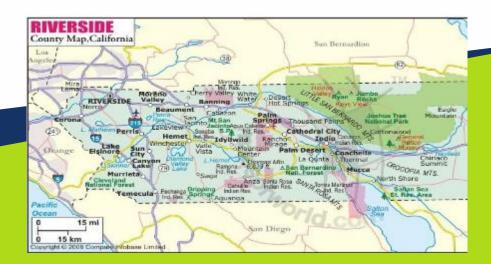
Mental Health Services Act Annual Plan Update FY 2021-22

Riverside University Health System
Behavioral Health



What is MHSA?

- 2004 CA voter approved ballot proposition (Prop 63)
- 1% income tax on incomes over \$1 million
- Funds are divided across counties and used to "transform" public MH services
- MHSA has rules (regulations) about the limits and possibilities of how the money can be used
- CANNOT pay for involuntary programs, supplant existing funds (November 2004), or SAPT programs (unless COD)
- Essential Element: Community Collaboration



Stakeholder Process

- The process that culminates in the annual plan submitted to the State ends with a 30 day posting of the draft plan and a public hearing
- An opportunity to give community feedback about the MHSA Plan and the programs





Who is a Stakeholder?

- Stakeholder = People, groups, organizations, government depts., businesses, anyone with a stake or a vested interest
- Feedback accepted all year long, but finishes with the annual update process including a 30 day public posting and public hearing



Stakeholder Partnership and Participation Structure





MHSA Stakeholder Partnership and Participation Structure: "How Can My Voice Be Heard?"



BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
Behavioral Health Commission Commission Meetings Central Regional (Desert, Mid-County, Western)	Prevention and Early Intervention Steering Committee* Quarterly Collaborative Meetings (Sign up at MHSA@rcmhd.org)	Focus Groups Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.	Plan Draft Distribution RUHS-BH Clinics/Programs Residential Housing Wellness Cities Public Libraries
Behavioral Health Commission Standing Committees Adult System of Care Children's Committee Criminal Justice Housing Legislative Older Adult System of Care Veteran's Committee	Workforce Education and Training Steering Committee* Workforce survey, training evaluations, and feedback forms	MHSA Forums MHSA Forums are held at community events and are dedicated to education and feedback on the MHSA plan. #MHSAtalks May is Mental Health Month Recovery Happens (More to come)	Public Hearing Public Hearing provides the community to give feedback on a proposed MHSA plan Typically scheduled in May for annual update Sometimes scheduled at other times of the year based on an individual workplan
Cultural Competency Reducing Disparities African Am. Family Wellness Group Asian Am. Task Force Community Advisory on Gender and Sexuality Issues Nosotros Community Settlement Spirituality Initiative Native Am. Council (Developing)	Innovations Steering Committee* Plan related development, monitoring, and support TAY Collaborative CSEC Program Meeting		www.RCDMH.org MHSA Tab Most recent annual update and latest 3-Year plan Includes electronic feedback forms MHSA@rcmhd.org

^{*}Closed meeting

COVID-19 and Public Hearing

- 30 day posting and public hearing are scheduled for April and May
- Due to gathering restrictions, there was no in-person public hearing in 2020.
- Instead, videos of the MHSA Plan overview were posted on all RUHS-BH social media; one in English (included ASL) and one in Spanish.
- 2021: Same model as last year Very Successful!
 - Seen by over 16,000 people county-wide
 - Over 14,000 engaged with the post
 - Over 3,000 watched the entire 50 minute video



So what do I do?

- Provide early feedback on the MHSA Plan
- Use your lived experience and learned knowledge to give feedback and input on the MHSA Plan
- Give your thoughts on a solution
- Ask for more information or training





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 (CF/TN)



CSS

- Largest Component
- Integrated mental health and support services to children/TAY and adults/older adults whose needs not met by other funds
- Full Service Partnerships (FSP) Over 50%
- Clinic expansion includes adding Peer Support, specialized evidence based treatments
- Also includes Housing/HHOPE, Crisis System of Care and Mental Health Courts/Justice Involved programs
- Riverside Workplans: 01-Full Service Partnership; 02-General System Development; 03-Outreach & Engagement and Housing



PEI

- Next largest component
- 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 one 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



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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INN

- Funded out of CSS and 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 to access funds
- Current Riverside Workplans: TAY Drop-in Centers; CSEC Mobile Team; Tech Suite (Help @ Hand)



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.
- Projects in the 3-Year Plan (FY 20/21-22/23):
 - Roy's Desert Oasis NOW open!
 - Riverside Arlington Recovery Community
 - Riverside Safehaven Renovation
 - RUHS-BH Diversion Campus
 - Restorative Transformation Center



Participate!

- Provide feedback on the plan!
- Draft Plan posted for 30 days in April
- Public Hearing videos posted for 14 days in May
- All comments are documented: Both the verbal and written comments
- Public Hearing comments are reviewed by the Behavioral Health Commission
- The original comment and the response are added to the plan



Decision Making

- Smaller ideas, like the format of the plan, can readily be adopted
- Bigger ideas, like bringing a certain program to Riverside County, move through advisory groups, steering committees, key informants, and Department executive leadership
- Once accepted, a program idea is developed
 - Assigned to a Program Manager with expertise to project manage as part of Department operations
 - Or goes out to a community based organizations and requires a Request for Proposal (RFP)

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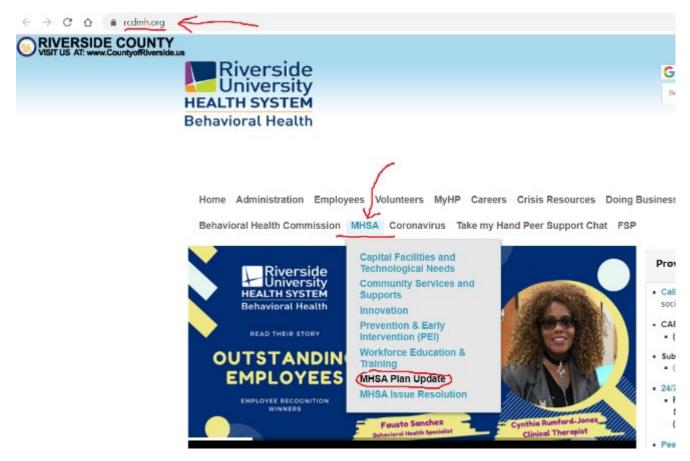
- RFP can take over a year due to checks and balances
 - Once awarded, contracts are negotiated

Why didn't my idea change the Plan?

- Doesn't fit into the MHSA rules or regulations
- Idea better fits with a different funding source
- It's too specific to a particular program and not about the bigger plan
- Conflict of Interest "Buy my Widget!"
- Budget: What do we remove to pay for it?
- Already addressed in the plan
- Big idea that didn't get enough committee or community advisory group support Riversi University

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