CHILDREN/TRANSITION AGE YOUTH (TAY) MENTAL HEALTH WORKGROUPS' SUGGESTED DISCUSSION POINTS FOR THE MENTAL HEALTH SERVICES ACT (MHSA) STRUCTURE, BUDGETING, EVALUATION AND OVERSIGHT

The Commission's Children/TAY Workgroups have been meeting with representatives from the Department of Mental Health (DMH) for approximately two years to ensure that children and TAY are receiving adequate and accessible MHSA services. During that time, there were a number of concerns that surfaced. For example, the percentage of MHSA funding allocated for children and TAY has decreased every year since 2005. Also, there is confusion over whether the Systems Leadership Team's (SLT) role is advisory, oversight, and if SLT has the ability to approve funding and planning. In September 2012, DMH plans to develop a new MHSA plan. The Workgroups are concerned about a new plan being developed prior to these existing issues being resolved. These are only some of the concerns of the Workgroups. The following are issues that are beyond the scope of the Commission's resources, but nevertheless should be discussed and reviewed, particularly in light of the most recent acts by the Governor and Legislature to shift significant responsibilities for mental health programs from the state to counties.

1. ***An independent review of the entire MHSA allocation since its inception in 2005***. This review should include: a.) budgeting and distribution of funds among the children, youth and adult populations; b.) the method that has been in place for making decisions on plan changes, funding changes, additions, and deletions; c.) the evaluation of provider services; and d.) recruitment and evaluation of providers.

   The review should include special attention to and further discussion of:

   a. Producing financial reports that are transparent and easy to understand. An independent consultant should be considered for this.

   b. Determining if the current process of budgeting and reserves should remain or whether changes could improve the quality and effectiveness of the current system. An independent consultant should be considered for this.

   c. Determining how unspent dollars for children and Transition Age Youth (TAY) should be spent and ensure such spending provides the services most beneficial for those populations.

   d. Evaluating providers with contracts to ascertain the quality of their services by determining if outcomes have been set, whether those outcomes, if they exist, denote comprehensive performance indicators, and what corrective action has been taken for those providers with poor outcomes.

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e. Determining if there are areas of the County in which DMH has not been able to secure either the appropriate number of providers or the appropriate number of providers for different age groups and what action needs to be taken to recruit and train providers in those areas.

2. ***An independent review of the current process for approving service plans, funding, and providing oversight to determine what changes should be made***. Currently, contract providers comprise 28% of the Systems Leadership Team (SLT) and DMH employees comprise 22% of the SLT. The role of the SLT is unclear. The website indicates their role is advisory; however, the workgroup was told that the SLT approves programs and funding for the MHSA County Annual Plan. A review of the current structure should include the following:

   a. A review of the roles, responsibilities and composition of all stakeholder entities including the Systems Leadership Team (SLT), Board of Supervisors' Deputies for Mental Health, Children, and Justice, the Commission for Children and Families, and the Mental Health Commission. Participation and the role of county departments such as Children and Family Services, Probation, Public Health, and Health Services that service these populations must be examined to ensure appropriate input and weight in decision making. The role of the providers must be carefully considered with input from County Counsel in the planning processes, in order to ensure that the contract providers' valuable input is preserved while at the same time keeping arms-length proprietary in fiscal decision-making.

   b. The new structure should provide appropriate equitable representation from advocates for the four age groups (children and families, TAY and older adults and adults) and the input from all stakeholders in meeting the needs of the populations to be served.

   c. Determination should be made about which parts of the current process are mandated by the MHSA legislation and which parts can be changed.

   d. A protocol is needed to develop a new process that allows for better integration of services between County Departments such as DMH, Department of Children and Family Services (DCFS), Department of Probation (Probation), and the Department of Public Health (DPH), as well as County-created entities such as First 5 LA.

   e. A specific component of the protocol should be an analysis of whether the SLT should be replaced by a process that includes a rotating Supervisor as Chair resembling the First 5LA structure or at least certain components of it. Other questions include how providers and other stakeholders will provide input into the new process.

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f. The role of the Mental Health Commission in the MHSA process is also vital to representing all these service populations and should be reviewed with this focus in mind. When making appointments, the Board of Supervisors should consider including Commissioners that are knowledgeable about children and TAY.

g. Both First 5 LA and MHSA were voter-approved initiatives and have similar annual State allocations. First 5 LA may provide a model for changes to the MHSA process and should be considered as one alternative in the analysis.

h. The full analysis of a new process for MHSA planning, spending and oversight should detail how the planning process should take place, who should be involved, and how stakeholder input should be included.

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