Mental Health Services
Oversight & Accountability Commission

MHSOAC Services Committee

2015 Charter

Purpose:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) Services Committee will make recommendations to the MHSOAC regarding the quality of Mental Health Services Act (MHSA) programs and services by securing mental health service delivery feedback from counties and diverse communities of all ages across the life span.

Objectives:

1. Oversee MHSA Program Service Components. Purpose and intent follow:
   - To assure adherence of services to regulations.
   - To identify relevant implementation issues.
2. Review and comment on MHSA 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 MHSA Service Components.
5. Identify and recommend appropriate policies to facilitate implementation and sustainability of MHSA 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. Support implementation of the MHSOAC Resource Center and carry forward the Technical Assistance and Training (T/TA) policy adopted by the Commission, including Prevention and Early Intervention and Innovation regulations.
2. Convene training and technical assistance advisory committee and invite relevant partners.
3. Convene a workgroup with Department of Health Care Services and California Institute for Behavioral Health Services to discuss MHSOAC training and technical assistance policy paper implementation and priorities.
4. Improve the likelihood that counties have supports and resources to carry out local evaluation and quality improvement efforts via the MHSOAC Resource Center and T/TA framework.
5. Support training and technical assistance to disseminate successful Innovation programs developed by counties through the Innovation Component.
6. Continue oversight of Statewide PEI Projects and receive updates on program activities.
7. Monitor the Federal Affordable Care Act (ACA) implementation for the incorporation of integrated care and development of an integrated accountability system.
    a. Review and determine role in policy development for ACA.
8. Diversify the methods by which the MHSOAC committees receive input from people with lived experience of mental illness.
9. Expand and diversify participation in MHSOAC Committees, stakeholder contracts, and MHSOAC meetings to the fullest extent.
10. Monitor state and federal mental health activities, including the DHCS Behavioral Health Forum.
11. Provide input on MHSOAC Evaluation efforts as needed.
12. Communicate lessons learned and best practices from evaluation to improve programs and policy as part of quality improvement feedback.
    a. Organize presentations from evaluations staff on various evaluation efforts being conducted.
13. Support the work of the Student Mental Health Task Force on Integration of Schools Services and Behavioral Health

Date	January 2015
Leadership	Christopher Miller-Cole, Co-Chair Tina Wooton, Co-Chair Dave Gordon, Vice Chair
Staff	Wendy Desormeaux
Members	