

Mental Health Services Act “101”

Introduction

The Mental Health Services Act (MHSa) funds mental health services in California through a one percent tax on personal annual incomes that exceed one million dollars. The MHSa is also known as Proposition 63. It is made up of five components, described below, that are designed to expand and transform California’s mental health systems to better serve individuals with and at risk of serious mental health issues and their families. Locally, Alameda County Behavioral Health (ACBH) MHSa Division is the agency that administers MHSa funding.

ACBH’s MHSa Website and Contact information

Visit the MHSa website at <https://acmhsa.org/> to find the most up-to-date information. If you have questions or want information about a speaker, please contact MHSa@acbhcs.org.

The Five MHSa Components



Community Services and Supports (CSS) uses funds for direct services to adults with severe mental illness and children with severe emotional disturbance.



Prevention and Early Intervention (PEI) services embrace an approach that engages individuals before the development of mental illness, as well as, provide services to intervene early to reduce mental health symptoms.



Innovation (INN) involves the funding and evaluation of new approaches to increase access to underserved communities, promotion of interagency collaboration, and increasing the overall quality of mental health services.



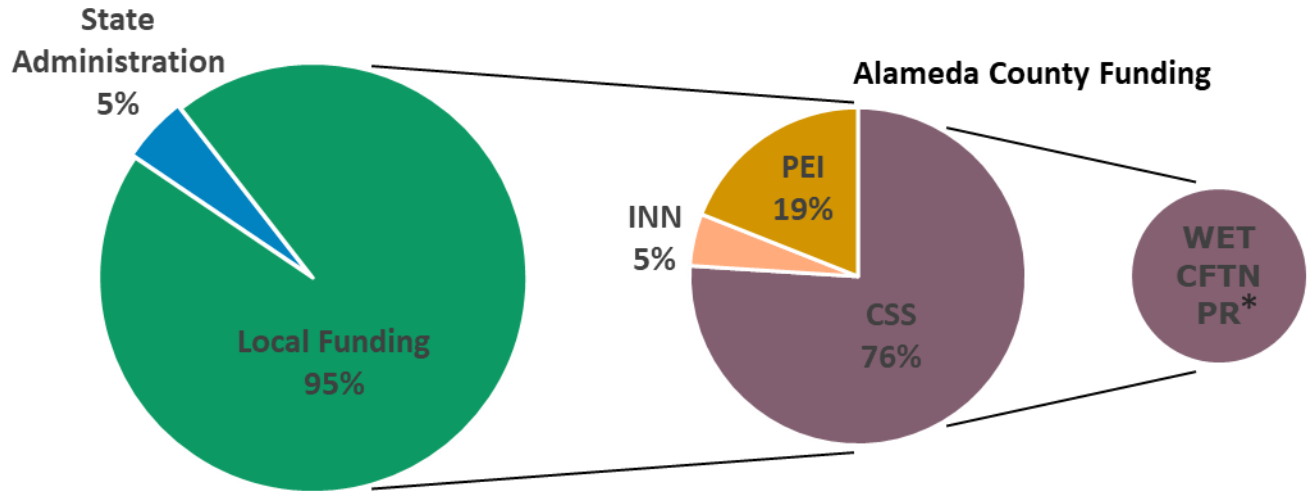
Workforce, Education, and Training (WET) develops a workforce for ACBH that is sufficient in size, diverse, and linguistically capable to deliver services and supports that are culturally responsive to clients and family members.



Capital Facilities and Technological Needs (CFTN) makes provisions for building projects and improvement of mental health services delivery by increasing technological capacity through funding.

Funding

Funding is budgeted on a three-year cycle. The funding divisions are shown below.



*PR stand for Prudent Reserve and is explained below.

Annually, counties can dedicate up to 20% of the previous five-year CSS average allocation to the WET or CFTN components and the Prudent Reserve (PR). Counties may use **up to five percent** of their total annual MHSAs revenues for their local Community Program Planning Process (CPPP). WET received funding support from the state over a ten-year period from 2008 through June 30, 2018 to implement WET program activities. Currently, ACBH WET program activities are continuing with funding support through the CSS funding stream.



Prudent Reserve

The *Prudent Reserve* (PR) is intended for use during years when MHSAs revenues are below recent averages to enable counties to continue to provide the same level of CSS and PEI services. A county's PR cannot be below 23% or exceed 33% of the average CSS revenue received in the preceding five years.¹

The PR is different than *unallocated funds*, which are funds that have not been spent in the previous year, but that are carried over to the next fiscal year. These funds must be spent in the same component and before new funds can be allocated to the county.



Reversion





After a certain amount of time any unspent funds, and the interest accrued on them, that have not been spent for their authorized purpose revert (go

¹ MHSUDS Information Notice No.: 19-017

back) to the state. The timing of when the funds revert depends on the MHSAs component and are explained in the table below².

Component	Time until Reversion
CSS and PEI	Three Years after fund distribution
CFTN and WET transferred from CSS	10 Years after fund distribution
INN	Five years after plan approval

Funding Restrictions

Component	Restriction
 CSS	At least 50% must be spent on activities that serve Full-Service Partnership clients.
 PEI	>50% must be spent on activities that serve clients age 25 or younger.
 INN	Must be spent on one-time projects that address learning questions.
 MHSA	Non-supplantation - MHSA may not replace (supplant) existing program funding or use for non-mental health related programs.



No Place Like Home Funding

In November 2018, voters approved Proposition 2 authorizing the sale of up to \$2 billion of revenue bonds and the use of a portion of MHSA taxes to repay the bonds for the No Place Like Home (NPLH) funding program. The appropriations happen every year before the distribution of the MHSA funds to counties.





NPLH funds are used to invest in the acquisition, design, construction, rehabilitation, or preservation of permanent supportive housing for persons in need of mental health services and who are experiencing

² MHSUDS Information Notice No.: 18-033

homelessness, chronic homelessness, or who are at risk of chronic homelessness.

The permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services. Counties must commit to provide mental health services and help coordinate access to other community-based supportive services separately from the NLPH funding.

Eligibility

<i>Component</i>	<i>Eligibility</i>
 CSS	Individuals with serious mental illness (SMI) and/or severe emotional disturbance (SED).
 PEI	At risk for mental illness or emotional disturbance.
 CSS + PEI	Individuals not served or that are underserved by the current mental health system. Services must be voluntary.
 Not Eligible	Those living outside of Alameda County. Persons currently incarcerated in county jail or prisons and juvenile detention centers unless it is facilitating discharge for mentally ill offenders. Locked or involuntary mental health services.

Plan Approval Process



Community Program Planning Process

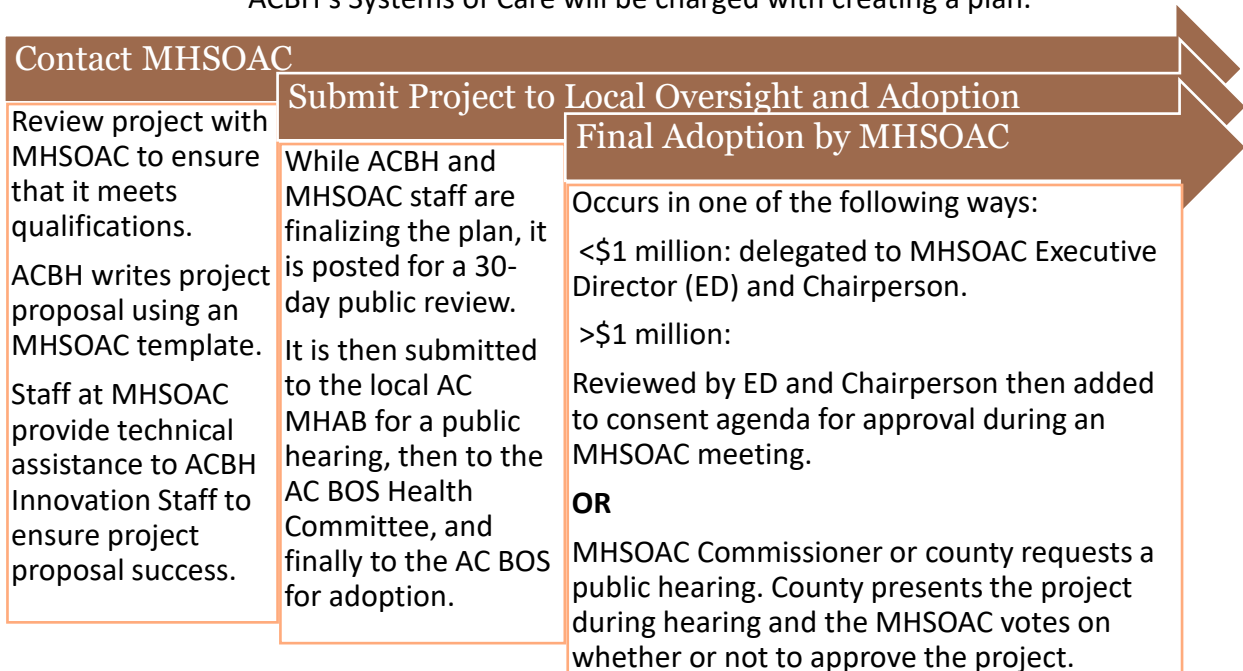
Counties are required to conduct a Community Program Planning Process (CPPP) every three years to inform its “Three Year MHSA Plan.” Below are the steps for drafting and approving the plan.

Plan Draft	Plan Review	Plan Approval
<p>Drafted by engaging stakeholders, which include clients with serious mental illness and/or serious emotional disturbance, and their family members.</p> <p>Stakeholder group should reflect the diverse demographics of the county.</p>	<ol style="list-style-type: none"> 1. ACBH posts plan online for 30-day public comment period and addresses comments in plan. 2. At the end of the 30 days, Alameda County Mental Health Advisory Board (AC MHAB) reviews the plan and conducts a public hearing. 	<ol style="list-style-type: none"> 1. Presented to the Alameda County Board of Supervisors (AC BOS) Health Committee. 2. Adopted by the full AC BOS. 3. Submitted to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the AC BOS.



Innovation Component Planning Process

Innovation planning ideas can come from ACBH staff, the community, or during the CPPP. If proposed by ACBH, they must go back to the community for input. Ideas might not be a proposed project, but instead may be an area of need that the community identifies and for which ACBH’s Systems of Care will be charged with creating a plan.



Once adopted by the MHSOAC, the ACBH team then conducts a request for proposal (RFP) process and contracts with the successful bidder. Funds are to be spent in the proposed project timeframe, which can be up to five years. ACBH can ask the MHSOAC for more money or time. Sustainability past funding period is written into the project proposal and must be identified as funding other than Innovation funding.