MEMORANDUM OF UNDERSTANDING BETWEEN THE DEPARTMENT OF MENTAL HEALTH (DMH), MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABLITLY COMMISSION (MHSOAC), CALIFORNIA MENTAL HEALTH PLANNING COUNCIL (CMHPC) AND THE CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION (CMHDA).

I. PURPOSE and GENERAL AGREEMENT

This Memorandum of Understanding (MOU) is an agreement entered into between DMH, MHSOAC, CMHPC and the CMHDA for the purpose of defining various roles and responsibilities and to improve the understanding and implementation of the provisions of the Mental Health Services Act (Act).

Where possible agreements codified in this MOU will be annotated to the relevant provisions of the MHSA. These will appear as citations in the body of the MOU. A copy of the MHSA is attached to this MOU as Appendix A.

All Parties to this MOU agree that the broader purpose served by this agreement is to form a successful partnership to achieve the stated mission of California's community based Mental Health System. The Parties also agree that the intent of the Act was to establish an enhanced continuum of care built upon the existing community mental health system. While there are clear prohibitions in the Act with regard to the expenditure of funds to supplant existing state or county funds, it is recognized that the intent of the Act cannot be achieved if the fundamental or core community mental health services are unavailable.

Reference:
Section 5891

With signature to this MOU the parties signify agreement with the provisions of this MOU.

II. BACKGROUND

The agreements contained in this MOU are the result of a series of weekly-facilitated meetings attended by all Parties and held over a thirty- day period. The provisions of this MOU do not address questions of process and execution except where such discussion is necessary to clarify roles and responsibilities. The term "Plans" refers to the County Mental Health Plans that are submitted to the State for

funding under the MHSA. The term Parties refers to the signatories to this agreement. The term "State entities" refers to DMH, MHSOAC and CMHPC. The term Act refers to the MHSA.

III. AGREEMENTS and UNDERSTANDINGS

A. STAKEHOLDER ENGAGEMENT AND PARTICIPATION

1. **General Agreement:**
All Parties agree that while no specific definition of a "stakeholder process" is provided for in the Act, it is clear that the intent of the Act is to ensure that members of the larger mental health community have input into decisions and application of the Act's provisions. It is the intention of the Parties to ensure that "community" input is considered in the program development, implementation and evaluation processes referenced in the Act. All Parties also agree that in all instances this input is advisory. Stakeholders' input is important and valuable; however, there is no requirement for obtaining consensus before provisions of the Act can be implemented. As used in this context, the term "stakeholders" refers to those who are directly and/or indirectly impacted by the programs and activities covered by the Act.

Reference:
Section 4. Part 3.6 5840 (e) Section 10.Part 3.75845 (d); 5846 (c); 5848 (a) (b) (c)
Section 5. Article 11 5878.1 (a) Section 15 Part 4.5 5892 (c)

2. **Formulation of Regulations:**
To implement the provisions of the Act, DMH is required to adopt regulations. DMH has sole responsibility and authority for promulgating regulations pursuant to the Act. The regulatory process of the State provides for an opportunity for stakeholders and other interested parties to provide comment prior to adoption of the regulations.

3. **State vs. Local Stakeholder Involvement:**
MHSA provides for stakeholder involvement at both the State (DMH, MHSOAC & Planning Council and Local (County) levels.

Counties through their Mental Health Boards and Commissions provide opportunities for local stakeholder input. This ensures that the Plans developed pursuant to the Act accurately reflect local need.

Reference:

WIC Section5604 (a); 5604.2; 5604.3

The Act's intent however is, in California's community based mental health system, to enhance and improve how serious mental illness and serious emotional disturbance is considered, diagnosed and treated across the life span from children to older adults including their families and loved ones. The purpose of the Act is to move from the "as is" in these areas to something better. It is the responsibility of the State entities to ensure this occurs on a statewide basis. Therefore, each of the State entities (DMH, MHSOAC and the Planning Council) shall seek stakeholder input to inform their decision-making.

The State entities acknowledge that in evaluating and acting upon input received from stakeholders, in the development of statewide criteria or strategies, they need to also consider the capacity of individual counties to plan for and implement what is being proposed, given the contractual relationship counties have with DMH.

4. **Quality Improvement Process:**
Stakeholders are important barometers with regard to the success of strategies implemented pursuant the Act. Feedback at both the County and State level will contribute to the quality improvement and potential documentation of best and promising practices.

5. **Funding For Stakeholders:**
A portion of the planning funds "shall include funds for county mental health programs to pay for the costs of consumers, family members and other stakeholders to participate in the planning process." The 5% administrative funds are to cover DMH, CMHPC and MHSOAC costs. "The administrative costs shall include funds 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"

Reference:
Section 15 Par. 4.5 5892 (c), (d)

B. DEVELOPING AND APPROVING PLANS

1. **Determination of Priorities:**
All parties to this MOU have different roles in helping to properly assess needs, shape priorities and add emphasis in the planning process. The Act speaks to the overall areas where enhancement and change to the current

California community based mental health system is required. However, the refinement and ordering of these priorities in terms of the development, approval, implementation of Plans is left to the parties to this agreement.

Reference:
Section 3. Purposes and Intent and Section 5840

2. **Establish County Plan Requirements:**
DMH establishes the criteria for the Plans based on priorities set forth in the Act and input from the other Parties to this MOU. Plan requirements are to be set forth in regulation.

Reference:
Section 5898
Section 5848 (c)
Only the DMH has the authority to promulgate regulations for the implementation of the Act including Plan structure, priorities and criteria for funding. The DMH annually informs Counties of the amount of funds available according to the allocation formula currently in place. The DMH evaluates the capacity of each county to provide for the planned services before approving a funding request.

With regard to Prevention and Early Intervention as well as Innovation, MHSOAC has a unique role in approving plan expenditures for these elements before they can be funded. However, the development of the requirements for these elements of the Plans still falls within and is subject to the regulatory authority of DMH.

Reference:
Section 5848 (c)

The MHSOAC has authority to increase the State allocation of funds for Prevention and Early Intervention programs if it "determines that all counties are receiving all necessary funds for services to severely mentally ill persons."

Reference:
Section 5892 (a)

3. **Prepare County Plans:**
The Act requires the Counties to submit an initial 3-year Plan, which will be updated annually. All parties acknowledge that there may be future circumstances where consideration could be given to requiring Counties to

submit new 3-year Plans based on lessons learned or reordering of priorities based on evaluation of outcomes.

The Act provides for an "integrated" Plan for Prevention, Innovation and System of Care Services. As the Act was initially implemented, Plans were submitted for different components of the Act. The Parties recognize that there may be some relationship and perhaps even direct connections between different elements addressed by the Act and County Plans. Therefore the Parties agree that an integrated 3-year Plan is appropriate under the terms of the Act. The requirements for such a Plan are to be contained in regulations promulgated by DMH with appropriate input from the other Parties to this agreement, stakeholders and other interested parties.

Reference:
Section 5847

It is the responsibility of the Counties to hold local hearings and gather stakeholder input and to develop Plans for submission to the DMH and MHSOAC.

Reference:
Section 5848 (a), (b), (c)

4. **Reviews and Approval (Funding) of Plans:**
The DMH is responsible for contracting with Counties and funding County Plans. With regard to Prevention and Early Intervention programs as well as Innovation, prior to funding the MHSOAC must first review and approve the Plans.

References:
Section 5840.2 (a)
Section 5813.5
Section 5878.3 (c)
Section 5846 (a)

The CMHPC approves DMH 5-year Workforce Development Plans.

Reference:
Section 5820 (e)

5. **Plan Implementation:**

The Act is clear that this is a local community driven process and implementation of program elements is at the County level. DMH contracts with Counties to achieve the outcomes described in the Plans.

C. IMPLEMENTATION, ACCOUNTABILITY AND EVALUATION

1. **Accountability:**
Accountability to the public for ensuring "all funds are expended in the most cost effective manner and that services are provided in accordance with best practices" is the primary responsibility of the DMH.

   Each County is accountable to its constituents and policy makers for the effective implementation of Plans and services contracted with DMH. Ultimately with regard to the Legislature and the general public the DMH is accountable for the expenditure of funds and the outcomes resulting from these expenditures.

2. **Oversight:**
MHSOAC is accountable for providing oversight, defined as an independent opinion as to whether or not the intent of the Act is in fact being achieved. This role includes reviewing and providing comment on the allocation and use of funds covered by the Act. In terms of its oversight responsibility, MHSOAC has a stronger more defined role with regard to Prevention and Early Intervention as well as the Innovation elements provided for in the Act.

   The Parties agree that these oversight responsibilities require a systematic view of community mental health programs that may extend beyond the specific framework of the Act.

3. **Evaluation of Outcomes and Best Practices:**

   The Act calls for evaluation of outcomes and results of implementation of Plans. One of the purposes of evaluating outcomes is to inform DMH if there is any need to adjust regulations and future plan requirements. Another purpose is to inform the technical assistance and training efforts to ensure that the maximum benefit is received from the funded Plans.

   Each County will conduct rigorous evaluations of its community mental health programs as a part of the normal implementation of their Plans and through community based quality improvement programs.

The CMHPC also has a role in reviewing and evaluating program performance for the entire community mental health system. It approves performance outcome measures and also has a role in establishing community services and support.

Reference:
Section 5772 (c)
Section 5848 (d)

MHSOAC also plays a key advisory role in looking at overall state trends and in evaluating the progress that is being made with regard to the enhancements to the community mental health system envisioned by the Act.

In regards to evaluation and identification of best practices all Parties must collaborate and exchange information. What is to be avoided is a costly blizzard of duplicative reports and data mining.

Reference:
Section 3 Intent and Purpose
Section 5840 (e
Section 5821 (a)
Section 5845 (a) (d)
Section 5848 (a), (b)
Section 5772 (c)
WIC5604

D. TECHNICAL ASSISTANCE AND TRAINING

The DMH has the primary role of providing education and training to Counties to develop professional and other occupational staff necessary to support the successful implementation of the Plans developed pursuant to the provisions of the Act.

The CMHPC serves in an advisory role to the DMH in the development of its education and training policies and plans.

The MHSOAC may provide technical support to Counties with regard to the development and implementation of Prevention and Early Intervention and Innovation programs working with the DMH.

Reference:
Section 8 Part 3.1

Section 5820 (a-e)
Section5821 (a)
Section 5822
Section 5846 (a), (b)

IV. TERM

This MOU shall be in effect for five years from its date of execution and will be reviewed at least biennially. From time to time Parties to this MOU may also agree to review the MOU based on the demonstration of changed circumstances with regard to either the provisions of the Act or conditions within the mental health community.

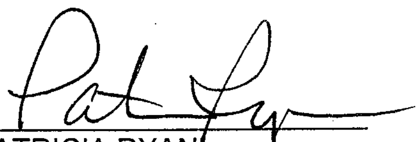
V. GENERAL PROVISIONS

A. This MOU may be amended at any time by written mutual consent of all Parties. Any Amendments to this MOU will become effective on a designated date agreed to by all Parties.

B. This MOU is not in effect until signed by official representative of Parties.

C. Nothing contained in this MOU amends or changes the provisions of the Act.

D. This MOU does not repeat language already contained in the Act unless required for clarification of the agreed upon provision.



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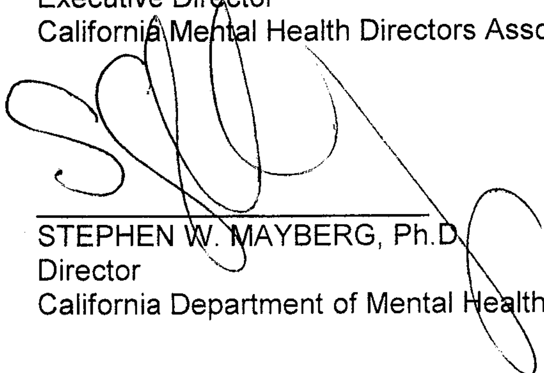

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