

**W**elcome to the second edition of the Mental Health Services Act (MHSA) Progress Report! On a bi-monthly basis, the California Department of Mental Health (DMH) will issue this electronic publication on its [Web site](#)\* to keep all interested parties apprised of recent

## MILESTONES

In recent months, major progress has been made toward fully implementing the MHSA.

### PEOPLE SERVED

Based on reports from counties during the third quarter of Fiscal Year 2007-08, a total of Mental Health Services Act programs provided services to **212,592** people, including:

- **140,619** were served by System Development services, such as peer support, education and advocacy, and mobile crisis;
- **54,042** were served by Outreach and Engagement services, which help reach out to people who need but are not receiving services and support; and
- **17,931** participated in Full Service Partnerships, which provide a broad range of mental health and other supports to help consumers and family members achieve life and mental health recovery goals. See page 3 for more information about people participating in Full Service Partnerships.

### HOUSING

**Six applications** have been submitted for the [MHSA Housing Program](#), which, if approved, could invest over **\$160 million** (all funding sources) in permanent supportive housing for people with serious mental illness.

### WORKFORCE, EDUCATION & TRAINING

On June 10, DMH made an **additional \$110 million** (now \$210 million total) in [Workforce, Education, and Training](#) funds available to counties to implement their 3-year plans. As of June 30, **over \$5 million** has been approved for **seven counties** to implement their 3-year plans.

Additionally, DMH has been working with the Office of Statewide Health Planning and Development to increase the number of California communities federally designated at "Mental Health Professional Shortage Areas," which provides federal grants to encourage mental health professionals to work in impoverished and under-served communities. Since the program's inception in January 2007, DMH's assistance has resulted in **41 communities** earning the designations, and another 28 are under review or in development.

### COMMUNITY SERVICES & SUPPORTS

The total amount of [Community Services & Supports](#) funding that has been made available to counties (through planning estimates) to date is **\$2.1 billion**.

### PREVENTION & EARLY INTERVENTION

As of June 30, **\$19.9 million** has been approved for **40 counties** to conduct community planning and develop their 3-year [Prevention & Early Intervention](#) (PEI) plans. Four counties' requests for these PEI planning funds are currently under review.

### What is the Mental Health Services Act?

The Mental Health Services Act became California law in 2005 after passage of Proposition 63.

The Act establishes and funds a broad continuum of community based prevention, early intervention, and other services for Californians with severe mental illnesses.

The types of services the Act establishes are described in depth on the [MHSA Web site](#).

The Act provides funding through a 1% tax on personal income in excess of \$1 million.

The California Department of Mental Health administers the Act, and counties and their contracted agencies provide the direct consumer services established in the Act.

\* If you are viewing this document from a computer, the phrases that are [underlined and blue](#) can be "clicked," which will take you to more related information on the DMH Web site

## We've Got It Covered!



The DMH Office of Communication & External Affairs tracks news stories covering the MHSAs. Recent news stories highlighting projects funded by the MHSAs have included:

**“Dropping in - Behavioral health resources available at new drop-in center,”** *Amador Ledger-Dispatch*, July 4, 2008: Story about a new MHSAs-funded drop-in center for mental health consumers in **Amador County**. “The drop-in day at the Behavioral Health Department is not a therapy session, but rather a place where people can exchange information, find support and begin the healing process...”

**“Mental health refit awaits bids: Larger waiting room to offer children's area, computers,”** *Redding Record Searchlight*, June 1, 2008: **Tehama County** is using MHSAs funds to remodel the waiting room at its Walnut Street mental health offices, creating a special children's area, expanding the waiting area, adding clerical space and introducing a "public information" area where clients

can use computers to find information on mental illness. “Crews are transforming about 12,500 square feet of a former skilled nursing facility that closed four years ago into a bright new space for assisting some of the county's most vulnerable citizens.”

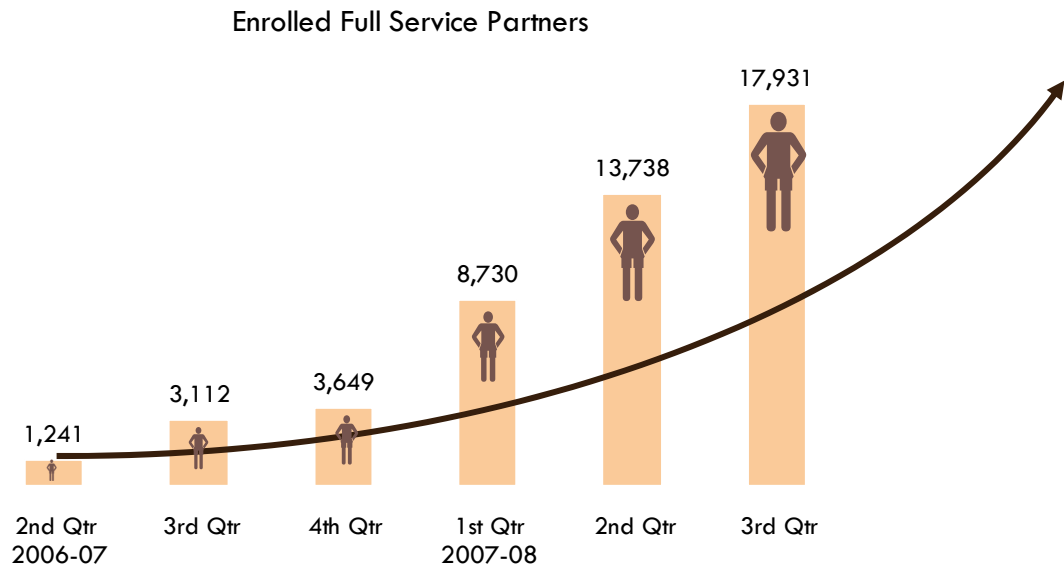
**“Cause for hope: Esperanza Center reaches out to mentally ill,”** *The Pinnacle*, June 6, 2008: Story about a new MHSAs-funded center targeting people who are homeless. “We want to pull people in with a setting that is less clinical,” said Patricia Ayers, the assistant director of **San Benito County's** Behavioral Health Department.” “Staff members offer one-on-one counseling, peer groups and also have a telemetry program that provides Spanish-language therapists for clients through a television. For the population without

steady shelter, that's where the washer and dryer, as well as shower facilities come in.”

**“Mental Health fiscal plan OK'd: Advisory board's full approval rests on Sierra Center staying open,”** *Redding Record Searchlight*, June 17, 2008: Story about **Shasta County's** plan to eliminate its \$3 million deficit from next year's Mental Health department's budget. The plan includes shifting crisis services under MHSAs. “With core services scaled back, the department must bolster its methods for receiving clients back from mental health hospitals. It must adopt a more ‘full service’ model to ensure clients have housing, food and support systems to prevent them from relapsing or needing hospitalization to begin with,” Director Mark Montgomery said.

## Nearly 18,000 People Getting “Whatever it Takes”

DMH collects confidential MHSAs data from local mental health providers about the people being served with MHSAs programs and services. The chart below illustrates major growth in Full Service Partnership (FSP) enrollments, demonstrating that MHSAs has given counties the chance to increase mental health services to people in great need. See page 3 for more information about FSPs.



## County Reports Show Fewer People Using Costly Emergency Services

Major reductions in emergency service interventions are being reported by counties serving MHSAs Full Service Partnership participants.

At the time of enrollment into a Full Service Partnership, counties collect each participants' prior year history of emergency interventions for physical health or mental health-related emergencies.

One year after enrolling consumers in Full Service Partnerships, counties are reporting significant reductions in emergency services for all age groups.

Prior to becoming enrolled in a Full Service Partnership, nearly one-quarter (24%) had at least one emergency service during the past 12 months for a physical health problem. One year later, the percent decreased to 4%.

An even bigger decrease was found for emergency services for mental health problems. Prior to becoming enrolled in a Full Service Partnership, over one-third (38%) had at least one emergency service during the past 12 months for a mental health problem. One year later, the percent decreased to 7%.

The tables below demonstrate the reported reductions to emergency interventions for each age group of Full Service Partnership participants.

These early reports from counties demonstrate that Full Service Partnerships have the potential to prevent people with serious mental illnesses from using costly emergency services for health and mental health problems.



### What is a Full Service Partnership?

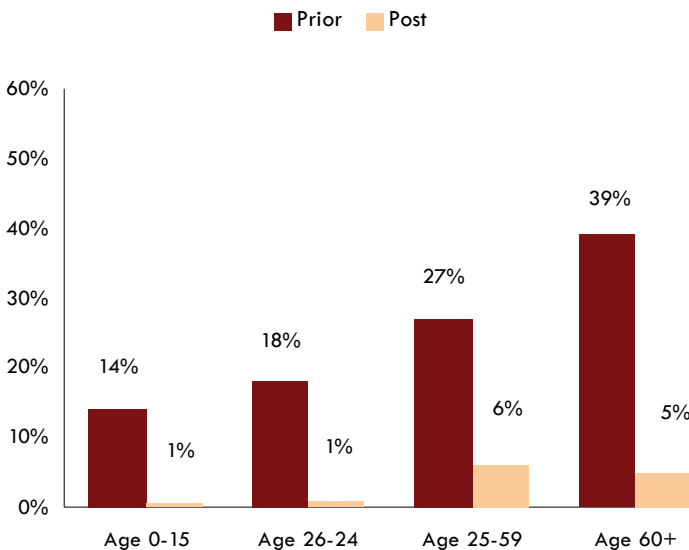
Full Service Partnerships provide the most intensive level of services among the variety of MHSAs-funded programs.

They are targeted to individuals who have serious mental health disorders, have no other source of mental health support, and aren't currently receiving enough support to keep them from being at risk of homelessness, incarceration, hospitalization, or institutionalization.

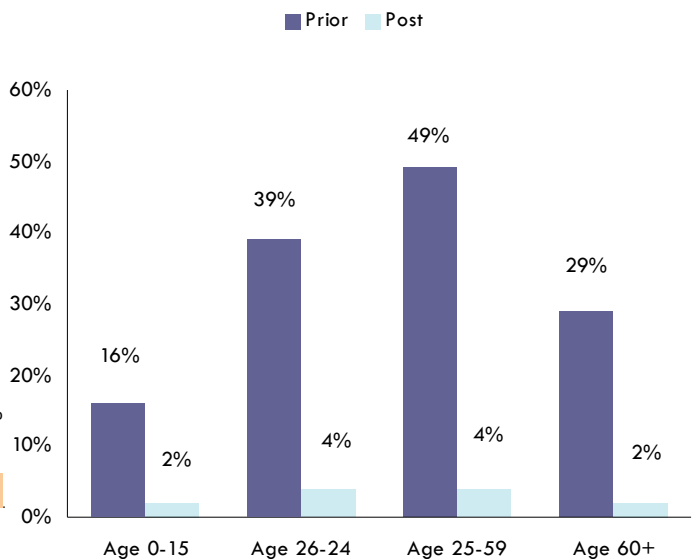
These partnerships between a service provider and an individual or family are called "full service" because they are targeted to individuals in need of a range of services and supports, including help with housing, employment, school, physical health, a co-occurring substance abuse disorder, and establishing social supports. Individuals of all ages are participating in Full Service Partnership programs.

As stated in the MHSAs law, the goal of the partnerships is to reduce the negative outcomes that result from untreated mental illness, including suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their family homes.

Percent with Physical Health Emergencies 12 Months Prior and Post FSP Enrollment (based on county reports)



Percentage with Mental Health Emergencies 12 Months Prior and Post FSP Enrollment (based on county reports)



## Fiscal Update

The Mental Health Services Act (MHSA) imposes a one percent income tax on personal income in excess of \$1 million. Since DMH tracks MHSA funding on a cash basis, these figures reflect funds that have actually been received, or projected to be received, in the Mental Health Services Fund in each fiscal year.

As mentioned on page one, the Act establishes different types (or “components”) of services, which are described in depth on the [MHSA Web site](#). Table 2 describes the commitments that have been made, or are projected to be made, among the various MHSA components. Commitments are MHSA funds that have been made available to counties for the development of new and expanded services. Additional MHSA fiscal information will be included in the May 2008 MHSA Expenditure Report to the Legislature, which will be available on the DMH [Web site](#).

**Table 1. Mental Health Services Act Revenue**

(As of May 2008)

2004-05	2005-06	2006-07	2007-08*	2008-09**
\$253.8 million	\$905.8 million	\$984.3 million	\$1.5 billion	\$1.5 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.

**Table 2. Mental Health Services Act Commitments**

Cumulative, including Fiscal Year 2008-09 projections  
(As of July 2008)

Component	Commitment*
Local Planning	\$12.7 million
Community Services & Supports	\$2.1 billion
Workforce, Education & Training	\$215.8 million
Capital Facilities & Technology	\$345 million
Prevention & Early Intervention	\$307.6 million
State Administration	\$123 million
<b>TOTAL</b>	<b>\$3.0 billion**</b>

\* In the first five components listed, commitments are funds that have been made available to counties, through Planning Estimates. In the area of “State Administration,” the figure reflects state operations activities.

\*\* In addition to these commitments, \$11.6 million was committed to stipend programs. Additional commitments under development include and state-level projects for Prevention & Early Intervention (\$245 million) and Workforce, Education & Training (\$240 million), as well as expansions to county Prevention & Early Intervention (\$40 million), Community Services & Supports (\$96 million), and Capital Facilities & Technology (\$100 million.)

*This document is published the California Department of Mental Health - Office of External Affairs and Communications. For questions about this publication or to suggest ideas for future editions, please call (916) 651-0989 or [email kirsten.deichert@dmh.ca.gov](mailto:kirsten.deichert@dmh.ca.gov). To receive notification that new editions of the publication are available, simply [subscribe](#) on the [MHSA Web site](#).*

*For questions about the MHSA, you can contact DMH at 1-800-972-MHSA (6472) or [email mhsa@dmh.ca.gov](mailto:mhsa@dmh.ca.gov)*