

**Mental Health
Services Act:
A Status Report**

CA Clients Taking the Lead

**California Network of
Mental Health Clients**

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CA Network of Mental Health Clients MHSA Implementation Team

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The MHSA From the Client Perspective

“Nothing about us, without us!”



What is the Mental Health Service Act?

The MHSA was a proposition on the CA ballot in November of 2004 that requires county mental health providers to offer services and programs that have been designed by the residents of that county. It prescribes a planning process and sets requirements for the county to fulfill. Programs/services will be based on the principles of wellness/recovery and be voluntary in nature.



How is it funded?

The MHSA's funding mechanism was a provision that allowed the State to set-aside a 1% fee from those citizens declaring over \$1 million in earnings, exempting the first million from being taxed.

So, how's it work?

- ✓ Programs and Services are based in the belief of recovery
- ✓ Stakeholders are part of the program design teams.
- ✓ Clients and family members have full involvement on all levels of policy-making.
- ✓ Education, law enforcement, business community, and the general population are involved with the planning.
- ✓ Services are developed for the entire age spectrum.
- ✓ Collaboration of agencies serve the broad range of clients' needs.
- ✓ Diversity outreach and inclusion is a priority.



And.....

Each county submitted a plan for programs and services spanning a 3 year period, which must be renewed annually.

Presently the CA DMH is establishing regulations for these four components:

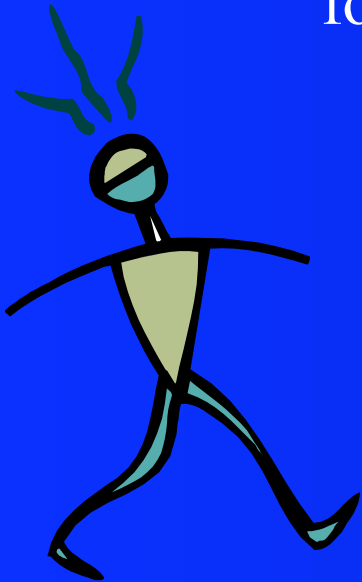
Capital facilities & IT

Innovative Programs

Prevention & Early Intervention-includes
Anti-Stigma and Discrimination Projects

Education & Training (Workforce
Development)

There is a small/rural county exception on these timelines.



Client driven programs

“Consumers of mental health services must stand at the center of the system of care. Consumers’ needs must drive the care and services that are provided.”

-President's New Freedom Commission Report

“If we don't transform the system, we will have failed.” -DMH spokesperson

Consumer-Driven...

Consumer-driven means consumers have the primary decision-making role regarding the mental health and related care:

Consumers are the primary authors and decision-makers in developing policies affecting local, state, and national mental health service delivery. All meetings and preliminary discussions about the scope of policy design efforts involve consumers.

Consumers outnumber government staff, contractors and secondary stakeholders (non-recipients of mental health services) and are the first and primary stakeholder.

-excerpts from Center for Mental Health Services

Fundamental Values in the Mental Health Services Act:

5813.5 (d) Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer's individual needs.

Our Overarching Concerns

At the 2003 Forum, the Mental Health Services Act (Prop 63) was voted by clients as the highest public policy priority. However, many concerns were raised that the Act's implementation might not comply with the law's intent.

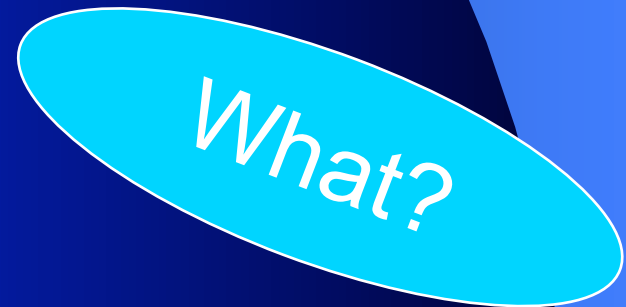
Our Overarching Concerns

- Will the implementation be accountable to the values and intent of the Act?
- What authority will the CA Department of Mental health demonstrate to require that Counties comply with the Act?
- How can we ensure that Counties will not use the new funds to back-fill old systems?
- Would it be used to support the “same old, same old” that hasn’t worked and has disempowered clients?
- How can we guarantee the integrity of the implementation?

The CNMHC Client Implementation Team produced a document with a set of recommendations as the requirements for the Community Services and Supports plans were developed.



The following describes those recommendations and the response of the CA Department of Mental Health included in either the Requirements or the Guidelines presented to the Counties for implementation:



DMH Guidelines addressed the clients' overall

concerns

5 Key Concepts for Community Services & Supports:

- Consumer-Driven Services
- Wellness/Recovery/Resiliency
- Cultural Competency
- Integrated Service Teams
- Community Involvement

Of utmost importance,
CNMHC recommended that...

The Department of Mental Health, in
accordance to the intent of the MHSA,
require counties to

include only

voluntary services

for funding through
the Mental Health
Services Act.



DMH Final Requirements Regarding Voluntary Services

“Individuals accessing services funded by the Mental Health Services Act may have voluntary or involuntary legal status which shall not affect their ability to access the expanded services under this Act. Programs funded under the Mental Health Services Act must be voluntary in nature.”*

**Three-year Program and Expenditure Plan,
Community Services and Supports Component, Page 1
Dated August 1, 2005*

CNMHC Recommendations

The CA Network of Mental Health Clients recommended that consumers and consumer advocates focus on four target areas to derive the highest value from the new law:



1) Client Involvement

Overarching all of the CNMHC's recommendations is the essential involvement of clients in every aspect of the implementation of the MHSA; starting with its planning, moving on to its execution, then to the oversight and evaluation.

Each County will use funds from the Act to hire clients to work on all aspects of implementation, planning, program design development, oversight and evaluation.

Complete Involvement by Clients

**The members of CNMHC
voiced that the overriding
concern is how to achieve
essential involvement of
consumers/clients in all
aspects of both the local and
statewide implementation
processes.**

CA DMH Agreed:

In Guiding Principles in the Implementation of Community Services and Supports

“1. Significant increases in the level of participation and involvement of clients and families in all aspects of the public mental health system including but not limited to: planning, policy development, service delivery, and evaluation.”

2) Client-Operated Services

Client-Operated programs will be developed in every County:

Each County must have, as a component of its plan, a description of how it will utilize **consumer-operated programs in the implementation of the CSS programs.**



CA DMH Agreed:

In Guiding Principles in the Implementation of Community Services and Supports

2. Increases in consumer-operated services such as drop-in centers, peer support groups, warm lines, crisis services, case management programs, self-help groups, family partnerships, parent/family education, and consumer provided training and advocacy services.

3) Clients as Providers in the MH Workforce

The hiring of consumers
is a major statewide priority
that must be reflected
in the each county's
CSS plan.

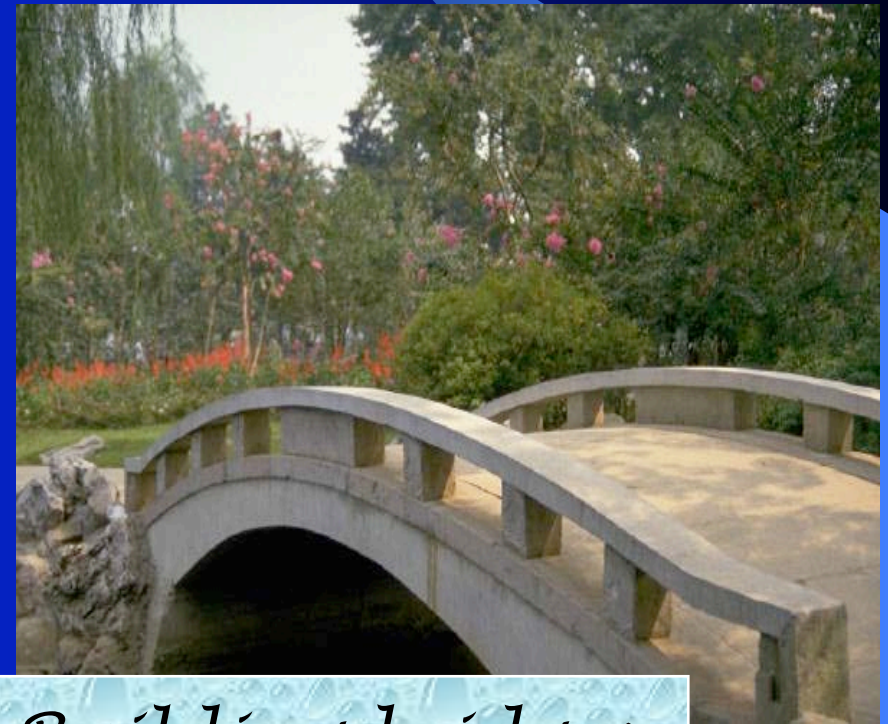
A New Dawn



Clients as Providers: Workforce

Development

Each County will develop and implement a **consumer-provider training program** using existing **client-developed curriculums** as models and positioning clients as trainers.



Building bridges

Consumers as Providers: Workforce Development

The hiring of consumers will take place **at all levels** throughout the mental health system of care, including: management, administrative, direct service. County hiring

plans will include a wide range of work schedules: full-time, part-time, volunteers, job-sharing, etc.



Included in the CA DMH 5-year Plan were the following objectives:

Objective D (p 17)

Promote the employment of consumers and family members at all levels in the mental health system.

With emphasis on Action #8 and #9

Objective I (p 19)

Promote the meaningful inclusion of mental health consumers and family members, and incorporate their viewpoints and experiences in all training and education programs.

With emphasis on Action #16

4) Campaigns to Address Discrimination & Stigma

In consultation with mental health stakeholders and the Oversight and Accountability Commission, the Department of Mental Health develop a strategic plan on how Stigma and Discrimination will be addressed.

The CNMHC recommends that 20% of the Prevention and Early Intervention Program allocation be used for campaigns to address discrimination and stigma.

Statewide Response

The implementation of the Stigma and Discrimination component of the MHSA is in process of being developed. CNMHC members are actively involved in the Committees responsible for the developing the Requirements. The Chair of the Mental Health Services Oversight and Accountability Commission (MHSOAC) recently reminded its members that a responsibility of the MHSOAC is to develop strategies to overcome stigma, which must infuse all the work of the Commission.

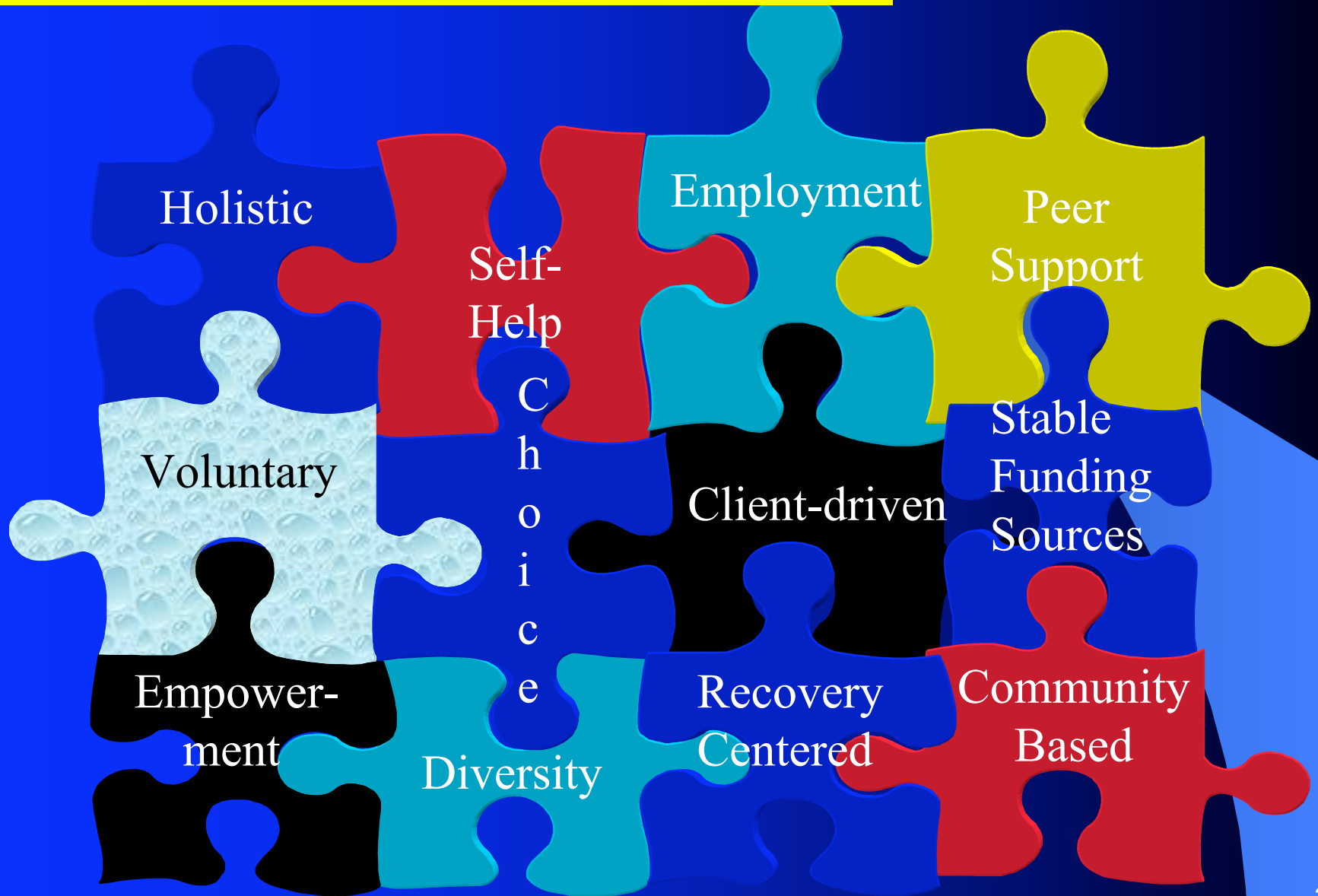
The Overarching Client Values

Each of us
must advocate
to ensure
that this opportunity
creates real transformation!

Services and programs that are:

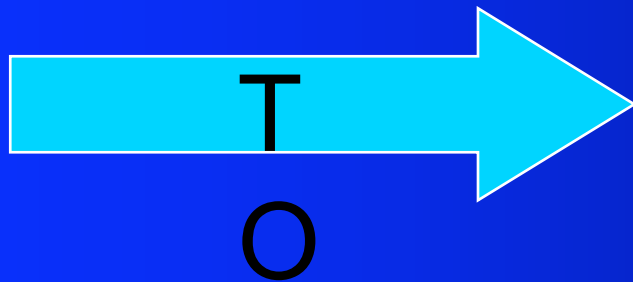


Fundamental Values



A Call to Leadership

Moving from
Involvement in Decision-Making



Leadership

Who is behind the wheel



of mental health policy?

It is the charge and responsibility of California clients to move from involvement in decision-making to leadership. ***Real Transformation*** will only occur when California clients, with the support of the whole mental health community, take their rightful place as leaders .

The Mental Health Services Act is the tool for ***Real Transformation: Client Leadership*** is the means.

Culture Change

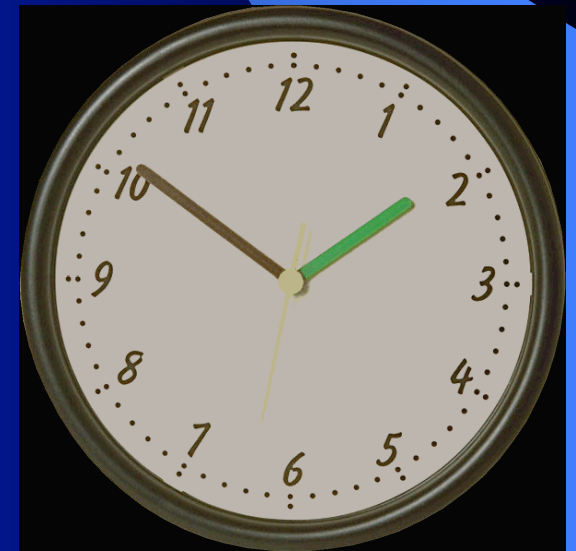
Due to our involvement in the implementation design of the Mental Health Services Act the California client community itself is experiencing transformation.

Client Involvement and Leadership is the driving force of culture change, but this transformation of minds and hearts takes a long time.

Esperanza y Lucha

And so, as always—

The Hope and the
Struggle Continue



Thank you for attending
CA's Systems Change Workshop

