



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 17, 2021

Behavioral Health Information Notice No: 21-057

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Mental Health Services Act (MHSA) Allocation and Methodology for Fiscal Year (FY) 2021-22

PURPOSE: To communicate the allocation schedule the Department of Health Care Services (DHCS) provided to the State Controller's Office (SCO), describe the methodology used to determine those allocation schedules, and provide the amount of money the Governor's budget has estimated will be available in the Mental Health Services Fund.

REFERENCE: Welfare and Institutions Code (W&I) Section 5891 (c) requires DHCS provide the SCO a schedule for the distribution of funds from the Mental Health Services Fund to each local county Mental Health Service Fund on a monthly basis. DHCS transmitted the FY 2021-22 schedule to SCO on July 15, 2021, for the purpose of distributing these funds.

BACKGROUND:

DHCS developed this allocation schedule using a methodology established in FY 2005-06 by the former Department of Mental Health, in consultation with the County Behavioral Health Directors Association of California (CBHDA). In FY 2015-16, DHCS

amended the methodology by removing the uninsured population as a factor. The criteria and data sources used to establish the allocation schedule for FY 2021-22 remains the same as in prior years. However, the data has been updated to the most current available.

POLICY:

Methodology for the Allocation Schedule

The methodology for FY 2021-22 is applicable only to the funding above the FY 2012-13 level, as agreed upon by DHCS and CBHDA. To determine the growth funding available in FY 2021-22, the total amount deposited in FY 2012-13 is subtracted from FY 2021-22 MHSAs estimated distribution to the counties. For FY 2021-22, the estimated total MHSAs distribution to counties is as follows:

FY 2021-22 MHSAs Estimated Revenue (Millions)¹

| | |
|--------------------------------|---------------|
| Cash Transfers | \$2,238.6 |
| Annual Adjustment (FY 2019-20) | \$ 789.0 |
| Interest | \$ <u>3.1</u> |
| Total | \$3,030.7 |

FY 2021-22 MHSAs Estimated Administration and Other Local Assistance

| | |
|--|-----------------|
| (Millions) Estimated Administrative Cap (5%) | \$ <u>152.1</u> |
| Total | \$ 152.1 |

FY 2020-21 MHSAs Estimated Distribution to Counties

| | |
|-------------------------------------|-----------------|
| (Millions) Total Estimated Revenue | \$3,030.7 |
| Less Total Estimated Administration | \$ <u>152.1</u> |
| Total | \$2,878.6 |

Estimated Growth Funding Available (Millions)

| | |
|--|-------------------|
| FY 2021-22 Estimated Distribution to Counties Total | |
| \$2,878.6 Less FY 2012-13 Total Distribution to Counties | \$ <u>1,589.6</u> |
| Total | \$1,288.9 |

DHCS developed the FY 2021-22 allocation schedule in two phases. The first phase involved calculating a need for services for each county based on each county's share of the state population, population at poverty level and prevalence of mental illness in each county. The second phase involved adjusting the need for

¹ <https://www.dhcs.ca.gov/formsandpubs/Pages/Reports-to-the-Legislature.aspx>

services, based on the cost of being self-sufficient in each county and other resources available to each county.

Minimum Funding for Small Counties

To provide a minimum level of funding for less populous counties, DHSC established a Minimum Component Allocation for each component based on recommendations from CBHDA. The Minimum Component Allocation represented the minimum amount of funding to be made available to each county should the formula described below result in a lower amount. Based on current funding levels, enough funding meets the minimum requirements listed below.

1. Community Services and Supports: \$250,000 is the minimum amount available to each county with a population of less than 20,000; \$350,000 is the minimum amount available to all other counties.
2. Prevention and Early Intervention: \$100,000 is the minimum amount available to each county.
3. Innovation: No minimum amount. Component Allocations for Innovation were based on the relative share of total Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) Component Allocations provided to each county, in order to be consistent with W&I Section 5892(a)(6), in which funding utilized for innovative work plans is a proportion of CSS and PEI funding.

Tri-City and City of Berkeley

The allocations for the two city-operated programs (Tri-City and the City of Berkeley) were based solely on the percent of estimated statewide population in the area served by each city in 2021.

Phase One – Need for Services (Enclosures 1, 2, and 3)

A County's need for services is based on three factors, which include a county's share of the total state population, a county's share of the population most likely to apply for services, and a county's share of the population most likely to access services. Because current data is not available for many of these factors, DHCS used the rate of change in the state's population to update the factors.

Enclosure 1 displays the data used to calculate the total need for services for each county.

Enclosure 2 displays the data for the population most likely to apply for services.

Enclosure 3 displays data for the population most likely to access services.

Phase Two – Adjustments

Total Need was adjusted by two factors: Self-Sufficiency and Resources available in each county.

Self-Sufficiency (Enclosures 4 and 5)

Enclosure 4 displays the cost of being self-sufficient in each county relative to the statewide average as reported through The Self-Sufficiency Standard for California 2021.

Enclosure 5 displays the data used to calculate the self-sufficiency adjustments to the need for services in each county.

Resources (Enclosures 6 through 10)

Enclosure 6 displays Mental Health Resources available to counties in FY 2019-20.

DHCS adjusted each county's total need adjusted for self-sufficiency by resources available to the county in FY 2019-20. The specific adjustment depended upon the category into which a county fell.

Option 1: Revised Need Greater than Resources (Enclosure 7)

Option 2: Resources Greater than Two Times Revised Need (Enclosure 8)

Option 3: Resources between One and Two Times the Revised Need (Enclosure 9)

Revised Need Adjusted by Resources (Enclosure 10)

Enclosure 10 displays the revised need adjusted by resources, as determined in Enclosures 7, 8, and 9.

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Component Allocation Percentage (Enclosure 11)

Enclosure 11 explains the FY 2021-22 component allocation percentage for each county.

Allocation Schedule (Enclosure 12)

SCO distributes funding each month to counties based on an allocation schedule. Enclosure 12 displays the FY 2021-22 allocation percentage by county.

Additional information and detail of calculations are provided on the first tab of enclosure documents. Please send any questions regarding this Information Notice to MHSA@dhcs.ca.gov.

Sincerely,

Original signed by

Marlies Perez, Chief
Community Services Division

Enclosures (12)