

COUNTY PRIORITIES FOR MHSA MODERNIZATION

Approved by the CSAC MHSA Working Group on March 9, 2020

Approved by the CSAC Executive Committee on April 16, 2020

Final Approval and Adoption by the CSAC Board of Directors on May 28, 2020

The Mental Health Services Act (Proposition 63, MHSA), passed by voters in 2004, provides critical resources for county behavioral health programs to implement the “whatever it takes” model of recovery for those living with mental illness. The MHSA helps support vital treatment, prevention, and innovative services for all Californians regardless of age, ethnicity, location, or income.

The Newsom Administration has called on MHSA stakeholders to consider reforms to better align with the administration’s focus on several key issues, including prioritizing the needs of homeless, justice-involved and at-risk youth populations. We believe that the concepts outlined below would help to facilitate that focus, along with improving the flexibility of counties to expand the “whatever it takes” ethos to foster prevention, intervention, and recovery efforts for individuals with mental health and substance use disorder needs.

To that end, we offer seven simple strategies to sustain our mission to serve all Californians with MHSA funding:

DEVELOP STATEWIDE ACCOUNTABILITY OUTCOME MEASURES

Increase the efficacy and accountability of MHSA funding by developing robust statewide outcome measures for key populations. We recommend convening counties and a diverse team of experts, client and family representatives, and data scientists to develop measurable and timely shared outcomes for MHSA-funded programs statewide. The MHSA’s existing seven negative outcomes under Prevention and Early Intervention funds should serve as the foundation for the development of measurable outcomes.

INCREASE TRANSPARENCY

Bolster MHSA transparency for counties, the state, and the public by building on current county data reporting requirements to strengthen and improve state-level reporting and data sharing. Improving accountability and transparency practices around the MHSA, including timely reporting and measurement against goals in the key areas, is critical to ensuring positive outcomes for the people we serve.

PROVIDE FLEXIBILITY TO ENHANCE FOCUS ON CORE PRIORITIES

Regulatory caps on MHSA funding components hamper our ability to implement the “whatever it takes” model for some of the sickest and highest-cost clients we serve, including those who are homeless or involved in the criminal justice system. Increasing the flexibility between funding categories allows counties to respond to pressing local needs and the volatility of MHSA funding, while also preserving the Act’s directive to reduce seven identified negative outcomes, including: untreated mental illness; suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness;

and removal of children from their homes. Any changes to the funding structure must also remain responsive to local decision-making and preserve opportunities for community input.

INCORPORATE SUBSTANCE USE DISORDER SERVICES

To continue fidelity to the “whatever it takes” model of recovery and integrated care, counties seek additional flexibility to integrate MHSA funding for substance use disorder services, including prevention and outreach efforts. Substance use disorders are widely classified as a mental illness, and the Journal of the American Medical Association estimates that roughly 50 percent of individuals with serious mental illness are also living with a substance use disorder. Additional flexibility will reduce rigid funding barriers and bolster counties’ ability to make progress on new accountability metrics by allowing counties to more comprehensively serve our most critical and complicated populations with MHSA-funded services.

SUSTAIN FUNDING FOR LOCAL SERVICES

The sustainability of county MHSA funding is of critical importance to the people, providers, and programs within the county behavioral health safety net today. Counties are already responsible for specialty mental health services through Medi-Cal and providing a broader community mental health safety net regardless of income via the Bronzan-McCorquodale Act requirements. In addition, counties are expert at braiding multiple funding streams to provide a broad range of Medi-Cal and non-Medi-Cal funded services to various vulnerable communities. Preserving this critical funding and aligning outcome measures, transparency, and flexibility will ensure a future for our innovative services and supports, such as Full Service Partnerships, supportive housing, and grief recovery services for all ages and payer types.

RIGHT-SIZE RESERVES

Increase available funding by adjusting reserve levels to maximize flexibility and align with policy goals. Current law *requires* county reserves of no more than 33 percent of the average of the last five years of Community Services and Supports funding, not **total** MHSA funding received by each county. Should the additional accountability and flexibility above be implemented, along with the development of clear criteria for accessing reserve funding, it makes sense to reduce the current reserve level percentage in order to adjust for a comparable prudent reserve applied to all MHSA funding directly received by a county.

AMPLIFY INNOVATION

Maximize innovation funding and outcomes by expanding the definition of innovation, further streamlining the process for funding innovative programs, and allow counties to sustain successful innovations. Counties also seek to continue the development of community-defined practices to better meet the diverse needs of Californians, share county- and data-driven best practices and outcomes to propagate innovation statewide, and support multi-county or regional initiatives with both county and non-county partners.

-end-