

MENTAL HEALTH SERVICES ACT (MHSA)

STAKEHOLDER GROUP MEETING CALENDAR, 2023 v3

** This schedule is subject to change. Please view the MHSA [website](#) for calendar updates.

DATE	TIME	LOCATION	MEETING THEMES
January 27, 2023	2:00-4:00pm	Go To Meeting	<ul style="list-style-type: none"> • Presentation: El Timpano • Three-Year Plan Update • Calendar Brainstorm
March 24, 2023	2:00-4:00pm	GoToMeeting	<ul style="list-style-type: none"> • Review MHSA-SG Applications • Presentation: African American hub • CPPP/INN recommendation
April 28, 2023	1:00-3:00pm	Go To Meeting	<ul style="list-style-type: none"> • Program Spotlights: Pilot API mental health program
June 23, 2023	1:00-3:00pm	Teams	<ul style="list-style-type: none"> • Primary Care Integration Programs.
August 25, 2023	1:00-3:00pm	Zoom	<ul style="list-style-type: none"> • SB 326 Modernization • AA Wellness Hub Update
October 27, 2023	1:00-3:00pm	Zoom	<ul style="list-style-type: none"> • TBD

MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, August 25, 2023 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: <https://us06web.zoom.us/join/350574>

United States (Toll Free): +1(877) 336-1831; Access Code: 350574

MISSION	VALUE STATEMENT	FUNCTIONS
<i>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.</i>	<i>We maintain a focus on the people served, while working together with openness and mutual respect.</i>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> • <i>Reviews</i> the effectiveness of MHSA strategies • <i>Recommends</i> current and future funding priorities • <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care • <i>Communicates</i> with ACBH and relevant mental health constituencies.

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|---|------|
| 1. Welcome and Introductions | 1:00 |
| 2. Updates on the African American Wellness Hub, Stephanie Montgomery | 1:15 |
| 3. Updates on SB 326 Modernization of MHSA, Tracy Hazelton | 1:45 |
| 4. General Updates & Announcements | 2:00 |
| - Community Input Planning Meeting | |
| - BOS presentation to approve draft Three Year Plan, TBD | |
| - Calendar/Next meeting: October 27 th 1-3, Zoom | |
| 5. Wrap-Up | 2:50 |
| 6. Meeting Adjournment | 3:00 |

Documents Attached:

- Meeting Calendar 2023
- Agenda
- PPT



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SB 326: Modernization of MHSA Update

Presented by:

Tracy Hazelton, MPH

MHSA Division Director, Alameda County Behavioral Health

Mental Health Stakeholder Group Meeting
August 25th 2023



HELLO
MY NAME IS

(no new member to introduce)

ICEBREAKER:

What's something from your childhood that you still love today?



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.



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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 **7%** of county allocations to: 1) develop a statewide workforce initiative (3%) and 2) for **statewide prevention service (4%)**.
- 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
- Reduces the allowable prudent reserve from 33% to 15% for large counties, such as Alameda



Behavioral Health Services Act (SB326)

Replaces five (5) current components with three (3) “buckets” for assigning BHSA allocations:

1. Housing Interventions 30%

- Rental subsidies, operating subsidies, capital investments and nonfederal share for transitional rent. **Per amendments on 8/15/23, a wider range of supportive services are now eligible under this component, including: housing navigation, deposits, and tenancy sustaining services.**
- No more than 25% for Capital, including BH facilities to serve the homeless.

2. Full-Service Partnerships (FSP) 35%

- Includes Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) models “to fidelity”.

3. Behavioral Health Services and Supports (BHSS) 35%

- This component covers all non-FSP treatment programs **(including outreach and engagement services)**, Early Intervention, WET, INN, CFTN projects.
- **51% must be spent on early intervention (EI) services.**
 - **Of the EI services, 51% must be spent on youth 0-25.**



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Behavioral Health Services Act (SB326)

Flexibility to transfer between buckets: Allows counties to transfer between program “buckets,” subject to review and approval by DHCS that counties have conducted local planning and stakeholder input processes, the transfer is compliant with the specified percentages, and that the transfers are responsive to local priorities. The transfers may be up to the following percentages (allowable transfers grow smaller with each of the first three three-year plans):

- *2026-2029 Plan: 7% from each bucket, up to a maximum of 14%.*
- *2029-2032 Plan: 6% from each bucket, up to a maximum of 12%.*
- *Starting with 2032 and ongoing: 5% from each bucket, up to a maximum of 10%.*

Fiscal protections:

- Specifies a county is only obligated to fund BHSA programs with the funds it receives pursuant to BHSA.
- Specifies it does not obligate counties to use funds (e.g., realignment) from any other source to fund services described under BHSA.
- *Specifies it does not require counties to exhaust other funding sources before using BHSA moneys to pay for a service or related activity.*

Behavioral Health Services Act (SB326)

Makes SUD services voluntary:

- Allows (instead of requires) BHSA programs (housing interventions, behavioral health services and supports, and full service partnerships) to include the provision of SUD services.
- Makes it optional for counties to provide housing interventions to individuals with SUD.

Other Changes

- Redefines eligibility for BHSA services for children from a restricted clinical definition (children with a serious emotional disturbance) to align with the much broader definition of eligibility for specialty mental health services for children in Medi-Cal.
 - *Add representation from school mental health professional on an advisory committee to the BHSOAC.*
 - *Expand the definition of school failure or dropout (a currently defined MHSA outcome) to include suspension, expulsion, referral to an alternative or community school.*
- Requires one of the consumer members of a local behavioral health board be 25 years or younger.
- Expands BHSOAC by an additional four members—two additional BH consumers; one person who is 25 years or younger and has or has had a mental health disorder, substance use disorder or co-occurring disorder; and a representative of an aging or disability organization.

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

FY 24/25: Revenue Estimate= \$129M – **7% (\$9M)** off the top for Statewide WET and PEI = \$120M of revenue

FY 24/25 Budget Estimate= \$141M

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

1. Housing 30% = \$42M

- **Current Projected Housing Budget: \$14.5M (+\$27.5M)**

2. Full-Service Partnerships 35% = \$49.5M

- **Current Projected Budget: \$26.7M (+\$22.3M)**

3. BH Services and Supports 35% = \$49.5M

- **Current Budget Plan for Non-FSP, PEI, INN, WET, CFTN: \$99.8M (50.3M)**



Crisis Services
Wellness Centers
Primary Care integrated Svcs
Medication Support
Internship stipends
Vocational Services
Outpatient Services
Forensic Services
Peer Respite
Community College pipeline work
Suicide Prevention
Early Psychosis
Peer/Family Member Supports
Multiple PEI programs

Overall Estimated Impacts



Increased Housing, Housing Supports and Full Service Partnership Services, to serve the most vulnerable.



Loss of funding for core mental health services and supports.



Alameda will need to eliminate the majority if not all of funding for Innovations, Capital Facilities and Technological Needs, Workforce Education and Training programs and Prevention services.



Loss in Federal Financial Participation (FFP) which is drawn down when MHSA funds are used as a source of the non-federal share (match) for Medi-Cal eligible services.

Comments, Questions, Discussion



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Meeting Wrap-Up

Future Presentations or Topics:

-TBD

Submit agenda item requests on the website





Next meeting:
Friday, October 27, 2023
1-3PM

**Alameda County Behavioral Health
Care Services**



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thank you.

Please visit us at acmhsa.org