



California Council of Community Mental Health Agencies

Leaders in the partnership that developed and promoted Proposition 63

UPDATE TO MHSOAC

California Council of Community Mental Health Agencies September 2008

CCCMHA is a statewide advocacy organization representing approximately 75 community-based mental health providers that provide outpatient, residential, and day services for adults and children in about half of all CA counties, representing about 95% of the State's population.

A key focus for CCCMHA in MHSA implementation is changing the way CSS expenditure decisions are made for 2009-10.

2009-10 is the first year of the second three-year cycle for CSS and should be the year for the first integrated plan. However, since all of the other elements are so new and there are so many issues involved in transitioning from separate MHSA elements to an integrated plan, the integrated plan will not happen until 2010-11.

It is anticipated that in 2009-10 there will be significant growth in CSS funds, while at the same time, the funding from realignment and other State funding sources for community mental health care will not be keeping pace with the growth in costs for mandatory services – primarily, crisis response. One of CCCMHA's priorities is making sure that budget decisions regarding balancing possible cuts in realignment-funded programs are integrated with decisions about CSS growth. Integrated planning requires that counties are able to make the best decisions regarding use of all funds and eliminating the "two tiered system" whereby some people are stuck in older, limited service programs while others enter the system directly into much more comprehensive full service partnership programs.

Many of the realignment-funded programs can easily be transformed into MHSA-eligible programs, either as full service partnerships or system (of care) development programs, which contain some - but not all - of the elements of a full service partnership and serve the same population of adults.

We want to make sure that the process for county planning and budget decisions allows for considering these as options, with awareness of the status of other funds available, and that all of these budget decisions balance the need to serve new people with the need to maintain or improve care for those already being served.

We also want to make sure that children already receiving relatively comprehensive care through Special Education (AB 3632) or MediCal (EPSDT) are considered for a modest MHSA patch to cover the services that those programs won't pay for.

We are also actively participating in county planning for Prevention and Early Intervention (PEI), Workforce Education and training, and Capital Facilities and Technology and want to be sure that the needs of community-based organizations are given equal attention to those of county-operated services. Community-based organizations often have state-of-the-art prevention and early intervention programs which should be identified and built upon during the planning process. And their needs for technology enhancement, in many cases, are

significant and critical to the effective identification of the impact of MHSA dollars on service delivery, access, and functional outcomes.

In addition to all of the above, CCCMHA and CMHDA have been discussing our mutual interest in ensuring that any evaluation of the impact of the MHSA be integrated with a complete overhaul of the system-wide compliance and outcomes evaluation, and we are committed to working in partnership toward that goal.

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