

Mental Health Services Act State and Local Update

The Mental Health Services Act (MHSA)

- ▶ Passed by California voters in November 2004 as Proposition 63.
- ▶ Authorized a tax increase on millionaires (1% tax on personal income in excess of \$1 million) to develop and expand community-based mental health programs.
- ▶ MHSA's goal is to reduce the long-term impact on individuals and families resulting from untreated serious mental illness.

MHSA: Key Concepts

- ▶ Focus on wellness, recovery & resilience
- ▶ Cultural and linguistic competency
- ▶ Consumer and family-driven services
- ▶ Consumers and family members integrated throughout the system
- ▶ Community collaboration

MHSA Program Components

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Workforce Education and Training (WET)
4. Capital Facilities (CF)/Tech Needs (TN)
5. Innovation (INN)
6. Housing (State level program)

Before MHSA

- ▶ Insufficient public mental health funding to meet demands
- ▶ “Fail first” model
- ▶ Estimated 500,000 to 1.7 million Californians unserved by mental health system
- ▶ Cultural, racial and ethnic populations disproportionately affected

MHSA Today

- ▶ Moving to a “help first” system
- ▶ Meeting individual needs of the diverse clientele
- ▶ “Whatever it takes” model
- ▶ Programs expanded and improved

MHSA Funding Information

MHSA funding is allocated as follows:

Component	Annual Percentage of MHSA	Reversion Period
CSS	75 - 80%	3 years
PEI	15-20%	3 years
INN	5%	3 years*
WET	One time funding	10 years
CF	One time funding	10 years
TN	One time funding	10 years
Housing	One time funding	10 years

*The county is required to utilize 5% of the total funding for CSS and PEI for Innovative Programs
Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 07-08

Sacramento MHSA Implementation

After a community planning process, Sacramento County began implementing the following MHSA components:

- ▶ 2007: Community Services and Supports
- ▶ 2008: Workforce Education and Training
- ▶ 2009: Prevention and Early Intervention
- ▶ 2009: Technological Needs
- ▶ 2012: Innovation Project 1
- ▶ 2012: Capital Facilities

AB 100: Changes to the MHSA

- ▶ AB 100, enacted in 2011, made a number of significant changes to the state's administration of the MHSA, including:
 - Eliminated the requirement that the California Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve expenditures for county MHSA plans;
 - Deleted the MHSA provision requiring counties to submit to the state an annual update for the county's three-year plan, and deleted the requirement that the plans be approved by DMH after review and comment by the MHSOAC.

AB1467: Changes to the MHSA

Assembly Bill 1467 was the omnibus trailer bill that was passed as part of the Governor's FY 2012–13 state budget

AB 1467 made additional changes to the MHSA in the following areas:

- ▶ Funding Distributions
- ▶ Submission and Approval of County MHSA Program Plans
- ▶ Stakeholder Engagement Provisions
- ▶ State–level evaluation

Snapshot of MHSA Changes

Before AB 100 and AB 1467	After AB 100 and AB 1467
Counties held public hearings on MHSA	Counties hold public hearings on MHSA
Counties submitted MHSA plans for State level approval	<p>County MHSA plans and expenditures approved locally by County Boards of Supervisors (BOS)</p> <p>County MHSA plans certified by the county mental health director and the county auditor controller as complying with the MHSA (programs meet all MHSA requirements including non-supplantation)</p>
Funds released to counties after the MHSA plan was approved at the State level	MHSA funds are distributed to counties by the state controller on a monthly cash-in/cash-out basis
Mental Health Services Oversight and Accountability Commission (OAC) received and approved county MHSA Prevention and Early Intervention (PEI) and Innovation plans	<p>Counties are required to submit their MHSA Innovation plans to the OAC for approval before funds are expended.</p> <p>County three year program and expenditure plans and annual updates, after they are adopted by county Board of Supervisors, must be submitted to the OAC within 30 days</p>

MHSA Innovation Component

- ▶ Counties are required to submit their MHSA Innovation plans to the Mental Health Services Oversight and Accountability Commission for approval.
- ▶ Innovation is the only MHSA component now that has a state-level approval requirement

Funding Distributions

- ▶ The methodology for the distribution of MHSA funding based on each county's three-year expenditure or annual report will now be provided by the Department of Health Care Services (DHCS).
- ▶ MHSA funds are distributed to counties by the state controller on a monthly cash-in/cash-out basis

Stakeholder Engagement Provisions

- ▶ AB 1467 requires counties to “demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.”
- ▶ Counties were required to include stakeholder representatives and conduct a stakeholder process in MHSA community program planning prior to AB 1467

State-level Evaluation

- ▶ AB 1467 requires the MHSOAC to collaborate with the California Mental Health Planning Council and DHCS on a joint evaluation plan
- ▶ Client outcomes are the focus of this evaluation
- ▶ California Health and Human Services Agency (CHHS) is leading this process

Questions?