

*****DRAFT*****

**COUNTY MENTAL HEALTH JOINT POWERS AUTHORITY
TALKING POINTS FOR DISCUSSION**

- 1) The Mental Health Services Act (MHSA) as developed and passed by California voters in 2004 anticipated that counties would find it most efficient to act jointly both statewide and regionally in terms of the pooled expenditure of county funds for specified projects.
- 2) Through counties acting jointly, local needs can be identified and connected with like local needs in potentially different regions of the state. Together, resources can be maximized for the most efficient use of purchasing products - like materials translated into threshold languages for target populations or services like technical assistance.
- 3) Through counties acting jointly, there is increase cost efficiency in administration. Rather than individual counties complying with reporting requirements, this task could be centralized, resulting in cost avoidance.
- 4) The development and implementation of training and technical assistance resources, workforce skill-building, and strategies to increase the capacity of contractors for service delivery is the first area identified for joint implementation by counties.
- 5) Instead of individual counties developing multiple requests for proposals and contracts with providers the JPA would facilitate the efficient use of county and provider resources to accomplish the agreed upon goals.
- 6) A centralized entity would be capable of negotiating cost effective rates with various subcontractors statewide and greatly reduce the cost of overhead administration. Subcontractors would have a reduced ability increased rates based on multiple demands.
- 7) A centralized entity would be better suited to house, share and disseminate research, information and specific strategies that are the most effective and quality assured.
- 8) The six million dollar annual distribution to counties over four year period (for a total of \$24 million) to support statewide training, technical assistance, and capacity building for Prevention and Early Intervention (PEI) programs under the MHSA will include a requirement by DMH to contract with a statewide provider capable of providing this support on a statewide and regional basis.
- 9) The most efficient mechanism to implement the above PEI statewide project requirement would be the development and implementation of a county mental health joint powers authority.
- 10) This mental health JPA would also provide counties with an alternative to the assignment of county MHSA funds to the state department and state legislature to implement state and regional MHSA projects.

Using a JPA to provide cost effective training and technical assistance is an appropriate immediate focus, but having such a vehicle in place is critical as the future of the MHSA evolves. A JPA in place creates a centralized county "voice" before the Legislature, the Department of Mental Health, the Oversight and Accountability Commission and other parties regarding this vital source of funding for county public mental health services.