



Proposed MHSOAC 2011 Work Plan Priorities and Tasks

1. Continue to Implement Accountability Framework (Evaluation Committee)

- Continue to develop the framework for the initial PEI and INN evaluations and ongoing MHSOAC evaluations.
- Publish INN Trends Report/Evaluation.
- Administer Initial PEI Evaluation:
 - Update and disseminate 2009 PEI Trends Report,
 - Develop Scope of Work and RFP for Initial External PEI Evaluation, and
 - Begin Initial External PEI Evaluation.
- Ensure that deliverables for Phase 2 Initial MHSOAC Evaluation comply with RFP requirements which include documentation of activities and costs for all MHSOAC components (first report due June 2011), a report that measures the impact of the MHSOAC at client and system levels (first report due June 2011), and a report that summarizes and synthesizes existing evaluations and studies on the impact of MHSOAC (due December 2011)
- Develop and put RFP out to bid for Phase 3 MHSOAC Evaluation. (Dec. 2010/ Jan. 2011)
- Ensure that deliverables for Phase 3 evaluation comply with RFP requirements which include a cost benefit analysis (first report due December 2011) and impact of MHSOAC on client outcomes using participatory stakeholder research on MHSOAC values (two reports due Sept. 2011).
- Continue evaluation of counties' use of PEI Training, Technical Assistance and Capacity Building funds.
- Evaluate counties' reporting requirements.

2. Update and Align Current Plans with Knowledge Learned from Evaluations (MH Services Committee)

- Review/approve Annual Updates – all program components.
- Review/approve all remaining county plans for WET, INN and CFTN.
- Collaborate with DMH, CMHDA, stakeholders to develop and implement an Integrated Plan.

3. Address Period of Financial Volatility 2011 through 2014

(Funding and Policy Committee)

- Evaluate funding trends to determine when revenue growth will be restored.
- Evaluate possible changes to cash flow and reserves policy to bridge years with declining revenue. Collaborate with DMH to develop policies that effectively support management of the MHSF; sustain capacity and cash flow, i.e. prudent reserve and reversion policies.
- Post quarterly financial reports. Monitor Changes in Financial Framework and develop/collaborate on necessary policy changes.
- Evaluate local modification in uses of funding over time, to include but not be limited to redesign of programs; changes in providers, and maintenance of effort/supplantation.

4. Achieve Measureable Improvement in Reducing Stigma and Discrimination

(MH Services Committee)

- Review/approve PEI Statewide Programs plans in order to facilitate program implementation – (Services Committee):
 - Suicide Prevention,
 - Stigma and Discrimination Reduction, and
 - Student Mental Health Initiative
- Schedule CalMHSR Statewide Program work plan for Jan. 2011 Commission meeting.
- Develop PEI Statewide Reducing Disparities Project guidelines. (Services Committee with support from CLCC)

5. Envision Opportunities for Restored Financial Growth 2014 through 2019 and Assure Development of Policies that are Consistent with MHSR (Funding and Policy Committee)

- Champion reform of public mental health system improvement enabled by:
 - Federal Health Care Reform (HCR). Identify impact on behavioral health and the public mental health system and develop/collaborate on appropriate policies with partners and stakeholders.
 - Medicaid 1115 Waiver. Identify impact on behavioral health and the public mental health system and develop/collaborate on appropriate policies with partners and stakeholders.
 - Federal Mental Health Parity law. Determine how law will supersede provisions of California's mental health parity law and how it will impact behavioral health, service delivery and the public mental health system and develop/collaborate on appropriate policies with stakeholders.

- Work with Commissioners who are members of the legislature to convene an informational hearing regarding HCR, Medicaid 1115 Waiver and MH Parity. (January 2011)

6. Review MHSOAC Processes (CFLC and CLCC Committees)

Stakeholder Involvement

- Continue efforts to support public awareness/education.
 - Maximize communication via MHSOAC website.
- Schedule quarterly community outreach forums.
 - Report to Commission findings from forums (first quarter 2011)
- Develop Client and Family Driven Policy Paper that includes recommendations to increase client and family involvement and employment in mental health services (Jan. 2011)
- Review MHSOAC processes and make recommendations on how the Commission can more effectively ensure that the perspective and participation of individuals suffering from severe mental illness and their family members, including those from unserved and underserved communities, is a significant factor in all of the Commission's decisions and recommendations.