15-Day Public Comment Period
List of Commenters

Commenter #1
Anthony Le, Administrative Manager II, Financial Services, Orange County Health Care Agency (received February 6, 2020)

Commenter #2
Beth Malinowski, Director of Government Affairs, California Primary Care Association (received February 14, 2020)

Commenter #3
Elia V. Gallardo, Director, Government Relations, County Behavioral Health Directors Association of California (received February 14, 2020)

Section 3420	
Comment #2G	
Comment	*I. <u>Section 3420. Local Mental Health Services Fund: Allocation and Expenditure Requirements</u>* CHCs strive to serve everybody who walks through their doors and are an essential part of the safety net. CHCs provide healthcare services to California's most vulnerable populations, with 76 percent of CHCs patients at or below 200% of the Federal Poverty Level (FPL) and nearly 40 percent identifying a language other than English as their primary language. For years health centers, some of which have partnered with counties through MHSA, have universally screened primary care patients with behavioral assessments to ensure mental health conditions are captured and addressed early, prior to becoming severe. Given the strong link between CHCs and their communities and patients, community health centers are usually the first point of contact for individuals seeking healthcare services, be it primary care or behavioral health services. In fact, research increasingly points to primary care as a critical point for patients that might not otherwise seek assistance for their behavioral health needs in other settings due to stigma. A report by the UCLA Center for Health Policy cites that more than 70% of behavioral health conditions are diagnosed and treated within the primary care setting, underscoring just how critical the role of primary care is in linking patients to care for their behavioral health conditions.[1] Many counties recognize the unique role that FQHCs can play in the behavioral health delivery system, and some have contracted with FQHCs to serve as providers to the seriously mentally ill patients that fall under the responsibility of the county mental health plan. Despite the enormous role that community based organizations, like CHCs, play in providing care to diverse communities with mild, moderate, and severe mental illness, in some cases counties do not coordinate care with non-county providers as no requirement exists to mandate partnerships, and local MHSA resources are not shared with the non-county delivery system. If counties are allowed to lower the amount of funds allocated to PEI, it may reduce the amount of partnerships with CHCs, which could translate into less services for community members. 1. Pourat, N et. al. (Jan. 2015). "One-Stop Shopping: Efforts to Integrate Physical and Behavioral Health Care in Five California Community Health Centers." Available at http://healthpolicy.ucla.edu/publications/Documents/PDF/2015/integrationbrief-jan2015.pdf

Response	The Department did not amend this section in response to this comment. The commenter discusses the great work that CHCs provide and the role they play as the first point of contact for individuals seeking healthcare services, be it primary care or behavioral health. The commenter discusses a lack of coordinated care by some Counties with non-County providers as no requirement exists to mandate partnerships. The Department appreciates this feedback, however, the commenter does not make a specific comment on a proposed regulation. Additionally, this comment is outside the scope of this 15-day public comment period, which was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Section 3420(b)(2).	
Comment #2C	
Comment	Under Section 3420(b)(2) update the Prevention and Early Intervention (PEI) funding allocation to be 20 percent of MHSA funds instead of the current 19 percent. Part of MHSA's charge is to provide for the prevention and early intervention of mild to moderate conditions before they become severe, thus the Act requires counties to allocate 20 percent of their MHSA funding to prevention and early intervention (PEI). However, in the proposed regulations the Department suggests that only 19 percent be allocated to the PEI component, which conflicts with current law. Thus, we ask that the Department update its proposed regulations to accurately reflect the requirements set forth in WIC § 5892(a)(3).
Response	The Department did not amend this section in response to this comment. The commenter recommends the Department revise section 3420(b)(2) to change the PEI funding allocation to be 20 percent of MHSA funds instead of the current 19 percent. This comment is outside the scope of this 15-day public comment period, which was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations. Please refer to Response #31A from the Final Statement Of Reasons Addendum I – Response to 45-Day Public Comments for additional information.
Section 3420.15	
Comment #2D	
Comment	Under Section 3420 include details of the criteria DHCS will use to evaluate transfer of funds from Community Services and Supports (CSS) to PEI.

	II.Section 3420.15. CSS Account Transfer to PEI We believe that in allowing counties to increase their PEI funding by transferring funds from their CSS account will increase our ability to detect mental health issues before they become severe; creating a system that is proactive instead of reactive. However, as the regulations currently read, DHCS has not informed counties of the criteria that will be used to approve / disapprove these requests. Without this information there could be many denials that could delay implementation of these crucial services. For these reasons, we ask DHCS to include in the regulations the criteria that will be used in approving these requests.
Response	The Department did not amend this section in response to this comment. While the commenter referenced Section 3420 in the beginning of their comment letter, "Under Section 3420 include details of the criteria DHCS will use to evaluate transfer of funds from Community Services and Supports (CSS) to PEI"; the Department believes the commenter meant to reference Section 3420.15 as explained in the discussion under "*II.Section 3420.15. CSS Account Transfer to PEI" of their comment.* The commenter requests that the Department include the criteria that will be used in approving a County's request to transfer funds from the CSS Account to the PEI Account. Comment #2D is similar to Comment #3C. Please see Response #3C.
Section 3420.15(e)	
Comment #3C	
Comment	MHSA Fiscal Regulation § 3420.15 (e). This section describes when a County may transfer funds from its Community Services and Supports (CSS) Account to its Prevention and Early Intervention (PEI) Account. Section 3420.15 Subsection (d) restates the statutory standard that must be met before transferring funds and the information a County must submit as proof of meeting the statutory standard. Subsection (e) outlines the process for the Department of Health Care Services (Department) to approve or deny a County's request to transfer funds. CBHDA believes the Department's decision to deny a County's request should be limited to whether the County met the statutory standard for transferring funds as outlined in subsection (d). This may have been the intent of the proposed regulation but we believe additional clarity is warranted.
Response	The Department did not amend this section in response to this comment. Section 3420.15(d) specifies the criteria for Department approval of a County's request to transfer funds from its CSS Account to its PEI Account.

	Specifically, "A County shall submit documentation … that demonstrates how increasing the County's PEI Account expenditure will decrease the need and cost for additional services to severely mentally ill persons in the County by at least the same amount as the proposed increase." Section 3420.15(d) further specifies the information that should be included in the documentation including the name and description of the PEI Program(s); the amount of CSS Account funds to be transferred to the PEI Account and the fiscal years impacted; and data that demonstrates the need for increased PEI Account funds to support PEI Programs. It is clear from the regulations that the Department's decision to approve or deny a request is based on whether a County met the criteria and submitted *the information required in subsection (d)*. As a result, the Department does not believe additional clarification is needed.
Comment #3D	
Comment	§3420.15 (e) Language and Proposed Change. The Department shall provide written notice to a County either approving or denying a County's request to transfer funds from its CSS Account to its PEI Account within forty-five (45) calendar days of receiving of the information required in subsection (d). A notice denying the County's request to transfer funds from its CSS Account to its PEI Account shall include the reasons for the Department's decision. The Department's reason(s) for denying a County's request shall be limited to the County failing to meet the requirements outlined in subsection (d). The Department will describe why it determined these requirements were not met in issuing a denial to the County.
Response	The Department did not amend this section to implement the commenter's proposed change. Comment #3D is similar to Comment #3C. Please see Response #3C.
Section 3420.15(e) and (g)	
Comment #2E	
Comment	Under Sections 3420.15 (e) and (g) provide DHCS with 30 days, instead of the recommended 45 days, to review and respond to county requests of transferring CSS funds to PEI. Additionally, to shorten the time between the requests approval and the actual dissemination of funds to support PEI services, we ask that the DHCS reduce the number of days provided for their review of these applications from 45 to 30. This would allow for more of an expedite process to ensure screening and other preventive services are reaching the PEI target populations (which include youth and homeless populations).

Response	The Department did not amend Sections 3420.15(e) and (g) to implement the commenter's proposed change. The commenter recommends the Department change sections 3420.15(e) and (g) to provide the Department with 30 days, instead of the recommended 45 days, to review and respond to a County's transfer request (subsection (e)) or to review and respond to a County's appeal of a denied transfer request (subsection (g)). The Department believes the 45-day timeframe is reasonable since it would provide adequate time to review the documents and data a County submits; determine whether the data demonstrates that the proposed increase in PEI services will decrease the need and cost for additional services to persons with severe mental illness in that County by an amount at least commensurate with the proposed increase; and prepare a written decision. Under these circumstances, the Department believes it prudent to allow itself 45 days to review and respond to this type of request or appeal. Please refer to Response #39C from the Final Statement of Reasons Addendum I – Response to 45-Day Comments, for additional information. In addition, the timeframes specified under sections 3420.15(e) and (g) are consistent with the timeframes provided in the appeal process under section 3420.65 - Notice to Counties of Reversion Amounts and Appeal Process. However, for each of these processes, the Department is not precluded from completing its review and responding to a County earlier than the 45-day timeframe allotted.
Section 3420.30	
Comment #1A	
Comment	I am hoping on getting some clarification on which document is the current regulations that should be followed. In particular the Prudent Reserve. Info Notice 19-017 states there is a 33% CAP(No Minimum CAP) on our Prudent reserve(PR) levels and when if a counties PR levels are above 33%, a county shall transfer the excess amount to both CSS and PEI based off of the proportion that funded the Prudent Reserve.

	MHSUDS INFORMATION NOTICE NO.: 19-017 Page 5 March 20, 2019 • Transfer funds in excess of the county's 33 percent maximum funding level into its CSS component and Prevention and Early Intervention (PEI) component prior to the end of FY 2019-20. The amount transferred into the CSS component and the PEI component shall be in proportion to the amount the county transferred from the CSS component to the prudent reserve through FY 2018-19 and PEI component to the prudent reserve in FY 2007-08. The is different then what the DHCS 16-009 notice which states the excess funds should be transferred to only CSS. Notice 16-009 also references a 23% minimum level for the Prudent Reserve. (g) A County shall transfer funds in excess of the County's maximum funding level into its CSS Account during fiscal year 2019-2020 and during each subsequent fiscal year in which the County reassesses its Prudent Reserve funding level pursuant to subsection (d). As we are already deep in FY 19/20 I am hoping to get some clarification on which guidelines I should follow.
Response	The Department did not amend this section in response to this comment. The commenter was simply requesting guidance regarding information provided in MHSUDS Information Notice NO.: 19-017 versus the proposed regulation. Additionally, the commenter does not make a specific comment on a proposed regulation. The scope of this 15-day public comment period was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Section 3420.35	
Comment #3E	
Comment	§3420.35 Proposed Change. Section 3420.35 outlines the conditions that must be met to transfer funds from the County's prudent reserve to the CSS Account and PEI Account. This section is significantly more restrictive than the statutory authority on which it relies. Statutory language establishing the prudent reserve specifies a maximum level of funding, see Welfare and Institutions Code (WIC) § 5892 subdivision (b)(2). This statute does not outline limits or conditions on transferring funds from the prudent reserve as outlined in the proposed regulations. The proposed regulations limit a County's ability

	to transfer funds from its prudent reserve to its CSS Account and PEI Account regardless of whether a County would comply with prudent reserve requirements after transferring funds. Counties should have greater flexibility in transferring funds from prudent reserves to CSS or PEI Accounts so long as the County complies with prudent reserve requirements outlined in proposed § 3420.30.
Response	The Department did not amend this section in response to this comment. The commenter believes that section 3420.35(a)(1) and (2) (which specifies conditions for a County's transfer of funds) are more restrictive than the statutory authority on which they rely. The commenter references W&I Code section 5892(b), which specifies the maximum funding level for the Prudent Reserve. The commenter also states that a County should have greater flexibility in transferring funds from the Prudent Reserve to CSS or PEI Accounts so long as the County complies with Prudent Reserve requirements outlined in proposed section 3420.30. The statutory authority for this section does not provide the flexibility to access the Prudent Reserve in the manner that this commenter requests. W&I Code section 5847(b)(7) authorizes, but does not require, a County to use its Prudent Reserve to provide CSS and PEI services, "during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index". Section 3420.35(a)(1) implements this W&I Code section 5847(b)(7) requirement. Further, W&I Code section 5847(f) requires a County to use its Prudent Reserve to provide CSS services "in years in which the allocation of funds for services pursuant to subdivision (e) are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year." Section 3420.35(a)(2) implements this W&I Code section 5847(f) requirement. The regulations as proposed provide a County with the ability to access the Prudent Reserve as necessary to meet the needs specified in W&I Code section 5847(b)(7) and (f).
Comment #3F	
Comment	§ 3420.35 Language and Proposed Change. (a) A County may transfer funds from its Prudent Reserve into its CSS Account and/or PEI Account in a year <u>so long as the requirements for a Prudent Reserve outlined in § 3420.30 continue to be met. A County may transfer funds from its Prudent Reserve into its PEI Account even when it results in a County's Prudent Reserve falling below the minimum funding level as calculated pursuant to section 3420.30(b)</u>

	so long as ~~in which~~ the condition in paragraph (1) is met. A County ~~shall~~ may transfer funds from its Prudent Reserve into its CSS Account in a year in which the conditions in paragraph (2) are met~~. These transfers shall be permissible~~ even when it results in a County's Prudent Reserve falling below the minimum funding level as calculated pursuant to section 3420.30(b).
Response	The Department did not amend this section to implement the commenter's proposed changes. The commenter seeks to amend the first sentence of section 3420.35(a) to allow a County to access its Prudent Reserve provided the County maintains a Prudent Reserve funding level between 5% and 33%. However, the statutory authority for this section does not provide the flexibility to access the Prudent Reserve in the manner that this commenter requests. See Response #3E for additional information. The commenter's proposed amendments to the second and third sentences of section 3420.35 simply re-words the provision and does not change the meaning or intent of the Department's proposed language. As a result, the Department does not believe these amendments are needed.
Sections 3420.50(f) and 3420.55(f)	
Comment #3G	
Comment	MHSA Fiscal Regulations § 3420.50 (f) and § 3420.55 (f) Sections 3420.50 (f) and § 3420.55 (f) implement recent changes to WIC § 5892 (h) which protect Innovation funds from being subject to reversion so long as the funds are encumbered in an Oversight and Accountability Commission (OAC) – approved Innovation project or the funds are spent within 3 years for a large county, whichever is later. Similarly, these recent changes protect funds from reversion so long as they are encumbered in an OAC – approved Innovation project or spent within 5 years for a small county, whichever is later. These changes apply to all Innovation funds encumbered in an OAC – approved Innovation project, including previously reverted funds. Proposed paragraphs (3) in both § 3420.50 (f) and § 3420.55 (f) deviate from the new provisions codified in WIC § 5892 (h) for "reassigned" funds. The proposed regulations define reassigned funds as unspent funds from an Innovation project completed before 3 years in a large county and 5 years in a small county that are reassigned to a new OAC – approved Innovation project. Reassigned funds are also unspent funds in an Innovation project terminated before 3 years in a large county and 5 years in a small county and reassigned to a new OAC - approved Innovation project. In conflict with WIC § 5892 (h), the proposed regulations do not protect reassigned funds encumbered in a new OAC – approved Innovation project

	from reversion. Under the proposed regulations, reassigned funds are subject to reversion after 3 years pass in a large county and after 5 years pass in a small county and the timeline begins when the original OAC-approved Innovation project began. Under the proposed language, a successful Innovations project in a large county that takes 2 years to complete and is completed under budget must reassign unspent funds to a new OAC – approved project and spend these funds in less than a year. Securing OAC-approval may take most of the year requiring these funds to be spent within a still more unreasonable timeframe; ultimately penalizing a County for a successful project completed under budget. In compliance with WIC § 5892 (h), reassigned funds should be protected from reversion so long as these funds are encumbered in a new OAC – approved Innovation project.
Response	The Department did not amend sections 3420.50(f)(3) and 3420.55(f)(3) in response to this comment. The Department believes the statutory interpretation proposed by the commenter is inconsistent with the statutory intent. W&I Code section 5892(h)(1) states the general requirement that Counties spend MHSA funds for an authorized purpose within three years or the funds will revert (i.e. be returned) to the state for redistribution to other Counties. The apparent purpose of this provision is to require Counties to timely spend the funds or surrender them to other Counties that can spend the funds. W&I Code section 5892(h)(1) provides as follows: “Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county that have not been spent for their authorized purpose within three years, and the interest accruing on those funds, shall revert to the state to be deposited into the Reversion Account, hereby established in the fund, and available for other counties in future years, provided, however, that funds, including interest accrued on those funds, for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the Reversion Account.” The recently revised W&I Code section 5892(h)(2)(A) extends the reversion period for INN Funds identified in an INN plan to the later of three years from the date the Mental Health Services Oversight and Accountability Commission approves the plan or while the funds are encumbered under that plan. W&I Code section 5892(h)(2)(A) states: “If a county receives approval from the Mental Health Services Oversight and Accountability Commission of a plan for innovative programs, pursuant to subdivision (e) of Section 5830, the county’s funds identified in **that** plan for innovative programs shall not revert to the state pursuant to paragraph (1) so long as they are encumbered under the terms of **the** approved project plan,

	including any subsequent amendments approved by the commission, or until three years after the date of approval, whichever is later." The provision identifies a single plan and extends the reversion period while the funds are encumbered under that plan. Accordingly, section 3420.50(f)(3) is proposed to implement W&I Code section 5892(h)(2)(A). Similarly, the recently revised W&I Code section 5892(h)(4)(A) extends the reversion period for a small county for INN Funds identified in an INN plan to the later of five years from the date the Mental Health Services Oversight and Accountability Commission approves the plan or while the funds are encumbered under that plan. W&I Code section 5892(h)(4)(A) states: "Notwithstanding paragraphs (1) and (2), if a county with a population of less than 200,000 receives approval from the Mental Health Services Oversight and Accountability Commission of a plan for innovative programs, pursuant to subdivision (e) of Section 5830, the county's funds identified in **that** plan for innovative programs shall not revert to the state pursuant to paragraph (1) so long as they are encumbered under the terms of **the** approved project plan, including any subsequent amendments approved by the commission, or until five years after the date of approval, whichever is later." The provision identifies a single plan and extends the reversion period while the funds are encumbered under that plan. Accordingly, section 3420.55(f)(3) is proposed to implement W&I Code section 5892(h)(4)(A). The commenter is proposing the regulations allow a County to transfer funds from one approved INN project to another, which would extend the reversion period for the duration that the funds are encumbered under each of the **separate** plans. This is inconsistent with W&I Code sections 5892(h)(2)(A) and (h)(4)(A), which only extends the reversion period to include the duration the funds are encumbered under a single INN plan; not multiple plans. Moreover, the statutory interpretation proposed by the commenter would, in practice, allow a County to avoid reversion indefinitely by transferring unspent funds from one project to the next to the next. This is inconsistent with the intent of W&I Code section 5892(h)(1) that requires the funds be spent within specified timeframes to facilitate timely delivery of program services.
Section 3420.50(f)(3)	
Comment #3H	
Comment	§ 3420.50 (f)(3) Language and Proposed Change. (3) If the period of time INN Account monies are encumbered, under the terms of an Innovative Project Plan, concludes before the end of the three (3) fiscal

	year period, or the County terminates an Innovative Project pursuant to section 3910.020 before the end of the three (3) fiscal year period, a County may reassign any unspent funds to another Innovative Project pursuant to Article 9. ~~The County shall spend reassigned funds within three (3) fiscal years. In determining the three (3) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission approved the initial Innovative Project Plan shall be the first fiscal year. If a County fails to spend reassigned funds within these three (3) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.~~ Reassigned funds shall be subject to reversion as outlined in paragraphs (1) and (2).
Response	The Department did not amend this section to implement the commenter's proposed change. Section 3420.50(f)(3) as proposed by the Department is consistent with the intent of W&I Code section 5892(h)(2)(A). Please see response #3G for additional information.
Section 3420.55(f)(3)	
Comment #3I	
Comment	§3420.55 (f)(3) Language and Proposed Change. (3) If the period of time INN Account monies are encumbered, under the terms of an Innovative Project Plan, concludes before the end of the five (5) fiscal year period, or the County terminates an Innovative Project pursuant to section 3910.020 before the end of the five (5) fiscal year period, a County may reassign any unspent funds to another Innovative Project pursuant to Article 9. ~~The County shall spend reassigned funds within five (5) fiscal years. In determining the five (5) fiscal year period, the fiscal year in which the Mental Health Services Oversight and Accountability Commission approved the initial Innovative Project Plan shall be the first fiscal year. If a County fails to spend reassigned funds within these five (5) fiscal years, the funds shall revert to the Mental Health Services Fund for deposit into the Reversion Account.~~ Reassigned funds shall be subject to reversion as outlined in paragraphs (1) and (2).
Response	The Department did not amend this section to implement the commenter's proposed change. Section 3420.55(f)(3) as proposed by the Department is consistent with the intent of W&I Code section 5892(h)(4)(A). Please see response #3G for additional information.
COMMENTS OF SUPPORT	
Comment #3A	

Comment	The County Behavioral Health Directors Association of California (CBHDA) would like to thank the Department of Health Care Services for adopting many of the recommended changes submitted by CBHDA with the original release of these regulations in February 2019. CBHDA appreciates the opportunity to provide additional comments on the new changes to the proposed Mental Health Services Act (MHSA) Fiscal Regulations.
Response	The Department thanks CBHDA for their comment of support.
Comment #2B	
Comment	We would like to thank DHCS for considering our comments submitted last year on these regulations and lowering the minimum amount counties are required to hold in their prudent reserve from 23 to 5 percent. This will allow counties to expend funds and help ensure services are reaching those who need it the most.
Response	The Department thanks the California Primary Care Association for their comment of support.
ADDITIONAL COMMENTS	
Comment #2A	
Comment	On behalf of California's 1,370 California community health centers (CHCs) and 7.2 million patients that we serve, the California Primary Care Association (CPCA) thanks you for the opportunity to comment on the proposed Mental Health Services Act (MHSA) Fiscal Regulations drafted by the Department of Health Care Services (DHCS). Community health centers have a long history of providing prevention and early intervention services to underserved and low-income populations through integrated behavioral health care models. A CPCA survey published in 2018 found that over 80% of health center respondents successfully integrate and co-locate primary and mental health care services in culturally and linguistically appropriate manners in order to treat co-occurring physical and mental health conditions. Since being approved by voters in 2004, the MHSA has undoubtedly expanded access to community-based mental health treatment and other rehabilitative services. However, recent reports, including those released by the Little Hoover Commission and the California State Auditor note a lack of effective oversight and outcome data that impedes the state's ability to measure progress, reduces confidence in MHSA's potential, and makes the Act vulnerable to amendments that move resources out of these important behavioral health programs.

Response	The Department did not amend the regulations in response to this comment. The commenter references recent reports, including those released by the Little Hoover Commission and the California State Auditor, regarding the MHSA. The Department appreciates this feedback; however, the commenter does not make a specific comment on a proposed regulation. The scope of this 15-day public comment period was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Comment #2F	
Comment	The Department should work with the OAC to develop standards for engaging stakeholders in the MHSA community planning process while also ensuring funding is available to help support the stakeholder involvement at these meetings (i.e. child care, transportation vouchers, easily accessible location, etc.). Thus we ask that the Department work with the Mental Health Services Oversight and Accountability Commission (OAC) to determine standards for engaging stakeholders in the MHSA community planning process while also ensuring funding is available to help support the stakeholder meeting.
Response	The Department did not amend the regulations in response to this comment. The commenter recommends the Department work with the Mental Health Services Oversight and Accountability Commission to determine standards for engaging stakeholders in the MHSA community planning process while also ensuring funding is available to help support the stakeholder meeting. The Department appreciates this feedback. However, the Department did not include the development of standards for engaging stakeholders in the MHSA community planning process as part of the scope of this regulatory proposal. For purposes of this 15-day public comment period, the scope was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Comment #2H	
Comment	The language of these proposed fiscal regulations offer no instruction to counties regarding the MHSA's specific mandate to fund an annual MHSA planning process and ensure consumers, family members, and other stakeholders meaningfully participate (See WIC §§ 5848(a), 5892(c); 9 CCR §

	3300). While the MHSA does not set a minimum funding allocation for annual planning activities, the statutory language at WIC §§ 5848(a) and 5892(c) and existing regulations at 9 CCR § 3300 clearly require counties to both fund and implement a robust and ongoing MHSA Community Program Planning ("CPP") process. However, in many counties stakeholders and service providers are unaware of upcoming meetings and thus miss a critical opportunity to help influence the counties MHSA plan. As safety net providers, we would welcome the opportunity to increase our involvement in MHSA planning meetings, however we've found it extremely difficult to determine when and where these meetings are held.
Response	The Department did not amend the regulations in response to this comment. The commenter makes reference to the annual MHSA planning process and a desire to increase the California Primary Care Association's involvement in MHSA planning meetings. The Department appreciates this feedback; however, the annual MHSA planning process is outside the scope of this 15-day public comment period, The scope of this 15-day public comment period was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Comment #2I	
Comment	Overall our goal in these comments is to ensure there is proper oversight and accountability of the MHSA program to prevent mishandling of funds and ensure that services and programs are reaching the communities that need it the most. We also wish to express our sincere interest in being at the table for this and other future conversations concerning MHSA.
Response	The Department did not amend the regulations in response to this comment. The commenter expresses a sincere interest in being at the table for this and other future conversations concerning MHSA. The Department appreciates this feedback; however, the commenter does not make a specific comment on a proposed regulation. The scope of this 15-day public comment period was limited to proposed amendments as described in the Notice of Additional Changes for DHCS-16-009-Mental Health Services Act Fiscal Regulations.
Comment #3B	
Comment	General Proposed Change. CBHDA recommends that the Department of Health Care Services (the Department) specify throughout the regulations that reversion amounts shall be calculated using the first-in-first-out method, as outlined in MHSUDS Information Notice No.: 18-033 or any successor guidance. CBHDA believes this policy guidance should be included in these

	regulations because of its importance in limiting the amount of Mental Health Service Act (MHSA) funds subject to reversion.
Response	The Department did not amend these regulations in response to this comment. The commenter recommends that the Department specify throughout the regulations that reversion amounts shall be calculated using the first-in-first-out method as outlined in MHSUDS Information Notice 18-033. Using the first-in-first-out method, expenditures are attributed to the oldest funds first; therefore, the first funds in (received) would be the first funds out (spent). The regulations clearly state that a County must spend the amount it received from the SCO within three years or the funds will be subject to reversion. While the County is not precluded from using the first-in-first-out accounting method to reflect expenditures, the Department does not believe it is necessary to reference this methodology within the regulations. The criteria to determine reversion is based on whether the amount received from the SCO was spent within the reversion period, regardless of what year (within the reversion period) the expenditures are attributed.