



## **MENTAL HEALTH FUNDING AND POLICY COMMITTEE** **2010 Draft Charter**

### **Purpose:**

To ensure that all 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.” [MHSA: Sec. 3 - Purpose and Intent :(e)].

### **Objectives:**

- Assess whether all MHSA-approved funds are distributed in a timely manner
- Assess whether all MHSA funds are expended in accordance with the intent of the Act, and that they contribute to the identified outcomes of the Act as stated in Sec. 3, -- Purpose and Intent is as follows:
  - (b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
  - (c) 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.
  - (d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure.
- Ensure that MHSOAC members receive continuing education about the financial health and fiscal context of the public mental health system
- Make fiscal recommendations to the MHSOAC that support the integration of MHSA principles and services throughout the public mental health system
  - Solicit and distribute information which will assist the MHSOAC, DMH, counties and stakeholders in making better informed, and more transparent, fiscal decisions
- Make recommendations on the budget for the MHSOAC

### **Guiding Principles**

Committee policy and strategy recommendations to the MHSOAC should reflect and strive to address the following MHSA-identified priorities:

1. Culturally and Linguistically competent
2. Likely to promote a client/family/parent driven system
3. Likely to reduce stigma and discrimination
4. Fully informed via a robust stakeholder process
5. Best Practices and continuous improvement

<b>Date</b>	February 2010 (Revised)
<b>Chair Vice-Chair</b>	Larry Poaster Larry Trujillo
<b>Staff</b>	Janna Lowder, Carol Hood
<b>Composition</b>	<p>Individuals with knowledge and experience in the mental health field and stakeholders from California's diverse populations including but not limited to:</p> <ul style="list-style-type: none"> <li>• California Council of Community Mental Health Agencies (CCCMHA)</li> <li>• California Mental Health Directors Association (CMHDA)</li> <li>• California Mental Health Planning Council (CMHPC)</li> <li>• Mental Health America (MHA)</li> <li>• Community based organizations (CBOs)</li> <li>• County Representatives</li> <li>• Mental Health Association of California (MHAC)</li> <li>• Client / Family Member Representatives</li> <li>• Underserved Racial/Ethnic Communities Representatives</li> </ul>

**Outcomes:**

1. Adopt 2010 Committee Charter and Activities – February 2010
2. Adopt 2010 Committee Membership – February 2010
3. Develop ongoing Financial Reports
  - Present First Financial Report to Commission -- January 2010
  - Continued development of Financial Reports – Monthly or as needed
    - Development of all adopted components of the financial framework template
    - Evaluation and modification of Financial Reports to ensure appropriateness of content
  - Regular reporting to Commission – January and May 2010
4. Advise MHSOAC on State and Federal budget issues
  - Monitor, analyze and report on State and Federal budget changes affecting mental health services -- Monthly or as needed
  - Report to the Commission on the FY 2010/11 Enacted State Budget – July and August 2010
5. Review and make recommendations concerning:
  - MHSOAC Reserves – Spring 2010
  - MHSOAC Declining Revenues – Spring 2010
  - MHSOAC 2011/12 Planning Estimates for PEI and INN – June-July 2010