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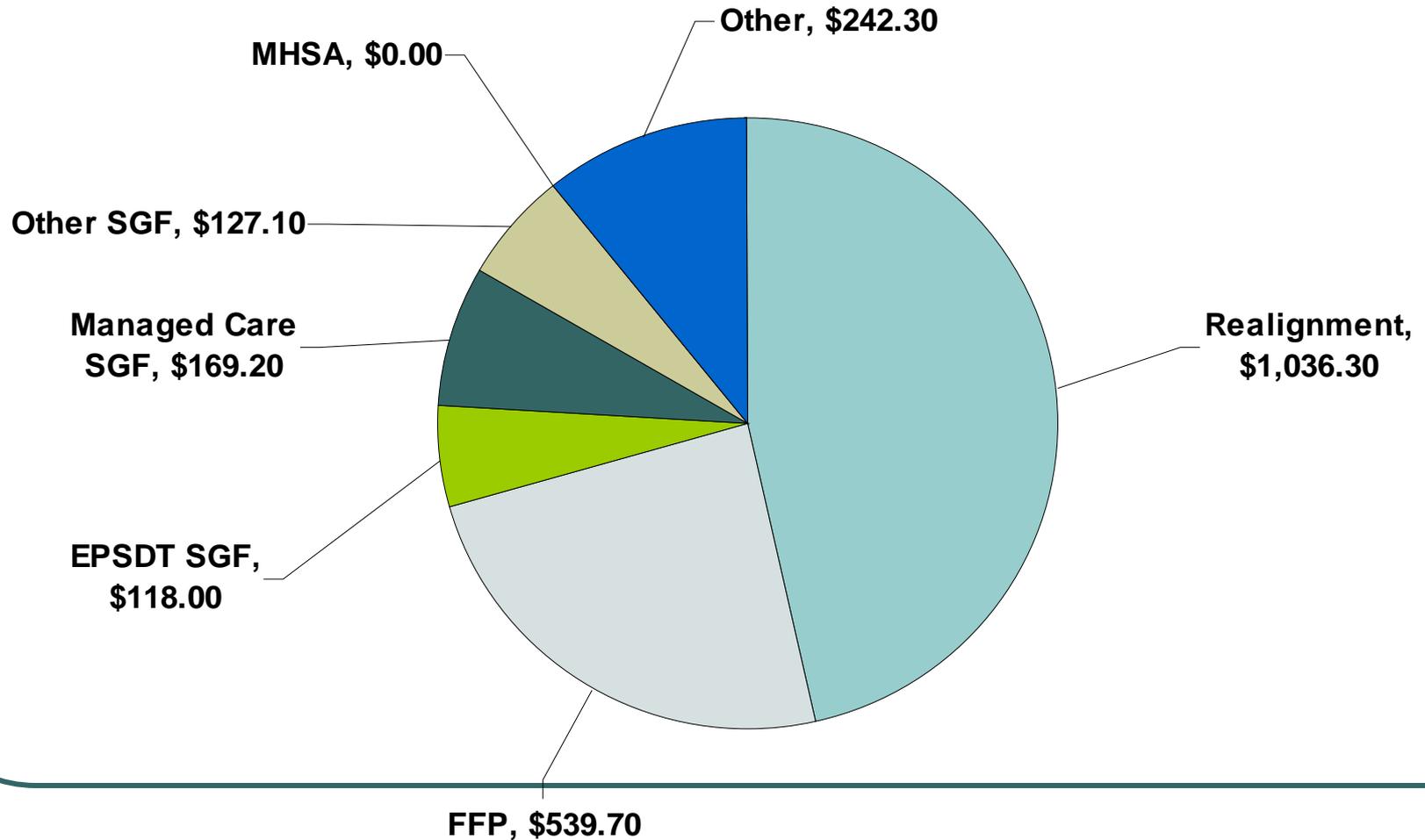
# Counties and Changing Mental Health Funding

*Presented By: Don Kingdon, Ph.D.*

**Deputy Director,  
California Mental Health Directors Association**

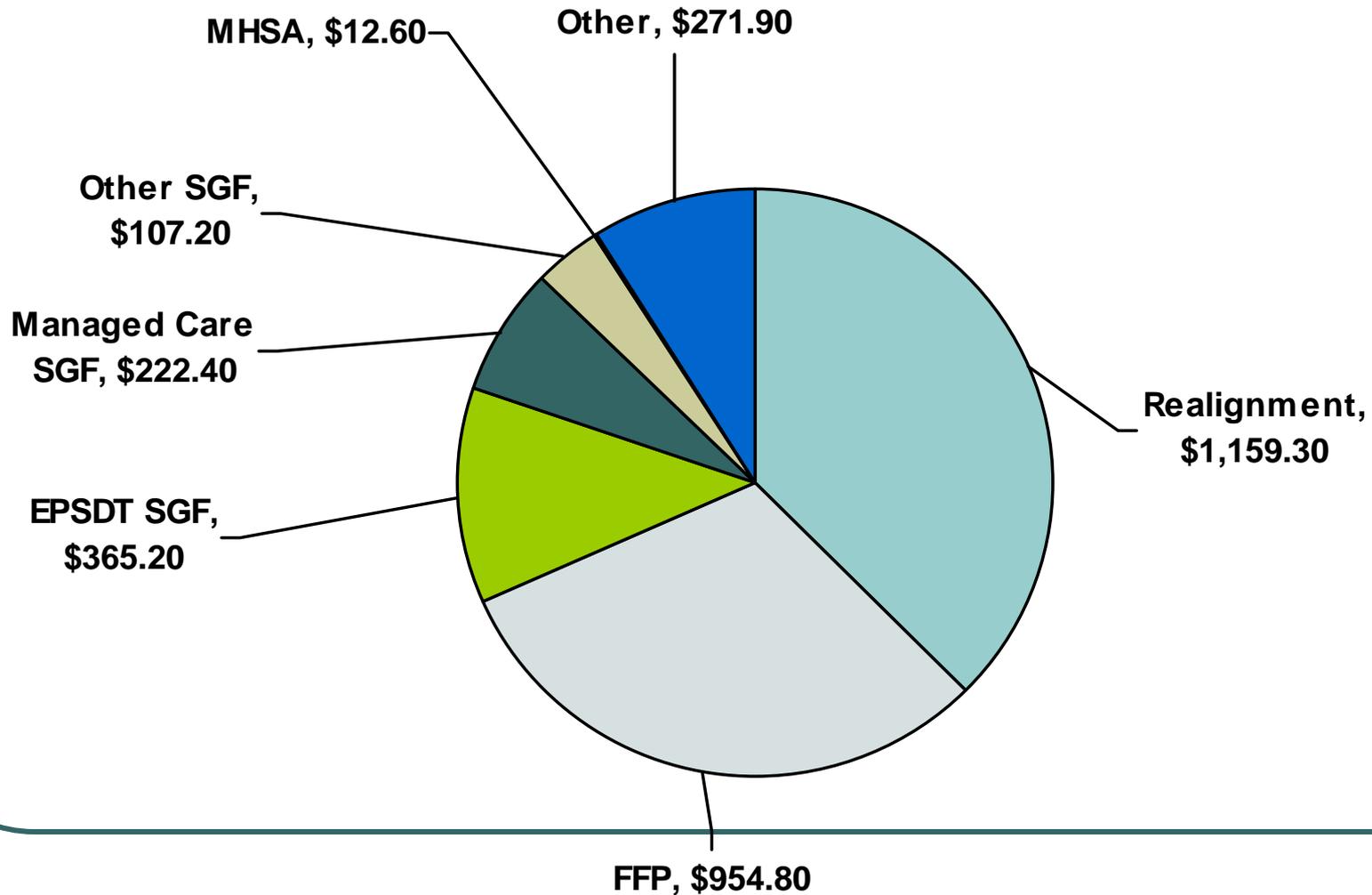
MHSA = A Growing Percentage Statewide Reimbursement for Direct Services Community Mental Health Funding  
FY 1999-2000 (\$2.2 Billion)

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The MHSA = A Growing Percentage Statewide Reimbursement  
for Direct Services  
Community Mental Health Funding  
FY 2004-05 (\$3.1 Billion)

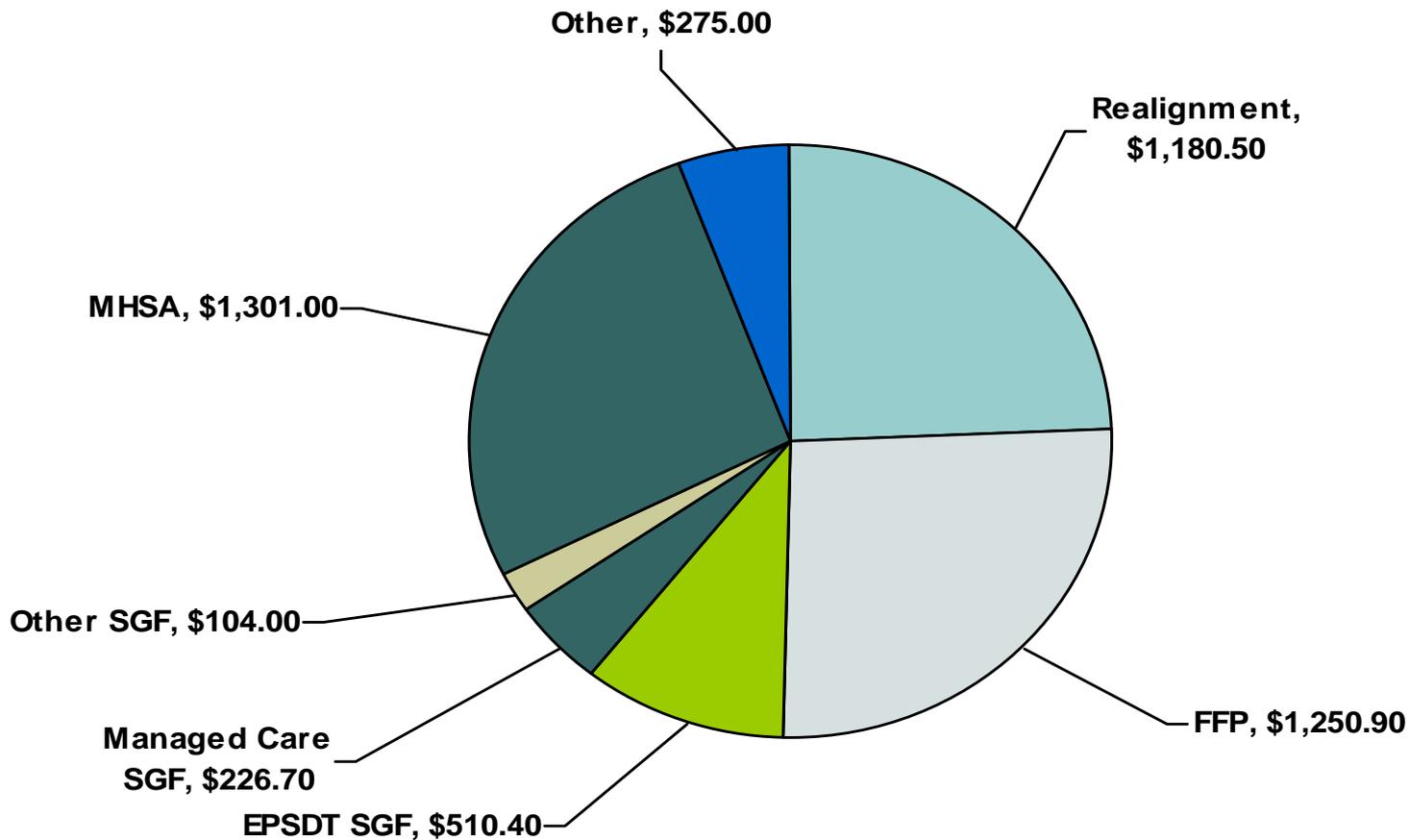
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# The MHSA = A Growing Percentage Statewide Reimbursement for Direct Services

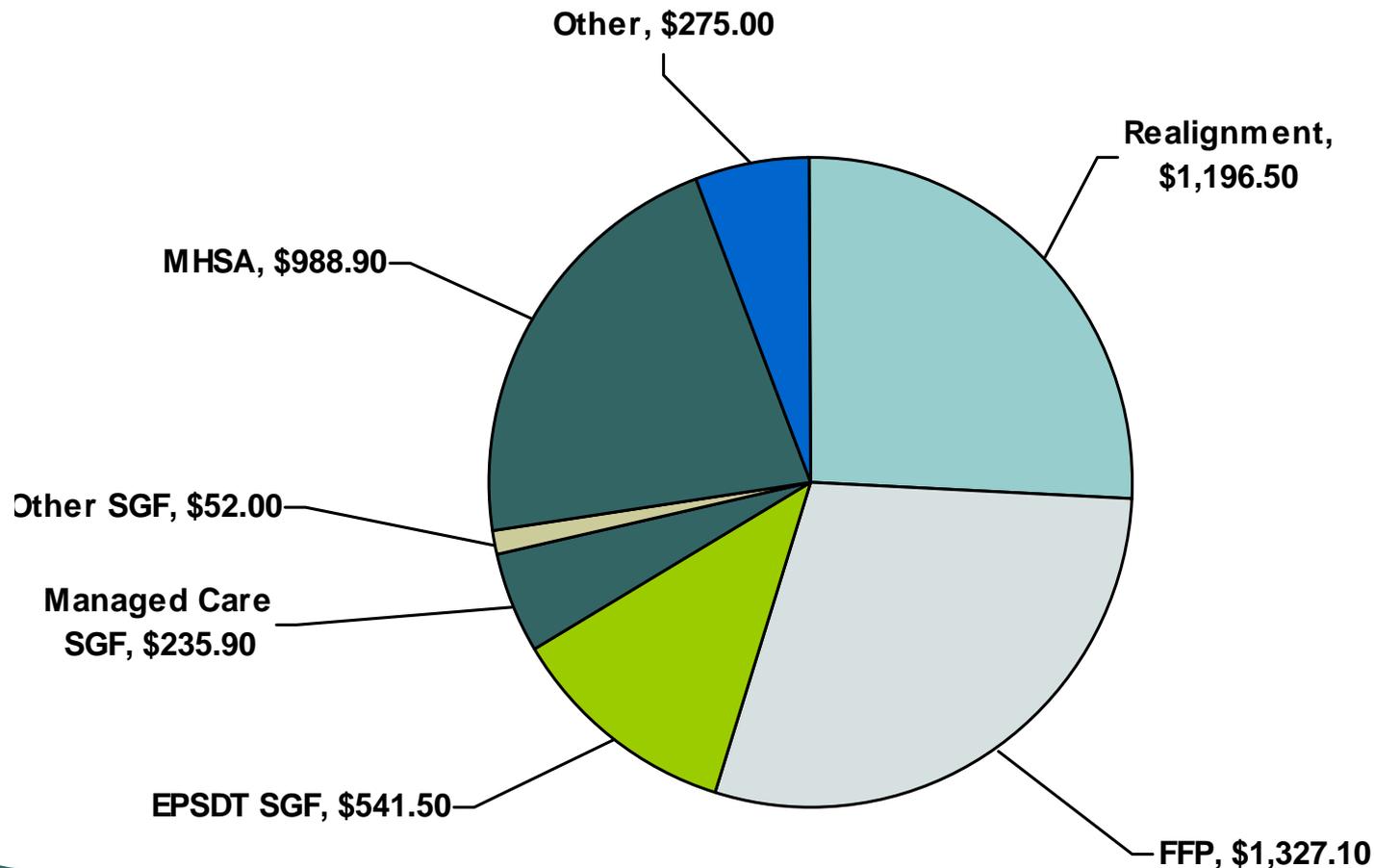
Hypothetical\* Community Mental Health Funding  
FY 2009-10 (\$4.8 Billion)

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The MHSA = A Growing Percentage Statewide Reimbursement for Direct Services Hypothetical\* Community Mental Health Funding  
FY 2011-12 (\$4.6 Billion)

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# Presentation to MHSOAC

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January 30, 2009

- \* **Integrate**
- \* **Simplify**
- \* **Get Resources to Counties**

*Presented By: Patricia Ryan, MPA*  
Executive Director,  
California Mental Health Directors Association

# Overview of Presentation

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- Urgency to Address “Two-Tiered System.”
- Necessity of moving MHSF into communities.
- Immediate strategies to support building a continuum of care.

# Ultimate MHSA Objective: A Continuum of Care

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A community-based mental health system capable of:

- attempting to prevent the negative outcomes associated with SMI and SED that is also
- equipped to offer individuals the right amount of services at the right time to improve quality of life.



## Lesson Learned from Implementation

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- Cannot continue to treat MHSA as a categorical funding stream – this has led to the “Two-Tiered” System.
- Must simplify and streamline requirements and use performance measures and program monitoring to ensure accountability.

# Two-Tiered System

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- “Expansion” of effective programs does not mean that funds must only support new programs with new staff.
- If “Expand” is defined as only “New” then the Two-Tiered System will continue and there will be missed opportunities to infuse MHSA values into current programs and among staff skills.



## System Integration – Follow the Act

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- The MHSA provides a roadmap to achieving a continuum of care by **adding to** and **building upon** existing statutory requirements in the California Welfare and Institutions Code (WIC) related to community mental health services.

## What is Needed Now

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- Support timely and efficient implementation of the MHSA by removing any unnecessary barriers to transferring funds from the Mental Health Services Fund into local communities for services and interventions.

# Immediate Strategies

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- Current regulations support the use of Community Services and Supports (CSS) funds to transform programs with individual service plans that include the delivery of needed services as part of the array of services available under a Full Service Partnership (FSP), System Development or Outreach and Engagement programs.

# Flexibility

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- *Don't avoid opportunities for System Integration because of a lack of clear understanding of available flexibility.*

# Flexibility

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- Using MHSA resources to provide services to individuals who in the past may have received services through other funding sources does not automatically constitute a violation of the non-supplant regulations.



# Flexibility

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- Using the same staff, facilities or community-based private providers to deliver new services and supports – as long as they meet MHSA criteria -- might be the most efficient and effective way to address unmet need, and avoid any disruption in the care of individuals and their families.



# Concrete Strategies for FY 2009/10

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## FLEXIBILITY

- The scope of eligibility and the array of services that can be funded as part of full service partnership (FSP) programs must be clarified.
- FSP programs should be able to meet the needs of individuals and families at various stages of recovery and wellness.

# Summary Points

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- Dismantle the Two-Tiered System.
- Get MHSA \$\$\$ into communities.
- Start to achieve both by clarifying and considering more flexibility with FSPs.