

### Mental Health Services Act (MHSA) FY 2012-13 Plan Update

# Presentation to the Board of Supervisors July 23, 2013

Health and Human Services Agency Mental Health Division



## Agenda

- Proposition 63/Mental Health Services Act (MHSA)
- MHSA Components
- Funding
- Community Planning Process
- FY 2012-13 MHSA Programs
- Areas of Focus
- Next Steps



### **Proposition 63 / MHSA**

- California ballot initiative approved by voters in November 2004, and became effective on January 1, 2005
- Imposes a 1% tax on personal income in excess of \$1,000,000
- Purpose is to:
  - increase county mental health funding
  - transform the mental health system to promote wellness, recovery and resiliency
  - decrease stigma and discrimination associated with mental illness



### **Community Planning Process**

- Through community collaboration and partnership:
  - Identify community issues related to mental illness resulting from lack of supports or services
  - Analyze the mental health needs in the community
  - Identify and re-evaluate priorities and strategies to meet those needs
- MHSA Plans must be developed with local stakeholders input on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation and budget allocation



### **MHSA Components**

- Prevention and Early Intervention (PEI)
- Community Services and Supports (CSS)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technology Needs (CFTN)



#### **MHSA Components (continued)**

#### Innovation



Innovation



### Funding

- MHSA revenues may be used to expand existing services and/or develop new programs
- Funds cannot be used to replace other public funding sources used to provide mental health services
- Medi-Cal services provided through MHSA programs receive Medi-Cal reimbursement



#### **Funding (continued)**

Source	Total
FY 11-12 Rollover Funds	\$4,656,483
MHSA FY 12-13 Revenues	\$5,389,559
Medi-Cal Revenues	\$1,025,000
Estimated Available Funding in FY 12-13	\$11,071,042
Estimated Expenditures	\$5,539,490
Reversion	\$20,600
Estimated FY 12-13 Rollover Funds	\$5,531,552



### FY 2012-13 MHSA Programs

- Prevention and Early Intervention (PEI)
  - Programs designed to prevent mental illnesses from becoming severe and disabling
  - 19% of the County's annual MHSA funds are allocated to PEI with a three-year reversion period
  - Approximately \$1,025,000 in revenues and \$675,000 in expenditures in FY 12-13



- FY 2012-13 PEI Programs
  - Program 1: Youth and Children's Services Program
  - Program 2: Community Education Project
  - Program 3: Health Disparities Program
  - Program 4: Wellness Outreach Program for Vulnerable Adults



- Community Services and Supports (CSS)
  - Mental health services and supports for children and youth, transition age youth, adults, and older adults
  - 76% of the County's annual MHSA funds are allocated to CSS with a three-year reversion period
  - Approximately \$4,096,000 in MHSA revenues and \$3,865,000 in expenditures in FY 12-13, with approximately \$1,025,000 in Medi-Cal revenues



- FY 2012-13 CSS Programs
  - Program 1: Youth and Family Strengthening Program
  - Program 2: Wellness and Recovery Services



- FY 2012-13 CSS-Housing Programs
  - To develop permanent, supportive housing
    - Program 1: West Slope Trailside Terrace (formerly Sunset Lane Apartments), Shingle Springs
    - Program 2: East Slope The Aspens at South Lake, South Lake Tahoe
  - No new funding allocated annually specifically for housing



#### • Innovation (INN)

- New, emerging and/or unique mental health practices/approaches that contribute to learning
- 5% of the County's annual MHSA funds are allocated to INN with a three-year reversion period
- Approximately \$269,000 in revenues and \$10,000 in expenditures in FY 12-13
- There is no current Innovation program



- Workforce Education and Training (WET)
  - Education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers
  - "Public Mental Health System" means publicly-funded mental health programs/services and entities that are administered, in whole or in part, by the State or County
  - No new funding allocated annually, but counties can transfer funds from CSS to WET or CFTN programs (up to 20% of the previous five years allocations averaged)
  - Approximately \$376,000 in fund balance and \$45,000 in expenditures in FY 12-13



- FY 2012-13 WET Programs
  - Program 1: Workforce Education and Training (WET) Coordinator
  - Program 2: Workforce Development
  - Program 3: Psychiatric Rehabilitation Training



- Capital Facilities and Technology (CFTN)
  - Support for items necessary to develop an integrated infrastructure and improve the quality and coordination of care
  - No new funding allocated annually, but counties can transfer funds from CSS to WET or CFTN programs (up to 20% of the previous five years allocations averaged)
  - Approximately \$1,411,000 in fund balance and \$943,000 in expenditures in FY 12-13



- FY 2012-13 CFTN Programs
  - Program 1: Electronic Health Record System
    Implementation
  - Program 2: Telemedicine
  - Program 3: Electronic Care Pathways



### **Areas of Focus**

- Increasing stakeholder participation, especially from consumers, families and veterans
- Continual planning (rather than once a year)
- Increased communication regarding MHSA and mental health
- Timely development of MHSA Plans
- Measureable outcomes



### **Next Steps**

- Upon Board of Supervisors review and approval of FY 2012-13 MHSA Plan Update:
  - Department to implement FY 2012-13 MHSA Plan
    Update
  - Department to forward copy of approved plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC) as required by the MHSA
- Department to continue the community planning process for the FY 2013-14 MHSA Plan





For more information about MHSA, please contact:

Health and Human Services Agency MHSA Project Team 670 Placerville Drive, Suite 1B Placerville, CA 95667 Email: MHSA@edcgov.us

Ren Scammon Program Manager I (530) 621-6340 Brandi Reid Department Analyst (530) 621-6226

