

# DRAFT FOR DISCUSSION

## FRAMEWORK FOR MHSA THREE - YEAR PROGRAM AND EXPENDITURE PLAN

### *Context*

Section 5847 of the MHSA requires that “Each county mental health program shall prepare and submit a three year plan which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission”.

Further, Section 5846. (a) requires that “The (Oversight and Accountability) Commission shall annually review and approve each county mental health program for expenditures pursuant to Parts 3.2 for Innovative Programs and Part3.6 for Prevention and Early Intervention.

Section 5848 (c) requires that DMH “shall establish requirements for the content of the plans”... and that “the plans shall include reports on the achievement of performance outcomes for services”.

Section 5848 (a) and (b) require that “Each plan and update shall be developed with local stakeholders.

Section 5878.1 & 5813.5 of the MHSA are built upon and incorporate previously existing statute describing children, adult and senior Systems of Care.

In accordance with the MHSA, it is the State’s intention that every three years, counties will conduct an inclusive and robust planning process within a quality improvement framework to develop their Three Year Program and Expenditure Plan (herein referred to as the Integrated Plan). In this planning process, each county will share with community stakeholders information about how their public mental health system is functioning and moving toward transformation, including system self assessments and performance indicators, and stakeholders will have the opportunity to provide input for system growth and changes based upon this information. In the intervening years, counties shall submit annual updates to their Integrated Plan that will request MHSA funding for the upcoming FY year and reflect any significant changes to their current Integrated Plan. The timeline for submitting the first Integrated Plan will be as follows:

- July 2009 - DMH provides FY10/11 Integrated Plan Guidelines
- July 2009 – March 2010 – Counties conduct planning and required review processes for FY10/11 – FY12/13 Integrated Plan.
- March 2010 – Counties submit plans to DMH
- July 2010 - DMH provides FY 01/11 funding for approved Integrated Plans

The time periods in relation to the first Integrated Plan will thus be:

- Initial planning year – FY 09/10
- Reporting Year for Prior Activities – FY08/09
- Funding Request Year – FY10/11

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### ***Vision***

The MHSA is built upon previously existing statutes for child, adult and senior Systems of Care. The Integrated Plan will reflect community stakeholders' vision and strategic plan for their public mental health system consistent with statute and how MHSA funding will interact with the rest of the system to move toward this vision over the upcoming three years. It is expected that each three-year planning process will revisit the logic models used in the CSS and PEI initial planning processes and increase in their ability to assess county progress toward a transformed system incorporating the core elements developed through the initial CSS process and affirmed in the PEI planning process<sup>1</sup>:

- Wellness Focus
- Cultural Competence
- Community Collaboration
- Client and Family Driven
- Integrated Service Experience

### INTEGRATED PLAN AND PLANNING PROCESS – FIRST CYCLE

#### ***General:***

While community engagement is an on-going expectation, the basic idea of the Integrated Plan is that the major planning effort would occur in the year prior to the submission of the three-year plan with a less elaborate planning process for years two and three. If additional funds were to become available in years two and three it is anticipated that the county would have a priority list already developed as part of its three-year plan and unless circumstances had changed would follow that set of priorities.

#### ***Framework for Integrated Plan:***

The framework for the Integrated Plan will consist of five sections:

1. Community planning process
2. Community vision and three-year goals
3. Report on prior year's MHSA activities
4. Funding request summary for the upcoming year
5. Report on performance indicators

The purpose of each section is presented below. Between 10/1/08 and 7/1/09 the State will build on prior efforts and continue the stakeholder process to develop specific content for each section. In addition, decisions will need to be made about how other required activities such as the development of cultural competence plans will complement and interact with the Integrated Plan.

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<sup>1</sup> Definitions of the core elements can be found in the California Code of Regulations, Chapter 14, Section 3200.

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### **Community Planning Process**

Purpose:

- To document that counties have conducted an inclusive, robust, thoughtful and strategic planning process, using a logic model format, that meets statutory and regulatory requirements<sup>2</sup>
- To document that community input is reflected in the plan and if not, why not
- To analyze the effectiveness of the community planning process with respect to key stakeholders, including
  - Consumers and family members
  - Cultural brokers<sup>3</sup>
  - Community organizations and agency partners

### **Community Vision and Three-Year Goals**

Purpose:

- To develop with local stakeholders the community's vision for their public mental health system and goals for the three year plan which move the system forward in achieving this vision
- To place MHSA activities and funding requests within the community's broader vision
- To describe how implemented MHSA components relate to each other and to the entire public mental health system within the context of the community vision and the core elements for a transformed system

### **Report on Prior Years' MHSA Activities**

Purpose:

- To share and discuss with local stakeholders in a quality improvement framework information that includes but is not limited to:
  - The prior three year's progress in implementation of MHSA components
  - A qualitative self assessment of progress in moving toward the community's vision for their public mental health system, including progress in the areas of the five core concepts
- To provide the state with an update of county activities

### **MHSA Funding Request Summary**

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<sup>2</sup> References to the planning process in the MHSA are found in Section 5848 (a) and (b) and also in Chapter 14, Sections 3200.070 and Section 3300 of the California Code of Regulations

<sup>3</sup> Cultural brokers may be state and county officials working within county mental health departments or administrators and providers working outside county mental health departments who have prior knowledge and trusting relationships with particular communities. In addition, cultural brokers may be community activists, advocates working at the state or county level, as well as county or state level non-governmental organizations (with established trust and credibility in particular communities. *Definition excerpted from "Building Partnerships: Key Considerations When Engaging Underserved Communities Under the MHSA", UC Davis, Center for Reducing Health Disparities, 2008.*

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### Purpose:

- To develop with local stakeholders and to inform the state about the anticipated numbers to be served and costs for the services to be provided in the upcoming year
- To assure the state that the county is meeting fiscal statutory and regulatory requirements
- To provide sufficient detail about proposed new programs so that local stakeholders and the state can understand them and see how they relate to identified community needs/issues, the community's vision and the core concepts.

### **Report on Performance Indicators**

#### Purpose:

- To inform the state about whether or not the county is meeting statutory and regulatory requirements
- To track and assess with local stakeholders progress in meeting state and locally defined performance outcomes and to inform the state about this process

### ***Annual Updates***

In accordance with the Act and regulations, in the intervening years between Integrated Plans, counties will be required to develop updates with community stakeholders and conduct the required review processes. The Annual Updates will focus upon Sections three through five of the Integrated Plan, report on the prior's year's activities and request funding for the upcoming year.

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## Issues for Developing Guidelines for the Mental Health Services Act (MHSA) First Three-Year Integrated Plan

In June of 2008, the Department of Mental Health (DMH) created a stakeholder workgroup comprised of individuals with relevant expertise who represented statewide organizations or groups to work together with the Department in the development of a framework for the first MHSA Three-Year Integrated Plan. What follows in this document is a list of the issues/questions that came out of the stakeholder process which was conducted between June and August of 2008. These issues, along with the draft Integrated Plan framework will be used to focus the initial discussions and work plan for the ongoing stakeholder process that will assist DMH in developing guidelines for the first Integrated Plan for FY10/11. DMH intends to issue the Integrated Plan guidelines in July of 2009.

### General Issues

1. In addition to being essential participants in the recovery and wellness of the client, family members need support in their own recovery and wellness. How do we assure that the Integrated Plan focuses on families, not just individuals?
2. What is the best way to embed the core concepts within each section?
3. How can we best address concerns about a two tiered system and clarifications around Full Service Partnerships (FSPs)?
4. How can we assure that we build on successes and things found to be helpful and effective, such as prior planning processes, using MH Boards and Commissions, existing surveys and improve in those areas that were most challenging in prior planning processes, such as reaching out to diverse ethnic communities?
5. How do we handle the relationship between the Integrated Plan and other DMH requirements such as the Cultural Competence Plan?
6. While emphasizing the quality improvement aspects of the plan, what should be the consequences of not meeting standards, i.e. not reporting as required or not meeting performance standard?
7. How can/should the OAC perspective be incorporated into this process? Is this different for PEI and Innovation where the OAC has a decision role vs. the other components where its role is advisory?
8. How do we clarify the roles of all responsible parties – counties, DMH, OAC, Planning Council
9. How do we assure that we provide sufficient background, contextual material and educational tools so that stakeholders can be fully informed participants in the process of developing the Integrated Plan?

### Community Planning Process

1. How much should the state specify in the guidelines about the planning process, e.g. use of the logic model, groups to be involved, methods used to get input, etc.? How do we achieve balance between specifics and flexibility?
2. How will the state know that the county planning process has been strategic, inclusive, robust, and transparent? How do we insure that counties are engaging,

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- informing and then listening to stakeholders, including those that are currently unserved, underserved or not engaged.
3. How do we measure the effectiveness of the planning process? How do we insure the opportunity for anonymous comments and responses to them?
  4. How will the state know if the process is responsive to stakeholders and that the community input is reflected in the plan?

### Community Vision and Three-Year Goals

1. How prescriptive should the guidelines be about the vision and goals, e.g. definition of transformation, core elements? How much detail does the state need here to determine if the county is truly embedding the core elements/general standards throughout their system and moving away from “business as usual”? How is all of this connected with what is reflected already in the systems of care orientation?
2. How prescriptive should the state be about HOW counties should move toward the vision of fully serving everyone with serious mental illness and their families (for example, levels of care)?
3. What questions should be asked about transforming the system and integrating the MHSAs with the rest of the system and with the larger community?

### Report on Prior Year’s Activities

1. What should be required in the self-assessment of movement towards the county’s vision and goals? How can we be assured that the feedback from service recipients is included in the self-assessment?
2. How much detail is needed at the work plan level? Are numbers served by age, gender and ethnicity enough for service components when combined with performance indicators and outcomes?
3. What kinds of state-provided performance and outcome information will be available? By when?
4. How might descriptive information about programs be used by local stakeholders, the state, and/or the public and how would we know if it is useful?

### Funding Requests

1. How much detail, both program and budget, is needed for the state to approve new programs requested after original component plan approvals?
2. What is the right balance between process descriptions and focus on accountability through indicators (quantitative vs. qualitative)?
3. Can/should the amount of information required to approve a new work plan vary by component?
4. Should DMH, with input from stakeholders, develop system wide priorities for MHSAs funding?

### Performance Indicators

1. Do the performance indicators already in statute need to be changed or clarified in terms of content or measurement strategy?
2. What other state required reporting can be translated into performance indicators?

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3. Are additional performance indicators needed to measure system transformation?
4. What is the minimum set of indicators (and standards?) that will be required by the state? How do we balance statewide indicators with county flexibility to create and support local accountability?
5. Should there be required training of stakeholders on how to understand and use performance indicators?