



# Mental Health Services Act DRAFT Annual Program Plan Update & Expenditure Plan for 2022-2023 & Annual Program Report for 2020-2021

**Sonoma County Board of Supervisors**

January 24, 2023

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# Agenda

- ➡ Highlights of the Mental Health Services Act (MHSA) Program Plan Update & Expenditure Plan for 2022-2023
  - ➡ MHSA Overview
  - ➡ Summary of Changes from Last Year's Plan
  - ➡ No Place Like Home Update
  - ➡ Expenditure Plan
- ➡ Highlights of the MHSA Annual Program Report for 2020-2021

# Mental Health Services Act (MHSA)

## Background

- In 2004, CA voters approved Proposition 63
- 1% tax on personal income in excess of \$1M
- Regulations require the funding to be used for individuals with serious mental health concerns or to prevent serious mental health concerns
- In FY 22-23 MHSA is estimated to generate over \$2.8B statewide and \$33M locally
- MHSA was created to change the way California treats mental illness by transforming mental health treatment from medical model to recovery-oriented model and by:
  - Reducing stigma and long-term adverse impacts for those suffering from untreated mental illness
  - Holding funded programs accountable for achieving those outcomes
  - Expanding/creating the availability of innovative and preventative programs
- MHSA requires an inclusive, transparent, and on-going Community Program Planning Process

# MHSA Components

**MHSA has 5 components:**

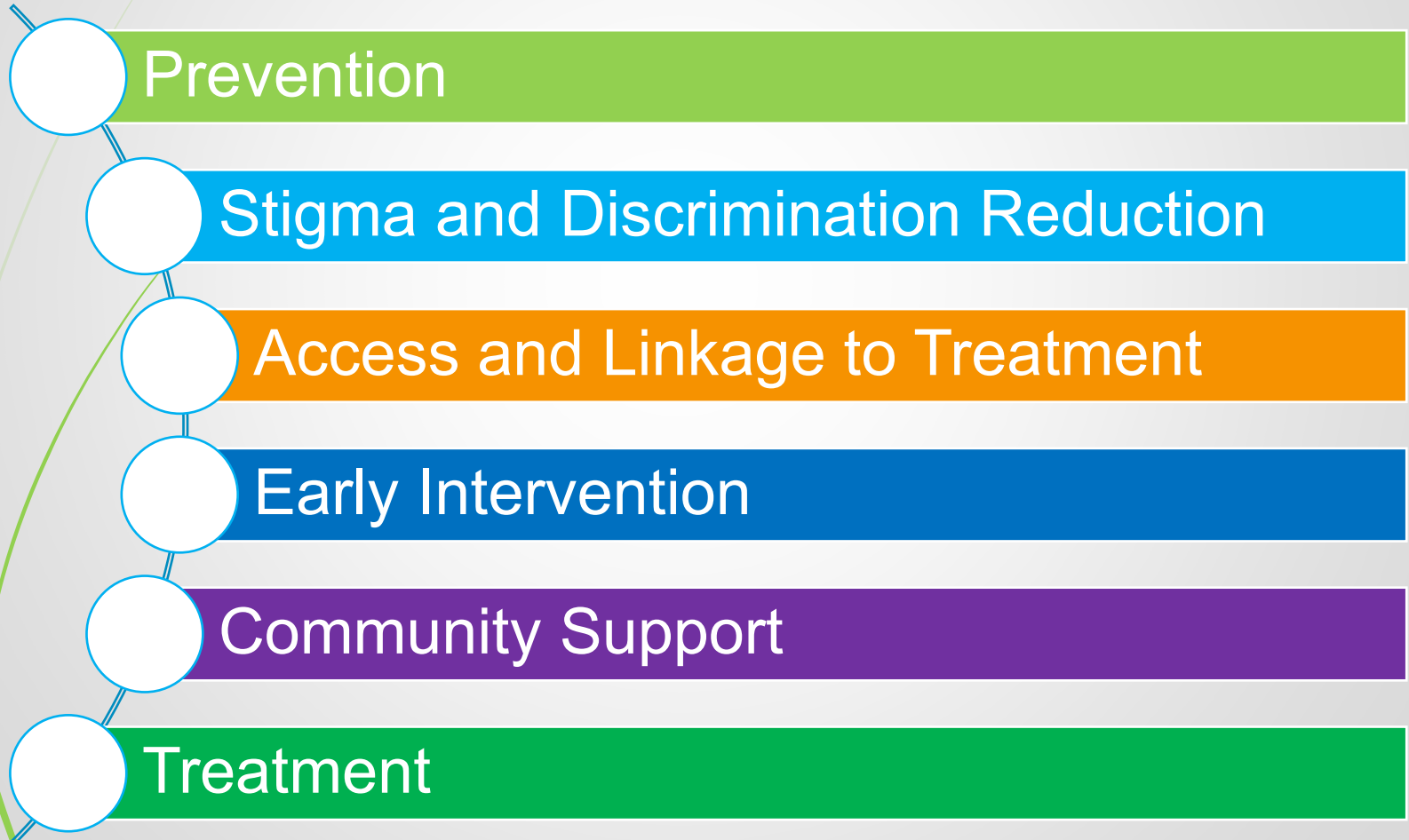
Component	Acronym	% of Funds
Community Services & Supports	CSS	76%
Prevention & Early Intervention	PEI	19%
Innovation	INN	5%
Workforce, Education & Training	WET	Funded by CSS
Capital Facilities & Technology Needs	CFTN	Funded by CSS

# 5 MHSA Components

Component	% of Funding	Sub-components
<b>Community Services and Supports (CSS)</b>	<b>76%</b>  <b>FSPs are to receive the majority of the CSS allocation</b>  <b>WET, CFTN</b> can be funded under CSS, as determined by the following additional funding guidelines: Up to 20% of the average 5-year total of MHSA funds can be allocated from CSS to WET, CFTN, and a prudent reserve.	Full Service Partnerships  General Service Development  Outreach and Engagement
<b>Prevention and Early Intervention (PEI)</b>	<b>19%</b>  <b>Ages 0-25 should receive the majority of the PEI allocation</b>	Prevention Early Intervention Recognition of Signs of Mental Illness Access and Linkage to Treatment Stigma & Discrimination Reduction Suicide Prevention
<b>Innovation (INN)</b>	<b>5%</b>	<b>None</b>
<b>Workforce, Education and Training (WET)</b>	<b>Funding from CSS</b>	<b>None</b>
<b>Capitol Facilities and Technological Needs (CFTN)</b>	<b>Funding from CSS</b>	<b>None</b>



# Mental Health Services Act Spectrum of Care/Programs



# MHSA Core Guiding Principles

## Community Collaboration

- Individuals, families, agencies, and businesses work together to accomplish a shared vision.

## Cultural Competence

- Adopting behaviors, attitudes, and policies that enable providers to work effectively in cross-cultural situations.

## Wellness Focus: Recovery and Resilience

- People diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities

## Client & Fam Driven Mental Health Services

- Adult clients and families of children and youth identify needs and preferences that result in the most effective services and supports.

## Integrated Service Experience


- Services for clients and families are seamless; Clients and families do not have to negotiate with multiple agencies and funding sources to meet their needs.



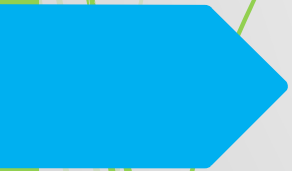
# Draft MHSA Update & Report







# Summary of Changes from the FY 21-22 MHSA Annual Plan Update



# MHSA Program Changes and Impacts for FY 22-23

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## CHANGES

## IMPACTS

### MENTAL HEALTH SERVICES ACT PLANNING

MHSA Community Program Planning (CPP) Strategic Action Plan: MHSA Annual Planning is increased by \$150,000.

\$150,000 has been allocated for the implementation of the MHSA Community Program Planning (CPP) Strategic Action Plan. This will empower the County to significantly increase stakeholder participation in the CPP process. (page 254 to review the CPP Strategic Action Plan)

### COMMUNITY SERVICES AND SUPPORTS (CSS)

Buckelew Programs: Buckelew is receiving \$40,007 to supplement **supportive housing** for the Forensic Assertive Community Treatment (FACT) team clients.

This will provide gap funds for housing for FACT clients.

# MHSA Program Changes and Impacts for FY 22-23

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## CHANGES

## IMPACTS

### COMMUNITY SERVICES AND SUPPORTS (CSS)

Adding an Adult Services Contractor: Siyan Clinical Research with a \$1,250,000 annual contract for adult services.

This will expand the capacity of the Adult Services programs, which will increase access and improve timeliness of appointments.

Adding a Youth Services Contractor: Alternative Family Services with a \$250,000 annual contract for Youth and Family Services.

This will expand the capacity of the Youth and Family Services programs, which will increase access and improve timeliness of appointments. Update

Whole Person Care (WPC): The State mandated that County BH will no longer be funding the WPC outreach subcontractors. This is a reduction of 8 contractors totaling \$329,469 annually.

A community partner will be contracting for the WPC outreach services, and there will be no impact to services

# MHSA Program Changes and Impacts for FY 22-23

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## CHANGES

## IMPACTS

### COMMUNITY SERVICES AND SUPPORTS (CSS)

Foster Youth Team (FYT): The DHS-BHD FYT is receiving \$47,535 additional funding.

This funding will expand the FYT team to improve access to services and timeliness of appointments.

**MHSA Housing** Loan Program: Sonoma County received \$48,788 in MHSA Returned Housing Funds from the state of California following the California Housing and Finance Agency (CalHFA) discontinuation of the Local Government Special Needs Housing Program (SNHP) in 2020.

The MHSA Housing Funds will provide housing assistance to clients on Full Service Partnership (FSP) teams that need **housing assistance** that is related to their treatment. The housing assistance can include rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless as per DHCS BHIN 19-047: [19-047](#)

# MHSA Program Changes and Impacts for FY 22-23

## CHANGES

## IMPACTS

### INNOVATION

Crossroads to Hope: A total of \$2.5 million in Innovation funding over five years will be used to fund Crossroads to Hope. Crossroads is expected to utilize \$470,433 in FY 22-23.

This will expand **supportive housing** for individuals with serious mental health concerns who are diverted from jail and the program utilizes peer providers to provide the supportive services.

Enterprise Health Record System Improvement Innovation Project: A total of \$4,420,447. in Innovation funding over five years. Enterprise Health Record System is expected to utilize \$1,789,665 in FY 22-23.

This project designs a modern electronic health record that supports the entirety of the complex business needs of County Behavioral Health Plans. CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (documentation and claiming) with data exchange capacity that aims to improve care coordination and outcomes.

# MHSA Program Changes and Impacts for FY 22-23

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## CHANGES

## IMPACTS

### WORKFORCE, EDUCATION AND TRAINING (WET)

WET Activities: Increasing WET Activities by \$250,000 for training.

California Institute for Behavioral Health Solutions (CIBHS) will provide Strengths Model Care Management training for clinical staff. This training will empower clinical staff to improve the quality of case management and client outcomes.

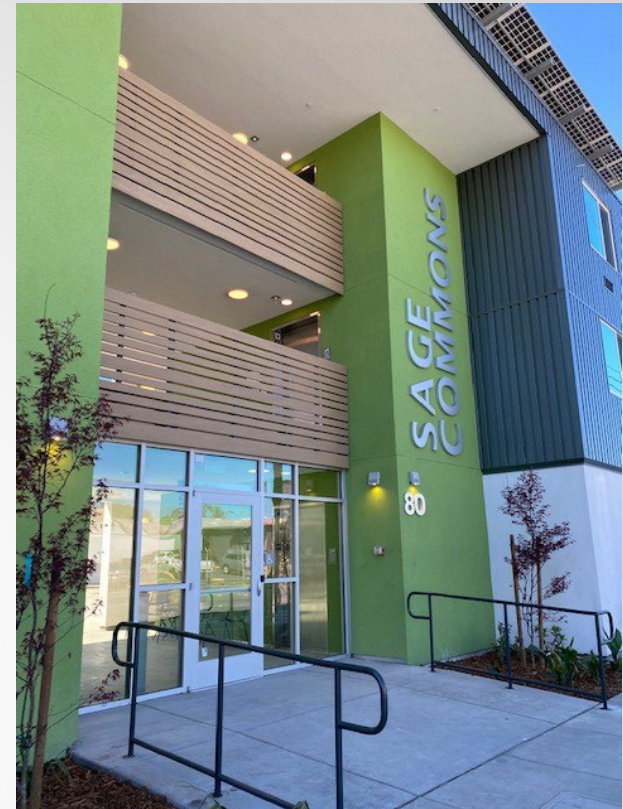
Ethnic Services, Inclusion, and Training Coordinator (ESITC): \$150,829 is budgeted for this position with WET funds.

The Sonoma County Behavioral Health Division ESITC will ensure BH services are provided in a culturally appropriate and responsive manner. This involves participation in several cross-cutting areas in DHS-BHD including working with the department wide Equity Manager, policy development, program design, and leadership development.

# No Place Like Home (NPLH)

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- In 2016 state legislation enacting the No Place Like Home (NPLH) program to dedicate up to \$2 billion in bond proceeds paid for with MHSA \$ to develop permanent **supportive housing for individuals who need mental health services and are experiencing homelessness.**
- Sage Commons on the **right** is the first NPLH funded project in Sonoma County to open and provide supportive housing for **individuals** who need mental health services and are experiencing homelessness.
- Sage Commons and Orchard Commons, which opened this month, are at 100% occupancy





# NPLH Housing Projects

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Project Sponsor	Project Name	Project City	Total Project Units	NPLH Units	Current Status
Danco Communities	Sage Commons	Santa Rosa	54	29	Opened April 2022
Danco Communities	Orchard Commons	Santa Rosa	45	10	Opened January 2023
Burbank Housing Development Corp.	Petaluma River Place Apartments	Petaluma	50	15	Pending
Mid-Pen Housing	Petaluma Blvd. North	Petaluma	40	15	MOU completed

# NPLH Supportive Housing Services

**DHS-BHD** is providing supportive services to individuals who have been certified as eligible tenants in NPLH-funded units.

## 1. Move-In Process

- Orient new tenants to the services available on-site and provide them with information on community resources.
- Offer tenants the opportunity to participate in supportive services and receive mental health services and other services essential for achieving and maintaining independent living.

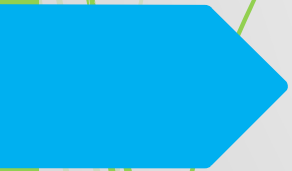
## 2. Ongoing Tenancy

- Develop recovery focused service plans, and establish appropriate linkage to community-based services
- Mental health services including assessment, individual and group therapy, rehabilitative groups, case management, crisis intervention, medication support, and psychiatric services as needed and agreed upon by the tenant
- Facilitate community-building activities for NPLH tenants

## 3. Eviction Prevention and Lease Violation Intervention

- Help NPLH tenants to understand and meet their obligations with respect to NPLH tenant agreements and community rules.
- Establish plans to help tenants obtain the appropriate support and services they need to maintain their permanent housing in times of crisis.

# Overview of MHSA FY 2022-2023 Draft Expenditure Plan



# Draft FY 22-23 MHSA Expenditure Plan

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Category/ Component	Community Services & Supports	Prevention & Early Intervention	Innovation	Workforce Education & Training	Capital Facilities & Technological Needs
Estimated New FY 22/23 Funding	\$25,830,533	\$6,457,633	\$1,699,377	\$0	\$0
Access Local Prudent Reserve in FY 2022-2023	\$0	\$0	\$0	\$0	\$0
Estimated FY 22-23 MHSA Expenditures	\$20,815,375	\$4,597,956	\$3,621,514	\$755,216	\$1,431,229

Estimated Local Prudent Reserve Balance	Amount
1. Estimated Local Prudent Reserve Balance on June 30, 2022	\$944,981
2. Contributions to the Local Prudent Reserve in FY 22-23	\$0
3. Distributions from the Local Prudent Reserve in FY 22-23	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2022	\$944,981

# MHSA Annual Program Report FY 20-21

## SONOMA COUNTY MHSA **ANNUAL PROGRAM REPORT** FY 2020-2021



Summary report and highlights from MHSA funded programs in 2020-2021.

### Notes about the Data in the Report:

In order to ensure the protection of personally identifiable information, some data in this section of the report have been suppressed or “masked” to prevent re-identification (e.g. “Data suppressed due to small cell counts”, “Multiple categories”) as per California Department of Health Care Services (DHCS) Data De-identification Guidelines.

### For more information visit:


<https://www.dhcs.ca.gov/dataandstats/Pages/PublicReportingGuidelines.aspx>

# What's in the MHSA Annual Program Report section for FY 20-21?

MHSA Component: Prevention and Early Intervention (PEI)



**Sonoma County Indian Health Project, Inc.**



**Takes Action**  
FOR MENTAL HEALTH



**CALIFORNIA**  
DEPARTMENT OF HEALTH SERVICES  
WELLNESS • RECOVERY • RESILIENCE

Programs that prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for underserved populations. Programs shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, homelessness, removal of children from their homes, and prolonged suffering.



**PROGRAM INFORMATION**  
  
Program Name: Gathering of Native Americans Program (GONA)  
  
Population served: Native Americans, all ages in Sonoma County  
Website: [www.scihp.org](http://www.scihp.org)  
Phone: (707) 521-4550  
Program location:  
144 Stony Point Road  
Santa Rosa, CA 95401  
Social Media:  
Sonoma County Indian Health Project, Inc. (Facebook)

**PROGRAM DESCRIPTION:**  
  
The GONA Project offers presentations and workshops, trainings, gatherings, and cultural events that bring together our Native community with a focus on cultural strengths and behavioral health wellness. The purpose of the Gathering of Native Americans (GONA) and curriculum is to reduce mental health disparity in our local Native American communities by increasing access to mental health services by:  
  
1) Mental health stigma reduction and decreasing suicide through community-based awareness campaigns and education (utilizing community wellness gatherings and community outreach) The GONA focuses on the following four themes: belonging, mastery, interdependence, and generosity.  
  
2) Providing GONA events which support healing, encourages and guides community discussion about mental wellness, and helps communities build capacity for Native Americans who are at risk.

**PROGRAM ACCOMPLISHMENTS:**  
Participants communicated very positive feedback, including:  
*What did you enjoy most about the GONA?*

- "I love how it bring families together and you get to meet new people"
- "The humor, traditional stories, and the homework"

  
*How did you and your family members feel at the end of the GONA?*

- "Affirmed, welcomed, related, confident, hopeful"
- "Generosity and keeping traditions alive"

**FY 2020-2021**  
**PROGRAM STATISTICS**

- Total number of clients served: 77
- Total number of encounters: 77
- Approximate numbers reached through outreach: 2000



**sonoma county**  
DEPARTMENT OF HEALTH SERVICES  
BEHAVIORAL HEALTH DIVISION

FY 2020-2021 PEI Initiative: Prevention

- A report from each FY 20-21 MHSA funded program.
- Each report may include:
  - Program information
  - Program descriptions
  - Numbers of individuals served
  - Program outcomes
  - Demographic information
  - Program accomplishments
  - Client or staff stories, quotes or notable changes or challenges.

# Community Services & Supports in FY 20-21

Type of Sub-component	Name of Program	Ages Served	Number Served
Full Service Partnerships	Family Advocacy, Stabilization and Support Team (FASST)	0-20	258
		18-25	39
	Transition Age Youth Team (TAY)	18+	63
	Forensic Assertive Community Treatment (FACT) Team	18+	54
	Integrated Recovery Team (IRT)	60+	41
	Older Adult Intensive Team (OAIT)		
General System Development (GSD)	DHS-BHD Collaborative Treatment and Recovery Team	18+	185
	DHS-BHD Community Mental Health Centers	18+	306
	DHS-BHD Mobile Support Team (MST)	All	318
	Buckelew Programs - CTRT System Navigation	16+	324
	Buckelew Programs - Family Service Coordination	16+	1,524
	Council on Aging - Senior Peer Support	60+	66
	National Alliance on Mental Illness (NAMI)	16+	6,479
	Sonoma County Human Services Department - Job Link	18+	3
		18+	61
	Telecare ACT	55+	94
	West County Community Services (WCCS) - Senior Peer Counseling	All	123
	WCCS - Crisis Support	16+	523
	WCCS – Peer Centers		
Outreach & Engagement (OE)	DHS-BHD Whole Person Care (WPC)	16+	2,814
	Sonoma County Indian Health Project - Community Programs	18+	278



# Prevention and Early Intervention Programs FY 20-21

Type of Program	Name of Program	Population of Focus	Number Served in FY 20-21	Outreach in FY 20-21
Prevention	Action Network Community	Rural: Northwest County	356	422
	Baptist Church Collaborative	African American	179	4,750
	Latino Service Providers	Latino	208	4,050
	Positive Images	LGBTQI	241	2,065
	Sonoma County Indian Health Project	Native American	77	2,000
	Older Adult Collaborative	Older Adults	2,301	3,680
Early Intervention	First 5's Early Childhood Mental Health (0-5) Collaborative	0-5 years old and their caregivers	3,051	
Access and Linkage to Treatment	DHS-BHD Adult Access Team	18 years old and older	497	
	DHS-BHD Youth Access Team	0-18	387	
Stigma & Discrimination	Santa Rosa Junior College	Transitional Aged Youth 16-25 years old	1,736	3,182
Suicide Prevention	Buckelew's North Bay Suicide Prevention Program	General Population	11,552	
Total for PEI			20,585	20,149