



COMMUNITY MENTAL HEALTH STAKEHOLDER MEETING AGENDA

AUGUST 26, 2011

2:00pm – 5:00pm

Location: Department of Behavioral Health Central Valley Region – Auditorium
850 E. Foothill Blvd, Rialto, CA 92376
(Auditorium Entrance on the West side of the building)

I. Welcome and Introductions

- Kathy Gaither, Acting Chief Deputy Director, CA Department of Mental Health
- Eileen Jacobowitz, EJC Consulting

II. Meeting Overview

III. Background and Context

IV. Stakeholder Reflections

V. Small Group Break-Outs

VI. Small Group Summary

VII. Summary of Input from Phone Participants

VIII. Large Group Stakeholder Question

IX. Next Steps

X. Adjourn



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Want to Know More?

DMH Website

Please visit the Medi-Cal Transfer, Stakeholder Summer 2011 and Realignment Information webpage:

www.dmh.ca.gov

Click on “**Information Regarding the DHCS/DMH Medi-Cal Transfer, Summer Stakeholder, and Realignment**” under the “What’s New?” section for meeting notices, information, and updates.

Facebook

Visit the **CA Community Mental Health Stakeholder** page on Facebook
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Additional Comments?

Send written comments to: **CommunityMHStakeholder@dmh.ca.gov**

**If you would like your comments to be posted on the DMH website, please indicate your permission in your email message.

DMH Community Mental Health Stakeholder Regional Meeting



THE CALIFORNIA DEPARTMENT OF
Mental Health

Welcome and Introductions

Acknowledgements

- DMH would like to thank our partners:
 - California Health and Human Services Agency (CHHS)
 - Mental Health Services Oversight and Accountability Commission (MHSOAC)
 - California Mental Health Directors Association (CMHDA)
 - California Mental Health Planning Council (CMHPC)
 - CA Department of Alcohol and Drug Programs (ADP)
 - CA Department of Health Care Services (DHCS)
 - CA Network of Mental Health Clients (CNMHC)
 - National Alliance on Mental Illness, California (NAMI CA)
 - United Advocates for Children and Families (UACF)
 - Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)
 - CA Association of Local Mental Health Boards (CALMHB)
 - California Institute for Mental Health (CIMH)
 - Workforce Education & Training Regional Partnerships
 - Local Partners (e.g. Mental Health Service Providers, Consumers, Family Members, etc.)

Social Media Updates

• Facebook

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• Twitter

- Follow CAMHStakeholder on Twitter

Facilitator for Today's Meeting

Eileen Jacobowitz
EJC Consulting

Overview of Today's Meeting

- Welcome and Introductions
- Meeting Overview and Goals
- Background and Context
- Stakeholder Reflections
- Small Group Break-Outs
- Small Group Summary
- Large Group Question
- Next Steps

Language Access

- ▶ DMH recognizes the importance of language access for Limited English Proficient (LEP) and monolingual stakeholders. In an effort to improve communication and interaction with LEP and monolingual individuals, DMH is committed to:
 - Translation Services
 - Interpreter Services

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Goals of the Community Mental Health Stakeholder Meetings

- Create fully-inclusive stakeholder participation process
- Communicate clearly about current state DMH re-organization
- Educate stakeholders about the role, responsibilities and resources for the DMH
- Support efficiency and effectiveness for the community mental health system
- Develop a summary report in time for Governor's Budget consideration

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Purpose of the Community Mental Health Stakeholder Meetings

- Gather stakeholder input on future functions and program responsibilities
- Determine appropriate organizational placement of functions
- Define Community Mental Health roles/responsibilities

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Elements of the Process

- Planning & Design in Collaboration with: ADP, DHCS, MHSOAC, CMHPC, DMH OMS, CNMHC, NAMI CA, CALMHBC, UACF, CMHDA, CIMH, WET Regional Partnerships
- Pre-Meeting Education Prior to All Meetings
- Regional Meetings Throughout the State
- Statewide Webinar to Review Summary of Stakeholder Input
- Monthly Stakeholder Meetings from October 2011–July 2012

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Community Mental Health Stakeholder Meeting Schedule Stakeholder Summer 2011

Date	Activity
Tuesday August 2, 2011	Kick-Off Stakeholder Meeting Sacramento
Monday August 8, 2011	Regional Stakeholder Meeting Chico
Friday August 12, 2011	Regional Stakeholder Meeting Yuba
Tuesday August 16, 2011	Regional Stakeholder Meeting Fresno
Thursday August 18, 2011	IHM Conference Sacramento
Thursday August 25, 2011	Regional Stakeholder Meeting Los Angeles
Friday August 26, 2011	Regional Stakeholder Meeting Ontario
Thursday September 1, 2011	Regional Stakeholder Meeting San Luis Obispo
Tuesday September 6, 2011	Regional Stakeholder Meeting Bay Area
Wednesday September 7, 2011	CHSCMHDHCS/ADP Stakeholder and Interest Groups Check-in Sacramento
Friday September 16, 2011	Statewide Webinar to share stakeholder input from all sessions Sacramento
October 2011–July 2012	DHMH will sponsor monthly stakeholder community services education and update meetings

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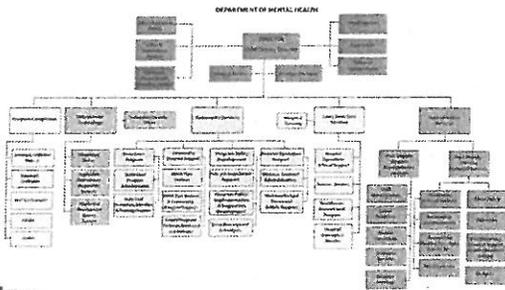
Background and Context

Legislative Changes

- Review of Background Summary Handout
- Assembly Bill 100 (AB 100), Committee on Budget, Mental Health Services Act
- Department of Health Care Services (DHCS), DMH, and Alcohol and Drug Programs (ADP) Medi-Cal transfer
 - AB 102, Committee on Budget, Health
 - AB 106, Committee on Budget, Human Services

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Department of Mental Health Prior to AB100



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What Does DMH Look Like Today?

Community Mental Health
Number of staff reduced
from 114 to 19 positions



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Conference Compromise Detail Sheet
Department of Mental Health = \$8.805 m
Total of 19 Positions as follows: \$1.941 million Total
\$1.193 Salaries + \$447,000 benefits + \$300,000 Operating Expenses

<p>1. Housing – 7 Positions Staff Mental Health Specialists (2.0) Staff Services Manager I (1.0) Associate Governmental Program Analyst (3.0) Office Technician (1.0)</p> <p>2. Suicide Prevention – 3 Positions Associate Mental Health Specialist (1.0) Staff Services Manager I (1.0) Associate Governmental Program Analyst (1.0)</p>	<p>3. Stigma Mitigation – 4 Positions Health Education Consultant III (1.0) Staff Mental Health Specialist (1.0) Staff Services Manager I (1.0) Associate Governmental Program Analyst (1.0)</p> <p>4. Focused Data Analysis – 5 Positions Career Executive Appointment (1.0) Research Program Specialist I (1.0) Research Analyst II (1.0) Staff Mental Health Specialist (1.0) Office Technician (1.0)</p>
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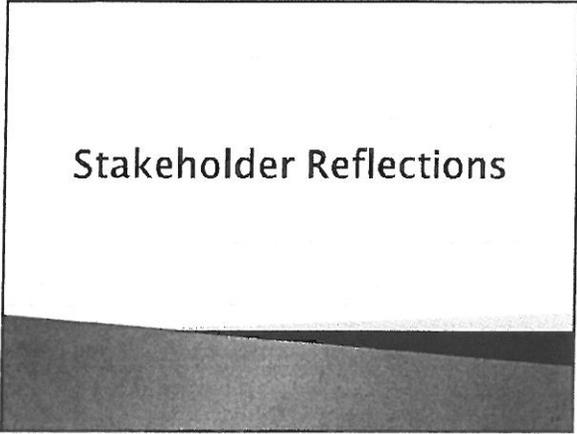
Conference Compromise Detail Sheet
Department of Mental Health = \$8.805 m (cont.)

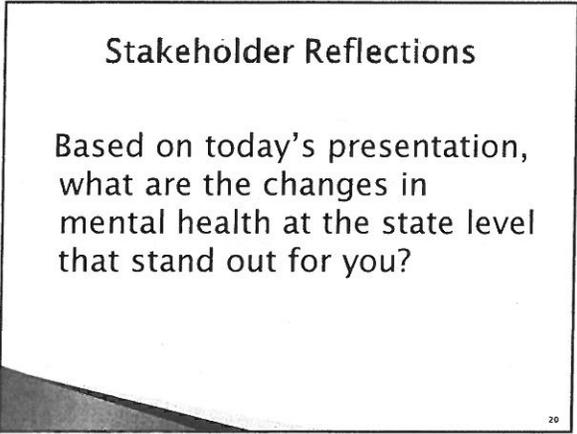
B. Contract Funds: \$6.864 million

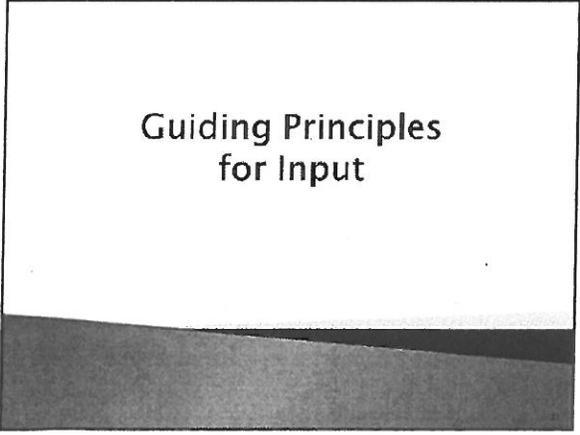
1. CA Network of Mental Health Clients	\$268,000 (existing level)
2. National Alliance on Mental Illness	\$283,000 (existing level)
3. Office of Multicultural Services' Contracts (Includes: \$1.5 m Reduce Disparities at existing level, translation services, etc.)	\$1,959,000 (existing level)
4. CA Institute for Mental Health	\$4,141,000 (less than)
5. United Advocates for Children and Families	\$210,000 (existing level)

DMH Functions Today

Functions	LOCAL	DMH	AMHSAC	EMHPC	DMHS	ADP	CalMHSA	Other / State Agency
Financial Oversight								
Issue Resolution								
County Data Collection & Reporting								
Housing								
Suicide Prevention								
Student Mental Health Initiative								
Stigma & Discrimination								
Multicultural Services								
Caregiver Resource Centers								
Co-Occurring Disorders								
Veterans Mental Health								
Disaster Response								
Early Mental Health Initiative								
SAMSHA Block Grant								
PATH								
Workforce Education & Training								
Training Contracts								
Technical Assistance								
Access / Utilization								
Program Evaluation								
Compliance/Quality Improvement								
Other								







MHSA General Standards

- Community Collaboration
- Client and Family Driven
- Cultural Competence
- Wellness, Recovery and Resilience Focused
- Integrated Services Experience

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Guiding Principles for Stakeholder Input

- Improve access to culturally appropriate services
- Improve quality of care.
- Improve state accountability and outcomes
- Improve efficiency and effectiveness of community mental health system
- Include realistic implementation strategies taking into consideration available resources
- Fulfill organizational/policy/legal/statutory responsibilities

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Tips for Participation

- Listen, don't worry about what you want to say and miss the good words of others.
- Don't repeat what has already been said. Share a brief sentence of support if you feel you need to say something.
- Write down your thoughts, read your statement, then offer your notes to the facilitator.

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Small Group Break-Outs

Break-Out Question #1

Based on what you heard today, what opportunities do you see as a result of the transition at the state level?

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Break-Out Question #2

Review Mental Health Functions Handout

Which entity should assume responsibility for the functions/programs listed?

What functions/programs are missing from the list?

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Small Group Summary

Large Group Question

What do you believe are the challenges associated with the changes to mental health at the state level?

How can these challenges be addressed?

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Next Steps

What will come of this stakeholder process?

- Stakeholder comments and input will be compiled into a comprehensive report for DMH
- DMH will host a statewide webinar to report back to stakeholders on the themes from the Community Mental Health Stakeholder Meetings
- A summary of stakeholder input will be provided by DMH to the public in October 2011

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Contact Information

CA Department of Mental Health

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2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES
COMMUNITY MENTAL HEALTH FUNCTIONS

Functions	LOCAL	DMH	MHSOAC	CMHPC	DHCS	ADP	CaMHSA	Other / State Agency
Financial Oversight								
Issue Resolution								
County Data Collection & Reporting								
Housing								
Suicide Prevention								
Student Mental Health Initiative								
Stigma & Discrimination								
Multicultural Services								
Caregiver Resource Centers								
Co-Occurring Disorders								
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Disaster Response								
Early Mental Health Initiative								
SAMSHA Block Grant								
PATH								
Workforce Education & Training								
Training Contracts								
Technical Assistance								
Access / Utilization								
Program Evaluation								
Compliance/ Quality Improvement								
Other _____								



2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES
COMMUNITY MENTAL HEALTH FUNCTIONS

Description of State Agencies and Governing Bodies

Department of Mental Health (DMH) – The Department of Mental Health was previously responsible for all of the activities listed on the State Mental Health Functions document. However, due to the reduction in staff, it is no longer capable of performing all the tasks listed.

Department of Alcohol and Drug Programs (ADP) - Administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling

Department of Health Care Services (DHCS) - Financing and administering a number of individual physical health care service delivery programs, including the California Medical Assistance Program (Medi-Cal), California Children's Services program, Child Health and Disability Prevention program and Genetically Handicapped Persons Program.

Mental Health Services Oversight and Accountability Commission (MHSOAC) - Oversee the public mental health system and the Mental Health Services Act, including evaluating outcomes for clients and the mental health system, providing technical assistance to counties as needed, and developing strategies to overcoming stigma and reducing disparities.

California Mental Health Planning Council (CMHPC) - Mandated by federal and state statute to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness, to provide oversight and accountability for the public mental health system, and to advise the Administration and the Legislature on priority issues and participate in statewide planning.

California Mental Health Services Authority (CalMHSA) - an Independent Administrative and Fiscal Governments Agency focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels.



2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES
COMMUNITY MENTAL HEALTH FUNCTIONS

Local

- County mental health and behavioral health departments - Administer and implement public mental health and behavioral health programs and services.
- Local mental health boards and commissions
 1. Advise local mental health departments and Boards of Supervisors about community mental health needs as well as evaluating programs and services.
 2. Review and comment on county performance indicator data and communicate their findings to the Planning Council.

Other State Departments (examples):

- California Department of Education (CDE)
- California Department of Social Services (CDSS)
- California Department of Rehabilitation (DoR)
- Office of Statewide Health Planning and Development (OSHDP)



2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES
COMMUNITY MENTAL HEALTH FUNCTIONS

Mental Health Functions Reference Summary

(In order of Appearance on Mental Health Functions Worksheet)

Financial Oversight

DMH was responsible for the distribution of MHSA funds for all components to county mental health departments. Counties still frequently contact DMH with questions about their distributions. Additionally, DMH is responsible for developing/monitoring the Revenue and Expenditure report to track reversion.

Issue Resolution

DMH receives MHSA issue complaints verbally and/or in writing and refers them to the county of origin, the Ombudsman, Patients Rights, Medi-Cal, or other appropriate agencies. DMH facilitates the issue resolution process among affected parties and produces summary letters of determination of outcomes to issue filers, counties, the Mental Health Oversight and Accountability Commission and the Mental Health Planning Council.

County Data Collection & Reporting

DMH is responsible for data collection from the Consumer Perception Survey (CPS) which is completed by consumers receiving case management, day treatment, and medication services at county-operated and contract service providers in the state.

DMH is also responsible for the Data Collection and Reporting (DCR) System which provides information about the outcomes across eight key quality-of-life domains (housing, employment, education, criminal justice involvement, legal designations, co-occurring disorders, etc.) for individuals enrolled in Full Service partnerships. Finally, DMH is responsible for the Client Services Information (CSI) System, which collects client demographics, service information, and periodic client-related information updates.

Housing

Funds, set aside for MHSA housing projects and administered by California Housing Financing Agency (CalHFA), are provided for counties to use to develop permanent supportive housing for persons with serious mental illness who are homeless or at-risk of homelessness. The funds are available for capital or operating subsidies.



2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES COMMUNITY MENTAL HEALTH FUNCTIONS

Suicide Prevention

The Office of Suicide Prevention (OSP) serves as a statewide resource center on suicide prevention in California and provides technical assistance and subject matter expertise for state and local partners. Serves as liaison with national partners (including SAMHSA, Suicide Prevention Resource Center, American Association of Suicidology, National Suicide Prevention Lifeline, and other state suicide prevention program coordinators) and facilitates a forum for information sharing for accredited suicide prevention crisis centers.

Student Mental Health Initiative

The Student Mental Health initiative collaborates with the California Department of Education and California Community Colleges Office of the Chancellor to address student mental health needs in the k-12 system and the community college system through a MOU with the two agencies.

Stigma & Discrimination

The Stigma and Discrimination program provides subject matter expertise for state and local partners, and maintains a Stigma and Discrimination web site. Provides technical assistance on the California Strategic Plan, disseminates it, and monitors its implementation

Multicultural Services

The Office of Multicultural Services provides leadership direction to the Department of Mental Health and stakeholders for identifying and addressing disparities in mental health as well as promoting culturally competent policies and practices at both the state and local levels. The Office of Multicultural Services also focuses on working with community partners and county Cultural Competence Ethnic Services Managers to eliminate racial, ethnic, cultural and linguistic disparities in access and quality of care within mental health programs and services.

Caregiver Resource Centers (CRCs)

DMH administers contracts for 11 regional CRCs that provide services to families whose loved ones are suffering from degenerative cognitive disorders that affect adults.

Co-Occurring Disorders

Effort between DMH, the Department of Alcohol and Drug Programs, and the Co-occurring Joint Action Council to find effective ways to treat alcohol and drug dependency co-occurring with mental health issues.



2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES COMMUNITY MENTAL HEALTH FUNCTIONS

Veterans Mental Health

Provides subject matter expertise and technical assistance on veterans' mental health and works collaboratively with California Department of Veterans Affairs and California Military Department/CA National Guard.

Disaster Services and Response

When the President declares a major disaster in the State of California, certain programs can be approved and funded including the Crisis Counseling Programs (Immediate Services Program and Regular Services Program). Both are federally funded grants that are awarded to counties through the state. Currently, DMH's Disaster Services Unit has the direct responsibility of working with the interested impacted counties in preparing both grant applications. The Immediate Services Program grant has a very short application window of 14 days following the Presidential declaration, and the Regular Services Program has an application deadline of 60 days following the Presidential declaration. Cal EMA has fiscal oversight while DMH administers the programs. This is a very important program that assists disaster survivors with coping with the impacts of a disaster both in the immediate aftermath of an event as well as longer term impacts.

Early Mental Health Initiative

The Early Mental Health Initiative Program awards Early Mental Health Initiative (EMHI) matching grants to Local Educational Agencies (LEA) to implement early mental health intervention and prevention programs for students in kindergarten through third grade. Grant funding is provided for one three-year cycle to publicly-funded elementary schools, serving students in kindergarten through third grade who are experiencing mild to moderate school adjustment difficulties. EMHI provides services that are school-based, low cost, and are provided in a culturally competent manner.

SAMSHA Block Grant

The Center for Mental Health Services (CMHS) provides grant funds to establish or expand an organized community-based system of care for providing non-Title XIX mental health services to children with serious emotional disturbances (SED) and adults with serious mental illness (SMI). States are required to submit an application for each fiscal year the State is seeking funds. These funds are used to: (1) carry out the State plan contained in the application (2) evaluate programs and services, and (3) conduct planning, administration, and educational activities related to the provision of services.

California acts as a "pass-through" agency, receiving federal funds and allocating them to counties through a formula. DMH receives approximately \$53M for the implementation of the Block Grant Program.

2011 COMMUNITY MENTAL HEALTH STAKEHOLDER SUMMER SERIES
COMMUNITY MENTAL HEALTH FUNCTIONS

PATH (Projects for Assistance in Transition from Homelessness)

In accordance with the Public Health Services (PHS) Act, the PATH program provides funds for specialized community-based services for persons with serious mental illness and co-occurring substance abuse disorders who are homeless or at imminent risk of becoming homeless. This program is state administered and locally-operated by the county or through county sub-contractors. California receives approximately \$9M in federal grants for the implementation of this program.

Workforce Education & Training

DMH administers 24 contracts that provide loan repayments to individuals, stipends to mental health professionals, funds for psychiatric residency programs, an added mental health track to physician assistant programs, and assistance to consumers and family members to become fully integrated into the public mental health workforce, and bring county mental health departments, educational institutions, and community-based organizations together to meet regional workforce needs. These contracts are driven by the needs assessment for which DMH also contracts and the stakeholder-developed and Mental Health Planning Council approved Five-Year Plan

Training Contracts

DMH has contracted with CIMH to provide training to counties as they implement the MHSA components. CIMH works with stakeholders in the mental health services to educate counties to identify best practices, share knowledge, and develop training tools.

Technical Assistance

Technical assistance for the MHSA Housing Program is frequently requested by counties as they develop housing projects. As more projects are nearing completion, the technical assistance will be more focused on assisting counties with questions related to housing supports and property management.

Program Evaluation

Prior to the passage of AB100, DMH reviewed plans and could offer technical assistance to counties and providers. In addition, DMH contracted with public research organizations such as the U.C. Berkeley Petris Center for Full Service Partnership Outcomes and the External Quality Review Organization (EQRO) to conduct program quality evaluation.

Compliance/ Quality Improvement

DMH conducts comprehensive program and fiscal audits of county mental health programs and mental health providers with the goal of ensuring compliance with statutes and regulations as well as identifying opportunities to improve quality and optimize patient care.

