

MHSOAC Principles to Support Reorganized State Mental Health Administration

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Background

The Governor has signed legislation that shifts significant responsibilities for mental health programs from the state to counties and, in the May 16, 2011 Revision for budget year 2011-12, proposed eliminating the Departments of Mental Health (DMH) and Alcohol and Drug Programs (ADP). The proposed elimination of DMH and ADP is to occur in the 2012/13 fiscal year.

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.⁽¹⁾ 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.”⁽²⁾

MHSOAC Principles

In exercising these responsibilities, the Commission respectfully offers the following principles to help inform the Governor’s and Legislature’s decisions regarding reorganizing state mental health programs.

1. **The State* should continue to collect county data to support ongoing evaluation of California’s mental health system.**^(3a,b)

A critical role in providing oversight and accountability is to conduct ongoing mental health program evaluation that focuses on outcomes and the appropriate and effective use of public funds. The MHSOAC through its statewide evaluation efforts strives to assure California taxpayers that the use of public funds for mental health services results in efficient investments, which achieve positive outcomes at local and state levels. In order to fulfill its responsibility for statewide evaluation,^(3c) as well as its broader mandate for oversight and accountability, the Commission relies on data currently collected by the Department of Mental Health.

Some functions important to this principle include accurate, timely data as well as efficient, accessible data systems.

* The Governor’s May Revision proposes the transfer of some of DMH and ADP’s current functions to the counties and the Department of Health Care Services during fiscal year 2011/12. The May Revision also proposes the creation of a Department of State Hospitals and proposes the elimination of DMH and ADP in fiscal year 2012/13. The term “State” in this document refers to the State entity that assumes the remaining functions of DMH.

2. The State should continue to provide fiscal oversight for the expenditure of Mental Health Services Funds to ensure funds are being spent consistent with the Mental Health Services Act.

An essential element of oversight and accountability is to ensure to the Governor, Legislature, and taxpayers that the use of public MHSA funds is lawful, efficient, and prudent.^(4a-d)

Some functions important to this principle include county fiscal reports, tracking component allocations and fund reversion, and information on the condition of the Mental Health Services Fund.

3. The State should continue to pursue and support efforts to reduce/eliminate stigma and discrimination related to mental illness.

Abuse of people with a lived experience of mental health challenges, as well as stigma and discrimination towards such people, their family members and the mental health professional community, are pervasive across lines of community, ethnicity, age, economic class, profession, media, and popular cultures.

One of the MHSOAC's responsibilities set forth in statute is to develop strategies to reduce stigma and discrimination associated with mental illness.⁽⁵⁾

Some functions important to this principle include producing data on this outcome and tracking the stigma and discrimination reduction efforts, and supporting employment throughout the mental health system of people with lived experience of mental illness.

4. The State should ensure that the perspectives of people with serious mental illness and their family members are factored into MHSA decisions and recommendations.^(6a-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 principle includes ensuring a robust stakeholder process.

5. The State should continue efforts to reduce and eliminate disparities in access to, quality of, and outcomes of mental health services.^(7a-e)

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 Mental Health Services Act 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 principle include producing data on this outcome and tracking reducing disparities efforts

6. The State should ensure that counties are provided appropriate support, including training and technical assistance when appropriate, to achieve the outcomes that the MHSA specifies.

Counties need adequate resources to design, implement, and evaluate MHSA 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. An important element of the Commission's oversight and accountability is to facilitate relevant and effective training and technical assistance.^(8a,b)

A function that is important to this principle includes training and technical assistance that is guided by a) the priorities of counties; b) the priorities of people with serious mental illness and their families across the lifespan, unserved and underserved communities, and mental health providers, and c) research evidence regarding practices that support positive mental health outcomes.

7. Reorganization of state government and realigning services to counties offers an opportunity to transform the mental health system by integrating services.^(9a,b)

Leaders should seek opportunities to integrate mental health with substance abuse services and provide them in a primary care setting. Each discipline should be fully realized without being diminished by another.

Conclusion

The MHSOAC is establishing these principles to inform the decisions that will be made during the Administration's reorganization of mental health services. The Commission is available for consultation about the specific functions that we believe need to be maintained to support the State and Commissions ability to fulfill the requirements of the MHSA.

Endnotes of Relevant MHSA Statutes

1. MHSA Section 10, Welfare and Institutions (W&I) Code Section 5845(a): The MHSOAC is “established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Human Resources, Education, and Training Programs; Part 3.2 (commencing with Section 5830), Innovative Programs; Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children’s Mental Health Services Act.”
2. MHSA Section 10, W&I Code Section 5845(d)(9): The MHSOAC in carrying out its duties and responsibilities may “at any time, advise the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness.”
- 3a. MHSA Section 15, W&I Code Section 5892(d): “The amounts allocated for administration shall include amounts sufficient to ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures set forth in Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division.”
- 3b. MHSA Section 10, W&I Code Section 5848(c): “The (county) plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840, and Part 4 (commencing with Section 5850) of this division funded by the Mental Health Services Fund.”
- 3c. MHSA Section 10, W&I Code Section 5845(d)(6): The MHSOAC in carrying out its duties and responsibilities may “obtain data and information from the State Department of Mental Health, or other state or local entities that receive Mental Health Services Act funds, for the commission to utilize in its oversight, review, and evaluation capacity regarding projects and programs supported with Mental Health Services Act funds.”
- 4a. MHSA Uncodified Section 3(e): One of the purposes in enacting this act is “to ensure that all 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.”
- 4b. MHSA Section 10, W&I Code Section 5847(e): “Each year the State Department of Mental Health, in consultation with the California Mental Health Directors

Association, the Mental Health Services Oversight and Accountability Commission, and the Mental Health Planning Council, shall inform counties of the amounts of funds available for services to children pursuant to Part 4 (commencing with Section 5850), and to adults and seniors pursuant to Part 3 (commencing with Section 5800). Each county mental health program shall prepare expenditure plans pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850), and updates to the plans developed pursuant to this section.”

- 4c.** MHSa Section 15, W&I Code Section 5892(g): All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847.
- 4d.** MHSa Section 15, W&I Code Section 5892(h): Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which have not been spent for their authorized purpose within three years shall revert to the state to be deposited into the fund and available for other counties in future years, provided however, that funds for capital facilities, technological needs, or education and training may be retained for up to 10 years before reverting to the fund.
- 5.** MHSa Section 10, W&I Code Section 5845(d)(8): The MHSOAC in carrying out its duties and responsibilities may “develop strategies to overcome stigma and accomplish all other objectives of Part 3.2 (commencing with Section 5830), 3.6 (commencing with Section 5840), and the other provisions of the act establishing this commission.”
- 6a.** MHSa Section 10, W&I Code Section 5846(c): “The commission shall ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations.”
- 6b.** MHSa Section 15, W&I Code Section 5892(d): “The administrative costs shall include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.”
- 6c.** MHSa Section 10, W&I Code Section 5845(d)(3): In carrying out its duties and responsibilities, the commission may “establish technical advisory committees such as a committee of consumers and family members.”
- 7a.** MHSa Uncodified Section 2(b) (Legislative Findings and Declarations): “No individual or family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to care.”

- 7b.** MHSa Uncodified Section 3(c) (Purpose and Intent): One of the purposes of the Act is “to expand the kinds of successful, innovative services programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations.”
- 7c.** MHSa Section 5, W&I Code 5878.1(a): “It is the intent of this act that services provided under this chapter to severely mentally ill children are accountable, developed in partnership with youth and their families, culturally competent, and individualized to the strengths and needs of each child and their family.”
- 7d.** MHSa Section 7, W&I Code 5813.5(d)(3): Planning for MHSa services shall “reflect the cultural, ethnic, and racial diversity of mental health consumers.”
- 7e.** MHSa Section 8, Part 3.1, W&I Code 5822(d) & (i): The State Department of Mental Health shall include in a five-year plan for education and training of the mental health workforce, the "establishment of regional partnerships among mental health system and the educational system to expand outreach to multicultural communities, increase the diversity of the mental health workforce..." and “promotion of the inclusion of cultural competency in the training and education programs.”
- 8a.** MHSa Section 10, W&I Code Section 5846(b): “The commission may provide technical assistance to any county mental health plan as needed to address concerns or recommendations of the commission or when local programs could benefit from technical assistance for improvement of their plans.”
- 8b.** MHSa Section 10, W&I Code Section 5845(d)(7): “In carrying out its duties and responsibilities, the commission may do all of the following: ... Participate in the joint state-county decision making process, as contained in Section 4061, for training, technical assistance, and regulatory resources to meet the mission and goals of the state’s mental health system.”
- 9a.** MHSa Uncodified Section 2(e) (Legislative Findings and Declarations): “...These successful programs, including prevention, emphasize client-centered, family-focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.”
- 9b.** MHSa Uncodified Section 3(c) (Purpose and Intent): One of the purposes of the Act 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. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.”