



MENTAL HEALTH SERVICES ACT

Three-Year Program and Expenditure Plan FY 2023-24 through FY 2025-26 & Annual Update FY 2023-24

Executive Summary

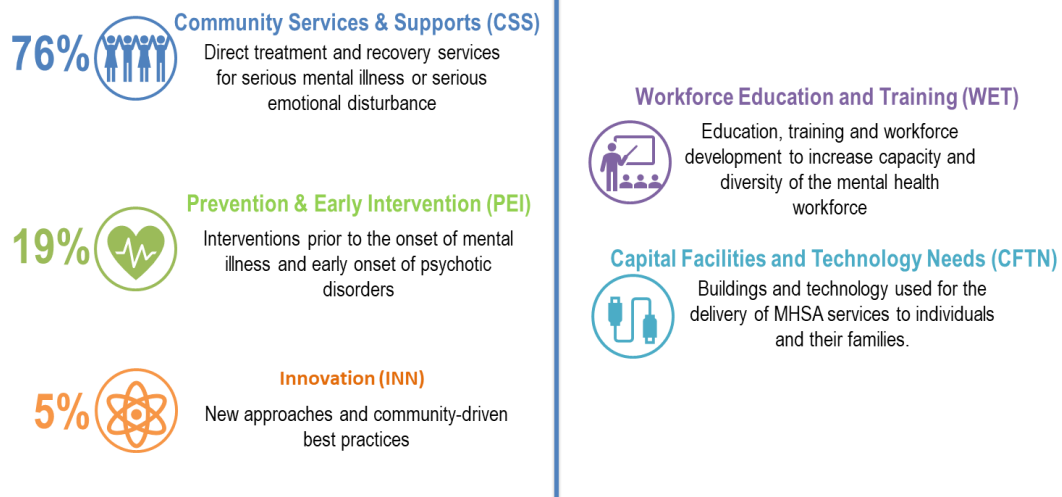


SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

BACKGROUND

Proposition 63, the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided dedicated funding to transform behavioral health systems, by imposing a 1% tax on personal income over \$1 million dollars. San Mateo County received an annual average of \$39.2 million, in the last five years through Fiscal Year 2021-22.

MHSA funded programs and activities are grouped into “Components” as listed below, each one with its own set of funding allocations, guidelines and rules.



MHSA legislation requires counties to develop Three-Year Program & Expenditure Plans and Annual Updates. MHSA legislation also requires that the local behavioral health board open a 30-day public comment process, hold a public hearing and vote to recommend the approval by the Board of Supervisors.

THE MHSA THREE-YEAR PLAN AND ANNUAL UPDATE INCLUDES:

1. Fiscal Summary and One-Time Spend Plan
2. MHSA Three-Year Plan Priority Expansions
3. Description of all Three-Year Plan Programs and Services
4. FY 2021-22 Program Narratives, Successes/Challenges & Outcomes

COMMUNITY PROGRAM PLANNING



Between November and January 2023, a workgroup was convened made up of diverse stakeholders including clients, family members, community members and contracted service providers; to co-designing an MHSAs 3- Year Plan Community Program Planning (CPP) process that is equitable and inclusive.

1. Needs Assessment

- ✓ 44 local plans/reports, assessments, data sets reviewed to inform gaps in services
- ✓ 129 survey responses to gather additional stakeholder input on the needs

2. Strategy Development

- ✓ 31 Community Input Sessions conducted
 - 400+ participants
 - 14 collaboratives
 - 14 committees/workgroups
 - 3 key interview groups (transition-age youth, immigrant families, veterans)
- ✓ MHSAs Steering Committee prioritized across 8 areas of need and across 22 strategies

3. Three-Year Plan Development

- ✓ 30-Day Public Comment and Public Hearing process to review and finalize the plan
- ✓ Behavioral Health Commission vote to submit the plan for approval

THREE-YEAR PLAN PRIORITIES

Over 1,000 strategy ideas were shared by stakeholders during the Community Input sessions. To support the narrowing down of these strategies, participants were asked: **If you had to select one strategy to focus on over the next 3 years, which would you prioritize?**

The Strategy Recommendations were presented to the MHSAs Steering Committee on May 4, 2023, along with three key themes that emerged from the input sessions overall regarding the need to: 1) Increase community awareness and education about behavioral health topics, resources and services; 2) Embed peer and family supports into all behavioral health services; 3) Implement culturally responsive approaches that are data-driven to address existing inequities.

Following the meeting, the MHSAs Steering Committee members ranked the 8 areas of need and selected **Behavioral Health Workforce**, **Access to Services** and addressing the **Crisis Continuum** as the top three areas to focus on over the next three years. They were then asked in a follow-up survey to select the top Strategy Recommendations for each area that they believe would be the most important to address.

SUMMARY OF THREE-YEAR PLAN PRIORITIES

Following are the allocations for the new priority expansions, as per the MHSA Three-Year Plan Community Program Planning process.

Area of Focus	Strategy	Allocation
Behavioral Health Workforce	Implement recruitment and retention financial incentives such as retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.	\$300,000
	Provide support, retention and leadership development of peer and family support workers (training, fair compensation, career ladders, flexible hours, and mentorship).	\$200,000
	Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure, mentorship).	\$300,000
Access to Services	Expand drop-in behavioral health services that includes access to wrap around services for youth.	\$500,000
	Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).	\$200,000
Crisis Continuum	Expand non-armed 24/7 mobile mental health crisis response following recommendations in the Behavioral Health Commission's Crisis Services Recommendations, the San Mateo County Mobile Crisis Response System Report, and other stakeholder input.	\$650,000

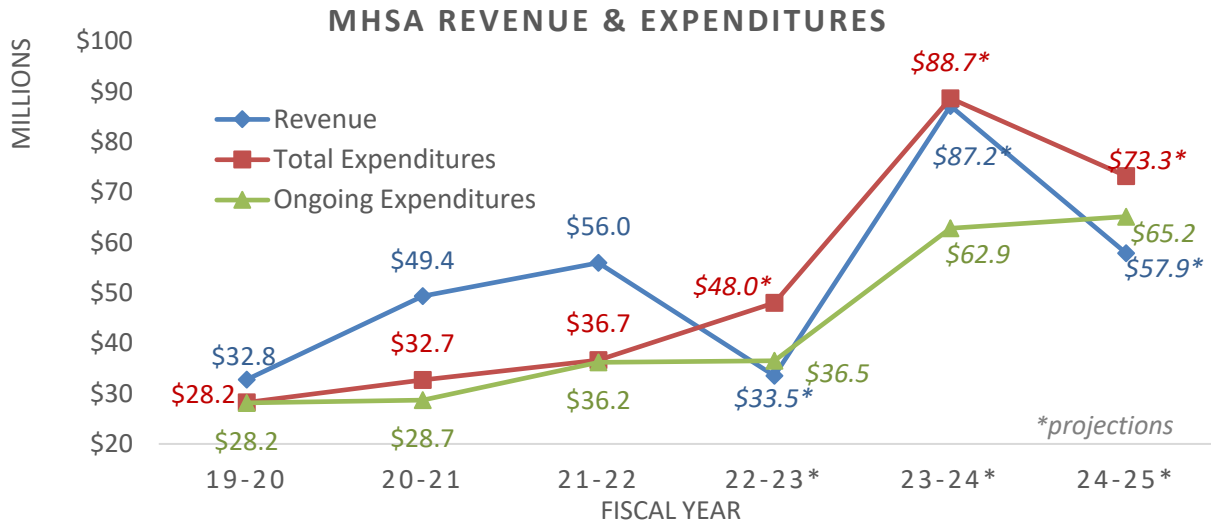
MHSA priorities identified by stakeholders in the previous Three-Year Plan, that have not been implemented, remain top priorities moving forward.

FSP Workgroup recommendations

Between September-November 2021, a Full Service Partnership (FSP) Workgroup made up of diverse stakeholders convened to provide input on FSP service requirements and outcomes that would support continuous improvement. The FSP Workgroup identified recommendations for improvements across 9 areas of FSP; these were included in an updated Request for Proposal (RFP) process for both Child/Youth (released FY 2022-23) and Adult/Older Adult (targeted for FY 2023-24). Additionally, the American Institutes for Research (AIR), began conducting annual qualitative data collection, focus groups and key interviews, with clients, families and providers of FSP services. Additionally, AIR participated in a statewide process to identify continuous improvement metrics and will be supporting ongoing continuous improvement data analysis.

Housing Taskforce Recommendations

Between March and May 2021, a Housing Taskforce made up of diverse stakeholders including clients, family members, service providers and County departments convened, to prioritize and make recommendation related to funding for housing resources and supports; a spectrum of housing services for individuals living with mental health challenges was developed along with recommendations. The recommendations will continue to be implemented.



FISCAL STRATEGY

The above chart depicts MHSA Revenue in blue, Total Expenditures (including one-time allocations) in red, and Ongoing Expenditures in green. Ideally, the Revenue and Ongoing Expenditures lines are as close as possible, which would mean that the majority of revenues received are being expended. Starting FY 2021-22, our strategy shifted from targeting a 5-year average revenue to planning for **over-revenue** budgeting in an attempt to dig into the excess revenue caused by unanticipated revenue increases during the COVID-19 pandemic. The actual revenue for Fiscal Year 2021-22 came in well over the projections as well. This means that while we increased the ongoing budget, there remained a gap of about \$20M in unallocated funding. FY 2023-24 is expected to increase significantly due to delayed tax filings and an unprecedented one-time adjustment of actual revenues received from taxpayers.

The proposed Fiscal Strategy to support spend down of significant revenue include:

1. Over Revenue Ongoing Budget: FY 2023-24 budget is \$62.9M; this will place the budget over revenue starting in FY 24-25 forward
2. One-Time Spend Plan: this will target “big ticket” items and total \$34M over the next three years.

New fiscal priorities included in this Three-Year Plan:

- \$34.1M One-Time Spend Plan through FY 2025-26
- \$17.5M increase to the MHSA ongoing budget to a new total of \$65.2M
 - \$6.3M increases to Full Service Partnerships (FSP) including new CARE Courts FSP and FSP Housing supports.
 - \$1.8 M increase to Workforce Education and Training including new Behavioral Health Workforce priorities
 - \$1.8M increases to Prevention and Early Intervention including new Access to Services and Crisis Continuum priorities and substance use prevention expansions
 - \$1.6M increases to Innovation for 5 new Innovation project approvals
 - \$6M increases across ongoing programs for Cost of Living increases and permanent position conversions

ONE TIME SPEND PLAN

Priority	Item	FY 23/24	FY 24/25	FY 25-26	TOTAL	Description
Housing	Hotel/Property Acquisition	\$11,000,000			\$11,000,000	hotels/properties for transitional and/or supportive housing.
	Supportive Housing Units	\$5,000,000			\$5,000,000	Rollover: ~25 supportive housing units for BHRS clients thru DoH Affordable Housing Fund; Notification of Funding Availability (NOFA) released July 2022.
	Board and Care Buyout			\$1,800,000	\$1,800,000	Behavioral Health Continuum Infrastructure Grant - 10% match.
Capital Facilities	Clinic Renovations	\$4,000,000	\$2,000,000	\$2,000,000	\$8,000,000	Renovations for improving safety at BHRS clinical sites and creating welcoming spaces for clients.
	Methadone Clinic	\$1,800,000			\$1,800,000	Behavioral Health Continuum Infrastructure Grant - 10% match required. On Veterans Admin campus w/Santa Clara County.
	Youth Crisis Stabilization and Crisis Residential			\$590,000	\$590,000	Behavioral Health Continuum Infrastructure Grant - will update with a more accurate estimate - applying until round 6.
	2191-95 El Camino Real Property Renovations	\$250,000			\$250,000	Newly purchased property to be used by California Clubhouse and Voices of Recovery renovation and security enhancements.
Technology Needs	Asset Refresh	\$260,000	\$400,000	\$540,000	\$1,200,000	Computer/phone refresh and service coverage for BHRS.
System Transformation	Trauma Informed Consultants	\$100,000	\$100,000		\$200,000	Estimated cost for consultant services for Trauma Informed and Employee Wellness supports.
	Youth Crisis Continuum of Care Consultant	\$100,000	\$100,000		\$200,000	Estimated cost for consultant services to assist with BHRS System transformation around Youth Crisis Continuum of Care.
	Early Childhood, Children and Youth Collaborative	\$555,000	\$425,000		\$980,000	Early Childhood MH Network for expansion of trauma-informed services. SMC Collaborative for Children and Youth: to implement a county-wide structure for C/Y behavioral health.
	Contractor Infrastructure	\$2,500,000			\$2,500,000	Infrastructure and training support for contracted providers to advance equity priorities and CalAIM payment reform.
	Communications	\$375,000	\$100,000	\$100,000	\$575,000	SMCHealth.org website update; BHRS third-party services for a more interactive and robust BHRS site + consultant to support BHRS/MHSA highlights and short 1-2 min videos.
		GRAND TOTALS	\$25,940,000	\$3,125,000	\$5,030,000	\$34,095,000



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