Mental Health Services Act Annual Update FY 24 - 25

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What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over $1 million dedicated to the public mental health service system
- MHSA has rules/regulations on how the money can be spent
- CANNOT pay for most involuntary programs
- The funding of last resort - braided funding
- Includes a Community Participation and Planning Process
  - Feedback accepted all year round
  - Formalized at start of calendar year
  - Presentations at our network of community groups
  - Stakeholder feedback informs the plan all year round via community advisory groups, allied health care, criminal justice, local governments, CBOs, consumers and families

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What is the MHSA Plan?

- A big report that goes to the State
- Authorizes MHSA expenditures
- Demonstrates compliance with MHSA regulations
- Provides progress and outcomes on existing MHSA funded programs
- Does NOT represent all Behavioral Health funding
- Does NOT represent all RUHS-BH services or all RUHS-BH service planning

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What is the MHSA Plan?

- Two types of MHSA plans
  - 3-Year-Plan (FY 23/24 -25/26)
  - **Annual Update**

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MHSA Plan in Development

- Current data, research, stakeholder feedback and trending needs
- Most programing is rolled over into the next plan to avoid service disruption, and some programs are expanded, reinvented, or terminated based on community response and outcome data

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MHSA Frame

- 5 Components:

1. Community Services and Supports **(CSS)**
2. Prevention and Early Intervention **(PEI)**
3. Innovation **(INN)**
4. Workforce Education and Training **(WET)**
5. Capital Facilities and Technology **(CFTN)**

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CSS

- Largest Component – 76%
- Full Service Partnerships (FSP) – Over 50%
- Clinic expansion – includes adding Peer Support, positions and contracts to increase capacity
- Also includes Housing/HHOPE, Crisis System of Care, and Mental Health Courts/Justice Involved programs
- Riverside Workplans: 01-Full Service Partnership; 02-General Service Development; 03-Outreach & Engagement; 04-Housing

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CSS Plan Update Highlights

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PEI

- Next largest component – 19%
- Reduce stigma related to seeking services, reduce discrimination against people with a diagnosis, prevent onset of a SMI
- Early intervention for people with symptoms for 1 year or less or do not meet criteria for a diagnosis; low intensity, short term intervention
- Services for youth under age 25 – 51%
- Riverside Workplans: 1) MH Outreach, Awareness, & Stigma Reduction; 2) Parent Education & Support; 3) Early Intervention for Families in Schools; 4) TAY Project; 5) First Onset for Older Adults; 6) Trauma Exposed Services; 7) Underserved Cultural Populations

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PEI Annual Update Highlights

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INN

- Funded out of 4% CSS and 1% PEI
- Used to create “research projects” that advance knowledge in the field; not fill service gaps
- Time limited: 3-5 years.
- Requires additional State approval process to access funds
- Current Riverside Workplan: Tech Suite (Help @ Hand)
- New Proposal: Eating Disorder Intensive Outpatient and Training Program
  - https://www.ruhealth.org/behavioral-health/innovation-inn

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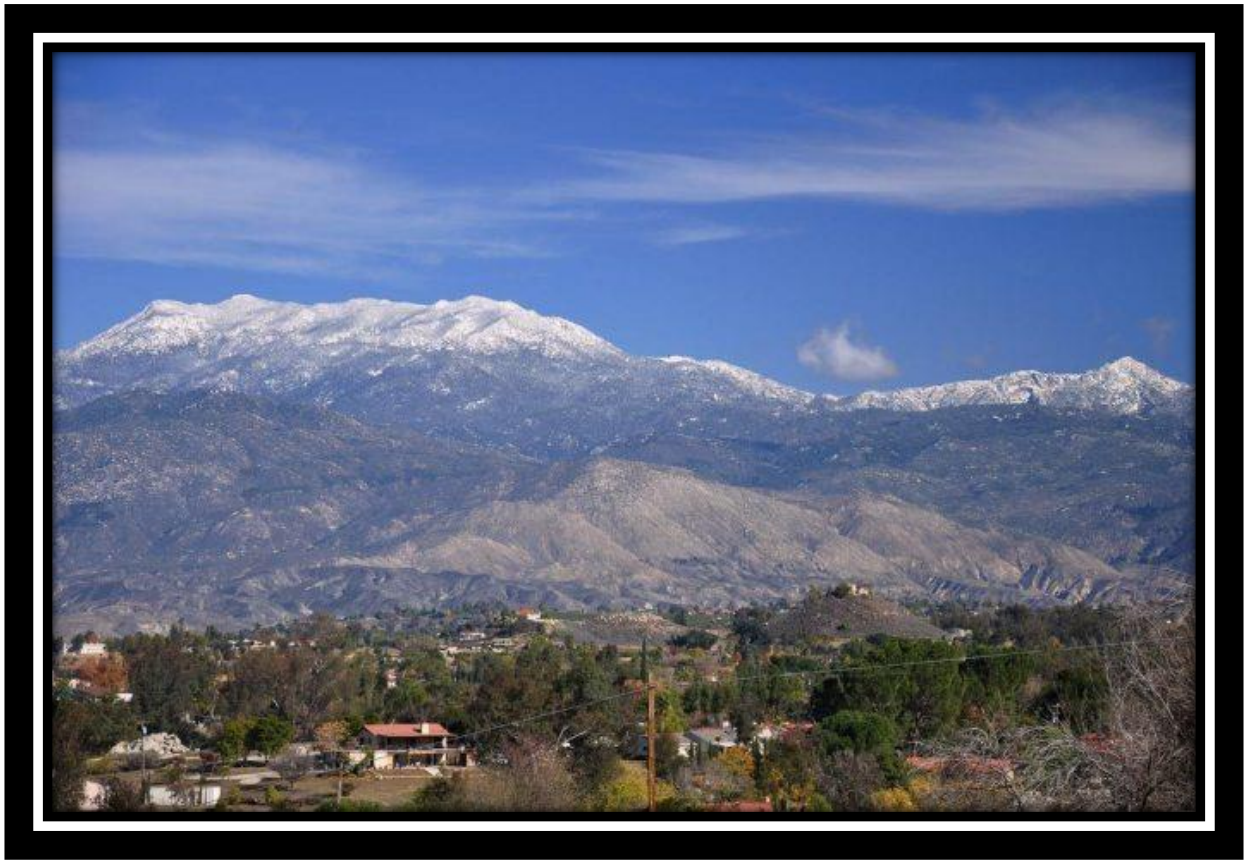
INN Annual Update Highlights



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WET

- Original WET funds were 1-time funds that lasted 10 years. Expired 2018.
- Continued plans funded through a portion of CSS dollars
- Recruit, retain, and develop the public mental health workforce
- Riverside Workplans: 1) Workforce Staffing Support; 2) Training & TA; 3) Mental Health Career Pathways; 4) Residency & Internship; 5) Financial Incentives for Workforce Development

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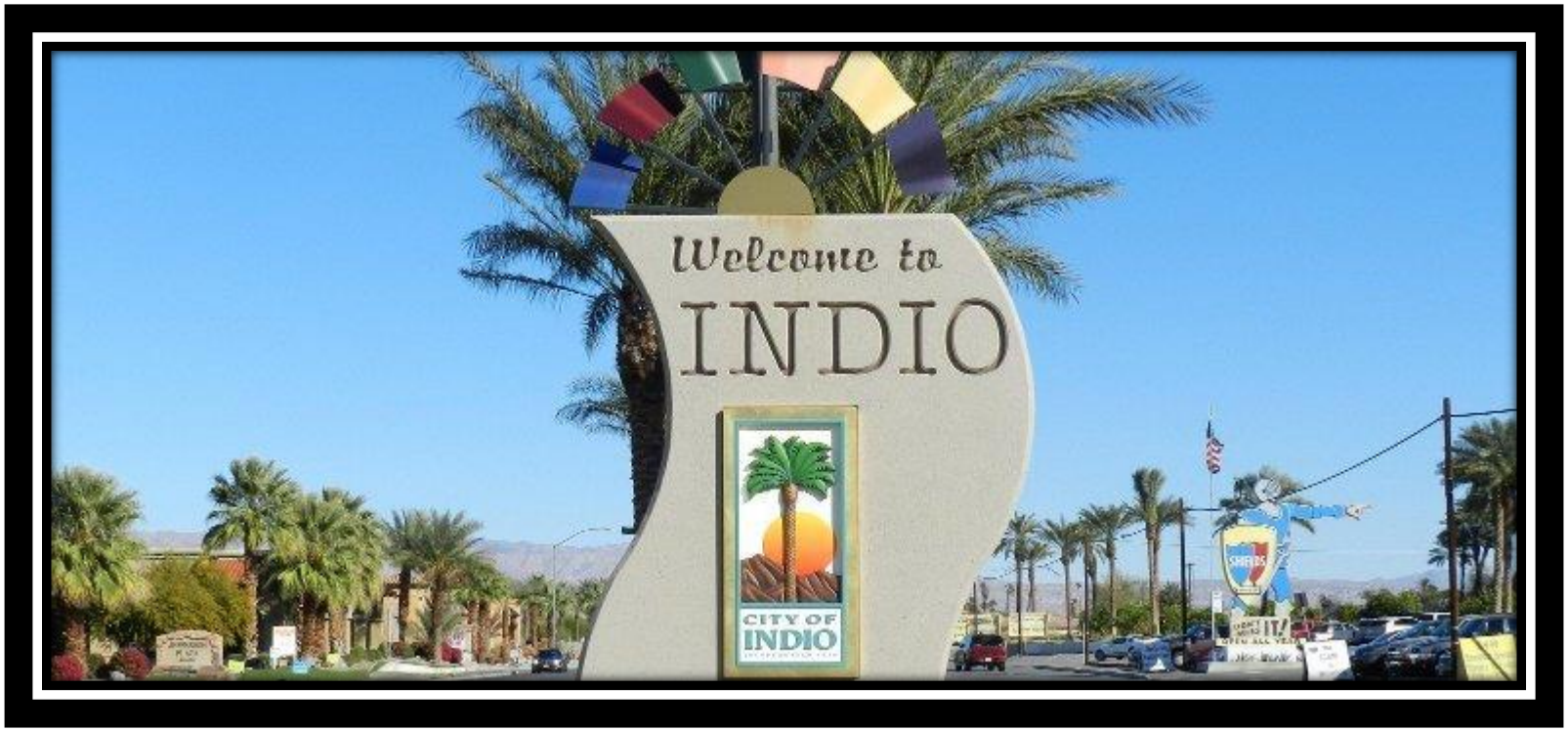
WET Annual Update Highlights



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CF/TN

- The last CF/TN funds were allocated in 2013-2014, but a portion of CSS funds can be used to address new workplans
- Improve the infrastructure of public mental health services: buildings and electronic programs.

<u>Current projects include</u>:

- Mead Valley Wellness Village
- The Place renovation (new complete date: 12/2024)
- Franklin Avenue Adult Residential Facility (Augmented BC)

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CFTN Annual Update Highlights

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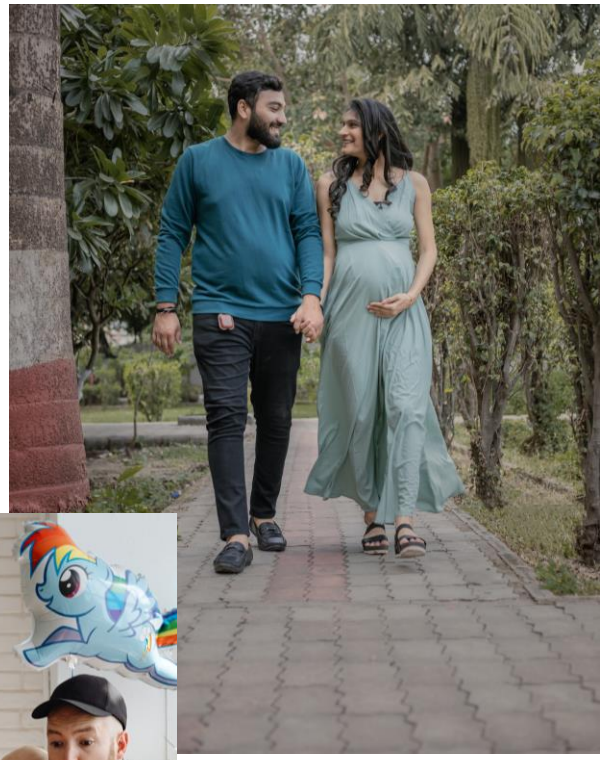
What's Next?: Public Posting & Hearing

- April 2024 : 30 day posting
  - Read/comment on draft
- May 2024: Public Hearings
  - Provide plan feedback



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Public Hearing: Virtual

- "Public Hearing in your Pocket" videos posted on all RUHS-BH social media: 1 English/ASL; 1 Spanish.
  - Also available on DVDs
  - Included a MHSA Plan Feedback voice mail number

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Public Hearing: In Person

- Preceded by Forum
- 1 hearing per service region
  - Location chosen by the Regional MH Boards

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What happens to my feedback?

- Reviewed and responded to by the BOS appointed Behavioral Health Commission (BHC)
- Comments and responses become a chapter in the final plan
- Once approved by the BOS, submitted to the State and posted on RUHS website
- A feedback summary is provided to the Exec Office
- Utilized to support program development
  - Smaller recommendations can be more readily adopted
  - Larger recommendations require larger community support and need time to be developed prior to implementation

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Contact Info

Sign Up for Email Notifications

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What is BHSA?

- Behavioral Health Services Act (BHSA)
- Proposition 1
  - Becomes law January 2025
  - Embedded timelines: 1st new plan due July 2026
- Changes Components from 5 to 3:
  - Housing; FSP; Behavioral Health Services
- Includes SUD services
- Focuses on the unhoused and youth

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BHSA: Reform

- New structure for planning, data, reporting, and accountability across ALL BH funding streams
- Greater State oversight and approval
- Will require refinement amendments
- DHCS tasked with creating the corresponding regulations

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Component 1: Housing

- 30% of the total funding allocation
- 50% of this component must be spent on the chronically homeless with a focus on encampments
- Housing First model, may include recovery housing
- Up to 25% may be use on capital projects with DHCS approval
- NO mental health or SUD treatment/services can be funded under this component
  - Outreach, Navigation, Supportive Services

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Component 2: FSP

- 35% of the total funding allocation
- Requires Evidence Based Practices including Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) Employment services, and high fidelity wraparound for youth and families
- Requires assertive field-based initiation for SUD services including MAT
- DHCS to develop levels of care and step down metrics

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Component 3: BHS

- 35% of the total funding allocation
- Requires new sub-category: 51% must be spent on Early Intervention programs
  - "may include services that prevent, respond, or treat BH crisis"
  - 51% Early Intervention funds must be used on youth under 25
  - Removed all reference to Stigma Reduction and county population based prevention
  - Expands outreach to urgent care, hospitals, EDs and schools
- WET, CF/TN, Innovation
  - State dedicated some funds for Workforce Initiatives, Innovation Partnership Fund, and Population Based Prevention

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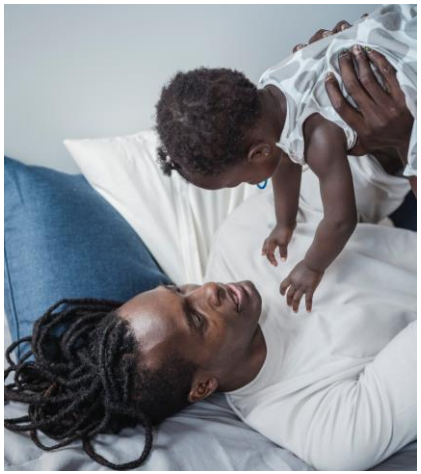
Planning and Reporting

- Starting July 2026: New 3 Year Plan format
- ALL funding sources and programming
- Expands stakeholders
- Stakeholder process for annual updates not required
- New accounting reporting



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