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Mental Health Services Act Community Education & Input

MHSA Plan Update FY 22/23

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Mental Health Services Act

The Mental Health Services Act (MHSA) emphasizes Transformation of the Mental Health System and Improving the Quality Of Life for people living with mental illness and those at-risk for mental illness and/or mental health challenges.

- In 2004, California voters passed Proposition 63, know as the Mental Health Services Act.
- Funded by 1% tax on individual incomes over \$1 million.
- Services must be voluntary.
- Non-supplantation: MHSA may not replace existing program funding or be used for non-mental health programs.



MHSA 101: 5 MHSA Components

#	Component	Abbreviation	% of Funding	Sub-component
1.	Community Services and Supports	CSS	76%	Full Service Partnership Outreach & Engagement, Systems Development (OESD)
2.	Prevention and Early Intervention	PEI	19%	Prevention, Early Intervention, Recognition of Signs of Mental Illness, Access and Linkage to Treatment, Stigma and Discrimination Reduction, Suicide Prevention & Promotion
3.	Innovation	INN	5%	None
4.	Workforce, Education and Training	WET	Funding from CSS	None
5.	Capital Facilities and Technological Needs	CFTN	Funding from CSS	None

MHSA CORE PRINCIPLES

**Community
Collaboration**

**Cultural
Competence**

**Wellness Focus:
Recovery and
Resilience**

**Client and Family
Driven Mental
Health Services**

**Integrated
Service
Experience**



MHSA 101: 5 MHSA Components

1. *Community Services and Supports (CSS):*

Provides direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED):

- **Full Service Partnership (FSP)** plans for and provides the full spectrum of services, mental health and non-mental health services and supports to advance client's goals and support their recovery, wellness and resilience using a “**What ever it takes**” approach.
- **General Systems Development (GSD)** improves the mental health service delivery system.
- **Outreach and Engagement (O&E)** is to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities.

Source: www.steinberginstitute.org/wp-content/uploads/2017/10/MHSA-101-1



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MHSA 101: 5 MHSA Components

2. *Prevention and Early Intervention (PEI):*

Funds may be used for programs that **identify early mental illness**, **improve *timely* access** to services for **underserved** populations, and **reduce negative outcomes** from untreated mental illness including:

1. Suicide
2. Incarcerations
3. School failure or dropout
4. Unemployment
5. Prolonged suffering
6. Homelessness
7. Removal of children from their homes



MHSA 101: 5 MHSA Components

3. *Innovation (INN):*

5% of funds received for CSS and PEI may be used for innovative programs that develop, **test** and **implement promising practices** that have not yet demonstrated their effectiveness. Needs approval from Mental Health Services Oversight & Accountability Commission.

Current ACBH Innovation projects include the:

- Community Assessment and Treatment Team (CATT)
- Land Trust
- MH Applications

- **Two INN projects in development** focusing on justice involved individuals who have a severe mental illness (SMI).



MHSA 101: 5 MHSA Components

4. *Workforce Education and Training (WET):*

This component aims to **train** more people to **remedy the shortage** of qualified **individuals who provide services** to address severe mental illness. Counties may use funds to **promote employment** of mental health **clients** and their **family members in the mental health system** and **increase the cultural competency** of staff and workforce development programs. Funding source is CSS.

5. *Capital Facilities and Technological Needs (CFTN)*

This component finances capital and infrastructure to support implementation of other MHSA programs. It includes **funding to improve or replace technology** systems and other **capital projects**. Funding source is CSS.

****Counties may transfer up to 20% of their previous CSS 5-year allocation average to CFTN, WET or the Prudent Reserve:**



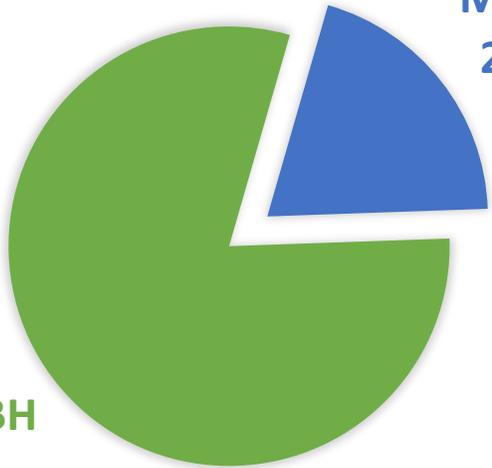
MHSA: What is the Current Budget?

ACBH FY 21/22 Total Approved Budget of \$569.7M

- 706 County Civil Service positions
- 3,000+ positions with community-based providers

MHSA Annual Budget is \$140.6.1M (approximately 24% of the overall ACBH Budget)

MHSA
24%



ACBH

- 172 County Civil Service positions (25%)
- 16,000+ individuals served in MHSA funded treatment programs
- 9,000+ individuals served in MHSA PEI funded programs



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MHSA: Five Plan Components

FY 21/22 budget estimates in millions

Community Services & Supports	Prevention & Early Intervention	Workforce, Education & Training	Capital Facilities & Technological Needs	Innovative Programs
43 ongoing work plans	24 ongoing workplans	10 programs and strategies	8 projects	4 approved projects 2 pending project
\$99.71M annually	\$16.21M annually	\$3.42 M annually	\$12.26 M	\$8.99M
13%+	7%+	3.6%+	9.8%-	42.6%+



MHSA Financial Terms

- ***Reversion Period:*** Counties must expend the revenue received for each core component within a specific timeframe, starting with the year the revenue is received, or must return it to the State Mental Health Fund.
 - *CSS and PEI funds have a 3 year reversion period.*
 - *INN has up to 5 years and must be connected to an approved INN project.*
 - *WET and CFTN have a 10 year reversion period.*
- ***Prudent Reserve (PR):*** Counties are required to establish and maintain a PR for revenue decreases.
 - *Counties may fund to a level determined appropriate and that does not exceed 33% of the counties' largest annual distribution (Info Notice 18-033)*
 - *The restricted account that MHSA monies can be placed in that is not subject to reversion to the State and can be used in times of reduced MHSA funding associated with an economic decline.*
 - *Requires approval from the Department of Health Care Services before it can be utilized at the local level.*
 - *If utilized, the year it's utilized, MHSA funds cannot be transferred to WET or CFTN.*



MHSA Financial Terms, cont.

• **Annual Adjustment:** A lump sum, usually positive, that is known two fiscal years after the revenue was earned.

Annual Adjustments are incredibly volatile:

- Two-year lag
- Known by March 15th
- Deposited on July 1st
- Called the “True Up”

	FY 17/18	FY 18/19	FY 19/20	FY 20/21
Actual Allocation (SCO Funding)	71,629,573	72,099,545	65,694,634	96,158,248
Estimated Allocation	68,856,043	68,334,729	80,415,461	79,688,108
Over/(under)	2,773,530	3,764,816	(14,720,828)	16,470,140*

* Includes deferred revenue from FY 19/20



Community Program Planning Process (CPPP): Title 9 CCR Section 3300

- The County shall provide for a CPPP as the basis for developing the Three-Year Program and Expenditure Plans and Annual Updates.
 - To ensure that the CPPP is adequately staffed, the County shall designate positions and/or units responsible for:
 - The overall CPPP, ensuring that stakeholders have the opportunity to participate in the CPPP and training stakeholders
- Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.



The stakeholder groups that are to be included in the Community Program Planning Process are to reflect the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, and race/ethnicity and

- Clients and Peers
- Families of children, adults and seniors clients/consumers
- Providers of social services
- Providers of mental health and substance use treatment services
- Education field
- Persons with disabilities, including providers
- Health care
- Veterans and/or representatives from veterans organizations
- Law enforcement
- Other interests (faith-based, aging and adult services, youth advocates, etc.)
- College-age youth
- Individuals from diverse cultural and ethnic groups



Oversight of Counties

- To ensure that counties are implementing the MHSA correctly, there are two state entities that provide guidance, support, monitoring and oversight:

- DHCS:** Department of Health Care Services

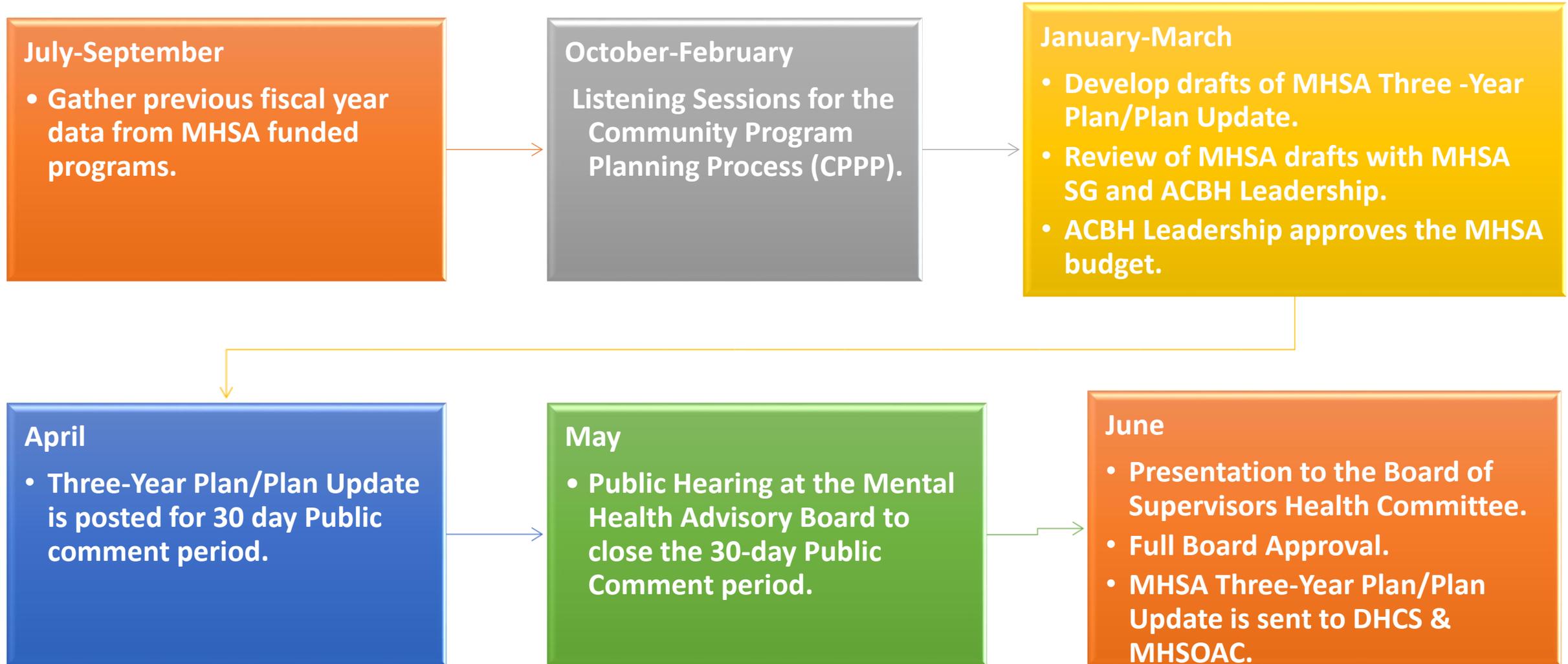
- Monitors the performance contract between the state and the county
- Provides Information Notices that clarify regulations
- Conducts program reviews
- Provides technical assistance

- MHSOAC: Mental Health Services Oversight & Accountability Commission**

- Oversees and approves Innovation Projects
- Develops multi-county Innovation Projects
- Research and Evaluation



MHSA Three-Year Plan/Plan Update Cycle



Thank You



For more information email us at

MHSA@acgov.org or visit us at

www.ACMHSA.org



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