



## Amendment to MHSA Annual Update FY 2022-23

### Request Approval for Addition of Two New MHSA Programs

#### Subject:

Request approval for the addition of the Access to Care (ATC) services to the Community Services and Supports Plan and the addition of the School Based Services (SBS) program to the Prevention and Early Intervention Plan with funding provided under the Mental Health Services Act (MHSA).

#### Summary:

Tri-City Mental Health is seeking the approval for the addition of two new programs to the Mental Health Services Act (MHSA) Community Services Plan and the Prevention and Early Intervention Plan.

Access to Care (ATC), is a clinical adjunct service that acts as a gateway to the intake process for Tri-City's outpatient clinics. Individuals interested in Tri-City services can access care either by calling, walk-in or via referral. A mental health professional assesses the individual seeking services and recommends the most appropriate level of care and services. This service is currently funded through 1991 Realignment Revenue and Medi-Cal reimbursement from the federal and State governments.

The second program, School Based Services (SBS), provides services to students directly on local school campuses, during school hours. Tri-City provides services to students attending schools whose districts are within its jurisdiction (Bonita Unified School District, Claremont Unified School District, Pomona Unified School District). The School Based Services Program is currently funded 100% from Realignment Funds.

Tri-City would like to add both programs to MHSA programming thereby funding them 100% from funds received through the Mental Health Services Act.

#### Background:

##### 1991 Realignment Revenue

Counties who are considered a Mental Health Plan, receive an annual allocation of health realignment funding to carry out certain health-related activities. Although not a Mental Health Plan (MHP), Tri-City is one of two entities that receive Realignment Revenues from the State of California. However, after evaluating and reassessing existing programs, processes, and procedures Tri-City has determined that it is prudent to move away from 1991 Realignment Revenue as the primary funding source for these programs to make these funds available for additional costs related to providing mental health services for clients, many of which include consumers eligible under the Medi-Cal programs or are indigent.

##### Mental Health Services Act (MHSA) Funds

The Mental Health Services Act (MHSA) was passed by voters in 2004 and is funded through the imposition of a 1% State income tax on personal income which exceed \$1 million. Tri-City relies on MHSA funds to provide an array of mental health services approved under its MHSA plans. However, State MHSA funds can fluctuate based on new events and economic pressures including the onset of COVID-19 in 2020.



As part of its overall response to COVID-19, the IRS announced that the due date for both filing federal income tax returns and making federal income tax payments was extended from April 15, 2020 to July 15, 2020. This change in filing date impacted the MHSA allocations to counties significantly and created a surplus of funds in the subsequent year as counties were delayed in receiving these funds. Additionally, funding amount in the most recent fiscal year, were significantly higher than first anticipated yet still subject to the 3-year time frame for expending these funds under the MHSA.

By moving the Access to Care services and School Based Services program under MHSA, Tri-City will be able to maximize financial resources, specifically MHSA surplus funds, as well as conserving the most limited source of funding which is 1991 Realignment (General Fund). In addition, once approved, the School Based Program will be included under the MHSA Prevention and Early Intervention Plan thereby increasing the number of individuals served ages 0-25 (minimum of 51%) which is a requirement per PEI regulations.

### Stakeholder Involvement:

In preparation for this amendment to the MHSA Annual Update FY 2022-23, the Director of MHSA conducted two virtual stakeholder meetings on December 6 and December 8, 2022. One meeting was held in the morning and the other in the evening to accommodate community members who may be working or attending school. The purpose of this meeting was to invite stakeholders to review and provide input regarding the addition of the Access to Care Program to the Community Services and Support Plan and the addition of the School Based Services Program to the Prevention and Early Intervention Plan. The presentation for this meeting included an orientation to the Mental Health Services Act (MHSA) and community planning process as well as an overview of all five MHSA plans.

Following the presentation, attendees asked several clarifying questions before voting on this proposal. A high majority of stakeholder voted in favor of this proposal and the results are below:

<b>Program Name</b>	<b>MHSA Plan Addition</b>	<b>Stakeholder Approval %</b>
Access to Care Program	Community Services and Supports	83%
School Based Services Program	Prevention and Early Intervention	86%

This plan amendment was posted for a 30-day public comment period beginning December 9, 2022, until January 10, 2023, on Tri-City’s website as well as all social media sites including Facebook, Instagram, and Twitter. In addition, this amendment was distributed to numerous locations including city halls, libraries, and community centers. All written and verbal comments received during this comment period will be reviewed by Tri-City staff and included in the final document.

This plan is scheduled for presentation to the Mental Health Commission on January 10, 2023, with a request for endorsement to the Tri-City Governing Board. The Governing Board is scheduled to review this amendment on January 18, 2023.

### Fiscal Impact:

The addition of the ATC team will result in total CSS expenditures to increase by approximately \$755,000 annually. The addition of the SBS team will result in total PEI expenditures to increase by approximately \$817,000 annually. Once approved, this amendment will be retroactive to July 1, 2022.