



Salud Mental y
Tratamiento del Uso
de Sustancias

Behavioral Health Division



Mental Health Services Act (MHSA) FY 2024–25 Annual Update

Mental Health Advisory Board, Public Hearing.
Thursday, November 21, 2024



Agenda & Objectives

Agenda

- Mental Health Services Act (MHSA) Training & Educational Overview
- MHSA Modernization Overview (Proposition 1 – BHSA)
- Community Program Planning Process (CPPP): Key Findings
- Proposed FY 24–25 MHSA Program Modifications & Budget Request
- Public Comment and Discussion

Objectives

- Present proposed MHSA Annual Update
- Provide opportunity for stakeholders to provide public comment

Mental Health Services Act:

Training & Education

MHSA Background

Five Core Values & Guiding Standards

- Proposition 63 passed on November 2, 2004
- 1% tax on income on incomes over \$1 million to *expand* and *transform* mental health services & reduce negative impacts to individuals and communities from untreated mental illness



MHSA Overview

Five Components of MHSA

CSS: Community Services & Supports

Outreach and direct services for serious emotional disturbances or serious mental illness (all ages)

PEI: Prevention & Early Intervention

Prevent the development of mental health problems, and screen for and intervene with early signs

INN: Innovation

Test new approaches that may improve outcomes

WET: Workforce Education & Training

Build, retain, and train public mental health workforce

CFTN: Capital Facilities & Technology Needs

Infrastructure support (electronic health records, facilities, etc.)

FY 2023–24 MHSA Programs

CSS Programs	PEI Programs	INN Program
<ul style="list-style-type: none"> • Community Gate • Probation Gate • Child Welfare Services Gate • Education Gate • Family Partnerships • Enhanced Crisis Response • Consumer, Peer, & Family Support Services • Community Support Services 	<ul style="list-style-type: none"> • Triple P: Positive Parenting Program • Children’s Services: COE The Diversity Center • Live Oak Resource Center • Positive Behavior Interventions & Supports • Veterans Advocate Agency • Peer Companion • Employment (Community Connection) • Transition Age Youth (TAY) & Adult Services • Senior Outreach • Stigma & Discrimination Reduction (NAMI) • Suicide Prevention: Suicide Prevention & Crisis Lifeline / Suicide Prevention & Resources Education and Outreach • 2nd Story • Mobile Emergency Response Team (MERT) & Mental Health Liaison (MHL) Team 	Crisis Now
		CFTN
		No programs this period
		WET
		No programs this period

Annual Update & Community Planning Process

Purpose of Annual Update:

To provide updates to the adopted MHSA Three-Year Program and Expenditure Plan for FY 2023–26, including:

- Program status and services in FY 2022–23
- Program changes beginning in FY 2024–25, based on needs assessment and stakeholder input



Annual Update & Community Planning Process

Purpose of the PEI Annual Report (included with the Annual Update):

To provide updates across reporting requirements, including:



- Consumers served, consumer demographic information, and program accomplishments in previous fiscal year
- Specific program implementation and outcome information based upon PEI service area

MHSA Stakeholders

Significance of the local partnership for the CPPP

Community Program Planning Process (CPPP):

The MHSA intends that there be a meaningful community process to provide subject matter expertise at the local level. **Program planning shall be developed with local community & partners including:**

- Adults and seniors with severe mental illness
- Families of children, adults, and older adults with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans' organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests
 - Family Resource Centers
 - Diverse communities representing service area (Latino, Homeless, LGBTQ+, Communities of Color, Immigrants, etc...)

Roles & Responsibilities

Community Stakeholders	Present individual perspectives, lived experiences and share reflections of emerging strategies to meet needs
Behavioral Health Department	Develop Annual Update that is reflective of community needs, priorities, and identified strategies
Mental Health Advisory Board	Assure stakeholder involvement, review and advise on the MHSA Annual Update, and conduct Public Hearing
Board of Supervisors	Review and approve the MHSA Annual Update
RDA Consulting	Collect and present findings on the current system, offer recommendations for the future, facilitate discussions, and compile information into the Annual Update

MHSA Background & Overview

Additional Resources Available

To learn more about the MHSA and MHSA-funded programs in Santa Cruz, please visit:

County of Santa Cruz Behavioral Health Department:

www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthServicesAct.aspx

California Department of Health Care Services – MHSA website

https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx

MHSA Modernization

Proposition 1 and BHSA

MHSA to BHSA Overview



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Proposition 1 key components:

1) **Behavioral Health Infrastructure Bond Act (AB 531)**

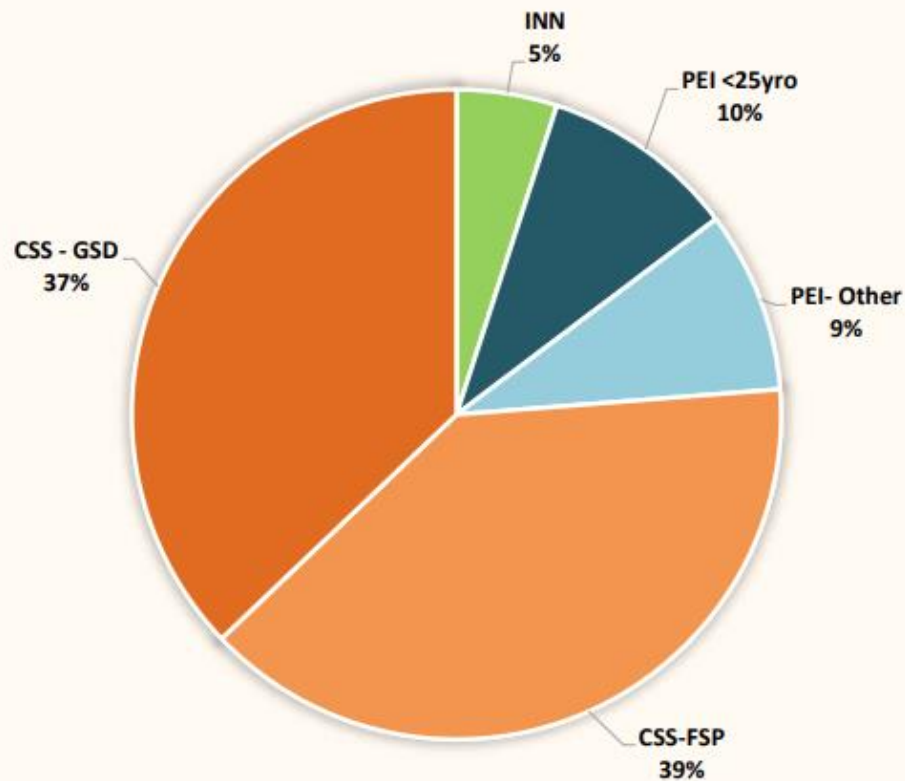
authorizes ~\$6.4 billion to build or develop behavioral health housing and treatment with ~\$4.4 billion is earmarked for inpatient and residential treatment beds and ~\$2 billion is earmarked for permanent supportive housing, including ~\$1 billion for veterans

2) **The Behavioral Health Services Act (SB 326)**

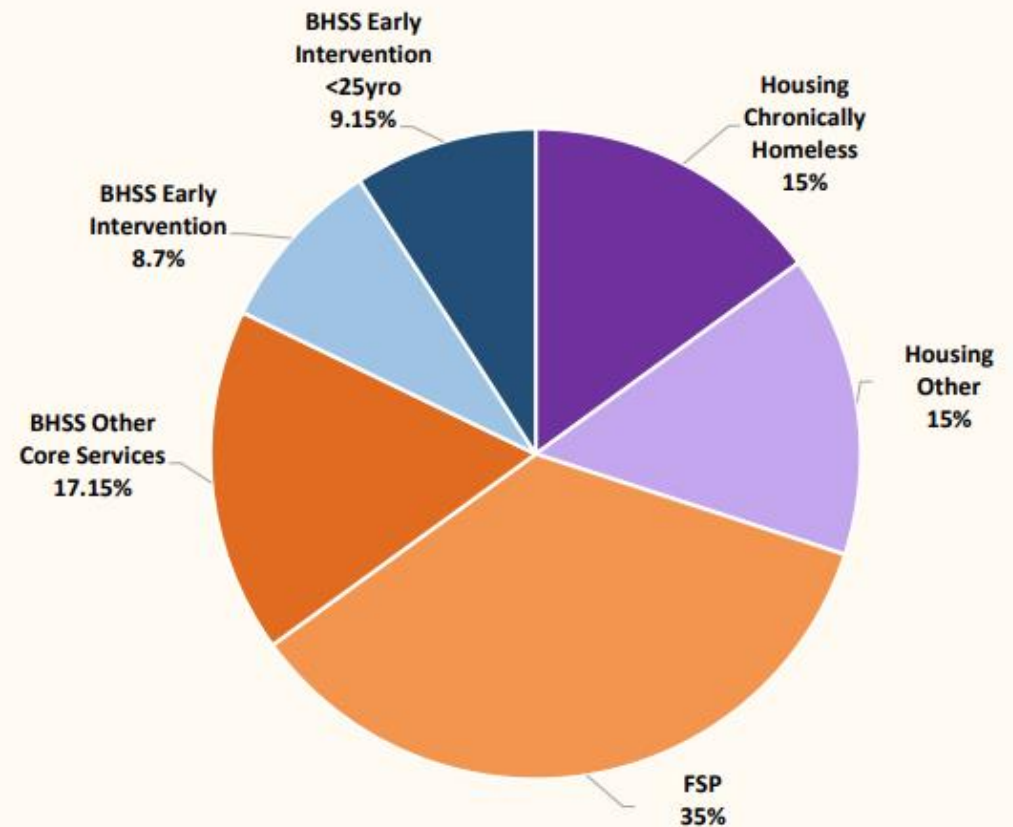
- Expands services to include substance use treatment
- Revises the distribution of MHSA funding to prioritize housing
- Establishes expanded oversight and accountability measures

Comparison of Current MHSA Funding Components with Proposition 1 BHSA Categories

MHSA COMPONENTS



BHSA FUNDING CATEGORIES



BHSA Category	HOUSING 30%		TREATMENT 70%	
	Up to 25% on Capital Projects (DHCS approval) 2% for NEW Adminitrative Costs		Full-Service Partnership (FSP) 35%	Behavioral Health Services and Supports (BHSS) 35%
Sub-Catetory	Chronically Homeless 50%	Housing Interventions for FSP Consumers 50%		<div>Early Intervention 51%</div> <div>Other 49%</div>
Program Requirements:	<div> -Focus on Encampments <div> -Rental Subsidies -Operating Subsidies -Shared Housing -Family housing for eligible children & youth -Nonfederal share for transitional rent -Other housing supports, as defined by DHCS, including by <div> -Capital development projects, including affordable housing -Project-based housing assistance, including master leasing of project-based housing. </div> </div> </div>		<div> -Requires Evidence Based Practices including: <div> - ACT & FACT to fidelity -IPS Supported Employment -High-fidelity wraparound </div> </div> <div> -Outpatient and engagment services added in final language for 'persons enrolled' </div>	<div> -Must be dedicated to Children/Youth under age 25. <div> -Children's System of Care services -Adult System of Care services -Outreach Services -Innovation Projects </div> </div> <div> New rules begin FY 26-27 Guidance expected Summer 2025 </div>

MHSA to BHSA Overview

Redistributes our County BHSA (was Prop 63, MHSA) tax distribution

	Fiscal Year			
	Actual Distributions		ESTIMATED	
	FY2223	FY2324	FY2425	FY2526
CSS	11,082,862	19,327,608	17,469,152	13,057,571
PEI	2,770,715	4,831,902	4,367,288	3,264,393
Innovations*	729,136	1,271,553	1,149,286	859,051
Total	14,582,713	25,431,063	22,985,727	17,181,015
% change from PY	-34.82%	74.39%	-9.62%	-25.25%

- Allows for a broader use of funds with a specific focus on homelessness
- Paired on ballot with Bond, distributed through Bond BHCIP grants (Behavioral Health Capacity and Infrastructure Program)

MHSA to BHSA Modernization

Resources for the Behavioral Health Services Act (Proposition 1):

- **Proposition 1 Overview and Resources (CalHHS):**

<https://www.chhs.ca.gov/behavioral-health-reform/#redesigning-the-mental-health-service-act-sb-326>

- **Proposition 1 Fact Sheet (CalHHS):**

<https://www.chhs.ca.gov/wp-content/uploads/2023/09/BHSA-Fact-Sheet-September.pdf>

- **AB 531 Behavioral Health Infrastructure Bond Act of 2023 Legislation:**

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202320240AB531

- **SB 326 Behavioral Health Services Act Legislation**

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB326

Community Program Planning Process (CPPP)

Key Findings

The Community Program Planning & Annual Plan Development Process

Phase 1

Planning & Readiness

Review Past MHSA
Three-Year Plan

Review MHSAOAC
Instructions &
Regulations

Develop CPPP
Protocol

Phase 2

Community Engagement & Assessment

Conduct community
member, partner,
and provider survey

Synthesize
community input
and identify themes

Phase 3

Plan Development

Outline & Draft
Annual Update

Host Public Hearing

Gather Comments

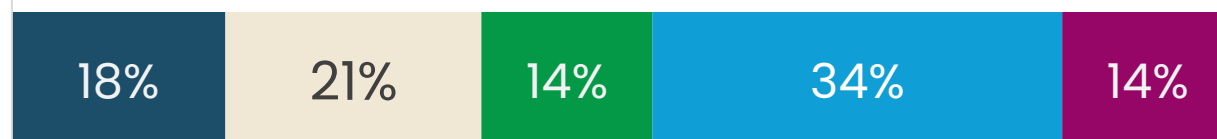
Finalize Annual
Update

Board of Supervisor
Review & Approval

Community Survey Findings

Strongly Disagree Somewhat Disagree Neither Disagree nor Agree Somewhat Agree Strongly Agree

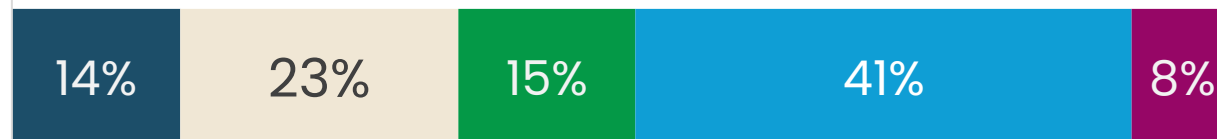
Santa Cruz County's services meet the needs of people experiencing a mental health crisis. (n=143)



Santa Cruz County's prevention and intervention services help people before they develop serious mental illness. (n=144)



Santa Cruz County's behavioral health services meet the community's needs. (n=145)



0% 20% 40% 60% 80% 100%

Community Survey Findings

Strongly Disagree Somewhat Disagree Neither Disagree nor Agree Somewhat Agree Strongly Agree

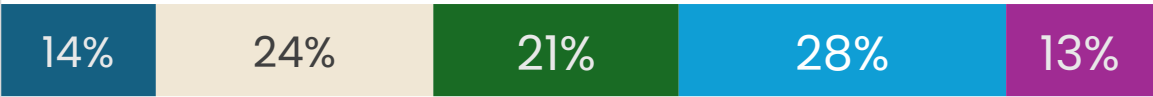
Santa Cruz County's behavioral health services are available at convenient locations. (n=141)



Santa Cruz County's behavioral health services are available at convenient times. (n=143)



It is easy to get a behavioral health appointment when I or someone else needs one. (n=141)



I know who to call or where to go if I or someone else needs behavioral or mental health support. (n=146)



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Community Survey Findings

Strongly Disagree Somewhat Disagree Neither Disagree nor Agree Somewhat Agree Strongly Agree

Santa Cruz County’s behavioral health services support clients’ wellness and...



Santa Cruz County’s providers work together to coordinate services. (n=143)



Santa Cruz County’s clients and/or family members are involved in their treatment...



Santa Cruz County’s behavioral health services are respectful of clients’ culture....



Santa Cruz County’s behavioral health services are welcoming. (n=142)



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

SCCBHD System, Program & Service Strengths

Strengths

- Services provided
 - Support clients' wellness and recovery
 - Include families in treatment planning
 - Are respectful of clients' culture
 - Are welcoming
- Most respondents reported knowing where to go or who to call to access services for their own or another's mental health needs
- SCCBHD service providers and staff received many comments of appreciation

SCCBHD System, Program & Service Strengths

“I am new to the services provided here...but I would like to commend the staff on their welcoming attitudes and genuine interest in informing and providing services that benefit their clients”

– *Client/consumer of behavioral health services*

“[SCCBHD Staff, names redacted] have been extremely helpful in my mental health transition. Very grateful.”

• *Client/consumer of behavioral health services*

SCCBHD System, Program & Service Challenges & Gaps

- Not enough service space for services that are currently provided
 - Prevention and intervention services not always providing help needed for individual developing serious mental illness. More preventative support needed.
- Limited variety of services available (more variety desired)
- More timely access to services needed (e.g., long wait times for services)
- General accessibility of services (location, care coordination, workforce gaps, etc.)

SCCBHD System, Challenges and Gaps

“The biggest challenge is lack of services for those with severe mental illness, which has a longer wait time than those who rule into IBH/Carelon.”

– *Social Services Provider*

“Currently the coordination between services is poor, and our crisis services feel non-existent— both as a member of County BH and from my perspective as a long-time community member.”

• *Behavioral health Provider*

SCCBHD Populations in Need

- People experiencing homelessness and/or housing insecurity
- Youth experiencing behavioral health crisis
- Individuals with early signs of behavioral health needs (i.e., early intervention services)
- Adults experiencing Behavioral Health Crisis
- Older Adults, specifically those in need of residential housing

SCCBHD Populations in Need

“Severe lack of older adult residential housing options. County does not run an IOP program, dependent upon non-profit programs.”

– *Behavioral health provider and Social Services Provider*

“Services are not useful without adequate housing.”

• *Client/consumer of behavioral health services*

MHSA Program Modifications for FY2024-25

MHSA Program Modifications for FY2024–25

In response to community and provider feedback, we developed a new Full-Service Partnership Team for people with SMI or co-occurring SMI and SUD who are experiencing homelessness:

CSS Workplan #8: Integrated Housing
and Recovery Team (IHART)

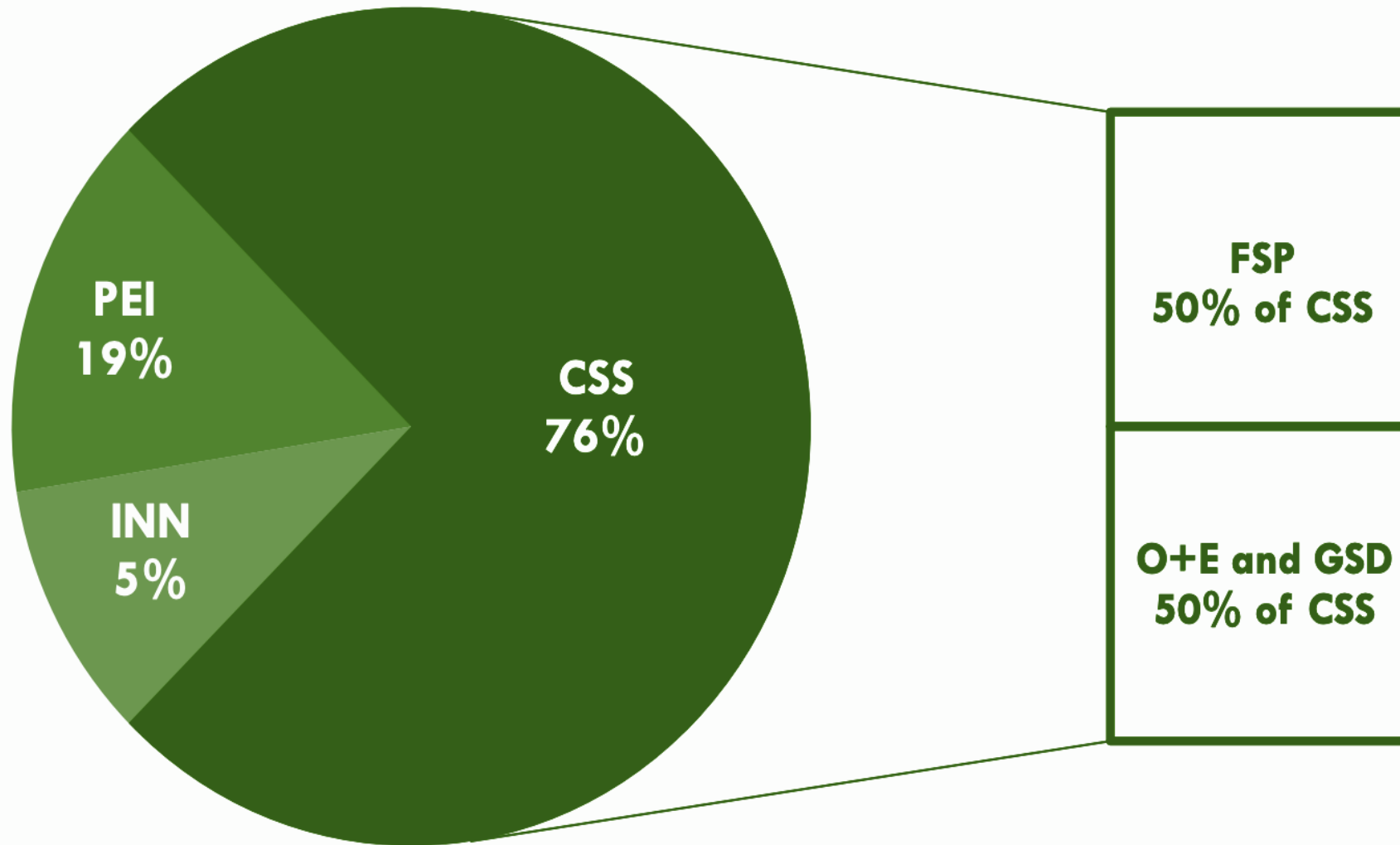
Integrated Housing and Recovery Team (IHART)

- **Sustaining services to people experiencing homelessness with SMI**
- County Behavioral Health **Full-Service Partnership** Team
- Coordination with **Housing for Health**
- Services in **North and South County**
- **Enhanced Care Management (ECM)** to support whole care
- MH **Connectors**



MHSA Program Budget FY2024-25

MHSA Allocation Requirements



FSP: Full-Service Partnership Services

O+E: Outreach & Engagement Services

GSD: General System Development

Estimated MHSA Budget

FY 2024-25

MHSA Component	FY2024-25 Estimated MHSA Expenditures
Community Services & Supports (CSS)	\$17,469,152
Prevention & Early Intervention (PEI)	\$4,367,288
Innovation (INN)	\$1,149,286
Workforce, Education, and Training (WET)	\$0
Capital Facilities & Technology Needs (CFTN)	\$0
TOTAL	\$22,985,727

Next Steps

Next Steps for the FY2024–25 Annual Update

Finalize Annual Update
following the Public Comment Period

Present Annual Update to
Board of Supervisor for Approval

Submit Annual Update to the Mental Health
Services Oversight & Accountability
Commission (MHSAOC)

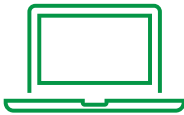
Public Comment

Discussion, Questions & Answers

How to Share in Today's Meeting



In-Person: Please raise your hand for public comment



Computer (Teams Meeting): Click on the raise hand icon on the top of the screen



E-mail: Send your comments over email to MentalHealth.ServicesAct@santacruzcounty.us

Please introduce your First & Last Name when sharing
Please keep comments to 3 minutes

Public Comment & Discussion

- **What do you see as the strengths of the plan?**
- **What concerns do you have about the plan?**
- **What types of behavioral health programs or initiatives would you like to see SCCBHD fund or expand?**
- **What other feedback do you have about the plan?**

Please introduce your First & Last Name when sharing
Please keep comments to 3 minutes

Reminder: Public Comment Period Open

Public Comment Period

The public review and comment period begins **Thursday, November 21, 2024, and ends at 5:00 p.m. on Monday, December 23, 2024.**

Community members can review the plan and provide comments in the following ways during the public comment period:

- By **internet**: <http://santacruzhealth.org/MHSA>
- By **email** to: MentalHealth.ServicesAct@santacruzcounty.us
- By **writing** to:
Santa Cruz County Behavioral Health
Attention: MHSA Coordinator
1400 Emeline Street, Building K
Santa Cruz, CA 95062

Thank you



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