SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee

The MHSA Steering Committee plays a critical role in the development of MHSA program and expenditure plans. The Steering Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources and meets the criteria and goals established. The Steering Committee meetings are open to the public and will include time for public comment as well as means for submission of written comments.

Composition and Membership

The Steering Committee will be co-chaired by a member of the Mental Health and Substance Abuse Recovery Commission (MHSARC). Membership includes a broad and diverse set of stakeholders as described below.

- At least 50% represent clients/consumers and families of clients/consumers.
- At least 50% represent marginalized cultural and ethnic groups including, Pacific-Islander, LGBTQ, African-American, Filipino, Latino, Chinese, Native American and others.

- Maximum 2 member representatives (employees or Board members) from any one agency.
- Minimum 2 members of the MHSARC
- Minimum 1 member to fill each stakeholder seat listed below:
  - Client/Consumers (youth, transition-age youth)
  - Client/Consumers (adults, older adults)
  - Families of clients/consumers
  - Providers of mental health and substance use services
  - Providers of social services
  - Cultural competence and diversity
  - Disabilities
  - Education
  - Health care
  - Law enforcement
  - Veterans and /or representatives from veterans organizations
  - Other interests (faith-based, aging and adult services, youth advocacy, etc.)

Members of the Steering Committee will appointed after recommendations by a membership selection group consisting of the MHSA Manager, MHSA Steering Committee member(s) and a representative of the Office of Consumer and Family Affairs and/or the Office of Diversity & Equity. Applications will be accepted on a rolling basis and reviewed in the Spring and Fall of each year. All selected members will

be required to attend an initial orientation regardless of previous experience with organizations or agencies, such as boards, committees, workgroups, service providers, etc.

Please visit the MHSA website www.smchealth.org/bhrs/mhsa for the MHSA Steering Committee application and the most up-to-date membership list.

Roles and Responsibilities

The Steering Committee will oversee the Community Program Planning (CPP) process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates. The role of the Steering Committee will be to assure that the recommended MHSA Plan

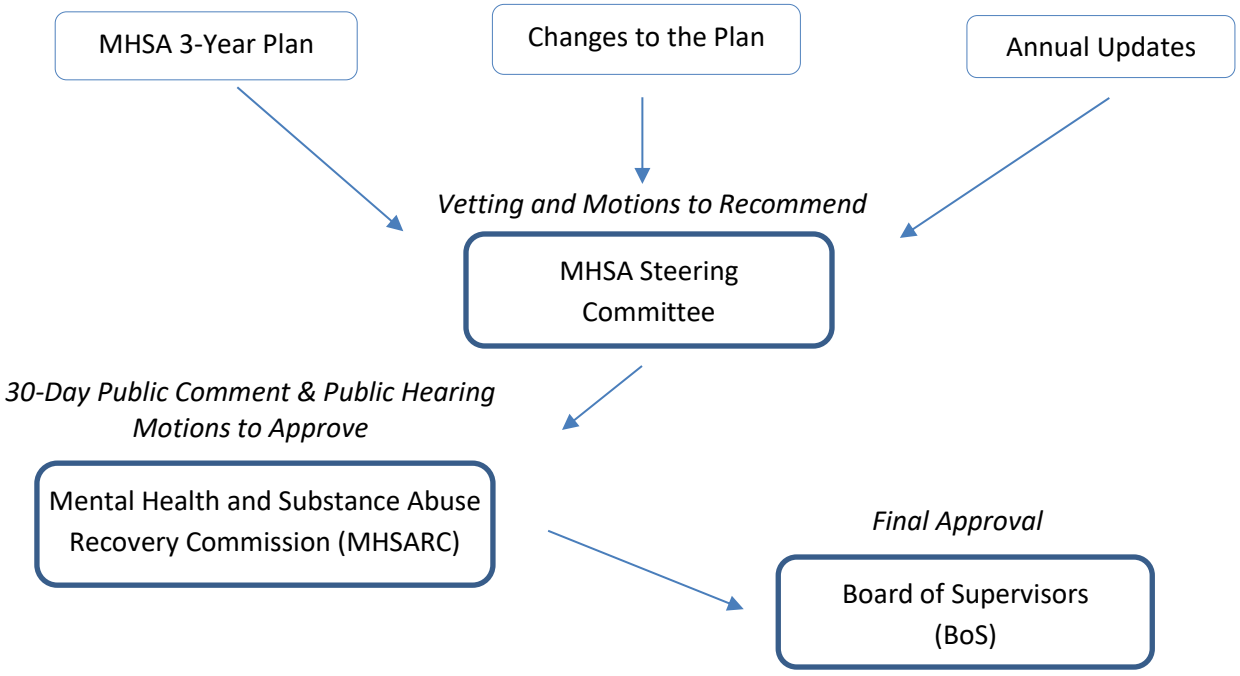
- Reflects local needs and priorities
- Contains the appropriate balance of services within available resources
- Meets the criteria and goals established by the State Mental Health Services Oversight Accountability Commission (MHSOAC)

The Steering Committee will also:

- Review input received through the CPP process and make recommendations for strategy development.
- Prioritize needs and strategies for inclusion in the MHSA Plan. The MHSARC will open a 30-day public comment period for the Draft MHSA Plan and subsequently, a public hearing.

MHSA Planning

All MHSA Three-Year Program and Expenditure Plans, changes to the plan and Annual Update reports must have a local mental health board public hearing at the close of a 30-day comment period, adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.



Timeline

MHSA planning, implementation and updates are on a Fiscal Year (FY) calendar July 1 – June 30.
Counties are required to plan for and submit a Three-Year MHSA Plan and Annual Updates each year.

Current Three-Year Implementation Phase: July 1, 2020 through June 30, 2023
Annual Updates Due: June 30th each year
Next Three-Year Planning Phase: January 2023 – April 2023
Next Three-Year MHSA Plan Due: June 30, 2023

July - August	September	October - November	December	January - June
* Collect data reports from MHSA funded programs for Jan - June of previous Fiscal Year	* Compile all data for full Fiscal Year and present it to the MHSA Steering Committee	*Public hearing, presentation of the MHSA Plan or Annual Update for public comment to MHSARC	* Presentation to the Board * Submission to the MHSOAC	* CPP process * Collect data reports for July – Dec of previous Fiscal Year

Steering Committee Meetings

- **Meet four times a year** during Implementation Phase.
- During the Planning Phase for the MHSA Three-Year Plan there may be additional meeting(s) to allow for more engagement in the CPP process and making recommendations.

Given that there are only 4 meetings per year, consistent attendance is very important and members who miss two meetings over the course of a year may be removed from the committee. Extenuating circumstances will be considered.

For any additional questions about the the Steering Committee please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.

Mental Health Services Act (MHSA)

MHSA Steering Committee Member Orientation

Doris Y Estremera, MPH, MHSA Manager

www.smchealth.org/mhsa

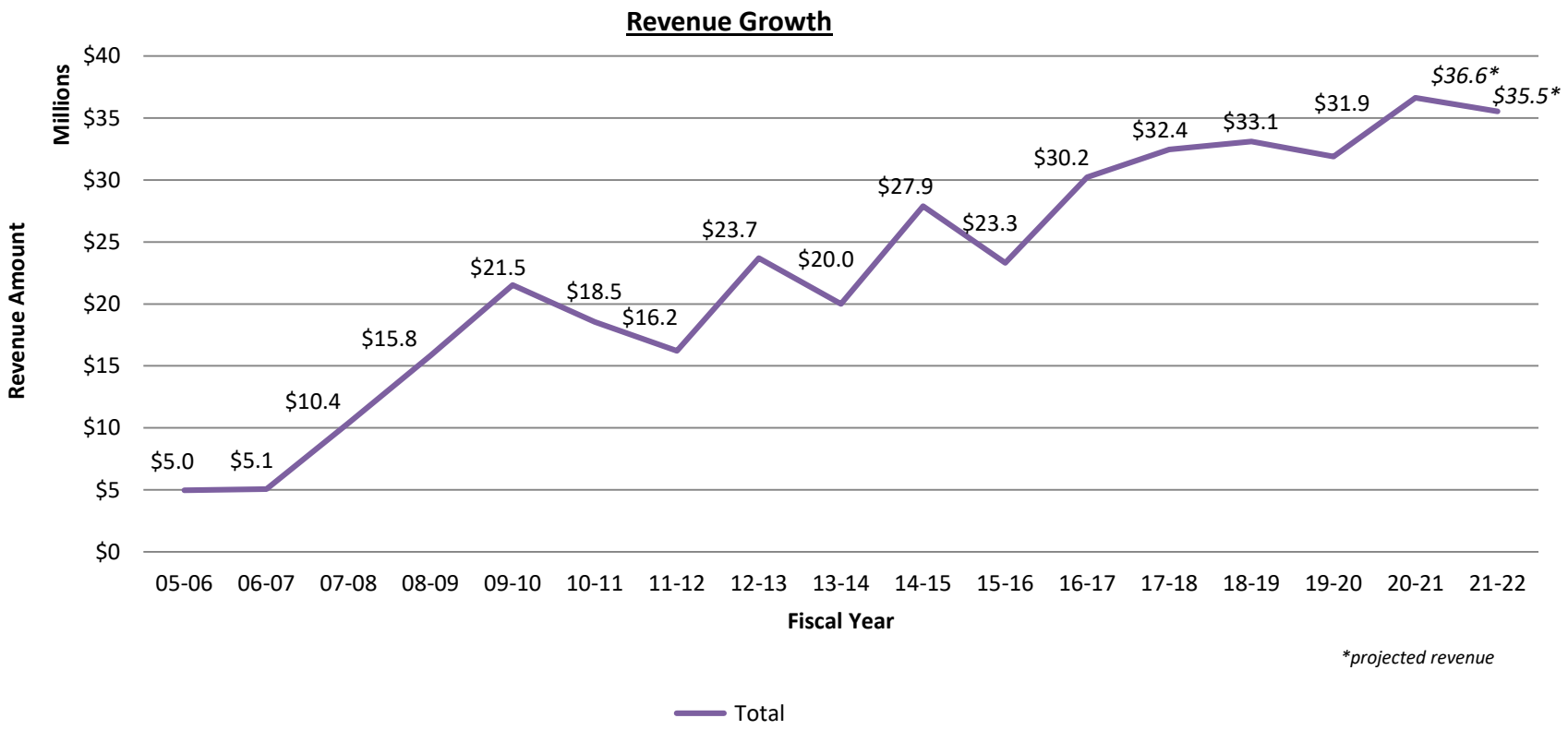
SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA)

- Proposition 63 approved in 2004
- 1% tax on personal income in excess of $1M
- Emphasizes transformation of the mental health system while improving the quality of life for individuals living with mental illness.
- Principles and core values include:
  - Focus on wellness, recovery and resilience
  - Cultural and linguistic competency
  - Consumer/client and family-driven services
  - Integrated service experience
  - Community collaboration

Handout: MHSA Info Sheet

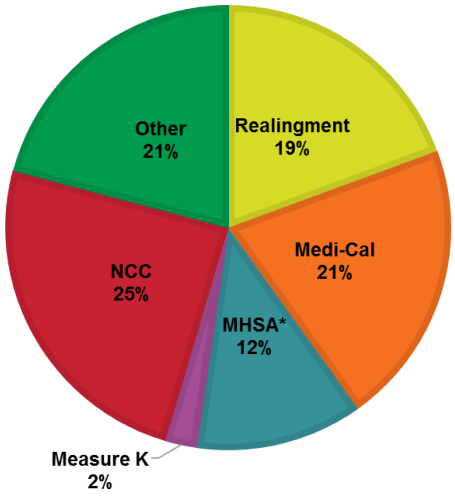
San Mateo County MHSA Revenue



San Mateo County Approach

- Integrated funding throughout BHRS - highly leveraged
- Over 50% goes to community-based agencies
- Makes up 12% of the BHRS budget
- Goal is system transformation efforts across the continuum of care

BHRS FY 19-20 Revenue



Funding Amounts (FY 17/18)

Community Services & Supports (CSS)

Direct treatment and recovery services for serious mental illness and serious emotional disturbance

Prevention & Early Intervention (PEI)

Interventions prior to the onset of mental health disorders and early onset of psychotic disorders

Innovation (INN)

New approaches and community-driven best practices

*Component amounts based on $30.7 million average MHSA revenue for San Mateo County annually in the last five years through FY 19/20

MHSA Components, Categories & Funding Allocation

Component	Categories	Funding Allocation	Reversion Period
Community Services and Supports (CSS)	Full Service Partnerships (FSP) General Systems Development (GSD) Outreach and Engagement (O&E)	76% (FSP 51% of CSS)	3 years
Prevention and Early Intervention (PEI)	Ages 0-25 Early Intervention Prevention Recognition of Signs of Mental Illness Stigma and Discrimination Access and Linkages	19% (Ages 0-25: 51% of PEI)	3 years
Innovations (INN)		5%	3 years

Handouts:

- *MHSA Components & Programs*
- *MHSA Funding Guidelines & Definitions*

One-Time Funding Allocation

Component	Amount Received	Reversion Period
Workforce Education and Training (WET)*	$3,437,600 In FY 06/07- FY 07/08	10 years (expended)
Capital Facilities and Information Technology (CF/IT)*	$7,302,687 in FY 07/08	10 years(expended)
Housing	$6,762,000 in FY 07/08 Unencumbered FY 15/16	10 years (expended) 3 years (expended)

** Up to 20% of the avg. 5-year total of MHSA funds can be allocated from CSS to WET, CF/IT and Prudent Reserve*

MHSA Goals (intended outcomes)

- Reduce the duration of untreated mental illness
- Prevent mental illness from becoming severe and disabling
- Improve timely access for underserved individuals
- Reduce stigma and discrimination
- Reduce the following seven negative outcomes that may result from untreated mental illness:
  - Suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, removal of children from their homes
- Increase number of individuals receiving public mental health services
- Reduce disparities in access to care

MHSA Outcome Reporting & Evaluation

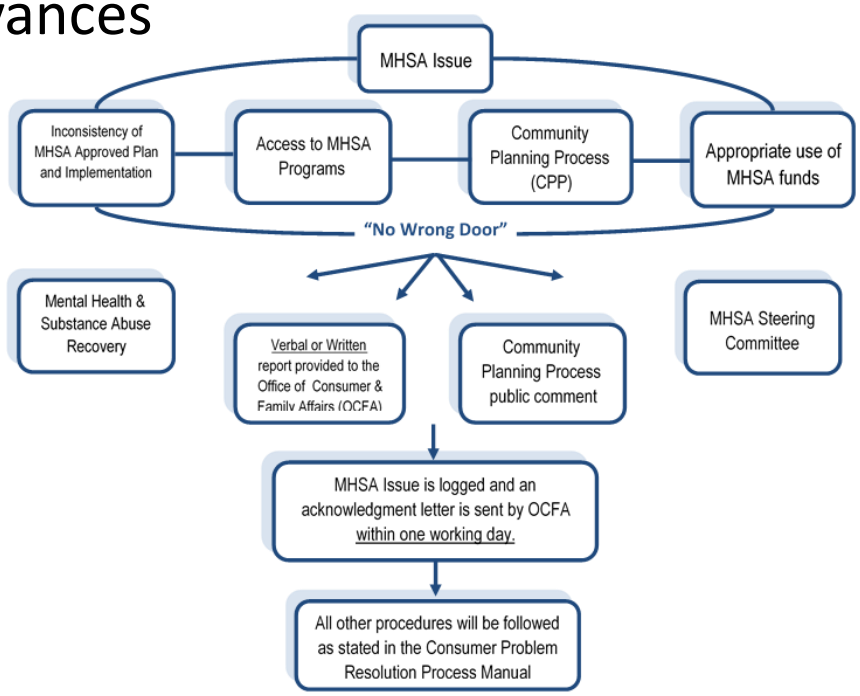
MHSA Component	Service Category	Outcome Reporting	Formal Eval/ Impact Analysis
Community Services & Supports (75%)	Full Service Partnerships (51%)	✓	✓
	General System Development	✓	
	Outreach and Engagement	✓	✓
Prevention & Early Intervention (20%)	Ages 0-25 Programs (50%)	✓	✓
	Early Intervention Programs	✓	✓
	All Ages - Office of Diversity and Equity	✓	✓
Innovations (5%)	Current Innovative Projects (2017-2020)	✓	✓
Workforce Education	Workforce Dev (Lived Experience Academy, Cultural Stipends) & Education and Training	✓	✓

State Oversight

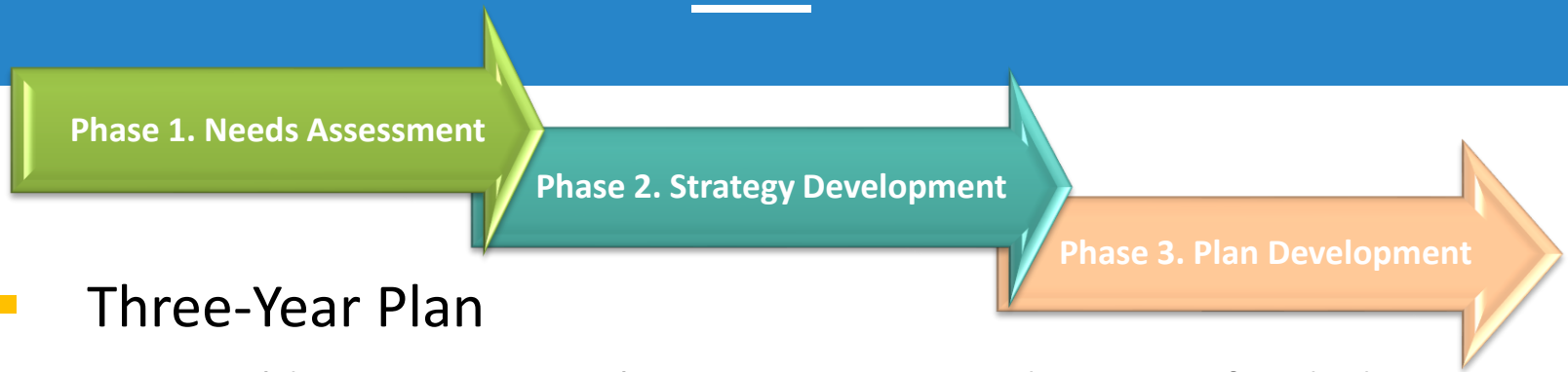
- Department of Health Care Services contracts with County to develop and manage implementation
- 16 member Mental Health Oversight and Accountability Commission
  - PEI and INN oversight
  - At least 2 appointees with severe mental illness, 2 family members and others

Issue Resolution Process

- Process for addressing concerns with MHSA.
- MHSA issues will be routed through the formal Office of Consumer and Family Affairs (OCFA) service/treatment grievances process.



MHSA Program Planning



- Three-Year Plan
  - Builds on previous planning process and existing funded programs
  - Includes description of existing programs, prioritized needs/gaps for potential funding, expenditure plans
- Community Program Planning (CPP) process
  - To engage clients, families and community
  - What's working, what needs improvement, prioritize needs, develop ideas to serve as the basis for future RFPs
  - Input Sessions, MHSA Steering Committee, occasional taskforces/sub-committees
  - 30-day public comment and public hearings

MHSA Program Planning (cont'd)

- Annual Updates
- Current Timeline
  - Three-Year Plan Implementation: July 1, 2020 – June 30, 2023
  - Annual Updates Due: June 30th each year
  - Next Three-Year Planning Phase: January 2023 – April 2023
  - Next Three-Year MHSA Plan Due: June 30, 2023

The MHSA Steering Committee

- Co-chaired by a member of the Mental Health and Substance Abuse Commission (MHSARC)
- Oversees the CPP process and the MHSA Three-Year Plan
  - Makes recommendations for programs
  - Prioritizes needs and strategies
- Meets four times a year during implementation
  - Consistent attendance is needed

Handout: MHSA Steering Committee Roles & Responsibilities

Questions? Thank you!

smchealth.org/MHSA

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA)

Background

Proposition 63, now known as the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided dedicated funding for mental health services by imposing a 1% tax on personal income over one million dollars translating to about $30.7 million average for San Mateo County annually in the last five years through Fiscal Year 2019-20.

Principles and Core Values

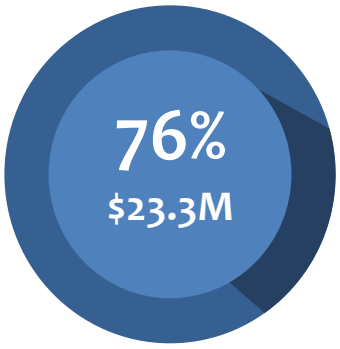
MHSA emphasizes transformation of the behavioral health system, improving the quality of life for individuals living with behavioral health issues and increasing access for marginalized communities.

◆ Community collaboration ◆ Cultural competence ◆ Consumer and family driven services
◆ Focus on wellness, recovery, resiliency ◆ Integrated service experience

Funding Allocation

MHSA provides funding for Community Program Planning (CPP) activities, which includes stakeholder involvement in planning, implementation and evaluation. MHSA funded programs and activities are grouped into "Components" each one with its own set of guidelines and rules:

Community Services & Supports (CSS)



CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance.

Prevention & Early Intervention (PEI)

PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders.

Innovation (INN)

INN funds projects to introduce new approaches or community-drive best practices that have not been proven to be effective.

San Mateo County Approach

In San Mateo County, MHSA dollars are integrated throughout the BHRS system and highly leveraged. MHSA-funded activities further BHRS' vision, mission and strategic initiatives.

Program and Expenditure Planning

Counties are required to prepare for and submit a **Three-Year MHSA Plan** and **Annual Updates.**

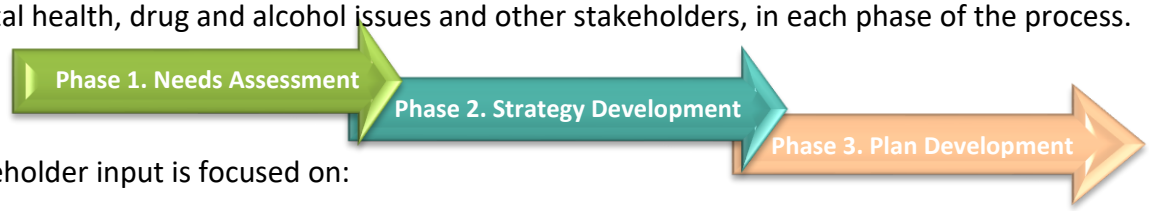
The MHSA Three-Year Plan is developed in collaboration with clients and families, community members, County staff, community agencies and stakeholders. The Three-Year Plan includes the following:

1. Descriptions of existing MHSA funded program under each of the required MHSA components.
2. Priorities for funding based on needs or gaps in services identified by the planning process.
3. Expenditure projections based on estimated revenues and unspent funds.

Each MHSA Three-Year Plan process builds on the previous planning process and existing funded programs. MHSA funded programs are evaluated throughout their implementation, adjustments are made as needed and outcomes shared to inform recommendations about continuing and or ending a program. All agencies funded to provide MHSA services go through a formal Request for Proposal (RFP) process to ensure an open and competitive process. To receive notification of BHRS funding opportunities, please subscribe at www.smchealth.org/rfps[1].

Stakeholder and Community Input

A **Community Program Planning (CPP)** process is used to engage clients and families experiencing mental health, drug and alcohol issues and other stakeholders, in each phase of the process.



Stakeholder input is focused on:

- Highlighting what's working well (programs, program components, efforts).
- Identifying what needs improvement, what's missing from both the CPP and services.
- Prioritizing identified needs for potential future funding.
- Developing strategy ideas to address priority needs and serve as the basis for future RFPs and/or solicitation of bids.

Input is gathered at existing community meetings, input sessions, through surveys, and as formal public comment during the required 30-Day Public Comment and Public Hearing. To receive notification of input opportunities please subscribe at www.smhealth.org/mhsa.

Current Timeline

- Three-Year Plan Implementation: July 1, 2020 – June 30, 2023
- Annual Updates Due: June 30th each year
- Next Three-Year Planning Phase: January 2023 – April 2023
- Next Three-Year MHSA Plan Due: June 2023

[1] Counties receive monthly MHSA allocations based on actual accrual of tax revenue, making it difficult to know exact allocations of funding that will be available on an annual basis for new programs. Therefore RFP's can be released at any time within the Three-Year Plan implementation.

San Mateo County Health System Behavioral Health and Recovery Services (BHRS)

Mental Health Services Act (MHSA) Components and Programs

Fiscal Year 2020 – 2021

Community Services and Supports (CSS)	
Full Service Partnerships (FSP)	Children and Youth • Edgewood Short-term Adjunctive Youth and Family Engagement (SAYFE) FSP • Edgewood Comprehensive "Turning Point" FSP • Fred Finch Out-of-County Foster Care FSP Transition Age Youth • Edgewood Comprehensive "Turning Point" FSP • North and South Drop-in Centers • Caminar Enhanced Supportive Education Services Adult /Older Adult • Telecare - FSP and Housing Support • Caminar - FSP and Housing Support + Assisted Outpatient Treatment FSP • Mateo Lodge - South County Integrated FSP Housing Supports • Mental Health Association Supported Housing • Augmented Board and Care
General System Development (GSD)	• Older Adult System of Integrated Services (OASIS) • Senior Peer Counseling Services (50% CSS; 50%PEI) • Neurosequential Model of Therapeutics (NMT) in Adult System of Care • Pathways, Court Mental Health + Co-Occurring Housing Services • Juvenile Girls Program • Co-Occurring AOD Services and Recovery Support • Child Welfare Partners and Pre-to-Three Programs • Puente Clinic for Intellectually Disabled Dual Diagnosis • Peer Consumer and Family Partners • The California Clubhouse • The Barbara A. Mouton Multicultural Wellness Center • Evidence Based Practices (EBP) Clinicians • Infrastructure Strategies – IT, Admin, Support
Outreach and Engagement (O&E)	• Family Assertive Support Team (FAST) • Ravenswood Family Health Center (40% CSS; 60%PEI)

Innovations (INN)
The Pride Center - Behavioral Health Coordinated Services Help@Hand - Tech Suite Collaborative

Mental Health Services Act (MHSA) Components and Programs

Fiscal Year 2020 – 2021

Prevention and Early Intervention (PEI)	
Prevention & Early Intervention (Ages 0 – 25)	• Early Childhood Community Team (ECCT) • Trauma-Informed Systems for 0-5 Providers • Trauma-Informed Co-Occurring Services for Youth • Project SUCCESS • Teaching Pro-Social Skills • Crisis Hotline, Youth S.O.S. Team
Early Intervention	• Prevention and Recovery in Early Psychosis (PREP) • Primary Care Interface • SMC Mental Health Assessment and Referral Team (SMART)
Prevention	Office of Diversity and Equity (ODE) • Health Equity Initiatives • Health Ambassador Program (HAP) and HAP Youth (HAP-Y)
Recognition of Early Signs of MI	• Adult Mental Health First Aid
Stigma Discrimination and Suicide Prevention	• Digital Storytelling and Photovoice • Mental Health Awareness Month, Be the ONE Campaign • San Mateo County Suicide Prevention Committee (SPC)
Access and Linkage to Treatment	• Ravenswood Family Health Center (40% CSS; 60%PEI) • Senior Peer Counseling (50% CSS; 50%PEI) • HEI Outreach Worker Program • North County Outreach Collaborative (NCOC) • East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG)

Other Component Funding Allocations	
Workforce and Education Training (WET)	• Training by/for Consumers and Family Members • System Transformation and Workforce Development • Behavioral Health Career Pathways Program • Financial Incentives – Cultural Stipends, Loan Assumption
Housing	• Cedar Street Apartments in Redwood City (2009) • El Camino Apartments in South San Francisco (2010) • Delaware Pacific Apartments in San Mateo (2011) • Waverly Place Apartments in North Fair Oaks (2018) • Bradford Senior Housing and 2821 El Camino Real (2019)
Capital Facilities and Information Tech	• eClinical Care (launched in 2008-09)

MHSA funds are highly leveraged; many of these programs are also funded by other sources.

MHSA FY 20-21
Programs Budget

Community Services and Supports (CSS)			
Service Category	Program	BHRS Staff/Agency	Amount
Full Service Partnership (FSP)	**Children and Youth (C/Y)**		
	Integrated SAYFE	Edgewood	$700,486
	Comprehensive C/Y "Turning Point"	Edgewood	$2,101,093
	Out-of-County Foster Care	Fred Finch	$50,000
	Transition Age Youth (TAY)		
	Enhanced Education (TAY)	Caminar	$198,334
	Comprehensive TAY + Housing	Edgewood	$2,101,093
	Supported Housing	Mental Health Association	$409,327
	Adult & Older Adult		
	Telecare Adult FSP + Housing	Telecare	$2,005,380
	Telecare Older Adult FSP + Housing	Telecare	$1,494,629
	Caminar FSP + Housing Support Program	Caminar	$740,062
	Caminar AOT	Caminar	$1,613,480
	Board and Care	Various	$2,812,043
	Mateo Lodge FSP at South County	Mateo Lodge	$127,367
		TOTAL FSP	**$14,353,294**
General System Development (GSD)	**Co-Occurring Integration**		
	Co-Occurring Service Integration	Various	$387,345
	Recovery Support Services	VoR, StarVista (Girls Program)	$164,653
	Co-Occurring Providers	Lea Goldstein, Brian Greenberg	$30,200
	Co-Occurring Staff	BHRS Staff	$281,272
	Older Adult System of Care		
	OASIS	BHRS Staff	$764,660
	Senior Peer Couseling (50% CSS)	Peninsula Family Services	$171,696
	Criminal Justice Integration		
	Pathways, Court Mental Health	BHRS Staff	$315,920
	Pathways, Housing Services	Life Moves	$119,600
	Juvenile Girls Program	StarVista	$89,375
	Child Welfare		
	Child Welfare Partners Program	BHRS Staff	$495,377
	Intellectually Disabled Dual Diagnosis		
	Puente Clinic	BHRS Staff	$363,369
	Peer and Family Partner Support		
	Peer Workers and Family Partners	BHRS Staff	$1,553,977
	Multicultural Wellness Center	One EPA	$202,206
	Coastside Multicultural Wellness (80%CSS)	ALAS; AOD services TBD	$360,000
	The California Clubhouse	California Clubhouse	$334,214
	Evidence-based Practicies		
	EBP Clinicians	BHRS Staff	$1,502,767
	Infrastructure Strategies		
	IT and Support Staff	BHRS Staff	$859,191
	Crisis Coordination	BHRS Staff	$128,312
	Contractor's Association	Caminar	$108,600
	CSS Evaluations	AIR and Prins-Williams Analytics	$70,300
	CSS Admin	BHRS Staff	$479,551
		TOTAL GSD	**$8,782,585**
Outreach and Engagement (O&E)	Family Assertive Support Team (FAST)	Mateo Lodge	$316,245
	Ravenswood Family Health Center (40% CSS)	Ravenswood	$16,960
		TOTAL O&E	**$333,205**
		GRAND TOTAL CSS	$23,469,084
		Percent FSP (51% required)	61%
		Percent CSS of Total Budget	**76%**

Workforce Education and Training (WET)			
	WET	Training Contracts, BHRS Staff	500,000

MHSA FY 20-21
Programs Budget

Prevention and Early Intervention (PEI)			
Service Category	Program	BHRS Staff/Agency	Amount
Prevention & Early Intervention Ages 0-25	Early Childhood Community Team (ECCT)	StarVista	$442,468
	Community Interventions for School Age &		
	Project SUCCESS	Puente de la Costa Sur	$305,771
	Trauma-Informed Co-Occurring	Latino Commission; Puente; StarVista; YMCA	$180,000
	Trauma-Informed 0-5 Systems	First5 SMC	$150,000
	Teaching Pro-Social Skills	HSA	$200,000
	Youth Crisis Response and Prevention	StarVista	$342,039
	Outreach Worker Program	BHRS Staff	$28,949
	East Palo Alto Outreach	One East Palo Alto	$101,841
	North County Outreach	HealthRight 360	$113,568
	Early Psychosis (70%)	Family Service Agency of SF	$590,110
	Prevention, Stigma Discrimination (50%)	BHRS Staff	$646,637
		TOTAL Ages 0-25	**$3,101,383**
Prevention	**Community Outreach, Engagement and**		
	Office of Diversity and Equity	BHRS Staff	$105,915
	Health Equity Initiatives	Co-chairs; BHRS Staff	$137,872
	Health Ambassador Program	BHRS Staff	$19,965
Recognition of Early Signs of MI	Adult Mental Health First Aid	One East Palo Alto, PCRC, StarVista, trainers	$70,300
Stigma Discriminaiton and Suicide Prevention	Digital Storytelling and Photovoice	BHRS Staff	$164,040
	Mental Health Awareness; Be the ONE	BHRS Staff; CalMHSA	$109,422
	SMC Suicide Prevention Committee	BHRS Staff; CalMHSA	$109,422
Early Intervention	SMART	American Med Response West	$145,000
	Early Psychosis (30%)	Family Service Agency of SF	$245,538
Access & Linkage to Treatment	Ravenswood Family Health Center (60% PEI)	Ravenswood	$25,440
	Outreach Worker Program	BHRS Staff	$28,949
	North County Outreach	HealthRight 360	$113,568
	East Palo Alto Outreach	One EPA	$101,841
	Coastside Community Engagement (20%PEI)	ALAS	$90,000
	Senior Peer Counseling (50% PEI)	Peninsula Family Service	$171,696
	PEI Admin	BHRS Staff + S&S	$702,356
		GRAND TOTAL PEI	$5,442,708
		Percent Ages 0-25 (51% required)	57%
	Committed expansions to meet the % requirement:	Youth Crisis	$600,000
		Expansion Total PEI	**$6,042,708**
		Percent Ages 0-25	61%
		Percent PEI of Total Budget	**19%**

20/21 One-Time Funds			
	INN Unallocated (5% of revenue)		$1,488,078
	INN Pride Center		$810,000
	INN Help@Hand		
	New INN Projects (pending approval)		$1,475,813
	HAP-Y		$250,000
	NMT- Adults		$200,000
	Primary Care Interface		$1,337,972
	Resource Management		$2,192,028
	Various Other Expenditures		$6,389,000

GRAND TOTAL Budget (CSS+WET+PEI) **$30,011,791**

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSA Program Funding Guidelines – Summary

MHSA Component	Categories	Funding Allocation (% of total revenue)
Community Services and Supports (CSS)[1]	• Full Service Partnerships (FSP) • General Systems Development (GSD) • Outreach and Engagement (O&E)	76% FSP should be at least 51% of the CSS allocation
Prevention and Early Intervention (PEI)[2]	• Ages 0-25 • Early Intervention • Prevention • Recognition of Signs of Mental Illness • Stigma and Discrimination • Access and Linkages	19%* Ages 0-25 should be at least 51% of the PEI allocation
Innovations (INN)[3]	N/A	5%

* PEI expenditures may be increased in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.

Reversion Period: Counties must expend the revenue received for each core component within 3 years (starting with the year revenue is received) or must return it to the State mental health fund.

One-time Funding Components: counties received a one-time allocation to fund strategies in Workforce Education and Training (WET)[4], Capital Facilities and Information Technology (CF/IT)[5], and Housing[6]. All one-time funding has been expended. These components can continue to 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 the technological needs, capital facilities, human resources, and a prudent reserve.
- Assembly Bill 727 clarifies that counties can fund housing assistance, not just for FSP clients.

Three-Year Plan and Annual Updates:

- Up to 5% of total annual MHSA revenues can be allocated for annual MHSA planning efforts.
- All expenditures must be consistent with the current three-year plan or annual update developed through a Community Program Planning (CPP)[7] process.
  - Current Three-Year Plan Implementation: July 1, 2017 – June 30, 2020
  - Annual Updates Due: December 2018, December 2019, December 2020
  - Next Three-Year Planning Phase: January 2020 – June 2020
  - Next Three-Year MHSA Plan Due: December 2020

Prudent Reserve (PR): Counties are required to establish and maintain a PR for revenue decreases.

- The 50% Local Prudent Reserve requirement was rescinded (Info Notice 11-05)
- Counties may fund to a level determined appropriate and that does not exceed 33% of the counties' largest annual distribution (Info Notice 18-033).
- All other policy and guidance remains in effect (Info Notice 09-16).

Non-supplantation:

- Funds shall not be used to supplant any state or county funds required to be utilized to provide mental health services, that was in effect on November 2, 2004.

Definitions

[1] **Community Services & Support (CSS)** provides direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED):

a. **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.

b. **General Systems Development (GSD)** improves the mental health service delivery system. GSS may only be used for; treatment, including alternative and culturally specific; peer support; supportive services to assist with employment, housing, and/or education; wellness centers; case management to access needed medical, educational, social, vocational rehabilitative or other services; needs assessment; individual Services and Supports Plans; crisis intervention/stabilization; family education; improve the service delivery system; reducing ethnic/racial disparities.

c. **Outreach and Engagement (O&E)** is to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities. O&E funds may be used to pay for strategies to reduce ethnic/racial disparities; food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system; and general outreach activities to entities and individuals.

[2] **Prevention & Early Intervention (PEI)** targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders. PEI emphasizes improving timely access to services and reducing the 7 negative outcomes of untreated mental illness; suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes.

a. **Early Intervention** programs provide treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services shall not exceed 18 months, unless the individual receiving the service is identified as experiencing first onset with psychotic features, in which case early intervention services shall not exceed 4 years.

b. **Prevention** programs reduce risk factors for developing serious mental illness and build protective factors for individuals whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention and universal prevention.

c. **Outreach for Recognition of Early Signs of Mental Illness** to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.

d. **Access and Linkage to Treatment** connects individuals with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including care provided by county mental health programs. Examples include screening, assessment, referral, help lines, and mobile response.

e. **Stigma and Discrimination Reduction** activities reduce negative feelings, attitudes, beliefs and/or discrimination related to mental illness or seeking services. Examples include social marketing campaigns, speakers' bureaus, targeted education and training, anti-stigma advocacy, and efforts to encourage self-acceptance.

f. **Suicide Prevention** programs are optional. Activities prevent suicide but do not focus on or have intended outcomes for specific individuals. Examples include campaigns, suicide prevention networks, capacity building, culturally specific approaches, survivor-informed models, screening, hotlines or web-based resources, training and education.

[3] **Innovation (INN)** projects are designed and implemented for a defined time period (not more than 5 years) and evaluated to introduce a new behavioral health practice or approach; make a change to an existing practice; apply a promising community-driven practice or approach that has been successful in non-behavioral health; and has not demonstrated its effectiveness (through mental health literature).

[4] **Workforce Education & Training (WET)** provides clients and families training to help others, promote wellness and other positive outcomes. Providers are able to work collaboratively to deliver client-and family-driven services, outreach to unserved and underserved populations, and provide linguistically and culturally relevant services.

[5] **Capital Facilities & Technological Needs (CF/TN)** includes facilities for the delivery of MHSA services to clients and their families or for administrative offices; support an increase in peer-support and consumer-run facilities; community-based settings; and technological infrastructure to facilitate the highest quality and cost-effective services and supports.

[6] **Housing** is used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies. This service category is part of CSS.

[7] **Community Program Planning (CPP)** process is used to develop MHSA three-year plans and updates in partnership with stakeholders to identify community issues related to mental illness, lack of services and supports; analyze the mental health needs in the community; and identify and re-evaluate priorities and strategies and includes a 30-day public comment, a public hearing by the local mental health board and local board of supervisors.

MENTAL HEALTH SERVICES ACT (MHSA) – Issue Resolution Process

I. Behavioral Health & Recovery Services (BHRS) Grievance/Appeals

BHRS consumer/clients receive client rights information upon admission to any program, which includes information on the right to a problem resolution process and how to file a grievance, appeal or request a state fair hearing after exhausting the internal problem resolution process. The Office of Consumer and Family Affairs (OFCA) is available to assist with grievances, appeals, and/or the fair hearing process. *For a complete list of Consumer Rights, call OCFA at 800.388.5189 or visit www.smchealth.org/BHRS/OCFA.*

II. MHSA Issue Resolution - Background

MHSA County Performance Contracts require that Counties adopt an Issue Resolution Process in order to resolve issues related to

1) the MHSA Community Program Planning (CPP) process;
2) consistency between approved MHSA plans and program implementation; and
3) MHSA funded programs (accessibility, appropriate use of funds, etc).

Counties are required to keep and update an Issue Resolution Log to handle client disputes and complaints. The Issue Resolution Log must include brief description of the MHSA issue, dates, and final resolution.

Specifically, CPP is defined in Title 9 California Codes and Regulations and ensures that:

- MHSA funded services are client and family driven meaning that clients and their families have the primary decision-making role in determining the services and supports that are most effective and helpful.
- The county will demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
- Consumers and their family members will be provided training, opportunities to provide their viewpoints and experiences and granted stipends for their participation.

III. MHSA Issue Resolution Process

When an MHSA specific grievances are received by the OCFA, the coordinator will:

- Note in the Grievance/Appeal Log that it is an MHSA-specific grievance.
- Handle all issues related to treatment by MHSA funded programs.

MENTAL HEALTH SERVICES ACT (MHSA) – Issue Resolution Process

- Direct all CPP issues to the MHSA manager or appropriate staff
- If a satisfactory resolution of the CPP issue is determined, the OCFA coordinator or designee will coordinate with the MHSA Manager to provide a resolution letter.
- If a satisfactory resolution is not determined, all other procedures will be followed as stated in the Consumer Problem Resolution Process Manual.
- Where appropriate (e.g. MHSA community planning process issues) the MHSA Manager will consult a sub-committee of the MHSA Steering Committee, which shall include at least 50% consumer/client and family members to resolve the issue. Decision-makers involved in the grievance process will not have been involved in the specific grievance itself and/or in any previous level of review concerning the grievance.