



MHSA Three Year Spending plan proposals

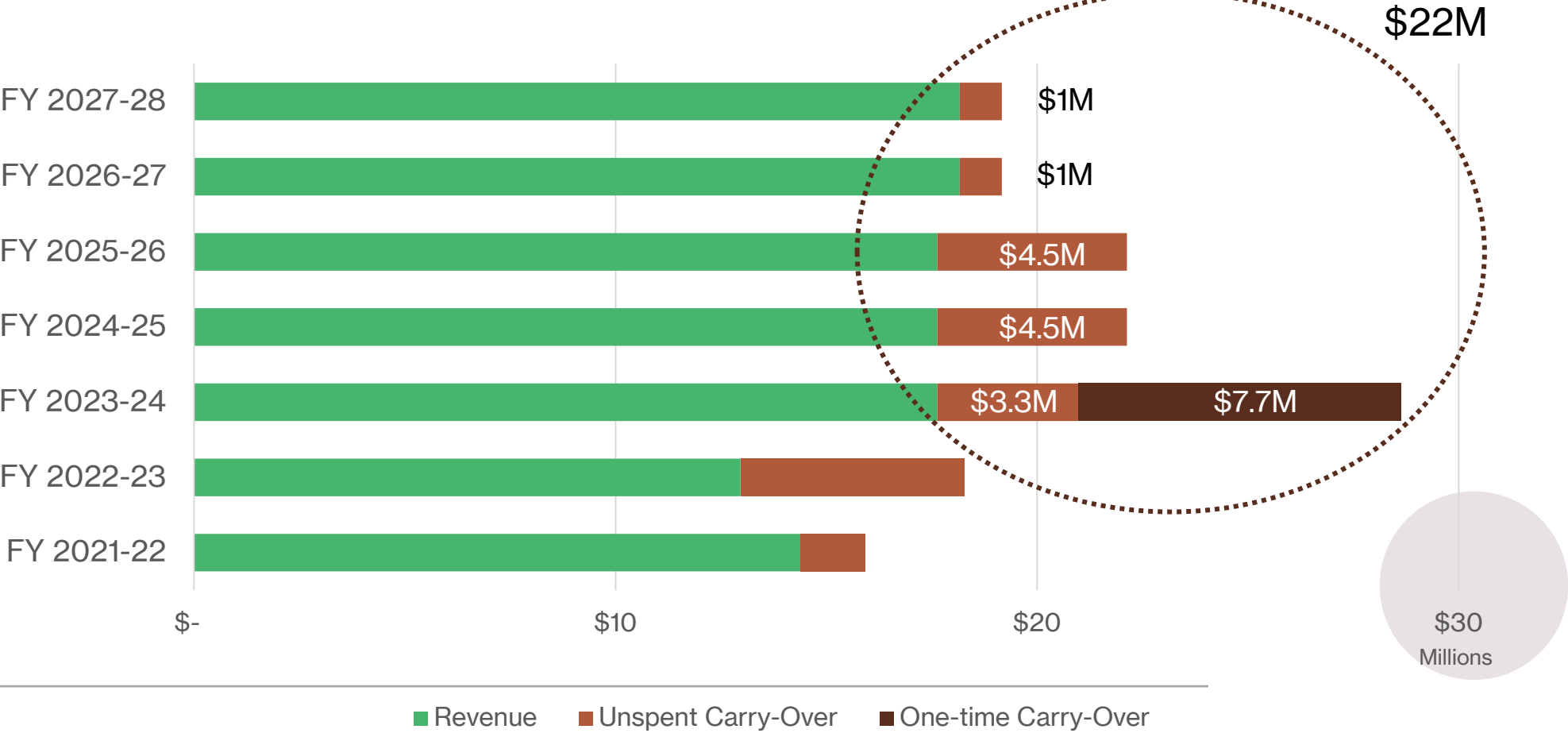
DRAFT as of 2/22/23



Budgeting considerations

- **Incoming revenue is projected to be very high for the next two years (~\$23M/yr) –** after that it is less certain
 - **Reversion:** For MHSA Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) funding, each County must spend the incoming money within 3 fiscal years otherwise it reverts back to the state.
 - Currently there is approximately \$22M in the CSS account and \$4M in PEI. A little over one year's operating budget. So we are not close to risk of reversion.
 - **However**, there are lots of pressure/desires to spend the funding even more quickly to meet community needs and so it does not get diverted for other purposes at the State legislature
 - But at the same time not setting us up for a situation that is unsustainable (e.g. needing to cut programs, or create positions that will then need to be eliminated, etc.)
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MHSA CSS Revenue and Budgeting Proposal



One time funding: Capitalized Operating Subsidy Reserve (COSR)

3301 Kerner Blvd

40 units of Permanent Supportive Housing (PSH)

\$800/client/month for 20 years to support the operations of this facility.

This funding would be set aside up front into an account specifically for this purpose and then allocated on an annual basis to the project allowing it to generate interest and demonstrate stability for the other lenders and developers to make the project possible

Proposed Key Priorities for Implementation

1. Expand community health advocates programs to include the canal (currently MHSA funds: *Promotores* in West Marin, *Promotores* in Novato, AAPI focused-county-wide Community Health Advocates, and Marin City Community Health Advocates). As well as expand out a community ambassador program to strengthen the two-way connection between connecting community members to BHRS services and providing input back to BHRS on how to improve programs on a regular basis.
 2. Expand the Mobile Crisis Response Team (MCRT) to be bilingual, community-engaging, co-occurring, and 24/7. Diversify staffing model for MCRT to include peer providers and Recovery Coaches. Prioritize follow-up in addition to immediate response.
 3. Expand the Senior Peer Counseling program to include group models to significantly expand the reach and help reduce isolation and provide training to other community organizations around how to hold impactful groups for older adults
 4. Develop top of the line system navigation materials—including one pagers, infographics, etc.—in key languages. As well as commission an independent report on the impact of 20 years of MHSA in Marin in year 2 of the plan (2005-2025).
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Proposed Key Priorities for Implementation

5. Expand housing supports for individuals with serious mental illness, including a Capitalized Operating Subsidy Reserve (COSR) for 3301 Kerner Blvd); as well as split the homelessness-focused Full-Service Partnership into two teams equivalent in size with the other FSP programs
 6. Earmark funding for years 2 and 3 of the plan to meet the mandate for CARE court implementation (December 2024)
 7. Provide incentive payments in year 1 to smooth transition under CalAIM payment reform for contracted partners and support CBOs serving underserved populations to generate revenue through Medi-Cal billing (July 2023)
 8. Locate BHRS services in Marin City to build connections and relieve transportation issues and barriers to accessing services; develop out training for BHRS and law enforcement to hear directly from Marin City residents
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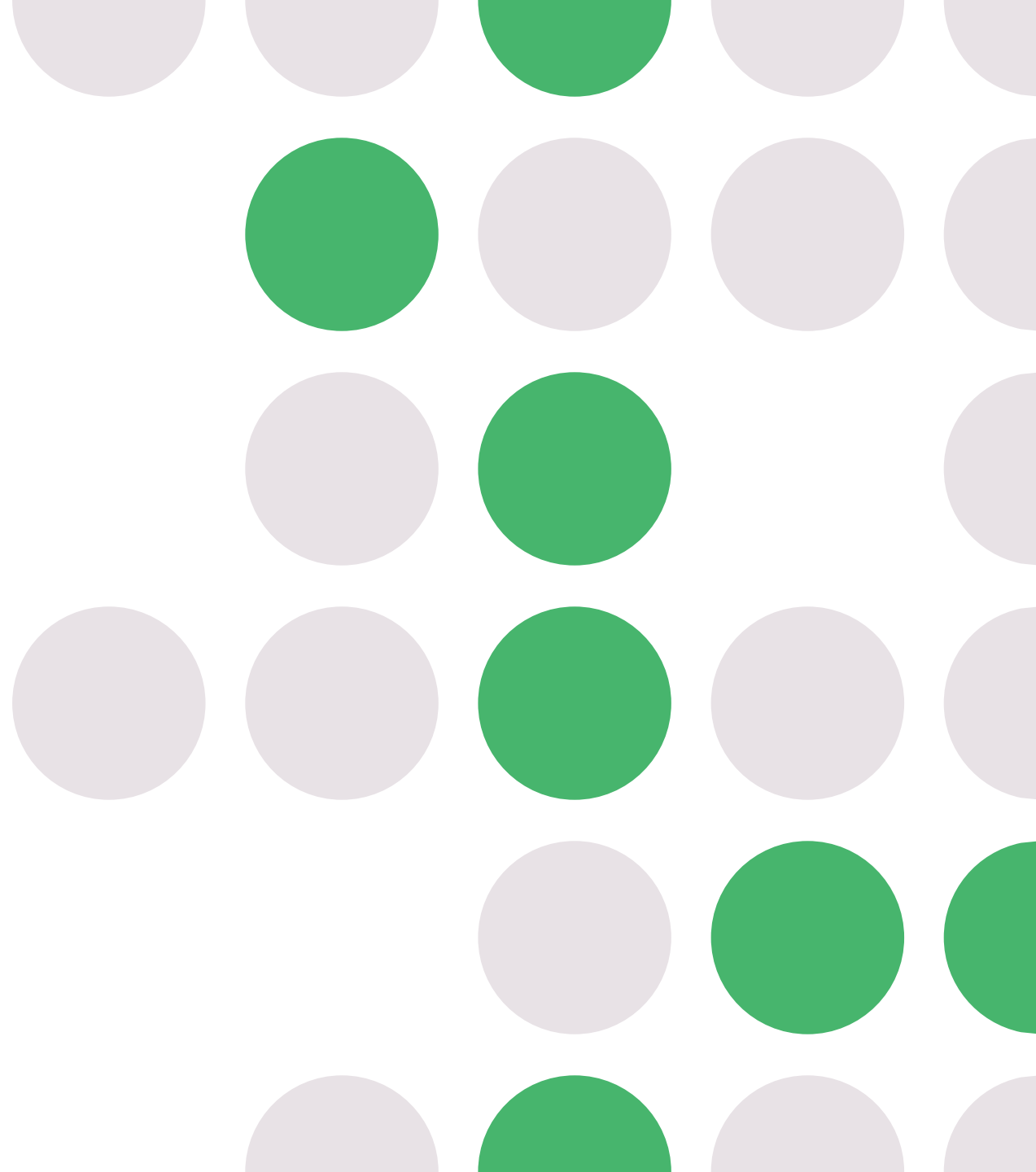
Proposed Key Priorities for Implementation

9. Expand co-occurring expertise including training for Public Behavioral Health system staff and funding Recovery Coaches for the STAR Full-Service Partnership and the Youth Empowerment Services
 10. Provide COLAs and expand PEI contracts to better support underserved populations where they are most interested in engaging in services (including Latinx, older adults, etc)
 11. Partner with Public Health to add an early childhood and maternal mental health component to the 0-5 home visiting program
 12. Support schools/districts in creating and implementing substance use prevention curriculum and addressing bullying (with a focus on middle school students)
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Proposed Key Priorities for Implementation

13. Reduce barriers to access: develop a call center model with one phone number for BHRS (with intentionally coordination with other call lines like 988 and the Aging and Adult services line); provide CBOs with funding to host Access clinicians for assessments on their turf; significantly shorten the length of an assessment to reduce duplication of re-traumatizing story sharing; and center access around being as responsive as possible to individuals and family members reaching out when they are desperate for help
 14. Commission a feasibility study/needs assessment for Teen-respite and Peer-respite programs in Marin
 15. Greatly expand the Crisis Intervention Team (CIT) training and consultation for Law Enforcement with a racial equity focus and ensuring true adaptation of the Team model
 16. Support the development of a Behavioral Health internship Consortium in partnership with local Community Based Organizations and education partners, senior programs, and key stakeholders
 17. Fund a new Prevention and Early Intervention program for TAY age youth in Marin City with a focus on males
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What do you think?



Timeline

Plan Released for 30-day Public Comment

- April 10, 2023

Public Hearing

- May 10, 2023, 6pm

Board of Supervisors

- June 2023

Implementation!

- July 1, 2023-June 30, 2026

Other MHSA Updates:

- In March, as the final stage of the Help@Hand Older Adult Technology Project, BHRS will be releasing an RFP for one-time funding for CBOs, library, senior centers, peer-run organizations, etc. to support Older Adult digital literacy with a wellness and mental health focus.
 - New Role – leading Payment Reform implementation for Behavioral Health as part of the HHS fiscal team
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Demographics from the Community Planning Process

Age Group of CPP Participants (N=711):

