




## MHSA-Community Program Planning Process

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ADVOCACY · RECOVERY · PEER SUPPORT

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## About Us

- My name
- My role at ACCESS California/Cal Voices
- How long I have been employed at Cal Voices
- Why I work in the mental health field



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## About ACCESS

**ACCESS** is a program of Cal Voices, and is a consumer-led stakeholder advocacy program funded by the California Mental Health Services Act (MHSA/Prop 63) and the Mental Health Services Oversight and Accountability Commission (MHSOAC)



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## About Cal Voices

- Founded in 1946
- Oldest continuously-operating consumer advocacy agency in California
- Peer-run organization that specifically hires people with lived experience

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## What is ACCESS?

### ACCESS stands for:

- **A**dvancing
- **C**lient and
- **C**ommunity
- **E**mpowerment through
- **S**ustainable
- **S**olutions

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## Our Values

**ADVOCACY**

**RECOVERY**

**PEER SUPPORT**

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## Advocacy

- Meaningful stakeholder participation
- Active solicitation of community feedback
- Expanded opportunities for involvement
- Inclusion at all levels:
  - Policy development, program planning and implementation, services delivery, oversight, and administration

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## Recovery

- Infusion of recovery principles in all aspects of services delivery
  - Client voice and choice
  - Individualized services
  - Shared power and decision making
  - Voluntary treatment always
- Recovery-based training and support for mental health professionals
- Tracking, reporting, and analysis of recovery outcomes in all mental health programs

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## Peer Support

- Fidelity to the evidence-based model
- Incorporation and expansion in all mental health programs
- Living wages, ongoing professional development, and opportunities for advancement

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### What ACCESS Does

- RESEARCH
- ADVOCACY
- EDUCATION
- ENGAGEMENT

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### Stakeholder Ombudsman & Advocacy Helpline

- Stakeholder Ombudsman:**
  - Stakeholders report barriers to participation and perceived violations of the Community Program Planning Process
  - ACCESS reviews complaint, conducts research, and initiates issue resolution with local/state mental health agency
- Advocacy Helpline:**
  - Help navigating our online Local or Statewide Advocacy Directories and assistance advocating for mental health needs on the local, grassroots level

**(707) 572-HELP**

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### In Today's Training We Will Learn:

- Origins & Overview of the Mental Health Services Act (MHSA)
- MHSA General Standards
- MHSA Community Program Planning Process

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## MHSA 101: ORIGINS AND OVERVIEW

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### MHSA Origins

- Prop 63 passed in November 2004
- Established a 1% tax on income over \$1M
- Expanded public mental health care
- Provided opportunity to design new or adapt old mental health services
- Sought to transform the system through:
  - Expansion of services
  - Improved continuum/integration of care

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### MHSA: Why?

- Voters recognized publicly-funded mental health services were insufficient and inconsistent
- Many Californians living with a mental illness lacked access to the essential services and community supports necessary to recover and maintain their mental wellness
- New and innovative methods of addressing mental illness had no reliable/sustainable funding source to be implemented
- Counties are now receiving MHSA funding in an attempt to provide "whatever it takes" treatment for people with serious mental illness

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## MHSA: It's the Law!

### Welfare and Institutions Code (WIC)

- General statutory law of California governing the provision of public mental health services
- **WHAT** the laws are

### California Code of Regulations (CCR)

- Regulations adopted by the state agencies charged with enforcing the MSHA
- Interprets the meaning of the statutes
- **HOW** the laws will be implemented and enforced

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## MHSA 101: GENERAL STANDARDS

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## MHSA General Standards

- The County **shall** adopt the MHSA General Standards in **planning, implementing, and evaluating** the programs and/or services provided with MHSA funds
- The planning, implementation and evaluation process includes, but is not limited to:
  - The Community Program Planning Process;
  - Development of the Three-Year Program and Expenditure Plans and updates; and
  - The manner in which the County delivers services and evaluates service delivery

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9 CCR § 3320

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## MHSA General Standards

1. Community Collaboration (9 CCR § 3200.060)
2. Cultural Competence (9 CCR § 3200.100)
3. Client-Driven (9 CCR § 3200.050)
4. Family-Driven (9 CCR § 3200.120)
5. Wellness, Recovery, and Resiliency (WIC § 5813.5(d))
6. Integrated Service Experience (9 CCR § 3200.190)

Handout: MHSA General Standards  
9 CCR § 3320

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## 1. Community Collaboration

- The process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a **shared vision and goals**

9 CCR § 3200.060

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## Meaningful Involvement

Counties **shall** demonstrate a partnership with constituents and stakeholders throughout the (CPP) process that includes meaningful stakeholder involvement on:

- Mental health policy;
- Program planning;
- Implementation;
- Monitoring;
- Quality improvement;
- Evaluation; and
- Budget allocations

WIC § 5848(a)

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## The Community Program Planning (CPP) Process

The process to be used by the County to develop Three-Year Program and Expenditure Plans, **and updates** in partnership with stakeholders to:

1. Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
2. Analyze the mental health needs in the community
3. Identify and re-evaluate priorities and strategies to meet those mental health needs

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9 CCR §§ 3200.070, 3300(a)

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## What's It Supposed to Look Like?

To ensure that the Community Program Planning Process is adequately staffed, the County **shall** designate positions and/or units responsible for:

- The overall Community Program Planning Process
- Coordination and management of the Community Program Planning Process
- Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process
  - Stakeholder participation **shall** include representatives of unserved and/or underserved populations and family members of unserved/underserved populations

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9 CCR § 3300(b)(1) – (3)

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## What's It Supposed to Look Like?

- Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process
- Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate

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9 CCR § 3300(b)(4)-(5)

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### What's It Supposed to Look Like?

- The Community Program Planning Process **shall**, at a minimum, include:
  - Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process

9 CCR § 3300(c)(1)

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### What's It Supposed to Look Like?

- The Community Program Planning Process **shall**, at a minimum, include:
  - Training
    - Training **shall** be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process
    - Training **shall** be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process

9 CCR § 3300(c)(3)

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### Let's Talk About It!



- How are client stakeholders currently being utilized in your county's Community Program Planning process?
  
- Do clients and other stakeholders approve the plans (rubber stamp) or are they involved in developing plans?

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# MHSA 101: FUNDING COMPONENTS

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## Five E·N MHSA Components

**Programs and services the MHSA is required to fund:**

1. Prevention and Early Intervention (PEI)
2. Community Services and Supports (CSS)
3. Innovative Programs (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities and Technology (CF/TN)
6. Prudent Reserve (PR)
7. Community Program Planning (CPP)

Handout: MHSA Program Components

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## Community Program Planning

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### CPP: up to 5% of MHSA Funds

- The [County MHSA] allocations **shall** include funding for annual planning costs
- The total of these costs **shall not** exceed 5 percent of the total of annual revenues received for the [County MHSA] fund
- The planning costs **shall** include funds for County mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process

WIC § 5892(c); 9 CCR § 3300(d)

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### Community Program Planning Process – Funding Examples

The MHSA allocations shall include money for planning costs. The total of these costs shall not exceed 5% WIC § 5892(c)

County	FY 16/17	5% Local Planning
Alpine (small)	\$1,439,433	\$71,971
Kern (medium)	\$39,332,265	\$1,966,613
Los Angeles (large)	\$520,880,543	\$26,044,027

Handout: FY 2016/17 County CPP Expenditures

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### Important Findings

#### Local Spending on Community Planning

(Source: MHSOAC Online Fiscal Transparency Tool, September, 2018)

- Counties may allocate up to 5% of their annual MHSA funding to the Community Program Planning process (CPP) (WIC § 5848(c); 9 CCR § 3300(d))

#### Average amount spent by all Counties on CPP in last 4 fiscal years:

- 2013/14: \$89,152
- 2014/15: \$79,494
- 2015/16: \$94,008
- 2016/17: \$68,014

#### Number of Counties that spent any funding at all on CPP in last 4 fiscal years:

- 2013/14: 5 of 59\*
- 2014/15: 4 of 59
- 2015/16: 5 of 59
- 2016/17: 15 of 59

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## Meaningful Stakeholder Involvement

*Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations*

WIC § 5848(a)

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## Community Program Planning Process: Vision

Planning shall be consistent with philosophy, principles, and practices of the Recovery Vision to:

- Promote key concepts: hope, personal empowerment, respect, social connections, self responsibility, and self-determination
- Promote consumer-operated services (Peer support programs and position)
- Reflect culture, ethnic, and racial diversity
- Plan for individual needs

WIC § 5813.5(d)

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## Benefits of Stakeholder Involvement

- Better decision making
- More effective service delivery
- Greater community support
- Community development
- Renewal of local democracy
- Increased resources
- Increased engagement with services
- Increased cultural competence

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## CPP Supports Systems Change

- Cultural Competency
  - Systems: Better understanding of perceptions and needs; Better outreach and engagement strategies
- Community Collaboration
  - Stakeholders: Increased trust
  - Systems: New partnerships between stakeholders, providers, and the larger system
- Integrated Service Experience
  - Systems: Partnerships between primary care and mental health, criminal justice, public health, education, and probation

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## CPP Supports Systems Change

- Family- and Client-Driven
  - System: Deeper sense of understanding and empathy
  - Stakeholders: Better support networks: Understanding of services and supports
- Recovery-Oriented
  - Community: Furthers the understanding of recovery; Increased community awareness of mental health and recovery
  - Stakeholders: Greater sense of self-worth and efficacy

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## Collaborative Decision Making

### What is collaboration?

- A process to reach goals that cannot be achieved acting singly or, at a minimum, cannot be reached as efficiently

### What is collaborative decision making?

- A process that supports multiple stakeholders with the development of a vision and long term ambition and with the translation of that vision and ambition into a specific approach and activities

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### Collaborative Decision Making



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### Collaborative Decision Making: Process

1. Recognition that a decision needs to be made
2. Identification of the partners in the process as equals
3. Share and explain data and available information
4. Statement of options as equal
5. Exchange of information on pros and cons of options
6. Exploration of understanding and expectations
7. Identifying preferences
8. Negotiating options and concordance
9. Sharing the decision
10. Arranging follow-up to evaluate decision-making outcomes

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### Collaborative Decision Making: Approaches

- Consultation – asking for and receiving input
- Consensus/Modified consensus– finding common ground
- Democratic – “losing” side agrees to support
- Straw Polling – show of hands
- Simple/Super Voting – can be combined with other methods
- Delegation – workgroup

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## Collaborative Decision Making: Barriers

Stakeholders	Agencies
Capacity and ability to participate	Ongoing commitment
Hard to reach groups	Different communities with different needs
Levels of community infrastructure	Those who benefit are not likely to be involved
Contested or divided communities	Communities feel marginalized
Rural isolation	Lack of resources and organizational capacity
Gaps in information	
Literacy and numeracy levels and dominance of oral culture	

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## Today We Learned About

1. Origins & Overview of the Mental Health Services Act (MHSA)
2. MHSA General Standards
3. MHSA Community Program Planning Process

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## Questions & Discussion

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**Contact Us!**

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