Implementation of the Mental Health Services Act

MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

California Department of Mental Health

California Mental Health Directors Association

Mental Health Services Oversight & Accountability Commission

July 2008

Outline

- Public mental health system overview
- Mental Health Services Act (MHSA) origin
- MHSA overview
- Early impacts of the MHSA

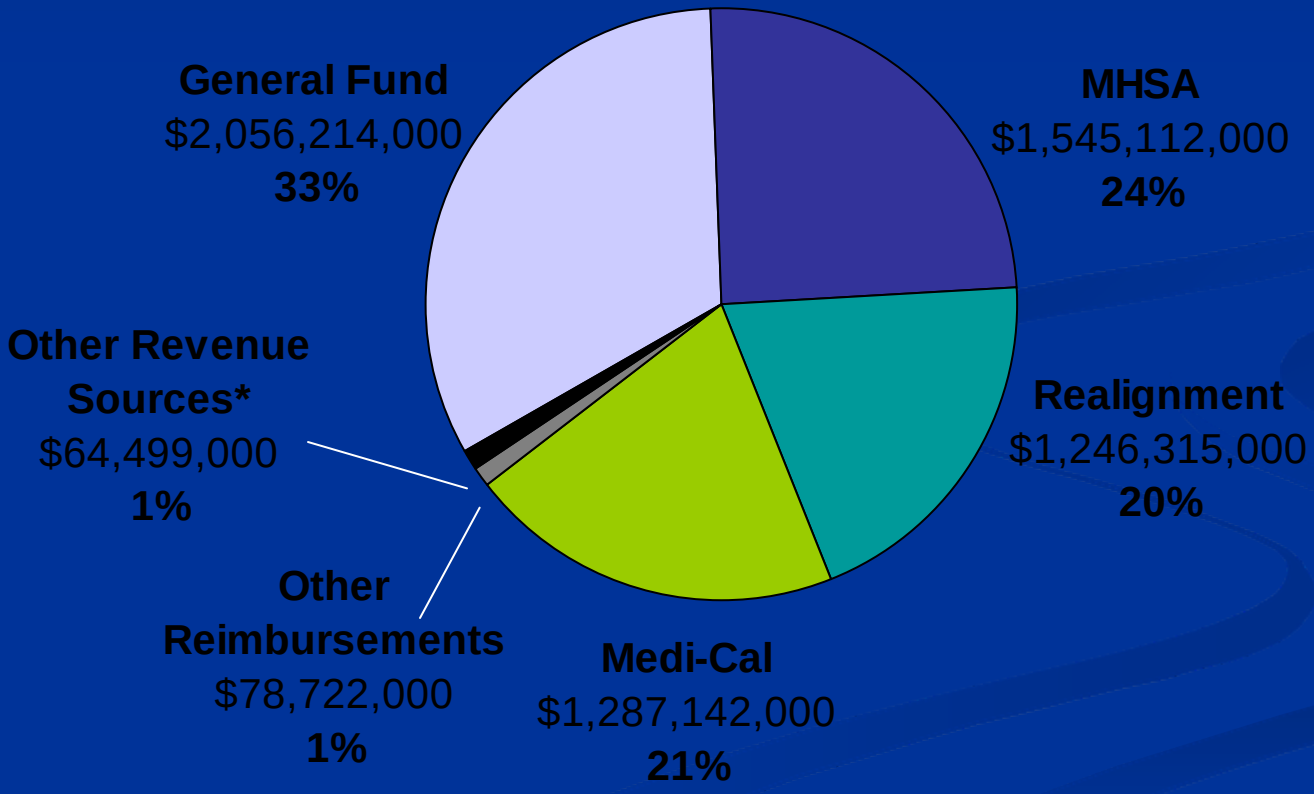
Key Themes

- Public mental health services have been chronically under-funded from inception and, unlike some health and human services, are not an entitlement.
- Limited resources have meant focusing services on individuals in crisis situations (hospitalization, arrest, school failure, out of home placement, homelessness).
- It will be a lengthy process to shift the public mental health system toward the service delivery described in the MHSA, and integrate it into the rest of the public mental health system.

Major Sources of Public Mental Health Funding Today

FY 2008-09 - May Revise

(Total $6,278,004,000)



* Includes Federal Trust Fund, Traumatic Brain Injury, Lottery, Licensing & Certification Fund

Origin of Community Mental Health in California

- By 1957, state was operating 8 state hospitals, serving over 36,000 people.
- In 1957, Short-Doyle Act encouraged counties to develop community mental health programs.
- In 1966, California established Medi-Cal.
- In 1967, Lanterman-Petris-Short (LPS) Act increased state funding for some mental health programs.
- In 1969, California Community Mental Health Services Act began process of closing state hospitals.

Origin of Community Mental Health in California

- In 1970s and 80s, state allocations to counties were severely diminished due to inflation and funding reductions.
- In 1990, California faced a $15 billion state budget shortfall, which would have resulted in more cuts to mental health.
- Community mental health programs were overwhelmed with unmet need. This crisis propelled the 1991 enactment of Realignment.

Realignment of 1991

- Funding provided directly to counties from a dedicated sales tax and vehicle license fees. This replaced more than $700 million in General Fund.
  - More stable and flexible funding.
  - Counties can plan long-term, multi-year projects.
- Accountability shifted to counties.
  - Counties can make decisions based on local priorities.
- Priority populations and services specified in statute.

Limitations of Realignment for Mental Health Funding

- Realignment formula does not provide for growth in mental health services.
- Includes social services programs that are entitlements and are given priority for growth funding.
  - Mental health did not receive any sales tax growth for several years, and received only a small amount in FY 2005-06.
  - Mental health is expected to receive reduced amounts of sales tax growth, if any, for the foreseeable future.

Californians Demand Change

- It is estimated that California's public mental health serves only about 40% of people with serious, disabling mental illness.
- California ranks near the bottom nationally in resources available for persons receiving Medicaid.
- Polls of California voters show significant support for expanded mental health services.
  - In 2002 and 2008, 72% and 73% oppose budget cuts in mental health programs.
  - In 2003, 82% said people with serious mental illness not getting the treatment they need is a serious problem. Services that are a top priority to fund:
    - ✓ Mental health treatment
    - ✓ Medical care
    - ✓ Getting people off the streets
    - ✓ Job training
    - ✓ Housing assistance
    - ✓ Drug and alcohol treatment

Proposition 63

- Under the leadership of then-Assemblymember Darrell Steinberg, grassroots advocates across the State gathered signatures for an initiative on the November 4, 2004 ballot.

- Proposition 63 aimed to reduce the long-term adverse impact of untreated mental illness through providing the kind of help people need when they need it

Proposition 63

- "Almost 40 years ago, California emptied its mental hospitals, promising to fully fund community mental health services. That promise is still unfulfilled." (Prop. 63 ballot summary)
- Many not receiving needed treatment, which results in children failing school and adults on the street or in jail.
- The LAO concluded that Prop. 63 could save millions annually by reducing expenses for medical care, homeless shelters and law enforcement.

Mental Health Services Act

- New funding source
- Recovery and wellness
- Un-served and underserved
- Effective, evidence-based services
- Consumer and family member-driven
- Local stakeholder priorities
- Culturally and linguistically appropriate
- Easier and earlier access
- Reduce stigma and discrimination
- Community inclusion

Five MHSA Components for Community Planning

- Community Services & Supports, including the MHSA Housing Program
- Workforce Education and Training
- Capital Facilities and Technological Needs
- Prevention & Early Intervention
- Innovation

MHSA Revenue

2004-05	2005-06	2006-07	2007-08*	2008-09**
$253.8 M	$905.8 M	$984.3 M	$1.5 B	$1.5 B

To date, funds that have been made available for county planning total approximately $3 billion.

* Estimate for Fiscal Year 2007-08, which ended on June 30, 2008.

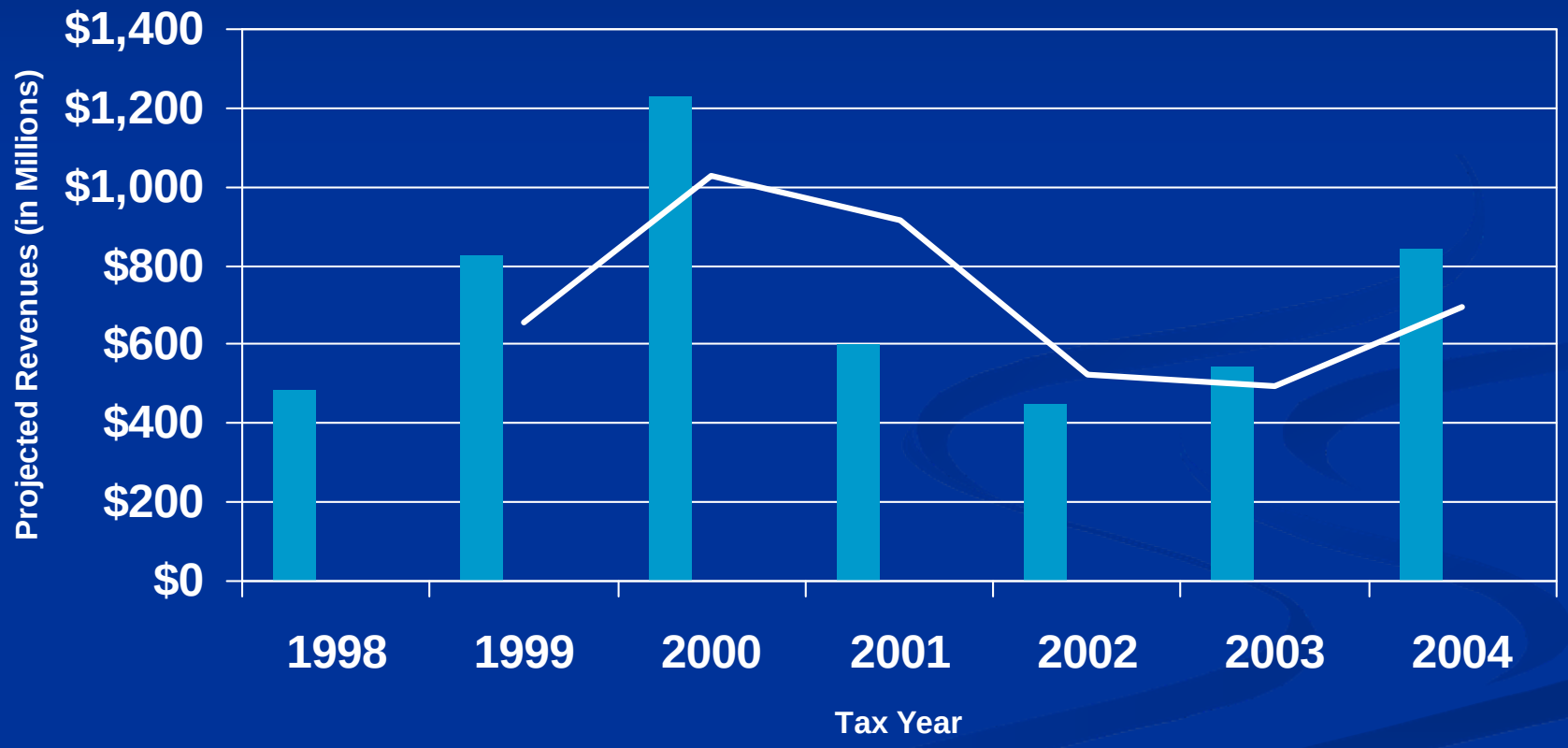
** Projection for Fiscal Year 2008-09, which began on July 1, 2008.

Why a Prudent Reserve?

- Because of volatility of funding, the Act allowed funding to be set aside in good years to be used when revenue declines to maintain stability of programs and services.
- Target is 50% of annual local funding for CSS client services by July 2010.

Fund Source Volatility

(Projected revenues in millions for prior years)



Legal Restrictions in the Uses of MHSA Funds

- Required to expand mental health services and/or program capacity beyond November 2, 2004 levels.
  - "The funding established pursuant to this Act shall be utilized to expand mental health services….The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of this Act."
- The Act prohibits supplantation and loaning.
  - "These funds shall not be used to supplant existing state or county funds utilized to provide mental health services."
  - "These funds may not be used to pay for any other program. These funds may not be loaned to the State General Fund or any other fund of the state, or county general fund or any other county fund for any purpose other than those authorized by Section 5892 (MHSA Fund)".

Source: Welfare & Institutions Code, Section 5891.

Process to Access Funding

1. State establishes guidelines and funding levels for county planning.
2. Counties develop plans.
3. Counties solicit public comment and Mental Health Board holds public hearing.
4. Counties amend plan and submit to state.
5. State reviews and approves plan.
6. Funding is provided to county to implement approved plan.

Public stakeholder input

MHSA is Community-Driven

- At the center of this transformation is a promise to be guided by the voices and preferences of the diverse communities of consumers and family members who rely on the local mental health systems.
  - Over 100,000 people were involved in initial planning and stakeholder processes
  - Locally the number of community members involved in community program planning is expanding rapidly.

MHSA is Community-Driven

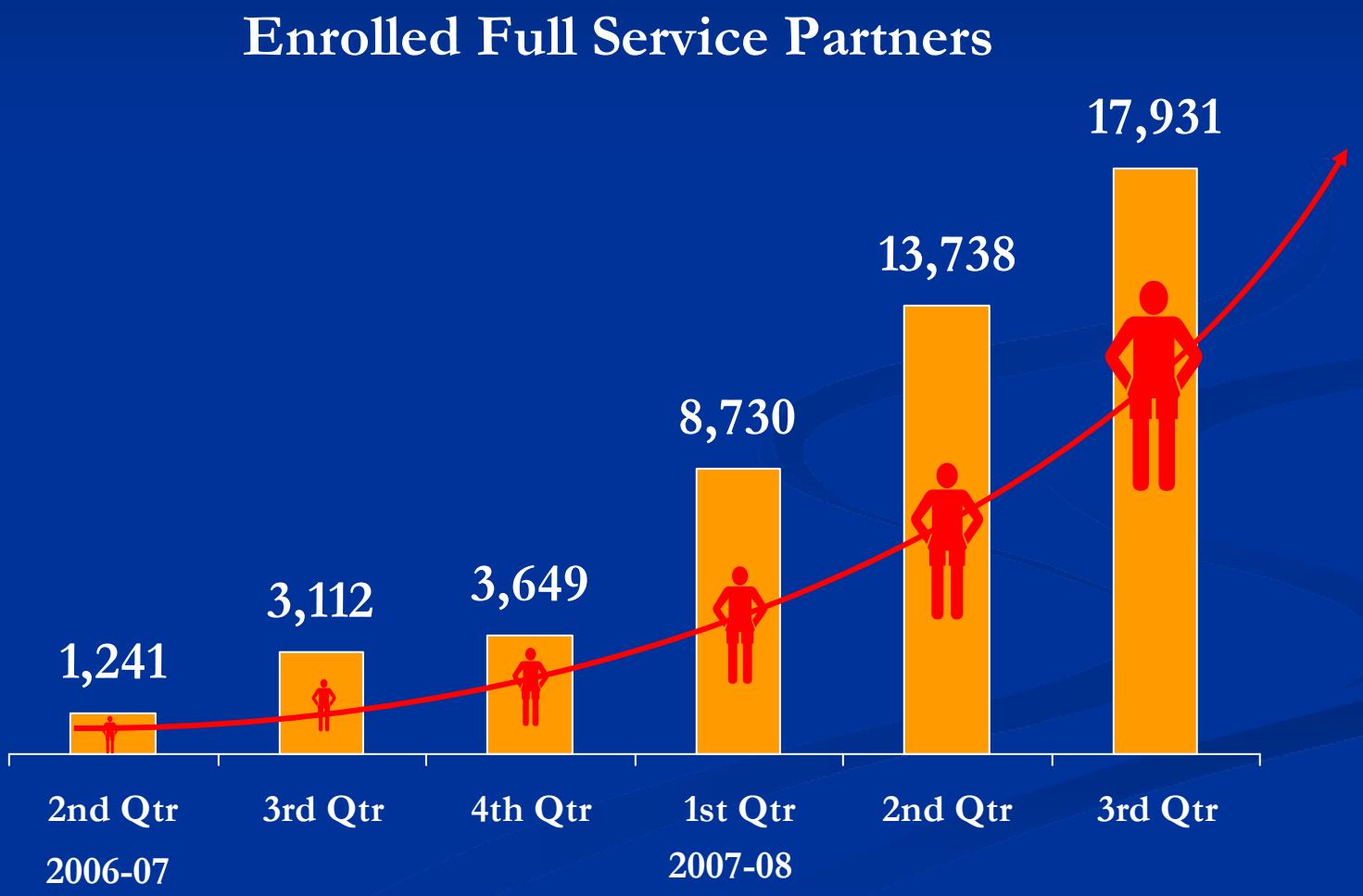
"The most important change that the MHSA brought forward is to bring the voice of the person receiving services and the families – across ethnicity – to the center of the conversation rather than at the margins of the conversation." (Dr. Marvin J. Southard, Los Angeles County Mental Health Director)

MHSA is Community-Driven

Examples:

- Approximately 4,000 participated in planning, with 12 outreach meetings and 7 training workshops that included Spanish and Vietnamese translation. (Orange County)
- Approximately 650 participated in planning, 48% from the community at-large, 37% consumers and family members, and 12% providers. (Napa County)

Nearly 18,000 Getting Whatever it Takes



Whatever it Takes for the People Most in Need

- At the time of enrollment in Full Service Partnerships:
  - 99% of people 26-59, prime years for employment, were unemployed;
  - Half (49.7%) of people 25-59 and one-third (34%) of people 60+ had gone to a hospital in mental health crisis;
  - Less than one-quarter (24%) of people 25-59 and less than half (47%) of people 60+ were living independently; and
  - Nearly one-third (32%) of people 25-59 and 22% of people 60+ were homeless.

Changing Services: Changing Lives

"My bouts with depression were severe. I was bedridden because of it…While my friends and family attended school, I did not. I was unable to eat…Eventually my thinking was so scattered that people were afraid of me…I did not know if I was going to survive as I entertained thoughts of ending my life, but Ms. A told me that there was hope, and that I could recover from my mental illness."

Today, she is a Peer Advocate at the Compton Mental Health Center, an intern at the US Veterans Administration, and attending Los Angeles City Community College, majoring in Psychology. (Los Angeles County)

Changing Service: Changing Lives

"I am a 51-year-old African American woman recovering from depression. I suffered in silence for years because of the stigma and shame associated with mental illness. Addicted to street and prescription drugs, I faced homelessness…But my children inspired me to do better…I became a member of the Madera County Mental Health Board…My current job is as an Outreach Coordinator at the new MHSA drop-in center, Hope House, where I run a support group called, "Coping with Depression." (Madera County)

Changing Services: Changing Lives

After years of physical and emotional abuse, 16-year-old Mario was living at the Storefront Shelter for Teens after being kicked out of his family home. He was referred to Counseling Cove for major depression, substance abuse, violent outbursts, suicidal ideation, and self-injurious behavior. With no Medi-Cal or private insurance, Mario was able to receive treatment through MHSA funding. Today, Mario is doing well and passing all of his classes. (San Diego County)

Changing Services: Changing Lives

- Consumer- and family-driven examples
  - By 2007, nearly half of counties hired consumers or family members to work as public mental health staff.
  - Consumer-run "On-site Peer Support and Warm Line." (Stanislaus County)
  - Mental health paraprofessional certificate program created, with approximately 100 consumers and family member graduates, to enable them to operate consumer-run programs in the public mental health system. (Orange County)

Changing Services: Changing Lives

- Recovery and wellness examples
  - Pathways to Independence: Transition Age Youth (TAY) Achieving Their Goals (Yolo County):
    - **"Moved into my own apartment"**
    - **"Purchased a car"**
    - **"Took the GED…Passed the GED"**
    - **"Got a job with the City of Davis"**
    - **"Got my drivers license"**
  - A woman has received treatment for depression, anxiety, and substance abuse. She was prescribed medication, but something was missing. Her therapist recommended she help plan the County's new MHSA Adult Resource Center, a self-help center for mental health consumers. Today she is passionate about helping others. "Not everything should revolve around mental health disease, I want people to feel inspired and have practical tools to help them move beyond their fears." (Napa County)

Changing Services: Changing Lives

- Reaching underserved communities examples:
  - FSP teams are providing bilingual services in Spanish, Laotian, Thai, Khum, Mien and Chinese. (Contra Costa County)
  - Native American Collaboration has more than doubled the services to Cachil de he Wintun Tribe members living on the reservation. (Colusa County)
  - Promotora model is hiring Latina community members to provide peer education, engagement in homes and community centers, mobile outreach, and depression groups. (El Dorado County)
  - Recovery program for older adults has served over 340 mentally ill frail older adults, serving the Asian Pacific Islander communities. (Orange County)

Changing Services: Changing Lives

- Collaboration examples
  - Multi-disciplinary teams travel to all the school campuses in the county to provide direct services to children and transitional age youth. (Colusa County)
  - $1 million for Full Service Partnerships at the American Indian Counseling Center for all ages. (Los Angeles County)
  - In 2007, 57 individuals were helped through Pathways, a jail diversion collaboration between the Superior Court, Mental Health, Probation, District Attorney, Public Defender, Sheriff's Office, and Correctional Health. (San Mateo County)
  - Collaboration between law enforcement and psychiatric emergency response teams has created a 65% diversion from hospitalization on crisis assessments. (Orange County)

Changing Services: Changing Lives

- Housing examples
  - Collaboration with County Department of Conservation & Development to construct a senior housing complex. (Contra Costa County)
  - After 6 years of drug and alcohol addiction and homelessness, a woman started going to the Downtown Mental Health Center. Her therapist referred her to MHSA-funded Rainbow Apartments, supportive housing in Skid Row. Today, she receives mental health, 12-step, addiction, and recovery services, and participates in a gardening group. In 2007, she got her diploma for drug and alcohol counseling and has been recognized by the Senate and City of Compton. (Los Angeles County).
    - "This has been an awesome year, and this has all happened since I've been at the Rainbow. I don't ever want to be homeless again – it's so traumatizing."

Moving Forward

- All counties have approved plans for Community Services & Supports, representing an investment of $1.2 billion in community mental health.
- A majority of counties (47) have approved plans for early implementation of Workforce, Education, & Training.
- A majority (44) have approved plans for community planning for Prevention & Early Intervention, and four have submitted full 3-year plans for approval.
- Most recently, two counties submitted plans for Capital Facilities & Technology.
- Nearly $12 million was committed for student stipends to increase the mental health workforce.

Moving Forward

- Statewide initiatives for Prevention & Early Intervention are under development.
  - Student Mental Health Initiative
  - Suicide Prevention, strategic plan completed
  - Training, Technical Assistance, & Capacity Building
  - Reduction of Stigma & Discrimination
  - Reducing Disparities through Ethnic Specific Programs
- Six MHSA Housing Program plans are under review, and nearly 40 are under development by counties representing almost 500 new supportive housing units.
- Guidelines for Innovation expected to be released in October 2008.

A Vision for the Future

Increase efficiency and quality by integrating MHSA into the overall Mental Health system

- Develop guidelines by September 30th 2008 that will integrate all components of the MHSA into a **simplified**, single annual report which includes the funding request for the following year for all components and a report on the progress for the prior year.

- **Streamline** current processes to have accountability that is focused on **indicators** (both accountability and performance) that reflects a quality improvement approach.

- Develop a conceptual design of a 3-year plan which would be similar to a strategic plan that **integrates** the MHSA into the larger Mental Health system (core programs such as Realignment).