

# Mental Health Services Oversight and Accountability Commission



WELLNESS • RECOVERY • RESILIENCE

**Dr. Victor G. Carrion, Chair**

**John Buck, Vice-Chair**

## 2015 Work Plan Summary

The Mental Health Services Act (MHSA) supports and encourages system-wide change in California's public community mental health system that transforms the State's prevention of and response to mental illness and promotes wellness, recovery, and resilience. The Mental Health Services Oversight and Accountability Commission's 2015 work plan includes a focus on building a statewide data infrastructure to support statewide evaluations and to promote continuous improvement in the quality of California's Mental Health System. The work plan also focuses on communicating to all Californians the services and outcomes of Proposition 63.

## MHSOAC Vision

Right care, right time, and right place for all individuals, children and families at risk for or living with mental illness.

## MHSOAC Mission

Provide vision and leadership, in collaboration with government and community partners, clients, and their family members, to ensure Californians understand mental health is essential to overall health. The MHSOAC holds public mental health 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.

## Priorities for the MHSOAC 2015 Work Plan:

**Priority 1:** Evaluate the effectiveness of services being provided in the State's 58 counties and achievement of outcomes described within the MHSA and as interpreted by the Commission

**Priority 2:** Exercise an active leadership role in policy development, including visits to State's programs that have technological or other challenges or those programs that may be models for scaling up. Develop innovative approaches for assistance and/or dissemination

**Priority 3:** Ensure MHSA funding and services comply with relevant statutes and regulations

**Priority 4:** Ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of the Commission's decisions and recommendations

**Priority 5:** Collect and track data and information

**Priority 6:** Facilitate and provide relevant and effective support, including training and technical assistance

**Priority 7:** Communicate effectively the statewide impact of the MHSA with a strategic marketing campaign and dedicated funding

**Priority 8:** Promote and implement strategies that overcome the stigma and discrimination associated with mental illness by executing a strategic marketing campaign with dedicated funding

## **PRIORITY 1:**

### **Evaluate the effectiveness of services being provided in the State's 58 counties and achievement of outcomes described within the MHSA and as interpreted by the Commission**

- A. Continue implementation of the MHSOAC Evaluation Master Plan, including evaluation activities identified during annual prioritization process
  - 1) Revisit and use the Evaluation Master Plan prioritization process
  - 2) Begin implementing all evaluations prioritized for Fiscal Year (FY) 2015-16
  - 3) Evaluate and finalize Innovation (INN) evaluations
  - 4) Strengthen and support Client and Services Information (CSI) data collection and reporting
  - 5) Refine the measurements of existing indicators and develop a process for adding other indicators for Community Services and Support (CSS) as well as Prevention and Early Intervention (PEI), INN, Capital Facilities and Technological Needs (CF/TN) and Workforce Education and Training (WET)
  - 6) Determine effectiveness of methods for engaging and serving Transitional Age Youth (TAY) clients
  - 7) Develop a system to track, monitor, and evaluate CSS services
  - 8) Develop PEI evaluation framework with a focus on integration with the treatment continuum
  - 9) Describe and catalogue PEI programs for fiscal years prior to adoption of PEI regulations
  - 10) Determine the status of county efforts to evaluate one PEI project (per current PEI Guidelines), and summarize and publicize outcomes from those local PEI evaluations in order to demonstrate the impact of the PEI component
  - 11) Determine outcomes of selected "clusters" of PEI programs
  - 12) Determine the effectiveness of selected programs for older adults
  - 13) Determine the scope of use and effectiveness of evidence based practices for children and their families
  - 14) Develop a useful and meaningful classification of Full Service Partnership (FSP) programs
  - 15) Evaluate the extent of and variation in recovery orientation of programs
  - 16) Develop a feasibility study report or advanced planning document to evaluate the Department of Health Care Services (DHCS) Behavioral Health Data Systems
- B. Collaborate with the California Mental Health Planning Council (CMHPC) for evaluation tasks requiring coordinated effort

- C. Collaborate with the DHCS on performance outcomes for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- D. Review Annual Updates, Three-Year Program Expenditure Plans, and Annual Revenue and Expenditure Reports for potential implications for evaluation purposes and opportunities to strengthen data for evaluation purposes
- E. Assess cumulative statewide impact of triage personnel grants.
- F. Develop an evaluation framework for assessing disparities in access to care statewide
- G. Conduct additional evaluation of Community Program Planning processes
- H. Develop and implement a process for assessing the efficacy of the MHSOAC's oversight and accountability strategies
- I. Use evaluation results to identify the successes and challenges of mental health programs

## **PRIORITY 2:**

**Exercise an active leadership role in policy development, including visits to programs that have technological or other challenges or those programs that may be models for scaling up. Develop innovative approaches for assistance and/or dissemination**

- A. Work with the Office of Administrative Law to finalize PEI and INN Regulations
- B. Consult with the DHCS on all other MHSA regulations
- C. Develop policy recommendations that emerge from community forums and evaluation findings
- D. Review Annual Updates and Three-Year Program and Expenditure plans for possible policy implications
- E. Participate in Peer Certification process
- F. Monitor the Federal Affordable Care Act (ACA) implementation for the incorporation of integrated care and development of an integrated accountability system
  - 1) Review and determine role in policy development for ACA
- G. Monitor activities in the Legislature for opportunities to advise the Administration and Legislature on actions to improve care and services for people with mental illness
- H. Participate in state and federal mental health activities, such as the White House National Conference on Mental Health and DHCS Behavioral Health Forum
- I. Strengthen fiscal reporting related to MHSA and other public mental health expenditures via policy revisions (e.g., strengthening of Annual Revenue and Expenditure Reports)

- J. Collaborate with DHCS, counties and MHSOAC Fiscal Consultant on county reporting and modify the current Annual Revenue and Expenditure Reports.
- K. Explore possibility for incentives to counties for effective program implementation and appropriate evaluation/outcome efforts.
- L. Review fiscal data and analyses for policy implications

### **PRIORITY 3:**

#### **Ensure MHSA funding and services comply with relevant statutes and regulations**

- A. Provide oversight of statewide entities that receive Proposition 63 funds to ensure appropriate use of Proposition 63 funds
- B. Produce semiannual financial reports of community mental health system (January and May)
  - 1) Monitor volatility of the MHSA fund
  - 2) Review and report on the MHSA state administration fund and how entities are expending these funds
  - 3) Monitor and analyze county Annual Revenue and Expenditure Report and the Annual Update to ensure compliance with the Act and regulation reporting requirements
  - 4) Monitor statewide PEI expenditures
  - 5) Monitor funding and use of local prudent reserves
  - 6) Collaborate with DHCS implementation of reversion policies and practices
- C. Work with the Department of Finance and the MHSOAC fiscal consultant on projections of the fund condition
- D. Continue to provide oversight of the Reducing Disparities Statewide Strategic Plan and Phase 2 projects
- E. Monitor the status of California Mental Health Services Authority (CalMHSA) expenditures for Statewide PEI projects
- F. Monitor county Triage Personnel grants
- G. Use results of tracking and monitoring of annual updates and ARERs, and evaluate for compliance purposes

### **PRIORITY 4:**

#### **Ensure that the perspective and participation of diverse community members reflective of California populations and others suffering from severe mental illness and their family members is a significant factor in all of the Commission's decisions and recommendations**

- A. Continue quarterly Community Forums and provide the Commission an annual summary and report of potential policy, compliance, communication, and technical assistance implications
  - 1) Encourage stakeholder contractors, community agencies and counties to facilitate attendance at the forums
- B. Diversify the methods by which the MHSOAC receives input from people with lived experience of mental illness
  - 1) Expand and diversify participation in MHSOAC committees, stakeholder contracts, and MHSOAC meetings to the fullest extent to engage un-served, underserved and inappropriately served racial, ethnic, LGBTQ, and cultural groups from various communities throughout the state
- C. Schedule semi-annual reports from contractors to the Commission on the status of stakeholder contract efforts and results
- D. Conduct an organizational self-assessment of MHSOAC according to Culturally and Linguistically Appropriate Services (CLAS) standards and act on recommendations
- E. Review methods to engage individuals who have not fully benefitted from MHSA services or reached recovery
- F. Work with DHCS to complete and fully implement the Issue Resolution Process

## **PRIORITY 5:**

### **Collect and track data information**

- A. Review Annual Updates, Annual Revenue and Expenditure Reports, and Three-Year Program and Expenditure Plans and extract critical information
  - 1) Explore opportunities to strengthen Annual Update requirements consistent with the statute
- B. Develop consistent definitions, timeframes, and data elements for fiscal, program, and evaluation reporting
- C. Work with DHCS, California Behavioral Health Directors Association (CBHDA), Office of Statewide Health Planning and Development (OSHPD), California Department of Public Health (CDPH), California Mental Health Planning Council (CMHPC) to ensure access to adequate data
- D. Develop internal infrastructure to track data related to county Triage Grant evaluations
- E. Create and implement a data tracking system
  - 1) Focus on what data is needed and by whom
  - 2) Focus on how data is collected and submitted to the State

- 3) Focus on use of data for tracking, monitoring, research, and evaluation
- F. Communicate lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback

## **PRIORITY 6:**

### **Facilitate and provide relevant and effective support, including training and technical assistance**

- A. Begin implementation of the MHSOAC Resource Center and plan for Technical Assistance and Training (T/TA) policy adopted by the Commission
- B. Improve the likelihood that counties have support and resources to carry out local evaluation and quality improvement efforts via the MHSOAC Resource Center and T/TA framework
- C. Use evaluation results to support and replicate best and promising practices and to help overcome challenges
- D. Convene training and technical assistance advisory committee and invite relevant partners
- E. Collaborate annually with DHCS on training and technical assistance contract priorities, including reducing training silos
- F. Monitor California Institute for Behavioral Health Solutions (CIBHS)5150 Consensus Guidelines contract on T/TA
- G. Review Annual Updates and Three-Year Program and Expenditure Plans for T/TA assistance opportunities and priorities
- H. Provide TA as needed for development of county Three-Year Program and Expenditure Plans and Annual Updates
- I. Support T/TA to disseminate successful Innovation programs developed by counties through the Innovation Component
- J. Initiate T/TA for implementation of PEI and INN regulations
- K. Work with stakeholders to develop a set of policies and practices to guide use of evaluation efforts for quality improvement purposes across the State
- L. Upon completion of evaluations, take steps to promote quality improvement at local and State levels based on results
- M. Convene a work group with DHCS and CiMH to discuss MHSOAC training and technical assistance policy paper implementation and priorities

## **PRIORITY 7:**

### **Communicate effectively the statewide impact of the MHSA with a strategic marketing campaign and dedicated funding**

- A. Develop a Strategic Plan to increase Californians awareness of Proposition 63 services
- B. Collaborate with other entities on statewide mental health press opportunities
- C. Communicate results from evaluations and triage grants on Proposition 63 website
- D. Update and broadly disseminate evaluation deliverable fact sheets
- E. Redesign MHSOAC website in order to communicate the Commission's efforts underway and completed
- F. Continue to find new opportunities and events to highlight Proposition 63 programs and outcomes
- G. Collaborate with counties to create county spotlights to highlight Proposition 63 programs and evaluations
- H. Look for press opportunities resulting from evaluation results

### **PRIORITY 8:**

**Promote and implement strategies that overcome the stigma and discrimination associated with mental illness by executing a strategic marketing campaign with dedicated funding**

- A. Continue outreach to college and high school campuses in collaboration with Art with Impact
- B. Continue Crossings TV to promote mental health awareness in the Asian Community
- C. Explore other News and Review opportunities
- D. Continue social media efforts through a phone application, Instagram and Twitter
- E. Create Mental Health Awareness event in May for Mental Health Month
- F. Publish external newsletter (bi-monthly) MHSOAC Expressions for stakeholders, counties, providers, consumers and family members
- G. Continue targeted radio campaign to raise awareness of mental illness and reduce stigma and discrimination