

Town Hall Meeting

April 7, 2005

The Mental Health Services
Act (Prop. 63)

Purpose

- The stated purpose of the Mental Health Services Act is to “expand mental health services” in California.

MHSA Vision

- Reduce long-term adverse impact of untreated mental illness
 - Including reduction of stigma and discrimination
- Expand access
 - To unserved and underserved populations.
 - To successful service programs
- Focus on effective services and cost-effective expenditures
 - Including prevention and early intervention
- Ensure accountability

Current Situation in California

- One out of every two Americans who needs mental health treatment does not receive it according to President's New Freedom Commission Report.
- The situation is even worse for ethnic and racial minorities.
- Estimates (Year 2000) are that over 1,000,000 adults, older adults, and children/youth living at or below 200% of poverty in California are in need of treatment.
- The public system provides an estimated 460,000 persons with services indicating we would need to more than double capacity to meet the needs of those who rely on public services.

MHSA Funding

- Is paid for by a 1% tax on taxable personal income over \$1 million.
- Is deposited into a Mental Health Services Fund (MHSF) in State Treasury
- Is used to expand, not supplant services; can *“not be used to supplant existing state or county funds utilized to provide mental health services.”*

Nine Categories of Expenditures

1. Local Planning
2. Services to Children
3. Services to Adults & Older Adults
4. Innovative Programs (within 2&3)
5. Prevention and Early Intervention
6. Education and training
7. Capital and Technology Development
8. State Planning and Administration
9. Prudent Local Reserves

The Process

- ▶ Engagement and Commitment
 - Invite Stakeholder Involvement
 - Share Intent and Vision
 - Set Tone of Inclusion
 - Align Expectations Without Losing Optimism
 - Outline Planning Process

The Process

- ▶ Steering Committee:
 - Ensure Stakeholder Involvement
 - Educate the Community
 - Advise Community Mental Health
 - Represent the Whole Community
 - Make Recommendation to Mental Health and Health & Human Services Director

The Process

- ▶ Learning and Assessment
 - Learn Current Service Delivery System
 - Learn Needs and Interests of Consumers, Family Members, Providers, System Partners, Community
 - Learn Best Practice Strategies to Meet Needs
 - Learn Outcomes & Accountability Models

The Process

- ▶ Affirm System Values and Philosophy
 - Access and Choice
 - Cultural Proficiency
 - Early Identification
 - Family Driven
 - Collaboration
 - Individualized Plans
 - Evidence & Outcome Based
 - Recovery & Wellness

The Process

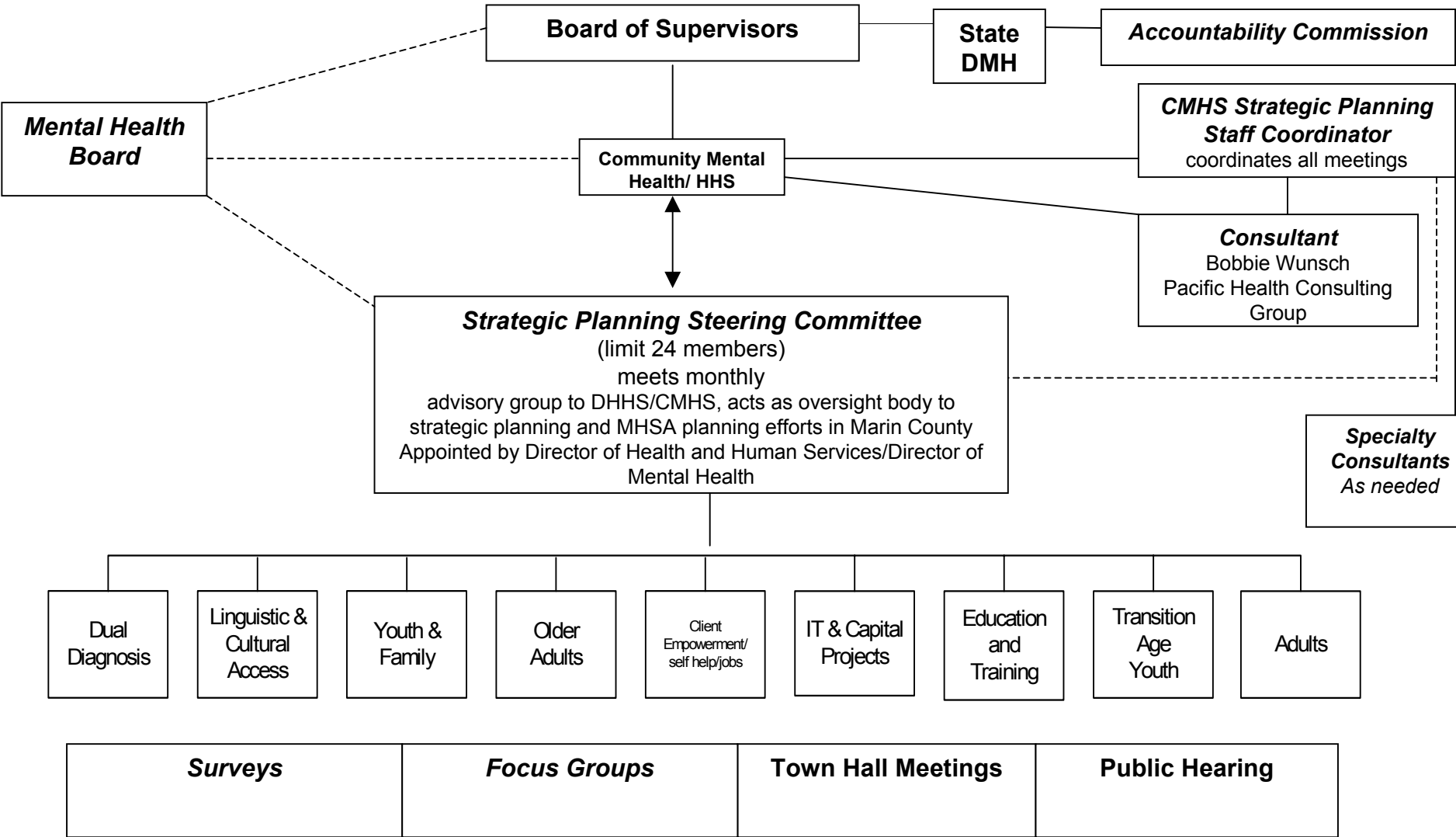
- ▶ Plan Development
 - Special Topic workgroups inform Steering Committee
 - Steering Committee Develops Recommendations
 - Staff/Consultant Develop Draft Plan
 - Plan Reviewed in Draft Form for Comment - Public Hearing by MHB
 - County Plan Submitted to State

Workgroups

- Dual Diagnosis
- Cultural & Linguistic Access
- Children & Family
- Transition Age Youth (16 to 25)
- Adults
- Older Adults
- Client Empowerment/Self-help/Jobs
- Education & Training
- Information Technology & Capital Projects

Structure of MHSA Planning Process in Marin County

March 22, 2005



Participate in Workgroups

If you are interested in participating in any of the Workgroups plan to attend the first meeting:

April 19, 2005

10AM – Noon

Marin County Office of Education – Hollis Hall

1111 Las Gallinas Avenue

San Rafael

Proposed Marin Planning Process

Partial List of Stakeholders

- **Clients**
- **Families of Adult Clients**
- **Families of Child Clients**
- **Contract Providers**
- **Clinical Staff – Adult Services**
- **Clinical Staff – Youth and Family Services**
- **Alcohol and Drug Treatment Providers**
- **First Five Commission**
- **Health Care Providers**
- **County Office of Education**
- **Older Adults**
- **Hispanic Population**
- **African American Population**
- **Vietnamese Population**
- **Administrative Support Staff**
- **Mental Health Board**
- **National Alliance for the Mentally Ill**
- **Law Enforcement**
- **Physicians**
- **Division of Social Services**

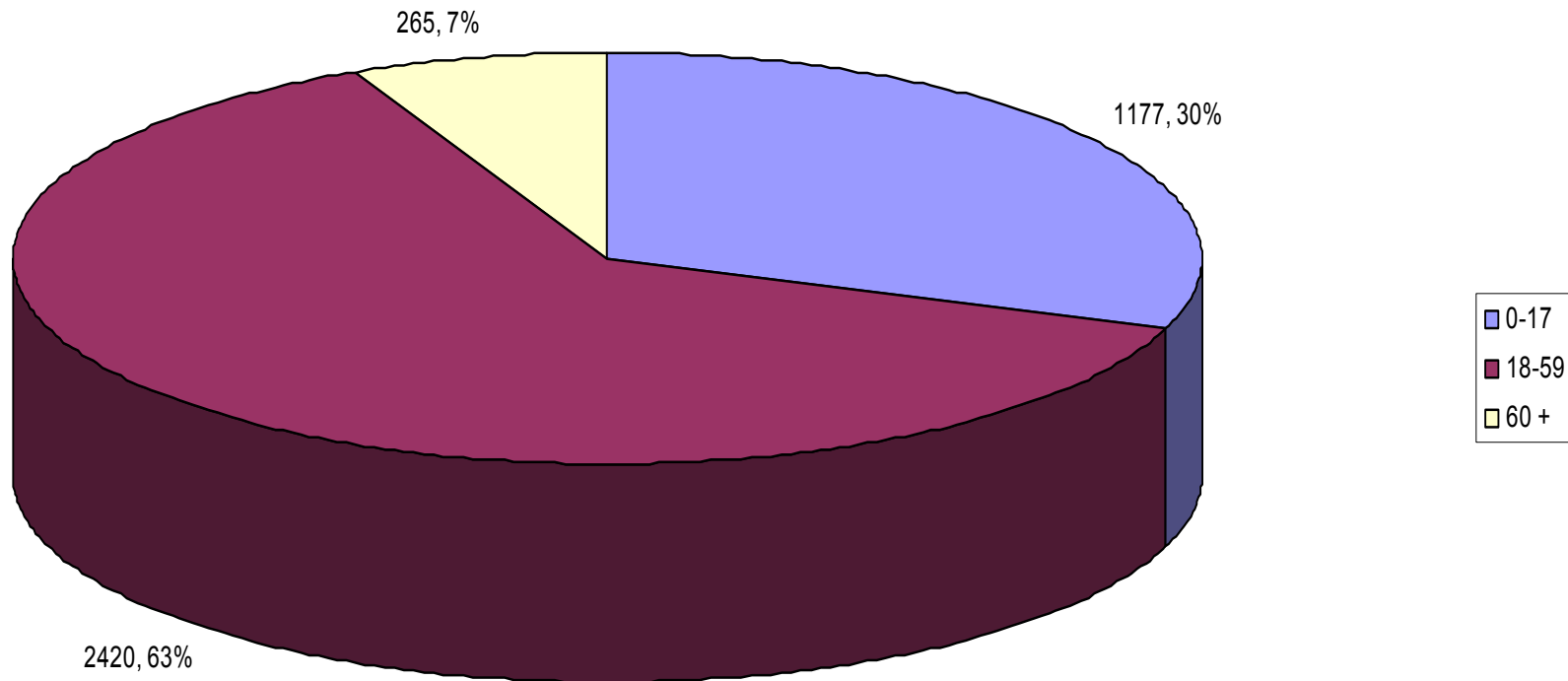
County Proposal will Address Specific Outcomes:

- Meaningful Daily Activities
- Safe Housing
- Supportive Relationships
- Access to Help in a Crisis
- Reduction in Incarceration
- Reduction in Involuntary Services

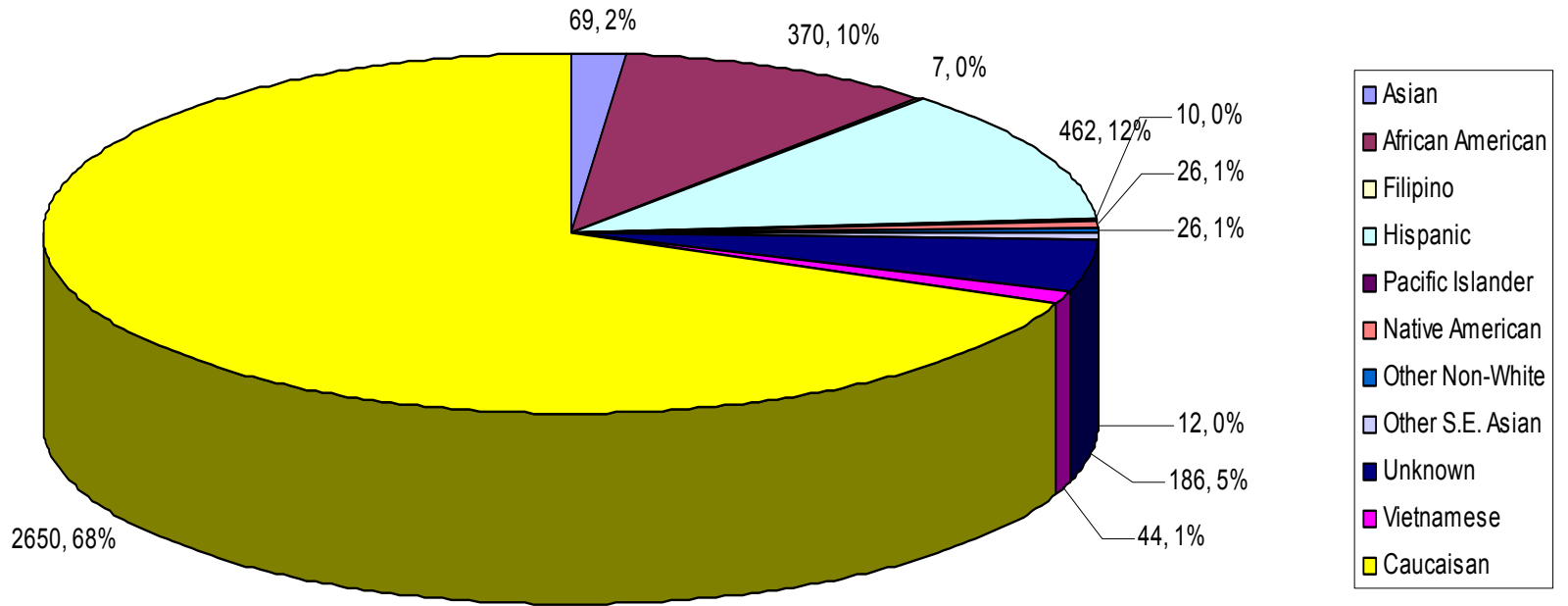
Current CMHS Mandates:

- Seriously Mentally Ill Adults
- Seriously Emotionally Disturbed Children
- Medi-Cal Beneficiaries – In-patient and Out-patient
- Disaster and Emergency Services

CMHS Client Demographics - by Age Fiscal Year 03-04



CMHS Client Demographics - by Race Fiscal Year 03-04



Initial Timeline Estimates

- **Nov 2004 – Feb 2005**

 - Community Surveys Completed

 - Focus Groups Conducted

- **March 2005**

 - BOS Approves Planning Process

 - Planning Process Submitted to State DMH

 - Steering Committee Meets

 - Training for Clients to Strengthen Participation

Initial Timeline Estimates

- **April 2005**

- Town Hall Meeting to Inform and Get Input
 - Steering Committee and Eight Workgroups Develop Plans
 - Draft Plan for Community Supports and Services (CSS)

- **May 2005**

- Workgroups report to Steering Committee

- **June 2005**

- Steering Committee Meets and Reviews CSS

- **July 2005 and beyond**

- To be Determined by the State

Websites for More Information:

- CMHS Marin: www.co.marin.ca.us
- DMH: www.dmh.cahwnet.gov
- Presidents New Freedom Commission Report: www.mentalhealthcommission.gov
- California Mental Health Planning Council: www.dmh.ca.gov/mhpc
- Network of Care: www.networkofcare.org (Click on mental health then click on San Mateo)
- California Network of Mental Health Clients: www.californiaclients.org