

MHSA THREE-YEAR PROGRAM GUIDELINES

Fiscal Year 2014-2015

through

Fiscal Year 2016-2017

BACKGROUND

- Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.
- Plans and Annual Updates must be adopted by the County Board of Supervisors and submitted to the MHSAOAC within 30 days after Board of Supervisors adoption.

BACKGROUND

- WIC § 5848 states the Mental Health Board conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.
- Instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.
- WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

PURPOSE

- Assist counties and their stakeholders in developing a Three-Year Plan that includes all the necessary elements as required by law and regulation.
- Provide the minimum essential elements necessary by law in preparing a plan for County Board of Supervisors approval.
- Provide MHSOAC the information it needs for oversight to track, evaluate, and communicate the statewide impact of MHSA.
- Provide the MHSOAC the information it needs to adopt new or amended Innovation program (INN) plans per the established threshold for changes.

WHAT IS THE 3-YEAR PLAN?

- **WIC § 5847** and **CCR § 3310** states that a Three Year Program and Expenditure Plan shall address each MHSA component:
 - Community Services and Supports (CSS) for children and youth, transition age youth, adults, and older adults (WIC § 5800 and § 5850).
 - Capital Facilities and Technology Needs (CFTN) (WIC § 5847).
 - Workforce Education and Training (WET) (WIC § 5820).
 - Prevention and Early Intervention (PEI) (WIC § 5840)
 - Innovative Programs (INN) (WIC § 5830).
 - This shall be one plan, incorporating all these elements, and making expenditure projections for each component per year.

ANNUAL UPDATE VS 3-YEAR PLAN

- **CCR § 3310** states that a county shall update the Plan annually.
- An Annual Update includes an update to the Plan addressing the elements that have changed and that year's expenditure plan.
- In FY 2015-2016 and FY 2016-2017 counties will complete Annual Updates to the FY 2014-2015 through FY 2016-2017 Three Year Program and Expenditure Plan.

WHO SHOULD BE INVOLVED IN STAKEHOLDER PROCESS?

- **WIC § 5848** states that local stakeholders should include:
 - Adults and seniors with severe mental illness
 - Families of children, adults, and seniors with severe mental illness
 - Providers of services
 - Law enforcement agencies
 - Education
 - Social services agencies
 - Veterans and representatives from veterans' organizations.
 - Representatives from veterans organizations
 - Providers of alcohol and drug services
 - Health care organizations
 - Other important interests

WHO SHOULD BE INVOLVED IN STAKEHOLDER PROCESS? (CONT)

- **CCR § 3300** further includes:
 - Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310
 - Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity.
 - Clients with serious mental illness and/or serious emotional disturbance, and their family members.

WHAT SHOULD BE INCLUDED IN THE STAKEHOLDER PROCESS?

- **WIC § 5848** states that counties shall demonstrate a partnership with constituents and stakeholders that includes meaningful stakeholder involvement on:
 - Mental health policy
 - Program planning implementation monitoring
 - Quality improvement evaluation
 - Budget allocations

WHAT SHOULD BE INCLUDED IN THE STAKEHOLDER PROCESS? (CONT.)

- **CCR § 3300** states that:
 - Involvement of clients and their family members be in all aspects of the community planning process.
 - Training be offered, as needed, to stakeholders, clients, and clients' families who are participating in the process.

STANDARDS FOR THE STAKEHOLDER PROCESS

- **CCR § 3320** states that Counties shall adopt the following standards in planning, implementing, and evaluating programs:
 - Community collaboration (CCR § 3200.060)
 - Cultural Competence (CCR § 3200.100)
 - Client Driven (CCR § 3200.50)
 - Family Driven (CCR § 3200.120)
 - Wellness, recovery, and resilience focused (WIC § 5806 and § 5813.5)
 - Integrated service experiences for clients and their families (in CCR § 3200.190)

PUBLIC REVIEW

- **WIC § 5848** states that a draft Plan shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy.
- Additionally, the Mental Health Board shall conduct a public hearing on the draft Plan at the close of the 30-day comment period. It should review the adopted plan and make recommendations for revisions.

WHAT TO INCLUDE ABOUT STAKEHOLDER PROCESS

- A description of the local stakeholder process including dates of the meetings and any other planning activities conducted.
- A description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included.
- Description of how stakeholder involvement was meaningful.
- Dates of the 30 day review process.

WHAT TO INCLUDE ABOUT STAKEHOLDER PROCESS (CONT)

- Methods used to circulate for the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan.
- The date of the public hearing held by the local Mental Health Commission.
- Summary and analysis of any substantive recommendations received during the 30-day public comment period.
- A description of substantive changes made to the proposed plan.

WHAT TO INCLUDE ABOUT PROGRAMS

- Services to children, including a wrap-around program, that include services to address the needs of transition age youth ages 16 to 25 and foster youth. Include number of children served by program and the cost per person (as defined in WIC § 5851).
- Services to adults and seniors, including services to address the needs of transition age youth ages 16 to 25. The number of adults and seniors served by program and the cost per person must be included (as defined in WIC § 5806).
- Plans shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons (as defined in WIC § 5813.5).

WHAT TO INCLUDE ABOUT PROGRAMS (CONT)

- Prevention and Early Intervention programs (as defined in WIC § 5840). Describe programs and its components/activities for Prevention versus Early Intervention separately.
- INN (in accordance with WIC § 5830)
- CFTN
- Identification of shortages in personnel and additional assistance needs from education and training programs.
- Prudent Reserve

WHAT TO INCLUDE ABOUT PROGRAMS (CONT)

- Description of county demographics, including but not limited to size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity.
- Number of children, adults, and seniors to be served in each PEI and INN program that provide direct services to individuals/groups.
- Cost per person for PEI (separated out by Prevention versus Early Intervention) and INN programs that provide direct services to individuals/groups.

WHAT TO INCLUDE ABOUT INN

- Plans should include sufficient information about a new or changed INN program so that the MHSOAC may determine if the program meets statutory requirements and can be approved. INN programs shall meet the criteria described in WIC § 5830.
- If an INN project has proven successful and the county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.

WHAT TO INCLUDE ABOUT PERFORMANCE OUTCOMES

- Include reports on the achievement of performance outcomes for MHSA services. (WIC § 5848). Include:
 - Results of any evaluations or performance outcomes the county has for CSS services and PEI programs (separated out by Prevention versus Early Intervention when possible).
 - Provide evaluation or performance outcomes for INN programs. Please specify the time period these performance outcomes cover.

WHAT TO INCLUDE ABOUT COUNTY COMPLIANCE CERTIFICATION

- Include certification by the County Mental Health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and non-supplantation requirements.

WHAT TO INCLUDE ABOUT FISCAL ACCOUNTABILITY CERTIFICATION

- Include certification by the County Mental Health director and the county auditor-controller that states the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the MHSA shall be included in the Plan.

WHAT TO INCLUDE ABOUT BOARD OF SUPERVISORS ADOPTION

- **WIC § 5847** states that the county mental health program shall prepare a Plan adopted by the county Board of Supervisors. Please include evidence that the Board of Supervisors adopted the Plan and the date of that adoption.

WHAT TO INCLUDE ABOUT THE EXPENDITURE PLAN

- Prepare an expenditure plan based on available unspent funds, estimated revenue, and reserve amounts (WIC § 5847).
- Complete the Expenditure Plan Funding instructions and forms
- Include the budgeted amount to be spent on:
 - Full Service Partnerships, (CCR § 3620), which should be at least 50% of CSS funds
 - General System Development (CCR § 3630) and Outreach Engagement (CCR § 3640)
 - PEI by program or component so that Prevention and Early Intervention program/component costs are listed separately (20% of MHSA funds distributed to a county)
 - INN by project (5% of CSS funds and 5% of PEI funds distributed to a county)
 - WET
 - CFTN
 - Prudent Reserve

WHEN THE PLAN SHOULD BE SUBMITTED TO MHSOAC

- Per WIC § 5847, submit your FY 2014-2015 MHSA Plan to the MHSOAC within 30 days of adoption by the Board of Supervisors.

PLANNING PROCESS

Recommendation

1. Parameters
2. Participants
3. Process

PARAMETERS

1. Integration
2. Latitude

INTEGRATION

- Integration as defined by OAC:
 - Integrated service experiences for clients and their families, as defined in CCR § 3200.190, which is defined as when the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive manner.

LATITUDE

- How much can we change?

LATITUDE

- How much can we change?
- If the regulations do not prohibit, let's not limit ourselves. Let's our analysis be the basis of generate ideas and proposals.

PARTICIPANTS

1. **Assessment**
2. **Proposal**

STAKEHOLDER ANALYSIS

- Analyzed current SLT membership to determine which stakeholder groups are represented, underrepresented or overrepresented with regards to **WIC § 5848** and **CCR § 3300**.

STAKEHOLDER ANALYSIS

- The 45 current/active members of the SLT already meet and exceed the State's list of required stakeholder groups.

STAKEHOLDER ANALYSIS

Recommendation:

- Expand SLT membership from 50 to 60 members for the planning process to include add important stakeholder groups and diversity to the SLT.

STAKEHOLDER ANALYSIS

- Add the following perspectives to the SLT for the planning process:
 1. 4-5 SAAC Co-Chairs (One from each SAAC not currently represented on the SLT)
 2. 4-5 Client Representatives from TAY, Older Adult, and Parents
 3. 1 Representative: Faith Based Constituencies
 4. 1 Representative: American Indian Perspective
 5. 1 Representative: Federally Qualified Health Centers (FQHCs)
 6. Others?

PROCESS

- 1. Timeline & Phases (2013-2014)**
- 2. SLT Ad Hoc**
- 3. Supporting the Planning Process**

PLANNING PROCESS

- Approve the MHSA 3-Year Program and Expenditure Plan this fiscal year, so that we begin the new fiscal year (2014-15) with the MHSA 3-Year Program and Expenditure Plan.

PLANNING PROCESS

- Consists of two phases:
 - **2013**—Identify Continuum Strengths, Gaps and Proposals.
 - **2014**—Build Consensus and Get Plan Approved, to begin the new FY 2014-15 with the new plan.

PLANNING PROCESS: 2013

September 18

- **Obtain Feedback from SLT on Proposed Planning Process**
- **Obtain feedback from SLT on Stakeholder Recruitment**

October 30

- **FOUNDATIONAL SESSION 1.0:** What Is MHSA? Los Angeles MHSA Plan? Decision-Making Process, etc.
- **FOUNDATIONAL SESSION 2.0:** Key External & Internal Developments Impacting MHSA in Los Angeles.
- **STAKEHOLDER CONSULTATION**

November 20

- **CONTINUUM GAPS & PROPOSALS, PART 1:** Continuum of Prevention to Intensive Intervention by Age Countywide; Explore Connections between MHSA Components and Broader System; Identifying Gaps & Proposals.
- **STAKEHOLDER CONSULTATION**

December 18

- **CONTINUUM GAPS & PROPOSALS, PART 1:** Continue Analysis of Continuum, by Service Area and/or Other Perspectives; Identifying Gaps and Proposals.
- **STAKEHOLDER CONSULTATION**

PLANNING PROCESS: 2014

January

- BUILD CONSENSUS

February

- BUILD CONSENSUS
- FINAL AGREEMENTS

March

- POST PLAN (March)

April-June

- PUBLIC HEARING (April/May)
- ADOPTION BY BOARD OF SUPERVISORS (June)

PLANNING PROCESS

- **To support the process:**
 - **SLT AD HOC GROUP**—with key stakeholder groups and diversity—guides the planning process, by
 1. meeting in-between sessions to analyze and integrate information
 2. propose principles
 3. identify additional constituencies for input and participation
 4. develop proposal/draft plan for deliberation in January 2014.

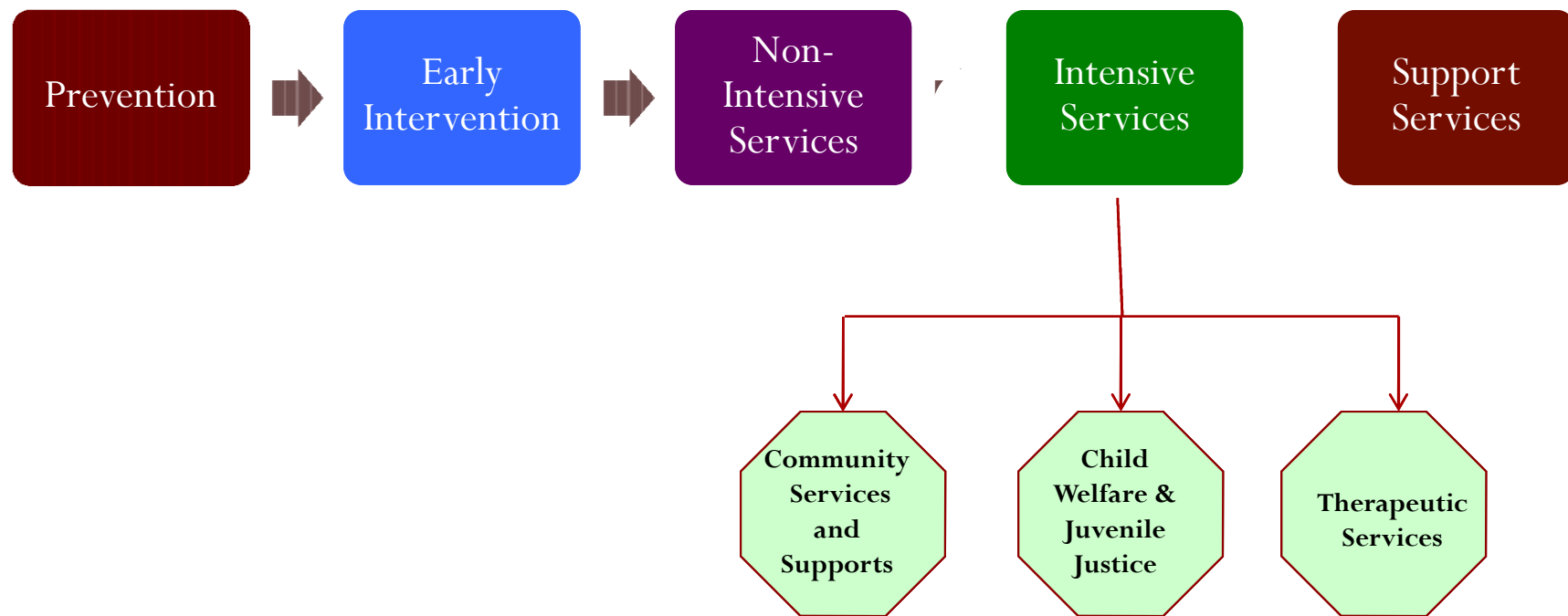
PLANNING PROCESS

- **To support the process:**
 - Hold day-long SLT sessions on October 30th, November 20th and December 18th 2013.
 - Hold day-long sessions in January, February and March 2014.
 - Meetings are from 9:30am-4:00 PM

PLANNING PROCESS

- **To support the process:**
 - Developing an ‘framework’ that will help us identify gaps and unmet needs—the ‘continuum framework’ ...

CONTINUUM OF SERVICES FRAMEWORK



INFORMATION

- Provide a county-wide snapshot
- Information will also be organized by:
 - Age Group – Youth, Transition Age Youth, Adult, Older Adult
 - Service Area

GUIDING PRINCIPLES FOR THE PLANNING PROCESS

GUIDING PRINCIPLES

- No new money.
- Funding for existing programs would come from existing programs.
- No supplantation.