

MHSA Implementation Progress Report September 15, 2008

The California Mental Health Directors Association (CMHDA)

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CMHDA represents the directors of public mental health authorities in counties (and some cities) throughout California. The primary goal of our Association, pursuant to a three-year strategic plan adopted last fall, is to *“advocate for equity and full inclusion of vulnerable populations, and secure social justice as measured by access to necessary quality services that promote mental health, wellness, resiliency and recovery in our communities.”* As MHSA implementers, counties play a primary role and carry great responsibility in the transformation of local mental health systems.

Simplification, Performance Measures, and Local Accountability: **Building a Community-Driven Mental Health System**

CMHDA has developed more clarity on how the Annual Plan and the Integrated Plan can provide the foundation for communities to implement their vision of how MHSA values determine local strategies for services and supports. To achieve this CMHDA supports a significant role shift for the state Department of Mental Health and the state-level stakeholders that have been so critically important in shaping the MHSA to date. This shift is from state to local accountability, which is absolutely essential to implement a community-driven mental health system. Inherent in this shift is the change in the plan review process. Just as the Act intended, the OSAE report reiterated, and what DMH leadership has repeatedly acknowledged:

- 1. Streamlining, simplifying, and moving to indicators translates into accountability mechanisms that are not focused up-front. This means that plans can be developed with more flexibility at the local level to increase their relevance, and approved quickly by DMH with an overall significant decrease in the length of time it takes to get resources into communities.**
- 2. By relying on outcomes that include some local flexibility, necessary state-level oversight can be achieved while quality improvement and course corrections can be implemented locally in an efficient and flexible manner.**

CMHDA is confident that the Annual Plan Guidelines for 2009/10 will support the shift towards simplification so that counties can easily report on prior year activities and request funds for the following year. Moreover, this will be done within the current community planning process through sharing current data to ensure informed decision-making. Such a process achieves efficiency, accountability, and empowers the community to make decisions about how to address identified needs. We would encourage the MHSOAC to review the strategies adopted in the Annual Plan and note how they apply to PEI and Innovations.

As for the Integrated Plan Guidelines, there is significant work to complete over the course of the next 6 to 8 months. Many stakeholders, counties included, see the process of developing these guidelines as an opportunity to improve the quality of MHSA services, supports, system development, etc. Specifically, this process can identify strategies that apply MHSA values through resources that act as a tool for “transformation.” Yet the “Integrated Plan” only can provide the foundation for further progress. It is our collective responsibility to recognize and address what issues can appropriately be resolved through guidelines and what should be resolved through other means, such as training and technical assistance. To do this effectively, DMH, MHSOAC, CMHDA, the California Mental Health Planning Council, and a wide variety of stakeholders must have a clear understanding and acknowledgment of each others’ roles and responsibilities in ongoing MHSA implementation.

CMHDA urges the Department of Mental Health to make clarifying roles and responsibilities a top priority, as recommended in the OSAE report. Without doing so, CMHDA fears that a unique opportunity for governmental entities and stakeholders to improve the quality of MHSA implementation could be lost.

CMHDA will devote significant effort to developing the Integrated Plan Guidelines, and to identifying other means to resolve related issues that cannot be effectively addressed through the guidelines. We will listen to the concerns of a wide variety of stakeholders and explore how such concerns should be best addressed.

Primary Focus Areas for Quality Improvement:

1. Community Planning Process should be Inclusive, Strategic, and Dynamic

CMHDA will work with other statewide stakeholders to identify strategies to improve the *Effectiveness of the Community Planning Process*. For example, which strategies should be facilitated by the integrated plan guidelines and supported with technical assistance, the dissemination of best and promising practices and so forth? How much should the state be involved based on its revised role and the shift to local accountability? How can the community planning process be more strategic and meaningful for participants and the county? What is the role of local mental health boards and other local mechanisms that can support the evolution of the “planning process” to function more on monitoring and advising implementation processes?

2. Accountability Mechanisms and Evaluation

All stakeholders want to move to indicators and outcomes. Some contend that the outcomes are already clearly identified in the Act, while others state these are not enough to measure the impact of the MHSa. Stakeholders, including counties, are interested in developing indicators of an effective community planning process, as well as indicators of moving towards a more culturally competent system. Counties are concerned about how this will be accomplished. For example, will there will be recognition of local differences? Who will provide necessary leadership and manage the wide scope of expertise in this area? CMHDA intends to work with stakeholders and to provide leadership in this area because we are committed to effectively shifting to local accountability. In general, the approach should be grounded in continuous quality improvement strategies, and make available technical assistance so that when weaknesses in capacity or performance are identified, they can also be addressed.

3. Mental Health System Integration

The MHSa is not a set of programs, but rather a funding source that should not be separated from other funding sources. The programs and services that individuals, families, and communities need should be determined by need – not funding source. How we continue to dismantle the two-tiered system that has unfortunately developed due to previous policies will be a major area of focus that will require united partnership among advocates/stakeholders.

CMHDA looks forward to partnering with the MHSOAC and other government and non-government stakeholders to seize this opportunity to constructively assess MHSa implementation to date, identify areas that need improvement, and develop pathways to achieving better outcomes for the individuals, families and communities we serve through MHSa resources.

CMHDA appreciates the opportunity to provide this implementation report and suggests that OAC staff and/or commissioners with additional questions on any MHSa issue visit our MHSa webpage at <http://www.cmhda.org/mhsa/mhsa.html> or contact, Stephanie Welch at swelch@cmhda.org or (916) 556-3477 x152.