



California Council of Community Mental Health Agencies

Leaders in the partnership that developed and promoted Proposition 63

Board of Directors

PRESIDENT

J. Jeff Fly
Turning Point of
Central California, Inc.
Visalia

PRESIDENT ELECT

Rick Crispino
Bonita House, Inc.
Oakland

TREASURER

Steven Elson PHD
Casa Pacifica
Camarillo

SECRETARY

Vonzā Thompson MA, MFT, CPRP
Fred Finch Youth Center
Oakland

IMMEDIATE PAST PRESIDENT

Kita Curry PHD
Didi Hirsch Community
Mental Health Center
Culver City

MEMBERS-AT-LARGE

Beverly Ary
Morongo Basin Mental Health
Yucca Valley

Jack Barbour MD
South Central Health
and Rehabilitation Program
Lynwood

Michael Barrington PHD, LMC
ANKA Behavioral Health, Inc.
Concord

Annmarie Cameron PHD
Mental Health Association
in Santa Barbara County
Santa Barbara

Mary Hargrave PHD
River Oak Center for Children
Sacramento

Cynthia Jackson PHD
Heritage Clinic
Pasadena

Mike Leoni
Tulare Youth Service Bureau, Inc.
Tulare

Roy Marshall
Child and Family Guidance Center
Northridge

Helen Morran-Wolf LCSW
Foothill Family Services
Pasadena

Nancy Rubin MSW
Edgewood Center
San Francisco

Miguel Valencia PHD
Gardner Family Care Corporation
San Jose

Richard Van Horn MDIV
Mental Health America
of Los Angeles
Los Angeles

EXECUTIVE DIRECTOR

Rusty Selix

ASSOCIATE EXECUTIVE DIRECTOR

Harriet Markell

TO: Member Agencies, County mental health Directors, Other Interested Parties

FROM: Rusty Selix, Executive Director, Proposition 63 Co-Author

RE: Ability to use MHSA CSS Funds to avoid cuts in Realignment funded programs

We have recently learned that counties can expect a significant increase in MHSA funds for community services and supports for 09-10. The exact total \$\$ statewide and for each county have not yet been finalized but we have been told by the County Mental Health Directors Association that it will be about \$250 million.

At the same time we know that most counties will be seeing a reduction in realignment revenues and but for the possibility of converting programs to MHSA funding would likely be cutting services funded from realignment while expanding and starting new programs under MHSA.

Many have suggested that it would be a form of "supplantation" that would violate Proposition 63 for counties to use MHSA funds to replace the realignment funding for the programs funded by that source. While there may be some situations in which that is true, there are far more situations under which counties can convert these programs from the type of program that they are to an MHSA program.

This will require the program to meet full service partnership (FSP) or system development criteria under the state's Community Services and Supports (CSS) Guidelines. (Many counties have already transformed programs in this manner and have received approval from the state in doing so.

While the programs have to be "transformed" to meet MHSA CSS criteria, they can continue to serve the same clients in the same facilities operated by the same provider. Exactly what changes need to be made depends upon the specific facts of the program, but they must all be client centered with an individual treatment plan and either FSP full array of services or a partial list of services that are part of the Adult System of Care System Development.

Representing Non-Profit Community Mental Health Agencies Throughout California

1127 - 11th STREET SUITE 925 SACRAMENTO, CA 95814
(916) 557-1166 FAX: (916) 447-2350 EMAIL: mail@cccmlha.org WEBSITE: WWW.CCCMLHA.ORG

The fact that MHSA \$\$ are replacing realignment \$\$ does not make it a violation because the realignment \$\$ are no longer available. Just because it sounds like supplantation does not mean it violates Proposition 63's non supplantation clause.

Clearly if a county had to make budget cuts and closed a program that would be lawful. The MHSA is not intended to ban a county from serving the same clients or using the same staff as had been serving people once it closed a program so if it then then started a new MHSA program to serve the same clients and chose to have the same staff or contract provider and use the same facilities that might be the most efficient and effective way to serve those clients and avoid any disruption in their care. That would be lawful if it had MHSA \$\$ to do so as long as it met MHSA criteria.

This is very different from a situation in which county \$\$ are growing by enough to maintain all current programs and the county is not forced to cut other spending and wants to use MHSA funds to free up county \$\$ for expenditures on non mental health programs (this would always be supplantation) or to voluntarily reduce support for programs consistent with the MHSA.(this could be supplantation depending upon the facts)

To maximize the ability to make these transformations and minimize cuts in current MHSA eligible programs, a county needs to have the discussions about the 09-10 budget for realignment funded programs merged with the discussion about the 09-10 MHSA CSS expenditure plan.

However, in addition to trying to maintain these realignment funded programs counties will also be preparing for the reduction in MHSA revenues in 2010 and 2011 due to the current economic crisis. This will generally be accomplished through setting aside reserves from both this growth in CSS funds and unspent funds carried forward from previous years.

This need to create reserves may result in some counties not having enough CSS funds to preserve all current programs. In some cases Prevention and Early Intervention (PEI) funds can help as many counties have included in their original CSS plans outreach and engagement activities that really are more appropriately funded under PEI. There is nothing in the MHSA that prohibits a county from shifting funding from one part of the MHSA to another and doing this might free up more CSS funds to be used to maintain realignment funded programs.