

Mental Health Services Act

Progress

May 2008

Welcome to the first 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 developments.

MILESTONES

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

PEOPLE SERVED

Based on reports from counties during the second quarter of Fiscal Year 2007-08:

- 67,166 individuals were served by System Development services, such as peer support, education and advocacy, and mobile crisis;
- 86,128 individuals were served by Outreach and Engagement services, which help reach out to people who need but are not receiving services and support; and
- 13,738 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

Sacramento County became the first to apply for the [MHSA Housing Program](#), which, if approved, could invest \$12.3 million in permanent supportive housing for Sacramento County residents with serious mental illness.

SUICIDE PREVENTION

In February, California established an Office of Suicide Prevention within DMH, and in April, the California Suicide Prevention Plan Advisory Committee released the "[Draft California Strategic Plan on Suicide Prevention: Every Californian Is Part of the Solution.](#)"

WORKFORCE, EDUCATION & TRAINING

On April 17, the California Mental Health Planning Council approved the MHSA [Five-Year Workforce Education and Training Development Plan](#) for California.

Over \$10 million has been approved for 45 counties to do community planning and develop 3-year [Workforce, Education, and Training](#) plans; over \$7.7 million has been approved for 3 counties to implement their 3-year plans; and 9 counties' 3-year plans are currently under review.

COMMUNITY SERVICES & SUPPORTS

The final county plan has been approved for [Community Services & Supports](#) (CSS) through fiscal year 2007-08, bringing the total CSS investment through this fiscal year to \$1.2 billion. On April 4, DMH also made nearly \$554 million available to counties for continued support of CSS in 2008-09.

PREVENTION & EARLY INTERVENTION

Over \$19.6 million has been approved for 39 counties to conduct community planning and develop their 3-year [Prevention & Early Intervention](#) (PEI) plans. Three 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 (www.dmh.ca.gov/Prop_63/MHSA).

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:



- “Mental illness survey will help steer funding,” *San Luis Obispo Tribune*, 13 May 2008: Story about **San Luis Obispo County’s** survey to inform its planning for the Prevention & Early Intervention component of the MHSAs.
- “Mental health, substance abuse program funded,” *Ventura County Star*, 8 May 2008: Story about **Ventura County** receiving funds to expand a nationally recognized program for people with both mental illness and substance abuse disorders.
- “Mental illness needs more care: Opinion,” *Visalia Times-Delta*, 7 May 2008: Opinion piece about **Tulare County** unveiling two mobile mental-health units, funded by MHSAs, for underserved areas of the county.
- “Retreat in the offing as mental health board and branch improve communication,” *Eureka Reporter*, 19 April 19: Story about **Nevada County’s** plans to gather information from the community in designing mental health programs, including those funded by MHSAs.
- “Mentally ill seniors have ‘Someone to lean on’: New program sends specialists, other help directly to them,” *Ventura County Star*, 19 April 2008: Story about a new MHSAs-funded mobile unit for **Ventura County’s** older adults.
- “County plan for mental health money up for review: Health Care Agency sought input from community groups,” *Orange County Register*, 3 April 2008: Story about **Orange County’s** planning for MHSAs Workforce, Education, and Training funds.
- “Truckee to receive mental health funding: Students request information on depression and suicide,” *Sierra Sun*, 30 March 2008: Story about **Nevada County’s** planning for MHSAs Prevention & Early Intervention services.
- “‘Miracle’ worker: Mental Health director helped push legislation benefiting homeless people,” *Redding Record Searchlight*, 28 March 2008: Story profiling **Shasta County** Mental Health Director Mark Montgomery, including his role in the passage of Proposition 63.
- “State tax on millionaires funds housing for mentally ill: Living well, courtesy of rich,” *Ventura County Star*, 19 May 2008: Story about **Ventura County’s** plans to expand supportive housing, including applying for the MHSAs Housing Program, for people with mental illness.

What’s All the Buzz about...Full Service Partnerships?



You’ve probably been hearing about something called a “Full Service Partnership,” or “FSP,” in MHSAs programs.

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 supports, 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.

Outcome data is being collected in a number of areas to demonstrate the extent to which participants experience these positive changes.

Some preliminary data on individuals, at the time they entered Full Service Partnerships, is provided on the next page, in “By the Numbers.”



By the Numbers

DMH collects MHSAs data from three major sources, described in the text box to the right, “Three Key MHSAs Data Sources.”

The information is reported to DMH by local mental health providers. All information is strictly confidential and stored securely to protect individuals’ privacy.

The chart below illustrates major growth in Full Service Partnership enrollments, demonstrating that MHSAs has given counties the chance to increase mental health services to people in great need.

The age groups of individuals enrolled in Full Service Partnerships are:

- 0 - 15 years of age (18%)
- 16 - 24 years of age (25%)
- 25 - 59 years of age (45%)
- 60 years or older (12%)

Preliminary data collected at the time a person enrolls in a Full Service

Partnership helps illustrate their “starting place” so that their strengths and challenges can be identified at the beginning of their participation.

At the time of enrollment, nearly all people (99%) ages 26 to 59, prime years for people to work, were unemployed.

At enrollment, about one-third (34%) of people age 60 or older, and half (49.7%) of people age 25 to 59, had gone to a hospital in mental health crisis.

Nearly one-third (32%) of people age 25-59, and 22% of people 60 or older, were homeless at the time they became enrolled in a Full Service Partnership.

Although most youth under age 16 resided with parents or other family at the time they enrolled in a Full Service Partnership, 8% were homeless and 5% resided in a foster care or group home.

At enrollment, less than a quarter (24%)

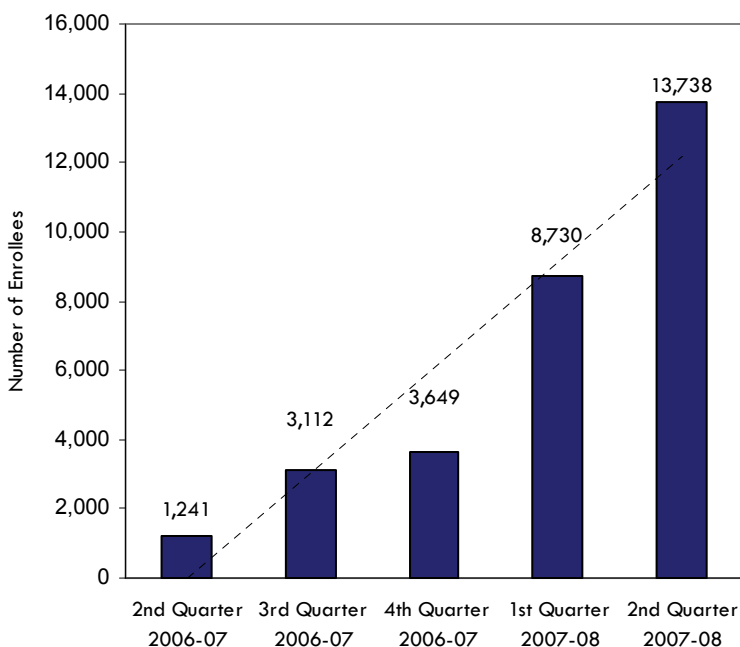
of people age 25 to 59 were living on their own independently, and less than half (47%) of those age 60 or older were living independently.

These statistics demonstrate that people becoming enrolled in Full Service Partnerships are in great need of assistance at the start of the program. We hope to share more data in the future to indicate the positive outcomes of Full Service Partnership participants over time.

Future editions of “By the Numbers” will describe other data elements collected about MHSAs programs.

For questions about the data presented here, contact Marti Johnson at POQI.support@dmh.ca.gov.

Full Service Partnerships Enrollment Growth



Three Key MHSAs Data Sources

• **DATA COLLECTION & REPORTING SYSTEM** •
Used to measure how MHSAs Full Service Partnerships impact consumers’ lives. The data provides information about changes in housing stability, education, employment, justice system involvement, financial support, and other quality of life measures. (Collected upon enrollment and over time to capture each person’s progress).

• **CONSUMER PERCEPTION SURVEYS** •
Provide public mental health consumers and families an opportunity to report their satisfaction with services and their perceptions about how services have impacted their quality of life. (Collected from a sample of consumers and family members twice a year).

• **CLIENT AND SERVICE INFORMATION** •
Includes information about the number and type of services provided to each consumer of public mental health services, and also includes demographic information, mental health diagnosis, and certain legal statuses. (Collected on an ongoing basis).

Fiscal Update

The Mental Health Services Act (MHSA) imposes a 1 percent income tax on personal income in excess of \$1 million. As illustrated in Table 1, this new tax has generated more than \$2.1 billion in additional revenues for mental health services through the end of Fiscal Year 2006-07 and is anticipated to generate an additional \$1.5 billion in Fiscal Year 2007-08 and \$1.5 billion in 2008-09. 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 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 ends on June 30, 2008.

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

Table 2. Mental Health Services Act Commitments

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

Component	Commitment*
Local Planning	\$12.7 million
Community Services & Supports	\$2.1 billion
Workforce, Education & Training	\$105.8 million
Capital Facilities & Technology	\$345 million
Prevention & Early Intervention	\$307.6 million
State Administration	\$123 million
TOTAL	\$3.0 billion**

* 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, and state-level projects currently under development include \$245 million in Prevention & Early Intervention and \$240 million in Workforce, Education & Training.