AB 1467 went into effect immediately after it was chaptered into state law on June 27, 2012. This omnibus health trailer bill for the 2012-13 state budget brings changes to a number of provisions of Proposition 63, the Mental Health Services Act (MHSA).

WHAT HAPPENS TO INNOVATION PROGRAMS?

County plans must meet certain requirements: choosing a primary purpose from four options provided and choosing an approach from three options provided. It also requires that once an Innovation project is proven to be “successful”, that it be moved to another category of funding.

WHAT ABOUT PREVENTION AND EARLY INTERVENTION PROGRAMS?

The Mental Health Services Oversight and Accountability Commission (MHSOAC) will retain the authority to issue Prevention and Early Intervention (PEI) and Innovation (INN) guidelines.

WHAT ABOUT OVERSIGHT AND ACCOUNTABILITY?

AB 1467 expands the MHSOAC’s role to include new activities and assigned tasks in the areas of technical assistance and evaluation. The MHSOAC will help provide technical assistance in collaboration with the State Department of Health Care Services (DHCS) and in consultation with California Mental Health Directors Association (CMHDA). The MHSOAC will work in collaboration with DHCS and the Planning Council, in consultation with CMHDA, to design a plan for a coordinated evaluation of client outcomes. The California Health and Human Services Agency will lead this planning effort. It reinstates the provision that county Innovation plans be approved by the MHSOAC. All county 3 year plans and annual updates must be submitted to the MHSOAC within 30 calendar days of the Board of Supervisors’ approval.

HOW WILL PLANS FOR PREVENTION, INNOVATION AND SYSTEM OF CARE SERVICES BE INTEGRATED?

Some important clarifications have resulted because of AB 1467 regarding the approval, submission and required elements of the three-year program and expenditure plan and annual updates.

Plans and updates must include the following additional elements: 1) certification by the county mental health director to ensure county compliance with regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements and 2) certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the Act.

DHCS will annually review and inform CMHDA and the MHSOAC of the methodology used for revenue allocation to the counties.

DHCS and the MHSOAC, in collaboration with CMHDA, will now jointly establish performance outcomes for services.
WHAT ABOUT STAKEHOLDER ENGAGEMENT?

Counties must 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. Providers of alcohol and drug services and health care organizations are also added to the list of stakeholders to be engaged in the development of the three year plan and update.

HOW WILL FUNDS BE DISTRIBUTED?

The monthly distributions to counties are to be made pursuant to a methodology provided by DHCS. It also amends the provision that formerly required distributions be based on the amount specified in the county plan to instead require that counties base their expenditures on the plan and update.

WHOSE RESPONSIBILITY IS IT TO DEVELOP AND ADOPT REGULATIONS?

DHCS, in consultation with the MHSOAC, will develop regulations as necessary for DHCS, the MHSOAC or other designated state and local agencies to implement the Act.

ANNUAL REVENUE AND EXPENDITURE REPORT

Counties must submit an annual MHSA revenue and expenditure report. DHCS and the MHSOAC are required to develop instructions for the report that counties submit electronically to both DHCS and the MHSOAC. AB 1467 also includes a description of the report’s purpose and the intended areas for evaluation.