



MENTAL HEALTH FUNDING AND POLICY COMMITTEE

2011 Charter

Purpose:

To provide the Oversight and Accountability Commission reports, proposed policies and recommendations regarding anticipated MHSOAC revenue cycles, as well as strategies and roadmaps to expand services by timely expenditure and leveraging of MHSOAC funds.

Objectives:

- Establish and update critical financial policies and reports of the Commission:
 - Multi-year revenue projections for the Community Mental Health Network
 - Prudent Reserves policy
 - Timely use of funds
 - Supplantation rules and remedies
 - Financial reporting
- Provide the Commission with timely public policy recommendations as indicated by financial reports
- Recommend to the Commission strategies to improve service delivery by reduction of categorical funding policies and program expansion
 - Examine the potential impact of Federal Health Care Reform, Medicaid 1115 waiver and Mental Health Parity Law and make recommendations to promote successful implementation.
 - Federal Mental Health Parity law: Identify how the law will supersede provisions of California's mental health parity law and how it will impact behavioral health, service delivery and the public mental health system including policy changes and collaboration with partners and stakeholders
- Improve understanding of Mental Health funding needs, challenges and opportunities: Work with Commissioners who are members of the legislature to convene an informational hearing regarding HCR, Medicaid 1115 Waiver and Mental Health Parity law
- In collaboration with the Evaluation and Services Committee, solicit and distribute information which will assist the MHSOAC, DMH, counties and stakeholders in making informed and transparent fiscal decisions.

Guiding Principles

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

1. Data and analysis Driven
2. Proactively identify and address opportunities and challenges
3. Culturally and Linguistically competent
4. Promotes a client/family/parent driven system
5. Reduces stigma and discrimination
6. Fully informed via a robust stakeholder process
7. Best Practices and continuous improvement
8. Emphasize the inclusion of all ages across the life-span
9. Aimed to reduce mental health disparities

Activities:

I. Financial Reporting

1. Regular financial reporting to Commission – January and May 2011
 - a) Evaluate state financial forecasts around the January Proposed Budget and May Revise to determine funding trends, opportunities and challenges

II. Fiscal Policy Issues

2. Evaluate possible changes to cash flow and reserves policy to bridge years with declining revenue. Collaborate with DMH to develop policies that effectively support management and oversight of the MHSF; sustain capacity and cash flow, i.e. prudent reserve and reversion policies – Ongoing
3. Utilizing Phase 2 MHSA evaluation data, evaluate the usage of MHSA funding over time, to include but not be limited to the usage of prudent reserve funds; leveraging funds; and identify how local MHSA funds are being spent. – July 2011
4. Participate in a workgroup lead by the Evaluation Committee to develop recommendations on county reporting requirements. – May 2011
5. Participate in a workgroup lead by the Evaluation Committee on current evaluation efforts. – May 2011
6. Work with DMH to identify current data being collected on county-level MHSA fiscal audits and onsite program reviews and determine next steps on utilizing this data. - Ongoing
7. Review and make recommendations concerning:
 - a) INN Reversion Policy – July 2011

- b) PEI Prudent Reserve – July 2011
- c) MHSA State Administration Funding – March 2011
- d) MHSA 2012/13 Component Allocations for PEI and INN – July 2011

III. State and Federal Budget Issues and Laws

8. Monitor and report to the Commission on public mental health system reforms enabled by Federal Health Care Reform (HCR), Medicaid 1115 Waiver and Federal Mental Health Parity Law.
 - a) Federal Health Care Reform (HCR): Identify impact on behavioral health and the public mental health system including policy changes and collaboration with partners and stakeholders – July 2011
 - b) Medicaid 1115 Waiver: Identify impact on behavioral health and the public mental health system including policy changes and collaboration with partners and stakeholders – July 2011
 - c) Federal Mental Health Parity law: Identify how the law will supersede provisions of California's mental health parity law and how it will impact behavioral health, service delivery and the public mental health system including policy changes and collaboration with partners and stakeholders – July 2011
9. Work with Commissioners who are members of the legislature to convene an informational hearing regarding HCR, Medicaid 1115 Waiver and Mental Health Parity law – February 2011

Date	January 2011
Leadership	Andrew Poat, Chair Tina Wooton, Vice-Chair
Staff	Kevin Hoffman, Carol Hood, Vivian Lee
Members	2011 Committee Membership is listed below: <ol style="list-style-type: none">1. Ann Arneill-Py2. Bentley Paul Stansbury3. Camille Schrader4. Crystal Crawford5. Falope Fatunmise6. Frank Serrano7. Gwendolyn Wilson8. Jack Joiner9. Kathleen Derby10. Patricia Ryan11. Russell Vergara12. Rusty Selix13. Stacie Hiramoto14. Wayne Clark