

IMPLEMENTATION STRATEGY

In October 2016 the Mental Health Services Oversight and Accountability Commission adopted the report titled, *“Finding Solutions, Helping Counties Comply with Regulations Governing Innovation Projects and Prevention and Early Intervention Programs under the Mental Health Services Act.”* In response to that report, Commission staff have prepared an implementation strategy to pursue the recommendations contained in that report.

In its report, the Commission made five key recommendations. Each recommendation is outlined below, with key steps, identified as an implementation strategy, for the Commission’s consideration that would guide staff efforts to implement the recommendations in the recently adopted report.

RECOMMENDATION FOR FINDING ONE

The Commission should support collaborative processes with county behavioral health agencies and other subject matter experts to apply best practices to the collection and reporting of required demographic information. It also should work with other state departments to ensure the adoption of consistent standards and regulations regarding demographic data reporting. Finally, the Commission should partner with all parties, including stakeholders, on potential revisions to current regulations.

Recommendation	Implementation Strategy
<ul style="list-style-type: none">• In keeping with the law, the Commission should ensure that DHCS demographic reporting requirements are consistent with its own.	<ul style="list-style-type: none">✓ Reach out to DHCS to understand the Department’s timeframe and strategy for developing demographic reporting requirements that are consistent with the Commission’s reporting requirements.
<ul style="list-style-type: none">• The Commission should support counties by facilitating learning collaboratives and peer-to-peer guidance on best practices for collecting culturally and linguistically competent, and age appropriate data. Collaboratives would allow counties with experience in collecting demographic information to share lessons learned and best practices; and other subject matter experts, including those representing unserved and underserved communities, to share best practices for individual communities.	<ul style="list-style-type: none">✓ Engage with CBHDA and other potential partners to establish learning collaboratives.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> • In conjunction with the learning collaboratives, the Commission should develop training and guidance materials for counties and providers. This training should include <ul style="list-style-type: none"> ➤ guidance on data collection in clinical and non-clinical programs; and ➤ toolkits and training to explain the reasons behind data collection and how it will be used to support improved service delivery. 	<ul style="list-style-type: none"> ✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.
<ul style="list-style-type: none"> • For programs serving children or youth, the Commission should amend the regulations to clarify that data on youth shall be collected and reported to the extent permissible by federal and state law, including the California Education Code. The Commission should specify an age threshold for data collection. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to work on amending the regulations.
<ul style="list-style-type: none"> • The Commission should work with the DHCS and the Department of Public Health, Department of Social Services, and Department of Aging which have been directed to collect sexual orientation and gender identity data (Assembly Bill 959 Chiu, Chapter 565, Statutes of 2015), and with the Health and Human Services Agency and the Legislature, to set a statewide uniform standard for collecting this data. 	<ul style="list-style-type: none"> ✓ Reach out to the relevant departments and Health and Human Services Agency to discuss strategies and look at existing methods, for developing a statewide uniform and consistent standard for collecting sexual orientation and gender identity data.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> As the state puts in place a statewide integrated data collection system, the Commission should amend its regulations to require individual-level and non-aggregated data, allowing it to better monitor who is served by California’s mental health system and determine whether some Californians continue to face barriers to care. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to work on amending the regulations.
<ul style="list-style-type: none"> In order to implement the reporting requirements, the Department of Health Care Services must develop an integrated data collection system that allows counties to submit data in a timely, reliable, and efficient manner. 	<ul style="list-style-type: none"> ✓ In the interim, hire an IT consultant to explore strategies for IT data structure and tools for the OAC to receive the data required by the regulations.

RECOMMENDATION FOR FINDING TWO

The Commission should recognize the unique needs of very small counties working to comply with the PEI regulations.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> The Commission should amend the regulations to allow very small counties to report data on a countywide level instead of by program. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to work on amending the regulations.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> • The Commission should support very small counties by facilitating learning collaboratives and peer-to-peer guidance on best practices, including the collection of culturally and linguistically competent, and age appropriate data. Collaboratives would provide an opportunity for <ul style="list-style-type: none"> ➤ counties with expertise in collecting demographic information to share lessons learned and best practices; and ➤ other subject matter experts, including those representing unserved and underserved communities, to share best practices for individual communities. 	<ul style="list-style-type: none"> ✓ Engage with CBHDA and other potential partners to establish learning collaboratives.
<ul style="list-style-type: none"> • Along with the learning collaboratives, the Commission should develop training and guidance materials for counties and providers. This training would include <ul style="list-style-type: none"> ➤ guidance on data collection in clinical and non-clinical programs; and ➤ toolkits and training on how to use them to explain why the data is being collected and how it will be used to support quality improvement. 	<ul style="list-style-type: none"> ✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.
<ul style="list-style-type: none"> • Recognizing the unique needs of very small counties, the Commission may want to consider a broader discussion, including possible amendments to the Act, to explore other ways in which such counties can work to achieve the transformational change envisioned by the Act. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to develop recommendations to support the needs of very small counties.

RECOMMENDATION FOR FINDING THREE

The Commission should develop technical assistance strategies to clarify the Access and Linkage to Treatment reporting requirements, including the measurement of the duration of untreated mental illness.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> • The Commission and other statewide entities should organize learning collaboratives and develop training and guidance materials, including standardized metrics for measuring the duration of untreated mental illness. <ul style="list-style-type: none"> ➤ As part of this effort, the Commission should partner with counties to identify the effectiveness of county strategies for measuring Access and Linkage to Treatment and the duration of untreated mental illness. This could include focused studies and/or pilot projects as part of a continuous effort to improve the quality of such measurement. 	<ul style="list-style-type: none"> ✓ Amend the existing contract with UC Davis, which is currently working with counties to develop assessment tools for early psychosis programs, to provide standards to measure duration of untreated mental illness. ✓ Engage with CBHDA and other potential partners to establish learning collaboratives. ✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.
<ul style="list-style-type: none"> • The Commission should clarify the meaning of “referral,” and specify when referrals must be documented for non-clinical and/or outreach-oriented programs and clinical programs. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to work on amending the regulations.
<ul style="list-style-type: none"> • The Commission should specify that a county is only responsible for reporting referrals made to other county programs, whether such programs are operated by counties or providers. 	<ul style="list-style-type: none"> ✓ Establish a Commission Subcommittee to work on amending the regulations.

RECOMMENDATION FOR FINDING FOUR

Recommendation	Implementation Strategy
<ul style="list-style-type: none">• The Commission should consider amending the PEI regulations to allow a county to pay for Access and Linkage to Treatment Program through another Mental Health Services Act funding stream, such as Community Services and Supports, as long as the other requirements in the PEI regulations are met.	<ul style="list-style-type: none">✓ Establish a Commission Subcommittee to work on amending the regulations.

RECOMMENDATION FOR FINDING FIVE

The Commission should amend the Prevention and Early Intervention regulations to align counties' annual and periodic reporting deadlines with their budget-making timetables to maximize the value of the reports to local policymakers.

Recommendation	Implementation Strategy
<ul style="list-style-type: none">• The Commission should provide a waiver for the initial Annual Report, which is due no later than December 30, 2017. Under the waiver, a county would report whatever data it had collected thus far, would explain the obstacles to meeting its reporting deadline, and would provide an implementation plan and timeline for complying fully with future Annual Reports.• For subsequent Annual Reports and the initial and subsequent Three-Year Evaluation Reports, the Commission should amend the regulations to modify due dates, aligning them with the county budgeting process. These reports would be due within 30 days of Board of Supervisor approval but no later than June 30. The initial Three-Year Evaluation Report would be due June 30, 2019 and the second Annual Report would be due June 30, 2020.	<ul style="list-style-type: none">✓ Issue an Information Notice providing a waiver for the initial Annual Report that is due December 30, 2017.✓ Establish a Commission Subcommittee to work on amending the regulations.