



Mental Health Services Act (MHSA) Technical Assistance and Training (T/TA) (May 25, 2011)

Rationale and Goals

The MHSA, including referenced legislation regarding Adult and Children’s Systems of Care, identifies community, program/system, and individual/family outcomes for the public mental health system (Attachment 1). The fundamental changes in services and systems that will bring about these outcomes require that the individuals who work in myriad roles to manifest the vision of the MHSA become practice leaders with the best possible knowledge, skills, and behavior. Coordinated statewide T/TA is essential to help ensure that Californians leading, planning, facilitating, delivering, and evaluating mental health services maximize their effectiveness. This T/TA must include robust opportunities for peer learning.

AB 100 (Attachment 2), amended by the California State Senate on March 14, 2011 and signed by Governor Jerry Brown on March 24, 2011, states that the Mental Health Oversight and Accountability Commission (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.”¹

Outcome-Driven Oversight and Accountability

Establishing priorities and policies to assure that T/TA contribute most effectively to 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,

¹ 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 provision regarding the MHSOAC responsibility for T/TA. Please refer to Attachment 3 for a summary of their recommendations, which confirmed recommendations provided to them from MHSOAC staff and are consistent with the recommendations in this paper.

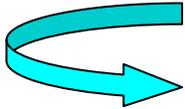
Through its statewide evaluation efforts, the MHSOAC will strive to assure California taxpayers that the use of state public funds for mental health services will result in efficient investments at the local and state levels which achieve effective outcomes for consumers and positive community impacts. 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.

This MHSOAC's emphasis on evaluation and quality improvement suggests these priorities for its oversight of T/TA, to ensure that:

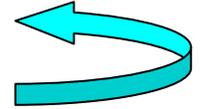
1. T/TA resources are prioritized to support the outcomes that the MHSA specifies for state/communities and for individuals with and at risk of serious mental illness and their families. (Please refer to Attachment 1 for examples.)
2. An immediate and primary aim of T/TA is to increase people's capacities to deliver, administer, and evaluate mental health services and supports consistent with MHSA values and practices (service/system outcomes). The MHSA specifies principles and practices by which public mental health services will be delivered. These practices can be viewed both as service/system outcomes and as essential strategies that contribute to positive individual/family and community/statewide outcomes. (Please refer to Attachment 1 for examples.)
3. T/TA increases the capacity of counties and their community partners to conduct outcomes-focused evaluations and contribute to statewide evaluation of MHSA-funded services.
4. The results of statewide evaluation of MHSA programs are applied to improve service delivery, directly informing T/TA priorities and practices.
5. T/TA is delivered with excellence, consistent with best practices for adult learning.

T/TA Priorities to Support Oversight and Accountability

The following chart illustrates the public mental health service pathway from community planning through mental health outcomes, including the mandate to utilize evaluation results to improve practice. The horizontal axis of the chart is a logic model for MHSA implementation with an embedded quality improvement loop. The chart's vertical axis illustrates possible realms and actions of oversight and accountability, of which support in the form of T/TA is an essential component. The chart highlights key points along the service delivery continuum that might benefit from T/TA: community planning and decision-making, implementing and running programs, evaluating programs, and utilizing evaluation results to improve practice.



→Counties→ ↓State Oversight↓	Community Planning/ Decisions	Write/ Approve Plan	Implement/ Run →	Outcomes	Evaluate	Report	Use Evaluation Results
Create/contribute to/apply policies							
Review, Approve, Comment							
Fund							
Track							
Monitor							
Support - T/TA	X		X		X		X
Evaluate; Assess State Impact							
Use Evaluation Results							
Communicate							



Other Possible MHSOAC Contributions to T/TA

The following are examples of ways that the MHSOAC, especially through its Services Committee and in close collaboration with its Evaluation Committee, might contribute to statewide T/TA by ensuring that:

- Planning and decisions regarding T/TA is collaborative and reflects diverse perspectives, including but not limited to input from people with and at risk of serious mental illness and their families, representatives of communities unserved and underserved by the public mental health system, and mental help providers (formal and informal)²
- People with and at risk of serious mental illness, including people from diverse communities, take leading roles in designing, delivering, and evaluating T/TA activities
- T/TA reflects and is accessible to diverse participants, including people not traditionally considered part of mental health delivery: diverse individuals with and at risk of serious mental illness and their family members and caretakers; community service providers (formal and informal); and leaders, providers, and clients within related service sectors such as primary care, social services, education, law enforcement, youth and senior programs, senior housing, faith communities, and arts
- New statewide T/TA activities complement and build on existing effective T/TA assistance activities; duplication of effort is avoided
- The focus of T/TA balances self-defined needs of county staff and other trainees, customers' (people with and at risk of serious mental illness and their family members) priorities, and guidance from research about best practices that support positive MHSA-specified outcomes
- People implementing the MHSA share resources, information, best practices, and "lessons-learned" with each other and with the larger mental health community; opportunities for peer learning are robust and accessible
- T/TA reflects and embodies, as well as advances, principles and practices articulated in the MHSA
- Strength-based T/TA builds on the knowledge and skills of trainees
- T/TA advances the expertise that comes from lived experiences as well as from study and research

² 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 (Attachment 4).

- T/TA is coordinated and progressive, with a coherent method to assess statewide progress and advance steadily toward outcomes
- T/TA supports integration of public mental health system, including capacity of various MHSA components to work together cohesively to bring about mental health outcomes
- Structural and other changes (organizational and system capacity, policies, supervision, leadership, culture, and other factors) support the learning that occurs through T/TA
- Training for trainers enhances statewide teaching and learning capacity

Possible Priorities for Action

1. Support Evaluation Committee to identify priority MHSA outcomes, in coordination with those already identified and adopted for CSS; identify the associated attitudes, knowledge, skills, behavior, and structural supports necessary to bring about these priority outcomes
2. Conduct needs and gap analysis to determine where to prioritize resources to advance MHSA outcomes
3. 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.
4. Support counties’ capacity to conduct meaningful evaluation of MHSA
5. Assess and disseminate practical information regarding counties’ use of PEI funds for T/TA, with focus on statewide impact and contribution of “local training expertise”
6. Compile and communicate information about effective training and adult learning, including cross-cultural perspectives
7. Support counties to evaluate new practices they are developing through Innovative Programs and implement and disseminate those that are successful
8. 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

Conclusion/Recommendations

We invite the MHSOAC Services Committee to

1. Adopt a policy 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.