

**ANNOUNCEMENT:  
MENTAL HEALTH SERVICES ACT (MHSA) FUNDING AVAILABLE TO  
REGIONAL CENTERS (RC) FOR TRAINING AND REGIONAL PLANNING  
PROJECTS**

**BACKGROUND**

In November 2004, voters approved Proposition 63, creating MHSA. The MHSA created a new funding source by imposing a 1 percent income tax on personal income in excess of \$1 million. The MHSA allocates funds to assist state agencies in meeting all responsibilities of the Act. This authorizes the Department of Mental Health and the Department of Developmental Services (DDS) to develop innovative programs that focus on early intervention and treatment for children and families impacted by mental health issues and adults with a dual diagnosis.

Welfare & Institutions Code, Section 5891 specifies:

- MHSA funds shall not be used to supplant existing State or County Funds utilized to provide mental health services;
- MHSA funds may not be used to pay for any non-MHSA approved programs; and
- MHSA funds may not be loaned to the State General Fund or any other Fund of the State, County General Fund or any other Fund of the County for any purpose other than those authorized by the MHSA.

There are five fundamental concepts inherent in MHSA which must be embedded and continuously addressed in both local and state level collaborations as follows:

- Client/Family driven mental health system;
- Cultural competence;
- Community collaboration;
- Service integration; and
- Focus on recovery, wellness and resiliency.

**CURRENT ACTIVITIES**

DDS has received MHSA Funds to oversee the following activities:

**I. Service Provider and Family/Consumer Training**

To improve the care for consumers with a dual diagnosis (mental health diagnosis and developmental disability), trainings and support materials will be developed and conducted regionally, and possibly on-line, to address:

1. Early identification of problems resulting from mental illness;

2. Coordination of care with psychiatrists and other local mental health professionals;
3. Support and management for consumers with a dual diagnosis;
4. Provision of key information in developmental guidance and special caregiving strategies for infants and young children who have been traumatized by abuse, neglect and who are being served by RCs; and
5. Cultural competency with professionals who treat consumers with dual diagnoses.

## **II. Best Practice Training for Clinicians and Healthcare Practitioners**

Collaborative training will increase the skill level of staff in RCs, county mental health agencies, community clinicians, and residential providers to better serve consumers who are dually diagnosed. Trainings offered throughout the state will focus on:

1. Evidence-based and innovative models for effective, coordinated and integrated services for consumers with dual diagnoses;
2. Screening and early identification of social-emotional problems, prevention and early intervention strategies, mental health triage, and cross referrals to appropriate services; and,
3. Early childhood developmental considerations, with emphasis on the age appropriate resources and referrals for at risk infants, toddlers and their parents.

All activities, will be listed on the DDS Master Training Calendar, which will be linked to mental health and developmental disability websites.

**A total of \$470,000 annually in funding is available to up to four RCs for each of the following fiscal years: 2008/09, 2009/10, and 2010/11.** RCs may choose to conduct training for service providers, families/consumers, and/or for clinicians. RCs are encouraged to partner with other RCs to combine resources and funding to expand the scope of the training project. RCs shall work with mental health agencies, educational entities, and service providers, when appropriate, to plan, conduct, and evaluate the MHSA training projects.

## **III. Regional Planning**

**A total of \$135,000 in funding is available to RCs for planning events for each of the following fiscal years: 2008/09, 2009/10, and 2010/11.** Regional planning events will be convened with RC representatives experienced in working with individuals with a dual diagnosis, consumers/family members, community mental health professionals, and other stakeholders. Events will address opportunities and obstacles towards improving the delivery systems at the local level.

The qualifying center(s) will conduct events that will focus on development of local community needs assessments that include, but are not limited to the following components:

1. Identify consumers at risk, who represent multiple inpatient hospitalizations, ongoing placement problems, high costs without satisfactory resolution of their mental illness and resulting behaviors;
2. Assess the need for inpatient diversion programs with a goal of maintaining a consumer's residence in a less restrictive environment;
3. Identify the need for mobile urgent care teams;
4. Evaluate the use of 23-hour beds for future assessment and observation, thereby avoiding inpatient admissions;
5. Assess the need for aftercare options following intensive treatment;
6. Assess the need for Crisis Residential Facilities and evaluate successful programs and research options for programs with blended funding, including the use of federal funds; and
7. Investigate the use of developmental centers as a community resource, for example, in assessing and monitoring consumers who are titrating off medications.