# Mental Health Services Act (MHSA): Overview and Key Changes

## Board of Supervisors Presentation

September 25, 2012

# Presentation Agenda

- Overview of MHSA and Components
- Legislative changes to MHSA administration and funding distribution
- Estimated FY 2012/13 distributions
- Community Planning Process Requirements
- Status of community planning process
- Proposed transition plan for FY 2012/13

# Proposition 63/MHSA

- California ballot initiative approved by voters in November of 2004 and became effective on January 1, 2005.
- Imposed a 1% tax on personal income in excess of $1million.
- Purpose:  Increase county mental health funding, transform the mental health system to promote wellness, recovery and resiliency, and decrease stigma.
- Requires that funds be used to expand existing services and/or develop new programs. Funds cannot be used to replace other public funds used to provide mental health services. This “non-supplant” policy applies to all MHSA funding.

# Five Essential Elements

- Consumer and Family Driven Services, Participation and Involvement
- Cultural and Linguistic Competency
- Community Collaboration and Partnerships
- Focus on Wellness, Recovery and Resiliency
- An integrated Service Experience

# MHSA Components

## Community Services and Supports (CSS)

- CSS projects provide direct services to adults with serious mental illness and children with severe emotional disturbance.
- Four programs within CSS
  1. Full Service Partnership (FSP)
  2. General System Development
  3. Outreach and Engagement
  4. MHSA Housing (CalFHA)
- Largest component funded under MHSA. 75 - 80% of the County's annual MHSA funds are allocated to CSS with a 3-year reversion period.

# MHSA Components

**Prevention and Early Intervention (PEI)**

- PEI program focuses interventions and programs for individuals across the life span prior to the onset of a serious emotional or behavioral disorder or mental illness.
  - Prevention includes programs provided prior to a diagnosis for a mental illness
  - Early Intervention includes programs that improve a mental health problem very early, avoiding the need for more extensive treatment, or prevent a problem from getting worse.
- 15 - 20% of the County's MHSA funds are allocated to PEI with a three year reversion period.

# MHSA Components

## Innovation (INN)

- INN funds projects that contribute to learning and provide an opportunity to “try out” new approaches that can inform current practices. Primary focus must be the learning rather than the provision of a service.
- 5% of the County’s MHSA funds are allocated to INN with a 3-year reversion period. (The County is required to utilize 5% of the total CSS and PEI funding for Innovative programs).

# MHSA Components

## Workforce Education and Training (WET)

- WET provides funding to remedy the shortage of staff available to address mental illness, improve the competency of staff, and to promote the employability or consumers.
- One time funds were allocated to WET with a 10-year reversion period. Counties can transfer funds from CSS to fund WET programs (up to 20% of the previous 5 years allocations averaged).

# MHSA Components

**Capital Facilities &Technology Needs (CFTN)**

- CFTN supports infrastructure associated with the growth of the public mental health system, software mandates related to Electronic Health Records (EHR), and other technological needs.
- One time funds were allocated to CFTN with a 10-year reversion period. Counties can transfer funds from CSS to fund CFTN programs (up to 20% of the previous 5 years allocations averaged).

# Snapshot of MHSA Funding Allocations

| Component | Annual percentage of MHSA | Reversion Period |
|---|---|---|
| **CSS** | 75 - 80% | 3 years |
| **PEI** | 15 - 20% | 3 years |
| **INN** | 5% of CSS and PEI | 3 years |
| **WET** | One time funding | 10 years |
| **CFTN** | One time funding | 10 years |

# Legislative Changes

- Assembly Bill (AB)100, budget trailer bill that amended the MHSA Statute and made significant funding distribution and administrative changes to the MHSA. As an urgency statute AB 100 became effective March 24, 2011.

- AB 1467, omnibus health trailer bill for the 2012-13 state budget, further amended the MHSA. AB 1467 was chaptered into law and took effect June 27, 2012.

# Changes - AB 100 and AB 1467

Funding:

- Removes the Department of Mental Health (DMH) as the administrator of the MHS fund and replaced DMH with the State Controller.
- Moves funding from a cash to an accrual system
- Effective July 1, 2012, requires the Controller to distribute to counties on a monthly basis, all unexpended and unreserved funds on deposit on the MHS Fund as of the last day of the prior month.

# Changes to the MHSA, continued

Administrative:

- Eliminates the Department of Mental (DMH) and Mental Health Services Oversight and Accountability Commission (MHSOAC) authority to review and approve plans.
- Provides that the County Board of Supervisors shall adopt/approve the MHSA plan and updates. (The exception is the Innovation plan which requires approval by the MHSOAC).

# Snapshot of MHSA Changes

| Before AB 100 and 1467 | After AB 100 and 1467 |
|---|---|
| Counties hold public hearings on MHSA | Counties hold public hearings on MHSA |
| Counties submitted MHSA plans for State Level Approval | County MHSA plans approved locally by County Board of Supervisors (BOS) |
| 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.<br><br>County MHSA plans certified by the county MH director and the auditor controller as complying with the MHSA (programs meet all MHSA requirements including non-supplantation) |
| Mental Health Services Oversight and Accountability Commission (OAC) received and approved county MHSA PEI and INN plans | Counties are required to submit their MHSA INN plans to the OAC for approval before fund are expended.<br>Counties MHSA program and expenditure plans and updates must be submitted to the OAC within 30 days of adoption by the BOS. |

# FY 2012-13 Estimated Distribution

| | CSS | PEI | INN | WET | CFTN |
|---|---|---|---|---|---|
| **Unexpended Funds (rollover)** | $685,454 | $664,088 | $751,958 | $388,111 | $1,396,631 |
| **MHSA Allocation** | $3,391,529 | $750,000 | $207,000 (5% CSS & PEI allocation) | $0 Non recurring allocation | $0 Non recurring allocation |
| **Other Revenues** | $1,500,000 (Medi-Cal, other insurance) | $0 | $0 | $0 | $0 |
| **Total Funds Available** | $5,576,983 | $1,414,088 | $958,958 | $388,111 | $1,396,631 |
| **Proposed FY 12/13 Budget** | **$4,891,529** | **$1,010,000** | **$25,000** cost to close the plan & plan for 13/14 | **$100,000** budget not final – plan is in development | **$899,619** |
| **Estimated rollover for FY 13/14** | $685,454 | $404,088 | $933,958 | $288,111 (pending final plan) | $497,012 |

# MHSA Community Program Planning (CPP) Process and Local Review

- Essential Elements of the MHSA
- Required by Welfare & Institutions (W&I) Code Section 5848(a)(b) and CCR Title 9, Division 1, Chapter 14, Section 3300 – Community Planning Process and Section 3315 – Local Review Process.
- Purpose: Through a process of Community Collaboration and in partnership with stakeholders:
  1. Identify community issues related to mental illness resulting from lack of supports or services.
  2. Analyze the mental health needs in the community.
  3. Identify and re-evaluate priorities and strategies to meet those needs.

# Community Program Planning (CPP) Process

## Stakeholder and stakeholder participation as defined in (W&I) Code Section 5848(a)

MHSA Plans must be “developed with local stakeholders, including adults and seniors with serious mental illness, families of children, adults and seniors with serious mental illness, providers of service, law enforcement agencies, education, social service agencies, veterans, providers of alcohol and drug services, health care organizations and other important interests.”

Counties are required 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 allocation.

# CPP Process and Requirements

- Community Planning Meetings
- MHSA proposed plan is posted for a 30-day public comment period.
- A public hearing is held by the Mental Health Commission at the close of the 30-day public comment period.
- The MHD conducts a summary and analysis of any substantive recommendations received during the public comment period and public hearing. The summary and responses to comments are included as part of the proposed plan.
- The proposed plan is submitted to the Board of Supervisors for approval.

# Plan requirements

- All plans and associated expenditures must be included in the 30-day public comment period and subject to review at the public hearing.
- MHSA expenditures must be consistent with the most recent approved plan.  Changes to the currently approved plan i.e. new plans or elimination of plans must have BOS approval to take effect.
- Counties may continue funding programs approved under their most recent approved plan until a new plan is adopted by the BOS.

# El Dorado County CPP for FY 2012-13

- Community Planning Meetings:
  - April – June, 2012: Local MHSA community meetings were held in South Lake Tahoe, Placerville, Cameron Park, and Georgetown.
  - May, 2012: Innovation-specific community planning meetings were held in South Lake Tahoe, Placerville, El Dorado Hills, and Georgetown.
  - July – August, 2012: MHSA Advisory Committee meetings were held by videoconference in Placerville and South Lake Tahoe.
- Online Community Survey was distributed to 375 stakeholders in June 2012.
- Mental Health Commission receives MHSA program updates and discusses issues at their monthly meetings.

# Transition in FY 2012/13

- The MHD anticipates completing a new MHSA plan in FY 2012/13 with submission to the BOS before the end of 2012.
- Pending approval of a new plan, statute allows the county to continue to operate and fund programs approved under their most recent MHSA approved plan.

# Transition Plan and Community Feedback

- CSS – Continue funding current programs
- Community Feedback:
  - Continue the re-evaluation of the Crisis Residential Treatment (CRT) program,
  - Develop local residential programs and an Intensive Case Management team.
- Changes will be posted for community comment and submitted to BOS for approval

# Transition Plan and Community Feedback

- PEI – Continue funding current program with transition of the Children's PEI plan:
  - Consolidate the 3 current plans (PIP, IY and Early Intervention Program for Youth) into one Children's and Youth PEI plan.
  - Continue to fund the PIP programs at the current sites (BOMUSD, EDH and SLT) in FY 2012/13
  - Proceed with an RFP/RFQ process to engage community partners and solicit proposals for the remaining PEI funds.
- Community Feedback:
  - Support of the PIP programs as school based model
  - Successful program reported by current sites
  - Funding for PIP programs limited to current sites
- Changes will be posted for community comment and submitted to BOS for approval

# Transition Plan and Community Feedback

- INN – Suspend expenditures on current plan
- Community feedback:
  - Closure of current INN plan
  - Development of a new plan/plans in FY 2012/13
- Proposed elimination of current plan/New plan will be posted for community comment and submitted to BOS for approval

# Transition Plan and Community Feedback

- WET – Continue funding current programs, with the exception of Rural Mental Health MSW Weekend Program (complete in FY 2011/12) and the Consumer, Family Member and Volunteer Program
- Community Feedback:
  - Support for a plan that funds Crisis Intervention Training (CIT) to County Sheriffs, County EMS and local law enforcement
- New plan will be posted for community comment and submitted to BOS for approval
- CFTN – Continue funding current program

# Transition Plan

- The MHD is seeking Board approval to fund current MHSA plans as described, to include:
  - Funding the existing PIP programs immediately, and allow new/expanded Children's Programs to apply for funds through the RFP/RFQ process once the FY 2012/13 MHSA Plan is approved.
  - Reserve funding for other Children's PEI programs (FY 2011/12 Incredible Years "IY" and School Linkages programs) until the FY 2012/13 MHSA Plan is approved.

# Transition Plan, continued

- Continue funding programs currently approved under our most recent approved plan until a new plan is presented and approved by the BOS
- Expend no additional funds to implement the current Innovation plan, proceed with the planning process in FY 2012/13 and establish new plan(s) for implementation in FY 2013/14.