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MHSOAC's Role in a Changing Mental Health Services Environment September 23, 2011

Introduction

The Governor and Legislature acted to shift significant responsibilities for mental health programs from the state to counties and schedule the elimination of the Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP) during the 2012-13 fiscal year. In light of these changes, DMH is soliciting input about the future of state administration for public community mental health non-Medi-Cal programs and services.

Balancing the shift of responsibilities from state to counties, Assembly Bill 100, (AB 100) an urgency legislation enacted in March of 2011 as Chapter 5 of Statutes of 2011, reiterated the Legislature's intent to "ensure continued state oversight and accountability of the [MHSA]." It further stated that the "Legislature expects the state, in consultation with the [MHSOAC], to establish a more effective means of ensuring that county performance complies with the [MHSA]." (Uncodified Section 1(b) of AB 100)

The Mental Health Services Act (MHSA or Act) established the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to oversee the MHSA and Mental Health Systems of Care (W&I 5845(a)). The MHSA authorizes the MHSOAC to "advise the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. (W&I 5845(d)(9))

This document is the MHSOAC's response to DMH's solicitation for input about the future of state administration for public community mental health non-Med-Cal programs and services. This document is focused on recommendations for the role of the MHSOAC. The input in this document is grounded in the Act and supplemented by the following documents adopted by the MHSOAC: (1) "Policy Paper: Accountability through Evaluation Efforts Focusing on Oversight, Accountability and Evaluation" adopted in November 2010; (2) "AB 100 Workgroup Report" adopted in May 2011; and (3) "Principles to Achieve Oversight and Accountability in a Changing Mental Health Services Environment" adopted in July 2011. Instead of providing all three documents, for convenience sake, the MHSOAC submits this single document which encompasses the policies of the three above-listed documents, which are supported by the Act.

Statutory Responsibility of the MHSOAC

This document focuses on the areas that are within MHSOAC's ongoing statutory oversight and accountability responsibilities. As the Administration reorganizes the non-Medi-Cal state-level administrative role of DMH it is important that the functions that are critical to the MHSOAC in discharging its statutory responsibilities are ensured and the necessary resources provided. The MHSOAC must have access to all of the critical functions necessary to fulfill its responsibilities. Below is a discussion of the specific critical functions.

MHSA Expenditures

One of the stated purposes of the MHSA is to ensure MHSA funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public (Uncodified Section 3(e) of MHSA). The MHSA specifically authorizes the MHSOAC to obtain data and information from DMH or other state or local entities that receive MHSA funds for the Commission to utilize in its oversight, review, and evaluation capacity regarding projects and programs supported with MHSA funds (W&I 5845(d)(6)).

An essential element of fiscal oversight and accountability is to ensure to the Governor, Legislature, and taxpayers that the use of public MHSA funds is lawful, efficient, and prudent.

Some functions important to this MHSOAC responsibility include analysis of county fiscal reports, tracking component allocations, monitoring prudent reserve and fund reversion, and analyzing information on the condition of the Mental Health Services Fund. The MHSOAC must be able to obtain from the counties, their providers, and the appropriate state entities the necessary fiscal reports as authorized by W&I Code 5845(d)(6). In addition, the Commission must have oversight of any fiscal audits of the county's use of MHSA funds.

Additionally, statute describes and AB 100 did not change the Commission's responsibility in determining the funding amounts available for services, also known as component allocations (W&I 5847(e)).

The MHSA specifically provides for up to 3.5 percent of the total revenues in the MHSA to be reserved for the costs of DMH, the California Mental Health Planning Council, and the MHSOAC to implement their duties (W&I 5892(d)). It is critical that the MHSOAC be provided with sufficient resources from the state-level administrative MHSA funds necessary to perform its statutory responsibilities such as state level evaluation and training and technical assistance.

Evaluation

Pursuant to the MHSA the MHSOAC is to oversee, review, and evaluate the use of MHSA funds (W&I 5845(d)(6)). The Act also mandates that the amounts allocated for state-level administration is to include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures (W&I 5892(d)). As mentioned above, it is critical that the MHSOAC be provided sufficient funding to continue the evaluation of the MHSA.

In November 2010, the Commission voted to broaden its focus from MHSA implementation to greater emphasis on program evaluation focusing on outcomes and the appropriate and effective use of MHSA funds.

The MHSOAC's statutory mandate to evaluate how MHSA funding has been used includes what outcomes have resulted from those investments, and how to improve the services and programs to maximize positive outcomes for the community and for all populations, including reducing disparities in access to services, quality of care and outcomes. The Commission is committed to an approach of continuous evaluation, learning from and building upon each progressive completed evaluation. The MHSOAC, as part of its statewide evaluation efforts, has entered into two multi-year contracts with UCLA to begin this evaluation process. Because the reliability of data is critical to generating confidence

in the results of the evaluations conducted, an analysis of the quality and timeliness of data is also part of the contracts with UCLA.

In order to fulfill its responsibility for statewide evaluation as well as its broader mandate for oversight and accountability, the MHSOAC must have access to reliable county data that is submitted to the state by counties. The Commission must be able to obtain from the counties, their providers and appropriate state entities the necessary data and information as authorized by W&I Code 5845(d)(6).

Technical Assistance

The MHSOAC provides for the MHSOAC to participate in the joint state-county decision making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system (W&I 5845(d)(7)). In addition, AB 100 shifted from DMH to the MHSOAC the role of providing technical assistance to county mental health as needed to improve county plans (W&I 5846(b)). However, the state budget kept at DMH the resources for technical assistance including funding for contracts that provide technical assistance to counties.

Counties need adequate resources to design, implement, and evaluate MHSOAC programs to achieve the desired mental health program and system outcomes required by the Act. At times, this includes the availability of and access to training and technical assistance that includes the expertise and perspectives provided by clients and family members in addition to diverse community stakeholders.

An important element of the Commission's oversight and accountability is to facilitate relevant and effective training and technical assistance. In order to accomplish this role the MHSOAC must provide oversight over the training and technical assistance contracts between DMH and CiMH and other selected contractors.

Stigma Reduction

One of the MHSOAC's responsibilities is to develop strategies to overcome stigma associated with mental illness (W&I 5845(d)(8)).

Some functions important to this responsibility include accessing both county and state level data on this outcome and tracking the stigma and discrimination reduction efforts. The Commission must be able to obtain from the counties, their providers, and appropriate state entities the necessary data and information as authorized by W&I Code 5845(d)(6).

In addition, it is critical that the MHSOAC increase its function of communicating the impact of the MHSOAC so that Californians understand that mental health is essential to overall health and that people with mental illness recover, are resilient, and contribute productively to communities. This role of disseminating information is critical to reducing stigma and discrimination.

Reducing Disparities

One of the stated purposes of the MHSOAC is to expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations (Uncodified Section 3(c) of MHSOAC). No individual or family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to care (Uncodified Section 2(b) of MHSOAC). In addition, one of the MHSOAC mission is to provide oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families.

Not all races or cultures see mental health issues, symptoms or recovery in the same way. This, along with a history of discrimination, racial injustice, and trauma, has fostered systems in which disparities of access to and quality of care leave many racial and ethnic communities un-served, underserved, or inappropriately served.

For the MHSA to achieve its objectives, people should be served in ways that are coherent with and respectful of differing cultural views and traditions, in ways that eliminate disparities in access to treatment, quality of care, and create successful outcomes for all individuals and families being served.

Some functions important to this responsibility include producing data that measures the service levels to underserved communities, accessing both county and state level data on this outcome, and tracking the disparities reduction efforts. The Commission must be able to obtain from the counties, their providers, and appropriate state entities the necessary data and information as authorized by W&I Code 5845(d)(6).

County Performance

State level oversight of county performance is a fundamental part of the MHSA. The MHSOAC is to refer to DMH critical issues related to the performance of a county mental health program (W&I 5845(d)(10)). In addition, AB 100 reiterated the Legislature's intent to ensure continued state oversight and accountability of the MHSA and mandated the MHSOAC to assist in establishing a more effective means of ensuring that county performance complies with the MHSA (Uncodified Section 1 of AB 100).

The MHSA is to be implemented through annual county mental health performance contracts between the state and each county (W&I 5897(c)). The AB 100 Workgroup Report recommended that the performance contract be streamlined and some of the provisions strengthened including emphasizing qualitative local stakeholder involvement in the planning process and the cultural competency requirements.

To fulfill its responsibility related to county performance it is critical that the MHSOAC have a role in providing input to the annual county mental health performance contracts as well as overseeing the monitoring of the contracts.

In complying with AB 100's mandate to establish a more effective means of ensuring that county performance complies with the MHSA it is essential that the current MHSA regulations be reviewed, evaluated, and repealed or modified. As part of the evaluation it is critical to enact new simplified comprehensive regulations that will provide counties with the needed guidance for using MHSA funds now that there is no state approval of county plans. As recommended by the AB 100 Work Group, the DMH (or the new state entity) and MHSOAC staff with input from client and family members and the California Mental Health Directors Association (CMHDA) should take the lead to review regulations, Information Notices and guidelines to determine if they should be repealed, modified, or kept.

Another important function to ensuring county compliance relates to the development and implementation of the statewide MHSA Issue Resolution Process (IRP). As recommended by the AB 100 Work Group, DMH or the new state entity should, with input from the MHSOAC, California Mental Health Planning Council, California Mental Health Directors Association, client and family member stakeholders including those from diverse racial, ethnic, cultural, and age groups, complete and implement the IRP. The Commission is authorized to refer to DMH critical issues related to the performance of a county mental health program and as part of the Commission's oversight responsibility it must be kept informed as to the resolution of those issues.

Ensure Participation

The MHSOAC has a statutory mandate to ensure that the perspective and participation of members and others suffering from severe mental health and their family members is a significant factor in all of its decisions and recommendations (W&I 5846(c)).

Carrying out this mandate requires active and productive engagement of consumers and family members across the lifespan, including diverse racial and ethnic stakeholder communities, with the expertise that comes from lived experience of mental illness.

A function important to this responsibility includes ensuring a robust local and state stakeholder process in plan development, implantation, and evaluation. Compliance with this process should be part of the annual county mental health service performance contract. As such, it is critical that the MHSOAC have a role in developing and overseeing the monitoring of the annual county mental health performance contracts.