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MHSA STAKEHOLDER GROUP

Friday January 24, 2020 (2:00-4:00pm)

2000 Embarcadero Cove, Oakland

MISSION 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	We maintain a focus on the people served, while working together with openness and mutual respect.	FUNCTIONS The MHSA Stakeholder Group: Reviews the effectiveness of MHSA strategies Recommends current and future funding priorities Consults with BHCS and the community on promising approaches that have potential for transforming the mental health systems of care Communicates with BHCS and relevant
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1.	Welcome & Introductions	2:00
2.	Announcements	2:15
3.	MHSA Presentation	2:30
4.	Other items	3:30
Mee	eting Adjourn	4:00

<u>Documents Attached:</u> MHSA Presentation PPT







Mental Health Services Act

Presented by: Tracy Hazelton, MPH MHSA Division Director, Alameda County Behavioral Health

Alameda County FY 19/20 Plan Update January 24, 2020 Alameda County MHSA Stakeholder Committee

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, know as the Mental Health Services
- Funded by 1% tax on individual incomes over \$1 million.



VELLNESS • RECOVERY • RESILIENCE

MHSA: What is the budget?

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

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

MHSA 23%

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

overall ACBH Budget)

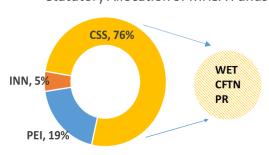
■ 172 County Civil Service positions (28%)



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MHSA Allocation Detail

Statutory Allocation of MHSA Funds



- Budgeted on a three-year cycle, with annual updates; plans approved by MH Board & BOS
 - · INN must also be approved by MHSOAC
- Prop 63 makes prescriptive allocations toward three primary components:

CSS = Community Services and Supports
PEI = Prevention and Early Intervention
INN = Innovation

 Counties may transfer up to 20% of their previous CSS 5year allocation average to CFTN, WET or the Prudent

WET = workforce education and training CFTN = Capital Facilities and Technological Needs PR = Prudent Reserve

 Funds must be spent within specific timeframes, depending on account of origin, or revert to State

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 nonmental health programs.



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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-January 2020
- MH Board Hearing: January 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
- Full BOS
- For INN projects MHSOAC Approval

MHSA: Five Plan Components

Community Services & Supports (2006)	Prevention & Early Intervention (2008)	Workforce, Education & Training (2009)	Capital Facilities & Technological Needs (2009)	Innovative Programs (2010)	
41 ongoing programs	19 ongoing programs	10 programs and strategies	11 projects	4 approved projects 1 pending project	
\$88.23M annually	\$15.1M annually	\$3.3 M annually	\$13.6 M	\$6.3M	

- CSS allocation: at least 50% must be spent on "Full Service Partnership clients"
- PEI allocation: >50% must be spent on activities that serve clients age 25 or younger
- INN: One-time innovative projects that address a "learning question" with duration of no longer than 5 years
- Counties are required to conduct a Community Planning Process (CPP) every 3 years in relation to their Three Year MHSA Plan.





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MHSA FY 19/20 Fiscal Overview

MHSA Funding Estimates (in millions)

Source	CSS	PEI	INN	WET	CFTN
Prior Year Carryover Funds	44.07	0	12.5	0	7.35
State Allocation	61.5	15.28	4.02		
Transfer to WET/CFTN	(9.68)			3.38	6.30
Prudent Reserve Transfer	17.32	4.30			
TOTAL ALLOCATION	112.82	19.58	16.52	3.38	13.65
Projected Expenditures	88.23	15.19	6.33	3.38	13.65
Carryover Funds	24.60	4.39	10.19	0	0

MHSA FY 19/20 Plan Update Changes

- Expansion of 100 FSP service and housing slots.
- Expansion of the Housing Support Program (licensed board and care subsidy program).
- New School-based mental health services in Oakland Unified School District.
- Opening of the Berkeley Wellness Center.
- Opening of the dual Crisis Residential/Stabilization program, Amber House.
- Awarded new Faith and Spirituality-based stigma reduction program focusing on the African American community program.
- Started the Ohlone Community College mental health training and advocacy pilot.
- Innovation project to increase community input capacity for new Innovation ideas.
- Multiple Capital Facility renovation/improvement projects.



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MHSA Priority Areas

ACBH's Top MHSA Priorities*

Housing/Homelessness/Forensic Services

Crisis Services

Payment Incentives for the Full Service Partnership (FSP) Programs

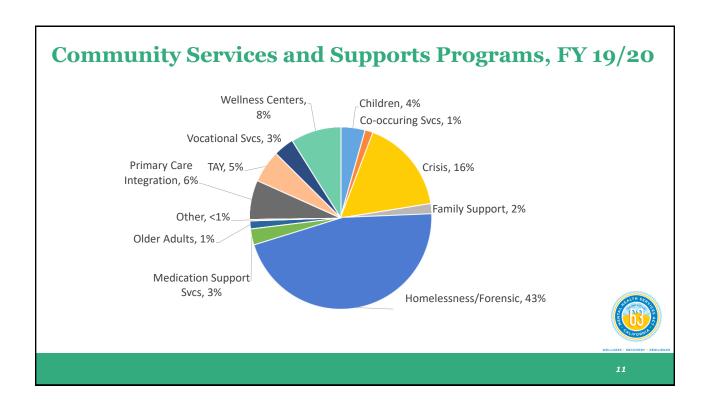
Ethnic and Language focused Services

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.





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)
- Currently the FSPs have language capacity in 12 languages

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



Community Planning Process (CPP)

The County shall provide for a CPP as the basis for developing the Three-Year Program and Expenditure Plans and updates*.

The CPP 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 next CPP will be in spring 2020

*Title 9 CCR § 3300



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



Hosting 5 large Community Input Forums with interpretation services, starting in Spring 2020 (April-June).



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 CPP 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.



Comments and Questions



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