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MHSOAC MULTI-YEAR STRATEGIC BUSINESS PLAN

2009-2010

MISSION

To ensure an enhanced continuum of care for individuals at risk for and living with serious mental illness and their families by holding public systems accountable and by providing oversight, eliminating disparities, promoting mental wellness, supporting recovery and resiliency resulting in positive outcomes in California's community based mental health system.

VISION

California's citizens at risk for or living with mental illness are able to access the Right Care in the Right place at the Right time thus minimizing or avoiding altogether the negative outcomes associated with mental illness.

CORE VALUES

Prevention oriented, client centered, family focused, community based, culturally and linguistically competent, recovery and resiliency based, trauma informed, co-occurring disorders competent, integrated community based mental health system which supports the pursuit of maximum wellness for all.

STRATEGIC GOALS

GOAL I. - DEFINE "TRANSFORMATION" AND ARTICULATE ITS VISION

Statement of Intent

Ensure the Mental Health Services Act serves as a catalyst for the long-term transformation of the California community based mental health system and keep the public, Commissioners and stakeholders apprised of progress

Objectives/Strategies

- A. By **August 2009 (September 2009?)** develop a "white paper" that describes the nature of and vision for a transformed community mental health system and includes content describing what has been accomplished with regard to the five transformation goals cited in California Code of Regulations, Title 9, Section 3320 and reduction of the seven negative outcomes in Welfare and Institutions Code Section 5840(d).
- B. By **June 2009** identify MHSOAC priorities that support transformation
- C. Continue to fund and execute all five MHSOAC Programs
- D. Adopt and implement components of the MHSOAC Communications Plan

2009 Actions Steps:

A. White Paper on Transformation

Staff role

- Consulting Psychologist write the draft white paper based on the following:
 - 1) Review of MHSA
 - 2) Review of academic literature
 - 3) Contents of paper authored by Richard Van Horn, et al
 - 4) **June 2009** – gather partner and stakeholder input stakeholder hearing
 - 5) Commissioner input
 - 6) Contents of MHSOAC Co-Occurring Disorders Workgroup White Paper

Committee role

- By **July 2009**, all MHSOAC Committees vet draft white paper and direct comments and recommendations to policy staff for edit of white paper

Commission role

- **July 2009** – Discuss and vet first draft of white paper
- **August 2009** – Adopt white paper

B. MHSA Priorities

Staff role

- Include identification of MHSA priorities that support transformation in the draft white paper on Transformation

C. Continue to Fund and Execute all Four MHSA Programs

Staff role

- County Plan Review:
 - Community Services and Supports (CSS)
 - Prevention and Early Intervention (PEI)
 - Innovation (INN)
 - Capital Facilities/Technological Needs (CFTN)
 - Workforce Education and Training (WET)

- DMH Regulation Review:
 - Policy staff supervisor assign policy staff to confirm when regulations packages will be posted and when public hearings are scheduled

CSS, Statewide Housing Program

- By **June 2009** -- Regulations team staff (Chief Counsel, Consulting Psychologist, Policy staff, Plan Review staff, Mental Health Services Committee member) review regulations, prepare draft comments on proposed regulations for Commission review and adoption
- **July 2009 (DMH Projected Date)** – Present adopted comments at DMH public hearing

PEI

- By **May 2009** -- Regulations team staff review regulations, prepare draft comments on proposed regulations for Commission review and adoption
- **June 2009 (DMH Projected Date)** – Present adopted comments at DMH public hearing

INN

- By **August 2009** – Regulations team staff review regulations, prepare draft comments on proposed regulations for Commission review and adoption
- **September 2009 (DMH Projected Date)** -- Present adopted comments at DMH public hearing

CFTN

- By **August 2009** -- Regulations team staff review regulations, prepare draft comments on proposed regulations for Commission review and adoption
- **September 2009 (DMH Projected Date)** -- Present adopted comments at DMH public hearing

Committee Role

PEI Statewide Projects:

- By **July 2009** Mental Health Services Committee develop recommendations for MHSOAC regarding county assignment of funds for statewide projects and future implementation of statewide projects
- **June 2009** – Mental Health Services Committee identify and recommend appropriate policies to facilitate implementation of PEI statewide projects and ongoing for inclusion in report to MHSOAC
- Mental Health Services Committee facilitate collaboration with Administrative Offices of the Court and with Primary Care to advance transformation of mental health in accordance with MHSOAC and Co-Occurring Disorder principles adopted by MHSOAC December 2008

- **January 2010** -- Mental Health Services Committee report to MHSOAC on status of plans, implementation of the MHSA, and training and technical assistance activities

Commission Role

- **May 2009 (based on DMH projected date)** -- Adopt comments on proposed regulations for PEI; Continue PEI Plan approval at MHSOAC meetings.
- **June 2009 (based on DMH projected date)** -- Adopt comments on proposed regulations for CSS, statewide program, housing
- **July 2009** -- MHSOAC adopt position
- **August 2009 (based on DMH projected date)** -- Adopt comments on proposed regulations for INN
- **August 2009 (based on DMH projected date)** -- Adopt comments on proposed regulations for CFTN

D. Communications Plan

Staff role

- Communications staff implement MHSOAC Communication Plan

Committee role

- All Committees available to vet communications documents as needed and requested

Commission role

- **May 2009** -- Adopt MHSOAC Communications Plan

GOAL II. -- DEVELOP AN INTEGRATED CONSISTENT APPROACH TO EVALUATE THE RESULTS OF THE MHSA AND FACILITATE THE ADOPTION OF BEST PRACTICES ACROSS THE ENTIRE COMMUNITY BASED MENTAL HEALTH SYSTEM

Statement of Intent

Ensure that what is learned is reflected at all levels of the system in order to improve services and outcomes

Objectives / Strategies

- A. By **May 2009** -- Ensure that MHSOAC Evaluation Committee membership has full representation of the community mental health partners and stakeholders

- B. By **August 2009** -- Develop evaluation criteria that are outcome-based and are both quantitative and qualitative

2009 Action Steps

- A. MHSOAC Evaluation Committee membership has full representation of the community mental health partners and stakeholders

Staff role

- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee

Committee role

- Ensure that MHSOAC Evaluation Committee membership has full representation of the community mental health partners and stakeholders
- By **September 2009** -- Evaluation Committee partner with DMH, CIMH, CMHDA and stakeholders to develop training curricula and provide technical assistance in area of evaluation
- Evaluation Committee solicit input from MHSOAC Services Committee regarding content of curricula and technical assistance

Commission role

- By **August 2009** -- Adopt Evaluation Committee recommendations

- B. Evaluation Criteria, Outcome-based, Quantitative, and Qualitative

Staff role

- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee

Committee role

- By **August 2009**, work with RFP contractors to ensure evaluation design includes evaluation criteria that are outcome based and both quantitative and qualitative

Commission role

- **August 2009** -- Adopt Committee recommendations

GOAL III. -- ADOPT AN APPROACH FOR SIGNIFICANTLY REDUCING FORMS OF MENTAL HEALTH STIGMA AND RESULTING DISCRIMINATION TOWARDS THOSE AT RISK OF AND LIVING WITH MENTAL ILLNESS AND THEIR FAMILIES

Statement of Intent

Address forms of mental health stigma and resulting discrimination impeding the full inclusion of individuals, children and families at risk of and living with mental illness in their communities

Objectives/Strategies

- A. By **June 2009** adopt agreed upon strategies for impacting stigma and discrimination
- B. By **August 2009** establish a methodology to document and establish a baseline measurement of the forms and prevalence of mental health stigma resulting in discrimination in California communities.
- C. By **August 2010** evaluate the impact of MHSOAC adopted strategies designed to significantly reduce forms of mental health stigma and resulting discrimination towards individuals at risk of and living with mental illness and their families

2009 Action Steps:

A. Adopting Strategies for Impacting Stigma and Discrimination

Staff role

- By **May 2009**, MHSOAC staff attend all DMH Stigma and Discrimination Reduction Advisory Committee meetings to develop Strategic Plan on Stigma and Discrimination Reduction

Committee role

- **May 2009** – Client and Family Leadership Committee will vet the proposed Stigma and Discrimination Reduction Strategic Plan; provide recommendations to the MHSOAC

Commission role

- **June 2009** -- Adopt DMH Stigma and Discrimination Reduction Strategic Plan

B. Methodology for Documenting Baseline

Staff role

- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee
- By **June 2009** -- MHSOAC, in conjunction with Evaluation Committee, determine if additional expert staff/consultant resources are needed to staff the MHSOAC Evaluation Committee

Committee role

- By **August 2009** -- Evaluation Committee discuss possible options with Client and Family Leadership Committee and recommend approach for establishing a methodology to document a baseline measurement of the forms and prevalence of mental health stigma and resulting discrimination in California communities; consider whether this could be done within the parameters of the currently planned evaluation effort.

Commission role

- By **August 2009** adopt a methodology to document a baseline measurement of the forms and prevalence of mental health stigma and resulting discrimination in California Communities

C. Evaluating Impact of Adopted Strategies

Staff role

- By **June 2009** -- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee. In conjunction with MHSOAC Evaluation Committee and MHSOAC determine if additional expert staff/consultant resources are needed to staff the MHSOAC Evaluation Committee

Committee role

- By **August 2009** -- MHSOAC Evaluation Committee recommend to MHSOAC possible options for evaluating impact of strategies adopted to measure the forms and prevalence of mental health stigma and resulting discrimination in California communities. Consider whether this could be done within the parameters of the currently planned evaluation effort.

Commission role

- By **August 2009** -- adopt a methodology to evaluate the impact of strategies adopted to measure the forms and prevalence of mental health stigma and resulting discrimination in California Communities.

GOAL IV. -- FURTHER DEFINE THE ROLES AND RESPONSIBILITIES OF THE COMMISSION

Statement of Intent

Clarify Commission roles and responsibilities vis-à-vis contents of Joint Memorandum of Understanding (MOU.) Clarify how Commission engages with stakeholders. Clarify how staff, committees, and commissioners work together. Clarify how the MHSOAC will provide oversight and accountability regarding expenditure of MHSA funds to ensure

accountability to the intent and purpose of the MHSA. Clarify Commission roles and responsibilities vis-à-vis contents of Chapter 20, Statutes of 2009 (AB 5xxx.) Clarify and adopt annually Objectives, Strategies and Action Steps for Strategic Business Plan Goals.

Objectives/ Strategies

- A. By **June 2009** -- complete negotiations of MOU between DMH, CMHDA and CMHPC
- B. By **August 2009** -- clarify how MHSOAC engages stakeholders
- C. By **July 2009** -- agree on a definition of the role of staff, committees and commissioners
- D. By **April 2009** – adopt Mental Health Funding and Policy Committee charter and fiscal report template to be used by Committee in providing regular reports to the MHSOAC regarding key MHSA funding issues
- E. By **June 2009** -- adopt MHSOAC formal position regarding interpretation of Chapter 20, Statutes of 2009 (AB 5xxx), with respect to the Commission's level of autonomy separate and apart from the state Department of Mental Health
- F. By **April 2010** -- adopt Objectives, Strategies and Action Steps for Strategic Business Plan Goals for 2010

2009 Action Steps

- A. MOU between MHSOAC, DMH, CMHDA, CMHPC

Staff role

- Executive Director and designated commissioner participate in meetings to develop MOU
- By **March 2009** -- Executive Director and designated staff work with Chair and Vice Chair of MHSOAC to finalize materials describing MOU for MHSOAC meeting. Collect partner and stakeholder input on draft MOU
- By **April 2009** – Executive Director and designated staff finalize materials for presentation to MHSOAC for purpose of facilitating approval of draft MOU

Committee role

- **April 2009** -- Cultural and Linguistic Competence Committee and Client and Family Leadership Committee vet MOU at Committee meetings. Prepare comments and/or recommendations regarding approval of MOU for MHSOAC at **April 2009** Commission meeting.

Commission role

- **March 2009** -- Hear presentation regarding MOU
- **April 2009** -- Make final decision regarding adoption of MOU

B. Clarify how MHSOAC Engages Stakeholders

Staff role

- **May 2009 (Oct/Nov 2009?)** -- Policy staff supervisor designate policy staff to staff the Client and Family Leadership Committee
- **July 2009** – Hold Committee meetings to obtain additional comments on CFLC summary of stakeholder meeting
- **August 2009** - Edit proposed process based on Client and Family Leadership MHSOAC meeting comments and comments received from other MHSOAC Committee meetings

Committee role

- **May 2009** – CFLC convene stakeholder meeting
- **June 2009** – Present to MHSOAC written summary of stakeholder meeting and recommendations to MHSOAC regarding MHSOAC process for engaging stakeholders.
- **July 2009** -- All MHSOAC Committee meetings include discussion on proposed process for engaging stakeholders developed by CFLC; prepare written comments/recommendations to be forwarded to designated MHSOAC staff to prepare final draft of proposed process for Commission to engage stakeholders for **August 2009** Commission meeting
- **August 2009** – CFLC bring final draft of the process for engaging stakeholders to MHSOAC meeting for adoption

Commission role

- **August 2009** -- Adopt proposed process for engaging stakeholders

C. Definition of the Role of Staff, Committees and Commissioners

Staff role

- By **May 2009** -- Chief Counsel develop proposed Rules of Procedure for review by MHSOAC. Rules of Procedure will contain content regarding roles of staff, committees and commissioners

Committee role

- By **May 2009** -- Prepare charters to be adopted at MHSOAC meeting

Commission role

- **May 2009** -- Adopt MHSOAC Committee Charters
- **May 2009** -- Adopt Rules of Procedure

D. Oversight and Accountability Regarding Expenditure of MHSA Funds

Staff role

- Policy Staff Supervisor designate policy staff to staff the MHSOAC Funding and Policy Committee
- By **June 2009** -- In conjunction with MHSOAC Funding and Policy Committee Chair and Vice-Chair and MHSOAC, determine if additional expert staff/consultant resources are needed to staff the MHSOAC Funding and Policy Committee

Committee role

- By **May 2009**, Mental Health Funding and Policy Committee prepare committee charter for adoption by MHSOAC
- By **April 2009**, Mental Health Funding and Policy Committee prepare and submit fiscal report template to MHSOAC for adoption
- By **May 2009**, Mental Health Funding and Policy Committee prepare and commit to workplan for Committee (including timeline)
- By **July 2009**, Mental Health Services Committee establish subcommittee to examine fiscal impact on service delivery; meet regularly with Mental Health Funding and Policy Committee to provide input

Commission role

- **April 2009** -- Adopt fiscal report template
- **May 2009** -- Adopt Mental Health Funding and Policy Committee charter

E. Formal position regarding Chapter 20, Statutes of 2009 (AB 5xxx)

Staff role

- By **May 2009** -- Chief Counsel, Consulting Psychologist, designated policy staff prepare written materials and recommendations regarding Chapter 20 (AB 5xxx) for discussion and adoption by MHSOAC. Materials and recommendations informed by interview with partners, stakeholders, legislators, review of other commission and board infrastructures, and legal counsel.

Committee role

- **May 2009** -- All MHSOAC Committees vet staff proposal at Committee meetings and provide feedback to staff and/or MHSOAC

Commission role

- **May 2009** -- Adopt staff proposal regarding Chapter 20 (AB 5xxx)

F. Objectives, Strategies, Action Steps -- 2010

Staff role

- By **February 2010** Executive Director develop proposed Objectives/Strategies and Action steps for MHSOAC Multi-Year Strategic Business Plan

Committee role

- **March 2010** -- All Committees vet

Commission role

- **April 2010** -- Commission adopt

GOAL V. -- ADOPT APPROACH FOR REDUCING DISPARITIES IN ACCESS TO AND QUALITY OF SERVICES FOR RACIAL, ETHNIC AND CULTURAL COMMUNITIES

Statement of intent

Address disparities in access to and quality of community based mental health services provided to racial, ethnic and cultural communities

Objectives/Strategies

- A. By **August 2009** -- establish a methodology for documenting and establishing baseline measurement of the forms and prevalence of mental health disparities in access to and quality of community-based mental health services provided to racial, ethnic and cultural communities
- B. By **June 2009** -- adopt agreed upon strategies for impacting disparities
- C. By **August 2010** -- evaluate the impact of MHSOAC adopted strategies designed to significantly reduce forms and prevalence of mental health disparities in access to and quality of community based mental health services provided to racial, ethnic and cultural communities

2009 Action Steps

A. Methodology for Documenting Baseline

Staff role

- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee and the Cultural and Linguistic Competence Committee

- By **June 2009**, MHSOAC Cultural and Linguistic Competence Committee collaborate with Evaluation Committee to determine if additional expert staff/consultant resources are needed to staff the MHSOAC Evaluation Committee
- Continue to fund contract with UC Davis Center for Reducing Health Disparities to assess the availability of data and alternative statistical methodologies for developing a mental health tracking system for California and to develop a report with findings and recommendations for what data sources should be used to implement a mental health tracking system. The report will describe the statistical methods that should be used to estimate mental health service needs within counties or other geographic units, the measures of mental health service need that should be the focus of the tracking system, and the potential costs and benefits of implementing such a system. This information will be used to help document baseline.

Committee role

- By **June 2009** -- Cultural and Linguistic Competence Committee consult with Evaluation Committee to establish a methodology to document baseline measurement on the forms and prevalence of disparities in access to and quality of community-based mental health services for racial, ethnic and cultural communities
- By **July 2009** -- Evaluation Committee work with RFP Phase I contractor to ensure baseline measurements are included in the scope of the MHSA Evaluation RFP Phase II

Commission role

- By **August 2009** adopt a methodology to include in the scope of the MHSA Evaluation to document a baseline measurement of the forms and prevalence of disparities in access to and quality of community based mental health services for racial, ethnic and cultural communities

B. Adopting Strategies for Impacting Disparities

Staff role

- MHSOAC Policy Supervisor designate staff to staff the Cultural and Linguistic Competence Committee

Committee role

- The Cultural and Linguistic Competence Committee will monitor the progress of the DMH PEI Statewide Project for Reducing Disparities Strategic Plan throughout its development (approximately 18 months)

Commission role

- By **2010** -- Adopt the DMH Reducing Disparities Strategic Plan

C. Evaluating Impact of Adopted Strategies

Staff role

- Policy staff supervisor designate policy staff to staff the MHSOAC Evaluation Committee
- By **June 2009** -- in conjunction with Evaluation Committee and MHSOAC determine if additional expert staff/consultant resources are needed to staff the MHSOAC Evaluation Committee

Committee role

- By **August 2010** -- Evaluation Committee consult with Cultural and Linguistic Competence Committee to discuss options for evaluating impact of strategies adopted to measure the forms and prevalence of disparities in access to and quality of community based mental health services for racial, ethnic and cultural communities. Recommend an approach to MHSOAC.

Commission role

- By **August 2010** -- adopt a methodology to evaluate the impact of strategies adopted to measure the forms and prevalence of disparities in access to and quality of community based mental health services for racial, ethnic and cultural communities.