



MENTAL HEALTH SERVICES ACT

Orientation to Emergency Regulations (MHSA-2)

Statewide Conference Call
Tuesday, April 10, 2007
9:00 am to 11:00 am

Toll Free Call-In #: 1-866-296-6505
Verbal Password: MHSA
TTY#: 1-800-735-2929



MENTAL HEALTH SERVICES ACT

Emergency Regulations Orientation Call

- 9:00 Welcome, Review Purpose, Agenda and Conference Call Process
- Background on MHSA-2 Regulation Package
- 9:30 Questions and Recommendations
- 10:00 Discussion on Short-term Acute Inpatient Services for Uninsured FSP Clients
- Department of Mental Health Rationale for Regulation
- California Network of Mental Health Clients Position
- 10:15 Questions and Recommendations
- 10:45 Review Rulemaking Process
- 11:00 Adjourn

Facilitators and Presenters

■ Co-Facilitators:

- Barbara Marquez, Chief, Policy Development and Support Services, DMH
- Zula Macchell Reeves, California Network of Mental Health Clients

■ Presenters:

- Carol Hood, Deputy Director, MHSA and Special Projects, DMH
- Sally Zinman, Executive Director, California Network of Mental Health Clients



Purpose of the Call

- Informational – this call is not part of the official Public Comment Period
- Background and Overview of MHSA-2 regulations
- Discussion of use of MHSA funds for acute inpatient services for uninsured Full Service Partnership clients
- Rulemaking process and how to participate
- An opportunity for questions and recommendations



Hierarchy

- Constitution
- Statute
- Regulation
- Policy Guidelines



MHSA Regulations

- Emergency Regulations
 - MHSA-1
 - Adopted on December 30, 2005
 - Repealed on December 29, 2006

 - MHSA-2
 - Adopted on December 29, 2006
 - Public Hearing April 16, 2007



Comparison of MHSA-1 to MHSA-2

- More comprehensive package
 - Expands definitions section
 - Establishes:
 - Requirements that apply to all categories (umbrella)
 - Reporting requirements
 - Mechanism for use of alternative, innovative programs/services
 - Requirements specific to CSS



Overview of Emergency Regulations

- Article 1 - Application
 - Regulations apply only to MHSA
- Article 2 - Definitions
 - Terms specific to MHSA regulations
- Article 3 - General Requirements
 - Community Program Planning Process and Local Review Process
 - General Standards to plan, implement & evaluate (fundamental concepts)



Overview of Emergency Regulations

- Article 4 – General Funding Provisions
 - Allowable costs & expenditures
 - Programs/services are to be designed for voluntary participation
 - Non-supplant criteria
- Article 5 – Reporting Requirements
 - Reports that the County must submit



Overview of Emergency Regulations

- Article 6 – Community Services and Supports
 - Principles & standards for mental health programs/services under CSS
 - Establish or expand peer support/family education support to better meet needs & preferences of the clients (encouraging client participation)
 - MHSA funds only used when other funds are not available
 - Law enforcement functions not funded



Overview of Emergency Regulations

- Article 6 – Community Services and Supports
 - Full Service Partnership (FSP) criteria
 - Pay for Full Spectrum of Community Services
 - Majority of CSS funds to support FSPs
 - Personal Service Coordinators/Case Managers for each client – 24/7 after-hours intervention
 - Collaborative Individual Services & Support Plan between the client and providers



Overview of Emergency Regulations

- Article 6 Community Services and Supports
 - May pay for short-term acute inpatient services (Detailed discussion later)
 - Full Service Partnership Clients
 - Up to 30 days only
 - For the uninsured
 - And when no other funds available
 - No MHSA funding for long-term hospital or institutional care
 - Assessment when entering FSP & quarterly



Emergency Regulation Orientation

Questions & Recommendations



Specific Issues for Discussion

“Notwithstanding Section 3400 (b)(2), the county may pay for short-term acute inpatient services, not to exceed 30 days, for clients in Full Service Partnerships when the client is uninsured for this service or there are no other funds available for this purpose.”

Section 3620(k)

DMH Rationale for Regulation

- Full Service Partnerships (FSPs) – allowable expenditures include the “full spectrum of community services...” (Section 3620)
- Services for MHSA funds must be designed to be voluntary (Section 3400)
- These two could be in conflict, so we included specific language to clarify that:
 - Payment may be made for short-term hospitalization for FSPs when there’s no other funding source and
 - Long-term hospitalization and institutional services are not allowed

Network's Position*

- Flawed Reasoning
- Erosion of Trust
- Adverse Impact on Unserved and Underserved Multi-Ethnic and Multi-Cultural Communities
- Hospitalization is Conventional, not Transformational

* Please refer to attachment entitled "California Network of Mental Health Clients' Position on MHSAs Emergency Regulations" (April 6, 2007)



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Questions & Recommendations



Rule Making Process

(reminder that this call is for info only)

To provide public comment:

- 45-day public comment period began on February 21, 2007
- Comments must be received by 5:00 pm on April 16, 2007

Mail: Office of Regulations

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Sacramento, CA 95814

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Electronic Mail: DMH.Regulations@dmh.ca.gov

- Public Hearing scheduled for April 16, 2007 @ 1:00 pm
744 P Street, Auditorium, Sacramento, CA

Contact Information

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