



Mental Health Services Act Technical Assistance and Training Policy

The mission of the Mental Health Services Oversight and Accountability Commission is to provide the vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health; and to hold public systems accountable and 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.¹

To implement this mission, the MHSOAC committed itself to transforming the public and private systems charged with providing services, care and support to Californian's living with mental illness. Transforming California's large and diverse publicly funded mental health system is a monumental task. It will require application of new services, delivered in novel settings, and involve collaboration and integration with systems and providers who do not traditionally partner with the mental health system.

Principles essential to this MHSA transformation:

- Reduce the risk of adverse outcomes of mental illness in children, youth, adolescents, adults, and older adults
 - Foster and expand consumer and family involvement at all levels
 - Expand interagency-governance, collaboration, and integration to provide a seamless, holistic, and comprehensive system of care
 - Establish comprehensive outcomes to meet the full set of individual and family needs
 - Promote wellness, facilitate recovery and build resilience as standards of care in all practices and services
 - Promote cost effectiveness and efficiency as standards of care in all practices and services
 - Eliminate racial, ethnic, gender, income, age, and geographic disparities to access, quality of care, and outcomes
 - Foster open and timely communication with Californians about progress made transforming mental health services.
 - Increase public policy and commitment, and community capacity to appropriately serve all people with mental illness
- (MHSA, Sections 2, Findings and Declarations; 5845 a-d)]**

Providing On-going Statewide Training and Technical Assistance

Operating policies outlined in the MHSOAC Workplan adopted November 17, 2006 support the development of additional and necessary strategies to accomplish any objective or provision of the MHSA **(MHSA, 5845 d.7)**

¹ Mental Health Services Oversight and Accountability Commission Work Plan - January, 2007 through June, 2008; Adopted 11-17-06

Maintaining fidelity to the mission and vision of transformation requires thorough understanding of the MHSOAC's consensus-developed values; principles and policies of operation; application of guidelines; and knowledge of best practices and "lessons-learned"--by all MHSA stakeholders throughout the state, counties, agencies and clients, family and consumers from culturally and linguistically diverse communities. Similarly, non-traditional partners of the mental health system must also develop sufficient knowledge, skills and links necessary to collaborate in the process of MHSA transformation.

The process of MHSA transformation requires transformation of the teaching and learning process itself and establishment of a culture of learning. Implicit in the development of transformative learning is a statewide commitment by all MHSA participants and partners to participate and contribute to teaching and learning; open access to available information; free-flowing exchange of ideas; and a [omit? decentralized] capacity to add to learning through on-going quality improvement.

In response to this need, the MHSOAC shall commit to the goal of on-going statewide training and technical assistance to support the intentions of the MHSA. These efforts must include on-going technical assistance and training to:

1. Increase global capacity to deliver mental health interventions that reflect MHSA consensus-developed vision and values.
2. Facilitate understanding of the MHSOAC's vision, policies and component-specific priorities by all who plan and implement and evaluate MHSA programs, including the state, counties, agencies, partners, participants and stakeholders
3. Provide technical assistance or expertise necessary to plan, implement and evaluate MHSA components, including ensuring that local planning reflects community priorities.
4. Develop and facilitate the capacity of counties to teach, learn and share information, best practices and "lessons-learned" with each other, the MHSOAC and other partners, participants and stakeholders.
5. Provide a clearinghouse for exchange of relevant information and a library to house historical archives of MHSA activities and "lesson's learned."
6. Develop capacity for traditional and non-traditional mental health partners, agencies or systems to participate and help lead the transformation of the mental health system through the MHSA.

The MHSOAC's statewide training and technical assistance activities should seamlessly blend with any and all previously mandated training and technical assistance activities, including PEI Statewide Training and Technical Assistance and Capacity Building for Partners²; and may work collaboratively in conjunction with training done by other MHSA stakeholders, partners and participants.

² (See box) PEI Statewide Training and Technical Assistance Policy; adopted by MHSOAC Jan 26, 2007.

***PEI Statewide Training, Technical Assistance, and Capacity Building for Partners**
Statewide set aside for PEI training and technical assistance of \$6,000,000 annually up until the implementation of the MHSA Integrated Plan. The goal of statewide training and technical assistance is to improve the capacity of partners outside of the mental health system, i.e. education, primary health care, law enforcement officers, primary care providers, to assist in prevention and early intervention efforts. Statewide training and technical assistance will serve as an incentive for counties to improve their strategies in addressing the five priority impact areas of PEI (reducing disparities, addressing trauma, and addressing the emotional/ behavioral/mental health needs of children and youth, reduction of stigma and discrimination, and suicide prevention), not a requirement. 2