



## 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 behavioral health services by imposing a 1% tax on personal income over one million dollars. San Mateo County received an estimated annual average of \$50.1 million, in the last five years through Fiscal Year 2023-24.

### 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. MHSA planning, implementation, and evaluation incorporates the following core values and standards:

- ◆ 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 the following “Components” each one with its own set of guidelines and rules.



### 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.

Visit [www.smchealth.org/mhsa](http://www.smchealth.org/mhsa) for more information

## 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 sign up with <https://opengov.com/>.<sup>1</sup>

## 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 gaps and areas of improvement, what's missing from the CPP process and services.
- ◆ Prioritizing identified needs for 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](http://www.smhealth.org/mhsa).

## MHSA Planning Timeline

- ◆ Current Three-Year Implementation: July 1, 2023 - June 30, 2026
- ◆ Annual Updates Due: June 30<sup>th</sup> of each year
- ◆ Next Three-Year Planning Begins: January 2025
- ◆ Next Three-Year Integrated Plan Due: June 30, 2026

<sup>1</sup> RFP's can be released at any time within the Three-Year Plan implementation timeframe.

