



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT


## MHSA Stakeholder Leadership Committee (SLC) Meeting

September 5, 2013

Revised: September 3, 2013



## MHSA SLC Agenda



1. Introductions (5 minutes)
2. MHSA Audit by California State Auditor (30 minutes)
  - a. Background
  - b. Audit Scope and Objectives
  - c. Findings
  - d. Recommendations (State Entities and Counties)
  - e. Santa Clara County's Plan of Action to Recommendations
  - f. Questions and Comments
3. FY13-14 MHSA Annual Update Draft (40 minutes)
  - a. Recap
  - b. Substantive changes to the Annual Update Draft posted 8/2/2013
  - c. Action: Request SLC members to vote to endorse FY13-14 MHSA Annual Update Draft
4. Plans for the next SLC Meeting (15 minutes)

2



# MHSA Audit


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## Background Overview and Audit Scope/Objectives



3

## MHSA Audit Overview



- In August 2012, Senate Pro Tempore Steinberg sent a formal letter to the Joint Legislative Audit Committee (JLAC) to request an outcome & performance review of the Mental Health Services Act (MHSA) covering the most recent six-year period, in a number of areas:
  - ♦ assessment of county implementation of MHSA;
  - ♦ fiscal reconciliation of revenues and allocations to counties;
  - ♦ and reporting of data by individual counties in the aggregate.
- On August 23, 2012, the JLAC approved the audit request to be conducted by the California State Auditor's Office.
- On August 15, 2013, the California State Auditor's Office released their audit findings and recommendations. Copy of the report is posted on the SCCMHD website: <http://www.sccgov.org/sites/mhd/Pages/default.aspx>

4

## MHSA Audit Scope and Objectives:



1. Review and evaluate the laws, rules, and regulations applicable to the MHSA.
2. Review and evaluate the roles and responsibilities of:
  - The Department of Health Care Services (DHCS)
  - The Mental Health Services Oversight and Accountability Commission (MHSOAC)
  - The Office of Statewide Health Planning and Development (OSHPD)
  - The California State Controllers Office
  - Any other state agency regarding the MHSA
3. Determine if the state entities listed in item #2 are allocating, spending and monitoring MHSA funding in INN, PEI, and CSS (primarily FSPs) in a reasonable manner consistent with applicable laws.
  - Determine the MHSA funds allocated by the State to counties.
  - Identify the MHSA funding methodology utilized by the State and determine if improvements are needed.
  - Determine oversight protocols used to monitor fund expenditure, program compliance, performance and outcomes. Determine if improvements should be made.

5

## MHSA Audit Overview - Audit Scope included:



4. Audit Los Angeles County and one county from the Inland Empire, Bay Area, and Central Valley. The county who received the highest amount of MHSA funds was selected per region. San Bernardino, Santa Clara, Sacramento.
  - Review and assess the method each county uses to establish any performance measures and outcomes.
  - Evaluate the reasonableness of the methods used to obtain and analyze data to measure performance outcomes.
  - Select a sample of expenditures from CSS, PEI, INN to determine if expenditures were allowable and reasonable.
5. For the four counties, select a sample of expenditures from each MHSA component for the most recent six-year time period.
6. Review and assess the method by which the State collects, compiles, and reports data from the counties to determine if there is a more efficient and comprehensive method to report data in the aggregate at the state level for analyzing the performance and outcomes achieved by the services resulting from the MHSA.
7. Review and assess any other issues that are significant to MHSA.

6



# MHSA Audit


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## Findings



7

### MHSA Audit Overview - CA State Auditor Findings:



- Although the MHSA has funded many programs and served numerous individuals, the Mental Health and the Accountability Commission (MHSOAC) did not provide the oversight needed to demonstrate whether the MHSA is effective.
- Found no evidence that California Department of Mental Health (DMH) conducted systematic monitoring to ensure that counties appropriately implemented their state-approved MHSA plans.
- DMH did not provide explicit direction to counties on how to effectively evaluate their programs and did not issue regulations for three of the five MHSA components.
- Despite its charge to evaluate the MHSA, the MHSOAC has been slow to establish a necessary framework and did not believe it had a clear responsibility to evaluate until 2009, even though its purpose has not changed since 2004 when the MHSA was approved.

8

## MHSA Audit Overview – CA State Auditor Findings:



- DMH required counties to report extensive MHSA data, but the data was incomplete and of limited value in measuring MHSA program effectiveness.
- The counties' MHSA funding allocations may not be appropriate – the methodology used to calculate the funding levels was developed in 2005 and the demographic factors used to calculate the funding have not been updated since 2008.
- Each of the four county departments reviewed used different and inconsistent approaches in assessing and reporting on their MHSA programs, and the county departments rarely developed specific objectives to assess the effectiveness of the programs.
- Although each of the four county departments visited included stakeholders and community representatives throughout the MHSA planning process, some counties did not document or describe in their plans of the MHSA programs certain aspects of the public review process.

9



## MHSA Audit

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## Recommendations



10

### MHSA Audit Overview - CA State Auditor Recommendations to Department of Health Care Services (DHCS):



- To ensure that it monitors counties to the fullest extent as the MHSA specifies and that it implements best practices, DHCS should do the following:
  - ◆ Draft and enter into a performance contract with each county and use the contracts with counties to ensure they do the following:
    - Specify MHSA program goals in their plans and annual updates and include those same goals in their contracts with program providers.
    - Identify meaningful data to measure the achievement of all their goals, set specific objectives, and require their program providers to capture those data so they can use the data to verify and report the effectiveness of their MHSA programs.
    - Develop standardized data collection guidelines or regulations, as appropriate, that will address inconsistencies in the data that counties report to the State.

11

### MHSA Audit Overview - CA State Auditor Recommendations to Department of Health Care Services (DHCS):



- To ensure that counties have the needed guidance to implement and evaluate their MHSA programs, DHCS should do the following:
  - ◆ Coordinate with the MHSOAC and issue guidance or regulations, as appropriate.
  - ◆ Commence this regulatory process no later than January 2014.
  - ◆ Collaborate with the MHSOAC to develop and issue guidance or regulations, as appropriate, to counties on how to effectively evaluate and report on the performance of their MHSA programs.

12

## MHSA Audit Overview - CA State Auditor Recommendations to Department of Health Care Services (DHCS):



- To ensure that DHCS and other state entities can evaluate MHSA programs and assist the MHSOAC in its efforts, DHCS should do the following:
  - ◆ Collect complete and relevant MHSA data from the counties.
  - ◆ Resolve all known technical issues with the partnership and client services systems and provide adequate and expert resources to manage the systems going forward.
- DHCS should revise or create a reasonable and justifiable allocation methodology to ensure that counties are appropriately funded based on their identified needs for mental health services. DHCS should ensure that it reviews the methodology regularly and update it as necessary.

13

## MHSA Audit Overview - CA State Auditor Recommendations to Mental Health Services Oversight and Accountability Commission (MHSOAC):



- To ensure that counties have needed guidance to implement and evaluate MHSA programs, the MHSOAC should do the following:
  - ◆ Issue regulations, as appropriate, for Prevention and Innovation programs.
  - ◆ Commence the regulatory process no later than January 2014.
- To fulfill its charge to evaluate MHSA programs, the MHSOAC should undertake the evaluations specified in its implementation plan.
- To ensure that it can fulfill its evaluation responsibilities, the MHSOAC should examine its prioritization of resources as it pertains to performing all necessary evaluations.

14

### MHSA Audit Overview - CA State Auditor Recommendations to Mental Health Services Oversight and Accountability Commission (MHSOAC):



- To report on the progress of MHSA programs and support continuous improvement, the MHSOAC should fully use the results of its evaluations to demonstrate to taxpayers and counties the successes and challenges of these programs.
- In order to fulfill its responsibilities to evaluate MHSA programs, the MHSOAC should undertake the evaluations specified in its recently adopted framework for evaluation.

15

### MHSA Audit Overview - CA State Auditor Recommendations to California Mental Health Planning Council (CMHPC):



- Take steps to ensure that it annually reviews the overall effectiveness of MHSA programs in accordance with state law.
- Document and make public the reviews that it performs of MHSA programs to demonstrate that it is performing all required reviews.

*Note: CMHPC is also tasked with annually reviewing the performance of mental health programs, including MHSA funded programs, by using performance data and existing reports.*

16



## MHSA Audit Overview - CA State Auditor Recommendations to Counties



### Santa Clara, San Bernardino, and Sacramento:

Review its existing MHSA contracts and by December 31, 2013, or as soon as is feasible, amend them as necessary to include plan goals.

### Santa Clara:

Ensure that all MHSA invoices are adequately supported with information that demonstrates that MHSA services were provided.

17



# MHSA Audit

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## Santa Clara County's Response to Audit Recommendations



18

## MHSA Audit – Santa Clara County’s Response to CA State Auditor Recommendations:



**Recommendation #1:** Review its existing MHSA contracts and by December 31, 2013, or as soon as feasible, amend them as necessary to include plan goals.

**County’s Response:** The County will review its existing MHSA contracts with each mental health program division, Family and Children Services, Adult and Older Adult Services, Integrated Behavioral Health Services, and Learning Partnership. Each division will evaluate their specific MHSA contracts and will ensure plan goals are included for each program. Once the County has completed their evaluation of the contracts and defined the goals that need to be included, a timeline will be established to implement the contract amendments. This will be a multi-step process to be initiated immediately.

19


## MHSA Audit – Santa Clara County’s Response to CA State Auditor Recommendations:



**Recommendation #2:** Ensure that all MHSA invoices are adequately supported with information that demonstrates MHSA services were provided.

**County’s Response:** As part of the MHSA contract review process described in the County’s response to recommendation #1, the County will conduct a review of billing and invoicing procedures of each of the MHSA contracts. This process will include identifying documentation requirements for each category of invoices, i.e., direct services, flex funds, etc, and will establish invoicing requirements for each invoice category. Those requirements will be standardized and included in contract amendments.


20




# MHSA Audit

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## Questions / Comments



21



# FY13-14 MHSA

## Annual Update Draft



22

## Recap of FY2013-14 MHSA Annual Update Schedule



July 2013	August 2013	September 2013	October 2013
<ul style="list-style-type: none"> <li>MHD to participate in MHB Committee meetings in July to discuss progress updates and preliminary plans for Draft FY2013-14 MHSA Annual Update.</li> <li>Hold MHSA SLC meeting on July 29, 2013 to go over preliminary plans for Draft FY2013-14 MHSA Annual Update.</li> </ul>	<ul style="list-style-type: none"> <li>Publish Draft FY2013-14 MHSA Annual Update Plan on August 2, 2013 for the required 30-day public comment/review period. Draft plan will be posted on the SCCMHD website. <a href="http://www.sccgov.org/sites/mhd/MHSA/Pages/default.aspx">http://www.sccgov.org/sites/mhd/MHSA/Pages/default.aspx</a></li> </ul>	<ul style="list-style-type: none"> <li>September 1, 2013 is the end of the required 30-day public review comment period.</li> <li>September 5, 2013 MHSA SLC meeting. SLC to vote on Draft FY2013-14 MHSA Annual Update Plan.</li> <li>September 9, 2013 MHB Public Hearing to vote on Draft FY2013-14 MHSA Annual Update Plan.</li> </ul>	<ul style="list-style-type: none"> <li>SCCMHD to request the County Board of Supervisor (BOS) to adopt Draft FY2013-14 MHSA Annual Update Plan as endorsed / approved by MHB and MHSA SLC tentatively Scheduled October 2013 TBD.</li> </ul>

23

## MHSA Estimated Component Funding Statewide as of June 2013 (in millions of dollars)



Component	ACTUAL		ESTIMATED			
	FY11	FY12	FY13	FY14	FY15	FY16
CSS	\$783.6	\$741.0	\$1,154.2	\$898.5	\$997.9	\$954.6
PEI	\$216.2	\$185.2	\$288.5	\$224.6	\$249.5	\$238.6
INN*	\$119.6	\$48.7	\$75.9	\$59.1	\$65.7	\$62.8
<b>Total</b>	<b>\$1,119.4</b>	<b>\$974.9</b>	<b>\$1,518.6</b>	<b>\$1,182.2</b>	<b>\$1,313.1</b>	<b>\$1,256.0</b>
% Change		-12.9%	55.8%	-22.2%	11.1%	-4.3%

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

24

## MHSA Estimated Component Funding for Santa Clara as of June 2013



Component	ACTUAL	ESTIMATED			
	FY12	FY13	FY14	FY15	FY16
CSS	\$33,536,100	\$53,051,426	\$41,299,483	\$45,872,400	\$43,877,644
PEI	\$9,037,900	\$13,262,856	\$10,324,871	\$11,468,100	\$10,969,411
INN From CSS 80%	N/A	\$2,792,180	\$2,173,657	\$2,414,337	\$2,309,350
INN from PEI 20%	N/A	\$698,045	\$543,414	\$603,584	\$577,337
INN*	\$2,238,600	\$3,490,225	\$2,717,071	\$3,017,921	\$2,886,687
Total	\$44,812,600	\$69,804,507	\$54,341,425	\$60,358,421	\$57,733,742
% Change		55.8%	-22.2%	11.1%	-4.3%

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

## County's MHSA WET and CFTN One-Time Funds



WET and CFTN: one-time funds subject to a 10-year reversion period.

Component	FY06-07	FY07-08	FY08-09	FY09-10	Total
WET	\$4,799,400	\$5,171,300		\$2,000,000	\$11,970,700
CFTN		\$16,205,300	\$5,091,700		\$21,297,000
Total	\$4,799,400	\$21,376,600	\$5,091,700	\$2,000,000	\$33,267,700

## MHSA Annual Update Draft Status



- Primarily, the FY13-14 MHSA Annual Update Draft Plan reflects continuation of previously approved plans and the proposed changes to those previously approved plans.
- **Public Review /Comment Period 8/2/2013 through 9/1/2013:** No public input or comments were received by the MHD.
- **Other proposals requesting MHSA funding received by the MHD:** The MHD received four proposals/ideas however during the FY13-14 MHSA Annual Update process, the MHD and SLC did not have a formal process in place to develop and vet new proposals. For the upcoming three-year plan (FY15-17), a process will be developed with SLC members and stakeholder input.
- **Substantive Changes to 8/2/2013 Draft:** Changes are proposed to the Draft posted on August 2<sup>nd</sup>.

27

## Substantive Changes to MHSA Annual Update Draft posted on 8/2/2013



### PROPOSED CHANGES TO ANNUAL UPDATE DRAFT POSTED ON AUGUST 2, 2013:

#	Component and Work Plan	Project	Amount	Type	Proposal / Change Submitted:	Description
(1)	CSS - A02	MHSA DTMH	\$145,457	Ongoing	By MHD Staff	The MHD proposes to add a new 1.0 FTE Health Care Program Manager (HCPM) II. The DTMH is in need of a HCPM II to manage daily clinic operations and oversee Specialty Mental Health services to some of the County's most high risk and severely mentally ill consumers. The modes of service provided at DTMH includes case management, medication support, mental health services, and crisis intervention. The annual cost of the new positions is \$145,457 and will be fully funded through the deletion of a vacant 1.0 FTE Program Manager II currently budgeted in work plan A03 (see item #2 below).
(2)	CSS - A03	MHSA Evans Lane	(\$145,457)	Ongoing	By MHD Staff	The MHD proposes the deletion of the vacant 1.0 FTE Program Manager II to fund new position proposed for DTMH. Please see item #1 for details. Presently there is a filled Health Care Program Manager II position at the Evans Lane Outpatient Clinic funded in part by both AB109 and MHSA funds. Given that Evans Lane Outpatient now has a manager in place there is no longer a need for the vacant Program Manager II position at the site.

28

## Substantive Changes to MHSA Annual Update Draft posted on 8/2/2013

**PROPOSED CHANGES TO ANNUAL UPDATE DRAFT POSTED ON AUGUST 2, 2013:**

#	Component and Work Plan	Project	Amount	Type	Proposal / Change Submitted:	Description
(3)	CFTN - DTMH	DTMH Renovation Project	\$0	One-time	By MHD Staff	The DTMH renovation has a one-time budget allocation of \$313,000. Currently the DTMH project only covers the Self-Help Center training area/activity rooms however there is current need to also renovate the lobby area of the facility. The MHD proposes to use the current \$313,000 budget to expand the DTMH project to include renovation of the DTMH's main lobby. The renovated area will provide a welcoming, comfortable wellness center environment for the clinic, self-help consumers, and family members.
(4)	CSS / PEI / INN / WET / CFTN	Various work plans	Pending - One-To Be Determined (TBD)	One-time	Pending: Resulting from BOS approval related to 1) County Retiree Prg and 2) Labor Contract Adjustments from recent contract negotiations	Adjust the MHD budget for the impact of: 1) Increased contributions to the California Employers Retiree Benefit Trust (CERBT). 2) Salary and benefit adjustments resulting from the approval of contract negotiations with labor unions. The budget impact related to MHD MHSA funded County personnel will be spread across the five components.
Total Items 1-4		Pending	TBD	Proposed Changes to Annual Update Draft posted on 8/2/2013		

## Community Services and Supports (CSS)

CSS Programs	FY2013 Funding	Recommended FY2014 Funding
C01 Children's Full Services Partnerships	\$1,150,074	\$1,150,074
C02 Child System Development	\$290,657	\$290,657
C03 Children/Family Behavioral Health OP Sys Redesign	\$2,679,427	\$2,707,715 *
T01 Transition Age Youth System of Care Development	\$1,035,965	\$1,035,965 *
T02-04 Behavioral Health Sys Redesign/TAY Crisis/Drop-In Svcs	\$1,436,289	\$1,436,289 *
A01 Adult Full Service Partnerships	\$4,545,934	\$4,351,925 *
A02 Adult Behavioral Health Services Outpatient Sys Redesign	\$7,589,738	\$9,648,153 *
A03 Criminal Justice System Jail Aftercare Program	\$6,680,608	\$6,535,151 *
A04 Urgent Care	\$3,523,171	\$8,223,500 *
A05 Consumer and Family Wellness and Recovery Services	\$1,059,761	\$1,059,761 *
OA01 Older Adult Full Service Partnerships	\$371,288	\$371,288
OA02-04 Older Adult Behavioral Health Svcs Outpatient Redesign	\$1,585,042	\$1,495,042 *
HC01 Behavioral & Primary Health Care Partnership	\$5,230,979	\$0 *
HO01 Housing Options Initiative	\$2,437,350	\$2,424,240 *
LP01 Learning Partnership	\$1,845,676	\$1,593,772 *
<u>AD01 CSS Administration</u>	<u>\$1,573,287</u>	<u>\$1,573,287</u> *
Total CSS	\$43,035,245	\$43,896,818
Change from FY2013		\$861,573

\*Recommended FY14 Budget / Reallocation Change  
Note: Adjustment resulting from BOS approval related to: 1) County Retiree Program and 2) Labor Contract adjustments from recent contract negotiations are not reflected. Amount TBD pending.

## Prevention and Early Intervention (PEI)



PEI Programs	FY2013	Recommended
	Funding	FY2014 Funding
P1 Community Engagement/Capacity Building for Reducing Stigma/Discrimination	\$1,742,278	\$1,701,278 *
P2 Strengthening Families and Children	\$10,041,626	\$9,845,983 *
P3 PEI Interventions for Individuals Experiencing Onset of Serious Psychiatric Illness	\$2,780,999	\$2,472,002 *
P4 Primary Care/Behavioral Health Integration for Adults/Older Adults	\$2,817,357	\$5,000,781 *
P5 Suicide Prevention Strategic Plan	\$1,010,125	\$1,283,500 *
<u>PEI Administration</u>	<u>\$1,819,254</u>	<u>\$1,819,254</u>
Total PEI	\$20,211,639	\$22,122,798
Change from FY2013		\$1,911,159

\*Recommended FY14 Budget Change

Note: Adjustment resulting from BOS approval related to: 1) County Retiree Program and 2) Labor Contract adjustments from recent contract negotiations are not reflected. Amount TBD pending.

31

## Innovative Programs (INN)



INN Programs	FY2013	Recommended
	Funding	FY2014 Funding
INN01 Early Childhood Universal Screening Project	\$727,364	\$727,364 *
INN02 Peer-run TAY Inn	\$1,356,053	\$1,320,858 *
INN03 Co-Occurring MH Disorders in Adults with Autism and Dev Disabilities	\$411,282	\$0 *
INN04 Merging the Old with the New - Elders' Storytelling Project	\$428,042	\$388,042 *
INN05 Multi-Cultural Center (MCC)	\$799,567	\$499,567 *
INN06 Transitional Mental Health Services for Newly Released Inmates	\$492,264	\$742,264 *
INN07 Mental Health/Law Enforcement Post Crisis Intervention	\$625,420	\$0 *
INN08 Interactive Videos Scenarios Training	\$251,400	\$14,400 *
INN09 AB109/117 Re-Entry Multi-Agency Pilot aka "Re-Entry MAP"	\$1,029,890	\$523,680 *
<u>Admin INN Administration</u>	<u>\$600,832</u>	<u>\$600,832</u>
Total INN	\$6,722,113	\$4,817,007
Change from FY2013		(\$1,905,106)

\*Recommended FY14 Budget Change

Note: Adjustment resulting from BOS approval related to: 1) County Retiree Program and 2) Labor Contract adjustments from recent contract negotiations are not reflected. Amount TBD pending.

32



## Workforce Education and Training (WET)



		<b>Recommended</b>	
		<b>FY2013</b>	<b>FY2014</b>
<b>WET Programs</b>		<b>Funding</b>	<b>Funding</b>
W1	Workforce Education and Training Coordination	\$253,414	\$253,414
W2	Promising Practice-Based Training	\$1,075,577	\$1,075,577
W3	Improved Services and Outreach to Un-served & Underserved Populations	\$605,577	\$605,577
W4	Welcoming Consumers and Family Members	\$536,153	\$536,153
W5	WET Collaboration with Key System Partners	\$100,000	\$100,000
W6	A Comprehensive Mental Health Career Pathway Model	\$181,153	\$181,153
W7	Stipends/Incentives to Support Mental Health Career Pathway	\$954,000	\$954,000
<u>WET Administration</u>		<u>\$411,858</u>	<u>\$411,858</u>
Total WET		\$4,117,732	\$4,117,732
Change from FY2013			\$0

Note: Adjustment resulting from BOS approval related to: 1) County Retiree Program and 2) Labor Contract adjustments from recent contract negotiations are not reflected. Amount TBD pending.

33

## Capital Facilities and Technological Needs (CFTN)



		<b>One-Time</b>
		<b>Funding</b>
<b>CFTN Programs</b>		
EHR	Electronic Health Record	\$15,601,000
EDW	Enterprise Data Warehouse	\$2,644,000
CLC	Consumer Learning Centers	\$572,000
WEB	Consumer Portal and Web Redesign	\$319,000
BHX	Bed and Housing Exchange	\$200,000
CHR	County Health Record	\$1,148,000
MediPlex	Relocation of Family & Children's Services (Kidscope, Las Plumas)	\$500,000
DTMH	Renovation of Downtown Mental Health Self Help and Lobby areas	\$313,000 *
<u>MCC</u>	<u>Multi-Cultural Center Renovation Project</u>	<u>TBD</u> *
Total CFTN		\$21,297,000 *


\*Recommended FY14 Budget Change / Reallocation of funds

For MCC, propose to redirect unspent funds in the CFTN component to fund the new MCC facility renovation project.

Note: Adjustment resulting from BOS approval related to: 1) County Retiree Program and 2) Labor Contract adjustments from recent contract negotiations are not reflected. Amount TBD pending.


34

**MHSA Budget - CSS / PEI / INN**  
**FY13 Budget and FY14 Recommended Budget**



Budget Change	Ongoing	One-Time	Total
<b>Community Services Supports (CSS)</b>			
FY13	\$42,109,836	\$925,409	\$43,035,245
FY14	<u>\$41,507,987</u>	<u>\$2,388,831</u>	<u>\$43,896,818</u>
CSS Change	(\$601,849)	\$1,463,422	\$861,573
<b>Prevention and Early Intervention (PEI)</b>			
FY13	\$13,686,913	\$6,524,726	\$20,211,639
FY14	<u>\$14,253,016</u>	<u>\$7,869,782</u>	<u>\$22,122,798</u>
PEI Change	\$566,103	\$1,345,056	\$1,911,159
<b>Innovation (INN)</b>			
FY13	\$4,669,029	\$2,053,085	\$6,722,113
FY14	<u>\$3,274,132</u>	<u>\$1,542,875</u>	<u>\$4,817,007</u>
INN Change	(\$1,394,897)	(\$510,210)	(\$1,905,106)
<b>Total Combined CSS / PEI / INN</b>			
FY13	\$60,465,778	\$9,503,220	\$69,968,998
FY14	<u>\$59,035,136</u>	<u>\$11,801,488</u>	<u>\$70,836,624</u>
Total Change	(\$1,430,642)	\$2,298,268	\$867,626

35



**Action: Request SLC members to  
 vote to endorse FY13-14 MHSA  
 Annual Update Draft**



36



## Plans for next SLC Meeting: Three-year plan overview



37



### MHSA 3-Year Plan Overview Planning Process Sync with:

- FY15 County Budget Planning Process Timeline (February)
- FY15 Integration of County **MHD and DADS**
- FY15 MHSA three-year plan

38

## MHSA 3-Year Plan Overview Planning Process Structure:



- Planning Committee / Facilitation
- Various MHB Committee Meetings
- SLC Community Meetings and Workgroups

39

## MHSA 3-Year Plan Overview Timeline:



- **Phase I - Nov 2013 Launch:** Orientation
- **Phase II - Nov 2013 to Jan 2014:** Determine and Prioritize Needs
- **Phase III:** Translate priorities to plans
- **Phase IV:** Vet Plans and Approve

40



## Comments / Questions

Your Voice Matters!