CALIFORNIA COALITION FOR MENTAL HEALTH

California Coalition for Mental Health Recommendations for State Administration of Community Mental Health

(Excluding Medi-Cal and State Hospitals)

Licensing and Certification

Recommendation: All facilities licensed as community care facilities serving consumers with psychiatric disabilities should continue to be certified by the state entity that oversees community mental health.

As currently structured, there is a distinct conflict between the rehabilitation and recovery orientation of DMH licensing and certification, and the custodial or institutional focus of the California Department of Social Services/Community Care Licensing (CCL). This serves as a barrier to the development of strong mental health residential resources and jeopardizes our ability to meet the Olmstead requirements. These programs are highly specialized to meet the county, provider and consumer needs.

Recommendation: The regulations for ALL community based facilities serving consumers with psychiatric disabilities should be updated to reflect best practice standards for age appropriate treatment, to reduce duplication of duties and conflicting requirements, and to incorporate measurable outcomes standards.

Oversight and Evaluation of County Mental Health

Recommendation: The state's compliance and auditing activities for community mental health should provide valuable information to decision makers and the public about the community mental health system's performance in assisting consumers with recovery and wellness. They should not be duplicative and needlessly time-intensive across programs. Compliance and reporting requirements should be no more burdensome than existing federal and state laws. However, there must be a mechanism for compliance. Although streamlining counties' required administrative activities should help counties maximize available resources to provide direct consumer services, there is still work to be done to ensure important data that was not collected in the past is collected in the future and that there is consistency in collection and reporting across counties.

Recommendation: A vital function seriously lacking in the state-level administration of community mental health is performance outcome monitoring. Data collection and reporting are essential to meaningful quality improvement and accountability in the public mental health system. We would strongly support a state-level administrative body that:

- Establishes, collects, analyzes and publishes performance measures and quality indicators. This can be done directly or with research entities by contract;
- Supports counties in their efforts to collect and analyze data by providing support to those that might need assistance in conducting more rigorous data collection and evaluation;
- Facilitates county quality improvement efforts and ensure that the technology at the state level is able to accept and meaningfully use the information it receives from counties;

1127 – 11th Street, Suite 925, Sacramento, CA 95814
(916) 557-1167 TEL (916) 447-2350 FAX mail@mhac.org EMAIL www.mhac.org WEBSITE

- Promotes the integration of overlapping federal, state and local requirements;
- Develops the annual state-county performance contract provisions;
- Provides support to each county to promote its success in implementing a recovery-focused community mental health system and achieving positive outcomes for consumers;
- Identifies best performance among public and private providers funded through counties for each type of service or function , and
- Directly involves clients across the age span and family members in substantive roles in the evaluation process.

Recommendation: The state entity should focus on the existing annual performance contract, modifying where needed to ensure that comprehensive oversight and accountability exists to protect the interests of clients and family members. While program administration and delivery of services is the responsibility of counties, it remains the responsibility of the state to ensure that counties administer the programs and delivery of services in accordance with applicable state and federal laws. An annual performance contract is required by statute. Through execution of this contract, the state authorizes county expenditure of funds.

Recommendation: We believe that existing policy and oversight bodies need not be re-invented. There are already existing policy and oversight bodies specified in statute -- the CMHPC and MHSOAC -- that include stakeholders and advocates who play a role in informing the state on their perspectives regarding the important policy issues impacting the community mental health system. There are also local public input structures and processes in existence today, such as the Local Mental Health Boards and Commissions and the MHSA local planning process specified in statute, which assure the participation of community members in the design and implementation of the community mental health system in each county. These statutorily required structures act in an advisory capacity to county government and the county Boards of Supervisors.

The MHSOAC was established by Welfare and Institution (W&I) Code Section 5845 to oversee the MHSA funded programs, Adult and Older Adult System of Care Act, and Children's Mental Health Services Act.

The statute requires the MHSOAC to evaluate how funding has been used, to evaluate the outcomes of the investments, to identify how services and programs can be improved to maximize positive outcomes for communities and populations and reduce disparities in access to services, quality of care, and outcomes. (W&I 5845(d)(6) and 5892(d)).

Interaction with Federal Government

SAMHSA and PATH Grant Administration

Recommendation: A state entity should be identified to continue to administer the SAMHSA and the PATH grant programs.

1127 – 11th Street, Suite 925, Sacramento, CA 95814
(916) 557-1167 TEL (916) 447-2350 FAX mail@mhac.org EMAIL www.mhac.org WEBSITE

Additionally, the leadership in the state entity overseeing community mental health programs should also aggressively search for additional funding opportunities. In certain program areas federal grants and funding opportunities for innovative programs and Medicaid demonstration projects, etc. are only available to public governmental agencies that are focused on mental health and substance abuse services. There are many other grant opportunities provided by various federal departments that should be explored, as well as grants available from foundations.

The leadership in the state entity overseeing community mental health programs should proactively participate in influencing federal policy by participating in task forces and committees sponsored by SAMHSA and other federal agencies whose polices affect mental health clients, as well as being active with the National Association of State Mental Health Program Directors.

Interaction with Other State Agencies

State-Level Representation on a Variety of State Boards and Commissions

Recommendation: The state entity that oversees community mental health programs should play the role that DMH currently plays in serving on various state boards and commissions.

Coordination of Policy with other State Agencies on Related Issues

Recommendation: Ensure that the state entity overseeing community mental health programs work to coordinate with other state agencies and departments on crossover issues that significantly affect mental health consumers (e.g., Department of Rehabilitation, Department of Corrections and Rehabilitation, Department of Veterans Affairs, Department of Education-Special Education Division, Department of Social Services-CalWORKs, California Department on Ageing, and Child Welfare Administration). It is vital that the state entity and the California Health and Human Services Agency have staff that are knowledgeable about the mental health implications of other state policies and about the implications on other programs due to people getting or not getting needed mental health care, as well as the stigma and discrimination experienced by people with mental illnesses.

Department of Rehabilitation (DOR) Cooperative Program

Recommendation: A state entity needs staff capacity to facilitate, advocate for, and monitor the administration of this program, evaluate and make recommendations to address barriers to access to DOR services by public mental health system clients and consider whether the training and consultation provided under the co-op contract is meeting the needs of providers of employment services serving public mental health system clients. Lack of capacity in these programs limits their ability to address the employment needs of consumers.

Recommendations for MHSOAC Members and Selection of Mental Health Planning Council Members

1127 – 11th Street, Suite 925, Sacramento, CA 95814
(916) 557-1167 TEL (916) 447-2350 FAX mail@mhac.org EMAIL www.mhac.org WEBSITE

CALIFORNIA COALITION FOR MENTAL HEALTH

Recommendation: Appointments to the MHSOAC are made by the Governor, Attorney General, Superintendent of Public Instruction, Senate President pro Tempore, and Assembly Speaker. The Executive Director of the MHSOAC needs to be an effective liaison with these appointing authorities in order to advise them on well-qualified Commission candidates that are knowledgeable of issues related to the community mental health system and the Mental Health Services Act (MHSA).

The Director of a state entity should be responsible for the appointment of the members of CMHPC. Per statute, the Director of Mental Health shall make appointments from among nominees from various mental health constituency organizations, which shall include representatives of consumer-related advocacy organizations, representatives from mental health professional and provider organizations, and representatives who are direct service providers from both the public and private sectors. The director shall also appoint one representative from the California Coalition for Mental Health.

The Director should be knowledgeable about the current composition of this body and the issues coming before it. The Director should also be knowledgeable of issues related to the community mental health system so that selected appointees will be well-qualified to serve on the CMHPC.

Veterans

Recommendation**:** The state mental health authority should have resources and staff to provide leadership on the mental health needs of veterans, including working with other state health and veterans services agencies, veterans organizations, and counties. The state staff should work collaboratively to clarify the rights of various classifications of veterans and to support veterans in getting the services to which they are entitled and to enroll them in any health plans necessary to supplement what is available through the federal Veterans Administration.

Mental Health in the Private Sector: Parity

Recommendation: An ongoing, high level parity working group with representatives from both the private and public sector should be set up which would also include diverse consumers across the age span, families and provider representatives. The work of this group must be transparent and it must lead to measurable improvements in access and quality to mental health services. Parity laws need effective implementation and oversight in some very specific ways so that effective parity requirements, integral to more coordinated health care generally, will become a dimension of the delivery of all health services both public and private.

Parity oversight and enforcement activities should be coordinated between the Department of Managed Health Care, Department of Insurance, the Department of Health Care Services, the highest mental health policy and program authority at the state level and counties as appropriate.

Mental Health Prevention & Early Intervention in Schools

Recommendation: Provide leadership at the state level to improve coordination of the variety of education, health, and mental health service structures and public and private health coverage resources so that all K-12 students with mental health problems get assistance as early as possible to prevent school failure and dropout and to prevent mental health problems from becoming more severe.

It is imperative that state-level leadership include stakeholder involvement in these collaborative inter-agency discussions with the Department of Education to assure that the needs of parents, their children, and their families maintain a substantial voice.

Early Mental Health Initiative

Recommendation: Continue this program.

Co-Occurring Disorders in the Public and Private Sector

Integrated Mental Health and Substance Use Disorder Services

Recommendation: To provide needed systemic change and planning for public healthcare reform smart governance change is required. It is recommended that a high level permanent restructured state entity with multi-disciplinary staff continue the work that has been started by DMH, ADP, and the Co-Occurring Joint Action Council (COJAC).

This entity should further define and promote age appropriate integrated mental health and substance use disorder services to include integration with primary and other specialty care services. Ongoing leadership and focus is needed to address current policy challenges, reforms, regulations, licensing and certification, tracking and reporting integrated data results, and sharing best practices through collaborative linkages with local and county officials, community based treatment, law enforcement, public health, hospitals, corrections, education, research communities, public sector and the courts. The following guiding principles further define integrated services and the work of this proposed entity:

- Effective services for people with co-occurring disorders are the "expectation" and not the "exception" and those services must be integrated.
- There is "no wrong door" for people with co-occurring disorders as effective services must include a "whatever it takes" approach for recovery.
- One person, one team, one plan for wellness and recovery.

Special Programs and Business Functions

Multicultural Programs and Cultural Competency

Recommendation: The state entity overseeing community mental health programs should continue to have adequate staff and resources to exercise oversight and leadership in county progress, including reviewing cultural competence plans and supporting the Reducing Disparities Project. In addition, the chief of the multi-cultural services office in this role should continue to report directly and have direct access to the director of the appropriate state department or division.

Support for Policy Input/Review and Program Oversight by Mental Health Consumers and Their Families

Recommendation: Since AB 100 terminated state review and approval of county plans, which had been one way to monitor the inclusion of consumer across the age span and family stakeholders from diverse racial, ethnic, cultural and age groups, the explicit need to protect this inclusion remains, along with the need to standardize stakeholder engagement processes.

Recommendation: A statewide Issue Resolution Process, which relates to both process and service delivery concerns, should ensure the arbitration of serious issues that have not been adequately addressed at the local level. The specific procedures of any statewide Issue Resolution Process should be completed with stakeholder involvement, and publicized clearly at local and statewide levels so that it may become a practical option for consumers, family members and other community stakeholders. To assure that there is not redundancy and role confusion, the functions of Patients' Rights and the Medi-Cal Specialty Mental Health due process systems should be seen as a part of the problem solving continuum.

Recommendation: The Mental Health Services Act authorizes the state to use a portion of its 3.5% of revenues for administrative costs to "assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery or access to services." Assisting in this manner requires recruiting, educating, preparing, and involving consumers and family members from different ethnic/racial populations, genders, sexual orientations, geographic regions, age groups, etc. to actively participate in mental health policy discussions in multiple local, regional and statewide venues including opportunities for consumers and family members to actively participate in state level policy formation and implementation.

Recommendation: The state should appropriately staff and resource an Office of Consumer and Family Affairs, or its equivalent, designed after the historic and successful role of the Office of Multicultural Services including direct access to senior leadership. This office should be designed and developed through a dedicated stakeholder process.

Recommendation: State support for the interests of mental health consumers and their families involves continuing a strategic and concerted effort to promote the employment of consumers and family members throughout the community mental health system. The inclusion of workers with lived experience provides increased empathy and expertise, and serves as the living example of the reality of recovery. There is no greater stigma buster than the experience of working side-by-side with and learning from individuals living with mental health challenges. This effort must include training and technical assistance to foster employment practices that promote the recruitment,

hiring and support of consumer/family member employment and the development of consumer and family member operated mental health services.

Contracts

Recommendation: The state budget should provide funding and authority to administer existing DMH and MHSOAC contractual funding for education training and advocacy to organizations representing all different types of consumer and family stakeholders, including those across all age spans and representing ethnic and racial communities, to be able to effectively inform local and state decision making of the impacts of decisions on the populations they represent. The administering agency or agencies must have staff with appropriate qualifications to enable this to happen effectively and efficiently.

Ombudsman Program, Complaint, Grievance

Recommendation: The Ombudsman Program, and the complaint and grievance system, is part of the Medi-Cal Specialty Mental Health program. These Ombudsman services should be consolidated with the other Medi-Cal programs in the Department of Health Care Services.

Human Rights, Including Electroconvulsive Therapy (ECT) Data Collection

Recommendation: ECT data collection, seclusion and restraint data collection, and denial of patients' rights data collection should be housed in one department.

Information Technology

Recommendations: The state entity overseeing community mental health should have sufficient staff and resources work collaboratively with counties and their IT vendors on topics such as privacy and security of information, new and emerging technology standards, electronic health records, data collection for performance and outcome monitoring, and data sharing between mental health and other state agencies.

Mental Health Services Act (MHSA)

MHSA Regulations and State Guidance

Recommendation: There must be adequate staff and resources to update MHSA regulations. Staff must have knowledge of the applicable laws and policies, and also be skilled at working with diverse mental health stakeholders, including clients across the age span, families, and other major stakeholders.

State Office of Suicide Prevention

Recommendation: Continue this program.

Programs for Reduction of Stigma

Recommendation: State agencies currently charged by statute with providing leadership on California's efforts to address stigma and discrimination must continue this important work. Some of this work is contracted through the State to the Joint Powers Authority, the California Mental Health Services Authority, (CalMHSA) as the administrative entity for statewide PEI projects of Suicide Prevention, Stigma & Discrimination Reduction, and Student Mental Health. This work should continue in collaboration with counties that are pooling assets, under the current oversight of the MHSOAC. CalMHSA should closely monitor and distribute the outcomes of the PEI statewide projects to the MHSOAC for possible implementation and distribution, again with an emphasis on local adaptation, throughout the system. In addition to these statewide PEI projects, the State has the responsibility to continue to involve consumer and family member stakeholders in lasting programs and concerted efforts aimed at the reduction of stigma and discrimination surrounding mental health conditions, per WIC 5840.

MHSA Workforce Education and Training (WET)

Recommendation: Continue this program.

MHSA and Other Mental Health Housing Programs

Recommendation: With only half of the $400 million committed to housing projects, there is a great need for the state entity responsible for overseeing the MHSA Housing Program to perform the following essential functions: 1) to assess the barriers contributing to this problem with the goal of facilitating local solutions designed to meet the goals of the program 2) to negotiate changes with the California Housing Finance Agency (CalHFA) to address barriers to the successful implementation of the program; 3) to provide a vehicle for stakeholders to share information and identify problems that need to be addressed; 4) to review applicant proposals; and 5) to monitor that CalHFA is processing applications in a timely fashion and that the projects are actually developed.

There are a number of issues that need to be addressed as they are barriers to the development of housing projects. The most important is the current requirement to spend 65% on capital costs vs. 35% on capitalized operating subsidies.

Given the great need for housing, and the importance that having a home plays in supporting wellness and recovery, it is paramount that we maintain a strong, pro-housing advocacy capacity at the state-level.

The Lanterman-Petris-Short (LPS) and Related Programs

Recommendation: Given the LPS Act was enacted 44 years ago and various provisions have accumulated in a patchwork fashion since that time the state should review its provisions to see what is working and what is not

1127 – 11th Street, Suite 925, Sacramento, CA 95814
(916) 557-1167 TEL (916) 447-2350 FAX mail@mhac.org EMAIL www.mhac.org WEBSITE

working. This task should be conducted by a single state entity with mental health knowledge and treatment expertise. The intent of the LPS Act is to end the inappropriate detention of persons with mental illness. To accomplish this, due process protections were established and immunities were specified to promote voluntary engagement in treatment. The proposed review must be undertaken with the intent clearly specified in the LPS Act to assure that it is consistent with the original goals of the Act.

1127 – 11th Street, Suite 925, Sacramento, CA 95814
(916) 557-1167 TEL (916) 447-2350 FAX mail@mhac.org EMAIL www.mhac.org WEBSITE