

POLICY PAPER: Accountability

Mental Health Services Oversight and Accountability Commission (MHSOAC)
Focusing on Oversight, Accountability and Evaluation
July 20, 2010

Commission Action

The MHSOAC is broadening its focus from Mental Health Services Act (MHSA) implementation and county plan review and approval to full scale program evaluation.

Background

Proposition 63, now called the Mental Health Services Act (MHSA), became effective in 2005. The MHSA, funded through a 1% tax on personal income over \$1 million, is intended to expand access to effective mental health services.

The MHSA requires Counties to prepare three year plans with annual updates:

- Community Services and Supports (CSS)
- Capital Facilities and Technological Needs (CFTN)
- Workforce Education and Training (WET)
- Prevention and Early Intervention
- Innovation

The counties' plans provide services for individuals throughout the life cycle:

- Children
- Transition-Age Youth
- Adults
- Older Adults

The MHSA Invests in six specific program areas:

- Prevention and Early Intervention: New county prevention and early intervention programs to help persons showing early signs of a mental illness receive treatment quickly before their illness becomes more severe.
- Community Services and Supports: Funding for counties to expand programs to provide recovery and resiliency based services to individuals with serious mental illness and their families.
- "Innovation" Programs: New county programs to experiment with ways to improve access to mental health services, including access for unserved and underserved groups, to improve program quality, or to promote interagency collaboration in the delivery of services to clients.
- Mental Health Workforce: Education and training, including stipends, loan forgiveness, scholarship programs, and other efforts to (1) address existing shortages of mental health staffing in county programs and (2) help provide

the additional staffing that would be needed to carry out the program expansions proposed in this measure.

- Capital Facilities and Technological Needs: A new program to allocate funding to counties for technology improvements and capital facilities needed to provide mental health services.
- Administration: The MHSA permits up to 5 percent of the funding transferred into the Mental Health Services Fund to be used to offset state costs for implementation.

Mental Health Oversight and Accountability

The MHSOAC was created with the passage of Proposition 63 with two primary roles: 1) review and/or approval of local MHSA funding requests and 2) ensure oversight and accountability of the public community mental health system, including the significant investment in mental health by Californians through the MHSA.

State level responsibility for policy development, implementation support, oversight and accountability are shared among three entities—the California Department of Mental Health (DMH), the California Mental Health Planning Council (CMHPC) and the MHSOAC.

The initial focus of the MHSOAC was on the responsible implementation of expanded services consistent with the values included in the statute. Critical initial state and local implementation steps have been made. The MHSOAC will now broaden its focus and resources from implementation issues such as County Plan reviews and public participation strategies to broad program accountability. Evaluation efforts focusing on outcomes are essential to this transition.

Counties, with their stakeholders, are responsible for design and implementation of public community mental health services, including evaluation of projects at the local level. State level evaluations will incorporate local level evaluations to contribute to development of a statewide picture.

MHSOAC Increases Focus on Evaluation

Through its statewide evaluation efforts, the MHSOAC will strive to ensure to the California taxpayers that the use of state public funds for mental health will result in efficient investments at the local and state levels, as well as demonstrating effective outcomes/impacts.

MHSOAC principles for evaluation:

- Methodologically sound
- Consistent with MHSA objectives and meaningful to consumers and families
- Culturally competent
- Produces timely and consistent data reports
- Contributes to development of knowledge and competence

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- Prioritizes use of existing information

The MHSOAC has a keen interest in evaluating how funding for mental health has been used, what outcomes those investments have had and how to improve to maximize positive outcomes. Current status, trends and gaps will be identified. Information developed will be put in the context of larger economic, demographic and other critical issues outside of the public community mental health system that may impact results. An analysis of the quality and timeliness of data used will be addressed. As in all aspects of the implementation of the MHSA, the MHSOAC values effective input from individuals with lived experience and their families and other stakeholders in ensuring oversight and accountability.

The following are examples of the core questions that should be addressed in depth:

- 1) How has the money been used?
 - a) Who received services?
 - b) What services have been provided?
 - c) Has the money been spent consistent with requirements and approved plans?
- 2) What has been the impact of investments in mental health?
 - a) What are the outcomes for individuals receiving services and their families?
 - b) What changes have been made in the public mental health system?
 - c) What has been the impact in the community?
- 3) What could be done to improve efficiency and effectiveness of investments?
 - a) What are best/promising practices?
 - b) What are ongoing gaps/challenges?

The MHSOAC is committed to an approach of continuous evaluation, learning from and building upon evaluations that have been completed. The approach will be focused on quality improvement.

Next Steps in Evaluation

In leading evaluation efforts, the MHSOAC will design studies that are based on achieving the outcomes outlined in the MHSA. The MHSOAC will work with DMH who collects and analyzes data, and CMHPC who approves outcomes.

The MHSOAC has completed Phase I, the initial evaluation effort. This phase included: 1) developing a concept paper, 2) obtaining and compiling broad input on evaluation priorities and existing efforts, 3) reviewing what data currently exists, and 4) recommending a design for the evaluation to be completed with available resources.

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The competitive process to select an evaluator for Phase II is expected to be completed by the end of 2010.

- October 2010 – Request for Proposal to be released
- January 2011 – Award contract
- May 2011 – Initial Product
- June 2013 – Final product
- The MHSOAC anticipates building upon each progressive evaluation phase. The process for considering future evaluations has begun. The MHSOAC will continue to collaborate with its mental health system partners through the Evaluation Committee to establish future evaluation priorities.