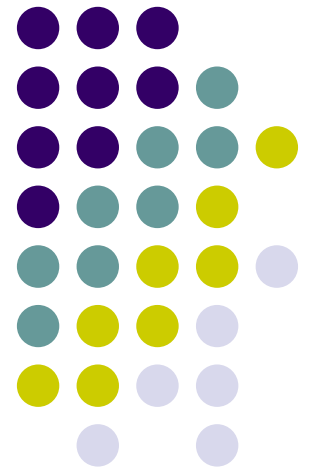


Santa Barbara County Alcohol, Drug & Mental Health Services

Mental Health Services Act

Board of Supervisors

September 26, 2006



Mental Health Services Act (Prop 63)



- Proposition 63 was passed by the voters in November, 2004
 - Santa Barbara County – 53% approval
- MHSA is “NOT business as usual”
- Complete transformation to a new mental health system
 - Better Access to crisis and long term care
 - Access and services to the unserved and underserved
 - Consumer/Family Member Involvement at all Levels
- Board of Supervisors approved submission of MHSA Plan in November 2005



MHSA Funding

- 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
- \$3.8 million-first allocation
 - **50% (\$1.9 million) must be allocated to Full Service Partnerships**
- Funds cannot be used for institutional care
- Programs support County General Fund departments
 - Justice Alliance, CARES



MHSA Planning Process

Active and Inclusive Stakeholder Involvement

- Over 800 County residents and organizations participated
- Consumer and family members were full partners in process
- 3-day Summit with 150 attendees

Community Involvement in Planning

- Community and Media Outreach
- Three Regional Town Hall Meetings
- Consumer and Family Member Meetings
- Web-based Survey (Spanish & English)
- Three-day Summit and One-day Post Summit
- Public Comment Survey on Draft Plan
- Public Hearings by Mental Health Commission

MHSA Activity Since Plan Submission



- February: Met with statewide DMH team to review the Plan
- February-June: Plan revisions and final negotiation with DMH
- DMH reviewed every line item of the CSS Plan to ensure:
 - Funds were NOT supplanting other county programs
 - Programs were innovative
 - ADMHS involved consumers & family members
 - Program targeted underserved and ethnic populations
- June: DMH approved our CSS Plan
 - Developing RFP process

MHSA Programs



Full Service Partnerships (50% of funding) provide a “whatever it takes” approach that includes:

- 24/7 staff availability with a recovery and resiliency focus
- Cultural competent, multidisciplinary teams using best practice research for severely mentally ill (Assertive Community Treatment)
- Client/family member driven with peer and family-to-family supports
- Individualized services provided in community that are integrated with community support networks

FSP Programs

- Vida Nueva (adults, transitional age youth, older adults)
- SPIRIT (youth and families)
- Older Adult Recovery and Response Service (OARRS)

MHSA Programs



General Systems Development provides funds to improve and transform programs, services & supports for all clients

- **Countywide Mobile Crisis (C.A.R.E.S)**
- **Bridge to Care: Further integration of alcohol & drug**
- **Partners in Hope: Consumer and family involvement at all levels**
- **New Heights for Transitional Age Youth: Youth center & outreach**
- **Justice Alliance: Improved linkage between courts & treatment systems**

Outreach and Engagement provides funds for activities and services designed to reach the unserved and underserved such as ethnic groups, geographically isolated regions of the county, or those that may be reluctant to enter the system

- **Countywide Mobile Crisis (C.A.R.E.S)**
- **Connections: Each One Reach On: Anti-stigma & community outreach**
- **New Heights for Transitional Age Youth**

Accountability



Outcome Measures

- Over 70 outcome measures
- Program-specific outcome measures
 - Engagement of previously unserved & underserved in services
 - Improved housing stability & reduced homelessness
 - Improved educational and employment outcomes
 - Decreased institutional care (hospital, incarceration, foster care)
 - Mental illness and addiction recovery and relapse prevention
- System-level outcome measures
 - Increased cultural & linguistic competency of all staff
 - Increased hiring & retention of consumers & family members
 - Increased service provision by consumers & family members

Partnerships & Planning



Partnerships with CBOs

- RFP process for 7 programs
- Awards made in November 2006
- Programs begin implementation in November 2006

Continued MHSA Planning

- Consumer, family member and community involvement
- Kickoff for stakeholders in November 2006 for county-wide support for implementation

Future MHSA Funding Streams

- Prevention and Early Intervention
- Capital Facilities and Technology
- Education and Training
- Innovative Programs



Board Recommendations

- Approve \$5.1 million from the State Department of Mental Health for implementation and operation of the MHSA programs for FY 06-07.
- Direct the Auditor-Controller to create a separate Special Revenue Fund for the purpose of segregating MHSA funding, expenditures and designations.
- Adopt one resolution, effective September 26, 2006 adding:
 - One (.75 FTE) Psychiatrist I/II
 - One (.5 FTE) Psychiatrist I/II
 - One (1.0 FTE) Clinical Psychologist I/II
 - Five (1.0 FTE) Psychiatric Nurse I/II
 - Six (1.0 FTE) ADMHS Recovery Assistant
 - Eight (1.0 FTE) ADMHS Practitioner Intern/I/II
 - One (1.0 FTE) Accountant III
- Approve the Budget Revision Request to establish the budget for MHSA funding and associated revenues and expenditures of \$5.1 M.

Spirit of MHSA



Societal Change in Attitude about Mental Illness