

Draft Minutes Mental Health Services Act (MHSA) Government Partners Meeting

Date: April 7, 2008 2:00 pm – 4:30 pm

Location: Center for Collaborative Policy, (CCP) 815 S St., First Floor, Sacramento, CA

Participants:

- Oversight and Accountability Commission (OAC): Wes Chesbro, Andrew Poat (by phone), Sheri Whitt,
- California Mental Health Directors Association (CMHDA): Nancy Pena (by phone), Patricia Ryan, Stephanie Welch
- California Mental Health Planning Council (CMHPC): Bev Abbott (by phone), Ann Arneill-Py, Walter Shwe
- California Department of Mental Health (DMH): Stephen Mayberg, Carol Hood, Elaine Bush
Guests: Emily Nahat, DMH
- Center for Collaborative Policy, Sacramento State: Susan Sherry (facilitator); Sam Magill (notes)

Agenda Item	Discussion	Recommendations
1. Overview and Business Items		February 25, 2008 minutes were approved.
2. Fiscal Subcommittee Recommendations on WET Funding	<p>Carol Hood presented an updated version of the Fiscal Subcommittee Recommendations for Workforce, Education, and Training (WET) funding levels and proposed expenditures (see Attachment A and B). The Fiscal Subcommittee is a work group comprised of Government Partner staff.</p> <ul style="list-style-type: none"> • OAC representatives commented that they need input from the full Commission on WET funding. • Due to current and near-term uncertainties in the budget, and considering that a Cost of Living Adjustment (COLA) was proposed for only one of the many WET programs, a concern was expressed regarding the inclusion of COLA for any of the WET programs. • CMHPC requested to evaluate the performance of state- and county-administered programs on an annual basis 	<ul style="list-style-type: none"> • CMHDA will speak to its Governing Board and provide a recommendation on WET funding by April 11. CMHPC will develop a recommendation by mid-April and bring it to the next OAC meeting. Using this input, DMH will develop a policy on WET funding by the end of May. • Government Partners recommended that the issue of when to budget a COLA for the WET programs be based on criteria that would be consistently applied. The Government Partners referred the COLA issue to the Fiscal Subcommittee for further discussion. For this particular topic, the decision makers (CMHDA and DMH) will need to evaluate the need for the COLA in their decision making for this funding. • Government Partners recommended that the last four WET client and community-based programs listed on Attachment A should be administered locally. DMH's role will be to provide Guidelines to encourage counties to consider these types of strategies as they develop their local plans. CMHDA and DMH will work together to contact counties and key stakeholders to provide this update regarding the last four

<p>3. PEI Statewide Programs</p>	<p>Government Partners discussed staff recommendations on implementation strategies for Prevention and Early Intervention (PEI) programs. (See Attachment C).</p> <p>Two main questions arose:</p> <ol style="list-style-type: none"> 1. How soon will PEI recommendations be ready for OAC approval? 2. How will accountability be built into the PEI programs? <p>Further discussion at the May 5 Government Partner meetings will be needed to finalize PEI recommendations for OAC consideration.</p> <p>Government Partners agreed that key PEI stakeholders should be notified of any developments in or meetings about the PEI implementation process.</p>	<p>WET programs in Attachment A.</p> <ul style="list-style-type: none"> • The PEI staff workgroup will convene before the April 23rd OAC meeting to discuss the PEI approval timeline and PEI accountability issues (see column to left for specific questions). • A progress report on the PEI recommendations should be provided during the April 23rd OAC meeting. Staff will reconvene after the OAC meeting to continue work needed to implement these programs.
<p>Next Meetings</p>	<ul style="list-style-type: none"> • Agenda items 4-8 will be deferred to the May 5 Government Partner meeting. • Government Partner participants will have the option to call into future GP meetings. The IT tool, GoToMeeting, will be provided to allow online collaboration. 	<p>Next meeting dates:</p> <ul style="list-style-type: none"> • May 5th, 2pm - 4:30 pm • June 5th, 10 am – 3 pm <p>The May 5th meeting will be held at the Center for Collaborative Policy, 815 S Street.</p> <p>The June 5th meeting will be held at a location to be determined.</p> <p>Starting with the May 5th meeting, Government Partner meetings will alternate between 2.5 hour meetings and 5 hour meetings.</p>

ATTACHMENT A: DRAFT
Fiscal Subcommittee Recommendations Regarding Funding Levels for
Workforce Education and Training
For Statewide/Regional Level Programs
4/3/08

	Stakeholder Recommendation	DMH Proposed Implementation Strategy	Expected Start Date	Estimated Funding	CMHDA, CMHPC, OAC and DMH Staff Recommended Next Steps
1.	Client Family Member Statewide Technical Assistance Center	Fund as soon as competitive process is completed.	FY 07/08	\$800k/year	State Administered, Competitive (RFP Released by DMH)
2.	Regional Partnerships Staffing Support	Directly fund host counties based on CMHDA recommendations.	FY 07/08	\$3M/year	Local funding of regional collaboratives, need county specific planning estimates, plan update guidelines
3.	Distance Learning - Convert 5 MHTSA Topics to E-learning	Fund as soon as competitive process is completed.	As soon as feasible	\$1.6m one-time	State Administered, Competitive (RFPs under development/ review)
4a.	Stipend Programs – Social Workers	Continue funding CalSWEC	ongoing	\$5.8m/year (funding for 175 students)	State Administered through Interagency Agreement, reevaluate future funding levels. Ensure programs meet county needs.
4b.	Stipend Programs—MFT, Psych Nurses, Psychologists	Fund as soon as competitive process is completed.	FY 08/09	\$4.2m/year (funding for 127 students)	State Administered through contracts awarded through competitive process.
5.	Psychiatric Residency Programs	Fund as soon as competitive process is completed.	FY 08/09	\$1.35m/year (funding for 9-15 residents)	State Administered through contracts awarded through competitive process. Address need for programs to ensure geographic representation.
6.	Physician Assistant Programs	Move forward w/ program planning with OSHPD	FY 08/09	\$450k/year (funding for maximum of 30 students)	Move forward in FY 08/09 with OSHPD who will competitively contract for this resource to start in FY 09/10.
7.	Loan Assumption Programs	Partner with OSHPD	FY 08/09	\$2.5M/year for 2 years, \$5M/year for next 2 years, \$10M/year for	Move forward with OSHPD for their current maximum capacity of \$2.5M for licensed professionals. (Would allow loan assumption for 93

				balance of time (est average loan amount of \$27K)	individuals.) Obtain recommendations from CMHDA, OAC and CMHPC on next steps to expand this capacity to other staff at statewide level. Allow counties to establish their own loan assumption programs with local funding, consistent with statewide guidelines.
8.	Client Employment Preparation Programs	Provide funding to counties in planning estimate	FY 07/08	\$2m annually,	DMH to provide guidelines
9.	MH Career Pathway Programs	Provide funding to counties in planning estimate	FY 07/08	\$1.35m annually, if needed	DMH to provide guidelines
10.	Developing Leaders	Provide funding to counties in planning estimate	FY 07/08	\$350k annually, if needed	DMH to provide guidelines
11.	Developing Trainers	Provide funding to counties in planning estimate	FY 07/08	\$350k annually, if needed	DMH to provide guidelines

Funding for state administered programs will be budgeted for 10 years. Programs will be established for 5 years and evaluated at that time to determine further implementation.

ATTACHMENT B: Table 3- Workforce Education and Training Proposed Expenditures and Estimated Funding

	Fiscal Year											
	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Local Planning Estimates												
Annual Total-Local Planning Estimates	\$100,000,000	\$110,000,000										
Cumulative Total-Local Planning Estimates	\$100,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000	\$210,000,000
Statewide Programs												
<i>State Administered Programs</i>												
Client and Family Member Technical Assistance Center (4% COLA)			\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000	\$800,000
Distance Learning--convert 5 topics to blended format			\$1,600,000									
Stipend Programs--Social Workers		\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000	\$5,800,000
Stipend Programs--MFT, Nurses, psychologists			\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000	\$4,200,000
Psychiatric Residency Programs			\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000	\$1,350,000
Physician Assistant Programs			\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000
Loan Assumption Programs			\$2,500,000	\$2,500,000	\$5,000,000	\$5,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
Annual Total-State Administered Programs		\$5,800,000	\$16,750,000	\$15,150,000	\$17,650,000	\$17,650,000	\$22,650,000	\$22,650,000	\$22,650,000	\$22,650,000	\$22,650,000	\$22,650,000
Cumulative Total-State Administered Programs		\$5,800,000	\$22,550,000	\$37,700,000	\$55,350,000	\$73,000,000	\$95,650,000	\$118,300,000	\$140,950,000	\$163,600,000	\$186,250,000	\$208,900,000
<i>Locally Administered Programs</i>												
Regional Partnerships Staffing Support			\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Annual Total-Locally Administered Programs			\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
Cumulative Total-Local Administered Programs			\$3,000,000	\$6,000,000	\$9,000,000	\$12,000,000	\$15,000,000	\$18,000,000	\$21,000,000	\$24,000,000	\$27,000,000	\$30,000,000
Annual Total-Statewide Programs		\$5,800,000	\$19,750,000	\$18,150,000	\$20,650,000	\$20,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000
Cumulative Total-Statewide Administered Programs		\$5,800,000	\$25,550,000	\$43,700,000	\$64,350,000	\$85,000,000	\$110,650,000	\$136,300,000	\$161,950,000	\$187,600,000	\$213,250,000	\$238,900,000
Annual Total-WET	\$100,000,000	\$115,800,000	\$19,750,000	\$18,150,000	\$20,650,000	\$20,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000	\$25,650,000
Cumulative Total-WET	\$100,000,000	\$215,800,000	\$235,550,000	\$253,700,000	\$274,350,000	\$295,000,000	\$320,650,000	\$346,300,000	\$371,950,000	\$397,600,000	\$423,250,000	\$448,900,000
Available Funding												
Actual Deposits (through 2/29/08)	\$409,100,000											
Estimated Deposits (3/1/08 - 6/30/08)	\$40,400,000											
Total Available Funding	\$349,500,000	\$233,700,000	\$213,950,000	\$195,800,000	\$175,150,000	\$154,500,000	\$128,850,000	\$103,200,000	\$77,550,000	\$51,900,000	\$26,250,000	\$600,000

**ATTACHMENT C: Staff Recommendations on Implementation Strategies
Prevention and Early Intervention
Statewide/Regional Level Programs
4/4/08**

Consensus Statewide Programs	Recommended Funding Strategy	Local Assistance Funding	State Administration Funding – Based on Availability
Student Mental Health Initiative (K-12, Community Colleges, CSU and UC)	PEI funding augmentation through planning estimates and guideline addendum to counties who partner with education (may be regional with higher education)	\$15M/year for 4 years for services, training and technical assistance, local evaluation costs	System development, evaluation
Suicide Prevention	PEI funding augmentation through planning estimates and guideline addendum	\$10M/year for 4 years for local activities in “Next Steps” of SP Plan including selected core activities to support statewide effort, local evaluation costs Note: Planning funds may be used for local SP plan	Office of SP, state coalition action plan, statewide data collection/analysis, training and practice guidelines, TA, social marketing, statewide surveillance, research, evaluation
Stigma and Discrimination	PEI funding augmentation through planning estimates and guideline addendum	\$15M/year for 4 years for combined personal empowerment and external influence strategies	Provide research, develop clearinghouse of materials/strategies
Training, Technical Assistance and Capacity Building	PEI funding augmentation through planning estimates and guideline addendum	\$6M/year for 4 years in support of PEI Projects	Provide core funding for state training priorities and for clearinghouse
Reducing Disparities through Ethnic Specific Programs and Interventions	Reserve local funding until strategic plan is developed to direct best use of funding at local level	\$15M/year for 4 years (Reserved) for expansion and improvement of local PEI Projects targeting underserved	Fund ethnic organizations to develop strategic recommendations regarding local use of funds

Next steps

Obtain OAC and CMHDA approval of funding strategies and DMH concurrence, April 2008
 CMHDA provide principles for planning estimates, DMH determine planning estimates
 Staff work collaboratively on guideline addendum, obtain additional input from OAC May 2008
 DMH release guidelines and planning estimates for augmentation

PEI Statewide Programs

Assumptions

- There's a commitment to follow through on agreed upon programs as closely to original design as possible
- Assigning local funding to state in current environment is not feasible.
 - Options are
 - State administrative funding when not direct services
 - Local funding through planning estimates or, possibly, competitive process
- State administration funding is contingent on state budget process
- Some stakeholder processes are needed, dependent on program modifications

Goals

- Timely
- Sustainable
- Builds local partnerships
- Consistent with PEI statutory requirements
- Common agenda—sum being greater than parts

- Program element consistency throughout as much of the state as possible while flexible enough to respond to locally identified needs

Local funding

- An overall planning estimate would be provided combining the funding for the statewide programs to be implemented
- Guidelines would be provided which would provide counties an outline of the critical elements (to be determined) for each of the statewide programs
 - Counties would be able to access the augmentation funding for statewide programs if they met those critical elements
 - They would not be held to specific amounts for each of the programs
 - Small counties would be given flexibility and not need to implement all programs
 - OAC and DMH will collaborate on the guidelines addendum with input from CMHDA
 - Many complex issues to be sorted out
 - Staff to work on recommendations to bring to May OAC meeting
 - Timeframes are essential so that counties can decide whether to include this information/opportunity in their initial overall Community Program Planning for PEI implementation
- This funding is available for 4 years; future planning estimates would need to consider whether to continue these programs