

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for FY 2020-23

OUTLINE OF DRAFT PLAN

FY 20-23 Plan Summary

- The Three Year Plan proposes to set aside approximately \$67.8 million for fiscal years 2020-23 to fund 85 programs and plan elements. This proposes an additional \$13 million in budget authority authorized by the Board of Supervisors in June 2019.
- The \$13 million increase is requested to fund prioritized service needs determined by our Community Program Planning Process, to include significant additional dollars for supportive housing for persons with serious mental illness, and projected annual increases in the cost of doing business.
- This continues the Board approved strategy to spend down the County's MHSA unspent fund balance in order to prevent reversion to the State.
- It is anticipated that current total budget spending authority will not need to be reduced in order to fully fund MHSA programs and plan elements for the three year period.

Plan Outline Summary

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Executive Summary

- Provides an overview of MHSA, MHSA values, statutory and regulatory requirements
- Highlights program updates and changes to the current Three Year Plan, to include the Community Program Planning Process
- Summarizes the overall budget increase, focus on supportive housing, and strategy to spend down the County's MHSA unspent fund balance
 - Approximately 41% of budget authority is now dedicated to assisting individuals get and keep housing that is integrated in the community
- Outlines where performance indicators and program outcomes are located in the plan

Vision

We intend to utilize MHSA funding to assist Contra Costa Behavioral Health Services in addressing three key areas:

- Improve access to community mental health and substance use disorder care that is culturally and linguistically responsive to the diverse communities that we serve.
- Partner with clients and their families to determine and provide the level and type of care needed, and coordinate for other needed resources.
- Work with our health, behavioral health and community partners as a team to provide multiple services coordinated to a successful resolution.

We need to continually challenge ourselves to improve our response to individuals and their families who need us the most, and may have the most difficult time accessing care.

Needs Assessment

Provides a quantitative assessment of behavioral health needs that complement the Community Program Planning Process.

- The County is proportionally serving all three regions. Asian/Pacific Islanders and children ages 0-5 are slightly underrepresented on our caseloads - all service rates exceed statewide averages.
- Expenditure data indicate significant services available at all levels of care, with an oversubscription of funds paying for locked facilities.
- Workforce analysis indicate a shortage of psychiatry time and clinicians who speak languages other than English.

Community Program Planning Process

- Describes the process
- Describes the Consolidated Planning and Advisory Workgroup and ongoing stakeholder participation
- Describes and summarizes results of the recently completed Community Program Planning Process and community forums for FY 2020-21
- Links prioritized needs to MHSA funded programs, projects and plan elements contained in the Three Year Plan

Community Program Planning Process

Prioritized Service Needs

FY 20-21:

1. More housing and homeless services
2. More support for family members and loved ones of consumers
3. Support for peer and family partner providers
4. Outreach to the underserved – provide care in my community,
5. Improved response to crisis and trauma
6. Connecting with the right service providers in your community
7. Better coordination of care
8. Children and youth in-patient and residential beds
9. Intervening early in psychosis
10. Getting to and from services
11. Serve those who need it the most
12. Care for homebound frail and elderly
13. Increased psychiatry time
14. Assistance with meaningful activity

FY 19-20:

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- 11.
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The Plan

- **Community Services and Supports (CSS)**
- **Prevention and Early Intervention (PEI)**
- **Innovation (INN)**
- **Workforce Education and Training (WET)**
- **Capital Facilities and Technology (CF/TN)**

Each component leads with a short description of the component and categories within the component, and then lists and describes each program or plan element, cost allocated, and number to be served.

Community Services and Supports

\$47.6 million to fund programs and plan elements that provide services to approximately 2,000 individuals - children who are seriously emotionally disturbed, transition age youth (TAY), adults and older adults who are seriously mentally ill.

- Full Service Partnerships (FSPs) (\$31m):
 - 9 FSP Programs serving all age groups and all county regions - **NEW** ACT to fidelity with flexible supportive housing funds
 - Assisted Outpatient Treatment
 - FSP support staff at all children and adult clinics
 - 3 Wellness and Recovery Centers
 - Hope House (transitional residential center)
 - MHSA funded housing services (temporary, supported and permanent) - **NEW** – more funding for augmented board & care and housing supports
- General System Development (\$16.6m):
 - Children's Wraparound and EPSDT expansion
 - Older Adult Program
 - Clinic support Staff – **NEW** – MH Specialists as case managers - adult
 - Clinic staff at PES, CCRMC, Miller Wellness Center, Concord Health Center
 - Administrative support and quality assurance staff

Prevention and Early Intervention (1)

\$10.6 million to fund 25 MHSA programs that provide prevention and early intervention services to approximately 33,000 individuals. All are designed to prevent mental illness from becoming severe and debilitating, and 1) creates access and linkage to mental health services, 2) reduces stigma and discrimination, and 3) provides outreach and engagement to underserved populations. **All programs are in the following 7 categories:**

1. Seven programs provide Outreach for Increasing Recognition of Early Signs of Mental Illness (\$2m) **NEW** – adding Early Childhood Mental Health Program
2. Five programs provide Prevention Services that reduce risk factors and increase protective factors (\$1.8m)

Prevention and Early Intervention (2)

3. The First Hope program provides Early Intervention Services for youth at risk of or who are experiencing early onset of psychosis or a first episode (\$3m)
4. Three programs provide Access and Linkage to Mental Health Services (\$.75m)
5. Six programs Improve Timely Access to Mental Health Services for Underserved Populations (\$1.7m)
6. The Office for Consumer Empowerment (OCE) provides leadership and staff support that addresses efforts to Reduce Stigma and Discrimination (\$.35m)
7. Contra Costa Crisis Center and County staff address Suicide Prevention (\$.8m) **NEW** – increased funding for county wide suicide prevention education and training
 - Administration and Evaluation (\$.2m)

Innovation

\$2.8 million in FY 2020-21 to fund new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system.

- **Coaching to Wellness**. (\$.2m) Adding peer wellness coaches to the adult clinics
- **Partners in Aging**. (\$.2m) Support for frail, homebound older adults
- **Overcoming Transportation Barriers**. (\$.1m) Assisting consumers overcome transportation barriers to accessing services
- **CORE** (\$1.4m) Multi-disciplinary intensive care treatment team to serve youth with mental health and substance use disorders
- **CBSST** (\$.5) Bringing cognitive behavioral social skills training to clients living in augmented board and care facilities
- Administration and Project Evaluation (.4m)

Workforce Education and Training

\$3 million annually from Contra Costa's MHSAs unspent funds to recruit, support and retain a diverse, qualified paid and volunteer workforce. The five WET categories are:

1. **Workforce Staffing Support.** (\$1.4m) Funds the county operated senior peer counseling program, NAMI's family volunteer support network, and WET administrative staff
2. **Training and Technical Assistance.** (\$.4 m) Funds Mental Health First Aid, Crisis Intervention Training, NAMI Basics/Faith Net/de Familia a Familia and various county and contract staff trainings
3. **Mental Health Career Pathway Programs.** (\$.4m) Funds the college accredited SPIRIT course where approximately 50+ individuals yearly are trained as peer providers and family partners
4. **Internship Programs.** (\$.5m) Provides approximately 75 graduate level clinical intern placements in county and contract operated community mental health programs to increase workforce diversity
NEW – more funding to recruit interns with multiple language proficiencies
5. **Financial Incentive Programs.** (\$.3m) Establishes a locally administered loan repayment program to address workforce shortages and support upward mobility of community support workers/peer/family specialists

Capital Facilities and Information Technology

This component enables counties to utilize MHPA funds on a one-time basis for major infrastructure costs necessary to implement mental health services and supports, and to generally improve support to the County's behavioral health system. For FY 20-21:

- Capital Facilities
 - **NEW** - \$3.2m to renovate two county owned buildings at the Oak Grove site for supportive housing and FSP services to transition age youth
 - **NEW** - \$.3m to re-purpose two county owned buildings at Sherman Drive site for Short Term Residential Program for high acuity children ages 8-15
- Information Technology
 - **NEW** - \$.5m to build data management capacity into the County's electronic health record and ShareCare systems for better behavioral health decision-making and communication with stakeholders

The Budget

- Provides estimated available funds, revenues, expenditures and projected fund balances by component for Fiscal Years 20-23
- Projected revenues include state MHSA Trust Fund distribution and interest earned
- The County currently maintains a prudent reserve of \$7.5 million to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. It is projected that an additional \$4.4 million can be transferred to the Prudent Reserve during the Three Year Plan
- A collective increase in budget authority for 20-23 proposes an increase in the cost of doing business, and is subject to Board of Supervisor approval
- It is projected that the requested budget enables the County to fund all proposed programs while maintaining sufficient funding reserves

Evaluating the Plan

- Describes a program and fiscal review process with written report to determine whether MHSA funded programs:
 - Meet the letter and intent of MHSA
 - Support the needs, priorities and strategies identified in the community program planning process
 - Meet agreed upon outcomes and objectives
 - Are cost effective
- Includes a quarterly MHSA financial report to enable ongoing fiscal accountability.

Acknowledgements

A thank you to individuals who shared their stories, provided input, and who are working to make the system better.

Appendix A - Mental Health Service Maps

Provides six one page pictorials of all Contra Costa Mental Health's services broken down by the following:

- East County adult, older adult and transitional age youth
- East County Children's
- Central County adult, older adult and transitional age youth
- Central County Children's
- West County adult, older adult and transitional age youth
- West County Children's

Appendix B - Program Profiles

Provides a profile of each MHSA funded program according to the following outline:

- Organization contact information
- Brief organization description
- Title(s) and brief description(s) of MHSA funded program
 - Total MHSA funds allocated
 - FY 18-19 outcomes
- Contains an alphabetized Program Profile Table of Contents

Appendix C - Glossary

Provides an alphabetical listing and definition of terms and acronyms used in the document.

Appendix D – Certifications

Appendix E - Funding Summaries

- County Behavioral/Mental Health Director Certification
- County Fiscal Accountability Certification
- MHSOAC required funding summaries

Appendix F - Public Comment, Hearing

Appendix G – Board Resolution

- Will include evidence of Public Comment period and Hearing, and summary of public comments.
- Mental Health Commission’s review of draft plan and recommendations.
- Contra Costa Behavioral Health Service’s response to public comments and Mental Health Commission recommendations.
- Board of Supervisor Resolution

Timeline

- **MAR** - DRAFT Three Year Plan shared with CPAW/MHC for input, posted for 30 day comment period
- **APR** - Mental Health Commission (MHC) hosts Public Hearing on Three Year Plan
- **MAY** - Public Comment, Hearing and MHC recommendations addressed - Three Year Plan submitted to County Administrator for inclusion on Board of Supervisors' (BOS) agenda
- **JUN** - BOS considers Three Year Plan

Your Input Is Most Welcome!

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MHSA Three Year Program and Expenditure Plan

Proposed New Programming and
Budget for FY 2020-23

1

Supportive Housing

- Provide Full Service Partnerships (FSPs) with flexible housing funds
- Maximize No Place Like Home participation to increase inventory of permanent supportive housing units
- Increase on site permanent supportive housing services and supports
- Retain and recruit additional augmented board and care beds

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2

Assertive Community Treatment

Add multi-disciplinary adult and transition age youth FSP staffing to enable provision of Assertive Community Treatment (ACT) to fidelity.

3

3

Short Term Residential Treatment

Provide Capital Facility funds to enable existing STRTP facility to serve the highest acuity children within the County rather than out of county placement.

4

4

Early Childhood

Provide outreach, education and linkage to treatment for families with very young children experiencing serious emotional disorders.

5

5

Suicide Prevention

Field staff to provide countywide suicide prevention education and training.

6

6

Mental Health Career Pathway Program

- Financially support County and contract peer and family support providers with lived experience via the MHSA Loan Repayment Program to pursue higher education leading to career advancement in the behavioral health field and retention in the workforce.
- Add County Mental Health Specialist positions to augment case management capacity in the adult mental health clinics.

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Internship Program

Add funding to the MHSA graduate level internship program to increase the capacity of Behavioral Health to provide treatment providers who are proficient in languages other than English.

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Capital Facilities

Re-purpose the Oak Grove site to house and treat transition age youth.

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Information Technology

Build Behavioral Health electronic data management capacity to enable better analysis, decision-making, communication and oversight of services.

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Proposed FY 20-23 Budget

- Increase FY 19-20 budget from \$54.8m to \$62m annually for FY 20-23.
- Annual increased budget of \$7.2m to be used for new and additional services, one time capital facility and information technology projects, and increase in cost of doing business.
- With projected \$53.8m in annual MHPA revenue plus interest, leaves an annual estimated \$8.2m reduction in unspent funds.

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Fund Ledger

Estimated fund balance as of July 1, 2020	51.6m
Estimated revenue for FY 20-21	+ <u>53.8m</u>
Revenue available for FY 20-21	105.4m
Proposed budget for FY 20-21	- <u>62.0m</u>
Estimated fund balance as of July 1, 2021	43.4m
Estimated revenue for FY 21-22	+ <u>53.8m</u>
Revenue available for FY 21-22	97.2m
Proposed budget for FY 21-22	- <u>62.0m</u>
Estimated fund balance as of July 1, 2022	35.2m
Estimated revenue for FY 22-23	+ <u>53.8m</u>
Revenue available for FY 22-23	89.0m
Proposed budget for FY 22-23	- <u>62.0m</u>
Estimated fund balance as of July 1, 2023	27.0m ¹²

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Assumptions

- Projected revenue from State MHSAs Trust Fund remains flat for the next three years.
- Legislative initiatives do not compromise MHSAs funds under County control.
- Annual cost of doing business allowance remains at 3%.
- Any emerging capital facility projects or new services will be addressed via upcoming annual Three Year Plan Updates, and will impact the MHSAs unspent fund balance.

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**All comments, questions, input and guidance
are most welcome!**

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Here's how Newsom plans to revamp California's landmark mental health law

By Angela Hart

02/25/2020 08:01 AM EST

SACRAMENTO — Homelessness has become the state's defining crisis of the moment, to the point of being "a disgrace," as Gov. Gavin Newsom describes it.

It is lost on no one that increasing numbers of people are living on the streets despite years of economic growth in California, many of whom have mental health disorders and have turned to open-air drug use. Now, Newsom sees refocusing the state's nearly 16-year-old tax on those who have prospered most as one strategy to address the emergency.

Newsom believes the Mental Health Services Act, funded by a 1 percent tax on income above \$1 million, should more directly address the needs of the chronically homeless, at-risk youth and those involved in the criminal justice system. And he said he wants to expand the services it pays for, "specifically addiction treatment." The "millionaire's tax" generates more than \$2 billion annually.

"We are going to lean aggressively into this reform," Newsom told POLITICO last week in Yountville.

While state lawmakers, mental health leaders and advocates for homeless people praised the governor for redoubling his efforts on the issue, the governor's approach has sparked concern among counties and behavioral health directors who currently decide how the money can be most effective. For years, they have focused on the most serious mental health cases after decades of state and federal disinvestment. Newsom said counties will continue receiving their mental health money, but they fear it could be redirected.

"It makes us nervous," said Michelle Doty Cabrera, executive director of the County Behavioral Health Directors Association. "Right now, MHSA is really important to a broader population with mental illness, and we don't want to create a fail-first system where these funds are taken away from prevention and services for people who are successful in their recovery."

Newsom said last week that his MHSA revamp is so broad that he may ask voters to rewrite the law, as [POLITICO reported first](#).

"That's my goal — to get this on the ballot and to reform this initiative," he said. His advisers say however, no decision has been made.

The governor is pressing for major changes that could include asking for more money and restructuring how funds are spent.

Before Newsom said Thursday that he's thinking of a ballot measure, the law's architect, Darrell Steinberg, said he backs the governor's vision but that the state should try to avoid going to the voters again. Steinberg, now Sacramento mayor and a co-chair of Newsom's homelessness task force, wrote Proposition 63 in his earlier days as a state legislator. He also founded a mental health institute that's been working for the past year on restructuring the 2004 voter-approved initiative.

"I think our first preference should not be to go back to the ballot," Steinberg said. But, he said, changing how the state spends the money could require it.

Here's a look at major changes Newsom is pressing for:

Give counties more flexibility on spending decisions: A Newsom top priority is removing restrictions on how counties are allowed to spend their mental health money.

The law says about 80 percent of Mental Health Services Act money must go toward community-based treatment programs and services for people with serious mental illness, while 20 percent must be spent on prevention and early intervention. Counties are allowed to use 5 percent of each of those pots on untested innovation programs.

"As written, its resources too often don't reach the people who need it the most," Newsom said in his State of the State address this week.

Allow greater use of money for substance use disorders: Newsom said currently the law prohibits the use of MHSA money for treatment of substance use disorders. But experts say the line isn't clear, and counties across the state already spend parts of their allocation on drug and alcohol treatment for people with underlying mental health conditions.

Tom Insel, Newsom's chief mental health adviser, who is helping to craft changes, said it makes no sense to prevent use of MHSA money to help people with substance addictions.

"When someone shows up with a meth-induced psychosis, it looks exactly like a serious mental illness, so we can't distinguish those two most of the time," Insel said. "The problems are so overlapping." Roughly 50 percent of people with a serious mental illness have a co-occurring substance use disorder, according to the Newsom administration.

Experts also point out that since the law was created, the Diagnostic and Statistical Manual of Mental Disorders has evolved. Revisions now clarify that substance use disorder is itself a mental illness. However, because that wasn't the case in 2004, focusing money more intensely on addiction could require voter approval.

Legislation introduced this month, CA AB2265 (19R) by Assemblywoman Sharon Quirk-Silva (D-Fullerton) also would allow counties to use MHSA money for co-occurring substance use and mental health disorders.

Steinberg resisted any suggestion that the money be used for substance use disorders alone. "The criteria for use of that money must remain on people living with serious or persistent mental illness," he said. "The idea is not to take Prop. 63 money and use it as a broader homelessness fund."

Spend more money on vulnerable populations: Newsom wants to direct more money to help chronically homeless people, at-risk youth and those involved in the criminal justice system. But he could face challenges if money is siphoned away from existing programs serving people with serious mental illness.

Steinberg acknowledged the concern, saying, "it goes like this: If you make MHSA more focused on outcomes and the most serious consequences of untreated mental illness, which I believe we must do, what happens to all the programs now that are working?"

He said changes need "to be done in such a way that we are not undercutting any of the existing effective practices and programs."

Newsom indicated last week that he's eyeing MHSA revenue growth fueled by a stronger economy as a way to fund "more targeted purposes," such as intensive services for vulnerable populations. Annual revenue shot up to \$2.4 billion this year, up from \$254 million in its first year, according to the Mental Health Services Oversight & Accountability Commission.

Newsom may also have to secure voter approval to focus money on those involved in the criminal justice system. Last year, he signed a bill, [CA SB389 \(19R\)](#), allowing counties to use MHSA money for parolees. A bill this year by Sen. Tom Umberg (D-Santa Ana) would allow money to be used for those in county jail, but experts say changes could require voter approval.

Newsom advisers are recommending money go toward criminal justice diversion and re-entry programs, which they believe would not require an initiative.

Compel counties to spend their money: Newsom and Steinberg are pushing to lower the maximum amount of money counties are allowed to stash away. Current law says they're allowed to set aside a maximum of 33 percent from their largest programs bucket into reserves, but Newsom says that should be lowered drastically.

Those involved in negotiations have suggested that 20 percent could be a more appropriate level, but the governor told POLITICO last week that he hasn't settled on a preference. He just wants it to be lower.

"Reserves that high, when you're talking about hundreds of millions of dollars — billions of dollars — in this moment of crisis, that just seems to me rather absurd," Newsom said. "We want to make sure those dollars are being spent."

He also called out \$160 million [counties have above the 33 percent reserve](#). He said if it isn't spent before June 30, the state will redirect it to other counties.

Los Angeles County has the most, with \$44 million above its allowable reserve threshold, according to data published this week by the Department of Health Care Services. Orange County has \$26 million, followed by Alameda County at \$22 million.

[State guidance says](#) counties have until June 30 to transfer those funds out of reserves and back into treatment or prevention programs, according to the Department of Health Care Services.

"We've talked to our plans and they have every intention to transfer the funds as required by June 30 and spend that money," Cabrera said.



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<https://subscriber.politicopro.com/states/california/story/2020/02/25/heres-how-newsom-plans-to-revamp-californias-landmark-mental-health-law-1262379>

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