



Mental Health Services Oversight and Accountability Commission



2011 Work Plan
November 18, 2010

Larry Poaster, Chair



MISSION

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. The MHSOAC holds public systems accountable and provides oversight for eliminating disparities, promoting mental wellness, recovery and resiliency, and ensuring positive outcomes for individuals living with serious mental illness and their families. The Commission recommends policies and strategies to further the vision of transformation and addresses barriers to system change, as well as provides oversight to ensure funds are spent true to the intent and purpose of the MHSA.





MHSOAC 2011 Work Plan Priorities and Tasks

1. Continue to Implement Accountability Framework
2. Update and Align Current Plans with Knowledge Learned from Evaluations
3. Address Period of Financial Volatility 2011 through 2014
4. Achieve Measureable Improvement in Reducing Stigma and Discrimination
5. Envision Opportunities for Restored Financial Growth 2014 through 2019 and Assure Development of Policies that are Consistent with Mental Health Services Act (MHSA).
6. Review MHSOAC Processes

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Priority 1: Continue to Implement Accountability Framework-Evaluation Committee and Workgroup

- Continue to develop the framework for the initial Prevention and Early Intervention (PEI) and Innovation (INN) evaluations and ongoing MHSA evaluations.
- Publish INN Trends Report/Evaluation.
- Chair will select members from appropriate committees to establish a workgroup.



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**Priority 1: Continue to Implement Accountability Framework-
Evaluation Committee (cont'd)**

- 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.

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**Priority 1: Continue to Implement Accountability Framework -
Evaluation Committee (cont'd)**

- Developed Request For Proposal for Phase 3
MHSA Evaluation (December 2010).

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Priority 1: Continue to Implement Accountability Framework Evaluation and Funding Committees (cont'd)

- Continue oversight of counties' use of PEI Training, Technical Assistance and Capacity Building funds.
- Evaluate counties' reporting requirements.

Priority 2: Update and Align Current Plans with Knowledge Learned from Evaluations - MHSOAC Services Committee and Workgroup (cont'd)

- Review/approve all county plans for PEI and INN.
- Review/comment all remaining county plans for other MHSA components.
- Review service trends and MHSA program implementation policies.
- Collaborate with DMH, CMHDA, stakeholders to develop and implement an Integrated Plan.

Priority 2: Update and Align Current Plans with Knowledge Learned from Evaluations - MHSOAC Services Committee and Workgroup (cont'd)

- Establish an annual report highlighting examples of “Transforming the Mental Health system through Integration”.
 - MHSOAC will work with DMH and Alcohol and Drug Programs to ensure that MHSOAC guidelines support flexible funding to allow development of integrated programs.
- MHSOAC will work with partners to develop a clearinghouse to disseminate “best practice” programs and training for COD.
- Chair will select members from appropriate committees to establish a workgroup.

Priority 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.
- Evaluate prudent reserve and reversion policies.
- Identify administrative solutions to innovation reversion.

**Priority 3: Address Period of Financial Volatility
2011 through 2014 - Funding and Policy Committee (cont'd)**

- Post quarterly financial reports. Monitor Changes in Financial Framework and develop/collaborate on necessary policy changes.

- Oversight of local modification in use of funding over time, to include but not be limited to redesign of programs; changes in providers, and maintenance of effort/supplantation.

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**Priority 4: Achieve Measureable Improvement in Reducing Stigma
and Discrimination - MHSOAC Services Committee**

- Review/approve PEI Statewide Programs plans in order to facilitate program implementation:
 - Suicide Prevention,
 - Stigma and Discrimination Reduction, and
 - Student Mental Health Initiative

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Priority 4: Achieve Measureable Improvement in Reducing Stigma and Discrimination – MHSOAC Services Committee and Workgroup (cont'd)

- Schedule CalMHSA Statewide Program work plan for January 2011 Commission meeting.
- Develop PEI Statewide Reducing Disparities Project guidelines. (Services Committee with support from CLCC and CFLC)
- Chair will select members from appropriate committees to establish a workgroup with a specific charge and timeframe.

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Priority 5: Envision Opportunities for Restored Financial Growth 2014 through 2019 and Assure Development of Policies that are Consistent with MHSA – 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.



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Priority 5: Envision Opportunities for Restored Financial Growth 2014 through 2019 and Assure Development of Policies that are Consistent with MHSA - Funding and Policy Committee (cont'd)

- 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)

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Priority 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)



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Priority 6: Review MHSOAC Processes - CFLC and CLCC Committees (cont'd)



Stakeholder Involvement

- Develop Client and Family Driven Transformation Policy Paper that includes recommendations to increase client and family involvement and employment in mental health services (January 2011).

Priority 6: Review MHSOAC Processes-CFLC and CLCC Committees (cont'd)

Stakeholder Involvement

- 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.



Proposed Timeframes

1. 2011 election - completed
2. Committee Membership Recruitment - November 2011
3. Commission Confirms Committee Membership - December 2010/January 2011
4. Commission Adopts Committee Charters - January 2011
5. MHSOAC Chair transfer of authority- January 2011



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Motion for MHSOAC

Proposed Motion:

The Commission adopts the MHSOAC 2011 Work Plan.

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