

A Draft Readers Guide to Mental Health Services Act, Community Services and Supports Three-Year Program and Expenditure Plan Requirements

Introduction:

The State Department of Mental Health (DMH) has received multiple comments and suggestions through a broad stakeholder process. Many of those expressed concern with the complexity and length of the CSS Program and Expenditure Plan Requirements and the difficulties stakeholders might have in understanding them. DMH believes that the level of detail and specificity in the requirements is essential to administering and being accountable for MHSA funding. DMH offers this readers guide to aid stakeholders in understanding this document.

The Purpose of the CSS Requirements:

The Mental Health Services Act (MHSA) provides for a comprehensive approach to the development of community based mental health services and supports for the residents of California. The MHSA addresses six components of building a better mental health system involving an extensive stakeholder process to guide policies and programs:

- Community Program Planning
- Services and Supports
- Capital (buildings) and Information Technology
- Education and Training (human resources)
- Prevention and Early Intervention
- Innovation

This document covers the requirements of service delivery and supports for children, youth, adults and older adults with serious emotional disturbances and/or severe mental illnesses. The DMH has chosen to name this component **“Community Services and Supports.”**

The pertinent sections of the Act are Sections 5, 7, 10 and 15 that add or amend significant portions of the Welfare and Institutions Codes defining program requirements.

Counties are required to develop a three-year plan to receive funding under the MHSA. The plans must be consistent with the requirements outlined in this document. Annual updates of the plans will be required.

Desired Outcomes

DMH has emphasized, consistent with the MHSA, certain specific outcomes for the individuals served through these funds including:

- Meaningful use of time and capabilities, including things such as employment, vocational training, education, and social and community activities
- Safe and adequate housing, including safe living environments with family for children and youth; reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including times of crisis
- Reduction in incarceration in jails and juvenile halls
- Reduction in involuntary services including reduction in institutionalization and out-of-home placements.

County proposals will be evaluated for their contribution to achieving these results.

Additional information that can help with understanding this document

These requirements are intended to implement the Vision Statement and Guiding Principles for DMH Implementation of the Mental Health Services Act, which can be located on the MHSA web page at:

http://www.dmh.ca.gov/MHSA/docs/Vision_and_Guiding_Principles_2-16-05.pdf.

These requirements are intended to initiate significant changes including:

- Increases in the level of participation and involvement of clients and families in all aspects of the public mental health system
- Increases in client and family operated services
- Outreach to and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health needs
- Increases in the array of service choices for individuals diagnosed with serious mental illness and children/youth diagnosed with serious emotional disorders, and their families

Statutes referenced in the MHSA that provide foundation for the requirements are Welfare and Institutions (W&I) Code Sections 5801, 5802 and 5806, relating to AB 34 and AB 2034 programs, and W&I Code Section 5850 et seq., which define the core values and infrastructure requirements for Children's System of Care.

County Planning Requirements for CSS funding

Counties have already received planning funds (if their planning application was approved by DMH) to plan for services. In a previous DMH letter to counties, DMH specified the requirements for planning and asked counties to provide information about how their planning process would include clients and families, how it would be comprehensive and representative, how the planning process would be staffed, and how staff and stakeholders would be trained in advance to participate in the planning process. Counties are also required to have a public review process. These requirements state that a county's plan will not be reviewed for funding until the county has successfully carried out a complete and adequate planning process.

Details on these requirements and the actual language on the MHSA can be seen on pages 9 – 12.

Essential Elements for all Three-Year Program and Expenditure Plans

DMH considers it essential that all county plans address and incorporate five essential concepts. They are:

- Community collaboration
- Cultural competence
- Client/family-driven mental health system for older adults, adults and transition age youth and family-driven system of care for children and youth
- Wellness focus, which includes the concepts of recovery and resilience
- Integrated service experiences for clients and their families throughout their interactions with the mental health system

Definitions of these elements can be found on pages 5 – 7.

Types of Funding Available through CSS Requirements and Plans

In order to implement CSS plans that are consistent with these requirements, DMH is making three types of funding available to counties. The three types are:

- Full Service Partnership Funds – funds to provide necessary services and supports for initial populations
- General System Development Funds – funds to improve services and infrastructure
- Outreach and Engagement Funding – funds for those populations that are currently receiving little or no service

Definitions for these types of funding can be found on page 8.

Special Conditions

The CSS Requirements state that counties cannot use funds to “supplant” other funds. DMH will be providing a definition of “supplantation” for this purpose.

The MHSA specifically defines funding restrictions in Section 15, Welfare and Institutions Code, Section 5891. The funds “shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services.”

The Basic Requirements for the CSS Plan

The MHSA Plan Requirements are based on a logic model that links: (1) community issues resulting from untreated mental illness and a lack of services and supports, (2) mental health needs within the community, (3) the identification of specific initial populations to be served based upon the issues and needs identified, (4) the strategies and activities to be implemented, and (5) the desired outcomes to be achieved.

Counties are required to request the majority of their total CSS funding for Full Service Partnerships, in order to begin to provide full service to as many individuals/families as possible. Services funded from General System Development or Outreach and Engagement funds provided to individuals who have Full Service Partnerships may be counted in meeting this requirement. Small counties are required to request the majority of their total CSS funding by Year 3 (FY 2007-08).

Counties must plan for each age group in their initial populations to be served. If a county does not believe it can begin providing expanded mental health services for each age group in the three-year period, they must explain why this is not feasible, indicate their plan to provide full service to at least some populations in each age group by Year 3 of this plan, and provide assurance that remaining age groups will be addressed in the subsequent plans.

The counties will be expected to embed the five essential elements throughout the following sections and in this sequence:

- Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports
- Section II: Analyzing Mental Health Needs in the Community
- Section III: Identifying Initial Populations for Full Service Partnerships
- Section IV: Identifying Strategies
- Section V: Assessing Capacity
- Section VI: Developing Work Plans with Timeframes
- Section VII: Developing Budget Requests