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AGENDA ITEM: First Read: Review and Discuss Draft Proposed Innovation (INN) Regulations

ENCLOSURES: Draft Proposed INN Regulations

OTHER MATERIAL RELATED TO ITEM: “Summary: INN Concept for Regulations Discussion”; “Suggestions from INN Regulations Workgroup and Services Committee that were Incorporated into Draft INN Regulations”; Suggestions from INN Regulations Workgroup and Services Committee that were Not Incorporated into Draft INN Regulations”; and PowerPoint Presentation handout will be available at the meeting.

Issue:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) will review and comment during the first read of the draft proposed Innovation (INN) regulations.

Background:

On June 26, 2013 Governor Brown signed into law Assembly Bill (AB) 82, which went into effect immediately. AB 82 mandated that the MHSOAC adopt regulations for Prevention and Early Intervention (PEI) and INN programs and expenditures. Pursuant to the Administrative Procedure Act (APA) and the Office of Administrative Law (OAL), and the Mental Health Services Act (MHSA) requirements, the process of adopting regulations requires a thorough stakeholder process to ensure the perspective and participation of diverse community members reflective of California populations, consumers and families are a significant factor in the drafting of these regulations.

The first step in this public process was the creation of a PEI and INN Regulations Work Group (Work Group) comprised of three members from each of the five MHSOAC Committees: Client and Family Leadership Committee, Cultural and Linguistic Competence Committee, Evaluation Committee, Financial Oversight Committee, and MHSOAC Services Committee. The purpose of the Work Group was: (1) to assist in developing overall principles for the drafting of the regulations; (2) to assist in determining what parts of the PEI and INN statute needed to be defined, specified, or implemented in regulations and provide suggestions for definitions and specifications; and (3) provide input on the draft proposed PEI and INN regulations. The Workgroup had two all-day meetings, first on August 12, 2013 to assist in the first two purposes and then on September 20, 2013 to review and provide input on the draft regulations. Both meetings were open to the public.

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Additionally, on October 11, 2013, the MHSOAC Services Committee met to review and provide input on the draft PEI and INN regulations. This meeting was also open to the public.

The drafts presented to Commissioners are the product of the Work Group and Committee’s efforts.

In drafting the regulations, Work Group and committee members have adhered to the following principles:

1. Regulations must be consistent with the APA that limits regulations to implementing, interpreting, or making specific the law enforced or administered by that state agency.
2. Regulations are directly based on the MHSA.
3. Regulations are outcomes-focused.
4. Regulations are flexible: support county/community priorities and wisdom.

Below is the framework for the INN regulation discussion, which is based on specific provisions of the MHSA:

1. Overall Purpose of MHSA INN Projects

- In relating to the prevention of and/or recovery from serious mental illness, INN Projects are to: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration; and/or (4) increase access to services.

2. Each County’s Overall INN Program Must Include All of the Following

MHSA INN funds are to be used for designing, piloting, and evaluating time-limited new or changed mental health practices, which have not yet demonstrated their effectiveness. The broader purpose is to infuse new effective mental health practices, consistent with the four MHSA purposes, into the overall public mental health system.

- Design, pilot and evaluate a mental health practice that does one of the following:
 - a) introduce new mental health practices or approaches, including but not limited to prevention and early intervention
 - b) make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or
 - c) introduce to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings (W&I Code §5830(b)(2)(A)-(C))

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- Decide whether/how to continue the Innovative Project, or successful element(s) of the project, without Innovation funding (W&I Code §5830(d))
- Communicate results of evaluation and lessons learned and disseminate successful Innovative Projects to other counties (and beyond, if desired) (W&I Code §5830(d))

3. INN Evaluations

Evaluation is at the core of MHSA INN, since all Innovative Projects are pilots to be tested. Statewide success of the Innovation component involves the extent to which successful Innovations are implemented by counties as ongoing practices and are replicated by other counties and beyond. Innovation evaluations must include the following, at a minimum:

- Measure outcomes, including outcomes associated with the selected Primary Purpose
- Assess the effectiveness of whatever is changed, compared to existing mental health practice
- Use sound method to determine which elements of the Innovative Project contributed to successful outcomes
- Use evaluation data to determine whether to adopt the Innovative Project, or successful elements, and to disseminate to other counties successful practices and lessons learned

4. Timeline

- The county designates a timeframe between one and five years from onset of Innovative Project based on the complexity of the evaluation.
- The county develops a timeline with key milestones, focused on development and refinement, time-limited implementation, evaluation, decision-making, and communication.
- An Innovative Project is not funded beyond the approved end date unless the county submits and receives approval from the MHSOAC for a work plan extension.