

**Overview of
Senate Bill 1136 (Steinberg):
Mental Health Services Act**

MHSOAC
May 24, 2012

Overview

2

- **Background on SB 1136 (Steinberg)**
- **General Provisions of SB 1136 (Steinberg)**
- **Impact of SB 1136 (Steinberg) on MHSOAC**
- **March Commission meeting follow up regarding Governor's TBL and SB 1136 provisions**
- **Provisions Consistent with AB 100 Workgroup Recommendations**
- **Items for Commissioner Consideration**
- **Possible Next Steps for Staff**

Background on SB 1136 (Steinberg)

3

There have been significant changes to the funding and administration of public mental health in CA

- **Moving Medi-Cal Specialty Mental Health to the Department of Health Care Services**
- **AB 100 routing MHSA funds to counties without state approval**
- **Elimination of the Department of Mental Health (DMH)**

Background on SB 1136 (Steinberg)

4

- **SB 1136 is written to clarify the MHSA in light of the changes to the community mental health system.**
- **Amendments to MHSA are limited to those that simply clarify procedures and terms.**

General Provisions of SB 1136 (Steinberg)

5

3-Yr Program and Expenditure Plans and Annual Updates

- To be adopted by County Boards of Supervisors and submitted to the MHSOAC
- Based on unspent funds and revenue allocations
- Reinforces that must be in accordance with established stakeholder planning requirements
- Adds alcohol and drug service providers and health care operators to list of stakeholders involved in planning process

General Provisions of SB 1136 (Steinberg)

6

3-Yr Plans and Annual Updates cont.

- Certification required by Mental Health Director and County Auditor Controller
 - Complied with all laws and regulations including stakeholder participation and nonsupplantation requirements
- Shall include performance outcomes established jointly by Department of Health Care Services (DHCS) and MHSOAC, in collaboration with CA Mental Health Directors Assn (CMHDA)
- Eliminated DMH authority to issue guidelines for the Integrated Plans

General Provisions of SB 1136 (Steinberg)

7

WET

- Shifts the functions for WET from DMH to the Office of Statewide Health Planning and Development (OSHPD)
- Requires OSHPD, in coordination with the Planning Council, to develop the 5-yr WET plans
- Keeps requirement for Planning Council to approve the 5-yr WET plans
- Next 5-yr plan due April 1, 2014

General Provisions of SB 1136 (Steinberg)

8

PEI

- DHCS in coordination with counties, instead of DMH, to establish PEI programs
- Requires DHCS, instead of DMH, to revise program elements for county PEI programs consistent with MHSOAC guidelines
 - Keeps requirement for stakeholder consultation
- PEI funds may be used to broaden provision of community-based mental health services by adding prevention and early intervention services to those services

General Provisions of SB 1136 (Steinberg)

9

INN

- Reinstates MHSOAC's approval of INN plans
- Counties receive INN funds but cannot spend until plan approved by MHSOAC
- Codifies some key provisions of MHSOAC INN guidelines

General Provisions of SB 1136 (Steinberg)

10

Revenue Allocation

- Deletes the component allocation process
- Tasks DHCS with creating the methodology for revenue allocation to the counties
- DHCS to inform MHSOAC and CMHDA of this methodology

General Provisions of SB 1136 (Steinberg)

11

Annual Revenue and Expenditure Report (ARER)

- Places the ARER in statute to identify:
 - MHSA expenditures
 - Unexpended funds and interest earned
 - Reversion amounts
- Developed by DHCS, in consultation with MHSOAC and CMHDA
- Administered by DHCS
- Counties to submit to DHCS and MHSOAC
- Intended to provide information for evaluation

General Provisions of SB 1136 (Steinberg)

12

Deputy Director of Mental Health and Substance Use Disorder Services

- Creates the Deputy Director position within DHCS
- Candidate to be confirmed by the Senate

Impact of SB 1136 (Steinberg) on MHSOAC

13

3-yr Plans and Annual Updates

- MHSOAC to receive all plans and annual updates

INN

- MHSOAC to review and approve INN plans
- Counties will receive INN funds but cannot expend them until MHSOAC approval
- Places key provisions of MHSOAC INN guidelines into statute

Impact of SB 1136 (Steinberg) on MHSOAC

14

- Adds “training and technical assistance” and “accountability” to the MHSOAC’s oversight, review, and evaluation capacity
- Authorizes MHSOAC to develop strategies to overcome “discrimination” in addition to strategies to overcome stigma
- MHSOAC, in collaboration with DHCS and consultation with CMHDA, is to assist in providing technical assistance to accomplish purposes of CSS
- MHSOAC is to include those “at risk” of severe mental illness in its decisions and recommendations

Impact of SB 1136 (Steinberg) on MHSOAC

15

Evaluation Master Plan

- MHSOAC to design a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system
- MHSOAC to work in collaboration with DHCS and the Planning Council, and in consultation with CMHDA
- CA Health and Human Services Agency to lead the comprehensive effort

Impact of SB 1136 (Steinberg) on MHSOAC

16

Regulations and Guidelines

- DHCS to develop regulations in consultation with the MHSOAC
- Retains MHSOAC's ability to write guidelines for PEI and INN

PEI Allocation

- Deletes the MHSOAC's authority to increase the statewide allocation of PEI if MHSOAC determines that all counties are receiving necessary funds for services and have established prudent reserves

Follow up on March Meeting Re Governor's TBL

17

TBL

- Eliminates process for determining county allocation and no new process established
- Counties to submit 3-year plans to MHSOAC but silent on annual updates

SB 1136

- DHCS to establish methodology for allocation
- Adds annual updates to be submitted to MHSOAC

Follow up on March Meeting Re Governor's TBL

18

TBL

- Counties, instead of state, will establish PEI programs designed to prevent mental illness from becoming severe and disabling

SB 1136

- DHCS, in coordination with counties, will establish PEI program design
- DHCS, in consultation with stakeholders and consistent with MHSOAC guidelines, will revise PEI program elements to reflect lessons learned

Follow up on March Meeting Re Governor's TBL

19

TBL

- Deletes performance contracts
- Deletes state's ability to request a corrective action plan from a county that is not in compliance with its performance contract

SB 1136

- Keeps performance contracts
- Keeps state's ability to request corrective action plan

Follow up on March Meeting Re Governor's TBL

20

TBL

- Eliminates MHSOAC authority to issue guidelines for PEI (including CRDP) and INN
- Reinforces MHSOAC evaluation role

SB 1136

- Keeps MHSOAC authority to issue guidelines for PEI (including CRDP) and INN
- Further reinforces MHSOAC evaluation role by adding DHCS and OSHPD to list of entities Commission can ask for information

Consistent With AB 100 Workgroup

21

- Clarifies which department is responsible for establishing a methodology for revenue allocation
- Retains county Performance Contracts
- Retains state's ability to request a corrective action plan
- Reinforces the stakeholder process

Items for Commissioner Consideration

22

Plan Approval

- Do Commissioners want to revise the INN plan review tool previously adopted by Commission?
- What role should Commission play in ensuring robust local stakeholder process?
- Others?

Possible Next Steps for Staff

23

- Revisit regulations, guidelines, and review tools. Identify what may need to be updated
- Consider Subject Matter Experts for INN plan review
- Identify monitoring, tracking and evaluation review criteria for CSS and PEI plans and annual updates
- Engage CA Health and Human Services Agency in the development of the Evaluation Master Plan
- Meet with DHCS regarding joint responsibilities