

**AGENDA ITEM:** Update: MHSOAC Work Plan, Priority 1: Fund and execute all MHSAs components

- ENCLOSURES:**
- MHSAs Housing Applications
  - WET Fact Sheet
  - WET Power Point
  - Capital Facilities and Technological Needs Summary
  - Capital Facilities/Technological Needs Project Submissions
  - PEI Trends Report
  - Innovation Resource Paper
  - Student Mental Health Initiative (SMHI) Paper, Parts I and II
  - SMHI Paper, Part II with track changes

**OTHER MATERIAL RELATED TO ITEM:**

**ISSUE:**

The first priority identified in the 2010 MHSOAC Work Plan is to fund and execute all components of the MHSAs. The goal for this presentation is to update the MHSOAC on the funding and status of each of the MHSAs components. What follows is general MHSAs background and background for each component.

**BACKGROUND:**

Proposition 63 was passed by voters and took effect as the Mental Health Services Act (MHSAs) effective January 1, 2005.

MHSAs funding results from a 1% tax on personal income in excess of \$1 million.

**Purpose and Intent of the MHSAs**

- Define serious mental illness as a condition deserving priority attention
- Expand successful and innovative programs
- Reduce the long-term adverse impact of untreated mental illness
- Provide funding to adequately meet mental health services needs
- Ensure the effective use of funds

**Core values of the MHSAs**

- Community Collaboration
- Cultural and Linguistic Competence
- Client and Family Driven
- Wellness, Recovery and Resiliency Focused
- Integrated Service Experiences
- Co-Occurring Disabilities Competency (adopted by MHSOAC)

INFORMATION

TAB SECTION: 2

  X ACTION REQUIRED

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### **MHSA Components**

- Community Services and supports (CSS)
- CSS Housing
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- PEI Statewide Programs:
  - Training, Technical Assistance and Capacity Building
  - Reducing Disparities Project
  - Suicide Prevention
  - Stigma and Discrimination Reduction
  - Student Mental Health Initiative

### **Stakeholder Processes/Requirements for Local Funding Requests/Reporting**

- Significant state level stakeholder processes occurred to develop guidelines and/or regulations for each MHSA component.
- MHSA regulations require counties to develop Plans and Plan Updates to request MHSA funding, implement services and programs, and report on uses and impact of the funding.
- MHSA regulations establish requirements for counties to gather stakeholder input by engaging in significant local community program planning to design and implement local MHSA plans. A public hearing must be held for County plans that include requests to fund “new” programs and all Plan Updates must be posted for 30 days for public comment.
- DMH has approval authority over local CSS, CSS-Housing, WET, and CFTN Plans. The MHSOAC has approval authority over local PEI, INN and PEI Statewide Plans.
- FY 2010/2011 Annual Update Guidelines were recently released and counties are in the process of submitting their plans requesting MHSA funding for FY 2010/11. Annual Updates include all MHSA components.

### **Next 12 to 18 Months**

- The MHSA provides that DMH issue guidelines for the Integrated Plans for PEI, INN, and CSS no sooner than January 1, 2012. DMH will begin planning for Integrated Plan guidelines in the next few months.

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### Panel Presentations

#### **1. Community Services and Supports (CSS)**

*Presenters: Sophie Cabrera, Branch Chief, Community Programs Branch, DMH  
Bertha MacDonald, Acting Section Chief, MHPA Plan Reviews, DMH*

##### Description

CSS refers to "System of Care Services" as required by the MHPA in Welfare and Institutions Code (WIC) Sections 5813.5 and 5878.1-3. The change in terminology differentiates MHPA CSS from existing and previously existing System of Care programs funded at the federal, state and local levels. The MHPA requires that "each county mental health program prepare and submit a three-year plan which shall be updated at least annually and approved by the Department of Mental Health (DMH) after review and comment by the Oversight and Accountability Commission." The MHPA further requires that "the department shall establish requirements for the content of the plans." Annual updates of this plan are required pursuant to MHPA requirements.

CSS funding supports three types of programs with services for children and youth, transition age youth, adults and older adults:

- Full Service Partnership programs -- intended to provide not only mental health services but coordinate and/or deliver other comprehensive support services necessary to promote recovery
- System Development programs -- including Community Wellness Centers
- Outreach and Engagement -- services to ethnic and cultural communities that typically are underserved

##### Funding and Program Status

58 local CSS Plans have been approved with approximately \$3.8 billion committed to counties in planning estimates through Fiscal year 2010/11.

#### **2. CSS Housing**

*Presenter: Jane Laciste, Chief, MHPA Plan Review and Community Program Support, DMH*

##### Description

Funding provided for CSS Housing is available to local communities to build and/or rehabilitate affordable housing units for persons receiving mental health services. As required, MHPA funds may only provide a limited percentage of total housing project costs. The MHPA Housing Program embodies both the individual and system transformation goals of the MHPA through a unique collaboration among government agencies at the local and State level. The partners in this system collaboration include the following:

- The California Housing Finance Agency (CalHFA) and Department of Housing and Community Development are responsible for housing and financial expertise
- DMH is responsible for overseeing the mental health system and ensuring that consumers have access to an appropriate array of services and supports
- County mental health departments have the ultimate responsibility for the design and delivery of mental health services and supports

For more information see the MHPA Housing Applications enclosed with this Tab section.

Funding and Program Status:

- 35 approved housing applications
- 10 pending applications
- 5 closed loans
- As of August 2009, \$159.7 million MHPA dollars have leveraged nearly \$1.1 billion additional dollars for affordable housing units in California

**3. Workforce Education and Training (WET)**

*Presenters: Brian Keefer, Project Manager, Human Resources Project, California Mental Health Planning Council*

*Zoey Todd, LCSW, Chief, State Level Prevention, Education and Training, DMH  
Adrienne Shilton, Project Manager, Local Workforce, Education and Training, CIMH*

*Rita Downs, Director, Calaveras County Mental Health*

*Mark Refowitz, Director, Behavioral Health, Orange County*

Description

The WET component of the MHPA is intended to remedy the shortage of qualified individuals available to provide services that address severe mental illness. The MHPA requires DMH to collect county data, complete a statewide occupational needs assessment, and develop a five-year plan addressing a statewide mental health education and training program to increase the quantity and quality of trained persons available for employment in the mental health system while increasing family and consumer involvement in service delivery and encouraging development of a diverse workforce. (See enclosed WET Fact Sheet and WET Power Point.)

WIC Sections 5820 and 5821 provide that the California Mental Health Planning Council (CMHPC) shall review and approve the Five Year Education and Training Plan, shall advise DMH on education and training policy development and shall provide oversight for the department’s education and training plan development.

The Five Year Education and Training Plan is required to address multiple strategies to reduce the workforce shortage including expanding the capacity of postsecondary education to meet the needs identified for mental health occupational shortages,

forgiveness and scholarship programs for a commitment to work in California’s public mental health system, strategies to recruit high school students for mental health occupations and stipend programs for persons who want to be employed in the mental health system.

Funding and Program Status

- 45 local WET Plans approved for a total of \$156 million
- 6 statewide initiatives funded for a total of \$104 million
  1. California Social Work Education Collaborative (CalSWEC) Stipend Program
  2. Health Professions Foundation Loan Repayment
  3. Consortia of Marriage, Family Therapist (MFT) Stipend Programs
  4. Stipend Contracts for Psychiatric Mental Health Nurse Practitioners
  5. Stipend Contract for Physician Assistants
  6. Stipend Contract for Psychologists

**4. Capital Facilities and Technological Needs (CFTN)**

*Presenters: Jane Laciste, Chief, MHSA Plan Review and Community Program Support, DMH*

*Toquyen Collier, PMP, County Services Section Chief, Information Technology, DMH*

Description

Funding provided under this component is intended to support the technological needs and capital facilities necessary to providing services. WIC Section 5892(a)(1) and (2) require that a portion of MHSA monies be set aside for CFTN to fund community based facilities which support integrated service experiences that are culturally and linguistically appropriate. This includes the development of a variety of technology uses and strategies to expand opportunities to clients, their families and underserved groups. (See enclosed CFTN Summary and CFTN Project Submissions.)

Beginning with Fiscal Year (FY) 2008/2009, counties may use a portion of their MHSA CSS monies to augment CFTN dollars provided that the total amount requested does not exceed 20 percent of the average amount of funds allocated to the county for the previous five years (WIC Section 5892(b)). CFTN projects must be completed within ten years or monies revert back to the MHSA fund.

Capital Facility funds may be used for the following activities:

- Acquire and build upon land that will be county-owned
- Acquire building that will be county-owned
- Construct building that will be county-owned
- Renovate buildings that are county-owned

Technology projects must be crafted within the context of the following two goals:

1. Increase client and family empowerment and engagement by providing the tools for secure client and family access to health information that is culturally and linguistically competent within a wide variety of public and private settings
2. Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness

Funding and Program Status

32 counties and one city program have approved plans totaling \$166.4 million

**5. Prevention and Early Intervention (PEI)**

*Presenter: Ann Collentine, Plan Review Supervisor, MHSOAC*

Description

PEI Services are designed to prevent mental illness and emotional disturbance from becoming severe, disabling and costly to individuals, families, communities and the State. PEI programs are intended to improve access to mental health services for persons underserved and reduce the negative effects of untreated mental illness such as suicide, homelessness, incarceration, school failure or drop out, removal of children or older adults from their homes, prolonged suffering and unemployment.

To facilitate accessing support at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). PEI county plans are required to address all age groups (small counties excluded) with a minimum of 51% of their overall PEI budget being dedicated to individuals between the ages of 0 and 25.

The MHSA requires county PEI plans be approved by the MHSOAC before they are funded. For more information refer to the PEI Trends Report enclosed in this Tab section.

Funding and Program Status

56 county PEI Plans are approved pursuant to MHSOAC approval letters for a total of \$350,767,193 as of April 29, 2010. Based on county plan estimates approximately 542,000 Californians were estimated to have received PEI services in Fiscal Year 2008/09.

**6. Innovation (INN)**

*Presenter: Deborah Lee, Consulting Psychologist, MHSOAC*

Description

The INN component is to be used to increase access to underserved groups, increase the quality of services including better outcomes, promote interagency collaboration and increase access to services.

Innovations are defined as novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals and which are aligned with the general standards identified in the MHSA and set forth in Title 9 of the California Code of Regulations, Section 3320. The Innovation Component allows counties the opportunity to “tryout” new approaches that can inform current and future mental health practices/approaches.

The MHSA requires county PEI plans be approved by the MHSOAC before they are funded. For more information refer to the Innovation Resource Paper enclosed in this Tab section.

Funding and Program Status

13 Innovation Plans have been approved pursuant to MHSOAC approval letters for a total of \$42,725,844 as of April 29, 2010.

**7. PEI Statewide Programs**

*Presenter: Ann Collentine, Plan Review Supervisor, MHSOAC*

Description

A portion of PEI funding was identified to implement programs at the statewide level. Statewide implementation was intended to be more efficient and cost effective, result in a statewide impact and provide a statewide foundation for counties to build upon in the future. Five statewide program areas were identified: (1) Training and Technical Assistance, Capacity Building, (2) Reduction of Disparities, (3) Suicide Prevention, (4) Stigma and Discrimination Reduction, and (5) Student Mental Health.

Funding and Program Status

In 2006 DMH, CMHDA, the CMHPC and the MHSOAC met to formulate recommendations about the PEI component of MHSA. This group formulated the concept of PEI statewide programs which was included in the “Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction” document adopted by the MHSOAC in January 2007. This document recommended statewide strategies for statewide training and technical assistance capacity building, suicide prevention, and stigma and discrimination reduction.

In July 2007 the MHSOAC adopted a motion to allocate \$6 million per year for four years to counties for the purpose of developing and providing statewide training, technical assistance and capacity building, including opportunities for subcontracting and other forms of partnering with local community partners to assure the appropriate provision of prevention and early intervention activities.

From 2007 through April 2009 DMH led significant stakeholder processes that resulted in Strategic Plans for Suicide Prevention and Stigma and Discrimination Reduction.

Events at Virginia Tech in 2007 resulted in the MHSOAC convening the Student Mental Health Initiative (SMHI) Committee to recommend statewide policy direction for student mental health which resulted in a Student Mental Health Initiative concept paper. DMH has lead responsibility for the Reducing Disparities program and has invested \$1.5 million to develop a strategic plan for project design.

MHSOAC Guidelines for PEI Statewide Programs were issued in March 2010. (See DMH Information Notice: 10-06.) Also in March 2010 DMH issued revised direction for counties choosing to assign their PEI statewide program dollars to DMH. (See DMH Information Notice: 10-05.) Recently a contract was executed between DMH and the California Mental Health Services Authority (Cal-MHSA), a joint powers authority, enabling the transfer of local PEI statewide program funds from DMH to the JPA for implementation of PEI statewide programs.

Funding available for each of the five statewide project areas is as follows:

Training, Technical Assistance and Capacity Building - \$6 million per year for a total of \$24 million through Fiscal Year 2011/12. Implemented by counties.

Reducing Disparities – \$15 million per year for a total of \$60 million; DMH developing a comprehensive strategic plan with \$1.5 million

Suicide Prevention – \$10 million per year for a total of \$40 million approved through Fiscal Year 2011/12. To be implemented pursuant to the recently issued MHSOAC Guidelines for PEI Statewide Programs.

Stigma and Discrimination Reduction – \$15 million per year for a total of \$60 million approved through Fiscal Year 2011/12. To be implemented pursuant to the recently issued MHSOAC Guidelines for PEI Statewide Programs.

Student Mental Health Initiative – \$15 million per year for a total of \$60 million approved through Fiscal Year 2011/12. Recently reconvened Student Mental Health Initiative Committee reached consensus on proposed updates to the concept paper for Student Mental Health. To be implemented pursuant to the recently issued MHSOAC Guidelines for PEI Statewide Programs.

**Adopt Updated SMHI Paper**

Since September 2007 when the MHSOAC adopted the SMHI paper events have occurred that require the SMHI paper to be updated to reflect an administrative process consistent with the newly issued MHSOAC Guidelines for PEI Statewide Programs. Below is a brief overview of these events.

- September 2007 the MHSOAC approved the concept paper submitted by the SMHI Committee containing the rationale and guidelines for how the \$60 million PEI funding for the SMHI should be spent.
- September 2008 the DMH released proposed guidelines to the counties that provided direction on how to assign their funds for these PEI statewide programs to DMH.
- Three issues arose that delayed the implementation of the guidelines by the counties:
  - In December 2008, upon request from a county, the MHSOAC, after consultation with legal counsel, confirmed that assignment of PEI funds to DMH was voluntary.
  - As of March 2010 only 19 counties chose to assign PEI funds back to DMH. In June 2009 several counties established the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority, to function as a centralized and statewide entity available to develop and implement statewide, regional and multi-county programs.
  - In June 2009, several counties established the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority, to function as a centralized and statewide entity available to develop and implement statewide, regional and multi-county programs.

On May 13, 2010 MSHOAC convened representatives of the initial SMHI committee to obtain input on the proposed changes to the SMHI paper. This meeting was open to the public. There were no policy concerns identified at this meeting. See the enclosed copy of the SMHI paper for the specific proposed changes.

There were no changes to SMHI Paper in the following areas:

1. Description of needs for the SMHI
2. Previously approved goals for the funding
3. Amounts/proportion of funding dedicated to K-12 and higher education

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Proposed Changes to SMHI Paper

1. Eliminate out-dated timelines
2. Update language
  - a. "Program" instead of "Project"
  - b. "Programs" instead of "Grants"
3. Make minor revisions for clarity
4. Change evaluation from state to JPA or multi-county collaborative
5. Recommend funding all three higher education systems
  - a. Maintain proportionality of funding between higher education (60%) and K-12 (40%)
6. Eliminate matching requirement for higher education initiatives
  - a. Note K-12 initiatives did not originally have requirement for match
7. Add language from PEI Statewide Program guidelines encouraging leveraging

**Proposed Motion:**

***The MHSOAC adopts the updated SMHI paper consistent with the seven proposed changes listed above.***