



MHSOAC Services Committee

2014 Charter

Purpose:

To ensure compliance with Welfare and Institutions Code (WIC) Sections 5846 and 5847 the Mental Health Services Oversight and Accountability Commission (MHSOAC) Services Committee will make recommendations to the MHSOAC regarding the quality of the Mental Health Services Act (MHSOAC) programs and services.

Objectives:

1. Oversee MHSOAC Program Service Components. Purpose and intent follow:
 - To assure adherence of services to regulatory guidelines
 - To identify relevant implementation issues
 - To assure consistency of reporting for evaluation
2. Review and comment on MHSOAC Regulations
3. Be responsible for identification of key questions/outcomes to be achieved, using information from evaluations for quality improvement and for recommending changes in service policies
4. Make recommendations for coordination of training and technical assistance necessary to implement and sustain MHSOAC Service Components
5. Identify and recommend appropriate policies to facilitate implementation and sustainability of MHSOAC Services

Guiding Principles:

Committee policy and strategy recommendations to the MHSOAC should reflect and strive to address the following priorities:

1. Culturally and linguistically competent
2. Promotes a client/family/parent-driven system
3. Reduces stigma and discrimination
4. Fully informed via a robust stakeholder process
5. Best practices and continuous improvement
6. Emphasizes the inclusion of all ages across the life-span

7. Aims to reduce mental health disparities and seeks solutions for historically underserved communities in California
8. Recognizes the importance of cultural communities and families of choice

Activities:

1. Develop implementation plan for the Technical Assistance and Training (T/TA) policy paper adopted by the MHSOAC.
2. Monitor the status of the regulatory process and make recommendations on the Prevention and Early Intervention (PEI) and Innovation (INN) program and expenditure regulations.
3. Endorse and promote strategies that transform the mental health system, including systems and services integration.
4. Support training and technical assistance to disseminate successful Innovation programs developed by counties through the Innovation Component.
5. Continue to review MHSA program implementation trends.
6. Monitor ACA implementation for the incorporation of integrated care and development of an integrated accountability system.
7. Maximize behavioral health care in the ACA.
8. Receive regular updates on MHSOAC evaluation efforts, consider implications of pertinent results, and make plans to act on those that are relevant to Committee purpose and objectives, including providing Training and Technical Assistance. Provide input on MHSOAC evaluation efforts as needed.
9. Continue oversight of Statewide PEI Projects and receive updates on Program activities.
10. Diversify the methods by which the MHSOAC committees receive input from people with lived experience of mental illness.
 - a. Expand and diversify participation in MHSOAC Committees, stakeholder contracts, and MHSOAC meetings to the fullest extent.
 - b. Expand methods by which people with lived experience can provide input (in person, online, written, and other).
11. Examine options to use evaluation results to demonstrate to taxpayers and counties the success and challenges of mental health programs, such as creating an evaluation clearinghouse.

Date	January 2014
Leadership	Christopher Miller-Cole, Chair Bill Brown, Vice Chair Dave Gordon, Vice Chair Tina Wooton, Vice Chair
Staff	Wendy Desormeaux
Members	<ol style="list-style-type: none">1. Kathleen Casela2. Rocco Cheng3. James Gilmer4. Mary Hale5. Kristina Kaufmen6. Peter La Follette7. Hector Ramirez8. Maria Salinas9. Karen Todoroff10. Autumn Valerio11. Kenneth White12. Lindsay Walter