Assembly Bill 100 Workgroup Recommendations

MHSOAC Meeting

May 26, 2011

Tab 5

1

Order of Presentation

- Summary of changes to the MHSA made by AB 100
- The purpose, mission, and core principles of AB 100 Workgroup
- Review the 12 priority issues discussed by the AB 100 Workgroup
- Review the recommendations to each of the 12 priority issues
- Proposed motion to adopt the AB 100 Workgroup's recommendations

2

Purpose of AB 100 Workgroup

Develop consensus recommendations regarding some of the issues that resulted from the enactment of AB 100 which amended the Mental Health Services Act (MHSA) by, among other things, eliminating state review and approval of county MHSA plans.

3

Background

- High level recommendations
- Implementation details to be determined in the future with opportunity for broader participation

4

Background
(Continued)

- AB 100 was enacted on March 24, 2011 as an emergency legislation.
- AB 100 made several changes to the MHSA including how it is administered.
- Legislative intent language:
  - Ensure continued state oversight and accountability of the MHSA
  - In eliminating state approval of county mental health programs, the Legislature expects the state, in consultation with the MHSOAC, to establish a more effective means of ensuring that county performance complies with MHSA.

5

Changes to the MHSA

- Deleted requirement that the Department of Mental Health (DMH) and Mental Health Services Oversight and Accountability Commission (MHSOAC) annually review and approve county plans and updates.
- Deleted requirement that a county annually update the 3-year plan but still required that there be updates.
- The Commission, instead of DMH, may provide technical assistance to any county mental health plan as needed.
- The “state” instead of DMH will administer the Mental Health Services Fund (MHSF).

6

Changes to the MHSA

- The “state” instead of DMH will issue regulations.
- Starting July 1, 2012 the Controller shall distribute MHS funds on a monthly basis to counties all unexpended and unreserved funds on deposit in the MHSF as of the last day of the prior month.
- Reduced the administrative fund reserved for DMH, MHSOAC, and California Mental Health Planning Council (CMHPC) from five percent (5%) to three and half percent (3.5%).

7

Changes to the MHSA

(Continued)

- Provided for a one time transfer of $862M from the MHSF which is not subject to repayment to be distributed in the following order:
  - $183,600,000 for Medi-Cal Specialty Health Managed Care;
  - $98,586,000 for mental health services for special education pupils (AB 3632);
  - 50% of each county’s 2011-12 MHSA component allocations not to exceed $488,000,000;
  - $579,000,000 for EPSDT; and
  - The remainder of each county’s 2011-12 component allocation.

8

AB 100 Workgroup Participants

- Cliff Allenby, Acting Director, Department of Mental Health;
- Ann Arneill-Py, Executive Director, California Mental Health Planning Council;
- Jessica Cruz, Executive Director, National Alliance on Mental Illness, California;
- Sherri Gauger, Executive Director, MHSOAC;
- Sharon Kuehn, Executive Director, California Network of Mental Health Clients;
- Patricia Ryan, Executive Director, California Mental Health Directors Association;
- Rusty Selix, Executive Director, Mental Health Association, California; and
- Oscar Wright, Chief Executive Officer, United Advocates for Children and Families.

9

Mission

- Do no harm to the intent of the MHSA.
- Reach consensus around “governance.”
- Clarify AB 100.
- Do a gap analysis of AB 100 and identify potential amendments to the MHSA.
- Identify common issues in the MHSA that need to be addressed.

10

Core Principles

- Further the purpose and intent of the MHSA as specified in Section 3.
- Alter the MHSA only to accomplish the agreed upon goals consistent with the intent of the MHSA.
- Only have processes that are necessary to accomplish the purpose of the MHSA.
- Focus primarily on outcomes.
- As the Workgroup clarifies AB 100, it should look for opportunities to actively involve clients and family members.
- Acknowledge the likelihood of realignment and seek appropriate clarification to accomplish the MHSA's purpose.

11

12 Priorities

1. Identify who is the "state."
2. Clarify the new MHSA fund distribution method under AB 100 and how it will work.
3. Identify a mechanism to assure county compliance with MHSA values to replace state level review and approval of county plans eliminated by AB 100.
4. Identify who is in charge of performance outcomes.

12

12 Priorities
(Continued)

5. Identify a process to ensure the collecting and reporting of comparative outcomes data and evaluation of the results.
6. Determine how to ensure that Workforce Education and Training (WET) funds are protected under the new funding distribution.
7. Identity a process by which higher performing counties can assist lower performing counties to improve their effectiveness.
8. Clarify the role and purpose of the mental health services performance contract.

13

12 Priorities
(Continued)

9. Clarify the relationship between regulations, guidelines, plans and moving to an integrated 3-Year plan with outcomes.
10. Identify an effective local process which assures that counties will meaningfully consider stakeholder input.
11. Identify an effective process to make sure county plans comply with the law.
12. Define the MHSOAC's role in providing Technical Assistance to counties

14

Priority No. 1: Who is the "state"

Recommendation:

- *The "state" will be determined by the Administration.*

15

Priority No. 2: Clarify the new MHSA fund distribution process

Recommendations:

- MHSA funds in Component Allocations should be considered "reserved" for purpose of fund distribution for Fiscal Year 2012/13 under W&I Code Section 5891(c).
- Component Allocations should be published for the Prevention and Early Intervention (PEI) Statewide Reducing Disparities Project.
- The MHSA specifically "reserves" the funds to pay for WET programs and the 3.5% administrative fund.

16

Priority 2
(continued)

- DMH in consultation with, the MHSOAC, CMHPC, and California Mental Health Directors Association (CMHDA) should continue providing to the counties yearly estimates of the funding for each MHSA component pursuant to W&I Code Section 5847(e).
- County submission of the Revenue and Expenditure Report should not be a prerequisite for distribution of funds to a county.

17

Priority 2
(continued)

- The current Revenue and Expenditure Report should be either eliminated or simplified.
- Report used must include sufficient information on the condition of the local MHSF and information necessary to support continued evaluation of MHSA programs.
- Report should be easy to understand and made available to stakeholders.

18

Priority No. 3: Assuring county compliance with MHSA values

Recommendations:

- In addition to the mental health performance contract and targeted training and technical assistance, an MHSA state level issue resolution process can provide a mechanism to assure county compliance with the MHSA values.
- DMH should with input from MHSOAC, CMHPC, client, family members, and other stakeholders, and CMHDA revisit, complete, and implement the MHSA state level issue resolution process.

19

Priority No. 4: Who is in charge of performance outcomes

Recommendation:

- MHSOAC is in charge of the performance outcomes.

20

Priority No. 5: Ensure collecting and reporting of comparative outcomes data

Recommendations:

- DMH should continue to be responsible for collecting the data. Funds should be allocated to DMH to ensure its data collection capacity.
- MHSOAC should be responsible for ensuring the reporting of the comparative performance outcomes data.

21

Priority No. 5 (continued)

- CMHPC should continue to be responsible for approving the key priority indicators and working with mental health boards to interpret their local performance indicators.
- Ensuring achievement and improvement in performance outcomes should not be punitive, except when a county is resistant to making improvements and requires a corrective action plan as set forth under Priority #7.
- There is a difference between achievement of positive performance outcomes and compliance with the statutory requirements.
- Training and technical assistance should be used to help counties better their performance outcomes.

22

Priority No. 6: Protect WET funds under the new funding distribution

Recommendation:

- State must comply with W&I Code §5892(a)(1) which provides for WET funds to be in a trust fund and thus not distributed under the new monthly funding distribution.

23

Priority No. 7: Higher performing counties assisting lower performing counties

Recommendation:

The process for higher performing counties to assist lower performing counties to improve their effectiveness involves a multi-tier approach.

- First, higher performing counties identified by comparative performance outcomes reports.
- Second, some counties will see the higher performing counties and, without assistance, will replicate what is working well and improve their performance outcomes.

24

Priority No. 7
(continued)

- Third, some counties will need training and technical assistance.
- Fourth, a few counties despite training and technical assistance, still resisting improvement efforts and will need to submit a corrective action plan.
  - DMH should use its statutory authority under W&I Code §5897(d) to request such a corrective action plan.
  - MHSOAC should use its statutory authority under W&I Code §5845 to refer critical issue relating to performance of a county mental health program to DMH.

25

Priority No. 8: Role of the Performance Contract between DMH and counties

Recommendation:

- DMH should, as required by W&I Code Section 5897(c), implement MHSA programs through the Performance Contract instead of through the current MHSA Agreement.
- The Performance Contract be streamlined and some of the provisions be strengthened including emphasizing qualitative local stakeholder involvement in the planning process and the cultural competency requirements.

26

Priority 9: Regulations, guidelines, and an Integrated 3-year plan

Recommendation:

- DMH and MHSOAC staff with input from client and family members, and CMHDA take lead to review the regulations, Information Notices, and guidelines to determine if they should be repealed, modified, or kept.
- Section 3320 of the Regulations which requires counties to adopt specified standards in planning, implementing, and evaluating the programs and/or services provided with MHSA funding should be kept as is currently written.
  - Section 3320 requires community collaboration, cultural competence, client driven, family driven, wellness recovery and resilience focused, and integrated service experiences for clients and their families as defined in Sections 3200 et seq.

27

Priority No. 9
(continued)

- In the future only regulations and information notices should be issued.
- A work plan should be developed to ensure that new regulations are issued within the next year.
  - The work plan should include stakeholder process to provide input into the proposed regulations.
- The state shall provide MHSOAC an opportunity to concur with the MHSA regulations proposed to be issued.

28

Priority 10: Effective local process assuring meaningful stakeholder input

Recommendation:

- A healthy stakeholder process should include stakeholder participation in plan development, implementation, evaluation and major budget decisions.
- Amend regulations and reporting forms to emphasize that the local stakeholder process should be a qualitative process.
- Strengthen current Performance Contract language to emphasize a qualitative local stakeholder process.

29

Priority No. 10
(continued)

- Compliance with the local stakeholder process should be incorporated into the Performance Contract requirements including statewide standards for the stakeholder process reflected in regulations and information notices to be developed.
- MHSA Administrative funds should be used to assist in building local capacity for clients and family members to ensure the appropriate state and county agencies give full considerations to concerns about quality, structure of service delivery, or access to services pursuant to W&I Code Section 5892(d).

30

Priority 11: Process for county plans to comply with the law

Recommendation:

- DMH should use the Performance Contract to implement MHSA programs as mandated by W&I 5897(c).
- The MHSA County Plan including the stakeholder process should be incorporated into the Performance Contract.
- The Performance Contract must be effectively monitored by the state entity charged with contract monitoring to ensure county plans comply with the law.
- The state should use the enforcement mechanism set forth in W&I Code Section 5655 in case of non-compliance with the law.

31

Priority 12: Define MHSOAC's role in technical assistance to counties

Recommendation:

- The MHSOAC should continue to provide technical assistance for plan development when counties request assistance as set forth AB 100.
- The MHSOAC should focus on technical assistance related to identified outcomes and indicators consistent with the MHSA evaluations.

32

Priority No. 12
(continued)

- The MHSOAC's role of providing oversight and accountability includes facilitating the delivery of training and technical assistance to county/program and providing oversight to the state entity that has the contract contractors to ensure that training and technical assistance includes:
  - what the counties want;
  - what clients, family members, unserved and underserved communities, and providers believe counties/programs need; and
  - what supports positive program outcomes based on research.

33

Priority No. 12
(continued)

- The training and technical assistance contracts should stay with DMH.
- The training and technical assistance contracts should include input from, clients, family members, unserved and underserved communities, counties, and providers.
  - Advisory group should be formed to assist the state to develop the deliverables training and technical assistance contract.

34

Next Steps

- Participants will present the recommendations for approval to the Administration, the MHSOAC, the CMHPC, and relevant Boards by July 1, 2011.
- If full approval is obtained, the Workgroup participants will take appropriate responsibility for operationalizing the recommendations.
- Share approved report with appropriate Legislative staff.

35

Proposed Motion

The MHSOAC adopts the AB 100 Workgroup's recommendations

36