



California Council of Community Mental Health Agencies

Leaders in the partnership that developed and promoted Proposition 63

10-6-11 Comments on DMH Reorganization

Board of Directors

PRESIDENT

Rick Crispino
Bonita House, Inc.
Oakland

PRESIDENT ELECT

Vonzã Thompson
Fred Finch Youth Center
Oakland

TREASURER

Helen Morran-Wolf
Foothill Family Services
Pasadena

SECRETARY

Steven Elson
Casa Pacifica
Camarillo

IMMEDIATE PAST PRESIDENT

J. Jeff Fly
Turning Point of
Central California, Inc.
Visalia

MEMBERS-AT-LARGE

Beverly Ary
Morongo Basin Mental Health
Yucca Valley

Jack Barbour
South Central Health
and Rehabilitation Program
Lynwood

Ken Berrick
Seneca Center
Santa Barbara

Annamarie Cameron
Mental Health Association
in Santa Barbara County
Santa Barbara

Darrell Evora
EMQ FamiliesFirst
Campbell

Ian Hunter
San Fernando Valley Community
Mental Health Center, Inc.
Van Nuys

Cynthia Jackson
Heritage Clinic
Pasadena

Roy Marshall
Child and Family Guidance Center
Northridge

Eva McCraven
Hillview Mental Health Center, Inc.
Pacoima

Erin O'Brien
Community Solutions
Morgan Hill

Paul Taylor
Momentum for Mental Health
San Jose

Richard Van Horn
Mental Health America
of Los Angeles
Los Angeles

EXECUTIVE DIRECTOR

Rusty Selix

ASSOCIATE DIRECTOR

Harriet Markell

An old Jewish Proverb says "When faced with a choice between two difficult paths, always choose the third". A related quote from Einstein says, "We cannot solve the problems we have today with the same level of thinking which created them. Instead they must be reformulated in a broader context".

Putting these statements together leads to the inescapable conclusion that choosing between a separate department of mental health (or one merged with alcohol and drug) and placing these programs inside the current Department of Health Care Services represents a choice between two unacceptable paths and calls for a third choice – in a broader context. In that regard we recommend developing a new department that should become a new Department of Health Mental Health and Alcohol and Drug Services and combine the knowledge expertise cultures, best practices, information system requirements and governance from all three presently separated systems.

Recognizing that this cannot happen overnight we suggest that the state take the time to get it right and build it around a re-envisioning business and strategic plan. This means a likely multi-year transition plan. Four existing documents should inform and guide this work:

These are:

1. The AB 100 Workgroup Report adopted by the Mental Health Services Oversight and Accountability Commission (MHSOAC) reflecting consensus recommendations on the state governance needs related to the Act in light of the passage of AB 100 in March of 2011 which eliminated state approval of county plans.
2. The paper prepared by the Mental Health Services Oversight and Accountability Commission on the MHSOAC's role in a Changing Mental health Services Environment
3. The California Coalition for Mental Health report being presented concurrently with this paper which identifies many critical functions of state government and recommendations on where a few of these need to go.

Representing Non-Profit Community Mental Health Agencies Throughout California

4. The UCLA "Considerations for Reorganization Report on California's Departments of Mental health and Alcohol and Drug Programs by Richard Rawson and Stella Lee which has specific recommendations on structure, leadership and a series of workgroups needed to develop the new structure.

CCCMHA supports all of the recommendations of these reports and adds the following:

1. The current Department of Healthcare Services should be renamed the Department of Health Mental Health and Alcohol and Drug Services and state statutes should require that future directors of that department possess the combined qualifications for the current directors of Mental health alcohol and drug and healthcare services.
2. Support creation of a chief deputy for Mental health and Alcohol and Drug with separate deputy directors for mental health and for alcohol and drug services.
3. The process of creating this department and the statutes governing it must be based on a stakeholder and expert informed process that combines the knowledge expertise cultures, best practices, information system requirements and governance from all three presently separated systems.
4. Establish requirements for health plans to ensure that primary care providers evaluate all patients regularly for potential mental health and substance use disorders, offer evaluation and initial treatment on site and have relationships with mental health providers who can provide for moderate and intensive mental health outpatient and rehabilitative services. Similarly establish requirements that ensures that people with severe mental illnesses have access to physical healthcare in a manner which can support their mental health service provider as their healthcare home.
5. There must be a new office in the Secretary of Health and Human Services addressing the consequences of untreated mental health and substance use disorders on education, health, criminal justice, welfare and productivity in the workplace and developing strategies to overcome these barriers as well as addressing the many other issues related to these conditions that require attention by other state policies, departments and budgets.
6. Re-establish a process of ensuring that there is a qualitative process of seeking meaningful stakeholder participation in major policy decisions including all decisions on how to ensure that counties comply with applicable state and federal laws and regulations and in developing guidelines and mental health funding decisions. This means soliciting stakeholder views on the issues to be addressed and making best efforts to work with each stakeholder in reviewing a draft proposed action before making a final decision.

7. Ensure that the governance structure continues to support the recovery and resilience oriented and client and family centered models set forth in the mental health services act and the Childrens and Adults and Older Adults Systems of Care.
8. Establish adequate data collection and reports to provide the information that existed under the AB 2034 program which was the basis for the Mental Health Services Act. This system provided comparative reports from each county and provider of care on the costs per client, allocations of all funds among types of services and administration and the functional results of care together with totals on numbers of people served relative to available funds.
9. Follow the model of the transportation commission and departments and clarify in statute that the Oversight and Accountability Commission shall approve regulations for the Act and lead a stakeholder process to seek consensus on the regulations with support from the Department for the drafting of the regulations.
10. Support the allocation of MHSA funds by statutory formula to counties directly from the controller provided that the Mental Health Services Oversight and Accountability Commission shall have the authority to require that a portion of funds be earmarked for statewide programs whenever the commission determines that this would be a more cost effective use of a portion of the funds.
11. Support consolidation of the funding for technical assistance and client and family organizations under the MHSOAC.
12. Require the Department to have clear procedures and reviews in partnership with the MHSOAC to ensure that county plans and expenditures are in compliance with all applicable requirements and that each county is ensuring that all MediCal enrollees are receiving all medically necessary services.
13. Place all licensing and certification requirements for community care facilities to serve children with serious emotional disturbances and adults with severe mental illnesses within the Division on Mental health and eliminate oversight by the State Department of Social Services.