



# **Mental Health Services Act (MHSA) Training and Technical Assistance (T/TA) Framework**

## **Rationale and Goals**

The MHSA, including referenced legislation for Adult and Children’s Systems of Care, identifies community, program/system, and individual/family outcomes for the public mental health system. Manifesting the vision of the MHSA and bringing about these outcomes requires that the individuals who work in myriad roles within the public mental health system have the supports they need to achieve the outcomes specified in the MHSA, including T/TA when appropriate.

## **Mental Health Services Oversight and Accountability Commission (MHSOAC) Role in Training/Technical Assistance**

Supporting California counties, including their community partners, clients, stakeholders, and contractors, to plan, implement, and evaluate mental health services and use evaluation data for quality improvement is an important part of the MHSOAC’s responsibility for oversight and accountability of the public mental health system. AB 100, signed by Governor Jerry Brown on March 24, 2011, states that the MHSOAC “may provide technical assistance to any county mental health plan as needed to address concerns or recommendations of the commission or when local programs could benefit from technical assistance for improvements of their plans.” Additionally, statute states that the MHSOAC may participate in the joint state-county decision making process for training and technical assistance to meet the mission and goals for the state’s mental health system. While there may be occasions when counties request assistance from the MHSOAC for plan development, a key role of the MHSOAC is to coordinate effective use of T/TA resources.

## **Definitions**

There are many definitions of T/TA; this paper offers the following:

*Training:* structured educational and supportive activities intended to accomplish defined learning goals and to develop, improve, and enhance participants’ knowledge, skills, and role performance.

*Technical assistance:* targeted, customized support in response to a request to address specific questions or challenges. Technical assistance can include peer-to-peer mentoring, coaching, and consultation. Though generally technical assistance is brief, levels, intensity, scope, and duration vary.

In the context of this paper, both training and technical assistance are intended to improve the performance of individuals, programs, and the public mental health system.

## **Outcome-Driven Oversight and Accountability**

Establishing priorities and policies to connect T/TA with creating positive mental health outcomes is a key task for the MHSOAC Services Committee. An outcomes framework

for T/TA is consistent with the MHSOAC's November 2010 policy paper, "Accountability through Evaluative Efforts Focusing on Oversight, Accountability and Evaluation." The policy states,

Through its statewide evaluation efforts, the MHSOAC will strive to assure California taxpayers that the use of state public funds for mental health services will result in efficient investments at the local and state levels which achieve effective outcomes for consumers and positive community impacts. The MHSOAC is committed to an approach of continuous evaluation, learning from and building upon each progressive completed evaluation. The approach will be focused on quality improvement.

A results-focused approach to T/TA is also consistent with the AB 100 Work Group's Report,<sup>1</sup> adopted by the MHSOAC in May 2011, which recommended that "the MHSOAC should focus on technical assistance related to identified outcomes and indicators consistent with the MHSA evaluations."

## **T/TA Outcomes**

The MHSOAC's emphasis on evaluation and quality improvement suggests the following intended outcomes for its oversight of T/TA:

1. Counties, including their community partners, clients, stakeholders, and contractors, have the necessary supports to develop or enhance knowledge, skills, and resources to plan, implement, evaluate, and improve services.
2. T/TA resources are prioritized to support outcomes that the MHSA specifies, particularly program and system outcomes.
3. T/TA are coordinated.
4. T/TA are accessible to the broad range of county participants who can make use of it to strengthen the public mental health system.
5. Effectiveness of T/TA is evaluated, including its impact on participants' knowledge, skills, and/or practice (training) and the extent to which its stated goal was achieved (technical assistance).
6. Results of evaluations of T/TA are used to improve the delivery of T/TA.

## **Principles for T/TA**

The AB 100 Work Group Report recommended that the MHSOAC ensure that statewide T/TA include

1. What counties want,
2. What clients, family members, unserved and underserved communities, and providers believe counties/programs need, and

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<sup>1</sup> Executives of organizations with responsibilities designated in the MHSA – the MHSOAC, Department of Mental Health, California Mental Health Planning Council, and California Mental Health Directors Association – and statewide organizations who represent people with serious mental illness and their family members – Network of Mental Health Clients, the National Alliance for the Mentally Ill, California Mental Health Association, and United Advocates for Children and Families – met from March through May 2011 to develop recommendations for implementing AB 100, including the provisions regarding the MHSOAC responsibility for T/TA. Please refer to Attachment 1 for a summary of their recommendations.

3. What supports positive program outcomes based on research.

Consistent with these overarching approaches, the Services Committee might consider recommending to the MHSOAC the following MHSA T/TA principles:

- T/TA reflect and embody, as well as advance, principles and practices articulated in the MHSA.
- Asset-based T/TA build on the knowledge and skills of county trainees as well as addressing their self-defined needs and priorities.
- T/TA utilize best practices in the field and are learner-centered, consistent with principles of adult learning.
- Design and delivery of T/TA is collaborative and reflects diverse perspectives and multiple opportunities to contribute.<sup>2</sup>
- T/TA provide people implementing the MHSA opportunities to share resources, information, best practices, and “lessons-learned” with each other and with the larger mental health community.
- T/TA reflects the expertise that comes from lived experience of mental illness and of providing and receiving services, as well as from study and research.
- T/TA are structured to link practice, theory, research, and experience. New statewide T/TA activities complement and build on existing effective T/TA assistance activities; duplication of effort is avoided.
- T/TA are responsive to and contribute to quality improvement.
- T/TA support a statewide community of practice and learning that contributes to excellence in public mental health services.

### **Possible Priorities for Action**

The following are possible priorities for action:

1. Support counties’ capacity to conduct meaningful evaluation of MHSA.
2. Provide oversight to the state entity that contracts with CIMH or other selected contractors for statewide T/TA related to the public mental health system.
3. Participate in CiMH’s work group to develop T/TA that meets the mission and goals for the state’s mental health system.
4. Support creation of an integrated statewide MHSA Clearinghouse for T/TA resources and a library to house historical archives of MHSA activities and “lesson’s learned.” Ensure broadest availability of rich array of MHSA resources developed by counties, communities, and T/TA organizations.
5. Assess and disseminate information regarding counties’ use of PEI funds for T/TA, with focus on statewide impact and contribution of “local training expertise.”

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<sup>2</sup> It is, for example, important to work in collaboration with the California Mental Health Planning Council, to whom the MHSA assigns responsibility for approval of five-year plans for training and development of the public mental health workforce and to review program performance for public mental health services. It is also important to work with the T/TA advisory group mandated by WI Code 4050-406a.

6. Compile and communicate information about effective training and adult learning, including cross-cultural perspectives.
7. Work with Evaluation Committee to support counties to evaluate new practices they are developing through Innovative Programs; support counties to implement and disseminate successful Innovation Programs.

## **Conclusion/Recommendations**

We invite the MHSOAC Services Committee to

1. Recommend a framework to guide MHSOAC decisions regarding T/TA.
2. Recommend priorities and specific next steps for how MHSOAC can best support effective statewide T/TA that most efficiently leads to the outcomes, principles, and practices specified in the MHSA.