

The *Mental Health Services Act*: At A Glance

Page 1 of 3

When the public passed Proposition 63 in November 2004, it then became part of state law on January 1, 2005 and is now called the Mental Health Services Act (MHSA).

The MHSA imposes an additional 1% tax on that portion of a taxpayer's taxable income in excess of one million dollars. These funds are deposited in the State Treasury in the Mental Health Services Fund. Funding will be made annually to counties for Community Outreach and Planning (04/05), and then once quarterly after the 3-year *Community Services and Supports Plan* is approved at the state level.

The Mental Health Services Act (MHSA) mandates a change in the manner in which public mental health services are delivered in California, and supports a diverse, culturally competent workforce providing values-driven evidence-based services that support wellness, recovery and resilience.

The MHSA provides funding for services and supports that promote recovery and wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their family members.

California Department of Mental Health

The MHSA includes six components:

- Community Planning
(Mendocino County completed 2004/05)
- Community Services & Supports Plan (CSS Plan)
(Current 3-year Mendocino County Plan 2005/08 approved with Revision June 19, 2006; Contract with DMH approved and signed January 9, 2007)

Essential elements of CSS plans:

- Community collaboration
- Cultural competence
- Client/family driven mental health systems
- Wellness
- Integrated service experiences for clients and their families

CSS Plan funding categories:

- Full Service Partnership Funds (at least 51% of funding allotment)
 - System Development Funds
 - Outreach & Engagement Funds
- Capital Facilities & Information Technology (pre-planning stage)
 - Education & Training Programs
 - Prevention & Early Intervention Programs
 - Innovative Programs

The MHSA mandates that funding be directed toward starting new and/or expanding services for seriously mentally ill or emotionally disturbed in the following age groups:

- Children (youth & families)
- Transition age youth or TAY (ages 16-24)
- Adults
- Older adults (60+)

Key Terms

“...**cultural competency** is defined as a system that acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.”

*Many Voices, One Direction: Building a
Common Agenda For Cultural Competency in
Mental Health*

“**Values-driven, evidence-based practices** are defined as practices that reflect key values of the California Mental Health System Stakeholders—such as recovery/resiliency and cultural competence—and which are supported by an identified level of scientific evidence.”

California Institute of Mental Health

Full Service Partnerships (FSP) are designed as a partnership between enrollees with serious and persistent mental illness and the service provider. The FSP service delivery ethic is designed to incorporate recovery and cultural competence into the services and supports offered to consumers. In this partnership, the service provider commits to do “whatever it takes” and to “meet the client where he/she is” in order to assist the enrolled partner in achieving his/her personal recovery/resiliency and wellness goals.

A recovery-oriented mental health system embraces the following values:

- Self-Determination
- Empowering Relationships
- Meaningful Roles in Society
- Eliminating Stigma and Discrimination

Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness.

Recovery is often called a process, an outlook, a vision, a conceptual framework, a guiding principle. There is no single agreed upon definition of recovery. However, the main message is that hope and restoration of a meaningful life are possible, despite serious mental illness (Deegan, 1988, Anthony, 1993). Recovery is ...”both a conceptual framework for understanding mental illness and a system of care to provide supports and opportunities for personal development. Recovery emphasizes that while individuals may not be able to have full control over their symptoms, they can have full control over their lives. Recovery asserts that persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations.”

The Recovery Model, Contra Costa County, California

Client/Family Driven Services: Providers work in full partnership with the clients and families they serve to develop individualized and comprehensive service plans which reflect the needs and preferences of the client.

C-S-X: Consumer (or client, either may be preferred) / Survivor (of mental health services and/or illness) – X (no longer ill and/or no longer using institutionalized psychiatric or therapeutic services). Consumer, client, survivor, x, may be used interchangeably by the individual describing him or her self.