

# **Mental Health Services Act (MHSA) Report**

## **12/08/2017**

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### **MHSA (Mental Health Services Act) Annual Progress Report (APR) for FY 15/16 and MHSA Three-Year Plan for FY 17/18 to 19/20 and APR for FY 16/17:**

- Public Hearing on 12/8/17 (today) at the MHB meeting.
- Working on getting FY 16/17 Annual Progress Reports from all programs that operated in the year and putting a report together with the data.

### **Fiscal Information:**

- Fiscal unit is continuing to work on past Revenue and Expenditure Reports so that we know how much revenue we have and what revenue is threatened to revert.
- MHSA fiscal projections continue to increase even with No Place Like Home being implemented-See attached information from Mike Geiss.

### **Mental Health Services Oversight & Accountability Commission (OAC):**

- September 15, 2017 Letter
  - Waiver of required data to be submitted in the first PEI and Evaluation Report and the first Innovation Project Report due no later than December 30, 2017
    - Per new regulation adopted October 2015 we have to provide additional data for PEI and Innovation projects to the OAC for programs in operations between July 1, 2016 and June 30, 2017 by December 30, 2017.
    - OAC has authorized a waiver:
      - We have to identify and report the data that the county was able to collect
      - The county is to provide a brief explanation of the obstacles it faced in meeting the reporting requirements
      - Provide a high-level summary of the county's implementation plan and timeline for complying fully with the future Annual Innovation and PEI Reports
- October 9, 2017 Letter
  - Notice of secure File Transfer Portal for County submission of Annual Progress Reports.
    - Under both Sections 3580 and 3560.010, the county shall exclude from the respective reports personally identifiable health Information (PHI). If a County excludes PHI from a required report, it shall also submit a Supplemental Report that includes the PHI data excluded from the original report.

### **Department of Health Care Services (DHCS):**

- September 27, 2017
  - Assembly Bill 114 added WIC Section 5892.1, which became effective July 10, 2017.
  - Provides that all unspent MHSA funds subject to reversion as of July 1, 2017, are deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally made available.
  - By July 1, 2018, counties are required to develop a plan to expend the funds by July 1, 2020.
    - FY 05/06 CSS = \$80,061
    - FY 07/08 PEI = \$44,386
    - FY 08/09 INN = \$133,623
    - FY 09/10 INN = 61,421
    - FY 10/11 INN = \$84,612
    - FY 12/13 Annual Revenue and Expenditure Data Report is not complete
    - FY 13/14 Annual Revenue and Expenditure Data Report is not complete

### **Community Services and Supports (CSS):**

- Mental Health Urgent Care Center/Crisis Stabilization Unit is being utilized more fully by county residence and by Placer and Sierra County.

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## 12/08/2017

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### **Housing:**

- Coordinated Entry for the homeless population
  - Soft Launch for both Placer and Nevada County December 11, 2017
  - Training for community service providers occurred on November 16, 2017
  - Community wide education will occur around mid-January 2018
  - All individuals that utilize Hospitality House Emergency Shelter, Hospitality House Rapid Rehousing Program and Nevada County's three CoC programs will have to be in the Coordinated Entry System to be a program participant
  - Connecting Point will be the screening point of entry for both Placer and Nevada County
- HUD Monitoring Letter received with three concerns and one finding. The County responded to the three concerns and asked for an extension for the finding.
  - MHSA Winter Haven #3- House remodel occurred in October and is continuing. Hope to close the loan by the end of the year
- Nevada County Behavioral Health received two of the three CoC grant renewal contracts. The contracts will be going to the BOS on 1/9/18.

### **Prevention and Early Intervention (PEI):**

1. Continue to work with service providers on new evaluation requirements.
2. Social Outreach nurse position is open in the Senior Outreach program. They are currently recruiting for the position. If a nurse is not found they will look for a social worker.

### **Innovations:**

- The Truckee Innovation Plan was approved by the Mental Health Services Oversight and Accountability Commission on August 25, 2016. A Family Advocate will work with the Homeless Outreach Worker, Crisis Case Manager, Promotoras and other community members that are working with Spanish speaking individuals that need case management and/or linkage to mental health services and supports. Phebe and Michele are also working with Nancy Callahan and Sierra Wellness Group (CWG) and the Family Resource Center to plan and collect required evaluation data. The new Crisis Case Manager member has resigned and meetings are being held on what to do now.
- Gathering ideas on the next Innovation Plan-most of the ideas are around homeless.
- Started the new Community Planning process with the 10/30/17 MHSA Steering Community meeting

### **Workforce Education and Training (WET)-**

- Contractors are being informed that if they need training they will need to put it in their budgets.
- Training has been added to Administrative activities in the MHSA Three-year Plan.

# Mental Health Services Act

- The MHSA created a 1% tax on income in excess of \$1 million to expand mental health services
- Approximately 1/10 of one percent of tax payers are impacted by tax
- Two primary sources of deposits into State MHS Fund
  - 1.76% of all monthly personal income tax (PIT) payments (Cash Transfers)
  - Annual Adjustment based on actual tax returns
    - Settlement between monthly PIT payments and actual tax returns

# Mental Health Services Act

- Funds distributed to counties monthly based on unspent and unreserved monies in State MHS Fund at end of prior month
- Cash Transfers are largest in months with quarterly tax payments and year end tax payments
  - January, April, June and September
- Annual Adjustments are incredibly volatile
  - Two year lag
  - Known by March 15<sup>th</sup>
  - Deposited on July 1<sup>st</sup>

**MHSA Estimated Revenues**  
(Cash Basis-Millions of Dollars)

	Fiscal Year					
	Actual		Estimated			
	14/15	15/16	16/17	17/18	18/19	19/20
Cash Transfers	\$1,355.0	\$1,422.3	\$1,457.2	\$1,571.5	\$1,611.0	\$1,651.0
Annual Adjustment	\$479.8	\$94.3	\$464.1	\$446.0	\$450.0	\$463.4
Interest	\$0.6	\$1.2	\$1.9	\$1.9	\$1.9	\$1.9
<b>Total</b>	<b>\$1,835.4</b>	<b>\$1,517.8</b>	<b>\$1,923.2</b>	<b>\$2,019.4</b>	<b>\$2,062.9</b>	<b>\$2,116.3</b>

**MHSA Estimated Component Funding**  
(Millions of Dollars)

	Fiscal Year					
	Actual		Estimated			
	14/15	15/16	16/17	17/18	18/19	19/20
CSS	\$1,314.6	\$1,078.3	\$1,388.6	\$1,445.8	\$1,463.6	\$1,483.1
PEI	\$328.7	\$269.6	\$347.1	\$361.5	\$365.9	\$370.8
Innovation <sup>a/</sup>	\$86.5	\$70.9	\$91.4	\$95.1	\$96.3	\$97.6
<b>Total</b>	<b>\$1,729.8</b>	<b>\$1,418.8</b>	<b>\$1,827.0</b>	<b>\$1,902.4</b>	<b>\$1,925.8</b>	<b>\$1,951.5</b>

a/ 5% of the total funding must be utilized for innovative programs (W&I Code Section 5892(a)(6)).