MHSA CFLC TRAINING:
MHSA & the COMMUNITY PROGRAM PLANNING PROCESS

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Please complete your pre-training survey, demographic form & quiz

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About Me

- My name
- My role at ACCESS California/NorCal MHA
- How long I have been employed at NorCal MHA
- Why I work in the mental health field

ACCESS California

Today We'll Learn About

1. The Mental Health Services Act (MHSA)
   - MHSA Origins
   - MHSA Plans and Updates
   - MHSA General Standards
   - MHSA Funding Components
   - **MHSA Community Program Planning Process**
   - Stakeholder Bill of Rights

MHSA 101:
ORIGINS AND OVERVIEW

Let's Talk About It!

How familiar are you with the laws and regulations that apply to the Mental Health Services Act?

How did you learn about them?

California Milestones

WHEN	WHAT
1957: Short-Doyle Act	• Established current community-based treatment structure of public mental health services • Established local Mental Health Advisory Boards
1968: Lanterman-Petris-Short Act	• Established due process rights of individuals facing involuntary commitment
1991: The Bronzan-McCorquodale Act	• Authorized the 1991 realignment that shifted mental health program and funding responsibilities from the state to counties
1992: The Children's Mental Health Services Act	• Outlines a coordinated, goal-directed system of mental health care for children and their families that emphasizes an interagency approach
1996: The Adult and Older Adult Mental Health Systems of Care Act	• Outlines a recovery-oriented, outcome-based mental health treatment approach for adults with serious mental disorders
2004: The Mental Health Services Act	• Creates funding to fill gaps in the adult and older adult and children's systems of care • Establishes local MHSA Steering Committees

MHSA Origins

- Prop 63 passed in November 2004
- Established a 1% tax on income over $1M
- Expanded public mental health care
- Provided opportunity to design new or adapt old mental health services
- Sought to transform the system through:
  - Expansion of services
  - Improved continuum/integration of care

MHSA: Why?

- Voters recognized publicly-funded mental health services were insufficient and inconsistent
- Many Californians living with a mental illness lacked access to the essential services and community supports necessary to recover and maintain their mental wellness
- New and innovative methods of addressing mental illness had no reliable/sustainable funding source to be implemented
- Counties are now receiving MHSA funding in an attempt to provide "**whatever it takes**" treatment for people with serious mental illness

MHSA: It's the Law!

Welfare and Institutions Code (WIC)

- General statutory law of California governing the provision of public mental health services
- **WHAT** the laws are

California Code of Regulations (CCR)

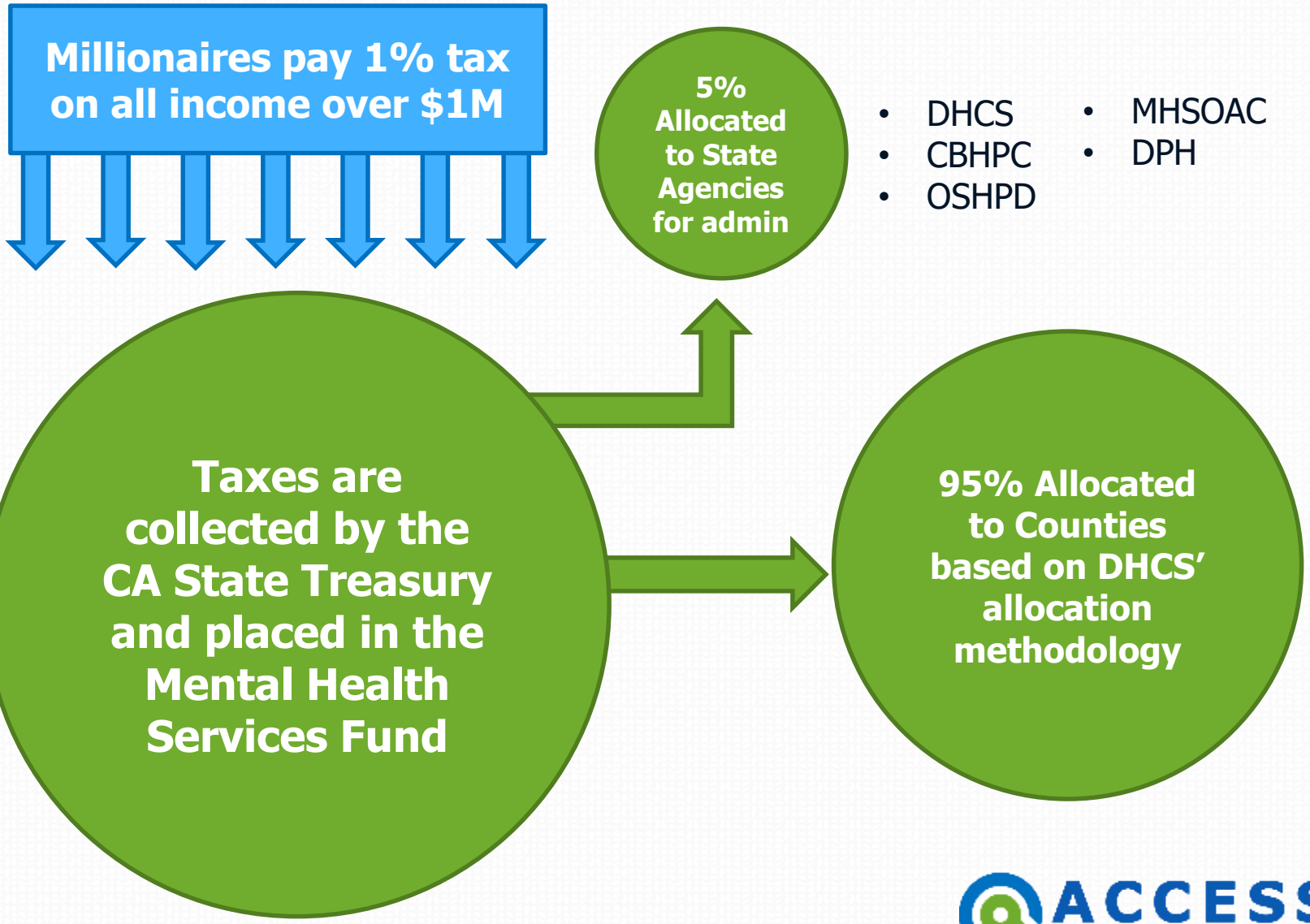
- Regulations adopted by the state agencies charged with enforcing the MSHA
- Interprets the meaning of the statutes
- **HOW** the laws will be implemented and enforced

Let's Talk About It!

- How familiar are you with the laws and regulations that apply to the MHSA?
- Why is it important for advocates to know what is actually written in the WIC and CCR?
- What is the difference between the words **"shall"** and **"may"** when they are used in statutes and regulations?

MHSA 101:
PLANS AND UPDATES

MHSA: Follow the Money



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The MHSA Three-Year Plan

- Counties receiving MHSA funds must develop Three-Year Program and Expenditure Plans, projecting their MHSA revenues and identifying exactly how they intend to spend their MHSA funds over the next three (duh) years
- Each Three-Year Plan **shall** be developed with local stakeholders including adults and seniors with severe mental illness
- Plans contain a programming component and a budgetary component
- **ALL** County MHSA spending **shall** be consistent with the Three-Year Plan*

WIC §§ 5847(b)-(e), 5848(a), 5892(g)

The MHSA Three-Year Plan

The Three-Year Plans then go through the following review process before they are officially adopted:

1. **A draft Plan is developed through the CPP**
2. The draft Plan is circulated during a 30-day public comment period
3. The Local Mental Health Board holds a public hearing on the draft Plan to provide recommendations and proposed revisions
4. The County adopts a final Plan, incorporating public comments and feedback
5. The County Board of Supervisors approves the final Plan
6. The final Plan is sent to the MHSOAC and DHCS

WIC §§ 5847(a), 5848

Annual Plan Updates

- Each year, Counties are required to prepare annual updates to their MHSA Three-Year Program and Expenditure Plans
- **Annual updates must be developed through the CPP as well – stakeholders must remain involved at all stages**
- These updates go through the same review and approval process as the original Three-Year Plans

WIC §§ 5847(a)-(e), 5848(a), 5892(g)

Other Important Info

- MHSA funds cannot be used to supplant funding for existing County MH programs
- MHSA funds **shall** be kept in a local Mental Health Services fund and **shall** be invested, but should not be commingled with other County funds
- Interest earned on the MHSA money held in the local Mental Health Services fund **shall** be reinvested in County MHSA programs/expenditures in future years
- Counties' MHSA funds **shall** revert back to the State if not spent within three years (with many exceptions)

WIC §§ 5847(b)(8), 5891(a), 5892(h)

MHSA 101: GENERAL STANDARDS

MHSA General Standards

- The County **shall** adopt the MHSA General Standards in **planning**, **implementing**, and **evaluating** the programs and/or services provided with MHSA funds
- The planning, implementation and evaluation process includes, but is not limited to:
  - **The Community Program Planning Process**;
  - Development of the Three-Year Program and Expenditure Plans and updates; and
  - The manner in which the County delivers services and evaluates service delivery

9 CCR § 3320

MHSA General Standards

1. Community Collaboration (9 CCR § 3200.060)
2. Cultural Competence (9 CCR § 3200.100)
3. Client-Driven (9 CCR § 3200.050)
4. Family-Driven (9 CCR § 3200.120)
5. Wellness, Recovery, and Resiliency (WIC § 5813.5(d))
6. Integrated Service Experience (9 CCR § 3200.190)

Handout: MHSA General Standards

9 CCR § 3320

1. Community Collaboration

- The process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a **shared vision and goals**

9 CCR § 3200.060

Meaningful Involvement

Counties **shall** demonstrate a partnership with constituents and stakeholders throughout the (CPP) process that includes meaningful stakeholder involvement on:

- Mental health policy;
- Program planning;
- Implementation;
- Monitoring;
- Quality improvement;
- Evaluation; and
- Budget allocations

WIC § 5848(a)

Let's Talk About It!

- What do the words "shared vision and goals" and "partnership" convey to you?
- What does "meaningful stakeholder involvement" look like on the County level as it relates to:
  1. Mental health policy
  2. Program planning
  3. Program implementation
  4. Program monitoring
  5. Quality improvement
  6. Program evaluation
  7. Budget allocations

The Community Program Planning (CPP) Process

The process to be used by the County to develop Three-Year Program and Expenditure Plans, **and updates** in partnership with stakeholders to:

1. Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
2. Analyze the mental health needs in the community
3. Identify and re-evaluate priorities and strategies to meet those mental health needs

9 CCR §§ 3200.070, 3300(a)

What's It Supposed to Look Like?

- To ensure that the Community Program Planning Process is adequately staffed, the County **shall** designate positions and/or units responsible for:
  - The overall Community Program Planning Process
  - Coordination and management of the Community Program Planning Process
  - Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process
    - Stakeholder participation **shall** include representatives of unserved and/or underserved populations and family members of unserved/underserved populations

9 CCR § 3300(b)(1) – (3)

What's It Supposed to Look Like?

- Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process
- Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate

9 CCR § 3300(b)(4)-(5)

What's It Supposed to Look Like?

- The Community Program Planning Process **shall**, at a minimum, include:
  - Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process

9 CCR § 3300(c)(1)

What's It Supposed to Look Like?

- The Community Program Planning Process **shall**, at a minimum, include:
  - Training
    - Training **shall** be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process
    - Training **shall** be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process

9 CCR § 3300(c)(3)

What Does It Actually Look Like?

Source: ACCESS Participation Barriers Survey, 2018

What barriers impact your ability to fully participate in the CPP?

- 68%: Lack of information about or promotion of CPP events
  - Of those, 45% (31% of all respondents) said lack of information prevented them from participating **at all**
- 49%: Inconvenient meeting times
  - Of those, 47% (14% of all respondents) said meeting times prevented them from participating **at all**
- 49%: Stigma

WHAT'S WRONG WITH THIS PICTURE?

9 CCR § 3300(b)(4)-(5)

What Does It Actually Look Like?

Source: ACCESS Annual Client Survey, 2018

- 52%: Unsure how frequently their local MHSA CPP committee (aka "MHSA Steering Committee") meets
- 42%: Unsure if their local mental health agency provides stakeholder trainings on the MHSA/CPP
  - 33%: Said their local mental health agency does NOT provide stakeholder trainings
  - 25%: Said their local mental health agency DOES provide stakeholder trainings, but cannot recall when the last training occurred

WHAT'S WRONG WITH THIS PICTURE?

9 CCR § 3300(c)(3)(B)

What Does It Actually Look Like?

Source: ACCESS Annual County/Provider Survey, 2018

- 36%: Said NO trainings on the MHSA planning process are provided for stakeholders
  - 39%: Said stakeholder trainings held as-needed:
    - 11%: Quarterly
    - 6%: Twice a year
    - 9%: Annually
- 37%: Unsure how MHSA funding is used for stakeholder training, or if it was at all

WHAT'S WRONG WITH THIS PICTURE?

9 CCR § 3300(c), (d)

What Does It Actually Look Like?

Source: ACCESS Annual Client Survey, 2018

- 28%: Said changes (aka "**updates**") to MHSA-funded plans and programs come before stakeholders for review and approval prior to finalization
  - 25%: Said changes are handled internally by the local mental health agency without stakeholder review
  - 47%: "Other," with 91% of those unsure

WHAT'S WRONG WITH THIS PICTURE?

9 CCR §§ 3200.070, 3300(a)

What Does It Actually Look Like?

Source: ACCESS Annual County/Provider Survey, 2018

- 45%: Unsure how their local mental health agency ensures stakeholders remain actively involved in ongoing oversight of MHSA plans and programs
  - 37%: Said changes to MHSA-funded plans and programs go before a stakeholder committee prior to finalization
  - 17%: Said changes to MHSA-funded plans and programs are not subject to stakeholder review

WHAT'S WRONG WITH THIS PICTURE?

9 CCR §§ 3200.070, 3300(a)

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Let's Talk About It!

- How are client stakeholders currently being utilized in your county's Community Program Planning process?

- Do clients and other stakeholders approve the plans (rubber stamp) or are they involved in developing plans?

3. Client-Driven

MHSA puts clients in the driver's seat:

- Clients have the primary decision making role in identifying their needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for them
- Programs and services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes

WIC §§ 5813.5(d)(2)(3), 5830(a)(2), 5866; 9 CCR §3200.050

4. Family-Driven

MHSA puts families in the driver's seat:

- Families of children and youth* with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children

WIC §§ 5822(h), 5840(b)(1), 5868(b)(2) 5878.1; 9 CCR §3200.120

SiEeV·E·N MHSA Components

Programs and services the MHSA is required to fund:

1. Prevention and Early Intervention (PEI)
2. Community Services and Supports (CSS)
3. Innovative Programs (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology (CF/TN)
6. Prudent Reserve (PR)
7. Community Program Planning (CPP)

Handout: MHSA Program Components

Community Program Planning

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CPP: *up to* 5% of MHSA Funds

- The [County MHSA] allocations **shall** include funding for annual planning costs
- The total of these costs **shall not** exceed 5 percent of the total of annual revenues received for the [County MHSA] fund
- The planning costs **shall** include funds for County mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process

WIC § 5892(c); 9 CCR § 3300(d)

Community Program Planning Process – Funding Examples

The MHSA allocations shall include money for planning costs. The total of these costs shall not exceed 5%
WIC § 5892(c)

County	FY 16/17	5% Local Planning
Alpine (small)	$1,439,433	$71,971
Kern (medium)	$39,332,265	$1,966,613
Los Angeles (large)	$520,880,543	$26,044,027

Important Findings

Local Spending on Community Planning

(Source: MHSOAC Online Fiscal Transparency Tool, September, 2018)

- Counties may allocate up to 5% of their annual MHSA funding to the Community Program Planning process (CPP) (WIC § 5848(c); 9 CCR § 3300(d))

Average amount spent by all Counties on CPP in last 4 fiscal years:

- 2013/14: $89,152
- 2014/15: $79,494
- 2015/16: $94,008
- 2016/17: $68,014

Number of Counties that spent any funding at all on CPP in last 4 fiscal years:

- 2013/14: 5 of 59*
- 2014/15: 4 of 59
- 2015/16: 5 of 59
- 2016/17: 15 of 59

Let's Talk About It!

Find your County on the FY 2016/17 CPP Expenditures handout

- What was your County's total MHSA allocation for FY 2016/17?
- What is 5% of your County's total MHSA funding allocation for that year (the max amount your County could spend on CPP)?
- How much money did your County report actually spending on the CPP in FY 2016/17?
- What percentage of your County's total annual MHSA funding allocation for FY 2016/17 does this work out to?

Handout: FY 2016/17 County CPP Expenditures

Meaningful Stakeholder Involvement

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations

WIC § 5848(a)

Community Program Planning Process: Vision

Planning shall be consistent with philosophy, principles, and practices of the Recovery Vision to:

- Promote key concepts: hope, personal empowerment, respect, social connections, self responsibility, and self-determination
- Promote consumer-operated services (Peer support programs and position)
- Reflect culture, ethnic, and racial diversity
- Plan for individual needs

WIC § 5813.5(d)

Benefits of Stakeholder Involvement

- Better decision making
- More effective service delivery
- Greater community support
- Community development
- Renewal of local democracy
- Increased resources
- Increased engagement with services
- Increased cultural competence

Stakeholder Bill of Rights

1. Transformation
2. Information
3. Education
4. Representation
5. Participation
6. Consideration

Handout: Stakeholder Bill of Rights

Stakeholder Bill of Rights

1. **Transformation:** We have the right to a PMHS that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA
2. **Information:** We have the right to full transparency in our PMHS
3. **Education:** We have the right to fully understand the meaning and implications of facts and data relevant to our PMHS

Stakeholder Bill of Rights

4. **Representation:** We have the right to competent and adequate representation when important decisions are made in our PMHS
5. **Participation:** We have the right to shape policy and meaningfully participate in all important programming and funding decisions in our PMHS
6. **Consideration:** We have the right to submit grievances to our PMHS, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances

Let's Talk About It!

How can the Stakeholder Bill of Rights be used to increase meaningful Stakeholder participation and inclusion in planning and program design, service delivery, and evaluation?

Today We Learned About

1. The Mental Health Services Act (MHSA)
   - MHSA Origins
   - MHSA Plans and Updates
   - MHSA General Standards
   - MHSA Funding Components
   - MHSA Community Program Planning Process
   - Stakeholder Bill of Rights

Questions & Discussion

Please complete your post-training survey and evaluation form

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