



## MENTAL HEALTH SERVICES ACT Frequently Asked Questions ("FAQs")

### What is the Mental Health Services Act (MHSA)?

The Mental Health Services Act ("MHSA") provides funding to counties to expand and develop mental health services for children, transition age youth, adults, and older adults. Also known as "Proposition or Prop 63", California voters passed the MHSA in the November 2004 election. The MHSA collects an additional 1% tax from California residents with a personal income over \$1 million.

### What services and supports does the MHSA fund?

The MHSA is divided into the following components: Community Services and Supports ("CSS"), Prevention and Early Intervention ("PEI"), Innovation ("INN"). In the initial implementation of the MHSA, counties also received one-time funds for Capital Facilities & Technological Needs ("CFTN"), Workforce Education & Training ("WET") and Housing. Counties can also transfer a portion of their CSS funds to the CFTN and WET components. Please refer to the descriptions of each component which appear later in this document.

**What is the Community Program Planning Process (CPPP)?** The CPPP is the process counties are required to use to develop Three-Year Program and Expenditure Plans and Annual updates in partnership with community stakeholders. The objectives of the CPPP is to: (1) Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified

during the implementation of the MHSA; (2) Analyze the mental health needs in the community; and, (3) Identify and re-evaluate priorities and strategies to meet those mental health needs.

### What does the term "stakeholders" mean?

Stakeholders means residents or entities with an interest in mental health services in the County of Monterey, including but not limited to the following:

1. Individuals with serious mental illness (SMI) and/or serious emotional disturbance (SED) and/or their families;
2. Providers of mental health and/or related services such as physical health care and/or social services;
3. Educators and/or representatives of education;
4. Social Services agencies;
5. Representatives of law enforcement; and
6. Any other organization that represents the interests of individuals with SMI and/or SED and their families.

### How often do counties develop new MHSA plans?

Every three years. The current Three Year Program and Expenditure Plan covers the fiscal period beginning July 1, 2020 through June 30, 2023 (FY 2020-21– FY 2022-23).

### What is the Annual Update?

Counties are also required to develop Annual Updates. These documents cover each of the second and third years of the Three Year Program & Expenditure Plan period. The primary function of the Annual Update is to update the budget information based on a changing fiscal reality and, if needed, note any changes to programs. The Annual Update does not typically include





substantive changes to the MHSA Three Year Plan; this process is more of a “check in”. The Annual Update also includes data regarding programs during the prior fiscal year period.

### **What does the term “Fiscal Year” mean?**

The County and the State budgets are on a Fiscal Year (“FY”) basis. The Fiscal Year begins on July 1 and ends on June 30. For example, FY 2020-21 or FY21 is the period that begins July 1, 2020 and ends June 30, 2021.

### **What is the Public Comment Period?**

The Public Comment period is the thirty (30) day period after the draft versions of the MHSA Three Year Program and Expenditure Plans and MHSA Annual Updates are posted and distributed for Public Comment.

### **How are Public Comments Submitted?**

Comments and recommendations regarding the draft documents must be submitted in writing before the close of the Public Comment Period. Comments can be submitted via the County MHSA website, email, FAX, regular mail, or hand delivered to the front reception desk at Health Headquarters.

### **What is the purpose of the Public Hearing?**

At the close of the 30-day Public Comment Period, the Monterey County Behavioral Health Commission conducts a Public Hearing during one of their regular meetings. Staff present a summary of the recommendations received during the Public Comment Period. Other recommendations by those attending the Public Hearing are also noted for the record. The Commission then votes to recommend forwarding the final MHSA plan or annual update document for approval and adoption by the Monterey County Board of Supervisors.

### **Who oversees the implementation of the Mental Health Services Act?**

The Mental Health Services Oversight & Accountability Commission (MHSOAC) provides oversight of the implementation of the MHSA throughout California. The MHSOAC consists of 16 voting members appointed by the Governor and other elected officials. At the County level, the Monterey County Behavioral Health Commission (BHC) reviews all draft documents and makes recommendations to staff regarding how services can best meet our communities’ mental health needs. Members of the BHC are appointed by the Monterey County Board of Supervisors.

### **How do I get involved in the MHSA planning process?**

Monterey County residents are encouraged to attend planning meetings, complete surveys, and submit written comments and recommendations on draft MHSA Three Year Program & Expenditure Plans and Annual Updates. Residents can also attend the public hearings conducted by the Monterey County Behavioral Health Commission.

## **Descriptions of the MHSA Components**

**Community Services and Supports (CSS)** is the largest component of the MHSA. Seventy-six percent (76%) of the MHSA funds received by the County are allocated for CSS services. And at least fifty-one percent (51%) of CSS funds are required to be allocated to “Full Service Partnership” (FSP) services. The CSS component refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults.





**Full Service Partnership (FSP)** is the term defined as an array of services available for those individuals with severe emotional disturbances (children and youth) and serious mental illness (adults and older adults) that include individualized client/family-driven mental health services and supports which emphasize recovery and resilience, and which offer integrated service experiences for clients and families/caregivers. FSP's are the majority of the services in the Community Services and Supports component.

**Prevention and Early Intervention (PEI)** is the second largest component of the MHSAs. Nineteen percent (19%) of the MHSAs funds received by the County are allocated for PEI services. At least fifty-one percent (51%) of PEI funds are required to be allocated to services for children and youth (and their families or caregivers). Prevention and Early Intervention services are those intended to prevent mental illness from becoming severe and disabling. "Prevention Program" means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. "Early Intervention Program" means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Early Intervention services shall not exceed eighteen (18) months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four (4) years.

**Innovation (INN)** is the smallest component of the MHSAs. Innovation funds are intended for short term projects that provide counties the

opportunity to try innovative approaches to mental health services. INN projects require advance approval by the State Mental Health Services Oversight and Accountability Commission. Five percent (5%) of the total MHSAs funds are to be allocated to the INN component.

**Other Allowable Uses of MHSAs Funds include:**

**Capital Facilities and Technological Needs (CFTN)** are projects for the acquisition and development of land and the construction or renovation of buildings, or the development, maintenance, or improvement of information technology for the provision of MHSAs administration, services, and supports.

**Workforce Education and Training (WET)** are local and statewide activities using MHSAs funds to address the public mental health workforce issues. Monterey County's current WET activities are intended to develop a pipeline for increasing interest in community mental health careers, improving recovery oriented treatment skills for community mental health providers as well as retention strategies for qualified community mental health providers. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

**For information about the MHSAs that is not covered in this "Frequently Asked Questions" document, Monterey County's MHSAs Team can be reached by email at:**

**[411-  
MHSAPublicComments@co.monterey.ca.us](mailto:411-MHSAPublicComments@co.monterey.ca.us)**

