



2014 WORK PLAN

The Mental Health Services Act (MHSA) is based on the value that the mental health system can and must be transformed. The Federal Affordable Care Act (ACA) provides opportunities for further transformation through integration of mental health care with substance abuse treatment and primary care. Maximizing the role of behavioral health care in ACA will benefit all Californians and the health delivery system itself. The Mental Health Services Oversight and Accountability Commission (MHSOAC) built the following work plan with an eye to this vision while also continuing to learn from evaluation outcomes and use these outcomes to shape the system. The MHSOAC will pursue the following priorities as it exercises its statutory oversight role in this changing health care environment and advise the Governor and Legislature regarding actions the state may take to improve care and services for people with mental illness. These priorities are not listed in order of importance.

Priority 1: Ensure evaluation regarding the effectiveness of services being provided and achievement of the outcome measures

- a. Continue implementation of the MHSOAC Evaluation Master Plan
 1. Revisit and use the Evaluation Master Plan prioritization process
 2. Continue University of California, Los Angeles (UCLA) contract for priority indicators
 3. Transition the UCLA priority indicators work from UCLA to MHSOAC
 4. Complete University of California, Davis (UCD) contract for reducing disparities in access to care
 5. Continue UCLA contract for PEI
 6. Continue Resource Development Associates (RDA) contract for the community program planning
 7. Continue California Institute for Mental Health (CiMH) contract to evaluate INN evaluations
 8. Continue Mental Health Data Alliance (MHDA) contract for Client and Services Information (CSI) data collection and reporting strengthening and support
 9. Complete information technology (IT) strengthening of the Data Collection Reporting (DCR), which is owned by DHCS
 10. Refine the measurements of existing indicators and develop a process for adding other indicators for Community Services and

Support (CSS) as well as PEI, INN, Capital Facilities and Technological Needs (CF/TN) and Workforce Education and Training (WET)

11. Continue contract to determine effectiveness of methods for engaging and serving Transitional Age Youth (TAY) clients
 12. Continue contract to develop a system to track outcomes for persons in less intensive services than Full Service Partnership (FSP)
 13. Continue to develop PEI evaluation framework with a focus on integration with the treatment continuum
 14. Develop an ongoing method to describe and catalogue PEI programs and determine the status of county efforts to evaluate one PEI project
 15. Determine use of \$500,000 investment in data
 16. Explore the Commission's future need for accessing PEI/INN data
 17. Issue a contract to determine the effectiveness of selected programs for older adults
 18. Issue a contract to determine the scope of use and effectiveness of evidence based practices for children and their families
 19. Issue a contract for a useful and meaningful classification of FSP programs
- b. Identify core data elements needed to track then define those elements
 - c. Continue an active role with California Mental Health Planning Council (CMHPC) for evaluation tasks requiring coordinated effort
 - d. Continue to collaborate with DHCS on performance outcomes for Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 - e. Monitor evaluation contract deliverables
 - f. Update the policy paper: Accountability through Evaluative Efforts Focusing on Oversight, Accountability and Evaluation
 - g. Review Annual Updates, Three-Year Program and Expenditure Plans, and Annual Revenue and Expenditure Reports for potential implications for evaluation purposes
 - h. Communicate lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback

Priority 2: Exercise an active leadership role in policy development

- a. Develop and consult on regulations and policies
 1. Draft and adopt Prevention and Early Intervention (PEI) and Innovation (INN) program and expenditure regulations
 2. Consult with the Department of Health Care Services (DHCS) on all other MHSA regulations
 3. Develop policy recommendations that emerge from community forums and evaluation findings.
 4. Review Annual Updates and three-year program and expenditure plans for possible policy implications
- b. Endorse and promote strategies that transform the mental health system, including systems and services integration

- c. Monitor ACA implementation for the incorporation of integrated care and development of an integrated accountability system
- d. Maximize behavioral health care in the ACA
- e. Monitor activities in the Legislature for opportunities to support, oppose, or advise
- f. Network and participate in state and federal mental health activities, such as the White House National Conversation on Mental Health, State Legislative Mental Health Caucus, the federal mental health roundtable
- g. Seek to have peer certification move forward

Priority 3: Exercise financial oversight over the community mental health system to ensure compliance with statutes and regulations

- a. Produce semiannual financial reports of community mental health system (January and May)
 - 1. Monitor volatility of the Mental Health Services Act Fund
 - 2. Review and report on the MHSA state administration fund and how entities are expending these funds
 - 3. Monitor and analyze county fiscal reports (e.g., Annual Revenue and Expenditure Report and the Annual Update), which include MHSA, Medi-Cal Federal Financial Participation (FFP), 1991 Realignment, and Behavioral Subaccount funds spent on MHSA programs
 - 4. Monitor statewide PEI expenditures
 - 5. Monitor funding and use of local prudent reserves.
 - 6. Monitor DHCS implementation of reversion policies and practices
- b. Work with the Department of Finance and the MHSOAC fiscal consultant on projections of the fund condition
- c. Review fiscal data and analyses for policy implications
- d. Review the California Department of Public Health's (CDPH) California Reducing Disparities Project strategic plan and proposed implementation
- e. Monitor the status of California Mental Health Services Authority (CalMHSA) expenditures
- f. Review DHCS supports of training and technical assistance through CiMH

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
 2. Expand methods by which people with lived experience can provide input (in person, online, written, and other)
 3. Explore livestreaming Commission and Committee meetings
- c. Schedule semi-annual reports from contractors to the Commission on the status of stakeholder contract efforts and results
 - d. Continue to conduct an organizational self-assessment of MHSOAC according to Culturally and Linguistically Appropriate Services (CLAS) standards and act on recommendations
 - e. Create work group to review methods to engage individuals who have not fully benefitted from MHSA services or reached recovery

Priority 5: Ensure collecting and tracking of data and information

- a. Review Annual Updates, Annual Revenue and Expenditure Reports, and three-year program and expenditure plans and cull critical information
- b. Develop data-driven tracking system
 - a. Develop consistent definitions, timeframes, and data elements for fiscal, program, and evaluation reporting
- c. Continue to work with DHCS, California Mental Health Directors Association (CMHDA), Office of Statewide Health Planning and Development (OSHPD), CDPH to ensure access to adequate data

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

- a. Develop implementation plan for the Technical Assistance and Training (T/TA) policy paper adopted by the MHSOAC
- b. Examine options to use evaluation results to demonstrate to taxpayers and counties the successes and challenges of mental health programs, such as creating an evaluation clearinghouse
- c. Participate on training and technical assistance advisory committee if convened by DHCS and CiMH
- d. Collaborate annually with DHCS on training and technical assistance contract priorities, including reducing training silos
- e. Monitor CiMH for T/TA and Crisis Intervention Team (CIT)
- f. Review Annual Updates and three-year program and expenditure plans for direct T/TA assistance opportunities and trends for statewide TA priorities
- g. Provide TA as needed for development of county plans
- h. Support T/TA to disseminate successful Innovation programs developed by counties through the Innovation Component
- i. Oversee appropriate T/TA for items raised during the process to draft PEI/INN regulations

Priority 7: Provide oversight of statewide projects and processes

- a. Award and monitor triage personnel grants
- b. Increase oversight role of statewide PEI projects (Suicide Prevention, Stigma Reduction, Student Mental Health Initiative) and evaluation results
 - 1. Report evaluation results to MHSOAC staff for analysis for potential presentation by CalMHSa to the MHSOAC
- c. Continue to provide oversight of the Reducing Disparities Statewide Strategic Plan and projects to ensure consistency with the MHSa and contract deliverables
- d. Ensure the Issue Resolution Process is finalized, communicated, and implemented

Priority 8: Increase efforts to communicate statewide impact of the MHSa

- a. Look for opportunities to collaborate on statewide mental health press opportunities
- b. Increase traffic and utilization of Proposition 63 website
- c. Update and broadly disseminate evaluation deliverable fact sheets
- d. Redesign MHSOAC website
- e. Communicate status of reducing mental health disparities
- f. Produce short video to be used on the MHSOAC website spotlighting the work of the Commission
- g. Continue to find new opportunities and events to highlight Proposition 63 outcomes
- h. Draft and disseminate additional population-specific fact sheets

Priority 9: Continue efforts to develop strategies that overcome the stigma and discrimination associate with mental illness

- a. Continue co-hosting Free Your Mind radio show
- b. Continue outreach to college and high school campuses in collaboration with Art With Impact
- c. Produce a short video to be used at Community Forums and/or the Proposition 63 website to showcase examples of CSS, PEI, INN, and WET programs
- d. Produce and air PEI documentary
- e. Continue Crossings TV
- f. Explore other News and Review opportunities
- g. Test Art With Impact in movie theaters
- h. Continue social media efforts through a phone application and Twitter