

Alameda County Behavioral Health Care Services

Departmental Overview

MHSA Three Year Program & Expenditure Plan FY 2023-2026

Statewide Initiative Planning & Discussion (Proposition 1)

Presenters:

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Summary

- Pursuant to current legislation, the Mental Health Services Act requires that counties complete a 3-Year Plan in addition to providing yearly updates to their Board of Supervisors and the Community.
- We will be presenting the results of the MHSA community planning process and highlight an overview of the contents of Alameda County's 3-Year MHSA plan. This plan incorporates stakeholder input, performance data, and system needs for Fiscal Years 2023-2026.
- As Fiscal Year 2023-2024 is the first year of our MHSA Plan, we are seeking your formal approval of the plan after having presented it to the Board of Supervisors' Health Committee on July 17, 2023.
- In addition to requesting your approval for the MHSA 3-Year Plan, the Department will provide critical information regarding a pending statewide Ballot Measure (March 2024) that, if passed, will significantly change the funding structure, eligible components, requirements, and purpose of this funding stream for your consideration and advanced awareness.

Agenda:

Presentation Highlights:

- Current Status of the Three-Year MHSA Plan
- Themes from the Community Program Planning Process (CPPP) & 30-Day Public Comment period
- Fiscal Overview Fiscal Year (FY) 2023-2024
- FY 2023-2024 Program Changes
- *Proposition 1: Modernization of MHSA*

Mental Health Services Act (MHSA)

Overview/Review



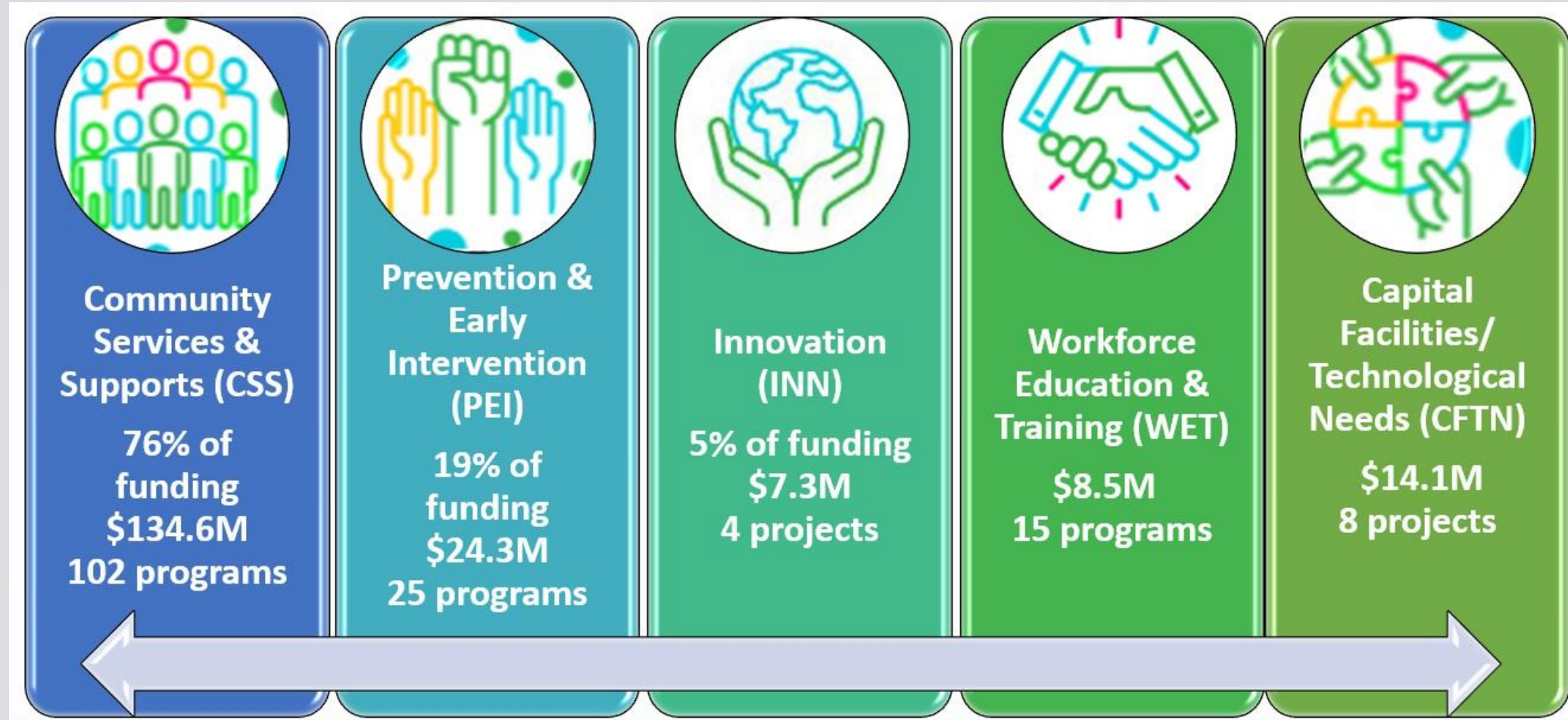
Current Status of the MHSa Three-Year Plan

Fiscal Years 2023-2024 through 2025-2026

- FY 2023-2024 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;
 - **Racial/Ethnic and Linguistic** focused services;
 - **Continued Partnerships to Support Housing** programs and Unhoused Individuals and Families with behavioral health challenges,
 - **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 FY 2023-2024.



MHSA Update: CURRENT State



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 in Alameda County between October 28, 2022, through January 31, 2023:**
 - 14 listening sessions: 170 community stakeholders
 - 581 surveys completed
 - 100,000 community input invitations



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 (# of groups, participants)	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.



Community Feedback Trends:

Improvement Needs & Recommendations:

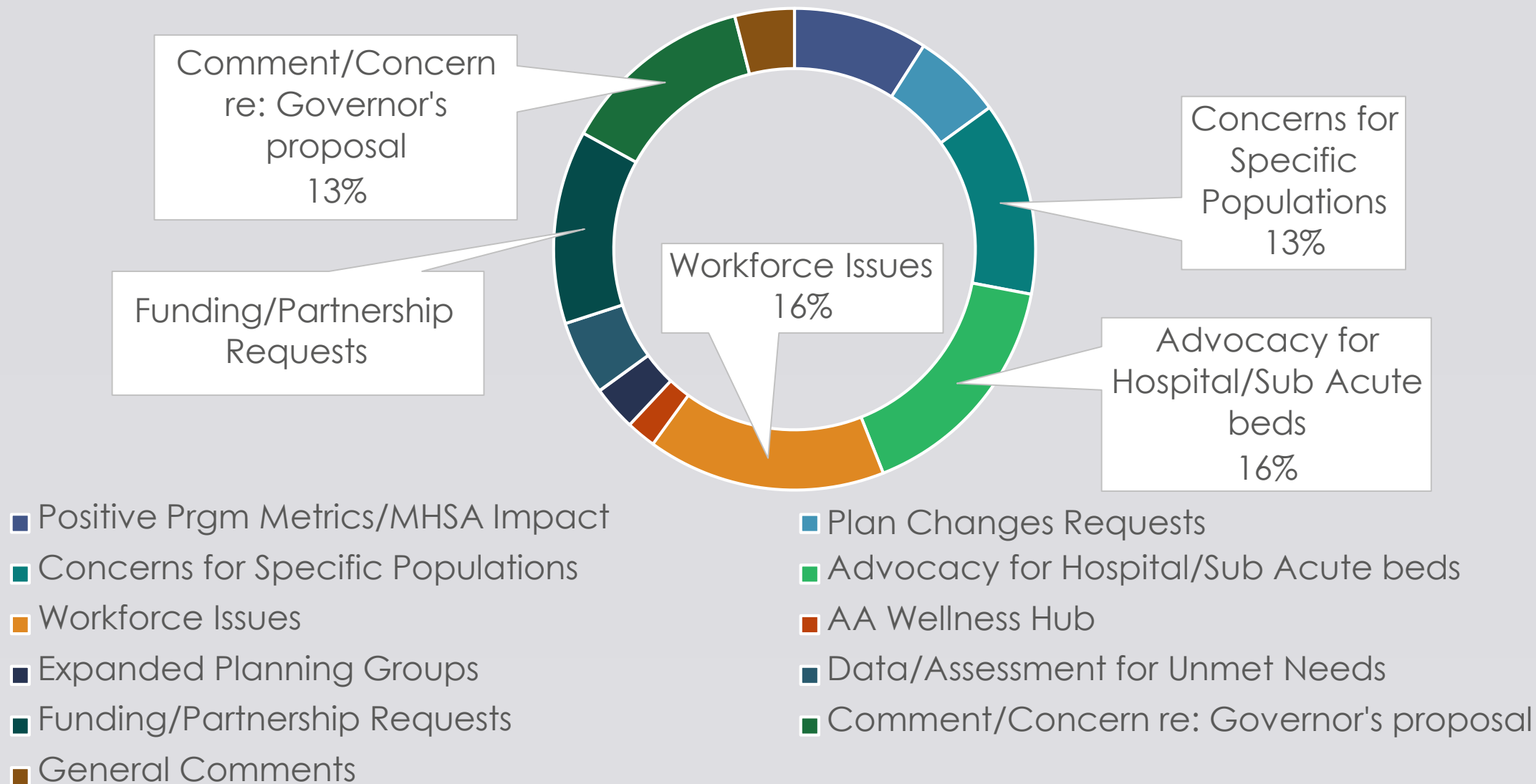
- **Screening and assessment**
- **Service access and availability, with emphasis on culturally appropriate services;**
 - Non-traditional/ non-Western treatment and supports,
 - Language capacity,
 - LGBTQI services, and
 - Services for the African American Community.
- **Community Services**
- **System navigation & coordinated care**
- **Clarification/MHSA Report narrative expansion** (i.e., requests for content clarification, details, metrics, etc.)

Top Five (5) Most Effective MHSA Service Areas:

- **Crisis Services**
- **Mental Health Outreach Teams (e.g., IHOT)**
- **Suicide Prevention (Crisis hotline/training & education)**
- **Full-Service Partnerships (FSPs)**
- **Collaborative Courts**



All
Community
Input may
be viewed
within the
MHSA Plan
Pg 46



Proposed Programmatic Changes for FY 23/24

(Based upon prior years' Community Input)

- 1X **Capacity-building Grants** to address the Workforce Crisis and CalAIM* Implementation.
- New **Transition Age Youth (TAY)** Forensic-focused Full-Service Partnership (**FSP**).
- New **Early Childhood Mental Health** Services and Consultation program.
- Expansion of **Asian American & Pacific Islander Older Adult Treatment** program with the City of Fremont.
- New Early intervention program for **LGBTQI Youth/TAY**.
- New **African American Community** Wellness Programming.
- New **ACBH – Stanford** University Public **Psychiatry Training Partnership**.
- **Expansion of Crisis Services and Case Management Teams** (aligned with ACBH Forensic Plan).



***CalAIM**: California Advancing & Innovating Medi-Cal.

**Additional
Changes**
based upon
Fiscal Year
2022-2023
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.

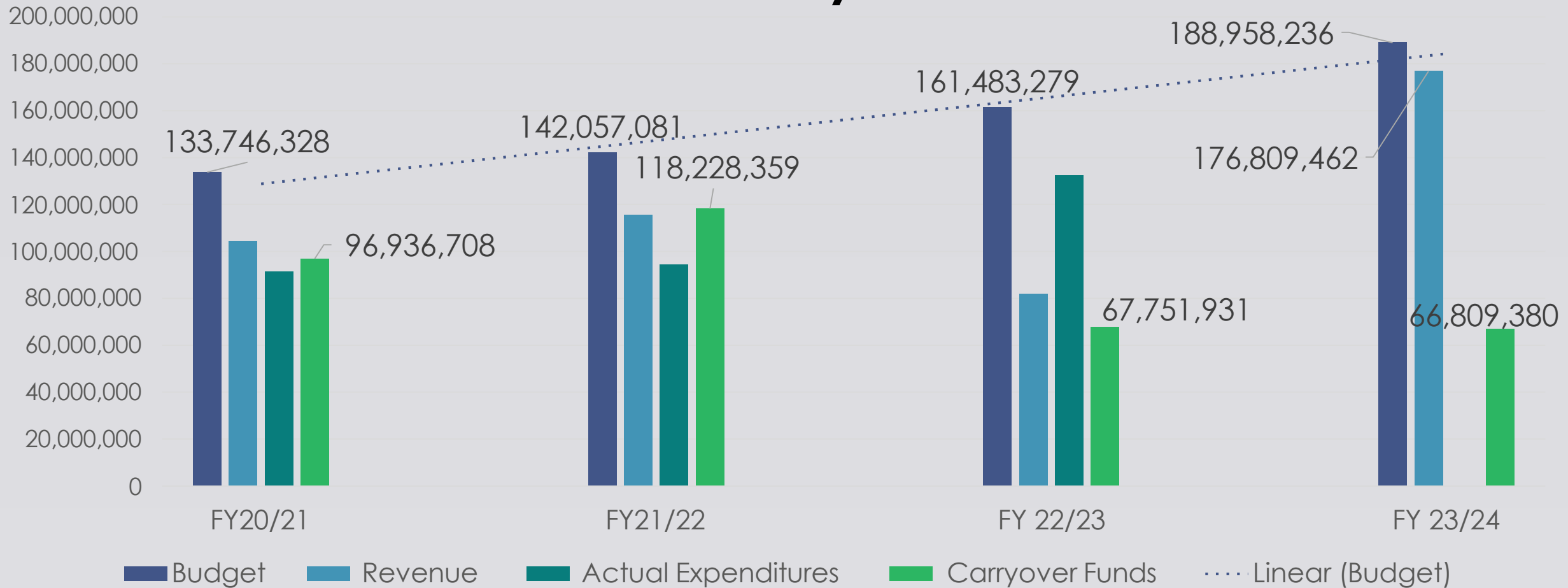
MHSA Budget & Financials:

Departmental Summary



- **Total ACBH Budget for FY 23/24: \$696.6M**
 - 791 County Civil Service positions
 - 3,000-4,000 positions with community-based providers
 - **MHSA Plan Budget for FY 23/24: ~\$188M**
- **ACBH FY 22/23 Total Approved Budget is \$653.4M**
 - 790 County Civil Service positions
 - 3,000-4,000 positions with community-based providers
- **MHSA FY 22/23 Budget is \$161.4M**
 - Approximately 24% of the overall ACBH Budget
 - 177 County Civil Service positions (20%)
 - 16,000+ individuals served in MHSA funded treatment programs
 - 9,000+ individuals served in MHSA PEI funded programs

MHSa Fiscal Trend Summary Information



Modernizing MHSA

BHSA: The New System & Framework



“Modernizing” MHSA

Behavioral Health Services
Act



Governor Newsom has proposed a March 2024 ballot initiative called Proposition 1 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** (AB531),
- **Modernize the Mental Health Services Act** (SB 326), and
- **Increase Accountability and Fiscal Transparency** of all funding streams.

MHSA → Behavioral Health Services Act

Replaces Components with Four (4) New “Buckets” for Assigning BHSA Allocations:



Proposition 1: March 5, 2024 - Ballot Language

Proposition 1: "Prop 1" proposes a variety of changes to the funding structure and name of the Mental Health Services Act and issue bonds for veteran housing and homeless projects.

A "yes" vote supports:

- ❑ Renaming the Mental Health Services Act ("MHSA" circa 2004) to the Behavioral Health Services Act (BHSA) and expanding its purpose to include substance use disorders;
- ❑ Changing how revenue from the 1% tax on income over \$1 Million Dollars is spent under the law, including requiring 30% of the Behavioral Health Services Fund be allocated to housing intervention programs;

- ❑ Increasing the size of the oversight commission from sixteen (16) to twenty-seven (27) voting members; and
- ❑ Issuing \$6.380 billion in bonds to fund housing for homeless individuals and veterans with mental health or substance use disorders.

A "no" vote opposes:

- ✓ Modifying the Mental Health Services Act (MHSA) and issuing \$6.4 billion in bonds for homeless individuals and veterans.
- ✓ Therefore, current structures, funding, and programs remain intact.

Current state through MHSA:

- **76% Community Services and Supports**
 - 38% Full-Service Partnerships (*51% of the 76%*)
- **19% Prevention & Early Intervention**
- **5% Innovation**
- **Capital Facilities and Technology**
- **Workforce Education and Training**
- **Prudent Reserve**
- **5% State Admin Funds**

Proposed under BHSA:

- **30% Housing Interventions**
- **35% Full-Service Partnerships**
- **35% Behavioral Health Services and Supports**
 - $\geq 51\%$ Early Intervention
 - $\geq 51\%$ Children and Youth
 - Workforce Education and Training
 - Capital Facilities and Technology
 - Innovative Pilots and Projects
 - Prudent Reserve
- **10% State Admin Funds**
 - $\geq 4\%$ Population-Based Prevention
 - $\geq 3\%$ Workforce Initiative
 - $\leq 3\%$ State Admin Funds
 - $\leq \$20$ million annually for the Innovation Partnership Fund

Housing Interventions 30%

- Rental subsidies, operating subsidies, capital investments and nonfederal share for transitional rent, housing navigation, tenancy sustaining services, rental deposits.
- $\geq 50\%$ must be focused on the homeless and encampments.
- 25% for Capital, including BH facilities to serve the homeless.

Substance Use Disorder

- Counties can choose to provide SUD based on data and stakeholder engagement.

Full-Service Partnerships (FSP) 35%

- Includes Assertive Community Treatment (ACT), and Forensic Assertive Community Treatment (FACT) models “to fidelity”.
- Housing Supports for FSP clients to be covered from the Housing Intervention bucket.
- Vocational services can be included.

Flexibility

- Counties can shift funds based on needs:
 - 2026-2029 Plan: 7% from each bucket, up to a maximum of 14%.
 - Amount that can be transferred decreases over time.
- Counties will maximize, rather than exhaust, the use of other available funding (i.e., Medi-Cal, realignment, etc.)

County Integrated Plans:

- Includes goals to reduce disparities.
- Incorporates feedback from peers and families in addition to greater outreach/integration.
- May provide supports and trainings for meaningful stakeholder and peer & family participation.

County Behavioral Health Outcomes, Accountability, and Transparency Report:

- Metrics established by DHCS shall be used to identify demographic and geographic disparities in programs and services.

Revenue Volatility/Prudent Reserves:

- The Behavioral Health Services Act Revenue Stability Workgroup will develop and recommend solutions to reduce revenue volatility and to propose appropriate prudent reserve levels to support the sustainability of county programs and services.

Changes to County Mental Health/ Behavioral Health Advisory Boards:

- Requires one of the consumer members of a local behavioral health board be 25 years or younger.

Potential System Impacts & Planning

**MHSA to BHSA Transitioning:
Revenue Implications & Potential Impacted Programming**



Estimated Impacts based upon Fiscal Year 2024-2025 State Revenue Projection & Budget

FY 24/25: Revenue Estimate = \$129M – 5%* (\$6.5M) for Statewide WET, PEI & INN grants = \$122.5M of revenue

FY 24/25 Budget Estimate= \$133.7M

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

Housing 30% = \$40.1M

➤ **Current Projected Housing Budget:** \$13.8M (+\$26.3M)

Full-Service Partnerships 35% = \$46.8M

➤ **Current Projected Budget:** \$25.3M (+\$21.5M)

BH Services and Supports 35% = \$46.8M

➤ **Current Budget Plan for Non-FSP, PEI, INN, WET, CFTN:** \$94.6 (47.8M)

*The total is 10% for Statewide activities, however, 5% is currently being allocated to the state for administrative purposes.

**Additionally, a shift of treatment funding will result in an estimate of \$8.4M reduction to Medi-Cal Federal Financial Participation.

Examples for Discussion ONLY

Crisis Services
Wellness Centers
Primary Care Integrated
Services
Medication Support
Internship Stipends
Outpatient Services
Forensic Services
Peer Respite
Community College Pipeline Work
Suicide Prevention
Early Psychosis
Peer/Family Member Supports
Multiple PEI programs & UELP

Considerations & Context:

- **ACBH “True North Metrics”:**
 - Quality; Investment in Excellence; Accountability; Financial Sustainability; & Outcome-Driven Goals.
- **Existing System Priorities & Landscape:**
 - Crisis Services, Response, or Coordination
 - Forensic Services: Diversion, Re-Entry, and other Supports/Modalities
 - Opioid Prevention and Treatment/ Treatment of Substance Use Disorders
 - System Integration (Behavioral Health, Primary Care, and Community)
 - County Priorities
 - Technical Assistance/ Quality Improvement
 - Infrastructure & Capacity Building
 - Policy & Regulatory Requirements (including Legislative or Policy Changes impacting BH Services)
- **Opportunities:**
 - Community-Driven Approach
 - Cost Leveraging & Program Alignment to meet potential new BHSA Requirements
 - Provider Input & Planning
 - Program Re-Design

Your input...



- **Strategies – County-wide considerations?**
- **BOS advisements on where to focus, for example, in terms of program planning?**
- **New System Priorities to be considered?**
- **Ideas for successful (and intentional) integration of Housing-focused approaches?**
- **Workforce concerns and recommendations?**
- **ETC?**

Next Steps:



- ☐ Request your Board's approval of the Alameda County MHSA 3-Year Plan (Fiscal Years 2023-2026).
- ☐ Seek your Board's input regarding the potential implementation of Proposition 1 (MHSA → BHSA)
- ☐ ACBH will:
 - ☐ Continue to implement, monitor, deliver or administer services within the approved 3-Year MHSA Plan as indicated in the current legislation.
 - ☐ **Should Proposition 1 be Passed** in March 2024:
 - Conduct Systemwide Stakeholder Engagement.
 - Provide an update(s) to the BOS regarding its planning process.
 - Work with local providers, county programs, agencies, and departments to prepare for program or funding changes required by law.
 - Develop a structured plan informed by data, performance, legislative requirements, equity, and community need.

Questions or Comments?



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THANK YOU