



County of Santa Cruz

HEALTH SERVICES AGENCY

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HEALTH SERVICES AGENCY ADMINISTRATION

September 13, 2005

AGENDA: September 20, 2005

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: Report on the Mental Health Services Act Plan (Proposition 63) – Updated Timeline and Issues

Dear Members of the Board:

During the 2005-06 budget hearings, the Health Services Agency (HSA) expected to provide your Board with the Mental Health Services Act (MHSA) draft local plan to review in September 2005. At that time, the State Department of Mental Health (DMH) anticipated the release of the Final Requirements by the end of June 2005. Those requirements were not released until August 2005 and differed substantially from the Draft Requirements California counties were using to guide the MHSA planning process. As a result, the local plan is now expected to be to your Board for review and approval on November 29, 2005 after going to the Local Mental Health Board (LMHB) for a public hearing and 30 days of comment on the draft plan. The following is an update on the plan requirements, planning process and its timelines.

Background

MHSA (Proposition 63) passed in November 2005 and included a variety of funding proposed to improve mental health services throughout the State. In the 2005-06 Supplemental Budget Report Back to your Board, the HSA reported that the State Department of Mental Health (DMH) anticipated the release of the Final Requirements for the Community Services and Supports (CSS) component of the MHSA by the end of June 2005. Unfortunately, the Final Requirements were actually not released by DMH until early August and the Final Plan Requirements have important changes from the May Draft requirements. Based upon direction from the State, local advocates and mental health programs began planning as soon as the Proposition passed. However, changes in requirements and interpretations related to Proposition 63 have made it necessary to go back and rethink major portions of the plan and recommendations.

New Plan Requirements

Workplans

The most important change is the new requirement to develop separate work plans and budgets for each MHSA proposed program. Also, new and enhanced programs are the only services

eligible for any funds. Mental Health anticipates this will require the development of at least 30 separate work plans with budgets for the Santa Cruz County Plan.

Prudent Reserves

In addition, each County's Plan is to be submitted to DMH with the County's request for Startup Funding and Prudent Reserves. The DMH Letter NO.: 05-06, providing the guidelines and requirements for Startup Funding and Prudent Reserves, was not released until early September. The State intends to retain the "prudent reserves" at the State level. The \$2 million available for services is definitely not enough to address all the needs of adults, children, and older adults with serious mental health needs so holding money aside at the State instead of putting it into services does not seem to make sense. Nonetheless, this and other requirements will need to be processed and addressed in the final document.

As a result of the State delays and changes in the final requirements, the local plan is now expected to be to Your Board for review and approval November 29, 2005 after going to the LMHB for a public hearing and 30 days of comment on the draft plan. Changes are anticipated based on public review.

Process

The Phase II MHSa local planning process has been completed with approximately \$12 million of additional program needs identified through the public process. In total, 1181 attendees have participated in the various Phase I and II planning meetings for children, transition age youth, adults and older adults, and a total of 1241 surveys were submitted from all ages. Of the combined 2422 attendees and surveys reviewed, 858 or 35% represent consumer participation, 209 or 9% represent family participation, 657 or 27% represent mental health provider participation and 698 or 29% represent other stakeholders and general public participation. County Mental Health is continuing to receive input and State clarifications on the plan, which will impact the final document.

Mental Health is using the State Final Requirements, on file with the Clerk of the Board's office, to write the Draft Plan based on the comprehensive local community planning process. Upon completion, the Draft Plan will be available for a 30-day review and comment period. During this period, Mental Health will be holding additional Public Meetings for consumers, family members, providers, and other stakeholders to learn about and discuss the Draft Plan. After the 30-day review process, the Local Mental Health Board (LMHB) will hold a Public Hearing on the Plan. County Mental Health will provide a summary and analysis of any substantive recommendations for revisions. County Mental Health will also make changes to the draft. These public meetings will be noticed in the newspaper and at all the MH service sites. The LMHB shall review both the draft and revised plan and make recommendations to the County for any further revisions.

After the final LMHB review and comment, the Proposed Three Year Plan, with any changes, will be forwarded to your Board for a Public Hearing in November. After approval by your Board, the Final Plan is submitted to the State Department of Mental Health. Changes can and will be made over the 3-year period as needs and priorities change. The Plan is a living document linked to quality improvement and capacity building. The State has communicated to counties that it will take three months for plans to be reviewed. No funds are released until plans are reviewed and approved by State.

In addition the State has requested that Counties include local mental health advocates in a variety of meetings sponsored by the State and the California Institute for Mental Health. It is very important we include local advocates who have been part of the planning process. Board approval for this travel is needed in order to allow them to get reimburses similar to Local Mental Health Board members. Funds are available for this in the local plan allocation.

It is therefore, RECOMMENDED that your Board:

1. Accept and file this report on the Mental Health Services Act Planning Process;
2. Direct the Health Services Agency to return to your Board on or before November 29, 2005 with the MHSA Final Plan for review and approval; and,
3. Approve the participation of local advocates in the planning process including travel for state meetings (within County required per diems) over the next 12 months.

Sincerely,



Rama Khalsa, Ph.D.
Health Services Agency Director

RECOMMENDED:

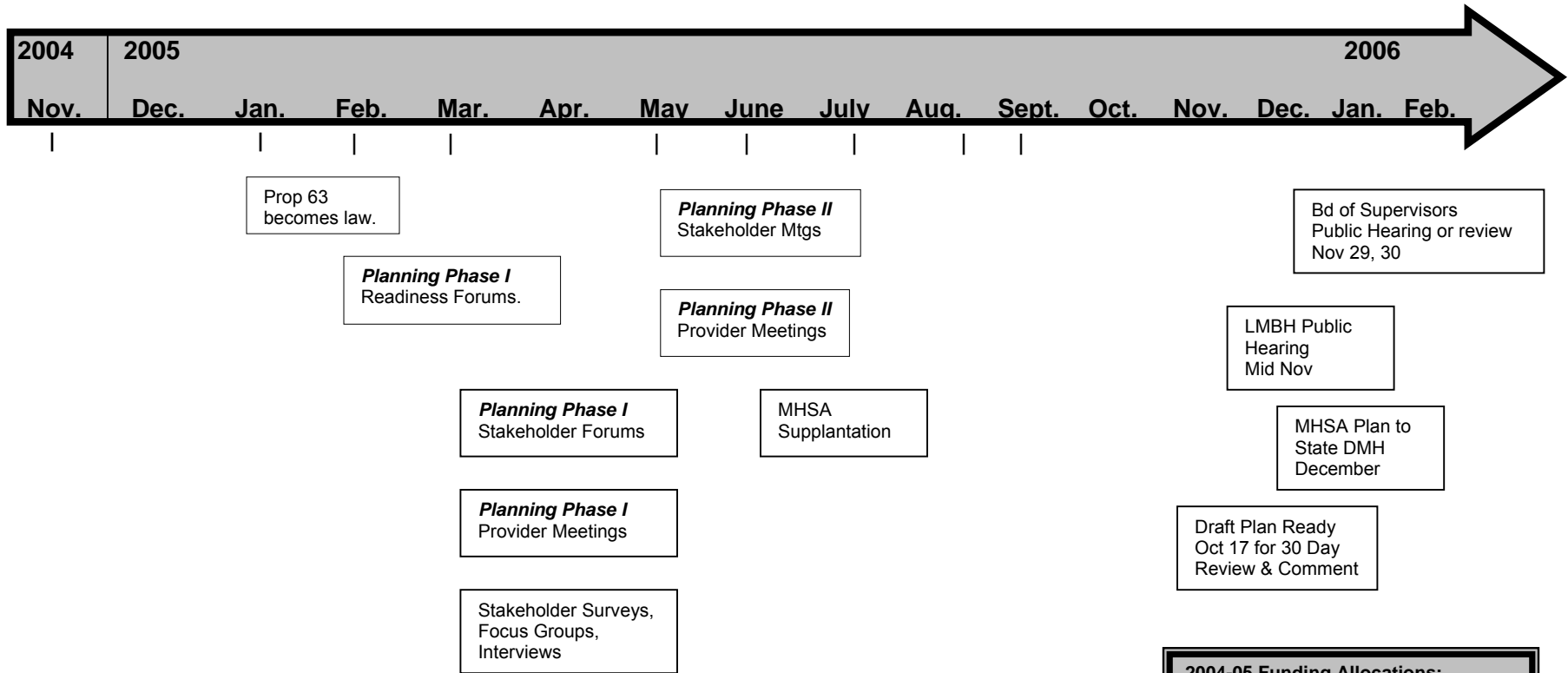


Susan A. Mauriello
County Administrative Officer

Attachments: 1) Updated MHSA Plan Timelines
2) Final Requirements (on file with the Clerk of the Board)

cc: County Administrative Office
County Counsel
HSA Administration
Local Mental Health Board
Alliance for the Mentally Ill
Mental Health Client Action Network

Updated Timeline for Local MHSA Planning & Implementation of Proposition 63



Still to be determined:

- Deadline for local mental health agencies to submit to State Department of Mental Health (SDMH) a 3-year plan for **Prevention, Innovation, and System of Care** (must include local stakeholders, public hearing).
- Timeline and requirements for **Prevention**
- Timeline and requirements for **Innovation**.
- Timeline and requirements for **Capital Facilities**.
- Timeline and requirements for **Workforce Development**.
- Timeline and requirements for **Information Technology**.
- SDMH must seek federal Medicaid approvals to maximize federal funds.
- State Department of Social Services (SDSS) must seek federal approval to expand wrap-around services.
- Local mental health agencies must submit to SDMH a workforce development needs assessment.

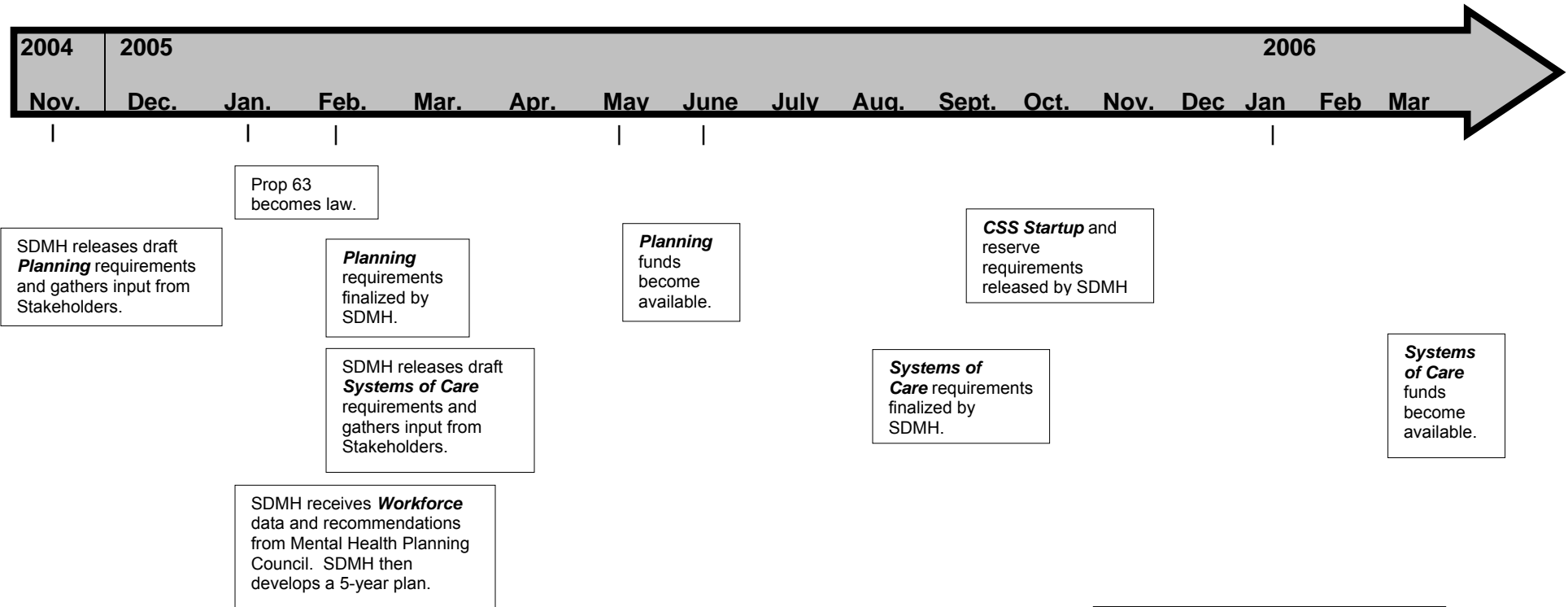
2004-05 Funding Allocations:

- 45% education/training
- 45% capital facilities and technology
- 5% local planning
- 5% State responsibilities

2005-06 onward Funding Allocations:

- 10% education/training trust fund
- 10% capital facilities and technology
- 20% prevention
- 60% local mental health agencies (5% for innovation)

Updated Timeline for State Implementation of Proposition 63



Still to be determined:

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- 20% prevention
- 60% local mental health agencies (5% for innovation)