

**Prop 63 Mental Health Services
Oversight and Accountability Commission (MHSOAC)
Evaluation Fact Sheet¹**

SUMMARY OF ACTIVITIES AND COSTS

Primary Purpose: Summarize state and county-level Mental Health Service Act (MHSA) activities and expenditures for three fiscal years (FY)—July 2006 through June 2009. The MHSOAC is in the process of adding an additional fiscal year (2009/10) to this report; the results from this addition will be made available in 2013.

Background: The MHSA provides funding to expand and improve public mental health services that are provided by counties. The proportion of MHSA funds that are used to fund county mental health programs has grown over time. The goal of this evaluation was to understand in detail how these funds have been used by counties on various MHSA components.

Major Findings:

All MHSA Expenditures

- Total MHSA expenditures for the three-year period July, 2006 through June 2009 were \$1.7 Billion.
- Expenditures document the graduated rollout of components under the MHSA.
- Overall, county population/size was strongly related to expenditures.
- By FY 2008/09, the MHSA accounted for 25% of the overall public community mental health budget.
- For MHSA programs, 20% of the revenue was generated from Medi-Cal federal funding.
- This report includes the first summary of statewide and county-specific MHSA expenditures broken down by fiscal year and component.

Community Services and Supports (CSS)

- Most (98%) of the MHSA expenditures in the three-year period reviewed in this report were for Community Services and Supports with all counties implementing some CSS programs. CSS are geared toward serving un-served and underserved populations with an emphasis on eliminating disparities in access to care and improving mental health outcomes for those groups.
- Statewide, the requirement that the majority of CSS funds be used for Full Service Partnerships—which use a “whatever it takes” approach to help individuals with severe mental illness and/or emotional disturbance—was achieved.
- Outreach and Engagement activities are aimed at reaching un-served populations in an effort to reduce disparities. The proportion of CSS funds spent on Outreach and Engagement was highest in small counties. This is consistent with the larger proportion of difficult-to-reach populations that are present in small and oftentimes remote, rural counties.

Prevention and Early Intervention (PEI)

- Statewide as of 2008/09, 25% of counties had expenditures of Prevention and Early Intervention (PEI) funds. Other counties were preparing to launch PEI programs.
- Each year, 20% of all MHSA funds were allocated to PEI programs and services, which aim to prevent mental illness from becoming severe and disabling and improve timely access to care for underserved populations. These funds are intended to move California’s mental health system toward a “help first” model rather than a “fail first” strategy.
- Only 10% of the available PEI funding was expended during this early implementation

¹This series of fact sheets provides brief summaries of MHSOAC evaluations of Prop 63 and California’s public community-based mental health system. The MHSOAC is charged with providing oversight and accountability per the Mental Health Services Act (also known as Prop 63).

period, as counties worked with local stakeholders to plan their investments and design specific strategies.

Workforce Education and Training (WET)

- WET components are designed to help counties develop and maintain a competent and diverse workforce capable of effectively meeting the mental health needs of the public. WET funds are expected to be used to help alleviate the shortage of qualified individuals available to provide services to address severe mental illness.
- Local expenditures for WET were focused on workforce staffing and support. Later expenditures were more focused on training and technical assistance.

Capital Facilities / Technological Needs (CF/TN)

- CF funds may be used by counties to acquire, develop, or renovate buildings or purchase land to be used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices.
- TN projects are designed to increase client and family empowerment by providing tools for access to health information and tools that allow clients and family members to communicate with providers. TN projects should aim to modernize information systems to ensure quality of care, parity, operational efficiency, and cost effectiveness.
- CF/TN expenditures began in 2008/09.
- Average CF/TN expenditures tend to be associated with county size, although only eight (8) counties had expended funds on CF/TN projects at the time of this report, so this trend is preliminary.

Innovative Programs (INN)

- INN projects aim to contribute to learning and allow counties to “try out” different strategies by introducing new approaches, practices, or applications or practices, or altering existing approaches and practices.
- INN allocations were released in December 2008; INN Plan guidance was released in January 2009. As such, expenditures were only observed by a very small number of counties in FY 2008/09 (i.e., 6 counties).

These expenditures focused appropriately on planning of INN activities.

Methodology: The information in this series of reports came from county submitted Revenue and Expenditure Reports. The contractor dealt with two methodological challenges: the state requirements and format for reporting expenditures varied across fiscal years, and there were differences in the ways that counties reported on the new reporting format. The contractor surveyed counties to supplement the information provided in the required reports to address these variances, then compiled county MHSA Revenue and Expenditure reports into statewide reports by fiscal year and analyzed critical aspects of this information.

Principle Investigator(s): UCLA Center for Healthier Children, Families and Communities and EMT Associates, Inc.

Link to Study:

<http://www.mhsoac.ca.gov/Evaluations/MHSAExpAnalysis.aspx>

Implications: This information is consistent with the developing implementation of the MHSA. Until greater clarity and consistency are achieved in reporting mechanisms, comparing annual expenditure information will be a challenge. Future reporting requirements can address limitations found in these early reports.

Recommendations: The compilation and analysis of revenue and expenditure data is an ongoing responsibility of the MHSOAC. MHSOAC staff should continue to build on the revenue and expenditure information provided in these reports to summarize data for MHSA programs by fiscal year at the state and county levels. These summaries should be analyzed for trends and potential areas of follow-up. Revenue and expenditure reporting requirements and instructions should be reexamined based on these analyses to standardize the information and ensure that only useful and critical information is being requested.

This data should be made easily accessible and distributed widely to stakeholders.