

KEY ISSUES FOR COMMUNITY MENTAL HEALTH AGENCIES AND FIRST STEPS FOR DEPARTMENT OF MENTAL HEALTH IMPLEMENTATION

1. State Implementation - Assure that there is broad public input and public discussion regarding allocation of all funds that the state is expending on its own direct activities and the development of each of the rules and guidelines for each of the components.
2. County Planning - Ensure that counties are required to pay for the planning costs for major providers (those they have contracted with for a substantial level of services – i.e. \$1 million+ current and \$1 million+ expected expansion) to enable those agencies to assess their own current capacity and needs and the efforts required to transform their organizations just as counties are transforming in order to meet the requirements of Proposition 63.
3. Adults System of Care - Insist on strong fidelity and full compliance with AB 34 standards set forth in Section 5806 both for expansion of existing programs and new services, as well as the transition for those currently being served with other services, which are required to be transitioned into the AB 34 program as part of county plans for those who need that level of care.

It is important that the Department of Mental Health continue to require that counties do this in a cost-effective manner making sure that rates are not excessive and that the maximum number of people can be served within available dollars.

The Department of Mental Health must also require that counties maintain current spending with realignment or other funds making new funds available only for people and services that can't be provided with any dollars available to a county from other funds that are presently being expended for mental health treatment.

4. Children's System of Care Services - These funds for children with serious emotional disturbances are only to pay for the services required in accordance with Section 5868 standards. They do not pay for establishment of county planning or administrative infrastructure for other non-direct service activities that had been funded with previous children's system of care grants. Much of the language in the pre-Prop 63 portions of the children's system of care do not apply to the new Proposition 63 funding.

Those programs from the old children's system of care are required to be restored to \$20 million, as Proposition 63 set the base for services at 2003-04 funding. To the extent that counties are now using other funds, such as realignment to continue programs that had been funded with children's system of care, that funding can continue to be utilized for that purpose regardless of whether the state provides the additional \$20 million in funding. If that \$20 million in funding is provided, either through the Legislature or a court decision, the funds that had been utilized for this purpose during the current year after the state reduced it could be eligible for other uses.

The criteria for the services to SED kids should be similar to Healthy Families. We want to work with the Department to develop regarding standards, eligible services and criteria for services to keep a child at home (for children who do not qualify for the wrap-around program, which all counties are required to establish - unless they deem it infeasible, which seems difficult to justify in all but the smallest counties.)

5. Prevention and Early Intervention - This is a new program and the important thing to us is for the Department to take time to develop a program that is the highest possible with lots of input and strong requirements, but also recognizing that since it is new there needs to be some variation of how the elements are carried out. We believe that each local prevention and early intervention program must have the following components.
 - A. An early detection of schizophrenia or other severe mental illness program similar to those established in other nations that are targeted to high school, college students and others in those age groups.
 - B. Aimed at the same age groups, a program for suicide prevention such as the teen screen program with an assistance line.
 - C. An early mental health initiative or a variation designed to identify and access services in schools.
 - D. Coordination with primary care and increasing the detection of mental illnesses and primary care services.
 - E. Special outreach to Latino and Asian communities.
 - F. Linkages to those where there is a high likelihood of co-occurring needs for mental illness such as substance abuse, developmental disabilities, child welfare and criminal justice populations.
 - G. Seniors.
 - H. O-5, where traditional mental health diagnoses are less common.
6. Capital Facilities and Technology - There should be a single standard set of minimum technology requirements to ensure that all of the many new technology systems that counties are likely to purchase are compatible with one another and allow all data to be available to the public and to providers. Providers who are providing services in many

counties need to have a single system that they can utilize in each of those counties and have access to the data that they are providing to the counties in a transparent manner as well as for the public to do the same (with privacy protections that are HIPAA compliant and ensure individual client confidentiality).

- We expect it to take considerably longer to develop apportionments for the prevention and early intervention program and accordingly only the 04-05 capital facilities funding should be allocated until counties have completed their fully integrated plans and looked at the long-term transformation of the system and the development of prevention and early intervention services which may alter the presumed priorities and needs for capital facilities and technology.
 - The Department must utilize strong standards in not providing distributions to counties, even out of the predetermined formula share, until it is clear that each project is fully necessary in accordance with the priority needs for services in the county's plan and that the service cost savings associated with the capital facilities investment are factored into the purpose and cost for system of care services and that these facilities only meet Proposition 63 service needs and not other service needs.
7. Human resources spending should only be initially authorized out of the 04-05 funds until prevention and early intervention programs are developed in order to make sure that we are looking at long range human resource needs based upon the transformation of the system. It is important that salary variations be considered in developing incentives and stipends in order to ensure that each major provider will be able to attract qualified personnel and not just those with higher current salaries.
 8. Innovative Services - We expect this program to take longer to be developed than any of the others, particularly because a county doesn't even know how much money it will receive until it has received all of its other funds. The state should be collecting all ideas from all counties and all interest groups within each county before approving any programs so that everything is before the state and that the Oversight and Accountability Committee can be ensuring that there is a range of proposals, all of which meets high priority needs compatible with the transformation of the system. Each program should be required by the Department of Mental Health and the Oversight and Accountability Committee to be 1) subject to evaluation and replication, 2) that it fits within system of care principles, and 3) it is a true advance over what is currently available.
 9. Reserves - It is important that funds for reserves be put in at some level in each of the first five years as we are building the system in order to ensure that we will not have to step backward any time soon.