The Mental Health Services Act in California:

- **Proposition 63, passed in 2004**
- **1% state tax on incomes of $1 million or more**

The MHSA Provides:

- **Funding, personnel, and other resources**
- **Best practices and innovative approaches**
- **Prevention, early intervention, treatment, and recovery**
- **Community partnerships and stakeholder engagement**

The MHSA Mission

The funding is provided to each county to "create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families."

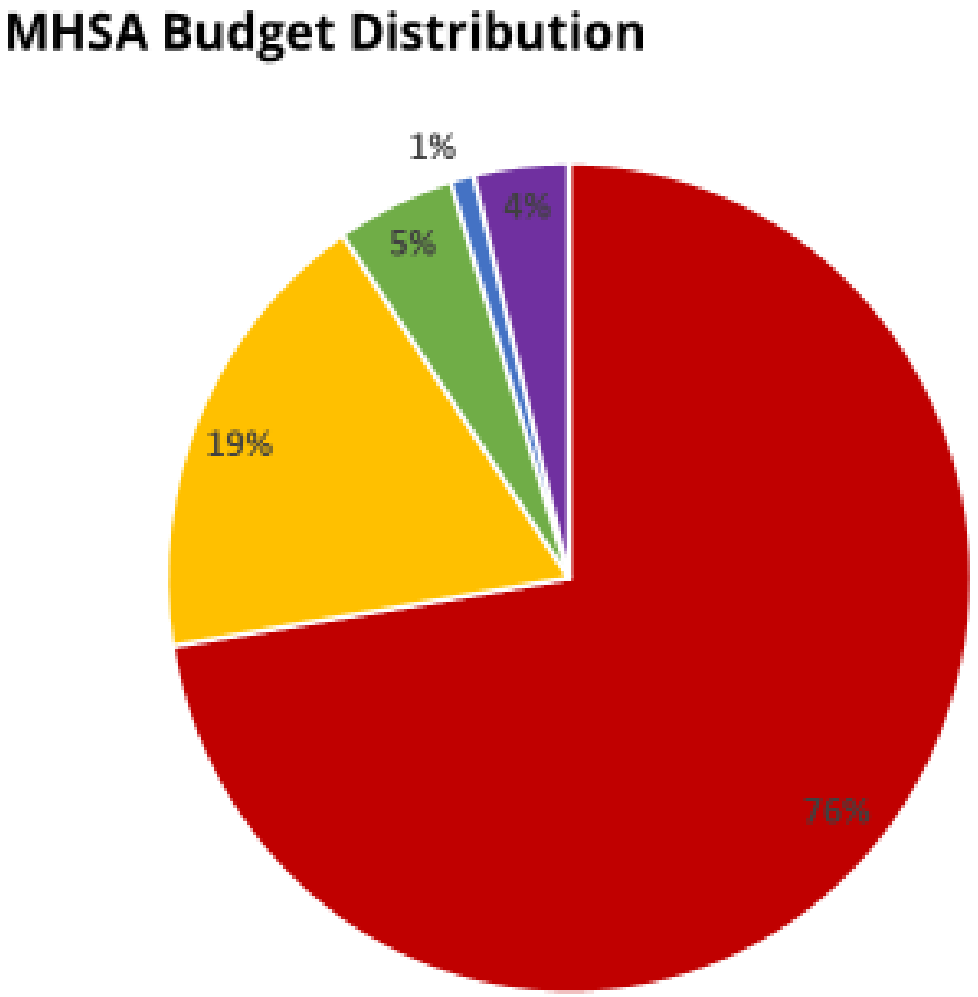
The MHSA Vision

The MHSA pledges to look beyond "business as usual" to help build a system where access will be easier, services are more effective, out-of-home and institutional care are reduced and stigma toward those with severe mental illness or serious emotional disturbance no longer exists.

MHSA Core Principles

- Client/family driven
- Cultural competence
- Community collaboration
- Service integration
- Focus on recovery, wellness, and resilience
- Serving the unserved and underserved

MHSA Components

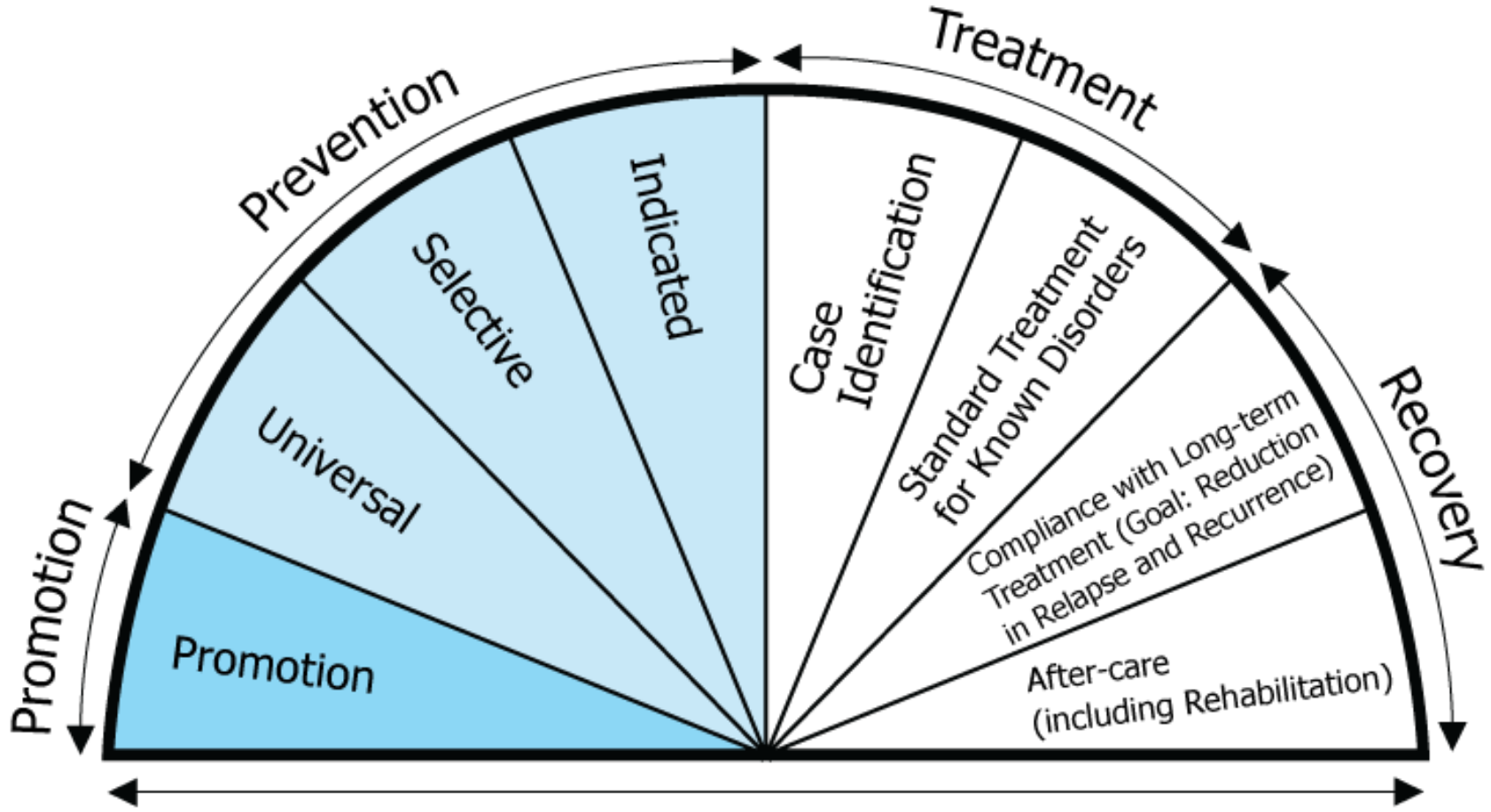


- Community Services and Supports (CSS)
  - (incl. Housing)
- Capital Facilities and Technology Needs (CF/TN)*
- Prevention and Early Intervention (PEI)
  - PEI Statewide
- Workforce Education & Training (WET)*
- Innovation (INN)

***One Time Funds but can continue transferred from CSS**

(Counties may utilize up to 20% of the average annual amount of MHSA funds allocated for the previous five years on CF/TN, WET, and prudent reserves combined. (WIC § 5892(b))

MHSA Programs Across the Spectrum



Relevant MHSA Guidance

- The Mental Health Services Act

http://www.dhcs.ca.gov.services/mh/Pages/MH_Prop63.aspx

- Mental Health Services Act regulations California Code of Regulations Title 9, Div. 1, Chapter 14, Section 3200.010- 3650.
- AB 100
- AB 1467
- AB114
- SB1004
- SB193
- PEI Regulations, Amended July 1, 2018
- INN Regulations, Amended July 1, 2018

KEY ELEMENTS OF THE LAW AND REGULATIONS

- Provided Definitions
- Defines systems of care as the Community Services and Supports plan
- No person shall be denied access based solely on his/her voluntary or involuntary legal status
- The county is not obligated to use MHSA funding to fund court mandates
- Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons

KEY ELEMENTS OF THE LAW AND REGULATIONS

- The county shall not supplant funds
- Quarterly progress reports for CSS programs (Exhibit 6) to DHCS
- FSP performance outcome data defined
- Key services defined for CSS components
- FSP focal populations identified
- Funds dedicated to remedy the shortage of qualified individuals to provide services to address severe mental illnesses (WET)

KEY ELEMENTS OF THE LAW AND REGULATIONS

- Specifies a Prevention and Early Intervention program that prevents mental illnesses from becoming severe and disabling
- Innovation programs to be funded to increase access to underserved to services and to increase access to services for underserved groups, to increase the quality of services and/or to promote interagency collaboration
- A county mental health program shall include an allocation of funds from a reserve to be used in years in which the allocation of funds are not adequate to continue to serve the same number of individuals as the county had been serving in the previous fiscal year (Prudent Reserve).

KEY ELEMENTS OF THE LAW AND REGULATIONS

- Establishes a Mental Health Services Oversight and Accountability Commission at the State level.
- Each county shall prepare a 3 Year Program and Expenditure Plan that is updated annually.
- Each plan and update shall be developed with local stakeholder input.
- A draft plan shall be prepared and circulated for review and comment for at least 30 days to representative stakeholders.
- Each county shall prepare a 3 Year PEI and INN Evaluation Report

AB 100

- Effective March 24, 2011
- Supported MHSA cash flow to counties and local accountability for MHSA funds
- MHSA plans no longer approved by the State Department of Mental Health
- Mental Health Commission approves MHSA Annual Update

AB 1467

- Enacted on June 27, 2012 as part of a trailer bill to the FY 2012/13 State budget.
- Amends language from State DMH Innovation Guidelines into statute.
- County MHSA Annual Updates and 3 Year Program and Expenditure Plans must be adopted by the local Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission within 30 days of Board adoption.
- Augments the stakeholder engagement requirements to require 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."
- Providers of alcohol and drug services and health care organizations were added to the list of stakeholders to be engaged in the development of the 3 Year Plan and Annual Update processes.

AB114

- Enacted July 14, 2017
- Clarified Reversion
- Updated requirements to reallocating funds

SB1004

- Creates a more focused approach for PEI
- Encourages cross-county collaboration
- Set 5 priority areas and OAC shall establish additional by 1/1/2020
  - Childhood trauma prevention and early intervention
  - Early psychosis and mood disorder detection
  - Youth/TAY outreach and engagement targeting secondary education
  - Older Adults
  - Culturally competent and linguistically appropriate prevention and intervention

MHSA planning benefits from community stakeholder input

- Consumers, family members, and providers
- Review programs and make recommendations
- Input for improvements outlined in Annual Update
- Plan reviewed (30 days) & public hearing at Behavioral Health Board

Community Services and Supports

- **Full Service Partnership (FSP) Funds**:
  - To provide all the mental health services and supports a person wants and needs to reach his/her goal(s)
- **General System Development Funds** :
  - To improve mental health services and supports for people who receive mental health services
- **Outreach and Engagement Funds**:
  - To reach out to people who may need services but are not getting them
- **Housing**

Full Service Partnerships (FSP)

Service Requirements

- FSP services must be the majority of CSS component spending
- Each county must plan for each age group in their populations to be served: Child/Youth; Transitional Age Youth, Adult, and Older Adult.
- Evaluation and Outcomes
  - PAF, KET, 3M
  - Key Indicators: Homelessness; Incarceration; Psychiatric Hospitalization; Emergency Department Usage

Full Service Partnership Focal Populations

Child: Have a serious emotional disturbance *and:*

1. Aged 0-5 who is either at risk of expulsion from pre-school, is involved with or at risk of being detained by DCFS or has a parent/caregiver with SED or SMI, has a substance abuse disorder or co-occurring disorder.
2. Child/youth who has been removed or is at risk of being removed from their home by DCFS or is in transition to a less restrictive placement.
3. Child/youth who is experiencing suspension or expulsion, violent behaviors, drug possession or use or suicidal and/or homicidal ideation at school.
4. Child/youth who is involved with probation, is on psychotropic medication and is transitioning back into a less structured home/community setting.

Transition Age Youth: Have a serious emotional disturbance or serious mental illness *and:*

1. Aging out of child mental health, child welfare system or juvenile justice system.
2. Youth leaving long-term institutional care (CTF, IMD, level 12-14 group homes, jail, State Hospital or probation camps).
3. Youth experiencing first psychotic break.
4. Co-occurring substance use disorder in addition to meeting any of 1-3.
5. Homeless or currently at risk of homelessness.

Full Service Partnership Focal Populations (con't)

Adult: Has a serious mental illness *and*:

1. Homeless
2. Recent history of incarcerations.
3. Transitioning out of an IMD or State Hospital.
4. Frequent user of hospitals or emergency services.
5. Living with family members without whose support the individual would be at imminent risk of homelessness, incarceration or hospitalization.

Older Adult: Has a serious mental illness *and:*

1. Homeless or at imminent risk.
2. Recent history of incarcerations or at imminent risk.
3. Recent history of psychiatric hospitalizations.
4. At imminent risk for placement in a Skilled Nursing Facility or nursing home.
5. Presence of a co-occurring substance abuse, developmental, medical or cognitive disorder.
6. Has a recurrent history or is at risk of abuse or self-neglect
7. Serious risk of suicide.

CSS System Development

- Activities improve programs, services, and supports for community members experiencing mental health concerns
- Activities help counties improve programs, services, and supports for all clients and families and are used to change service delivery systems and build transformational programs and services
- Services may include client and family services, such as peer support, education and advocacy services, and mobile crisis services
- Services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual

Housing

- CSS funds can be used for “housing assistance”
- Housing Assistance can include:
  - Support Costs

    Housing subsidies, master leases, motel and other housing vouchers, rental security deposits, first and last month rents, etc.
  - Operating Costs

    Building repair and maintenance, utilities, housing agency management fees, insurance, property taxes and assessments, credit agency reporting fees, etc.
  - Capital Costs

    Costs incurred in purchasing, building or rehabilitating housing, etc.

Prevention and Early Intervention

PEI services are directed to reduce the likelihood of serious mental illness and its negative consequences for individuals and communities at elevated risk

Prevention*

- Activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

Early Intervention**

- Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

  Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.

Prevention and Early Intervention

Outreach for Increasing Recognition of Early Signs of Mental Illness**

- Process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

Stigma and Discrimination Reduction**

- Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

Suicide Prevention (optional for all counties)

- Organized activities to prevent suicide as a consequence of mental illness. This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

* County must have at least 1 program unless small county with BOS approval

** County must have at least 1 program

Prevention and Early Intervention

Access and Linkage to Treatment* (program and strategy for all programs)

- Activities to connect children with severe mental illness, and adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs

Improving Timely Access to Services for Undeserved Population (strategy for all programs)

- Activities to increase the extend to which an individual or family from an underserved population who needs mental health services because the risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available and cost of services.

Priority Areas

- Childhood trauma prevention and early intervention
- Early psychosis and mood disorder detection
- Youth/TAY outreach and engagement targeting secondary education
- Older Adults
- Culturally competent and linguistically appropriate prevention and intervention
- OAC defined
- Community defined

* County must have at least 1 program unless small county with BOS approval

** County must have at least 1 program

Prevention and Early Intervention

Service Requirements

Addresses Negative Outcomes:

- Suicide.
- Incarcerations.
- School failure or dropout.
- Unemployment.
- ***Prolonged suffering***.
- Homelessness.
- Removal of children from their homes

- At least 51% of funds share be directed toward those 0-25 years old and families
- Each activity shall address access and linkage to treatment and timely access to services for underserved populations
- Services shall be provided in convenient, accessible, acceptable, and culturally appropriate settings
- Evaluation and Outcomes

Innovation

- **Purpose:** to increase access to underserved groups; to increase the quality of services, including better outcomes; to promote interagency collaboration; and/or to increase access to services, including but not limited to, services provided through permanent supportive housing
- **Innovative Approaches:** introduce new mental health practices or approaches, including to PEI; makes a change to an existing mental health practice or approach, including adaption for a new setting or community; introduce a new application to the mental health system a promising community practice or nonmental health setting; and/or participating in a housing program designed to stabilize a living situation while providing on site services

Innovation

- Offer creative approaches to persistent challenges
- Build on successful approaches not currently considered part of mental health delivery
- Challenge existing paradigms; change the status quo
- Experiment and take risks
- Communicate about mental illness and mental health in different words
- Think in different categories

Workforce Education and Training

WET is designed to address public mental health workforce issues that include:

- a shortage of public mental health workers; maldistribution of certain public mental health occupational classifications;
- a recognized lack of diversity in the mental health workforce;
- and under-representation of mental health professionals with consumer and family member experience or experience in racially, ethnically, or culturally-diverse communities.

Capital Facilities and Technological Needs (CFTN)

The Capital Facilities and Technological Needs component supports the goals of the MHSA and the provision of MHSA services. The planned use of the Capital Facilities and Technological Needs funds should produce long term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible community-based services for clients and their families which promote reduction in disparities to underserved groups.

These efforts include development of a variety of technology uses and strategies and/or of community-based facilities which support integrated service experiences that are culturally and linguistically appropriate.

Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based, less restrictive settings that will reduce the need for incarceration or institutionalization, and the development of a technological infrastructure for the mental health system to facilitate the highest quality, cost-effective services and supports for clients and their families.