



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 \$29.8 million average for San Mateo County annually in the last five years through Fiscal Year 2018-19.

Principles and Core Values

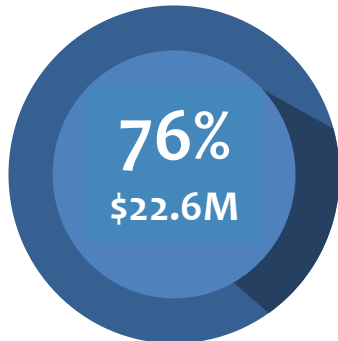
MHSA emphasizes transformation of the behavioral health system, improving the quality of life for individuals living with behavioral health issues and increasing access for marginalized communities.

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

Funding Allocation

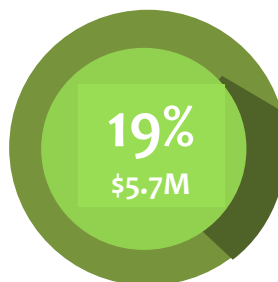
MHSA provides funding for Community Program Planning (CPP) activities, which includes stakeholder involvement in planning, implementation and evaluation. MHSA funded programs and activities are grouped into “Components” each one with its own set of guidelines and rules:

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**.

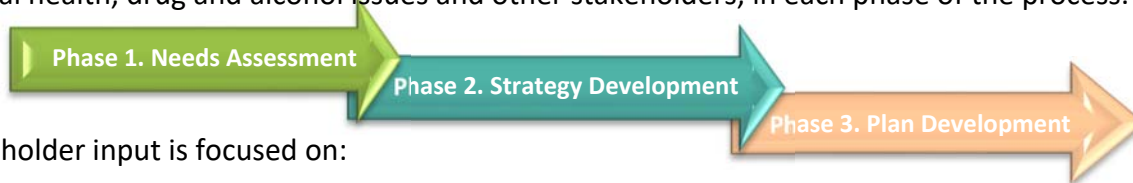
The MHSA Three-Year Plan is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. The Three-Year Plan includes the following information:

1. Descriptions of existing MHSA funded program under each of the required MHSA components.
2. Priority needs or gaps in services as 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/rfps¹.

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 ideas to address priority needs and potentially serve as the basis for future RFPs.

Input is gathered at existing community meetings, specific 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, 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

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.