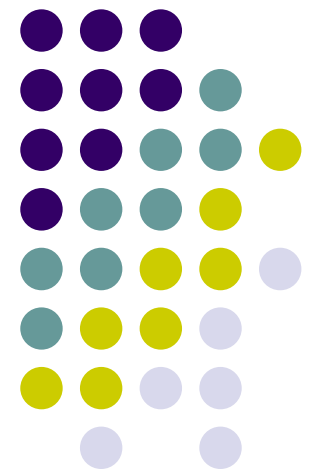


Santa Barbara County Alcohol, Drug & Mental Health Services

Mental Health Services Act
Community Services & Supports Plan
Presentation to the
Board of Supervisors
November 22, 2005



Transforming Mental Health Care in America



The President's New Freedom Commission on Mental Health

Vision of a transformed system as one in which:

- Americans understand that mental health is essential to overall health
- Mental health care is consumer and family driven
- Disparities in mental health services are eliminated
- Appropriate and early mental health screening, assessment, and referral to services occurs
- High quality (best-practice) mental health care is delivered and research is accelerated
- Technology is used to access mental health care and information

What is the Mental Health Services Act (Prop 63)?



- Proposition 63 was passed by the voters in November, 2004
 - Santa Barbara County – 53% approval
- The MHSA became effective January 1, 2005
 - State began process – february 2005
 - New deadline for plan submission – January 1, 2006
- MHSA is “NOT business as usual”
- The expectation is a complete transformation to a new mental health system for all California counties
 - Better Access to crisis and long term care
 - Consumer/Family Member Involvement at all Levels

Purpose of the MHSA



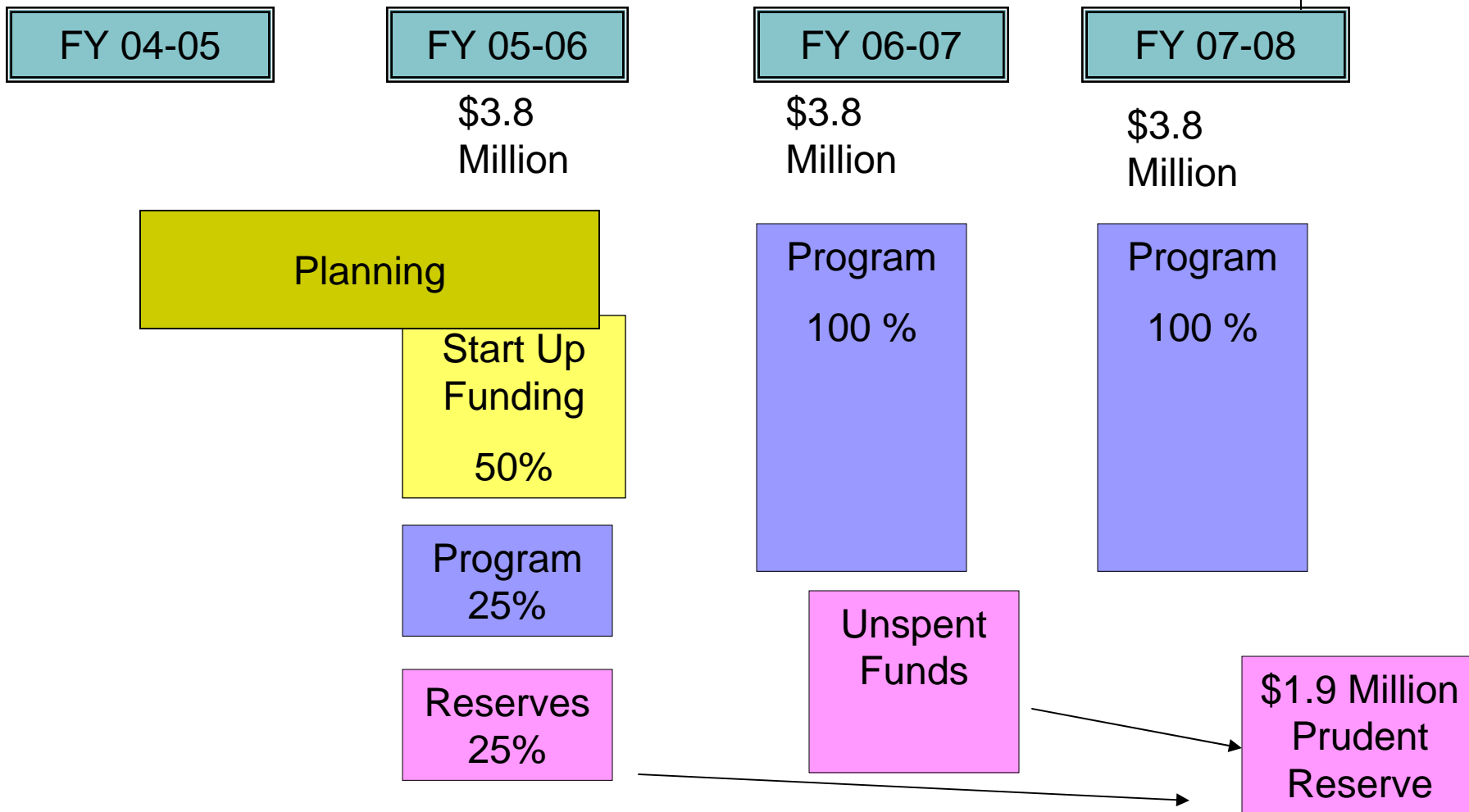
- To provide access and services to unserved and underserved populations of seriously mentally ill adults and older adults, and seriously emotionally disturbed children and transitional age youth (16-25 years)
- To achieve improved outcomes for children, transitional age youth, adults, and older adults
- To transform the public system

MHSA Funding Source and Restrictions

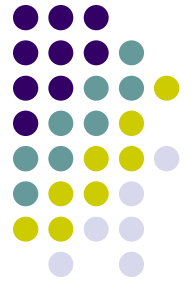


- 1% increase in personal income tax for taxable incomes over \$1 million
- Funds to be used to expand services, not supplant other county or state funding
- Maintenance of Effort (MOE) at FY 04-05 levels
 - ADMHS draws 2% of County budget
- \$3.8 million-first allocation
 - \$1.9 million for Full Service Partnerships
- Funds cannot be used for institutional care
 - Hospital/Jail/Juvenile Hall
- Can be used as catalyst to reform programs

MHSA Funding

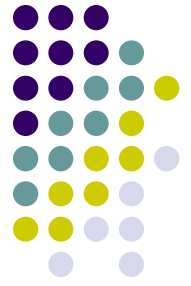


MHSA Planning Process



- Active and Inclusive Stakeholder Involvement
 - Over 800 County residents and organizations participated
 - Consumer and family members were full partners in the planning process
 - 60-member Stakeholder Steering Committee
 - Consumers and Family Members
 - Governmental/Leadership
 - Community Service Providers
 - Labor and Education
 - Law Enforcement and Health Care Providers
 - Housing and County Partners
 - Specialized workgroups (90 participants)
 - Children, transitional age youth, adults and older adults

MHSA Planning Process



Community Involvement in Planning

- **Community and Media Outreach**
 - Over 5,000 brochures mailed to community members and mental health consumers
 - Estimated 266,000 countywide residents reached through bilingual media outreach
- **Three Regional Town Hall Meetings**
 - Held in Santa Maria, Lompoc and Santa Barbara
 - 122 attendees
- **Consumer and Family Member Meetings**
 - 5 meetings across County
 - 91 attendees
- **Web-based Survey (Spanish & English)**
 - 498 Responses
- **Three-day Summit and Post Summit**
 - 150 attendees at 3-day Summit; 120 attendees at Post Summit
- **Public Comment Survey on Draft Plan**
- **Public Hearings by Mental Health Commission (Santa Barbara & Santa Maria)**

MHSA Plan

Community Priorities



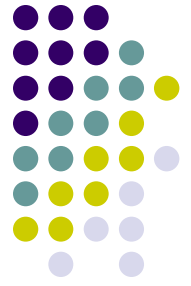
- Focus on wellness, recovery and resilience (not only diagnosis)
- Enhanced 24/7 crisis services
 - Improved access to care at all levels
- Decreasing homelessness
- Improved services for at risk seriously mentally ill children to avoid hospitalization, criminal justice system and foster care systems
- Home- and community-based services
- Increased ADMHS cultural and linguistic competency
- Distinct roles for consumers and family members in the system
- Integrated services for people with serious mental illness, serious emotional disturbance and co-occurring substance use disorders
- Excellent customer service and accountability through ongoing advisory role for stakeholders as well as measurable outcomes
 - Integrate outcomes with County RPMs

Programs

Full Service Partnerships



- 50% of MHA funds must be allocated to Full Service Partnerships
 - (\$1.9 M)
- Full Service Partnerships include:
 - “Whatever It Takes” approach
 - Assertive Community Treatment (wraparound services)
 - Best Practice Research for Severely Mentally Ill
 - Individualized service plans and small caseloads
 - Multidisciplinary teams with a single point of responsibility
 - 24/7 staff availability with recovery and crisis prevention focus
 - 1-10: Staff/consumer Ratio
 - Peer and family-to-family supports; engage natural community supports
 - Services delivered in natural environment such as home or school
 - Cost is approximately \$15,000 per client
- 170-195 clients enrolled across the County
 - 50-75 children & youth (SPIRIT)
 - 20 transitional age youth (Vida Nueva)
 - 95 adults (Vida Nueva)
 - 5 older adults (Vida Nueva)



Demonstrated Success

- Supportive Housing Initiative Act (SHIA) Program
 - Adult consumer hospitalizations have dropped 66%, from 373 individuals in Period 1998-2001 to 127 individuals in Period 2001 - 2004
- Children's Services
 - Reduction of out of home placement – from 120 in FY 00-01 to 88 in FY 04-05

Programs

General System Development



- Improved customer service and consumer and family involvement at all levels
 - Partners in Hope
- Crisis service enhancement/restructuring
 - Countywide Mobile Crisis (C.A.R.E.S)
- Further integration of alcohol and drug
 - Bridge to Care
- Home-based services for older adults
 - Older Adult Recovery and Response Service (OARRS)
- Anti-stigma and community outreach
 - Connections: Each One Reach One
- New resources for transitional age youth (16-25 years)
 - New Heights
- Improved linkage between courts and treatment systems
 - Justice Alliance



Next Steps

- MHSA Plan Approval from Board of Supervisors
- Submit Plan to California Department of Mental Health by 1/1/06
- Response expected within 6 weeks
- Program Implementation
 - Programs operational by Spring 2006
 - Staffing challenges [approximately 60 new staff between ADMHS (20) and CBOs (40)]
- Planning up for future MHSA funding streams
 - Prevention and Early Intervention
 - Capital Facilities and Technology
 - Education and Training
 - Innovative Programs
- Support of Community to implement new programs

We Are On Our Way!

