



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act Three-Year Integrated Program & Expenditure Plan for 2020 to 2023 & Annual Program Report for 2018-2019

May 27, 2020

Virtual Public Hearing Hosted by the Mental Health Board

Zoom Meeting

Santa Rosa, CA

5:00-7:00pm

Agenda

- Brief Overview of the MHSA Three-Year Integrated Program & Expenditure Plan for 2020 to 2023
- Brief Overview of the MHSA Annual Program Report for 2018-2019
- Unknown Impact of Post-COVID Budget
- Public Comment
 - 3 minutes each

MHSA Background

- **In 2004, CA voters approved Proposition 63**
- **1% tax on personal income in excess of \$1M**
- **MHSA has 5 components:**

Component	Acronym	% of Funds
Community Services & Supports	CSS	76%
Prevention & Early Intervention	PEI	19%
Innovation	INN	5%
Workforce, Education & Training	WET	Funded by CSS
Capital Facilities & Technology Needs	CFTN	Funded by CSS



Mental Health Services Act MHSA Three-Year Integrated Program & Expenditure Plan for 2020 to 2023

The Plan Introduction Includes:

- Executive Summary
- Description of the County
- Community Program Planning (CPP) Process and Timeline
- Capacity Assessment Process and Findings

DRAFT Three-Year Program Work Plan

- Overview Statement
 - Time of Unprecedented Uncertainty
 - Expenditure plan and work plan may have currently unknown and significant changes due to the economic impact of the pandemic
 - Summary of Changes
 - Program Work Plan

Summary of Substantial Changes

Changes	Impact
New contractor for Peer Services previously provided by Goodwill Industries of the Redwood Empire (GIRE).	Following a Request for Proposal process West County Community Services was awarded the contract to assume all of the former GIRE Peer Services. The annual funding amount remains the same.
MHSA funding for Peer Services has been restored.	In FYs 2020-2023 MHSA funding has been restored to the Peer Services, the services are being funded with MHSA Community Services and Supports, General Service Development funds. There is one exception, Interlink continues to receive funding from the SAMHSA Mental Health Block Grant. The annual funding amount remains the same.

Summary of Substantial Changes

Changes	Impact
<p>Whole Person Care (WPC) Pilot Program will end on December 31, 2020.</p>	<p>The state is developing a new program to replace WPC beginning on January 1, 2021. It is anticipated that the new program will have lower overall expenditures.</p>
<p>Expanding 32-hour Crisis Intervention Training (CIT) for Law Enforcement.</p>	<p>DHS and Probation are working together to offer two CIT trainings in 2020. In FY 2022-2023 DHS BHD will provide one CIT annually for Probation. CIT will be funded with Prevention and Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness dollars. The budgeted expenditure for each Probation CIT is \$3250.</p>
<p>DHS BHD is developing seven Innovation Projects.</p> <p>Early Psychosis Learning Health Care Network is going to be the first of the projects to move forward</p>	<p>The seven potential projects are being refined and will flow through the Community Program Planning (CPP) process. Once the CPP has been completed, the projects will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for approval. The programs can be implemented after the MHSOAC approval. The Expenditure Plan includes \$2,519,632 in Innovation dollars for these projects.</p>

DRAFT FY 20-21 Estimated Funding and Expenditures Summary

Category	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs	Prudent Reserve
A. Estimated FY 20-21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	6,097,486	2,383,795	2,108,375	0	0	
2. Estimated New FY 20-21 Funding	19,120,301	4,780,075	1,257,915			
3. Transfer in FY 20-21	(1,323,215)			154,308	1,168,907	0
4. Access Local Prudent Reserve in FY 20-21	0	0				0
5. Estimated Available Funding for FY 20-21	23,894,572	7,163,870	3,366,290	154,308	1,168,907	
B. Estimated FY 20-21 MHSA Expenditures	15,092,567	3,925,847	2,517,065	154,308	1,168,907	
C. Estimated FY 20-21 Unspent Fund Balance	8,802,005	3,238,023	849,225	0	0	
D. Estimated Local Prudent Reserve Balance					Amount	
1. Estimated Local Prudent Reserve Balance on June 30, 2020					944,981	
2. Contributions to the Local Prudent Reserve in FY 20-21					0	
3. Distributions from the Local Prudent Reserve in FY 20-21					0	
4. Estimated Local Prudent Reserve Balance on June 30, 2021					944,981	



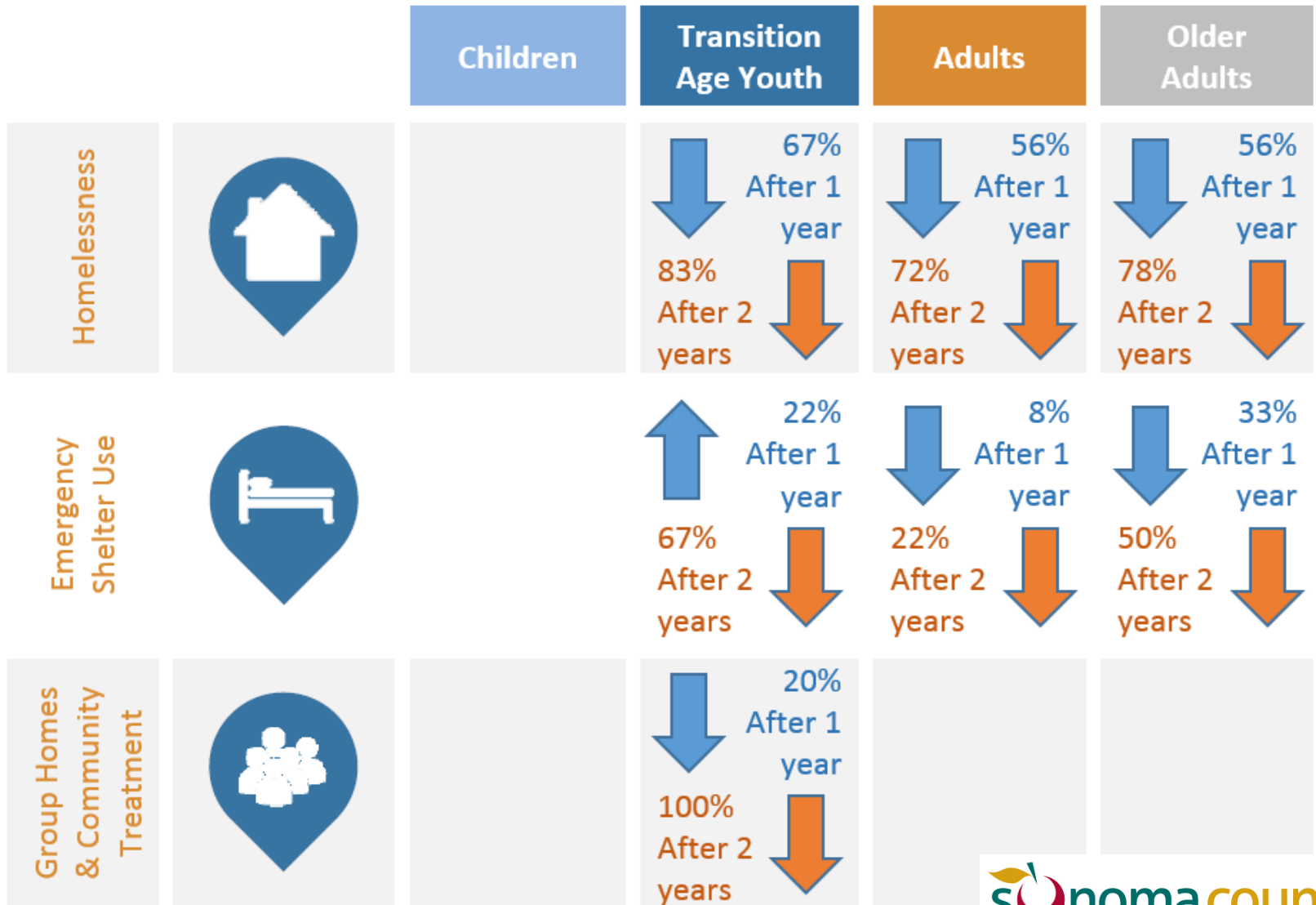
Mental Health Services Act Annual Program Report for 2018-2019



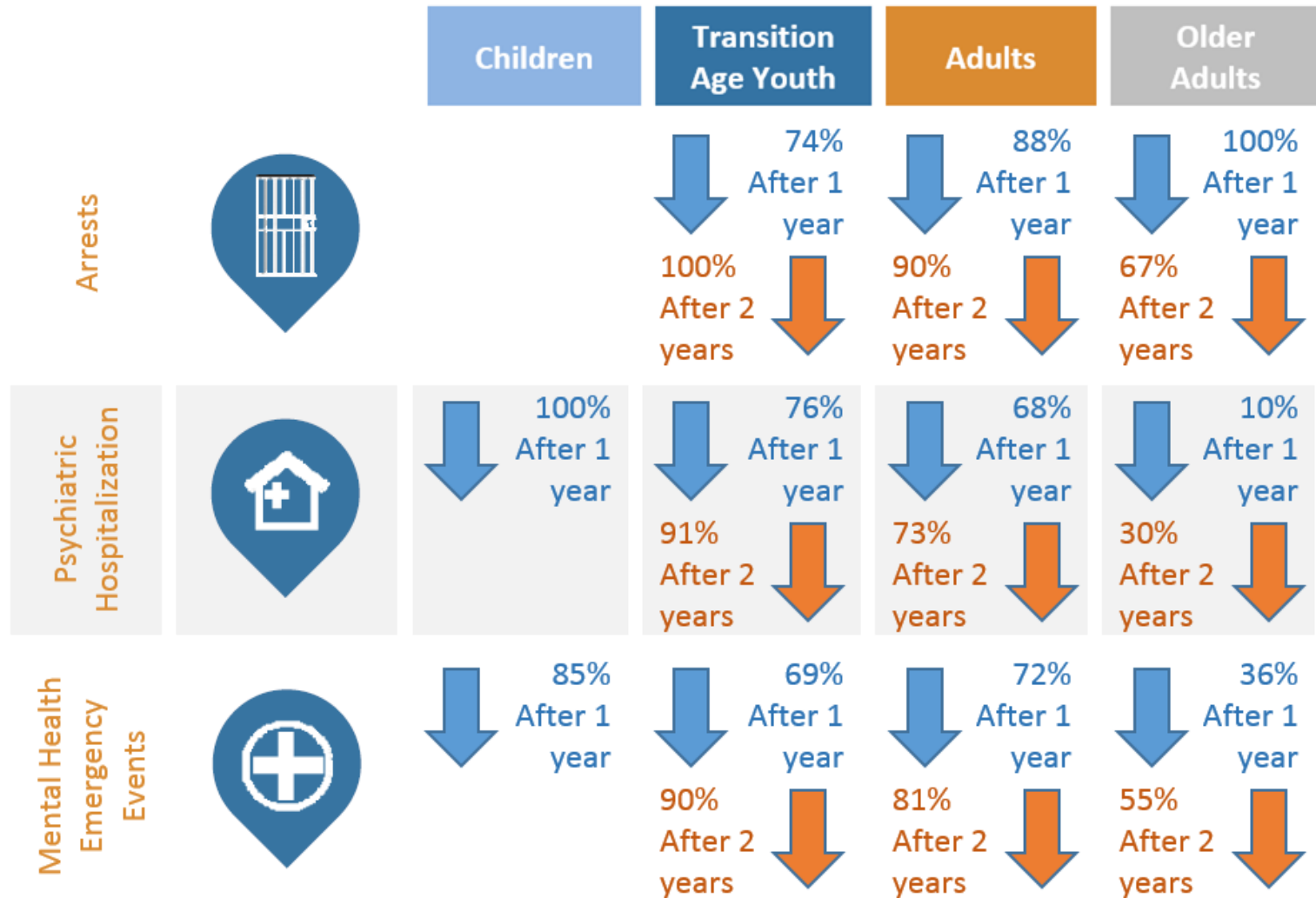
Community Services & Supports (CSS)

Provides enhanced mental health services for Seriously Emotionally Disturbed (SED) children and youth and Seriously Mentally Ill (SMI) adult populations. At least half of the funds in this component are to be spent on Full Service Partnerships

Decreases to Number of Clients after Entering FSP Program/



Decreases to Number of Clients after Entering FSP Program



Community Services & Supports (CSS)

- ❖ Full Service Partnerships – **405** served (unduplicated)
- ❖ General Systems Development – Over **4,800** served (duplicated)
- ❖ Outreach & Engagement – Over **2,500** served (duplicated)
- ❖ Workforce, Education & Training (WET) – Over **195** served (duplicated)



Prevention & Early Intervention (PEI)

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations

Prevention & Early Intervention (PEI)

- ❖ **Prevention** – Over **80,000** service contacts (duplicated)
- ❖ **Early Intervention** – Over **3,500** served (duplicated)
- ❖ **Access and Linkage to Treatment** – Over **575** clients screened
- ❖ **Stigma and Discrimination Reduction** – Over **1,000** service contacts (duplicated)
- ❖ **Suicide Prevention** – Over **4,300** calls received by North Bay Suicide Prevention Hotline of Sonoma County

Unknown Impact of Post-COVID Budget

January Budget Proposal	May Revise
\$222B State General Fund	\$203B State General Fund
Historically low unemployment – 3.9%	Historically high unemployment – 18%
CalAIM Proposal for Medi-Cal	Proposed elimination of 13 optional benefits
Proposed expansion of coverage to inc undocumented older adults	Projected M-Cal caseload growth of 2 million in 2020
M-Cal estimated at \$99.5B	M-Cal estimated at \$112.1B

Estimated Community Behavioral Health Funding (Dollars in Millions)

	18/19	19/20	20/21	21/22
1991 Realignment	\$1,270.8	\$1,134.6	\$1,134.6	\$1,134.6
2011 Realignment	\$1,483.2	\$1,250.2	\$1,278.5	\$1,322.9
Mental Health Services Act	\$1,975.5	\$1,676.1	\$2,033.9	\$1,715.0
Mental Health FFP	\$2,886.1	\$2,818.0	\$2,747.8	\$2,830.2
SUD FFP	\$322.3	\$333.9	\$396.7	\$408.6
Federal SABG	\$231.4	\$231.4	\$231.4	\$231.4
Other Mental Health	\$244.7	\$217.4	\$187.5	\$187.8
MH SGF	\$105.3	\$127.6	\$157.5	\$162.2
SUD SGF	\$48.2	\$50.3	\$65.3	\$67.3
Total	\$8,567.5	\$7,839.5	\$8,233.2	\$8,060.0

Covid-19 Impacts on Behavioral Health Funding

- 1. Lower federal Medi-Cal payments:** Lower Medi-Cal billable services means fewer federal dollars and a significant negative impact overall.
 - COVID-19 lowered volume due to: Cancelled appointments, provider staffing challenges, illness, digital divide, etc.
- 2. Loss of core funding:** main sources of funding (MHSA and Realignment) are drawn from millionaire's tax, sales tax, and vehicle licensing fees.
 - *All are projected to decrease significantly* over the next 1-5 years as the U.S. and California face economic recession.
- 3. Increase in Medi-Cal beneficiaries:** More Californians will qualify for Medi-Cal Behavioral Health due to job loss and increases in mental illness and substance use disorders.
 - New beneficiaries will not come with new funding.

Covid-19 impacts on behavioral health funding

4. **Increased community need for emergency crisis supports:** Broad community reliance on public behavioral health safety net due to anxiety and stress of the global pandemic and related economic and other impacts.
5. **Migration to telehealth and phone-based services:** County behavioral health has undergone a complete shift to phone and telehealth-based services where possible with no new funding invested.
6. **Alternative sites for new and existing clients:** County behavioral health must self-finance alternative settings to help with isolation, new populations, and alternatives to residential and congregate care settings.
7. **Support for providers:** Counties have invested more in trying to ensure contracted providers can weather the crisis financially so that we maintain access to services.

Key Considerations for Local Decision Making

- **Prioritize entitlement obligations**
 - Required to provide all Medi-Cal entitlement services
 - Required to provide acute psychiatric inpatient services in IMDs
- **Maximize revenue**
 - Maximize Medi-Cal FFP
 - CARES Act and other federal funds
- **Use revenue strategically**
 - Blend funding to greatest extent possible
 - Know requirements for each funding source and understand spending hierarchy
- **Reduce or eliminate programs that are optional or not cost-effective**
 - Non-required programs likely funded exclusively by MHSA
 - Evaluate cost effectiveness: E.g., crisis stabilization units in small-to-medium counties

Public Comment

Public Comment

- 3 minutes each
- We have a list of individuals that signed up to make a comment prior to the meeting
- Enter request into Chat box hand if you would like to make a public comment
- For those of you that have called in, we are going to unmute everyone for a couple of minutes for you to provide us with your name and then we will call your name when it is your turn to make a comments

Thank you for your participation today!