

Strategic Plan



FY 2014 - 2016

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Introduction:

The passage of Proposition 63 (Prop 63) in November 2004 provided the first opportunity in many years to expand county mental health programs for children, transition-age youth, adults, older adults and families. Prop 63 provides a broad continuum of prevention, early intervention, and treatment for this population. It also provides the necessary infrastructure, technology, and enhancement of the mental health workforce to effectively support this system. Today, more than 2 million adults in California —about 8% of the population—are affected by potentially disabling mental illnesses every year.

Mental Health Services Act

The Mental Health Services Act (MHSA or Act) establishes a one percent (1%) tax on annual personal income in excess of one (1) million dollars. These funds are dedicated in specified proportions for the following components: Community Services and Supports (CSS), which includes children (and transition-aged youth), adult, and older adult systems of care; Prevention and Early Intervention (PEI); Workforce, Education and Training (WET); Capital Facilities and Technological Needs (CF/TN); and Innovation (INN). In addition, up to five percent (5%) of funding received is provided for state administrative activities. To date, more than eight (8) billion dollars in new resources for the public community mental health system have been generated. The MHSA was designed to support and encourage system-wide change in California’s public community mental health system that would foster a positive impact on the State’s prevention of and response to mental illness. The MHSA was crafted to finance culturally and linguistically competent, new-generation, and promising practices of mental health services for Californians of all ages using approaches that incorporate the critical elements of hope, personal empowerment, respect, social connection, self-responsibility, and self-determination. The MHSA is intended to encourage early identification of and response to indicators of mental illness, help individuals recover from mental illness, reduce the duration of mental illness, prevent the negative impacts of mental illness, and reduce stigma and discrimination associated with mental illness.

The MHSA and regulations emphasize an expectation for participatory planning that engages a broad range of stakeholders, including diverse individuals with mental illness and their families, representatives of communities that are unserved and underserved by the public community mental health system, providers of services and representatives of service systems that are affected by untreated mental illness such as law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. The engagement and participation of these stakeholders should be meaningful and play a significant role in MHSA funded efforts.

Mental Health Oversight and Accountability Commission

The MHSA established the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to oversee the MHSA and the community mental health systems of care. One of the priorities for the MHSOAC is to oversee and account for the MHSA in ways that support increased local flexibility and result in reliable outcome information documenting the impact of the MHSA on the public community mental health system in California. The Commission is committed to accounting for the impact of the MHSA on the public mental health system in ways that are measurable and relevant to local and state policymakers and California communities.

Over the past couple of years there have been significant changes that impact California's public mental health system, the MHSA and the MHSOAC specifically. Changes include:

- The elimination of the Departments of Mental Health (DMH) in 2012-13 Fiscal Year and the elimination of Alcohol and Drug Programs (DADP) in 2013-2014 Fiscal Year
- MHSA funds released directly to counties without state approval for funding or programs (with the exception of the Innovation Program Component)¹
- Statutory mandate to develop a comprehensive joint plan for coordinated evaluation of outcomes

Shifting significant responsibilities for public mental health administration from the state to counties and the elimination of DMH and DADP requires that oversight and accountability for California's public mental health system be carefully thought out to produce the best results for California citizens and policymakers involved in making critical decisions. The Mental Health Services Oversight and Accountability Commission is the only state entity that has as its sole responsibility the oversight of the community mental health system.

Releasing MHSA funds directly to counties without state approval for the majority of funding or programs necessitates the Commission to focus on identifying and ensuring avenues for state-level oversight for the MHSA and for California's public community mental health system. Over the past year the MHSOAC has been focused on issuing clear instructions on requirements for MHSA plans and updates, reviewing MHSA plan updates for compliance with the law, advocating for Performance Contracts with counties, continuing to produce evaluation results to tell the statewide impact of the MHSA, communicating the impact of the MHSA, monitoring MHSA expenditures, and drafting regulations. The MHSOAC is addressing these challenges strategically in collaboration with other state entities, government and community partners and stakeholders, including clients and family members, local mental health departments, and community mental health providers.

Statutory Responsibilities of the MHSOAC

The MHSOAC statutory responsibilities set forth in the Mental Health Services Act include the following:

- Advising the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness
- Ensuring MHSA funds are expended in the most cost-effective manner and services provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers
- Oversight, review, training and technical assistance, accountability and evaluation of local and statewide projects and programs supported by MHSA funds
- Ensuring adequate research and evaluation regarding the effectiveness of services being provided and achievement of outcome measures
- Partnering with the state, to establish a more effective means of ensuring that county performance complies with the MHSA
- Participating in the joint state-county decision making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system

¹ Welfare and Institutions Code Section 5830(e) provides that a county shall expend funds for its innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission.

- Ensuring that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members are significant factors in all of its decisions and recommendations
- Developing strategies to overcome stigma and discrimination
- Approve County Innovation programs
- Design a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system in collaboration with Department of Health Care Services (DHCS) and California Mental Health Planning Council (CMHPC) and in consultation with California Mental Health Directors Association (CMHDA)
- Refer to DHCS critical issues related to the performance of a county mental health program
- Assist in providing technical assistance, in collaboration with DHCS and consultation with CMHDA, to accomplish the purposes of the Adult and Older Adult System of Care and Children System of Care
- Receive and review county three-year program and expenditure plan, annual updates, and Annual Revenue and Expenditure Reports
- Jointly with DHCS and in collaboration with CMHDA establish performance outcomes for services of CSS and PEI
- Be consulted by DHCS in the department's development of regulations
- Be consulted by DHCS in the department's development of instructions for Annual MHSA Revenue and Expenditure Report
- Provide technical assistance to county mental health plan as needed to address concerns or recommendations of the Commission or when local programs could benefit from technical assistance for improvement of their plans
- Adopt regulations for programs and expenditures for Prevention and Early Intervention and Innovative programs
- Serve as ex officio members of the CMHPC

The Commission has numerous additional statutory responsibilities set forth in the Welfare and Institution Code that are beyond the MHSA

Note: See Appendix C for other non-MHSA statutory responsibilities.

Our Mission:

Provide vision and leadership, in collaboration with government and community partners, clients, and their family members, to ensure Californians understand mental health is essential to overall health. The MHSOAC holds public mental health systems accountable and provides oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families.

Our Vision:

Right care, right time, and right place for all individuals, children and families at risk for or living with mental illness.

Guiding Principles:

The Commission is led by the following principles to guide the MHSOAC towards achieving its mission and vision.

1. Ensure the collection of county data to support ongoing evaluation of California’s mental health system

A critical role in providing oversight and accountability is to conduct ongoing mental health program evaluation that focuses on outcomes and the appropriate and effective use of public funds. The availability and use of accurate, timely data as well as efficient, accessible data systems are key elements to this principle.

2. Provide fiscal oversight for the expenditure of Mental Health Services Funds to ensure funds are being spent consistent with the Mental Health Services Act

An essential element of oversight and accountability is to ensure to the Governor, Legislature, and taxpayers that the use of public MHSA funds is lawful, efficient, and prudent. Attributes that are important to this principle include appropriate public distribution of clear and understandable county fiscal reports that track the distribution, purpose, and use of MHSA funds as well as tracking, analyzing and reporting the outcomes and impact of MHSA funds on the community-based mental health system.

3. Pursue and support efforts to reduce/eliminate stigma and discrimination related to mental illness

One of the MHSOAC’s responsibilities set forth in statute is to develop strategies to reduce stigma and discrimination associated with mental illness. Some of the functions important to this principle include producing data on the stigma and discrimination reduction efforts and supporting directly employing people with lived experience of mental illness and their family members, including those from underserved communities, throughout the mental health system.

4. Ensure that the perspectives of people with serious mental illness and their family members are considered in MHSA decisions and recommendations

Carrying out this mandate requires active and productive engagement of consumers and family members reflective of California’s diverse population across the lifespan, including diverse racial and ethnic stakeholder communities, with the expertise that comes from lived experiences of mental illness.

5. Promote efforts to reduce and eliminate disparities in access to, quality of, and outcomes of mental health services

For the Mental Health Services Act to achieve its objectives, people should be served in ways that are coherent with and respectful of differing cultural views and traditions, in ways that eliminate disparities in access to treatment, quality of care, and create successful outcomes for all individuals and families being served.

6. Ensure that counties are provided appropriate support, including training and technical assistance when appropriate, to achieve the outcomes that the MHSA specifies

An important element of the Commission’s oversight and accountability responsibility is to facilitate relevant and effective training and technical assistance. The development of training and technical assistance programs should be guided by a) the priorities of counties; b) the priorities of people with serious mental illness and their families across the lifespan, unserved and underserved communities, and mental health providers, and c) research evidence regarding practices that support positive mental health outcomes.

Our Role:

One of the stated purposes of the MHSA is to ensure the Mental Health Services funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices, subject to local and state oversight to ensure accountability to taxpayers and to the public. The MHSA specifically authorizes the MHSOAC to obtain data and information from state and local entities that receive MHSA funds for the Commission to utilize in its oversight, review, and evaluation capacity regarding projects and programs supported with MHSA funds.

The MHSOAC is comprised of sixteen Commissioners that include: the Attorney General or his or her designee, the Superintendent of Public Instruction or his or her designee, the Chairperson of the Senate Health and Human Services Committee or another member of the Senate selected by the President pro Tempore of the Senate, the Chairperson of the Assembly Health Committee or another member of the Assembly selected by the Speaker of the Assembly and twelve Governor's appointees that represent specific statutory statewide interests. The MHSOAC must have access to all of the critical functions necessary to fulfill its responsibilities. Below is a discussion of the specific critical functions.

- **Evaluation**

The MHSOAC's statutory mandate is to evaluate how MHSA funding has been used and what outcomes have resulted from those investments, while determining how to improve the services and programs to maximize positive outcomes for the community and for all populations, including reducing disparities in access to services, quality of care and outcomes. The Commission is committed to an approach of continuous evaluation, learning from and building upon each progressive completed evaluation.

- **Technical Assistance**

The MHSA provides for the MHSOAC to participate in the joint state-county decision-making process for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system. In addition, the Commission is to provide technical assistance to counties as needed to address concerns and recommendations of the Commission or to improve county plans. As a result of Chapter 23 of 2012 the MHSOAC is also to assist the DCHS in providing technical assistance to accomplish the purposes of CSS programs.

- **Stigma Reduction**

One of the MHSOAC's responsibilities is to develop strategies to overcome stigma associated with mental illness. Some functions important to this responsibility include accessing both county and state level data on this outcome and tracking the stigma and discrimination reduction efforts. A critical function that the MHSOAC must perform is to increase its function of communicating the impact of the MHSA so that Californians understand that mental health is essential to overall health and that people with mental illness recover, are resilient, and contribute productively to communities. This role of disseminating information is critical to reducing stigma and discrimination.

- **Reducing Disparities**

One of the stated purposes of the MHSA is to expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. As a result, a key role of the MHSOAC is to provide oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families. For the MHSA to achieve its objectives, people should be served in ways that are coherent with and respectful of differing cultural views and traditions, in ways that eliminate disparities in access to

treatment, quality of care, and create successful outcomes for all individuals and families being served.

- **County Performance**

State level oversight of county performance is a fundamental part of the MHSA. To fulfill its responsibility related to county performance it is critical that the MHSOAC have a role in providing input to the annual county mental health performance contracts as well as overseeing the monitoring of the contracts. Additionally, the MHSOAC receives and reviews each county MHSA plan and update for compliance with the law and opportunities to provide technical assistance. Also, the MHSOAC approves county INN programs.

- **Ensure Participation**

The MHSOAC has a statutory mandate to ensure that the perspective and participation of members and others suffering from severe mental health and their family members is a significant factor in its decisions and recommendations. Carrying out this mandate requires active and productive engagement of consumers and family members across the lifespan, including diverse racial and ethnic stakeholder communities, with the expertise that comes from lived experience of mental illness.

The Commission recommends policies and strategies to further the vision of transformation of the public mental health system and addresses barriers to system change, as well as provides oversight to ensure funds are spent true to the intent and purpose of the Mental Health Services Act.

Our Core Values:

The MHSOAC values the contributions of a healthy organizational culture that strives to increase productivity, growth, efficiency and reduce counterproductive behavior and turnover of employees. We are committed to inspiring the following attributes of a healthy organization within the culture of MSHOAC:

- Responsive to Change – we are open and act on the need to change in our evolving behavioral health environment
- The people we serve are central to our decision-making process
- Training and Development – We invest our resources to cultivate and nurture a quality workforce by providing opportunities for education and training
- Fun – We believe humor and celebration are essential in the workplace
- Respect and equality – we foster a culture of respect and equality
- Leadership – we understand people and their characteristics and involve them to do their jobs with integrity, selflessness and dedication of purpose
- Trustworthiness - We operate with the highest level of integrity and openness
- Professional Pride – We respect our employees’ contributions to the Commission and their enthusiasm for the work they perform
- Excellence – We are committed to doing the best job possible, every time
- Collaboration – We form effective partnerships so that our decisions and actions benefit from a broad range of perspectives and input

Our Strategies:

The MHSA is based on the value that the mental health system can and must be transformed. The Federal Affordable Care Act (ACA) provides opportunities for further transformation through integration of mental health care with substance abuse treatment and primary care. Maximizing the role of behavioral health care in ACA will benefit all Californians and the health delivery system itself. The MHSOAC developed the following strategies and priorities with an eye to this vision while also continuing to learn from evaluation outcomes and use these outcomes to shape the system. The MHSOAC will pursue the following strategies and priorities as it exercises its statutory oversight role in this changing health care environment and advise the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness. These strategies and priorities are not listed in order of importance.

Strategy 1: Influence Policy

Outcomes

- Policies contribute to improved and expanded mental health care consistent with MHSA vision and general standards
 - Policies move public mental health system toward MHSA-specified outcomes
 - Policies support counties to evaluate outcomes of MHSA programs and contribute data to statewide evaluations
 - Policies minimize unnecessary bureaucratic requirements
 - MHSA planning and policies are the result of the contributions of diverse people, including clients, family members, mental health partners, individuals from unserved and underserved racial/ethnic and cultural communities, those at risk of serious mental illness, and age-appropriate participants
-

Priority 1.1: Exercise an active leadership role in policy development

- a. Develop and consult on regulations and policies
 - b. Endorse and promote strategies that transform the mental health system, including systems and services integration
 - c. Monitor ACA implementation for the incorporation of integrated care and development of an integrated accountability system
 - d. Maximize behavioral health care in the ACA
 - e. Monitor activities in the Legislature for opportunities to support, oppose, or advise based on evaluation results
 - f. Network and participate in state and federal mental health activities, such as the White House National Conversation on Mental Health, State Legislative Mental Health Caucus, the federal mental health roundtable
 - g. Seek to have peer certification move forward
 - h. Ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of the Commission's decisions and recommendations
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Strategy 2: Ensure collecting and tracking of data and information

Outcomes

- Accurate information about the number and diverse characteristics of individuals receiving public mental health services; the distribution, purpose, and use of MHSA funds; and the outcomes and impact of MHSA funds are tracked, analyzed, and made available to the public in ways that are accessible and useful to California's diverse residents
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Priority 2.1: Ensure collecting and tracking of data and information

1. Review Annual Updates, Annual Revenue and Expenditure Reports, and three-year program and expenditure plans and cull critical information
 2. Develop data-driven tracking system
 3. Continue to work with DHCS, CMHDA, Office of Statewide Health Planning and Development (OSHPD), and Department of Public Health (DPH) to ensure access to adequate data
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Strategy 3: Ensure that counties are provided appropriate support

Outcomes

- Counties, including their community partners and contractors, have the necessary knowledge, skills, and resources to plan, implement, evaluate, and improve services
 - Counties have efficient access to training and technical assistance that utilizes best practices in the field, reflects values and practices specified in the MHSA, and enhances peer learning
 - Diverse clients and family members express satisfaction with public mental health programs that support their own goals for recovery and well being
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Priority 3.1: Facilitate Relevant and Effective Training and Technical Assistance

- a. Develop implementation plan for the training and technical assistance (T/TA) policy paper adopted by the MHSOAC
 - b. Examine options to use evaluation results to demonstrate to taxpayers and counties the successes and challenges of mental health programs, such as creating an evaluation clearinghouse
 - c. Collaborate annually with DHCS on T/TA contract priorities, including reducing training silos
 - d. Review Annual Updates and three-year program and expenditure plans for direct T/TA opportunities and trends for statewide TA priorities
 - e. Provide technical assistance as needed for development of county plans
 - f. Support T/TA to disseminate successful Innovation programs developed by counties through the Innovation Component
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Strategy 4: Ensure MHSA funding and services comply with relevant statutes and regulations

Outcomes

- The use of public MHA funds is lawful, efficient, and prudent
- Counties implement MHSA programs with fidelity to locally approved plans that adhere to the MHSA and to regulations
- Issue resolution process is effective and protects client and family stakeholders' rights and privacy
- Critical issues related to performance of a county mental health program are resolved fairly and efficiently in ways that promote quality improvement
- Performance contracts support county accountability and ensure compliance with the law

Priority 4.1: Exercise financial oversight over the community mental health system to ensure compliance with statutes and regulations

- a. Produce semiannual financial reports of community mental health system (January and May)
- b. Review the use of MHSA funds at the state level including CalMHSA, California Reducing Disparities Project (CRDP) and the use of the State Administration Fund

Priority 4.2: Provide oversight of statewide projects and processes

- a. Award and monitor triage personnel grants
- b. Increase oversight role of statewide PEI projects (Suicide Prevention, Stigma Reduction, Student Mental Health Initiative) and evaluation results
- c. Continue to provide oversight of the Reducing Disparities Statewide Strategic Plan and projects to ensure consistency with the MHSA and contract deliverables
- d. Ensure the Issue Resolution Process is finalized, communicated, and implemented

Strategy 5: Evaluate impact of MHSA

Outcomes

- Evaluations accurately depict the extent to which objectives and specified outcomes of the MHSA and included systems of care have been accomplished
- Evaluations accurately depict the efficiency of statewide and county administration of funds
- Counties conduct meaningful, culturally relevant process and outcome evaluations of MHSA programs and contribute data to statewide evaluations
- Evaluations are methodologically sound and utilize and contribute to best practices of evaluation
- Evaluations use methods and measures that are consistent with MHSA standards and are meaningful and relevant to stakeholders
- Data from evaluations are used for continuous improvements of systems and practices at county and state levels, including to revise mental health policies and to improve MHSOAC practices

- Service providers utilize the expertise of people with serious mental illness and their family members to improve services

Priority 5.1: Ensure evaluation regarding the effectiveness of services being provided and achievement of the outcome measures

- a. Continue implementation of the MHSOAC Evaluation Master Plan (see Appendix B)
- b. Identify core data elements needed to track then define those elements
- c. Continue an active role with CMHPC for evaluation tasks requiring coordinated effort
- d. Continue to collaborate with DHCS on performance outcomes for EPSDT
- e. Monitor evaluation contract deliverables
- f. Update the policy paper: Accountability through Evaluative Efforts Focusing on Oversight, Accountability and Evaluation
- g. Review Annual Updates, Three-Year Program and Expenditure Plans, and Annual Revenue and Expenditure Reports for potential implications for evaluation purposes
- h. Communicate lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback

Strategy 6: Communicate impact of MHSA

Outcomes

- California residents, including the Governor, Legislature, and taxpayers, are informed about the use and impact of MHSA funding
- Californians understand that mental health is essential to overall health and that people with mental illness recover, are resilient, and contribute productively to communities
- California residents include, respect, and support people with mental illness and their families

Priority 6.1: Increase efforts to communicate statewide effectiveness of the MHSA and overcome stigma

- a. Look for opportunities to collaborate on statewide mental health press opportunities
- b. Increase traffic and utilization of Prop 63 website
- c. Update and broadly disseminate evaluation deliverable fact sheets
- d. Redesign MHSOAC website
- e. Communicate status of reducing mental health disparities
- f. Produce short video to be used on the MHSOAC website spotlighting the work of the Commission

Priority 6.2: Continue efforts to develop communication strategies that overcome the stigma and discrimination associated with mental illness

- a. Continue Crossings TV and co-hosting Free Your Mind radio show

- b. Continue outreach to college and high school campuses in collaboration with Art with Impact
- c. Produce and air PEI documentary
- d. Continue social media efforts through a phone application and Twitter

Appendix A

Reference Material

1. Principles to Achieve Oversight and Accountability in a Changing Mental Health Services Environment, Adopted July 28, 2011
2. 2014 Work Plan Priorities, Adopted November 21, 2013
3. MHSOAC Logic Model, Adopted July 28, 2011
4. Mental Health Services Act, July 2013

Appendix B

FY 2013-14 Evaluation Master Plan Activities and Costs

<i>FY 2013-14 Activity</i>	<i>FY 13-14 Funding</i>
UCLA – Priority Indicators for additional handoff to OAC	Funded
UCD – Reducing disparities in access to care	Funded
UCLA – Early Intervention evaluation	Funded
CSUS – CSI Data Support	Funded
CSUS – DCR IT Support with DHCS	Funded
RDA – Community planning	Funded
Evaluation of Innovation Evaluations	Funded
Performance Monitoring: Step 1. Refine measurement of existing indicators	\$50,000
Performance Monitoring: Step 2. Develop a process for adding other indicators	\$0
Performance Monitoring: Step 3. Incorporate items from other work groups (e.g. EPSDT, HHS outcomes)	\$50,000
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information.	\$0
Study 3: System Level (Access and Quality) :Determine effectiveness of methods for engaging and serving TAY clients	\$500,000
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	\$0
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI	\$0
Work Effort 5: Person level: Develop system to track outcomes for persons in less intensive services than FSP	\$700,000
Total	\$1,300,00

FY 2014-15 Evaluation Master Plan Activities and Costs

<i>FY 2014-15 Activity</i>	<i>FY 14-15 Funding</i>
UCD – Reducing disparities in access to care	Funded
UCLA – Early Intervention evaluation	Funded
Evaluation of Innovation Evaluations	Funded
Ongoing Data Strengthening of CSI and DCR	\$500,000
Performance Monitoring: Step 3. Incorporate items from other work groups (e.g. EPSDT, HHS outcomes)	Funded
Performance Monitoring: Step 4. Incorporate specific MHSA indicators (beyond CSS) from PEI, INN, TN, WET	\$50,000
Study 1: Person Level: Collect, summarize, and publicize the outcomes from counties that have gathered such information.	Funded
Study 2: Sytem Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000
Study 3: System Level (Access and Quality) :Determine effectiveness of methods for engaging and serving TAY clients	Funded
Study 4: System Level (Quality) Determine effectiveness of selected programs for older adults	\$500,000
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	\$500,000
Work Effort 1: PEI: Determine status of county efforts to evaluate one PEI project and make recommendations, as needed, to ensure adequate evaluations.	Funded
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI	Funded
Work Effort 3: System level (Quality, efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	\$500,000
Work Effort 4: Community level: Develop indicators for the community level	\$50,000
Work Effort 5: Person level: Develop system to track outcomes for persons in less intensive services than FSP	Funded
Total	\$2,150,00

FY 2015-16 Evaluation Master Plan Activities and Costs

<i>FY 2015-16 Activity</i>	<i>FY 15-16 Funding</i>
Ongoing Data Strengthening of CSI and DCR	\$500,000
Performance Monitoring: Step 4. Incorporate specific MHSA indicators (beyond CSS) from PEI, INN, TN, WET	Funded
Performance Monitoring: Step 5: Incorporate community indicators	\$50,000
Performance Monitoring: Step 6: Incorporate additional general indicators	\$50,000
Performance Monitoring Step 7: Indicators that measure change over time with individual clients	\$50,000
Study 2: Sytem Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000
Study 4: System Level (Quality) Determine effectiveness of selected programs for older adults	Funded
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	Funded
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	\$500,000
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	\$500,000
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI	Funded
Work Effort 3: System level (Quality, efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	Funded
Work Effort 4: Community level: Develop indicators for the community level	Funded
Work Effort 5: Person level: Develop system to track outcomes for persons in less intensive services than FSP	Funded
Work Effort 7: Develop and implement a plan for method for routine monitoring and special studies of the impact of technological needs (TN) expenditures	\$500,000
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	\$500,000
Total	\$2,700,00

FY 2016-17 Evaluation Master Plan Activities and Costs

<i>FY 2016-17 Activity</i>	<i>FY 16-17 Funding</i>
Ongoing Data Strengthening of CSI and DCR	\$500,000
Performance Monitoring: Step 5: Incorporate community indicators	Funded
Performance Monitoring: Step 6: Incorporate additional general indicators	Funded
Performance Monitoring Step 7: Consider adding indicators that measure change over time with individual clients	Funded
Study 2: Sytem Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000
Study 4: System Level (Quality) Determine effectiveness of selected programs for older adults	Funded
Study 5: Determine scope of implementation and effectiveness of evidence-based practices for children and their families	Funded
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	Funded
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	Funded
Study 8: System Level (Efficiency and Quality): Determine the effectiveness of obtaining routine physical health status indicators on clients in FSPs	\$300,000
Study 9: System Level (Efficiency) Refine and repeat FSP cost and cost offset study	\$500,000
Study 10: Person Level: Determine outcomes of promising and/or community-based practices being developed by counties, particularly for unserved, underserved, or inappropriately served populations	\$500,000
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI	Funded
Work Effort 3: System level (Quality, efficiency): Explore feasibility of classifying FSP programs in a meaningful and useful fashion	Funded
Work Effort 6: Person and system (Quality) levels: Determine the interaction between the characteristics of the populations served in FSPs and the outcomes obtained	\$500,000
Work Effort 7: Develop and implement a plan for a method of routine monitoring and special studies of the impact of technological needs (TN) expenditures	Funded
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	Funded
Total	\$2,350,000

FY 2017-18 Evaluation Master Plan Activities and Costs

<i>FY 2017-18 Activity</i>	<i>FY 17-18 Funding</i>
Ongoing Data Strengthening of CSI and DCR	\$500,000
Ongoing Performance Monitoring After Monitoring Process is Finalized	\$50,000
Study 2: Sytem Level (Quality): Determine outcomes of selected early intervention and selective prevention programs	\$50,000
Study 6: System Level (Quality): Determine the effectiveness of consumer run services	Funded
Study 7: System Level (Quality): Determine the effectiveness of screening all persons receiving services for substance use issues	Funded
Study 8: System Level (Efficiency and Quality): Determine the effectiveness of obtaining routine physical health status indicators on clients in FSPs	Funded
Study 9: System Level (Efficiency) Refine and repeat FSP cost and cost offset study	Funded
Study 10: Person Level: Determine outcomes of promising and/or community-based practices being developed by counties, particularly for unserved, underserved, or inappropriately served populations	Funded
Work Effort 2: PEI: Develop an ongoing method for describing and cataloguing programs funded by PEI	Funded
Work Effort 6: Person and system (Quality) levels: Determine the interaction between the characteristics of the populations served in FSPs and outcomes	Funded
Work Effort 7: Develop and implement a plan for a method of routine monitoring and special studies of the impact of technological needs (TN) expenditures	Funded
Work Effort 8: System (Quality): Explore the extent of and variation in recovery orientation of programs	Funded
TBD*	\$500,000
TBD*	\$500,000
TBD*	\$500,000
TBD*	\$250,000
Total	\$2,350,000

Appendix C

MHSOAC Statutory Duties/Responsibilities

(The list does not include the overarching role of oversight of the public mental health system)

7/10/13

Duties/Responsibilities Set Forth in the Mental Health Services Act (MHSA)

1. Ensure MHSA funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public (Uncodified Section 3(e) of MHSA)
2. Approve County Innovation programs (W&I §5830(e))
3. Oversee, review, provide training and technical assistance, accountability and evaluate state and local projects and programs supported by MHSA funds (W&I §5845(d)(6))
4. Ensure adequate research and evaluation regarding the effectiveness of services being provided and achievement of the outcome measures (W&I §5892(d))
5. Participate in joint state-county decision making process per §4061 for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system (W&I §5845(d)(7))
6. Develop strategies to overcome stigma and discrimination (W&I §5845(d)(8))
7. Advise Governor or Legislature regarding actions the state may take to improve care and services for people with mental illness (W&I §5845(d)(9))
8. Refer to DCHS critical issues related to the performance of a county mental health program (W&I §5845(d)(10))
9. Assist in providing technical assistance, in collaboration with DHCS and consultation with CMHDA, to accomplish the purposes of the Adult and Older Adult System of Care and Children System of Care (W&I §5845(d)(11))
10. Work in collaboration with DHCS and CMHPC and in consultation with CMHDA in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system, including but not limited to the parts specifically listed in the MHSA. Health and Human Services Agency has lead. (W&I §5845(d)(12))
11. Adopt regulations for programs and expenditures for INN and PEI. DHCS regulations shall be consistent with the Commission's regulations. (W&I §5846(a),(b))
12. Provide technical assistance to county mental health plan as needed to address concerns or recommendations of the Commission or when local programs could benefit from technical assistance for improvement of their plans (W&I §5846(c))
13. Ensure perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of its decisions and recommendations. (W&I §5846(d))

14. Receive county three-year program and expenditure plan and annual updates adopted by county board of supervisors. (W&I §5847(a)) Presumption is that Commission will use these in its various capacities mentioned in the W&I§ 5845.
15. Jointly with DHCS and in collaboration with CMHDA, establish performance outcomes for services of CSS and PEI (W&I §5848(c))
16. To be consulted by DHCS in developing regulations (W&I §5898)
17. To be consulted (along with CMHDA) by DHCS in developing and administering instructions for the Annual MHSA Revenue and Expenditure Report (“ARER”) (W&I §5899(a))
18. Receive ARER the purpose of which is specified in §5899(b) and (c). (W&I §5899(a))
19. Serve as ex officio members of the CMHPC (W&I §5771.1)
20. Assist in establishing a more effective means of ensuring that county performance complies with the MHSA (Uncodified Section 1(b) of AB 100)

Duties/Responsibilities Set Forth in non-MHSA statutes

1. Investment in Mental Health Wellness Act of 2013: MHSOAC is to develop criteria, award, and administer Triage Personnel Grants (W&I §5848.5(e))
2. EPSDT: DHCS in consultation with MHSOAC is to create a plan for a performance outcome system for EPSDT mental health services (W&I Code §14707.5)
3. County reporting requirements: DHCS, in consultation with MHSOAC and CMHPC, is to develop reporting requirements for county mental health system which shall be uniform and simplified. These requirements shall provide comparability between counties in the reports. (Note: This section was added in 1991 with the first realignment and the 2012 amendment replaced DCHS for DMH and added the requirement to consult with CMHPC and MHSOAC.) (W&I Code Section 5610(a))
4. Information system: DHCS, in consultation with the Performance Outcome Committee, CMHPC, MHSOAC, and Health and Human Services Agency, shall develop uniform definitions and formats for a statewide nonduplicative client-based information system that includes all information necessary to meet federal mental health grant requirements and state and federal Medicaid reporting requirements as well as any other state requirements established by law. (Note: This section was enacted in 1991 as part of the first realignment and required the system to be developed by 7/1/92. The system has already been developed; however, the 2012 amendment to this section that added the CMPC and MHSOAC implies that if DHCS decides to revise the system these 2 additional entities must be consulted.) (§5610(b))
5. County Performance Contracts: County mental health systems shall provide reports and data to meet the information needs of the state. The 2012 amendment to this section added, that the county’s action was to be “in consultation with CMHDA, DHCS, MHSOAC, CMHPC, and Health and Human Services Agency”. (§5664)
6. County Compliance with cost avoidance under Children’s Mental Health Services Act: DHCS, in consultation with MHSOAC, shall review counties that have been awarded funds to implement a comprehensive system for delivery of mental health services to children with serious emotional disturbance and to their families or foster families to determine compliance with specified cost avoidance requirements. If non-compliance than county has to substantially comply with long list of requirements. (Note: Since this Act is no longer funded there is a question of whether these requirements are still applicable even though services are still being provided but through a different

funding). The 2012 amendment to the section replaced DMH with DHCS and added consultation with MHSOAC.) (§5852.5)

7. Evaluation of Children’s Mental Health Services Act: Evaluation shall be conducted by participating county, and subject to availability of funds, by DHCS and MHSOAC to ensure county level systems of care are serving the targeted population; ensure timely performance data related to client outcome and cost avoidance is collected, analyzed and reported; ensure system of care components are implemented as intended; and provide information documenting needs for future planning. (Note: Since this Act is no longer funded there is a question of whether these requirements are still applicable; however, the 2012 amendment to the section replaced DMH with DHCS and added MHSOAC.) (§5881)
8. Grants under Adult and Older Adult Mental Health System of Care: MHSOAC is a member of an advisory committee established by DHCS to identify specific performance measures for evaluating effectiveness of grants given under Adult and Older Adult Mental Health System of Care Act. (§5814) (Note: Even though this section was amended in 2012 to replace DMH with DHCS it is in conflict with W&I §5845(a) which states that the MHSOAC replaced this advisory committee.)