

# SF Mental Health Services Act Three-Year Integrative Plan FY23/24 – FY25/26

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SFBOS Budget and Finance  
Committee

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San Francisco Health Network  
Behavioral Health Services



# Agenda

1. Overview of Mental Health Services Act (MHSA)
2. FY 21/22 Selected Outcomes
3. MHSA Three Year Integrative Plan - FY23/24 to FY25/26
4. Prop 1 and Behavioral Health Services Act (BHSA)

# Mental Health Services Act Overview



MHSA Enacted into law in 2005



1% tax on personal income over \$1 million



Designed to support the transformation of the mental health system to address unmet needs



Based on a set of core principles

# MHSA's 5 Funding Components: San Francisco's 7 Service Categories, funding 85 programs



Community Services  
& Supports (CSS)



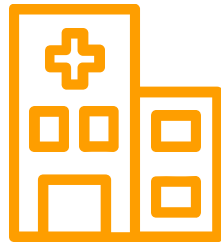
Innovation (INN)



Prevention and Early  
Intervention (PEI)



Workforce Education  
and Training (WET)



Capital Facilities and  
Technology Needs (CF/TN)

1. Recovery-Oriented Treatment
2. Mental Health Promotion
3. Peer-to-Peer Support Services
4. Vocational Services
5. Housing for FSP Clients
6. Workforce Development
7. Capital Facilities and Information Technology

# FY21/22 Selected Outcomes

These outcomes are a small sample of the outcomes we achieved. Please see our full Three-Year Plan for all outcomes reported.

- Sustaining funding for current programs and services with demonstrated impact;
- Providing additional funding to strengthen population-focused: Mental Health Promotion and Early Intervention Programs;
- Expanding the San Francisco Dream Keeper Initiative ([www.dreamkeepersf.org](http://www.dreamkeepersf.org)), which provides comprehensive support for 300 Black/African American families struggling to meet basic needs due to systemic failure and educational activities for 500 Black/African American youth;
- Piloting a project to bring culturally affirming patient navigation support to the City's Chinatown North Beach Clinic;
- Developing a Request for Proposal for Community-Based Organizations to provide mental health services to Black/African American Birthing People
- Providing Talk Therapy to Black/African American clients throughout San Francisco;
- Providing support to various clients within our population-focused programming:
  - 97% of clients (n=38) within the Asian/Pacific Islander Mental Health Collaborative reported an increase in their quality of life and "feeling better", as a result of participating in therapeutic activities.





# Peer Specialists are Critical to MHSA

MHSA emphasizes the importance of consumer participation in the mental health workforce. Peer Certification programs were created collaborating with Richmond Area Multi-Services, San Francisco State and City College of San Francisco. In addition, all MHSA programs are encouraged to hire peers as members of program staff. **SF-MHSA funded 258 peers in FY21/22** throughout our behavioral health system. Consumers can be found working in almost all levels and types of positions, including: peer counselors, health promoters, community advocates, workgroup leaders, teaching assistants, and in management.

# Emphasis on Evaluation

We place a strong emphasis on program evaluation across the MHSA components. Over the past years, we worked hard to enhance our monitoring and evaluation activities in order to effectively meet the objectives of our MHSA-funded programs.



- ✓ Increased the integration of MHSA principles into the larger BHS System
- ✓ Improved tracking efforts of ICM to Outpatient referrals and outcomes
- ✓ Increased evaluation efforts of Innovation Projects
- ✓ Improved SMART objectives for MHSA contracts
- ✓ Improved evaluation frameworks for new Request for Qualifications (RFQs)
- ✓ Increased evaluation efforts with Gender Health SF
- ✓ Improved the monitoring of PEI evaluation activities

# FY21-22 Program Outcomes

## Full-Service Partnership (FSP) Programs

- ✓ **86% decrease in arrests** for adults.
- ✓ **87% decrease** in mental health & substance use disorder **emergencies** for adults.
- ✓ A **decreased** percentage of clients experienced **Residential Treatment and Hospitalizations** in the most recent year (**18% down from 25%, and 18% down from 28%**, respectively).



## Population-Focused Programs

- ✓ **97%** of clients within the Asian/Pacific Islander Mental Health Collaborative reported an **increase in their quality of life** and "feeling better", as a result of participating in therapeutic activities.
- ✓ **80%** of older adult clients attending the Senior Drop-In Center activities reported **increased socialization**.

## Vocational Services

- ✓ **100%** of graduates from the i-Ability Vocational IT Program reported **improved coping abilities and increased readiness** for employment or additional activities related to vocational services.

## Peer-to-Peer Support Services

- ✓ **91%** of Peer-to-Peer, Family-to-Family clients **reported an increased understanding** of their mental health needs and were better able to understand behavioral health signs.



# FY23-26 Three-Year Integrative Plan



Each year BHS/MHSA is required to collect community and stakeholder input and integrate this feedback into all areas of MHSA programming. A Three-Year Integrative Plan or Annual Update is required each year.

The FY23-26 Three-Year Integrative Plan is a report that includes community program planning input, program outcomes/highlights from FY21/22 and plans for FY23/24, FY24/25 and FY25/26.

# Community Program Planning Process

- ✓ In 2022, SF-MHSA hosted **16 community engagement meetings** across the City.
- ✓ Over **165 individuals participated** in these Community Program Planning meetings.
- ✓ Community member feedback helped shape existing and future MHSA programming, and the FY 23-26 Three-Year Integrative Plan.



We increased our outreach efforts to include more involvement with certain stakeholder groups:

- Local veterans
- Transition Age Youth
- Vocational program participants
- Older Adult community
- LGBTQ+ community
- Primary care and medical staff
- Employees of municipal agencies
- Law enforcement
- Maternal health providers
- SFDPH Department of Equity
- Black/African American and Latinx Communities

# Spotlight on SF's Changing Needs

San Francisco faces various crises of mental illness, overdose, homelessness, and housing insecurity—each factor exacerbated by the high cost of living and the compounding effects of trauma and systematic racism.



MHSA is committed to being a part of San Francisco's mental health system transformation that provides mental health care to all San Franciscans who lack insurance or who are experiencing homelessness.

- **MHSA provides 51% of its funding to address serious mental health and co-occurring substance use challenges through our Full-Service Partnership programs.**
- **MHSA provides comprehensive housing programs to better meet the needs of unhoused individuals.**
- **MHSA has population-focused programs that address racism and equity issues.**
- **The Wellness in the Streets program primarily works with individuals directly on the street and provides peer services, support and interventions in the community.**

# FY23-24 through FY25-26 Three-Year Plan

The proposed MHSA Three-Year Plan includes the following:

- Sustaining funding for the current 85 MHSA programs and services that have demonstrated to have a significant positive impact on San Francisco communities;
- Continuing to implement, support and evaluate the newly funded MHSA programs:
  - Improving Maternal Mental Health for Black/African American Birthing People
  - Homeless Children's Network MA'AT Program
  - Kummba Peer Fellowship Program
  - FUERTE
  - Wellness in the Streets
  - Technology Assisted Mental Health Solutions
  - Culturally Responsive Practices for the Black/African American communities;
- Continuing to grow Full-Service Partnerships (FSPs) by expanding treatment slots;
- Continuing to monitor and engage in stakeholder collaborative meetings regarding
- Senate Bill 326 that proposes the modernization of the Mental Health Services Act.



# MHSA Three-Year Plan - Proposed Budget

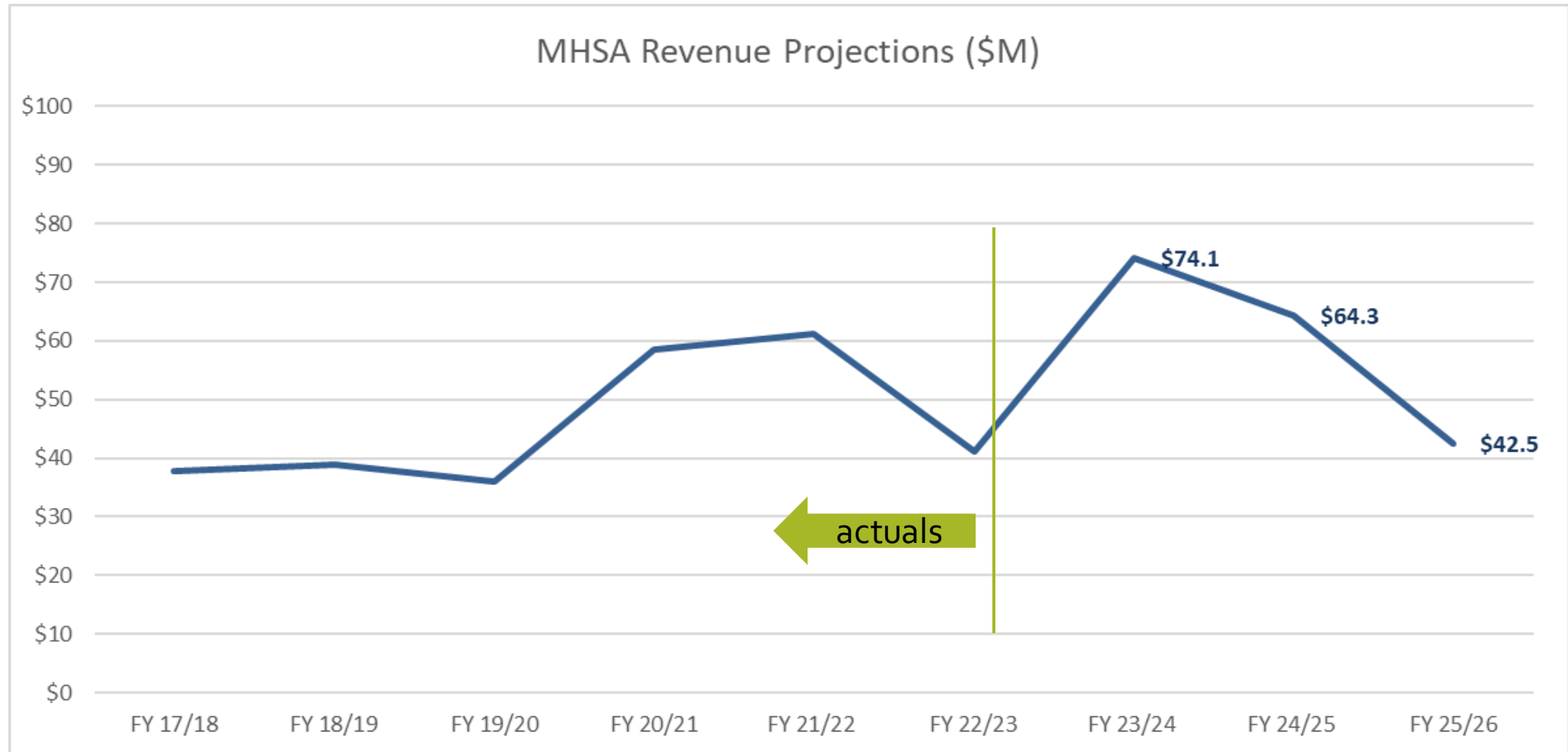
MHSA budget is 13% of overall DPH-BHS budget

	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Total
<b>FY 23/24 Expenditures</b>	\$40.5M	\$16.5M	\$3.2M	\$6.2M	\$5.6M	<b>\$72.1M</b>
<b>Estimated FY 24/25 Expenditures</b>	\$42.0M	\$15.7M	\$2.2M	\$6.1M	\$5.0M	<b>\$71.0M</b>
<b>Estimated FY 25/26 Expenditures</b>	\$43.4M	\$15.9M	\$1.8M	\$6.2M	\$4.1M	<b>\$71.4M</b>

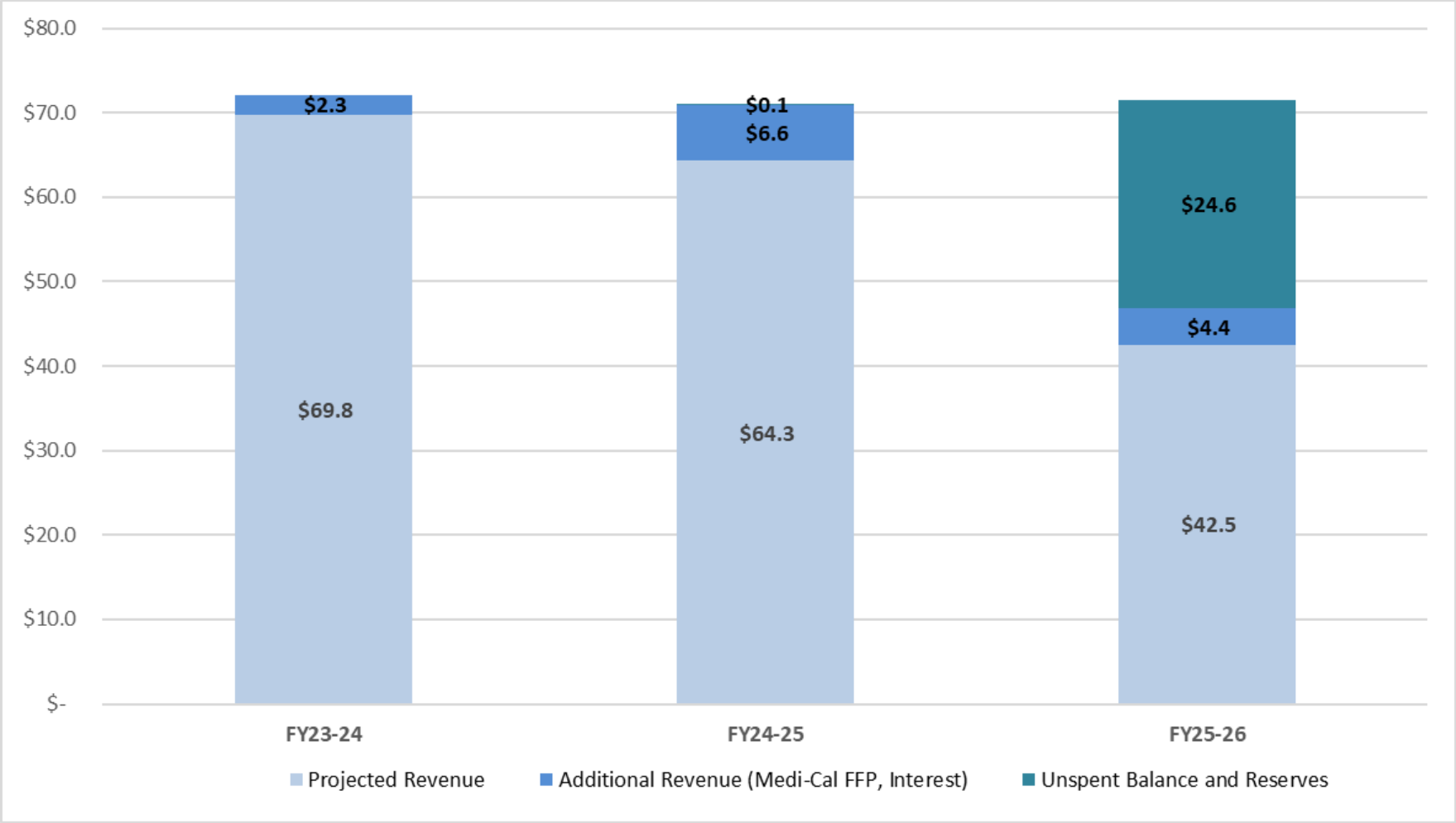
Note: Spending plan developed prior to passing of Prop. 1



# MHSA is a Volatile Revenue Source



# Prior Year Unspent Balances and Reserves Are Needed to Support 3 Year Spending Plan Expenditures



At the end of FY 25-26, MHSA is projected to have \$7.3M prudent reserve and \$14.6M of additional balance.

# Prop 1 (March 2024)

- Next Three-Year Plan (FY 26/27-FY 28/29) will reflect adjusted programming in alignment with the redesigned program categories under Prop 1, and will appear under the new program name, the **Behavioral Health Services Act (BHSA)**
- According to State guidelines, the implementation timeline is **until July 1, 2026**, to meet Prop 1 requirements.
- **Current MHSA spending is not fully in alignment with the BHSA.** DPH will be planning to bring our programming into alignment as the State releases additional guidance.
- State guidance on the next three-year plan will be released throughout 2025.

# DHCS Initial BH Transformation Milestones

*Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.*

Starting Spring 2024

## Stakeholder Engagement

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.



Beginning Summer 2024

## Bond Funding Availability Begins

**Requests for application** for bond funding will leverage the BHCIP and HomeKey models.



Beginning Early 2025

## Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



Summer 2026

## Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



Source:

# Thank you for your time



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