SCHEMATIC FOR PC FUNCTIONS

Oct. 2012

Appendix 1

Actual/Estimated/Projected Totals for the Major Community Mental Health Funding Sources											
	FY 03/04 (actual)	FY 04/05 (actual)	FY 05/06 (actual)	FY 06/07 (actual)	FY 07/08 (actual)	FY 08/09 (actual)	FY 09/10 (actual)	FY 10/11 (actual)	SFY 11/12 (estimated)	SFY 12/13 (projected)	SFY 13/14 (projected)
State General Fund (SGF)	$611.3	$621.6	$653.5	$721.8	$738.5	$701.0	$518.0	$619.4	$0.1	$0.0	$0.0
Realignment I*	$1,159.3	$1,189.9	$1,217.1	$1,230.9	$1,211.5	$1,072.4	$1,023.0	$1,023.0	$1,097.6	$1,134.6	$1,141.8
Realignment II**	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$780.9	$799.6
Federal Financial Participation (FFP)	$987.5	$955.5	$1,019.9	$1,076.8	$1,266.4	$1,404.6	$1,619.2	$1,799.9	$1,562.5	$1,562.5	$1,562.5
Proposition 63 Funds (MHSA) Allocations/ Distributions	$0.0	$12.7	$316.9	$426.3	$1,488.2	$1,117.0	$1,347.0	$1,165.1	$1,029.9	$1,092.4	$1,158.0
Redirected funding for EPSDT and Mental Health Managed Care	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$0.0	$861.2	$0.0	$0.0
Other	$255.2	$276.2	$295.4	$306.8	$313.3	$233.9	$187.6	$139.4	$139.4	$150.0	$150.0
TOTAL	**$3,013.3**	**$3,055.9**	**$3,502.8**	**$3,762.6**	**$5,017.9**	**$4,528.9**	**$4,694.8**	**$4,746.8**	**$4,690.7**	**$ 4,720.4**	**$ 4,811.9**

*Includes $14 million in Vehicle License Fee Collections. FY 11/12 and FY 12/13 amounts from statute. FY 13/14 growth estimated based on 65% of FY 12/13 estimated growth going to Support Services Account and 5% Subaccount of such growth going to Realignment per statute.

**Managed Care and EPSDT share of 2011 Behavioral Health Subaccount only. FY 13/14 growth estimated based on 65% of FY 12/13 growth going to Support Services Account and 12.97% going to Behavioral Health per statute.

State General Fund (SGF): The SGF is funded through personal income tax, sales and use tax, corporation tax, and other revenue and transfers. Prior to the Governor's FY 2011/12 Budget Proposal, the primary obligations of the SGF provided to counties for mental health are to fund specialty mental health benefits of entitlement programs including Medi-Cal Managed Care, Early and Periodic Screening Diagnosis Treatment (EPSDT) and Mental Health Services to Special Education Pupils (AB 3632).

Realignment: Realignment is the shift of funding and responsibility from the State to the counties to provide mental health services, social services and public health. There are two sources of revenue that fund realignment: 1/2 cent of State sales taxes and a portion of State vehicle license fees. The primary mental health obligation of realignment is to provide services to individuals who are a danger to self/others or unable to provide for immediate needs. It is also a primary funding source for community-based mental health services, State hospital services for civil commitments and Institutions for Mental Disease (IMDs) which provide long-term care services. 2011 Realignment gives counties the funding responsibility for EPSDT and Mental Health Managed Care.

Federal Financial Participation (FFP): FFP is the federal reimbursement counties receive for providing specialty mental health treatment to Medi-Cal and Healthy Families Program beneficiaries. The amount of federal reimbursement received by counties is based on a percentage established for California called the Federal Medical Assistance Percentage (FMAP).

Proposition 63 Funds (MHSA): The MHSA is funded by a 1% tax on personal income in excess of $1 million. The primary obligations of the MHSA is for counties to expand recovery based mental health services, to provide prevention and early intervention services, innovative programs, to educate, train and retain mental health professionals, etc.

Other: Other revenue comes from a variety of sources--county funds are from local property taxes, patient fees and insurance, grants, etc. The primary obligation of the county funds is the maintenance of effort (the amount of services required to be provided by counties in order to receive realignment funds).

Source: FY 2012/13 Governor's Budget, DOF, DMH MHSA Summary Comparison (posted 07/21/2011), MHSOAC Fiscal Consultant Projections , and California Department of Health Care Services

Updated 7/26/12
Updated Semi-Annually

California Stakeholder Process Coalition

Committee to Draft Preliminary Guidance for Implementing Section 5848

Draft county performance contract language
Final committee draft
November 8, 2012

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Background

California community and government partners together have recognized and prioritized the need to strengthen and ensure the effectiveness of stakeholder engagement as an essential element of quality improvement and accountability of the mental health/behavioral health services systems in our state. Strengthening of these processes is essential both statewide and at the local level.

Realignment has intensified the need to strengthen the stakeholder process. Due to elimination of state approval of county mental health programs, a more effective means of ensuring that county performance complies with the Mental Health Services Act is needed.

Legislation

Welfare and Institutions Code sections 5650, 5651, 5847(b)(8), 5848, 5892. Cal. Code Regs., tit. 9, §§ 3300(b)(3)(A), 3300(b)(4), 3200.050, 3200.060, 3200.070, 3200.100, 3200.120, 3200.210, 3200.270, 3200.300, 3200.310, 3300, 3320.

Goals and Objectives

The purpose of including the following language in county annual performance contracts is to provide for inclusion and participation of all diverse stakeholder groups in mental health services planning and implementation, as required under WIC §5848, through a framework that:

1. Ensures respectful and meaningful engagement of stakeholders at the earliest possible time, and on an ongoing basis;
2. Ensures effective, efficient, and responsive program implementation at all levels; and
3. Ensures accountability of government and contracted providers to stakeholders through adherence to Mental Health Services Act (MHSA) values, compliance with laws, transparency of decision-making, and evaluation of efforts.

Proposed meaningful stakeholder engagement language for county performance contracts

Meaningful stakeholder outreach, engagement and involvement process

Counties shall implement a meaningful local stakeholder-driven outreach, engagement, and involvement process for developing each three-year program and expenditure plan and each three-year program and expenditure plan update. Counties shall identify, outreach to, engage, and involve stakeholders at the earliest possible time and on an ongoing basis.

Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations. [Cal. Code Regs., tit. 9, § 3300(b)(3)(a).] Stakeholders shall reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity. [Cal. Code Regs., tit. 9, § 3300(b)(4).] Stakeholders shall include: adults and seniors with severe mental illness; families of children, adults, and seniors with severe mental illness; providers of services; law enforcement agencies; education; social services agencies; veterans; representatives from veterans' organizations; providers of alcohol and drug services; health care

organizations; other important interests; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families. [W&IC § 5848(a).]

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process of developing each three-year plan and three-year plan update that includes meaningful stakeholder engagement on: mental health policy; program planning; program implementation; monitoring; quality improvement; evaluation; and budget allocations. [W&IC § 5848(a).]

Partnership with constituents and stakeholders means a welcoming, inclusive, continuous, and interactive relationship in which the county works with constituents and stakeholders to build trust in order to develop and implement each element of the three-year plan or update, and in which the priorities of clients and family members lead the agendas, with bi-directional and ongoing information sharing, and creative problem-solving efforts leading to reducing disparities, building equity in the delivery of services, and improved health outcomes.

Reference: W&IC § 5848(a). Cal. Code Regs., tit. 9, §§ 3200.050, 3200.060, 3200.070, 3200.100, 3200.120, 3200.210, 3200.270, 3200.300, 3300, 3320.

<u>Review and comment period for three-year plan or update</u>

As part of the stakeholder process, and in addition to any of the other requirements for the stakeholder process contained herein, a draft of each three-year program and expenditure plan and each three-year program and expenditure plan update, including each annual update, shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested, orally or in writing, a copy of the draft plan or update. [W&IC § 5848(a).]

Reference: W&IC § 5848(a).

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Stakeholder meetings

Counties shall hold stakeholder meetings at times and in places that are most conducive to engaging and involving representatives of unserved and/or underserved populations, and representatives who reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, race/ethnicity, people with disabilities, and sexual orientation. This includes:

1. holding meetings in locations accessible by public transportation or in locations where stakeholders live, work, or go for recreation or services,
2. holding meetings in locations accessible to people with disabilities,
3. holding meetings in the evening or on weekends,
4. providing oral and sign language interpreter services,
5. providing translated materials, and materials in alternative formats for persons with disabilities.

Reference: Cal. Code Regs., tit. 9, §§ 3200.300, 3200.310, 3300, 3320.

County planning costs

County planning costs 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. [W&IC § 5892.] Policies and procedures for determining how costs will be paid for will be developed in partnership with stakeholders as part of the stakeholder planning process.

Reference: W&IC § 5892.

Evaluation

Counties shall, in partnership with stakeholders, adopt procedures for evaluation of the stakeholder process as follows:

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1. Counties shall, in partnership with stakeholders, adopt and publish stakeholder engagement principles to guide county and stakeholder participation throughout the process and that clearly define stakeholder and county expectations.

2. Counties shall, in partnership with stakeholders, prepare stakeholder outreach, engagement and involvement plans that set out:
   - Clearly defined stakeholder outreach, engagement and involvement goals, objectives and strategies;
   - Clear links to when and how decisions are to be made;
   - Identification of all relevant interests related to the decision;
   - Appropriate methods for engaging and involving stakeholders (e.g., advisory committees, work teams, roundtable meetings, focus groups, etc.);
   - Appropriate measures, including use of human and financial resources, to support the implementation of the plan;
   - A description of how information will be made available to stakeholders in a timely manner;
   - A description of roles and responsibilities of all parties in the process;
   - A reasonable and clear time frame for the process to be implemented that takes into account stakeholder needs;
   - The means by which the results of the process are communicated and implemented; and
   - A process to facilitate partnership with constituents and stakeholders throughout the process of developing the stakeholder engagement plan in advance of it being finalized.

3. Counties, in partnership with stakeholders, shall develop policies and procedures for transparency and openness both in decision-making and in access to information, including policies and procedures that ensure that counties respond to stakeholder comments, together with the reasons for adopting or not adopting stakeholder comments.

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4. Counties shall, in partnership with stakeholders, adopt policies and procedures to remove or overcome barriers (including informational, financial, geographic, and cultural/linguistic barriers) to stakeholder participation in order to reduce disparities both in stakeholder participation and service provision to unserved and underserved communities.

5. Counties shall, in partnership with stakeholders, develop plans to publicly demonstrate openness and transparency. The plans shall include strategies for using mechanisms such as the web, media, in-person venues, and other forms of communication.

6. Counties shall have appropriate and sufficient human resources in place on an ongoing basis to support stakeholder outreach, engagement and involvement.

7. Counties shall demonstrate and document the use of a range of tactics (both informal and formal) to reach out to stakeholders and build relationships, particularly in order to reduce disparities in stakeholder participation and service provision to unserved and underserved communities. An example would be identifying and developing relationships with "cultural brokers" and individuals who are regarded with esteem within their communities.

8. Counties shall demonstrate strong public support from senior management for the value of stakeholder outreach, engagement and involvement, and shall have policies and procedures in place to ensure that these principles are adopted and implemented at all levels of the organization.

9. Counties shall demonstrate the ability to track, audit, and measure performance.

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10. Counties shall, in partnership with stakeholders, adopt policies and procedures for regular public reporting of that performance in a language and format understandable to stakeholders.

Reference: Cal.Code Regs., tit.9, §§ 3200.050, 3200.070, 3200.120.

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