Mental Health Services
Oversight & Accountability Commission

Title

FY 2014-2015 through FY 2016-2017
MHSA Three-Year Program and Expenditure Plan Instructions

Background

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5484 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

These are instructions for the MHSA Fiscal Year (FY) 2014-2015 through FY 2016-2017 Three-Year Program and Expenditure Plan. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.

WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

Purpose

The purpose of these instructions is to:

- Assist counties and their stakeholders in developing the FY 2014-2015 through FY 2016-2017 Three-Year Plan to include all the necessary elements as required by law and regulation.
- Provide the essential elements necessary by law in preparing a plan for a county Board of Supervisor approval. Counties retain every right to include more in their stakeholder process, Plan, or Annual Update than the statutory minimum.
- Provide the MHSOAC the information it needs for oversight to track, evaluate, and communicate the statewide impact of the MHSA.
- Provide the MHSOAC the information it needs to approve new or amended Innovation program (INN) plans per the established threshold for changes requiring MHSOAC approval issued by the MHSOAC on August 3, 2012.

These instructions often refer to WIC or CCR, which remain the authority on requirements. These instructions do not negate the MHSOAC's authority, pursuant to WIC Section 5845(d)(6), to obtain additional data and information from state or local entities that receive MHSA funds for the MHSOAC to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with MHSA funds.

What is a Three Year Plan?

WIC § 5847 and **CCR § 3310** state that a Three Year Program and Expenditure Plan shall address each MHSA component: Community Services and Supports (CSS) for children and youth, transition age youth, adults, and older adults (WIC § 5800 and § 5850); Capital Facilities and Technology Needs (CFTN) (WIC § 5847); Workforce Education and Training (WET) (WIC § 5820); Prevention and Early Intervention (PEI) (WIC § 5840); and Innovative Programs (INN) (WIC § 5830). This shall be one plan, incorporating all these elements, and making expenditure projections for each component per year.

How is a Three Year Plan different from an Annual Update?

CCR § 3310 states that a county shall update the Plan annually. An Annual Update includes an update to the Plan addressing the elements that have changed and that year's expenditure plan. In FY 2015-2016 and FY 2016-2017 counties will complete Annual Updates to the FY 2014-2015 through FY 2016-2017 Three Year Program and Expenditure Plan.

Who Should be Involved in the Stakeholder Process?

WIC § 5848 states that each Plan shall be developed with local stakeholders, including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests.

CCR § 3300 further includes:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310
- Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity.
- Clients with serious mental illness and/or serious emotional disturbance, and their family members.

What Should be Included in the Stakeholder Process?

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental health policy
- Program planning
- Implementation
- Monitoring
- Quality improvement
- Evaluation
- Budget allocations.

CCR § 3300 states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process.

What Standards Should be Used for the Stakeholder Process?

CCR § 3320 states that Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration, as defined in CCR § 3200.060
- Cultural Competence, as defined in CCR § 3200.100
- Client Driven, as defined in CCR § 3200.50
- Family Driven, as defined in CCR § 3200.120
- Wellness, recovery, and resilience focused, as described in WIC § 5806 and § 5813.5
- Integrated service experiences for clients and their families, as defined in CCR § 3200.190, which is defined as when the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive manner.

Public Review

WIC § 5848 states that a draft Plan shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy.

Additionally, the mental health board shall conduct a public hearing on the draft Plan at the close of the 30-day comment period. It should also review the adopted Plan and make recommendations for revisions.

What to Include in the Plan About the Stakeholder Process

CCR § 3315 states this section of the Plan shall include:

- A description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted
- A description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included

What to Include in the Plan About the Stakeholder Process (cont)

- Description of how stakeholder involvement was meaningful
- The dates of the 30 day review process
- Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
- The date of the public hearing held by the local mental health board or commission
- Summary and analysis of any substantive recommendations received during the 30-day public comment period
- A description of substantive changes made to the proposed plan

What to Include in the Plan About Programs

WIC § 5847 states the Plan shall describe the following programs:

- Services to children, including a wrap-around program (exceptions apply), that shall include services to address the needs of transition age youth ages 16 to 25 and foster youth. The number of children served by program and the cost per person must be included. The standards for these services are defined in WIC § 5851.
- Services to adults and seniors, including services to address the needs of transition age youth ages 16 to 25. The number of adults and seniors served by program and the cost per person must be included. The standards for these services are defined in WIC § 5806. WIC § 5813.5 states that Plans shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.
- Prevention and Early Intervention programs designed to prevent mental illnesses from becoming severe and disabling. The standards for these programs are defined in WIC § 5840. Please describe programs and program components/activities for Prevention versus Early Intervention separately.
- INN in accordance with WIC § 5830
- CFTN
- Identification of shortages in personnel and the additional assistance needs from education and training programs
- Prudent Reserve

In addition to the required elements above, counties should include the following information as part of the Plan:

- A description of county demographics, including but not limited to size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity.
- The number of children, adults, and seniors to be served in each PEI and INN program that provide direct services to individuals/groups.
- The cost per person for PEI (separated out by Prevention versus Early Intervention) and INN programs that provide direct services to individuals/groups.

What to Include in the Plan About INN

WIC § 5830 states that Counties shall expend funds for their INN programs upon approval by the MHSOAC and details INN requirements. Plans should include sufficient information about a new or changed INN program so that the MHSOAC may determine if the program meets statutory requirements and can be approved. INN programs shall meet the criteria described in WIC § 5830.

If an INN project has proven successful and the county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.

What to Include in the Plan About Performance Outcomes

WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. Please include the results of any evaluations or performance outcomes the county has for CSS services and PEI programs (separated out by Prevention versus Early Intervention when possible). Counties shall also provide evaluation or performance outcomes for INN programs. Please specify the time period these performance outcomes cover.

What to Include in the Plan About County Compliance Certification

WIC § 5847 states that certification by the county mental health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements must be included in the Plan.

Please use the MHSA County Compliance Certification form included with these instructions.

What to Include in the Plan About County Fiscal Accountability Certification

WIC § 5847 states that certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the MHSA shall be included in the Plan.

Please use the MHSA County Fiscal Certification form included with these instructions.

What to Include in the Plan About Board of Supervisor Adoption

WIC § 5847 states that the county mental health program shall prepare a Plan adopted by the county Board of Supervisors. Please include evidence that the Board of Supervisors adopted the Plan and the date of that adoption.

What to Include in the Plan About An Expenditure Plan

WIC § 5847 states that each county shall prepare an expenditure plan for the Plan based on available unspent funds, estimated revenue, and reserve amounts.

Please complete the Expenditure Plan Funding instructions and forms included with these instructions.

In addition, please include the budgeted amount to be spent on:

- Full Service Partnerships, as defined in CCR § 3620, which should be at least 50% of CSS funds
- General System Development, as defined in CCR § 3630
- Outreach Engagement, as defined in CCR § 3640
- PEI by program or component so that Prevention and Early Intervention program/component costs are listed separately (20% of MHSA funds distributed to a county)
- INN by project (5% of CSS funds and 5% of PEI funds distributed to a county)
- WET
- CFTN
- Prudent Reserve

When the Plan Should be Submitted to the MHSOAC

Per **WIC § 5847** please submit your FY 2014-2015 MHSA Plan to the MHSOAC within 30 days of adoption by the Board of Supervisors.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name: Telephone Number: E-mail:	Name: Telephone Number: E-mail:
County Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Telephone Number: E-mail:	Name: Telephone Number: E-mail:
Local Mental Health Mailing Address:	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

_____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

_____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)