



DEPARTMENT OF MENTAL HEALTH

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Department of Mental Health (DMH) Mental Health Services Act (MHSA) Report for the September 2023 Mental Health Commission Meeting

- DMH MHSA Administration has begun its stakeholder process for the 2-year plan beginning in July 2023. The process began with stakeholder orientation and by reviewing data on County demographics, DMH participant demographics, and review of equity maps specifically focused on the unhoused, foster youth removal and placement, and justice involved populations.
- In September 2023, stakeholders are breaking up into four focus groups to discuss needs and gaps related to housing, workforce, prevention, and the continuum of care and form recommendations. The process is anticipated to completed by December 15, 2023.
- DMH MHSA Administration is working with the DMH Prevention Division to implement Prevention projects identified in the previous planning session. Currently, DMH teams are establishing agreements with County Departments and has met with nearly all of the community based organizations (CBOs) leads to evaluate the program plan, equity, and determine the implementation mechanism.
- DMH MHSA Administration is preparing a mid-year adjustment to add items and/or details on items that should have been included in the annual update. Items include:
 - Interim Housing INN project approved in June 2023
 - Transfer to CFTN
 - Prevention Outreach, Media, and Community Events
 - Child and Youth Stabilization Unit
 - Language Clean Up
- SB 326
 - As noted in the legislative report, the Senate Bill (SB) 326 and Assembly Bill (AB) 531 have passed legislature. When signed by Gov. Newsom they will be combined to become Proposition (Prop) 1 on the March 2024 ballot.
 - New: Expanded target population
 - Counties may serve individuals with debilitating substance use disorder, and must include this population in planning.
 - New: Housing Category
 - Includes, but not limited to, rental subsidies, operating subsidies, shared housing, family housing;

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- May include capital development at a maximum of 25% of this category, beginning FY 32/33; and
- Does NOT include mental health services and supports.
- New: Proposed Allocations include
 - Housing: 30%;
 - FSP: 35%;
 - Behavioral Health Services and Supports/Flexible: 17%;
 - Early Intervention Child: 9%; and
 - Early Intervention All Age: 9%.
- Allows for a 7% shift among categories with a maximum shift of 14% with State approval.
- Programmatic areas of impact include:
 - Prevention will be State administered;
 - Innovations is no longer has a mandatory allocation, may be implemented within any component;
 - Workforce Education and Training (WET)/Capital Facilities Technological Needs (CFTN);
 - WET will be State administered,
 - CFTN will need to come out of the Behavioral Health Services and Supports (BHSS) category which covers all outpatient, crisis, and linkage services.
 - Outpatient Care Services: Current allocation is 37%, will be reduced to 17%
 - Outpatient Clinic Services includes clinic services for all age groups, linkage programs such as HOME, and Crisis Services including UCCs and PMRT.
- Changes to the local mental health board (commission)
 - Renamed the Behavioral Health Board,
 - Must include a member 25 years old or younger.
- Changes to the planning process and reporting
 - Include substance use;
 - Include managed care; and
 - Looks at multiple funding streams, not just MHSA.
- Next Steps for DMH:
 - Seek clarification on transition guidelines and when bill language (or lack of language) will significantly impact planning and budgeting;
 - Complete a thorough analysis of impact by component;
 - Educate stakeholders, providers, and workforce on Prop 1 and potential impacts; and
 - Consider strategies in the planning process over the next two years to support transition.