

P. MENTAL HEALTH SERVICES ACT - MHSA

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) which became law on January 1, 2005. The vision of the MHSA is to build a system in which mental health services are more accessible and effective, utilization of out-of-home and institutional care is reduced, and stigma toward those with serious mental illness (SMI) or serious emotional disturbance (SED) is eliminated. The MHSA was designed to provide funds to counties to expand services, develop innovative programs, and integrate service plans for children, adults and older adults with a serious mental illness. The MHSA provides resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth (TAY), adults, older adults, and families. It also addresses a broad continuum of prevention and early intervention needs, and the necessary infrastructure, technology, and training to effectively support the public mental health system.

The MHSA work plan consists of five components:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovations (INN)
- Capital Facilities and Technological Needs (CF/TN)
- Workforce Education and Training (WET)

MHSA Full-Service Partnerships

A number of providers are participating in MHSA Full-Service Partnerships, which provide mental health services to clients and link them with a variety of community supports, designed to increase self-sufficiency and stability. Full Service Partnership (FSP) programs advance goals to reduce institutionalization and incarceration, reduce homelessness, and provide timely access to help by providing intensive wraparound treatment, rehabilitation, and case management. The FSP program philosophy is to do “whatever it takes” to help individuals achieve their goals, including recovery. Services provided may include, but are not limited to, mental health treatment, medical care, and life-skills training. Funds can also be used to fund permanent supportive housing or housing supports. These providers are required to participate in a State data collection program which tracks initial assessments, specialized client assessments, ongoing key incident tracking and quarterly assessments. The State has set timeframes for provisions of each type of data.

MHSA System Transformation

Under the MHSA, community-based services and treatment options in San Diego County have been improved, expanded, and transformed by:

1. Increasing Client and Family Participation
2. Serving More Clients
3. Improving Outcomes for Clients
4. Decreasing Stigmatization
5. Minimizing Barriers to Services
6. Increasing Planning and Use of Data
7. Increasing Prevention Programming
8. Including Primary Care in the Continuum of Care
9. Using of Proven, Innovative, Values-Driven and Evidence-Based Programs

With the passing of the Mental Health Services Act the law called for the establishment of the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC is responsible for oversight of the MHSA implementation. The MHSOAC holds counties accountable for a number of outcomes. The outcomes include decreases in racial disparities, hospitalizations, incarcerations, out-of-home placements and homelessness while increasing timely access to care. Other outcomes may be required as the State and County evaluate MHSA services. Contractors receiving MHSA funding are responsible for complying with all and any new MHSA requirements.

For current information on MHSA visit:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mh_sa.html

For current MHSOAC information visit: <http://www.mhsoac.ca.gov/>