

MHSOAC Approach to Plan Review

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March 9, 2011**

The Mental Health Services Act (MHSA) requires that the Mental Health Services Oversight and Accountability Commission (MHSOAC) “annually review and approve each county mental health program for expenditures pursuant to Part 3.2 (commencing with Section 5830), for innovative programs and Part 3.6 (commencing with Section 5840), for prevention and early intervention” (Section 10, Part 3.7, 5846(a)). To fulfill this responsibility, the MHSOAC developed a consultative, collaborative approach to reviewing and approving counties’ Prevention and Early Intervention (PEI) and Innovation programs. The MHSOAC approach balances fast and efficient approval of MHSA funding while ensuring that county plans for PEI and Innovation programs meet DMH Guidelines and move the mental health system toward the changes mandated by the MHSA.

The MHSOAC adopted its policy regarding plan review and approval (Innovation and PEI) and comment (Community Services and Supports, Workforce Education and Training, Capital Facilities and Technological Services) June 4, 2007 [Attachment 1]. A team of four staff mental health specialists and their supervisor, with support from the MHSOAC consulting psychologist, conduct plan review and approval; in addition, Plan Review staff work on many other aspects of oversight and accountability, including drafting guidelines and regulations, tracking data about program trends and highlights, researching and writing policy papers, consulting with counties regarding program updates and implementation, supporting MHSOAC committees, and writing documents for various audiences. In addition, Plan Review staff supports all aspects of statewide PEI projects. Collectively, MHSOAC devotes the equivalent of approximately 3 FTEs to plan review and approval activities, including all TA associated with counties’ development of work plans. Commissioners devote approximately 15 minutes of every 8-hour monthly meeting to approving counties’ PEI and Innovation plans and funding. In addition, the MHSOAC Services Committee spends time at each of its meetings assessing issues and trends that are emerging from MHSOAC plan review.

It is surely not an accident that the MHSA gives authority for plan review and approval of PEI and Innovation to the MHSOAC, which represents the broad scope of community investment in mental health. These two areas of the MHSA are most different from the pre-MHSA focus of California’s public mental health system and require the greatest change from “business as usual.” It is also not surprising that the MHSOAC approach to plan review differs in a number of respects from previous approaches to state-level review and approval of funding.

MHSOAC emphasizes the following principles and practices as it reviews and approves counties’ PEI and Innovation work plans. This description describes the theory and my understanding of the MHSOAC approach to plan review and approval. The extent to which this theory is shared by current Commissioners is

unknown and by and applied consistently by staff working on plan review and approval varies. Only three sitting Commissioners and two MHSOAC staff members (including the author) served on or worked for the MHSOAC when it adopted the current approach to plan review and approval.

1. *Get the Money Out:* The MHSOAC established this principle as one of its most important priorities. The MHSOAC's success in meeting its efficiency standard is demonstrated by an average of 26.03 business days between counties' submission of Innovation Work Plans and MHSOAC approval.
2. *Review tools based on Guidelines:* PEI and Innovation review tools, which the MHSOAC approves, reiterate the language of DMH Guidelines (in the absence of approved regulations), focusing on Guideline language that is the most relevant to the MHSOAC and to MHSOAC policy guidance. Generally, review team members do not discuss each item in the review tool and instead identify any significant Guideline issues that require changes or clarification, note strengths, and offer "friendly feedback" for counties to consider with no response required. The input of reviewers is consultative. MHSOAC staff members follow up with counties if additional information or changes are required. For Innovation, the average time between MHSOAC feedback and the county's return of the final plan is 3.65 business days.
3. *Expertise of diverse reviewers:* MHSOAC review teams include consultants with expertise derived from their experience as mental health clients and family members, as well as subject matter experts (PEI) and cultural competency experts. Review team members are selected based on their expertise, not as representatives of particular organizations or constituencies.
4. *Consultation and technical assistance (TA) to counties:* MHSOAC staff members consult with counties as they prepare their work plans, and also support the California Institute of Mental Health (CIMH) in its TA to counties. MHSOAC consultation focuses on helping counties meet and articulate their community-defined goals and priorities to create plans that are consistent with DMH Guidelines and MHSOAC principles. These plans are also sources of peer learning and support among counties. As of 3/7/2011, MHSOAC staff had directly supported 41 counties regarding their Innovation work plans (35 prior to initial plan submission) and supported many counties for PEI. [Examples of MHSOAC TA materials for counties are included as Attachment 2.]
5. *Flexibility for diverse counties:* Counties differ greatly in their size, geography, demographics, priorities, and resources. A one-size-fits-all is neither useful nor appropriate. MHSOAC plan review celebrates the wide range and creativity of counties' applications of MHSOAC principles in their PEI and Innovation programs.
6. *Learning and development:* One of the most important principles of MHSOAC plan review is a focus on learning by everyone involved. Counties, including the residents who contribute so generously to planning MHSOAC programs, are

experts in their needs and in their resourceful responses to these needs. Counties differ in their development of implementing the MHSA's vision of a strengthened mental health system focused on recovery, prevention, wellness, self-determination, social connections, consumer-operated services, and partnerships among diverse community organizations and sectors, among other variables. .MHSOAC supports counties to take a next step toward the transformation that the MHSA envisions.

7. *Outcomes:* PEI and Innovation Guidelines require programs that bring about mental health outcomes. MHSOAC plan review focuses on ensuring that clear, articulated outcomes form a foundation that supports the Commission's commitment to system-wide evaluation of the MHSA's impact.
8. *Appreciation:* Diverse Californians, especially people facing mental illness and their families, have made extremely significant contributions to planning MHSA programs. Dedicated and resourceful county staff, including a wide range of organizations and service sectors that contribute to the mental health of communities, have also worked tirelessly to implement the MHSA. These contributions are the more notable because of the climate of economic stress, including significant funding reductions and increased demands. The MHSOAC approach to plan review is based on profound gratitude and respect for these leaders and teachers.

Success regarding the quality standard is illustrated by the attached Innovation Learning Chart [Attachment 3]; to date, 31 counties have developed 86 Innovation programs, all with the potential to demonstrate new mental health practices in the areas prescribed by the MHSA: to increase the quality and outcome of services, improve access especially to underserved groups, and improve inter-agency collaboration. The MHSOAC has approved PEI plans from all 58 California counties [PEI Trends Report is included as Attachment 4]. These PEI programs intend to serve individuals and families across the lifespan, offer activities in accessible locations, conduct outreach and feature programs to reach diverse Californians currently un-served or underserved by the mental health system, and increase capacity to identify people with early indications of a mental health problem and connect them to appropriate services and treatment. The real measure of the quality and value of these programs will be the outcomes they produce: for individuals and families, service delivery, and the larger community.

There are advantages and disadvantages, with varying perspectives on each, to the MHSOAC approach to plan review. Here are a few possibilities:

Feature	Advantage	Disadvantage
Get the Money Out	Balances efficiency with quality	Plan review and approval takes time
Expertise of Diverse Reviewers	Adds value of diverse expertise to development	Requires staff time to utilize diverse feedback

	of programs	effectively Requires staff with expertise in facilitation and capacity to differentiate substantive Guideline issues
Consultation and Technical Assistance	Adds value (conception of programs, potential of programs to be evaluated) Supports local priorities Improves written description (value to public and to counties for peer learning)	Requires extensive staff time Requires staff with expertise in mental health PEI and innovation programs and evaluation Requires scarce county staff time to write plan and sometimes to improve program conception and description
Flexibility for Diverse Counties and Learning and Development	Essential, given great differences among counties Relational approach enhances mutual learning	More subjective, less quantified
Appreciation	Essential	Important to stay open to weaknesses, limits, disadvantages, and opportunities for growth and improvement

With realignment 2011, it has been proposed to amend the MHSA so that neither MHSOAC nor the Department of Mental Health will review and approve county MHSA programs for expenditures. The MHSOAC in February 2011 adopted principles that reiterated that “the MHSOAC has established policy and broadened its focus from MHSA implementation and county plan review and approval to full scale evaluations of outcomes, cost effectiveness, and indicators. Resources are being developed to focus on outputs rather than inputs” [MHSOAC Principles Regarding Governor’s Proposed Fiscal Year (FY) 2011/12 Budget Impact on Mental Health Services Act (MHSA) February 16, 2011, Attachment 5]. The Commission’s focus on evaluation provides the opportunity to assess outcomes of programs approved by the MHSOAC under the review and approval approach described with outcomes of programs funded directly to counties without plan review and approval.