



CA Mental Health Services Act Santa Barbara County

Improving Customer Service and Program
Accountability:

Transforming Our Mental Health System

Alcohol, Drug and Mental Health Services

March 22, 2005



What We Will Cover

- Purpose of the Act
- System Transformation
- Funding
- Components of the Act
- The Local Planning Process

What is it?





Mental Health Services Act

- Proposition 63 was passed by the voters in November, 2004
- It was approved by 53% of Santa Barbara County voters
- It is now known as the Mental Health Services Act (MHSA)
- It became effective January 1, 2005



The MHSA is “NOT business as usual”

- Increased funding is not for expansion of the “old” mental health system
- The expectation is a complete transformation to a new system for all California counties



Purpose of the MHSA

- To provide access and services to underserved populations of seriously mentally ill (SMI) adults and older adults and seriously emotionally disturbed (SED) children and youth
- To achieve improved outcomes for children, adults and older adults

Transform to What?





Guiding Principles of the Transformed Mental Health System

- Plan for services that are consistent with the philosophy, principles and practices of the recovery vision, that provide:
 - Hope
 - Personal Empowerment
 - Respect
 - Social Connections
 - Self-responsibility
 - Self-determination



Guiding Principles of the Transformed Mental Health System (cont.)

- Plan for services that promote consumer operated services, reflect the cultural, ethnic and racial diversity of consumers, and plan for each consumer's individual needs



Guiding Principles of the Transformed Mental Health System (cont.)

- Provide services that are:
 - Person-Centered
 - Family Focused
 - Community-Based



Guiding Principles of the Transformed Mental Health System (cont.)

- Culturally and Linguistically Competent
- Evidence-Based
- Demonstrate Positive Outcomes



Funding





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
- Approximate 15% increase in program funding

Components





MHSA Components

1. Community Program Planning
2. Community Services and Supports
 - a) Children and Youth, including Transitional Age
 - b) Adults, including transitional age
 - c) Older Adults
3. Capital Facilities and Technology



MHSA Components (cont.)

4. Education and Training
5. Prevention and Early Intervention
 - a) Anti-Stigma
 - b) Early Identification
 - c) Early Intervention
 - d) Suicide Prevention
 - e) Services to Underserved Populations
6. Innovation



Community Program Planning Component

- The purpose is to provide a structure and process developed in partnership with community stakeholders to determine how best to utilize funds that will become available for the Community Services and Supports (Systems of Care) programs



Community Program Planning Component (cont.)

- Plans must be developed to ensure:
 - Consumers and family members are involved as full partners in MHSA planning activities
 - Active and inclusive participation by a wide array of community stakeholders
 - Comprehensive training of all stakeholders (including consumers, family members, providers, staff, etc) in advance of the actual planning process

Systems of Care





Community Services and Supports

- Purpose: Services to individuals with serious emotional disturbance and serious mental illness
- Overarching Issues
 - Outcomes and Accountability
 - Cultural Competence
 - Underserved and Unserved Populations
- Services for:
 - Children and Youth
 - Adults
 - Older Adults



DMH Review of Community Services & Supports Proposals

DMH will evaluate each proposed expenditure plan and will:

- Determine the extent to which each county has the capacity to serve the proposed number of children, adults and older adults;
- Determine the extent to which there is an unmet need to serve those individuals;
- Determine the amount of available funds;
- Provide each county with an allocation from the funds available



Local Planning





Community Program Planning, Proposed Planning Structure and Process

A three-tiered planning model is proposed in order to maximize stakeholder involvement and insure a comprehensive and extensive consideration of community needs:

- MHSA Executive Committee
- Stakeholder Steering Committee
- Program Component Subcommittees



MHSA Executive Committee

Purpose:

- To guide the transformation to a new system of care
- To provide broad oversight of the planning process
- To review and approve all draft plans submitted by the Stakeholder Steering Committee
- To submit draft plans to the Mental Health Commission for community input and public hearing



MHSA Executive Committee

Membership:

- Liaison, Board of Supervisors
- Director, ADMHS
- Chair, Mental Health Commission
- Chair, Alcohol and Drug Board
- Representative, County Administrative Office
- Consumer
- Family Member



Stakeholder Steering Committee

Purpose:

- To review draft component work plans submitted by Program Component Subcommittees
- To ensure continuity between program components
- To address strategies for maximizing local revenues by leveraging MHSA funds



Stakeholder Steering Committee (cont)

Purpose:

- To actively assist in the transformation of the mental health system
- To approve and forward draft plans to the MHSA Executive Committee



Stakeholder Steering Committee Membership

Governmental/Leadership:

- Co-Chair, Mental Health Commission Chair
- Co-Chair, ADMHS Project Manager
- Liaison, Board of Supervisors
- CAO Representative



Stakeholder Steering Committee Membership

Consumers/Family Members :

- 6 Family Members (child/youth, adult, older adult)
- 6 Consumers of Service (youth, adult, older adult)



Stakeholder Steering Committee Membership

Providers:

- 2 Providers, Child Mental Health, serving co-occurring disorders
- 2 Providers, Adult Mental Health, serving co-occurring disorders
- 2 Providers, Older Adult Mental Health, serving co-occurring disorders



Stakeholder Steering Committee Membership

Providers:

- 2 Providers, ADP, serving co-occurring disorders,
- Provider, Prevention & Early Intervention
- Private Hospital, with a psychiatric inpatient unit

Labor:

- S.E.I.U. 620



Stakeholder Steering Committee Membership

Law Enforcement:

- District Attorney
- Public Defender
- Police Chief
- Sheriff
- Juvenile Justice Coordinating Council
- Superior Court



Stakeholder Steering Committee Membership

Education:

- Superintendent of Education
- SELPA Director
- UC Santa Barbara
- Santa Barbara City College
- Allan Hancock College
- School Districts Representatives



Stakeholder Steering Committee Membership

Health:

- Santa Barbara Regional Health Authority
- Lompoc Valley Healthcare Corp
- Community Clinics Representative
- Santa Maria Healthier Communities Council
- Emergency Room Physician



Stakeholder Steering Committee Membership

Community:

- Advisory Board on Alcohol and Drug Problems
- California Department of Rehabilitation
- Area Agency on Aging
- Community Recovery Network
- First Five Children and Families Commission



Stakeholder Steering Committee Membership

Community:

- Tri-Counties Regional Center
- 2 Faith-based Community Representatives
- Santa Barbara Foundation
- 2 Business Representatives



Stakeholder Steering Committee Membership

Housing:

- County Department of Housing and Community Development
- 2 City Housing Authorities
- County Housing Authority
- City/County Homeless Coalition
- 2 Private, Non-Profit Housing Authorities



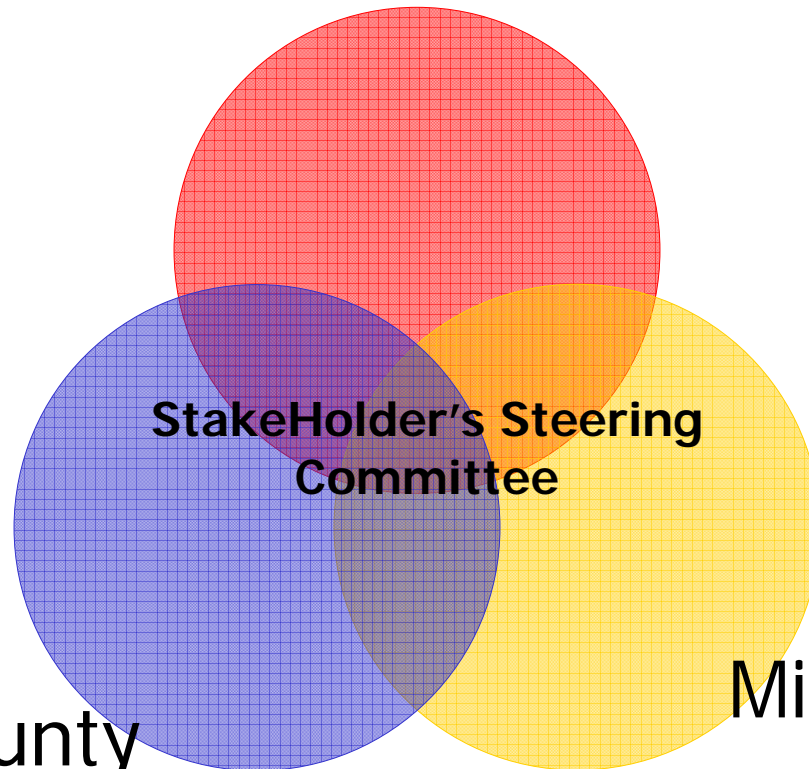
Stakeholder Steering Committee Membership

County Partners:

- Social Services
- Public Health Department
- Public Guardian
- Probation

Stakeholder Steering Committee Member Selection Goal: Geographical Balance

North County



South County

Mid/Central
County



Program Component Subcommittees

Purpose:

- To gather community stakeholder input via community meetings and forums
- To analyze data regarding service access and unmet need
- To develop draft plans for service components for submission to the Stakeholder Steering Committee for review and consideration



Program Component Subcommittees

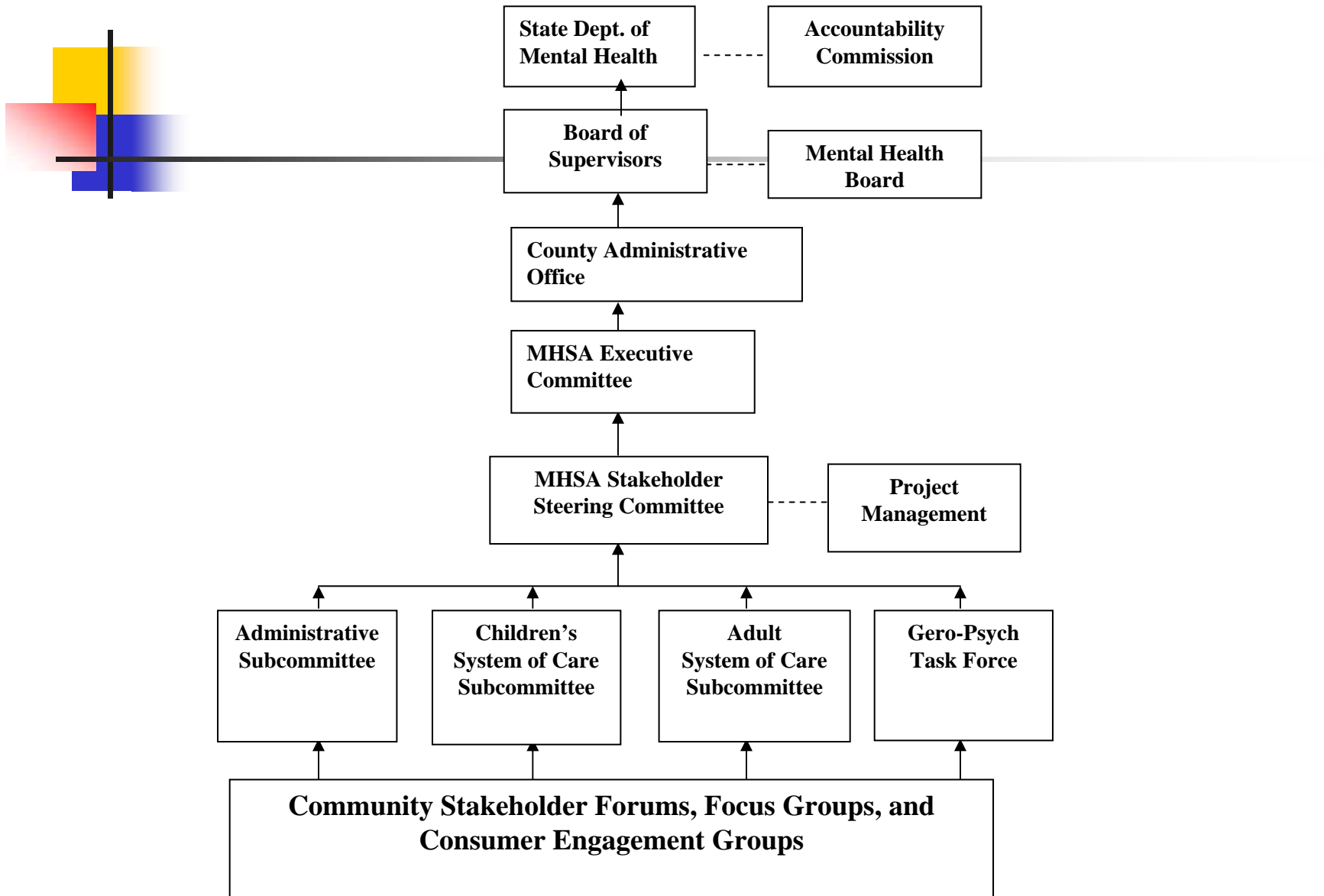
Initial subcommittees will focus on the Community Services and Supports components and will engage a wide array of community partners as members. Initial subcommittees are as follow:



Program Component Subcommittees (cont.)

- Children's System of Care
- Adult System of Care
- Older Adult System of Care
- Administrative Subcommittee

Figure One - Proposed MHSA Local Planning Structure





Community Input Into The Proposed Local Planning Process Has Begun

Focus Groups

- Consumers
- Family Members
- County Staff
- Contract Provider Staff

Presentations

- Mental Health Commission
- Advisory Board on Alcohol & Drug Problems
- Santa Barbara Downtown Business Association
- Gero-Psychiatric Project Team



Community Input Into The Proposed Local Planning Process Has Begun (cont.)

- Therapeutic Justice System Policy Council
- Restorative Policing Project
- County Administrative Office
- ADMHS Management and Executive Team
- Mental Health and Alcohol & Drug Contract Providers



We Are On Our Way!





MHSA Summary

The Mental Health Services Act is NOT
“business as usual”

The Mental Health Services Act IS an
opportunity:

- To transform the mental health system
- To engage consumers, families, staff and other stakeholders as architects of a new and creative system of care
- To improve customer service
- To improve accountability to the community



MHSA Summary (cont.)

- To improve access to services and increase outcomes for children, adults and Older Adults
- To educate and engage the Santa Barbara community on mental health issues
- **TO MAKE A DIFFERENCE!!!**