## DRAFT Description of MHSA Government Partners

October 15, 2007

<u>Background</u>: The Mental Health Services Act authorizes four entities to implement this law: California Department of Mental Health (DMH); the Mental Health Services Oversight and Accountability Commission (MHSOAC); the California Mental Health Planning Council (CMHPC); and the 58 counties of California. The counties have requested that their collective MHSA interests be represented by the California Mental Health Directors Association (CMHDA).

Due to the law's complexity, timely implementation of the MHSA requires close communication and cooperation among all four entities.

<u>Purpose and Process</u>: The Government Partners group was created to coordinate the functions of those with statutory responsibility to implement the MHSA. It is not a policy decision-making group and does not substitute for a public and inclusive process. It is a vehicle for communication, coordination of activities and key processes that tie the groups together as well as for the development of information products. Based on these discussions, the Government Partners develop recommendations that are forwarded to the participants' Governing Bodies for public discussion and approval. These Governing Bodies include: MHSOAC; the Governing Board of CMHDA; and the Executive Committee of the CMHPC. DMH final decision-making rests with the Director of the Department.

Membership: The membership of the Government Partners meetings is as follows:

DMH: Director; Chief Deputy: Deputy for Community Programs, Assistant Deputy for

Community Program Development, Consumer Liaison

MHSOAC: 2 Commissioners; Executive Director, Communications Director

CMHDA: 2 Executive Committee Members: Executive Director; Deputy Director (or Associate

Director, MHSA)

CMHPC: 2 Planning Council Members; Executive Officer

Each organization has a commitment 1) to inclusion and openness and to include representatives who bring life experience with mental health, 2) to transparency regarding recommendations of this group and 3) to continuity of membership and to orient new participants when there is a change.

Frequency of Meetings: As needed, typically every 6 – 8 weeks

## Examples of Recent Topics Discussed by the Government Partners:

- Development of a comprehensive and understandable Funding Status Report for MHSA Decision-makers and the public-at-large
- Recommendations on the design of the Prevention and Early Intervention (PEI) Evaluation system
- Recommendations on the roles and responsibilities among DMH, MHSOAC, CMHDA and CMHPC regarding financial planning estimates
- Recommendations on the process for determining how MHSA funds are committed
- Recommendations on the level of the MHSA prudent reserve
- Recommendations on the level of funding for PEI State Administered Programs, PEI Planning Estimates, and PEI Community Program Planning
- Discussion of perspectives on supplantation issue (no recommendations)
- Recommendations on the development of the PEI Draft Requirements