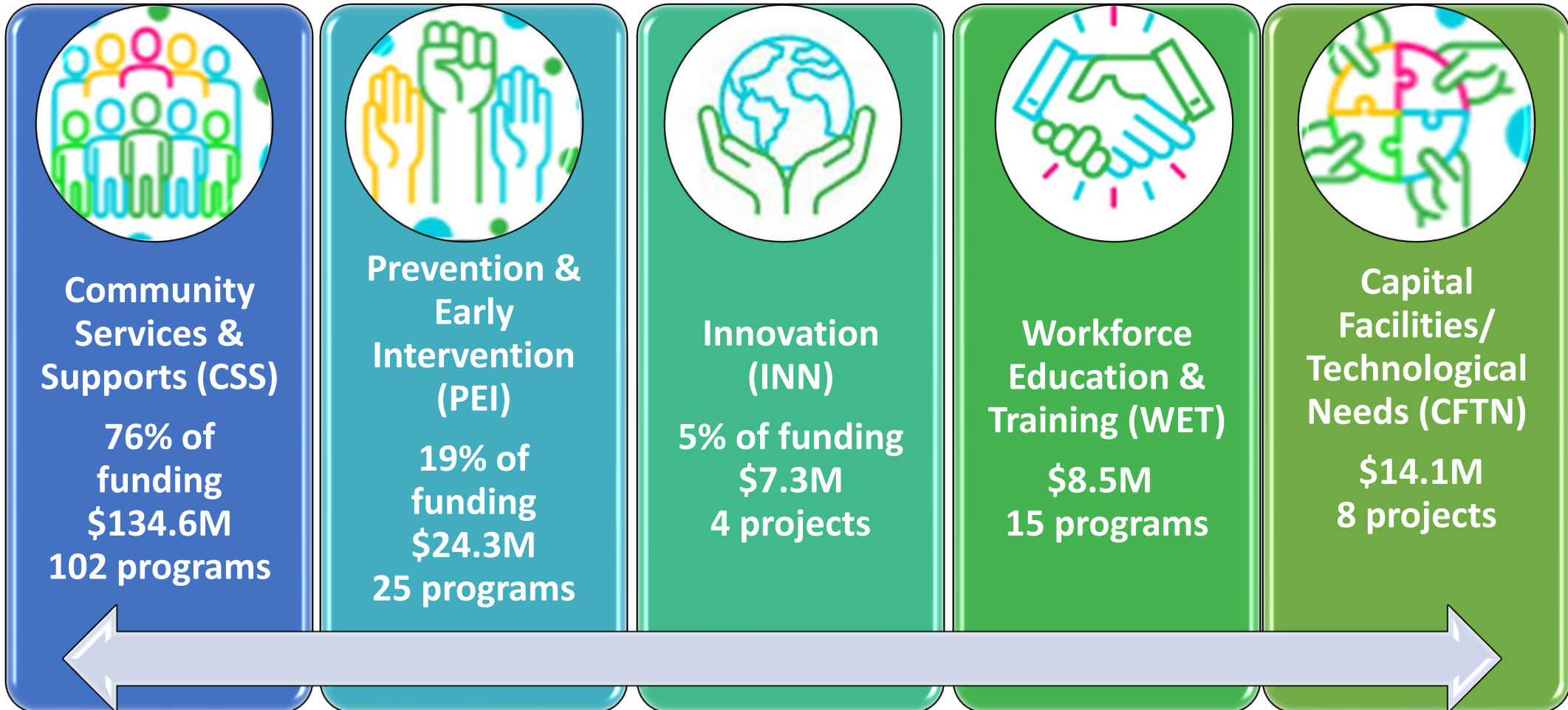
Current Status of the MHSA Three-Year Plan FY 23/24-25/26

- FY 23/24 will be the 1st year of our Three-Year Plan.
- The priorities and services for this Three-Year Plan were generated through the review of revenue projections and community input:
 - *Workforce Crisis/Capacity Building Funds and projects;*
 - *Racial/Ethnic and linguistic focused services;*
 - *Continued partnerships to support Housing programs and Unhoused Individuals and Families with behavioral health challenges, and*
 - *Justice involved individuals who have a severe mental illness and their families.*
- Data in this Plan 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 ACBH incorporated an additional \$12M in projected revenues for FY23/24.



MHSA FY 22/23 Component, Program & Budget Information

- 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.



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FY 22/23 MHSA Program Information Aligned with Community Feedback

Community Services & Supports	Prevention & Early Intervention	Innovation
Types of MHSA-funded Services		
<p>Full Service Partnerships (FSPs) Crisis Services Housing and homeless outreach Integrated Health & Medication Support Wellness Centers Re-entry Services Vocational Services</p>	<p>School-based services & Youth Centers Racial/Ethnic/Cultural/linguistic MH services and supports Suicide education and prevention Stigma reduction programming Faith-based prevention supports</p>	<p>Community Assessment Transport Team (CATT) Supported Housing Community Land Alliance (Land Trust) 2 Forensic programs (1 clinical & 1 Peer/Family Member focus)</p>
Aligned Areas of Community Input and Community Needs:		
<p>Peer/Family support MH Services not incarceration Housing and homeless outreach Depression/MH symptoms Employment</p>	<p>Culturally Responsive programming Suicide Prevention Language capacity Community Violence/Trauma Youth MH services</p>	<p>Housing MH Services not incarceration Peer/Family support Non-Law Enforcement Crisis Services</p>

FY 22/23 MHSA Program Information Aligned with Community Feedback

Workforce, Education & Training	Capital Facilities & Technological Needs
Types of MHSA-funded Services	
<p>Workforce staffing Training/TA Mental Health Career Pathways Internships/Fellowships Financial Incentive Programs 1x Capacity Building Grants</p>	<p>Medical Respite Infrastructure A St Shelter Renovation County facility renovation African American Wellness Hub Behavioral Health Billing System Replacement Software and Consultation</p>
Aligned Areas of Community Input and Community Needs:	
<p>Workforce needs (burn out and lack of capacity)</p>	<p>Support for individuals who are homeless with a mental illness Support for the African American community Increased data and outcome information</p>

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 23/24-25/26
- **FY 23/24 is the 1st 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, 2023-April 30, 2023
- MH Board Hearing: May 15, 2023

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 July 17, 2023
- Full BOS
- For INN projects MHSOAC Approval

Community Input:

Counties conduct a **Community Program Planning Process (CPPP)** every 3 years. Alameda County chooses to gather additional data each Annual Update period.



A CPPP was held between October 28, 2022 through January 31, 2023:



- 14 listening sessions: 170 community stakeholders
- 581 surveys completed
- 100,000 community input invitations

WE WANT TO HEAR FROM YOU!
Help shape and impact Alameda County's mental health system!

Community Program Planning Process
for the Alameda County Mental Health Services Act Three-Year Plan FY23/26

HHREC | Alameda County Behavioral Health | HEALTH & HUMAN SERVICES EVALUATION CENTER

MHSA INVITES YOU TO TAKE THE COMMUNITY INPUT SURVEY
VISIT WWW.ACMHSA.ORG

SURVEY IS AVAILABLE IN THREE LANGUAGES
English Spanish Chinese

[CLICK HERE TO TAKE THE SURVEY](#)



Alameda County Three-Year Planning Process:

MHSA 3YR CPPP	2018-2020	2020-2023	2023-2026*
Outreach Timeline	September-October 2017	April-May 2020	Oct – Jan 2023
Outreach Summary	1,000+	14,069+	100,000+
Survey Responses	550	627	581
Focus Groups	18, 138 participants	12, 198 participants	14, 170 participants
Public Comments	10	227	23

*This is the first year that providers were not over-represented in the survey responses. Of the survey responses: 51% identified as family members, 42% identified as Peers, 34% identified as Providers, 12% identified as the Faith Community, 3% Active Military/Veteran and 2% Law Enforcement agency.

CPPP Results: Mental Health Issues Across the Age Span

Social determinants of health focus, with particular emphasis on:

- Housing/homelessness
- Community violence & trauma
- Family conflict & stress
- Employment

Most pressing Behavioral Health Issues (in addition to needs mentioned above):

- Suicide
- Depression
- Substance Use Disorders (SUD)
- Chronic Health Conditions

*NOTE: *Issues in blue have been identified in several past CPPP's.*



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Community Feedback Trends:

Improvement Needs & Recommendations:

- Screening and assessment (especially for young children)
- Service access and availability, with emphasis on culturally appropriate services, i.e.:
 - *Non-traditional/non-Western treatment and supports,*
 - *Language capacity,*
 - *LGBTQI services, and*
 - *Services for the African American community.*
- Community services
- System navigation & system coordinated care
- Clarifications/narrative expansion

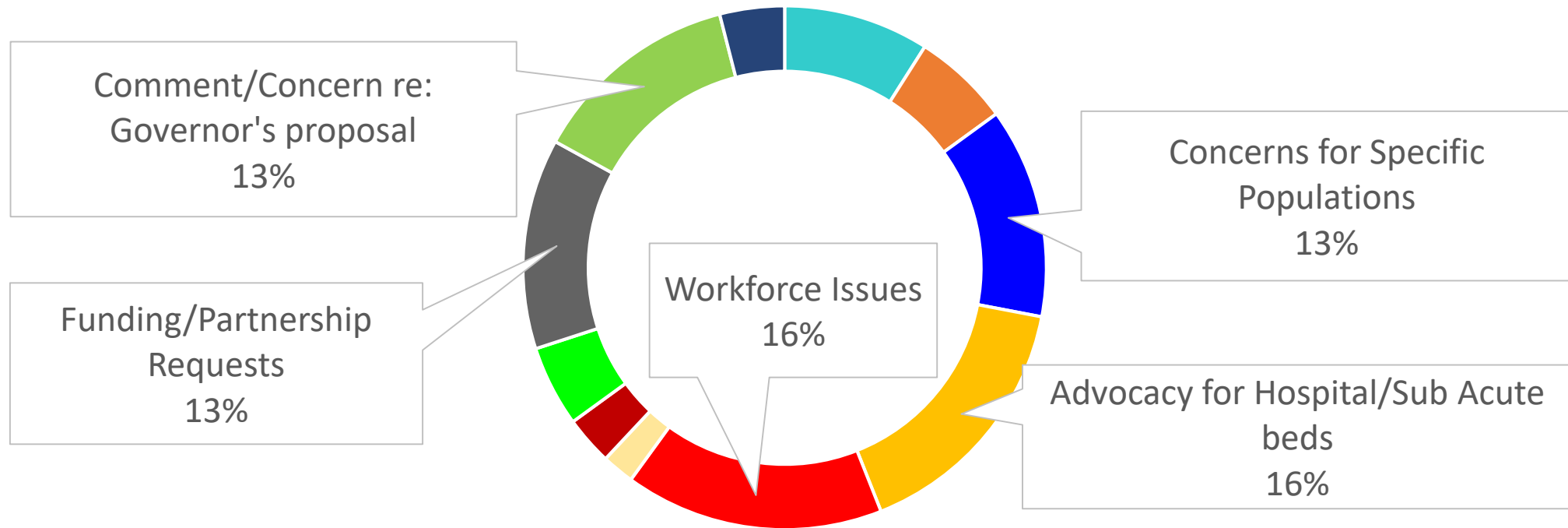
Top Five (5) Most Effective MHSA Service Areas:

- Crisis Services
- Mental Health Outreach Teams (e.g. IHOT)
- Suicide prevention (crisis hotline/training & educations)
- Full Service Partnerships (FSPs)
- Collaborative Courts

All Community
Input can be
viewed in the
Plan
Pg 46



MHSA Public Comment Themes



- Positive Prgm Metrics/MHSA Impact
- Concerns for Specific Populations
- **Workforce Issues**
- Expanded Planning Groups
- Funding/Partnership Requests
- General Comments
- Plan Changes Requests
- **Advocacy for Hospital/Sub Acute beds**
- AA Wellness Hub
- Data/Assessment for Unmet Needs
- Comment/Concern re: Governor's proposal



Proposed Programmatic Changes for FY 23/24, based on previous Community Input

- 1x capacity building grants to address the workforce crisis/CalAIM implementation
- New Transition Age Youth (TAY) Forensic Focused Full Service Partnership
- New Early Childhood Mental Health Services and Consultation program
- Expansion of Asian American & Pacific Islander Older Adult treatment program with City of Fremont
- New Early intervention program for LGBTQI youth/TAY
- New African American community wellness program
- Increase in Peer/Family Member Stipend Policy
- New ACBH-Stanford Public Psychiatry Training Partnership
- Funding for ACBH Forensic Plan (mainly for expansion of crisis services and case management teams)



*Additional
Changes
based on FY
22/23
Community
Feedback,
Current
Needs and
Public
Comment*

- Increased funding to support Crisis Support Services to meet required 988 deliverables.
- Utilizing PEI funding for the upcoming LGBTQI and Early Childhood MH Consultation programs.
- Expanding the number of clinicians funded for the Collaborative Courts.
- Expanding the AAPI Older Adult program with the City of Fremont.
- Releasing a **second round of 1X Capacity Building Funds** for ACBH contracted providers for the areas of workforce retention and CalAIM readiness.
- **Exploring the development of a new *Innovations* program** over the next year on the topic of **Telehealth**.
- Developing programming which provides greater access to the city of Pleasanton through **Transportation support** and additional outreach through the Pleasanton Wellness Center.





How Much Did We
Do?



How Well Did We
Do It?



Is Anyone Better
Off?

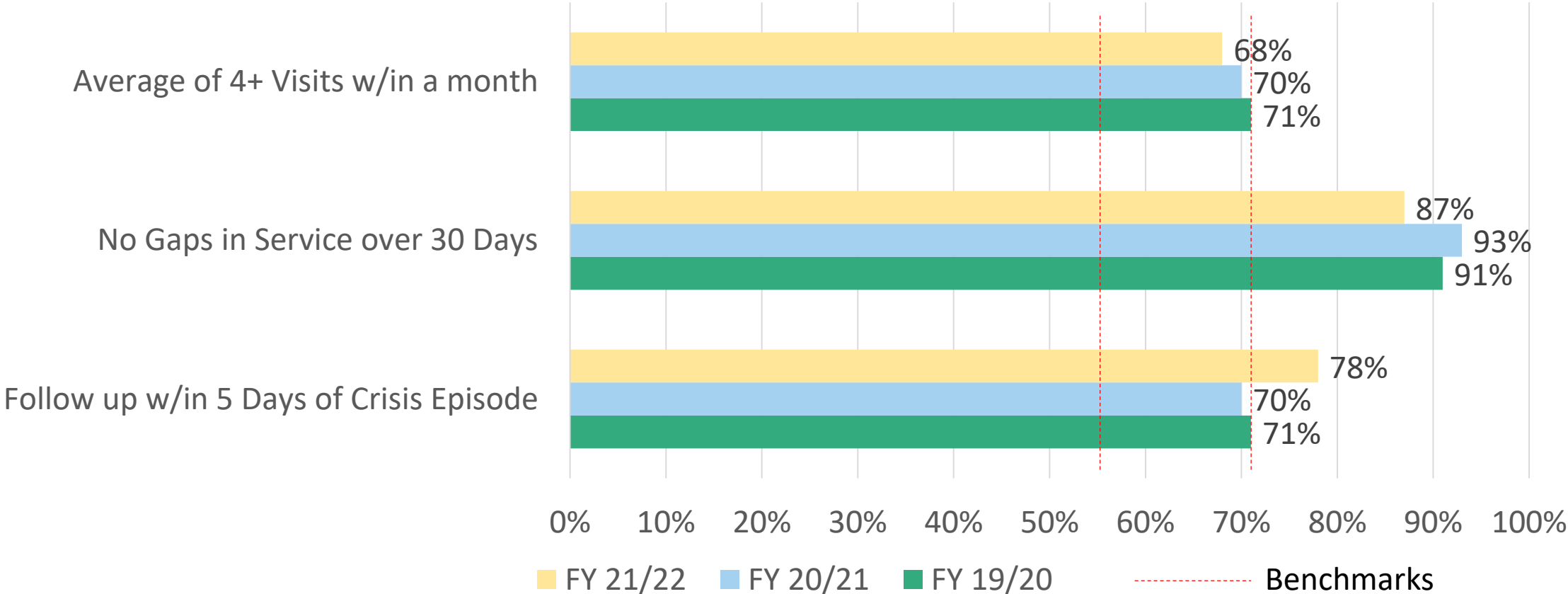
MHSA Components & Program Summaries:

Each MHSA component contains program summaries following this **standardized format**:

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

Full Service Partnership (FSP) Program Highlights

How Well Did We Do? (Quality of Service)

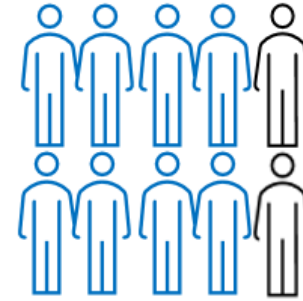


Program Outcome Highlights, FY 21/22 data

Is Anyone Better Off?? (Program Impact)

8 out of 10

Amber House Crisis Stabilization clients were **connected to BH services within 30 days of discharge.**



65% of FSP clients were **connected to primary care services.**



74% of Bonita House, Berkeley Wellness Center clients reported that they are **“better able to manage their physical and mental health needs”** as a result of the services they received at the Center.



Quotes from the Annual FSP Fidelity Review Process:



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“I have a lot of good experience with the BACS [HEAT] team. I really appreciate [them] helping me with my medications to stay healthy. [They] are really personable and flexible.”

“I was always in the hospital before the program. Now I’m not.”

“I receive numerous support and services [from CHANGES]. The big ones are getting a driver’s license, going to school to get my GED, going to truck driving school. Better management of my money. Emotional, physical, and mental support.”

“[CHANGES] is great. Basically, a life saver. I applaud them during the pandemic to come to our home. The home visits were on point. [My son] is actually back in school. [CHANGES] motivates him. It’s teamwork.”

Project Highlight: Supportive Housing Community Land Alliance (SHCLA), INN Project

SHCLA is a *nonprofit community land trust organization*, developed with MHSA Innovation (INN) funding, whose mission is to ease the housing crisis for people living with serious mental health challenges in Alameda County. The overall budget for this five-year INN project is \$6.17M

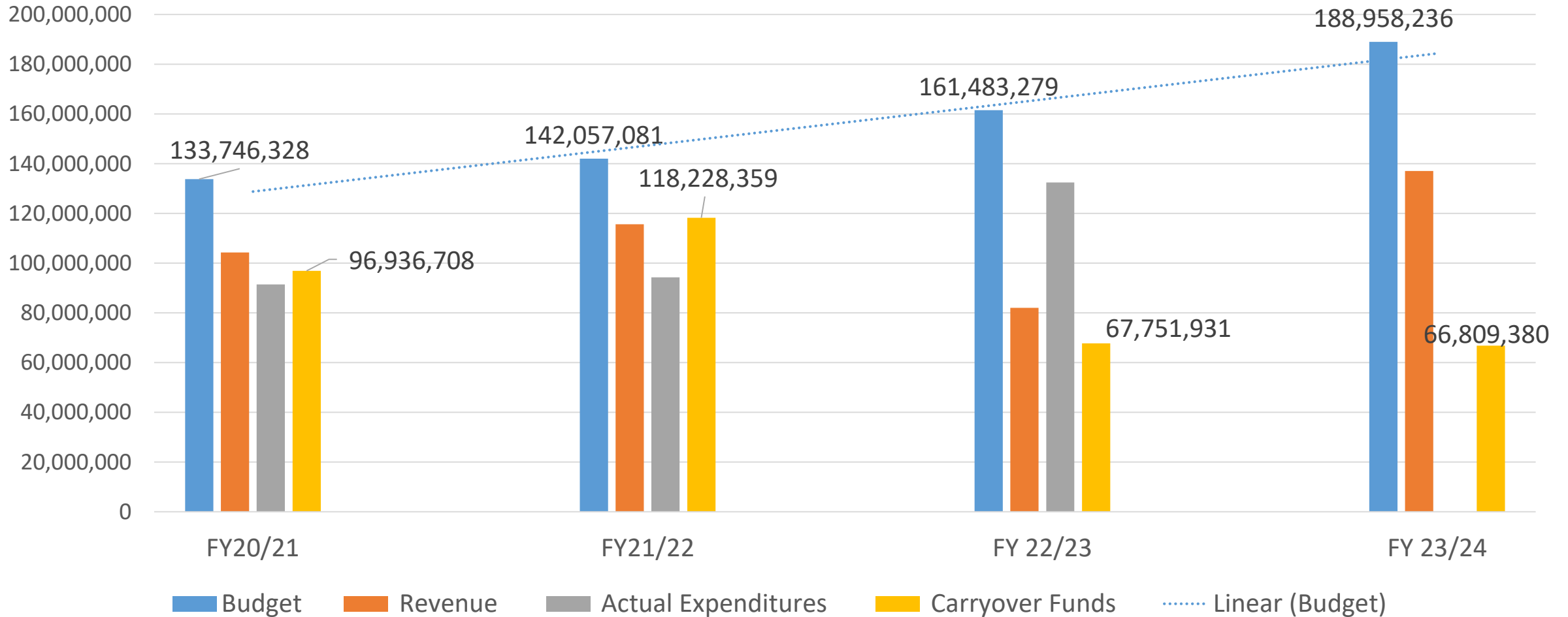
Updates include:

- Multiple grants have been submitted for funding opportunities for housing purchases.
- First community gathering was held on May 20th at the Oakland Museum. The event served as an update on SHCLA's progress and plans to create board and care homes and the family partnership models.
- Outreach to Lifelong, West Oakland Health, and Native American Health Center regarding services and partnerships.

More information can be found at: <http://www.shcla.land>



MHSA Fiscal Trend Summary Information



Notes: FY 20/21 revenue includes deferred revenue from FY 19/20
 FY 20/21 and FY 21/22 Actual Expenditures haven't been finalized yet; FY 22/23 data are estimates
 FY 22/23 Revenue is less due to deferred tax payments, this will be recouped in FY 23/24

MHSA FY 23/24 Fiscal Overview Highlights

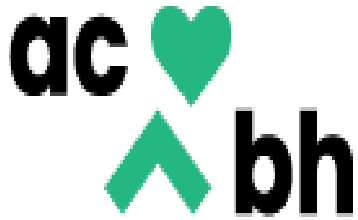
MHSA Funding Estimates (in Millions)

Source	All Components	CSS	PEI	INN	WET	CFTN
Unspent funds from prior FYs	118.67	86.52	6.07	17.63	1.46	6.97
State Allocation FY 23/24	137.09	104.18	26.04	6.85		
Transfer to WET/CFTN	(15.50)	(15.50)			7.50	8.00
Available Funding	255.76	175.21	32.12	24.49	8.96	14.97
Projected Expenditures*	188.95	134.63	24.30	7.37	8.54	14.10
Carryover Funds	66.80	40.57	7.82	17.11	.418	.869

*The above budget does not include the Prudent Reserve, estimated to be \$14.59M in FY 23/24



MHSA Carryover & Trust Fund Account:



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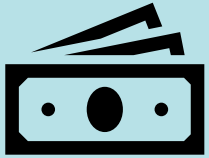
Continued Carryover, mainly driven by:

- *CSS, INN and CFTN Components*
 - *Staff vacancies at CBO and county level; and*
 - *Delay or slow ramp up/implementation of new projects.*
- Carryover funds are held in the Trust Fund account and are utilized in the next fiscal year to cover the gap between the MHSA budget and MHSA revenue.
 - Carryover funds are utilized to cover expenses when MHSA revenues are less than estimated due to delayed taxes or a sweep of funds by the Governor.
 - The Trust Fund account acts as a “checking account” where funds are transferred directly to the ACBH revenue account on a quarterly basis to support the expenditures including provider reimbursement.
 - No Alameda County MHSA funds are currently at risk for reversion.



Changes Between the Previous and New Three-Year Plan

- Increase in MHSA budget and spending:
 - *FY 20/21 budget \$133.7M FY 23/24 proposed budget \$188.9M*
- Increase in Programming based on Community Input and Need
- Increase in Tracking of Outcome Metrics
- Increased Fiscal support for Providers:
 - MHSA COLA, Contract Augmentations and Capacity Building Opportunities
- Increased Peer and Family Member Support



2024 Ballot Initiative: Modernizing Our Behavioral Health System & Building More Mental Health Housing

Governor Newsom has proposed a March 2024 ballot initiative to improve how California treats mental illness, substance abuse, and homelessness. This initiative will cover three (3) areas:

- **A General Obligation Bond to build state-of-the-art mental health treatment residential settings** in the community to house Californians with mental illness and substance use disorders and to create **housing for homeless veterans**
- **Modernize the Mental Health Services Act**, and
- **Increase Accountability and Fiscal Transparency** of all funding streams.



Governor's “Transformation of Behavioral Health Services”

1. Housing and behavioral health treatment in unlocked, community-based settings (AB531)

- New unlocked community behavioral health beds in residential settings (6000+ units/beds)
- Permanent supportive housing for people with behavioral health conditions (1,800 units)
- Housing for veterans experiencing or at risk of homelessness who have behavioral health conditions (1,800 units)

2. Reforming the Mental Health Services Act to the *Behavioral Health Services Act (SB326)*

- Commits 3% of county allocations to develop a statewide workforce initiative
- Changes local categorical funding buckets
- Broadens the target population to include those with debilitating substance use disorders
- Focuses on the most vulnerable individuals with a mental illness or substance use disorder

3. Focusing on outcomes, accountability, and equity

- Requires a new County Integrated Plan for Behavioral Health Services and Outcomes
- Increases Fiscal accountability, reporting and updates to county spending and revision of county processes
- Reduces the allowable prudent reserve from 33% to 15% for large counties, such as Alameda



Behavioral Health Services Act (SB326)

Replaces Components with Four New “Buckets” for Assigning BHSA Allocations:

1. Housing Interventions 30%

- Rental subsidies, operating subsidies, capital investments and nonfederal share for transitional rent.
- No more than 25% for Capital, including BH facilities to serve homeless
- As of June 2023, outreach or navigation services are not included in this bucket

2. Full-Service Partnerships 35%

- Includes Assertive Community Treatment and Forensic Assertive Community Treatment “to fidelity”

3. Behavioral Health Services and Supports 30%

- A majority (15%+) must be spent on early intervention

4. Prevention 5%:

- population-based mental health and substance use disorder prevention



Estimated Impacts on Alameda County MHSA using FY 24-25 State Revenue Projection:

FY 24/25: Revenue Estimate= \$129,180,215 – **3% (\$3,875,406)** off the top for Statewide WET = \$125,304,809

FY 24/25 Budget Estimate= \$141,191,568

FY 24/25 Budget Estimate Breakdown using proposed new components:

- 1. Housing 30% = 42,357,470**
 - Current Projected Housing Budget: \$14,592,048 (+27,765,422)
- 2. Full-Service Partnerships 35% = \$49,417,048**
 - Current Projected Budget: \$26,777,629 (+22,639,419)
- 3. BH Services and Supports 30% = \$42,357,470**
 - Current Budget Plan for Non-FSP, INN, WET, CFTN: \$77,695,838 **(-35,338,368)**
- 4. Prevention 5% = \$7,059,578**
 - Current Budget Plan for PEI: \$20,126,051 **(-\$13,066,473)**



MHSA Website www.ACMHSA.org

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Community Services
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Prevention &
Early Intervention

Workforce Education
& Training

Innovation &
Community Learning

Capital Facilities
& Technology

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

Questions & Discussion

Thank You



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