

Title **FY 2015-2016
MHSOAC Annual Update Instructions**

Background Welfare and Institutions Code Section (WIC §) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5848 states the mental health board shall conduct a public hearing on the draft Annual Update at the close of a 30-day comment period.

For those counties that have already posted their plans for the 30-day public comment period, the counties have the option of using these instructions or the 2014/15 through 2016/17 Three-Year Program and Expenditure Plan Instructions.

These are instructions for the MHSOAC Fiscal Year (FY) 2015-2016 Annual Update, which provides updates to the FY 2014-2015 through FY 2016-2017 Plan. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.

WIC § 5891 states that MHSOAC funds may only be used to pay for MHSOAC programs.

- Purpose** The purposes of these instructions are to:
- Assist counties and their stakeholders in developing the FY 2015-2016 Annual Update to include all the necessary elements as required by statute and regulation.
 - Provide the essential elements legally necessary in preparing the Annual Update for approval by the county Board of Supervisors. Counties retain the option to include more in their stakeholder process, Plan, and/or Annual Update than the statutory minimum. Any additional information provided in the Annual Update should be consistent with federal and state privacy laws to protect privileged and confidential information.
 - Provide the MHSOAC with some of the information it needs to carry out its oversight responsibilities.
 - Provide the MHSOAC the information it needs to approve new or amended Innovation (INN) project plans.

These instructions often refer to WIC or CCR, which remain the authority on requirements. These instructions do not negate the MHSOAC's authority, pursuant to WIC Section 5845(d)(6), to obtain additional data and information from state or local entities that receive MHSOAC funds for the MHSOAC to utilize in its oversight,

review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with MHSA funds.

Who Should be Involved in the Stakeholder Process

WIC § 5848 states that each Annual Update shall be developed with local stakeholders, including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects).

CCR § 3300 further includes:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310
- Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity
- Clients with serious mental illness and/or serious emotional disturbance, and their family members.

What Should be Included in the Stakeholder Process

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

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

CCR § 3300 states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process.

What Standards Should be Used for the Stakeholder Process

CCR § 3320 states that counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration, as defined in CCR § 3200.060
 - Cultural Competence, as defined in CCR § 3200.100
 - Client-Driven, as defined in CCR § 3200.50
 - Family-Driven, as defined in CCR § 3200.120
 - Wellness, recovery, and resilience-focused, as described in WIC § 5813.5
 - Integrated service experiences for clients and their families, as defined in CCR § 3200.190.
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Public Review

WIC § 5848 states that a draft Annual Update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy.

Additionally, the mental health board shall conduct a public hearing on the draft Annual Update at the close of the 30-day comment period. It also should review the adopted Annual Update and make recommendations for revisions.

What to Include in the Annual Update about the stakeholder Process

Per **WIC § 5848** and **CCR § 3315 and § 3300**, this section of the Annual Update shall include:

- A description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted.
 - A description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included, and reflected the diversity of the County.
 - A description of how stakeholder involvement demonstrates 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 consistent with WIC § 5848.
 - A description of training provided to participants in community planning; if the Annual Update includes a new INN project, a description of how training informed planning participants about the specific purposes and MHSOAC requirements for the INN component is required.
 - The dates of the 30-day review process.
 - Methods used by the county to circulate for the purpose of eliciting public comment the draft of the Annual Update to representatives of the stakeholders' interests and any other interested party who requested a copy.
 - The date of the public hearing held by the local mental health board or commission.
 - Summary and analysis of any substantive recommendations received during the 30-day public comment period and the county's resulting actions, including any substantive changes made to the Annual Update in response to public comments.
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What to Include in the Annual Update About Programs

WIC § 5847 states the Annual Update shall include updates from the Plan. Please include a detailed description of new programs, programs that have changed from what was described in and/or discontinued from the FY 2014-2015 through FY 2016-2017 Plan, and the rationale for any and all added, changed, or discontinued programs. Descriptions should include, but not be limited to, any and all stakeholder input and/or evaluation data that contributed to the decision to add, change or discontinue a program, and any and all impact on individuals served in changed or discontinued programs. Include this information for the following programs:

- Services to children, including a wrap-around program (exceptions apply). These programs shall include services to address the needs of transition age youth ages 16 to 25 and foster youth. The number of children served by program and the cost per person must be included. These programs shall be in accordance with WIC § 5878.1.
- Services to adults and seniors, including services to address the needs of transition-age youth ages 16 to 25. The number of adults and seniors served by program and the cost per person must be included. These programs shall be in accordance with WIC § 5813.5. WIC § 5813.5 states that Annual Updates shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons. When included in county plans pursuant to WIC § 5847, funds may be used for the provision of mental health services under WIC § 5347 and § 5348 in counties that elect to participate in the Assisted Outpatient Treatment Demonstration Project Act of 2002 (Article 9 (commencing with WIC § 5345) of Chapter 2 of Part 1).
- Prevention and Early Intervention (PEI) programs designed to prevent mental illnesses from becoming severe and disabling. These programs shall be in accordance with WIC § 5840. Please describe programs and program components/activities separately by “Prevention” (i.e., direct service programs that serve individuals who are at risk for mental illness/emotional disturbance), “Early Intervention” (i.e., direct service programs that provide service to individuals showing early onset of mental illness/emotional disturbance), and “Other” PEI programs that are neither “Prevention” nor “Early Intervention” (i.e., that do not have a direct service component). “Other” programs could include stand-alone programs focused on Outreach for Increasing Recognition of Early Signs of Mental Illness, Access to Treatment, Improving Timely Access to Services for
- Underserved Populations, Stigma and Discrimination Reduction, and Suicide Prevention.
- Innovation (INN) in accordance with WIC § 5830.
- Technological needs and capital facilities in accordance with WIC § 5847(b)(5).
- Identification of shortages in personnel and the additional assistance needs from education and training programs in accordance with WIC § 5847(b)(6).
- Prudent Reserve in accordance with WIC § 5892(b) and § 5847(b)(7).

What to Include in the Annual Update About Programs (cont.)

In addition to the required program updates listed above, counties should include the following information as part of the Annual Update:

- A description of county demographics, including but not limited to size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity.
- The number of children, adults, and seniors served in each PEI program and INN project that provide direct services to individuals/groups.
- The cost per person for PEI programs and INN projects that provide direct services to individuals/groups. Please provide the cost per person for PEI programs and program components/activities separately by “Prevention” (i.e., direct service programs that serve individuals who are at risk for mental illness/emotional disturbance), “Early Intervention” (i.e., direct service programs that service individuals showing early onset of mental illness/emotional disturbance), and “Other” PEI programs that are neither “Prevention” nor “Early Intervention” (i.e., that do not have a direct service component). “Other” programs could include stand-alone programs focused on Outreach for Increasing Recognition of Early Signs of Mental Illness, Access to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction, and Suicide Prevention.
- Examples of notable community impact for any program, if applicable.
- Any challenges or barriers with each of the programs and strategies to mitigate those challenges or barriers.

What to Include in the Annual Update About INN

WIC § 5830 states that counties shall expend funds for their INN projects upon approval by the MHSOAC and details INN requirements. Annual Updates should include sufficient information about proposed new and changed INN projects so that the MHSOAC may determine if the project meets statutory requirements and can be approved.

Please describe minor changes within the Annual Update for changed INN projects that do not require MHSOAC approval (i.e., changes not made to the total funding for the project, the primary purpose, or the basic practice or approach that the county is piloting and evaluating).

If an INN project has proven successful and the county chooses to continue it, the INN project shall transition to another category of funding as appropriate.

Please refer to the MHSOAC Innovation Review Tool for details on what information to include for new and changed INN projects:

http://www.mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/Inn_Rev_Tool_6-1-09.pdf.

What to Include in the Annual Update About Performance Outcomes

WIC § 5848 states that Annual Updates shall include reports on the achievement of performance outcomes for MHSA services. Please include available results of any evaluations or performance outcomes for any and all programs. When including results of any evaluations or performance outcomes for PEI programs and program components/activities please separate by “Prevention” (i.e., direct service programs that serve individuals who are at risk for mental illness/emotional disturbance), “Early Intervention” (i.e., direct service programs that service individuals showing early onset of mental illness/emotional disturbance), and “Other” PEI programs that are neither “Prevention” nor “Early Intervention” (i.e., that do not have a direct service component). “Other” programs could include stand-alone programs focused on Outreach for Increasing Recognition of Early Signs of Mental Illness, Access to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction, and Suicide Prevention. Please specify the time period these performance outcomes cover.

What to Include in the Annual Update About County Compliance Certification

WIC § 5847 states that certification by the county mental health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements, must be included in the Annual Update.

Please use the MHSA County Compliance Certification form included with these Instructions.

What to Include in the Annual Update About County Fiscal Accountability Certification

WIC § 5847 states that certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the MHSA, shall be included in the Annual Update.

Please use the MHSA County Fiscal Accountability Certification form included with these Instructions.

What to Include in the Annual Update About Board of Supervisor Adoption

WIC § 5847 states that the Board of Supervisors shall adopt the Annual Update. Please include documentation that the Board of Supervisors adopted the Annual Update and the date of that adoption.

**What to
Include in the
Annual
Update About
An
Expenditure
Plan**

WIC § 5847 states that each county shall prepare an expenditure plan for the Annual Update based on available unspent funds, estimated revenue, and reserve amounts.

Please read the Expenditure Plan Funding instructions and complete the form included with these Instructions.

In addition, please include the budgeted amount to be spent for FY 2015-2016 on:

- Full Service Partnerships, as defined in CCR § 3620, which should be at least 50% of CSS funds
- General System Development, as defined in CCR § 3630
- Outreach Engagement, as defined in CCR § 3640
- Each PEI program or component listed separately by “Prevention” (i.e., direct service programs that serve individuals who are at risk for mental illness/emotional disturbance), “Early Intervention” (i.e., direct service programs that service individuals showing early onset of mental illness/emotional disturbance), and “Other” PEI programs that are neither “Prevention” nor “Early Intervention” (i.e., that do not have a direct service component). “Other” programs could include stand-alone programs focused on Outreach for Increasing Recognition of Early Signs of Mental Illness, Access to Treatment, Improving Timely Access to Services for Underserved Populations, Stigma and Discrimination Reduction, and Suicide Prevention (20% of MHSA funds distributed to a county)
- INN by project (5% of CSS funds and 5% of PEI funds distributed to a county)
- Workforce Education and Training Program
- Capital Facilities and Technological Needs
- Prudent Reserve: Mental Health Services Act (MHSA) provided for a local Prudent Reserve for the purpose of continuing services when revenues fall beneath recent averages.

**When the
Annual Update
Should be
Submitted to
the MHSOAC**

Per **WIC § 5847** please submit your FY 2015-2016 MHSA Annual Update to the MHSOAC within 30 days of adoption by the Board of Supervisors. All FY 2015-2016 Annual Updates must be received by the MHSOAC no later than **December 30, 2015**.
