



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Community Input Meeting Spring 2020

*Developed by the Mental Health Services Act Division,
Alameda County Behavioral Health Department*

Mental Health Services Act

The Mental Health Services Act (MHSA) emphasizes Transformation of the Mental Health System and Improving the Quality Of Life for people living with mental illness and those at-risk for mental illness and/or mental health challenges.

- 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.
- In Alameda County, the Alameda County Behavioral Health (ACBH) Department operates and/or administers services programs, projects, and initiatives developed and contracted through MHSA funding.



MHSA Goals & Values

Goals

- Transformation of mental health system
- Improved quality of life for consumers
- Effective treatment, prevention and early intervention services
- Outreach support services and family involvement
- Increase access and reduce inequities for unserved, underserved and inappropriately served populations

MHSA Core Values

- Community Collaboration
- Cultural Responsiveness
- Consumer and Family Driven
- Wellness, Recovery, Resiliency
- Integrated Service experience

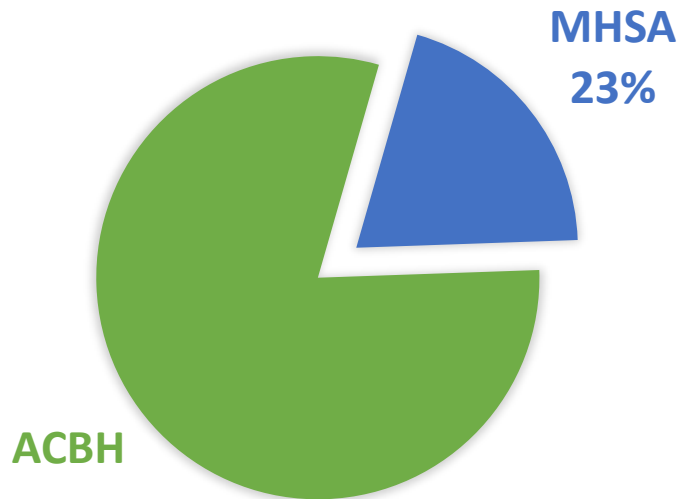


MHSA: What is the budget?

ACBH FY 19/20 Total Approved Budget of \$540.4M

- *693 County Civil Service positions*
- *3,000+ positions with community-based providers*

MHSA Annual Budget is \$129M (approximately 23% of the overall ACBH Budget)



- *172 County Civil Service positions (25%)*
- *16,340 individuals served in MHSA funded treatment programs*
- *8,759 individuals served in MHSA PEI funded programs*



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 Mental Health Service Act (MHSA) programs and expenditures.

- **Alameda County's Three Year Plan: FY 17/18-19/20**
- **FY 19/20 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: December 11-January 13, 2020**
- **MH Board Hearing: January 13, 2020**

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 Board of Supervisor adoption.

- **BOS Health Committee February 24, 2020**
- **Full BOS, April, 2020**
- **For INN projects MHSOAC Approval**



MHSA: What are the regulations?

Component	Regulations
Community Services & Supports (CSS)	<ul style="list-style-type: none"> • 76% of the annual allocation must be spent in this component area • At least 50% must be spent on “Full Service Partnership clients”
Prevention & Early Intervention (PEI)	<ul style="list-style-type: none"> • 19% of the total allocation must be spent in the PEI component • >50% must be spent on activities that serve clients age 25 or younger
Innovative Programs (INN)	<ul style="list-style-type: none"> • 5% of total allocation must be spent on INN • Must be spent on one-time innovative projects that address a “learning question” with duration of no longer than 5 years • Must be approved by MHSOAC before funds can be spent
Workforce Education & Training (WET), Capital Facilities /Technological Needs (CFTN), Prudent Reserve (PR)	<ul style="list-style-type: none"> • Can choose to add up to 20% of previous 5-year allocation average to CFTN, WET or the Prudent Reserve. Funds must be transferred from CSS component.
Community Program Planning Process (CPPP)	<ul style="list-style-type: none"> • Counties are required to conduct a Community Planning Process (CPP) every 3 years in relation to their Three Year MHSA Plan.



MHSA: Who Does It Serve?

- Individuals with serious mental illness (SMI) and/ or severe emotional disorder (SED)
- Individuals not served /underserved by current mental health system
- Voluntary services

**Non-supplantation: MHSA may not replace existing program funding or use for non-mental health programs.



MHSA: Five Plan Components

Community Services & Supports	Prevention & Early Intervention	Workforce, Education & Training	Capital Facilities & Technological Needs	Innovative Programs
41 ongoing programs	38 ongoing programs	10 programs and strategies	11 projects	3 approved projects 1 pending project
\$88.23M annually	\$15.1M annually	\$3.3 M annually	\$13.6 M	\$6.3M



MHSA FY 19/20 Plan Update Highlights:

Housing: Expansion of **100 FSP service and housing** slots. Expansion of the **Housing Support Program** (licensed board and care subsidy program).

Education & School-based services: New **School-based mental health services** in Oakland Unified School District. Initiated the ***Ohlone Community College Mental Health Training and Advocacy Pilot***.

Outpatient, Community Based, and Crisis Services: Opening of the ***Berkeley Wellness Center***. Opening of a dual **Crisis Residential/Stabilization program (*Amber House*)**.

Stigma Reduction & Innovations: Awarded new **Faith and Spirituality-based stigma reduction program focusing on the African American community**. Innovation project to increase community input capacity for **new Innovation ideas**.

Capital Projects: Capital Facility **renovation/improvement** projects.



MHSA Priority Areas

ACBH's Top MHSA Priorities*

Housing/Homelessness/Forensic Services

Crisis Services

Payment Incentives for the Full Service Partnership (FSP) Programs

Ethnic and Language focused Services

Suicide Prevention

Workforce Development

*Priorities based on the FY 17/18 Community Planning Process, 2017 Workforce Needs Assessment and the FY 18/19 Plan Update.



WELLNESS • RECOVERY • RESILIENCE

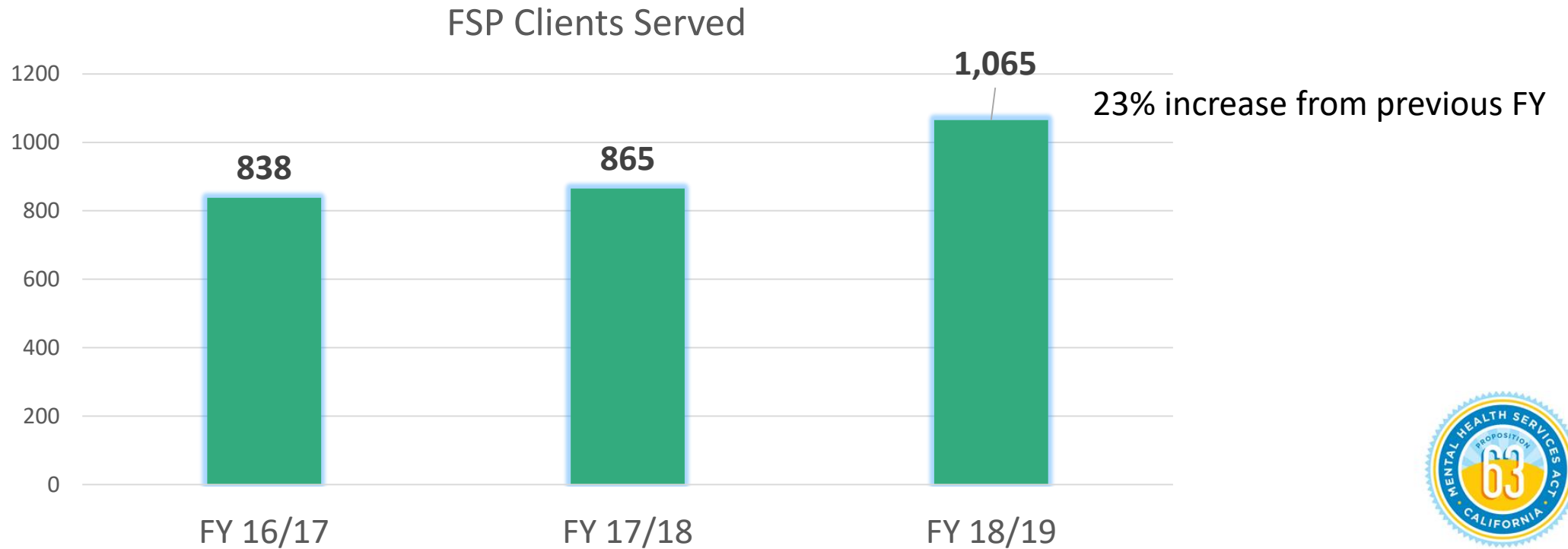
Program Highlight: Full Service Partnerships

- The Community Services & Support (CSS) component is the *largest with 76% of a county's MHSAs allocation reserved for this component.*
- CSS provides funding and direct services to individuals with severe mental illness and is comprised of two service areas: *Full Service Partnerships (FSPs) and Outreach Engagement/System Development (OESD) programs.*
- FSPs** are intensive and comprehensive therapeutic and case management services that are based on a client- and family- centered philosophy of doing "whatever it takes" for children, youth, adults and older adults experiencing symptoms related to Severe Mental Illness or Severe Emotional Disturbance and intended to help them lead healthy, connected, family-centered, meaningful and engaged lives.



CSS: Full Service Partnerships

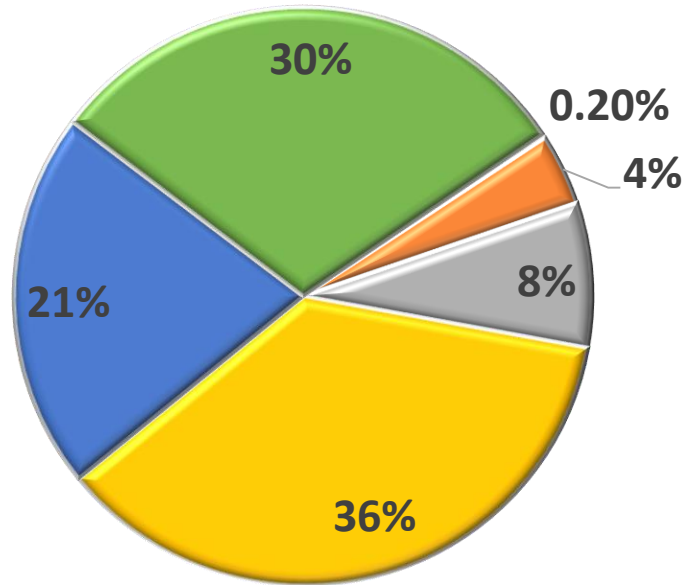
In FY 18/19 ACBH increased its FSP programs to 11. Each FSP serves a specific population including: Children, Transition Age Youth (TAY), Adult, Older Adult, Forensic and Chronically Homeless.



WELLNESS • RECOVERY • RESILIENCE

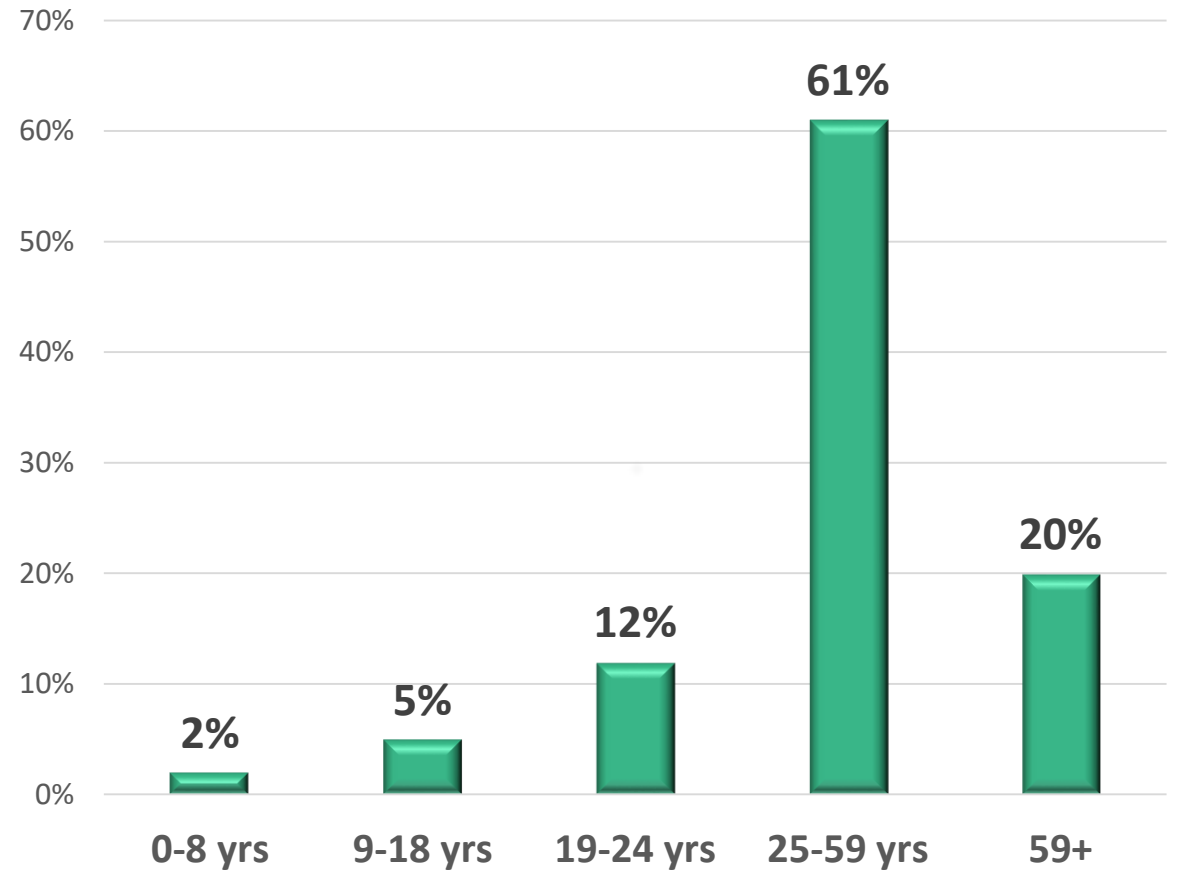
CSS: FY 18/19 FSP Demographics

Ethnicity of FSP Clients



- Alaska Native/American Indian
- Asian/API
- Latino
- African American
- White
- Other

Age of FSP Clients



Community Services and Supports: FY 18/19 FSP Outcomes

- Eleven FSP Programs serving: Children, Transition Age Youth (TAY), Adult, Older Adult, Forensic and Chronically Homeless.
- FSP Clients Served: 1,065 individuals (23% increase)

FSP Outcome	Percent Achieved (Avg)
Reduction in Hospital Admits	63%
Reduction in Hospital Days	68%
Reduction in PES (Psych. Emergency)	53%
Reduction in Homelessness	42%
Acute Follow up within 2 Days	51%
FSP Avg of 4+ visits per Month	61%



Program Highlight: Prevention & Early Intervention Programs



- Consumer & family member driven
- Interdependent & Engaged Provider Networks
- Culturally responsive programming for unserved and underserved Ethnic & Language Populations(UELP)
- Culturally-respectful and inclusive meetings & trainings
- Age specific programs



Prevention and Early Intervention: FY 18/19 UELP Outcomes

- 13 programs that focus on providing services to historically underserved ethnic and linguistically isolated populations (UELPP)
 - 7,895 Prevention events, (37% increase from FY 17/18);
 - 56,848 people were served at these Prevention events (duplicated count); and
 - 895 unique clients were served through Preventative Counseling services, (18% increase from FY 17/18).

UELPP Outcome	Percent Achieved (Avg)
A stronger belief that people with mental health experiences can grow, change, and recover.	88%
Feeling more connected to their culture and community.	90%
Reduction in Crisis events.	80%
Improved overall Health.	50%

Workforce, Education & Training (WET)



ACBH WET activities are supported through the Community Support Services (CSS) funding stream and focus on developing a Behavioral Health workforce through 8 priority areas, such as:

- *Workforce Staffing Support*
- *Training & Technical Assistance*
- *Community College/High School Career Pathway*
- *Internship Programs*
- *Financial Incentives Program*

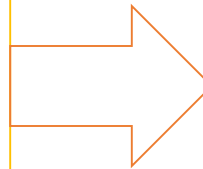


Innovation (INN)

INN grants are established to pilot *innovative* community defined ideas:

INN Goals

- New Learning for mental health
- New mental health practice
- Adopt existing mental health practice for new population/setting
- Modify existing practice from another field for the first time in mental health



Current Pilot Projects

- Mobile technology supporting mental health
- Community Assessment Treatment Team (CATT) for crisis services
- Community Land Trust



WELLNESS • RECOVERY • RESILIENCE

Community Program Planning Process (CPPP)

The County shall provide for a CPPP (also known as Community Input Meetings) as the basis for developing the Three-Year Program and Expenditure Plans and updates*.

The CPPP shall, at a minimum, include:

- Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.
- Participation of stakeholders, as stakeholders is defined in Section 3200.270.
- Training.

Alameda's Spring 2020 Community Input Meetings will conclude May 30, 2020

**Title 9 CCR § 3300*



WELLNESS • RECOVERY • RESILIENCE

FY 20/21-22/23 MHSA Three Year Plan Community Program Planning Process (CPPP)



Hosting 5 large Community Input Meetings with interpretation services, starting Spring 2020



Launching online community input survey



Conducting focus groups



Partnering with the Alameda County Pool of Consumer Champions and the Alameda County MHSA Stakeholder Committee.

Information gathered through the CPPP will assist ACBH in making resource decisions, including new Innovation project ideas. CPP data will be included in the FY 20/21-22/23 Three Year Plan.



WELLNESS • RECOVERY • RESILIENCE

Spread the Word

We want you to provide key input to help strengthen services for clients, consumers, and family members in Alameda County!

- ☐ Please visit our website to complete an online survey: <https://ACMHSA.ORG>

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

Community Input Survey
for the Alameda County Mental Health Services Act 3-Year Planning Process

alameda county behavioral health
PROVIDING CARE FOR THE MIND, BODY & WELLNESS

ALAMEDA COUNTY MENTAL HEALTH SERVICES ACT
PROPOSITION 63

POCC

Alameda County Behavioral Health Services invites you
to take the Community Input Survey
VISIT WWW.ACMHSA.ORG

SURVEY IS AVAILABLE IN SIX LANGUAGES
English Farsi Chinese Korean Spanish Vietnamese

- Contribute Ideas about how to improve the county's mental health services
- Learn information about the Mental Health Services Act

[CLICK HERE TO TAKE THE SURVEY](#)



Innovation Idea Form



Use our website to submit this form and tell us your ideas at

<https://acmhsa.org/innovation-community-based-learning/>

 **alameda county**
behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94608
510-587-4100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW, Director

MENTAL HEALTH SERVICES ACT

Innovation Community Input Form

The Mental Health Services Act (MHSA) provides limited funding for the Innovation Component of the County's MHSA Plan. Funding will be used to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration; and increase access to services.

Innovations are defined as novel, creative, and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative. The Innovation Component allows Counties the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches. Innovation ideas will introduce a new practice, adapt an existing practice for a new setting, or introduce a new practice that has been successful in a non-mental health setting.

We welcome all ideas, suggestions and recommendations for Alameda County's Innovation Plan. Please use this form to submit your ideas and suggestions by **May 30, 2020**.

1. Fundamental Concept: Please check the primary concept below that your recommendation will address.

<input type="checkbox"/> Increase access to underserved groups	<input type="checkbox"/> Increase the quality of services
<input type="checkbox"/> Promote interagency collaboration	<input type="checkbox"/> Increase access to services

2. Age Groups: Please identify the age group that will be impacted by your recommendation. Please note that funds may support a project that transcends multiple age groups. Check all that apply:

<input type="checkbox"/> 0 to 18 years	<input type="checkbox"/> 16 to 25 years
--	---



How Can Stakeholders Be Involved?

MHSA Stakeholder Group

The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.

FUNCTIONS

- *Reviews* the effectiveness of MHSA strategies
- *Recommends* current and future funding priorities
- *Consults* with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care
- *Communicates* with ACBH and relevant mental health constituencies



MHSA Community Input Time

- COMPLETE: the *MHSA Community Participation & Feedback Survey*
- PARTICIPATE: in a large Group Discussion
- ASK: Question &
- PROVIDE: Comments



Input Questions

- **What are the top or most pressing mental health issues right now?** (e.g. suicide, community violence, incarceration of individuals with mental illness, stigma, homelessness, substance abuse, etc.)
- Are there **populations** or groups of people who you believe are **not being adequately served?**



MHSA Website & Resources www.ACMHSA.org

ACCESS HOTLINE • 24 hours a day/7 days a week/Multilingual • For mental health or substance use help, call **1-800-491-9099**

Select Language ▼

Powered by  Translate

Home

Find Support

Get Involved

MHSA Info

Contact



Mental Health Services Act (MHSA)

Alameda County Behavioral Health Care Services

WELLNESS • RECOVERY • RESILIENCE



Community Services
& Supports

Prevention &
Early Intervention

Workforce Education
& Training

Innovation &
Community Learning

Capital Facilities
& Technology

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

MHSA Contact Information

- ❑ MHSA Website: www.ACMHSA.org
- ❑ MHSA Email: MHSA@acgov.org
- ❑ ACBH Tel Main Line: (510) 567-8100

