MHSOAC

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

CONCEPTUAL OUTLINE FOR MHSOAC OPERATIONS

BACKGROUND

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is mandated by the Welfare and Institutions Code (WIC) to do the following.

- Provide the vision, leadership, and oversight necessary to prevent mental illness from becoming severe and disabling and transform the public and private systems charged with providing services, care, and support to Californians living with mental illness

- Oversee the implementation of MHSA Parts 3, Community Services and Supports, Part 3.1, Education and Training, Part 3.2, Innovative Programs, and Part 3.6, Prevention and Early Intervention

- Review, comment and approve expenditures in MHSA County Plans for Prevention, Early Intervention, and Innovative Programs

- Develop strategies to combat and overcome stigma related to mental illness

- Advise the Governor and/or Legislature regarding actions the state may take to improve care and services for individuals experiencing mental illness

- Develop additional and necessary strategies to accomplish any objective or provision of the MHSA. Ensure the perspective and participation of mental health clients and their family members is a significant factor in all MHSOAC decisions and recommendations

- Identify critical issues related to the performance of county mental health programs and refer the issues to the Department of Mental Health (DMH)

CURRENT ACTIVITIES AND OPERATIONS

The mandates of the Mental Health Services Act (MHSA) dictate the activities and operations of the MHSOAC, as well as the strategies and goals adopted yearly by the Commission. The current activities and operations which have been identified as necessary and essential in advancing the fulfillment of these goals and mandates are listed below:

POLICY/OUTCOMES/ADMINISTRATION & COMMUNICATION

The Policy/Outcomes/Administration and Communication Section completes all work related to administration, communication, and Policy operations. Policy functions include compiling information which is brought to the Commission related to policy directives and priorities, and implementing new policy initiatives and special projects developed in the MHSOAC Committees. Administrative functions include monitoring and managing MHSOAC budget, contracts, procurement, and personnel. Communication functions include website monitoring and updates, press releases, news letters, brochures, identifying forums for outreach and education and responding to all public inquiries.

PLAN REVIEW

The Plan Review Section reviews county plans. This includes collaborating with DMH, CMHDA and Stakeholders to develop guidelines, review tools and review procedures; participating and leading review teams; and developing plan summaries. This section responds to all inquiries from counties related to plans, provides technical assistance and tracks status of all plans.

MHSOAC COMMITTEES

There are currently five active committees. These include the Evaluations Committee, the Client and Family Leadership Committee, the Cultural and Linguistic Competence Committee, the Mental Health Funding and Policy Committee and the Mental Health Services Committee. Staff is assigned to each committee to research issues, prepare agendas, support the chair and committee during meetings, and follow up on assignments from the meetings.

FUTURE ACTIVITES AND OPERATIONS

The activities and operations of the MHSOAC will be increasing in the upcoming fiscal years for the following reasons:

- Increased workload associated with the ongoing and continuous implementation of the MHSA

- Adoption of a Multi-Year Strategic Business Plan containing new strategic and operational goals

- Changes in administrative operations due to Chapter 20, Statues of 2009 (AB 5xxx)

The workload associated with the ongoing implementation of the MHSA continues to grow for all sections in the MHSOAC office:

Policy/Outcomes/Administration & Communication, Plan Review, and MHSOAC Committees.

Developing and implementing each MHSA component increases the quantity of county plans, plan updates and plan augmentations. Each component will be analyzed to determine trends, successes and challenges, including county needs, state and county policies, and external influences that affect implementation, such as the current fiscal climate. This workload will continue to increase as each county develops all of their plans to, implement each component, eventually implementing an integrated plan. In addition, meaningful stakeholder involvement remains critical to continued implementation of all aspects of the MHSA.

The approval of the MHSOAC Multi-Year Strategic Business Plan (2009-2010) will increase workload as it will initiate multiple projects. These projects include administering and monitoring the Comprehensive Evaluation on the implementation of the MHSA components, developing methodologies for addressing issues regarding mental health stigma and developing methodologies for addressing disparities issues.

The potential change in administrative operations is directed within the language of Chapter 20, Statutes of 2009 (AB 5xxx.) The impact of this change on workload will vary depending on how this change is implemented. See Chapter 20, Statutes of 2009 (AB 5xxx) Interpretation Memo for more information on proposed options for implementation (Tab 2 of the May 28, 2009 Meeting Packet.)

CONCLUSION

The increase in workload associated with added activities and operations will require additional resources and skill sets within the MHSOAC.