



Mental Health Services Act (MHSA)

*Community Program Planning Process (CPPP)
Training*



WELLNESS • RECOVERY • RESILIENCE

Proposition 63

- Passed in 2004
- 1% state tax on personal income earnings of more than \$1 million, annually

Provides

- Funding, personnel, and other resources
- Best practices and innovative approaches
- Prevention, early intervention, treatment, and recovery
- Community partnerships and stakeholder engagement

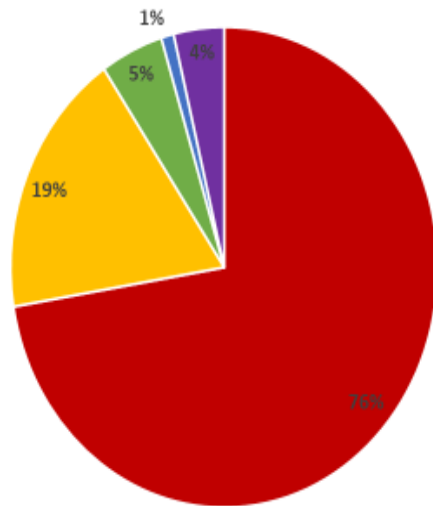
Core Principles

- Client / family driven
- Culturally competent programs / services
- Community collaboration
- Service integration
- Focus on recovery, wellness, and resilience
- Serving the unserved and underserved of the community

MHSA Programs

5 Components

MHSA Budget Distribution



- *Community Services and Supports (CSS)*
- *Prevention and Early Intervention (PEI)*
- *Innovation (INN)*
- *Capital Facilities and Technological Needs (CFTN)*
- *Workforce Education and Training (WET)**

***One-time funds; but can continue to transfer from CSS**

Counties may utilize up to 20% of the average annual amount of MHSA funds allocated for the previous five years on CFTN, WET, and prudent reserves combined. (WIC § 5892 (b))

MHSA Allocation

MHSA Component	Percentage Allocated	Based on \$4 million
Community Services & Supports (CSS)	76%	\$3,160,000
• <i>Full-Service Partnership (FSP)</i>	51%	\$1,580,000
• <i>WET & CFTN</i>	up to 20%	
Prevention & Early Intervention	19%	\$640,000
• <i>Programs for youth (0-25)</i>	51%	
Innovation (INN)	5%	\$200,000

Relevant MHSA Guidance

- The Mental Health Services Act

https://www.dhcs.ca.gov/services/MH/Pages/MH_Prop63.aspx

- Mental Health Services Act regulations California Code of Regulations Title 9, Div.1, Chapter 14, Section 3200.010 – 3650.
- AB 100
- AB 1467
- AB 114
- SB 1004
- SB 193
- PEI Regulations, Amended July 1, 2018
- INN Regulations, Amended July 1, 2018

Key Elements

- Provide definitions
- Define systems of care as the Community Services and Supports (CSS) plan
- No person shall be denied access based solely on his/her voluntary or involuntary legal status
- The county is not obligated to use MHSA funding to fund court mandates
- Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons
- The county shall not supplant funds

Key Elements

- Full-Service Partnership (FSP) performance outcome data defined
- Key services defined for CSS components
- FSP focal populations identified
- Funds dedicated to remedy the shortage of qualified individuals to provide services to address severe mental illnesses (WET)
- Specifies a Prevention and Early Intervention (PEI) program that prevents mental illnesses from becoming severe and disabling

Key Elements

- Innovation programs to be funded to increase access to underserved to services and to increase access to services for underserved groups, to increase the quality of services and/or to promote interagency collaboration
- A county mental health program shall include an allocation of funds from a reserve to be used in years in which the allocation of funds are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year (Prudent Reserve)

Key Elements

- Establishes a Mental Health Services Oversight and Accountability Commission (MHSOAC) at the State level
- Each county shall prepare a 3 Year Program and Expenditure Plan that is updated annually
- Each plan and update shall be developed with local stakeholder input
- A draft plan shall be prepared and circulated for review and comment for at least 30 days to representative stakeholders
- Each county shall prepare a 3 Year PEI and INN Evaluation Report

AB 100

- Effective March 24, 2011
- Supported MHSA cash flow to counties and local accountability for MHSA funds
- MHSA plans no longer approved by the State Department of Mental Health
- Mental Health Services Oversight and Accountability Commission (MHSOAC) approves MHSA Annual Update

AB 1467

- Enacted on June 27, 2012 - part of a trailer bill to the FY 2012/13 State budget
- Amends language from State DMH Innovation Guidelines into statute
- County MHSA Annual Updates and 3 Year Program and Expenditure Plans must be adopted by the local Board of Supervisors and submitted to the MHSOAC within 30 days of Board adoption

AB 1467 cont...

- Augments the stakeholder engagement requirements to require counties to “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.”
- Providers of alcohol and drug services and health care organizations were added to the list of stakeholders to be engaged in the development of the 3 Year Plan and Annual Update processes.

AB 114

- Enacted on July 14, 2017
- Clarified reversion
- Updated requirements to reallocating funds

SB 1004

- Creates a more focused approach for PEI
- Encourages cross-county collaboration
- Set 5 priority areas and OAC shall establish additional by 1/1/2020
 - Childhood trauma prevention and early intervention
 - Early psychosis and mood disorder detection
 - Youth/TAY outreach and engagement targeting secondary education
 - Older Adults
 - Culturally competent and linguistically appropriate prevention and intervention

MHSA Community



- Includes: consumers, family members, peers, law enforcement, teachers, and providers
- Stakeholders review programs and make recommendation
- Input for improvements are outlined in the Annual Update
- The Three-Year Program and Expenditure Plan (3 Year Plan) is reviewed for 30 days, and is followed by a public hearing at the Behavioral Health Board

MHSA Programs

Community Services & Supports (CSS)

- Access
 - Behavioral Health Outpatient Clinic (BHOP)
 - STANS Wellness & Recovery Center
 - Corning Center, Los Molinos, and Rancho Tehama
 - On-Call Clinicians
 - Level 1 Co-Occurring Services (Substance Use Disorder as Lead Diagnosis)
 - Community Crisis Response Unit (CCRU)

MHSA Programs cont...

Community Services & Supports (CSS) cont...

- Full-Service Partnership (FSP) - Children (0-15 years)
 - Transition-Aged Youth (TAY) (16-25 years)
 - Adults (26-59 years), and Older Adults (60+ years)
 - Assisted Outpatient Treatment (AOT)
 - Co-occurring level two (mental health is the lead diagnosis)
- Client Employment Programs (Workforce Employee)
- Transitional Housing
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)

MHSA Programs cont...

Prevention & Early Intervention (PEI)

- Community Engagement & Latino Outreach (CELO)
 - Community Outreach Activities and Programs
 - Latino/Latina/Latinx Outreach
- Stigma Reduction
 - Community Education & May is Mental Health Month
 - Mental Health First Aid (MHFA) Training
 - Crisis Intervention Training (CIT)
- Suicide Prevention
 - Suicide Prevention Activities, Events, & Social Marketing
 - Applied Suicide Intervention Skills Training (ASIST)
- Parenting and Family Support
 - Nurturing Families
 - Support for Family Members and Caregivers & First Episode Psychosis (FEP)

MHSA Programs cont...

Prevention & Early Intervention (PEI) cont...

- Evidence-Based Interventions
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Cognitive Processing Therapy (CPT)
 - Therapeutic Drumming
- Peer Advocate Program
 - TalkLINE Staffing, Phone Coverage Hours, & Community Outreach
 - Peer Run Groups and Activities
 - Individual Support

MHSA Programs cont...

Innovation (INN)

- Help@Hand -myStrength app

Permanent Supportive Housing (PSH)

- Olive Grove Apartment Complex, Corning, CA
- Palm Villas, Red Bluff, CA
- The Bluffs Community Housing, Red Bluff, CA



MHSA Component and Program	Program / Location	Service Types / Modes	Evidence-Based Interventions
Community Services & Supports (CSS)			
Access		See CSS, Access	
	Behavioral Health Outpatient Clinic	Case Management, Rehabilitation, Individual Therapy, Group Therapy, Linkage to Other Services, Psychiatry and Tele-Psychiatry	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	STANS Wellness & Recovery Center		
	Corning Center, Los Molinos, and Rancho Tehama	Case Management, Rehabilitation, Individual Therapy, Group Therapy, and Linkage to Other Services	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	On-Call Clinicians	Crisis Intervention	Clinical Assessment, Interventions
	Level 1 Co-Occurring Services	Primary Diagnosis is Substance Use Disorder (SUD) with Mild-to-Moderate Mental Illness	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model
	Community Crisis Response Unit (CCRU)	24/ 7 Crisis Intervention Unit	Seeking Safety
Full-Service Partnership (FSP)		See CSS, Full Services Partnership (FSP)	
	Children (0-15 years) Transition-Aged Youth (TAY) (16-25 years)	Case Management, Rehabilitative Service, Individual Therapy, and Group Rehabilitative Therapy	Intensive Home-Based Services (IHBS), Intensive Care Coordination (ICC), and Child & Family Team (CFT) Meetings
	Adults (26-59 years) Older Adults (60+ years)	Case Management, Rehabilitative Service, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Assisted Outpatient Treatment (AOT)	Court-Mandated FSP-Level Care, Including Case Management, Rehabilitation, Individual Therapy, Group Rehabilitative Therapy	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT
	Co-Occurring Level Two	Co-Occurring Level Two is for Clients with Co-Occurring Disorders with Severe and Persistent Mental Illness who also Have a Substance Use Disorder (SUD) Diagnosis	WRAP, CPT, Therapeutic Drumming, TF-CBT, Seeking Safety, MRT, the Matrix Model (Behavioral Health Co-Occurring or Behavioral Health Court FSP)
Client Employment Programs		See CSS: Client Employment Programs	
	Rehabilitative training and employment as Workforce Employees, supporting services at the STANS Wellness & Recovery Center and/or participating in rehabilitative employment activities (landscaping and others). Workforce Employees are often FSP clients. Peer Advocate is an additional level of employment: Peer Advocates are part of the support system (PEI) provided to individuals and groups at the STANS Wellness and Recovery Center.		
Transitional Housing		See Transitional Housing	
	Transitional Housing	Case Management, Rehabilitation, Individual Therapy, and Group Therapy	



MHA Component and Program	Program or Location	Report Section
Prevention & Early Intervention (PEI)		
Community Engagement & Latino Outreach (CELO)		
	Community Outreach Activities and Programs	PEI: Community Engagement & Latino Outreach (CELO)
	Latino/Latina/Latinx Outreach	
Stigma Reduction		
	Community Education & May is Mental Health Month	PEI: Stigma-Reduction
	Mental Health First Aid (MHFA) Training	PEI: Stigma-Reduction
	Crisis Intervention Training (CIT) - Law Enforcement, First Responders, and Civilian Staff	PEI: Stigma-Reduction
Suicide Prevention		
	Suicide Prevention Activities, Events, & Social Marketing	PEI: Suicide Prevention
	Applied Suicide Intervention Skills Training (ASIST)	PEI: Suicide Prevention
Parenting and Family Support		
	Nurturing Families	Parent/Caregiver Training Groups
	Support for Family Members and Caregivers & First Episode Psychosis (FEP)	Support Groups, First Episode Psychosis (FEP) and their Families/Caregivers
Evidence-Based Interventions		
	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
	Cognitive Processing Therapy (CPT)	Cognitive Processing Therapy (CPT)
	Therapeutic Drumming	Therapeutic Drumming
Peer Advocate Program		
	TalkLINE Staffing, Phone Coverage Hours, & Community Outreach	PEI: Peer Advocate Program
	Peer Run Groups and Activities	
	Individual Support	

MHSA Component and Program	Program or Location	Report Section
Innovation (INN)		
	Help@Hand	Innovation: Help@Hand
Workforce Education and Training (WET)		
	Supports training and education for TCHSA staff that promotes efficacy, staff expansion, and best practices	Workforce Education and Training (WET)
Capital Facilities and Technological Needs (CFTN)		
	Electronic Health Records (EHR) System	Capital Facilities and Technological Needs (CFTN)
Permanent Supportive Housing (PSH)		
	Supportive housing in which the County agrees to provide services to residents for the term of the loan, approximately 50 years	Housing

Discussion / Input

Your Feedback

- Programs
- Needs
- Challenges

Want more information – Please Contact

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