



BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act

Representative Stakeholder Steering Committee Meeting

Tuesday, August 24, 2021

Agenda

Welcome and Introductions

MHSA Updates

- 3-Year Program and Expenditure Plan, Annual Updates, and Innovations Projects
- Plan Update FY 2021-2022

BHRS Updates

- Strategy Team Introduction
- Strategic Plan Implementation

Discussion

Looking Ahead – Next Steps

- What's Coming Up for MHSA
- RSSC Membership Development

Questions

MHSA Updates

Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2020-2021, 2021-2022 and 2022-2023, Annual Updates for Fiscal Years 2018-2019 and 2019-2020, and Early Psychosis Learning Health Care Network and Full-Service Partnership Multi-County Collaborative Innovations Projects

- Public Hearing Held at Behavioral Health Board 5/27/21
- Board of Supervisors approved 6/15/21
- BHRS forwarded to MHSOAC and DHCS prior to 6/30/21 deadline

FY 2021-2022 Plan Update

- May Revision to the Governor's Proposed Budget identified \$4.7 million in other funding
- Will be used to fund programs/services that had been included in the PEP
 - Relieve financial pressure that MHSA was facing in FY 2022-2023
- Implementation of the Strategic Plan identified the need for several technical adjustments
- Plan Update posted for 30-day public review on 8/23/21
- BHRS' FY 2021-2022 Final Budget request to incorporate changes
 - Affects Community Services and Support (CSS), Prevention and Early Intervention (PEI), and Innovations components
 - Submitted to CEO 7/14/21
 - Presented to the BOS 9/24/21

Community Services and Supports

Programs Removed from CSS

Behavioral Health Advocacy
Services – Decrease of
\$451,322

Mobile Community
Emergency Response Team
(MCERT) – Decrease of
\$413,182

Aspiranet Crisis Stabilization
and Intensive Community
Support Behavioral Health
Services Team (BHST) –
Decrease of \$1.5 million

Adjustment due
to Subsequent
Contract
Negotiations

Adult Behavioral Health Services
Team (BHST) – Increase of
\$2,475,228

Children and Transition Age Youth
Behavioral Health Services Team
(BHST) – Decrease of \$176,228

Homeless Access Center Integration
– Decrease of \$97,902

Technical Adjustments

Adult Medication Clinic – Increase of
\$152,570

General System Development (GSD)
Portion of Adult Medication Clinic –
Increase of \$36,958

CSS Administration – Increase of
\$45,000

Other
Adjustments

Community Assessment,
Response and Engagement
(CARE) – Increase of \$1,971,378

Employment Support Services –
Increase of \$95,280

Total Adjustments to CSS Program Estimated Expenditures

Fiscal Year 2021-2022	Estimated Total Mental Health Expenditures Increase/ (Decrease)	Estimated CSS Funding Increase/ (Decrease)	Estimated Medi-Cal FFP Increase/ (Decrease)	Estimated 1991 Realignment Increase/ (Decrease)	Estimated Behavioral Health Subaccount Increase/ (Decrease)	Estimated Other Funding Increase/ (Decrease)
Adult Behavioral Health Services Team	\$ 2,475,228	\$ 1,237,614	\$ 1,237,614	\$ -	\$ -	\$ -
Adult Medication Clinic	\$ 152,570	\$ 172,885	\$ 172,885	\$ -	\$ -	\$ (193,200)
Children and Transition Age Youth Behavioral Health Services Team	\$ (176,228)	\$ (88,114)	\$ (88,114)	\$ -	\$ -	\$ -
Homeless Access Center Integration	\$ (97,902)	\$ (97,902)	\$ -	\$ -	\$ -	\$ -
Community Assessment, Response and Engagement	\$ 1,971,378	\$ 797,220	\$ -	\$ -	\$ -	\$ 1,174,158
Employment Support Services	\$ 95,280	\$ 95,280	\$ -	\$ -	\$ -	\$ -
Behavioral Health Advocacy Services	\$ (451,322)	\$ (451,322)	\$ -	\$ -	\$ -	\$ -
Mobile Community Emergency Response Team	\$ (413,182)	\$ (413,182)	\$ -	\$ -	\$ -	\$ -
GSD Portion of Adult Medication Clinic	\$ 36,958	\$ 41,879	\$ 41,879	\$ -	\$ -	\$ (46,800)
CSS Administration	\$ (45,000)	\$ (45,000)	\$ -	\$ -	\$ -	\$ -
Total Adjustments to CSS Program Estimated Expenditures	\$ 3,547,780	\$ 1,249,358	\$ 1,364,264	\$ -	\$ -	\$ 934,158

Prevention and Early Intervention

Programs Removed from PEI

Family Urgent Response System (FURS) –
Decrease of \$653,000

School Based Behavioral Health Services (SBBHS) –
Decrease of \$527,422

Kinship Supportive Services (KSS) –
Decrease of \$576,138

Child Abuse Interview, Referrals and Evaluation (CAIRE) – Decrease of \$425,228

Community Assessment, Response and Engagement (CARE) – Decrease of \$1,731,755

Adjustments
due to
Subsequent
Contract
Negotiations

Promotores/Community Health
Outreach Workers – Decrease of
\$30,166

School Behavioral Health Integration
– Increase of \$1,173,984

Outreach for Increasing Recognition
of Early Signs of Mental Illness –
Increase of \$24,180

Total Adjustments to PEI Program Estimated Expenditures

Fiscal Year 2021-2022	Estimated Total Mental Health Expenditures Increase/ (Decrease)	Estimated PEI Funding Increase/ (Decrease)	Estimated Medi-Cal FFP Increase/ (Decrease)	Estimated 1991 Realignment Increase/ (Decrease)	Estimated Behavioral Health Subaccount Increase/ (Decrease)	Estimated Other Funding Increase/ (Decrease)
Promotores/Community Health Outreach Workers	\$ (30,166)	\$ (30,166)	\$ -	\$ -	\$ -	\$ -
School Behavioral Health Integration	\$ 1,173,984	\$ 44,804	\$ 1,129,180	\$ -	\$ -	\$ -
Family Urgent Response System	\$ (653,000)	\$ (50,000)	\$ (50,000)	\$ -	\$ -	\$ (553,000)
Community Assessment, Response and Engagement	\$ (1,731,755)	\$ (633,107)		\$ -	\$ -	\$ (1,098,648)
School Based Behavioral Health Services	\$ (527,422)	\$ (67,422)	\$ (160,000)	\$ -	\$ -	\$ (300,000)
Kinship Supportive Services	\$ (576,138)	\$ (81,682)		\$ -	\$ -	\$ (494,456)
Child Abuse Interview, Referrals and Evaluation	\$ (425,228)	\$ (130,039)	\$ (212,189)	\$ -	\$ -	\$ (83,000)
Outreach for Increasing Recognition of Early Signs of Mental Illness	\$ 24,180	\$ 24,180	\$ -	\$ -	\$ -	\$ -
Total Adjustments to PEI Program Estimated Expenditures	\$ (2,745,545)	\$ (923,432)	\$ 706,991	\$ -	\$ -	\$ (2,529,104)

Innovations

Innovations
Funding
Component
Worksheet
Update

Full-Service Partnership (FSP) Multi-County Collaborative - Increase of \$412,729

Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative - Increase of \$340,777

Requests for Proposals – Decrease by \$753,506

Finalization of Plan Update

Next Steps



Conclude 30-day public review and incorporate public comment



Obtain BOS approval of Final Budget technical adjustments 9/21/21



Public Hearing at Behavioral Health Board 9/23/21



Obtain BOS approval of Plan Update 10/5/21

BHRS Updates

Strategy Team

Alma Torres, Manager III

La Donna Norman,
Manager II

Shelley Southern, Mental
Health Coordinator

Strategy Team

Key objectives:

- Tracking Department-wide needs and supports to foster strategic problem solving amongst the leadership team
- Facilitate and prepare State/Federal audit activities as well as internal audit activities i.e. Performance Improvement Projects (PIPs) and Quality Improvement Committees (QICs)
- Develop innovative approaches to overcome complex Department obstacles
- Participate in Department workgroup meetings designed to put into operation new state and federal regulations that pose impacts across department systems and contract partners

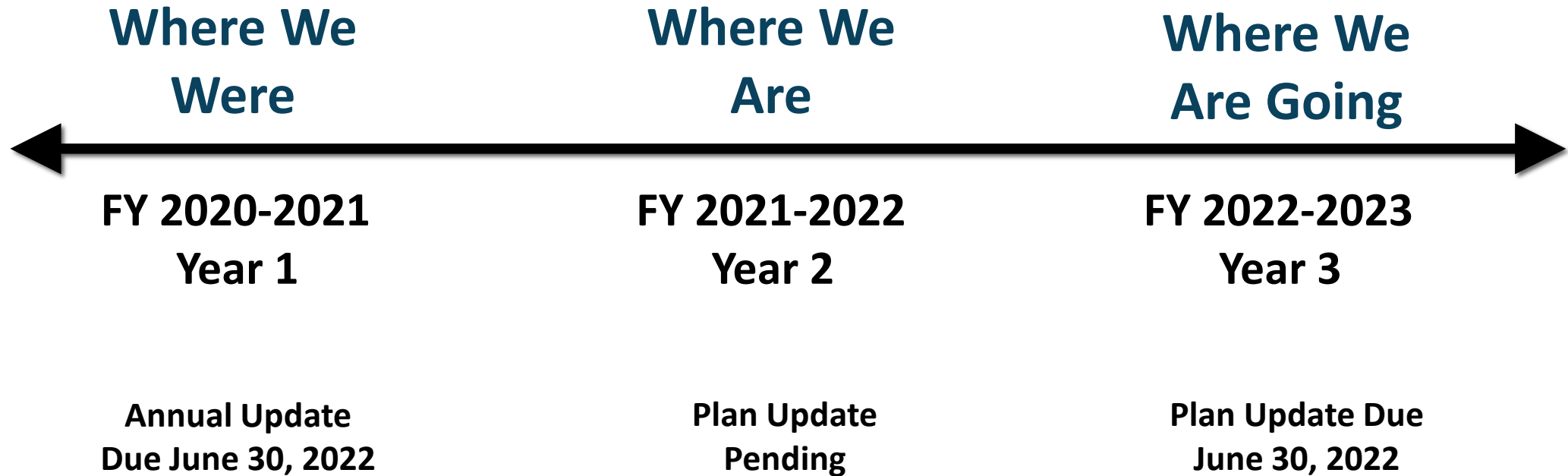
Discussion

- What did you hear?
- What did you like?
- Other reactions/comments?

Looking Ahead

- What's Coming Up For MHSA?

MHSA FY 2020-2023 Program Cycle



MHSA Annual Update for FY 2020-2021 (Looking Back)

- Reflects data for FY 2020-2021
- Completes Year 1 of the 2020-2023 Program Cycle

What's next?

- *Teams will begin to collect, review and synthesize program data for reporting (September to December 2021)*
- *RSSC Meeting (Tentatively January-March 2022)*
- *Board of Supervisors (Tentatively May 2022)*
- *Annual Update Due: June 30, 2022*

MHSA Expenditure Plan for FY 2022-2023 (Looking Ahead)

Update to spending plan based on expenditure/revenue trends and further implementation of the Strategic Plan

What's next?

- *Internal Planning Teams reviewing/developing program plans, and budgets (October – March 2022)*
- *RSSC Meeting (Tentatively April 2022)*
- *Board of Supervisors (Tentatively May 2022)*
- *Plan Update Due: June 30, 2022*

Prevention and Early Intervention 3-Year Evaluation Report

- Reflects data for FY 2018-2019, 2019-2020, and 2020-2021
- Evaluation of PEI outcomes to inform program planning and enhance program delivery

What's Next?

- *Teams will begin to collect, review and synthesize program data for reporting (September to December 2021)*
- *RSSC Meeting (Tentatively January-March 2022)*
- *Board of Supervisors (Tentatively May 2022)*
- *PEI Report Due: June 30, 2022*

New Innovation Projects FY 2021-2022 and Beyond

1. Full-Service Partnership (FSP) Multi-County Collaborative
2. Early Psychosis Learning Health Care Network Multi-County Collaborative

What's Next?

- *Supporting staff in place as of July 2021*
- *Contracted services are in the procurement process*
- *Contract agreements to Board of Supervisors (Tentatively October 5, 2021)*
- *Collaborative learning, technical assistance, and evaluation begins mid-October 2021*

RSSC Membership Development

- BHRS extends a great THANK YOU!
- Opportunity to renew commitment to RSSC
 - Application and survey will be shared electronically for completion
 - Commitment through June 30, 2023 to allow planning for next 3-Year Program and Expenditure Plan (PEP)
- BHRS will assess current composition to ensure each stakeholder demographic is represented according to MHSA regulations
- Additional representatives will be added as needed

Future RSSC Engagement Opportunities

- Survey Monkey for RSSC Membership
- Work groups in support of the Innovations Projects
- RSSC Meetings in January-April (tentatively 2-3 meetings):
 - Annual Update for FY 2020-2021
 - PEI 3-Year Evaluation Report for FY 2018-2019, 2019-2020, and 2020-2021
 - 3-Year Program and Expenditure Plan Update for FY 2022-2023

Questions?
