

NON-MEDI-CAL RELATED MENTAL HEALTH STAKEHOLDERS COMMENTS AND/OR RECOMMENDATIONS

This document is a compilation of stakeholder comments, concerns and/or recommendations provided during previous stakeholder meetings coordinated by the California Institute for Mental Health (CiMH). Some comments provided verbatim, while others are a composite of comments and/or recommendations from multiple sources, related to the same theme. Comments have been redacted for privacy purposes.

COMPLIANCE

- Exercise oversight and leadership in addressing underserved communities and cultural competence issues. Ensure that services are delivered in a manner that addresses the culture of the clients and families being served. *
- Concerns re: general lack of oversight of Mental Health Plans (MHP).
- State oversight of both fiscal and program delivery is important for ensuring system integrity and accountability. For many stakeholders, oversight (e.g., plan review, auditing, ensuring county compliance, etc.) is the most important state mental health function. Stakeholders believe that there is a clear role for the state in ensuring that counties are held accountable for Mental Health Services Act (MHSA) so counties do not redirect funds if they do not think mental health is important. It remains the responsibility of the state to ensure the counties administer the programs and delivery of services in accordance with applicable state and federal law. Many stakeholders expressed apprehension that a shift to local control will result in inequities and/or redirection of funds. *

PROGRAM/POLICY

- Need to address inter-related issues of Medi-Cal and non-Medi-Cal data collection, analysis and evaluations, as they relate to meaningful quality improvement and accountability in the public mental health system.
- As they are transitioned, examine current Department of Mental Health (DMH) functions and priorities in light of the intent specified in Assembly Bill (AB) 102 to focus on statewide accountability and outcomes.
- Department of Health Care Services (DHCS) and county representatives should establish a workgroup focused on implementation of improved business practices. This includes the importance of reviewing the flow charts for improving business practices.
- Engage stakeholders in a continuous quality improvement and results oriented process similar to that which was convened by DMH under the statewide Quality Assurance Committee.

- In the context of Public Safety Realignment 2011, determine the basis for all non-federal Medi-Cal Specialty Mental Health administrative requirements to assure that any additional state requirements contribute to the enhancement of the Medi-Cal Specialty Mental Health system for consumers, providers and communities.
- DHCS and/or the Legislature should require health plans to more effectively address prevention and early intervention, prior to major failures in education, employment, homelessness, criminal justice or hospitalization.
- Better utilization and coordination with existing oversight bodies, especially Mental Health Services Oversight and Accountability Commission (MHSOAC) and Mental Health Planning Council.
- Request for “pre-meetings” with consumers before larger stakeholder meetings; the need for regional meetings and the strength of face to face vs. call-in communication were expressed . Many individuals do not have access to technology to allow them to follow issues and updates on the computer. Phone call-ins are helpful.
- The single state agency responsible for community mental health services must have sufficient staff to develop strategies for mental health in schools, coordinating programs and developing policies across all departmental lines.
- Stakeholders require assistance with understanding the Affordable Care Act (ACA) and Re-alignment.
- Many stakeholders expressed support for maintaining the DMH. Those opposed express concern that relocation of MH services will result in a loss of direction and a reduction in influence on state policy. Concern that the focus on wellness and recovery principles will be lost resulting in an overall erosion of service levels and quality was also expressed.
- Focused high level leadership for behavioral health should be guided by the vast body of knowledge largely ignored in the field, would articulate concrete objectives, describe the elements of a functioning system, identify the gaps today, and articulate the specific steps necessary to establish, manage and fund community based systems for children, adults and older adults. DHCS should be reviewing the multiple reports (e.g. Little Hoover Commission) related to mental health services in CA.
- Relationship of Medi-Cal, non Medi-Cal and AB 3632 services.
- Clearly identify specific points of contact within DHCS for county consultation regarding Medi-Cal regulatory, policy and other critical county business and operational issues. Stakeholders request to be informed of decisions regarding infrastructure, management decisions.

Related to this is the wish by stakeholders to recommend DHCS consider specifics in:

- Title 9 and Title 22 of the California Code of Regulations related to Medi-Cal;
 - Federal regulations and laws to clarify requirements;
 - State laws;
 - MHSA regulations; and
 - DMH policy letters/information notices.
- Integrate mental health, substance abuse disorder and healthcare services.
 - Continue a strong focus on ensuring that support for consumers and their families remain a strong focus.
 - What are the non-Medi-Cal activities and/or duties that will not be managed by DHCS?
 - Link and ultimately integrate the Medi-Cal and non-Medi-Cal functions. Any reorganization of California's mental health system can only be successful if it facilitates the coordination, integration and linkage of Medi-Cal, non-Medi-Cal and MHSA services.
 - The appropriate state-level administrative body for non-Medi-Cal community mental health services would be DHCS.
 - Consolidate and merge Department of Alcohol and Drug (DADP) and DMH functions (with the possible exception of prevention services) into DHCS.
 - Stakeholders indicated that any changes in the mental health system must continue to reflect the MHSA general standards:
 - Continue to focus on wellness, recovery and resilience;*
 - "Expand the concept of wellness and recovery across the system of care. Wellness and recovery can become the baseline for all services"; and
 - "Client/Recovery movement cannot lose its momentum. Wellness and recovery's higher standard should be the minimum, raise the standards across the board."
 - There must be a partnership between the DHCS and the MHSOAC to develop the data collection, reporting and evaluation needed for both quality improvement and compliance.
 - Decision making and relationships with mental health stakeholders - the MHSA requires that the perspective of clients and families with Severe Mental Illness (SMI) must be considered in all policy and fiscal decisions. An office staffed with clients and family members and a plan and set of regulations to ensure that such a process is consistently followed should be adopted and implemented in partnership with the MHSOAC.

- DHCS needs to have staff and resources to obtain outside experts, and a plan for how to implement the MHSA for Medi-Cal enrollees and an MOU that delineates what DHCS is responsible for, what the MHSOAC is responsible for and what will be the responsibilities of other offices and departments.
- Better utilization and coordination with existing oversight bodies, especially MHSOAC and CA MH Planning Council.
- In its new role, DHCS must address discrimination and stigma. If DHCS is the leading state agency in serving people enrolled in Medi-Cal, the DHCS is responsible for the care and consequences for adults with SMI and children with Severe Emotional Disturbance (SED) who experience discrimination and stigma and must support programs to address the problems and consequences. There must be DHCS staff, resources and plans in partnership with counties, stakeholders and the MHSOAC to address these problems.
- The MHSA includes specific funding and programs to address workforce development, peer support and the recovery model of services. DHCS must now update the efforts initially developed by DMH and work in collaboration with the MHSOAC. There must be a partnership between the DHCS and the MHSOAC.
- The stakeholder process is fragmented by separating MHSA and Medi-Cal.
- Many stakeholders see a larger role for local Mental Health Boards and Commissions and an opportunity for more responsive planning. *
- Stakeholders see changes at the state level as an opportunity for new rules that remove barriers to services. *

FISCAL POLICY

- Some stakeholders expressed concerns that local staff may not have the adequate financial experience and resources to effectively manage the complexities of MHSA programs. *