

# MHSA: Oversight and Accountability?

## Deborah Lee, PhD

The MHSOAC is charged to oversee all components of the MHSA (5845(a)), with a number of delineated responsibilities. In addition, the MHSA authorizes the MHSOAC to “employ all other appropriate strategies necessary or convenient to enable it to fully and adequately perform its duties and exercise the powers expressly granted” (5848(d)(4)). The Commission is required to “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 its decisions and recommendations” (5846(d)). The Commission, according to the DHCS’s MHSA Expenditure Report for FY 2015-2016, has a funded staff of 30 and 2015-2016 expenditures of \$41,372,000 (including approximately \$32 million for triage crisis services grants). If the Commission’s web site provides any information about its current or recent budget or spending, I was not able to locate the information.

Various groups and individuals have expressed significant concerns about the extent to which the MHSOAC and other responsible entities are fulfilling their mandate for oversight and accountability. These issues have been raised in a 2013 California State Auditor’s Report, in a 2015 Little Hoover Commission Report, and by countless stakeholders in numerous settings, particularly in public comments at MHSOAC meetings. During the year since the Little Hoover Commission issued its report, the MHSOAC does not appear to have made significant progress in oversight and accountability (with the exception of adopting new regulations), and, in several instances, has retreated. Specific areas of concern include, but are not limited to, the following:

1. *Negative Work Culture and Low Staff Morale:* Many staff members have expressed anxiety, demoralization, and a lack of opportunity to contribute effectively. There are six vacant MHSOAC positions (some longstanding), plus one person on leave, all from the Evaluation and Program Operations Divisions.
2. *Regulations:* After two years developing regulations for the MHSA Prevention and Early Intervention (PEI) and Innovation components, the Commission has no plan or capacity for technical assistance; no repository for counties, providers, and stakeholders to access evaluation and program resources; no plan to create a system through which counties can submit program and outcome data required by the new regulations; and no coherent collaboration with DHCS to ensure that regulations and systems for which DHCS is responsible are consistent with new PEI and Innovation regulations’ requirements. All of these activities are necessary for the regulations to be implemented successfully. Implementing the new regulations is essential to address concerns expressed by the California State Auditor, Little Hoover Commission, and the press. The Commission is on record of supporting all of these approaches, as articulated in Commission-adopted regulations’ Statements of Reasons and responses to public comments. Staff has been directed not to provide technical assistance to counties regarding the PEI regulations, even on the majority of content that is not being addressed by the Commission’s regulations implementation project.
3. *Three-Year Program and Expenditure Plans or Annual Updates:* Commission staff do not read or act on counties’ Three-Year Program and Expenditure Plans or Annual Updates. My recommendations to the executive director to review these Plans and Updates using the oversight and accountability strategies articulated in the Commission’s Logic Model, with a focus on assessing trends that can influence policy, promote quality improvement, and support communication about the reach and impact of the MHSA, elicited no response from him or from anyone in MHSOAC leadership.
4. *Training, Technical Assistance, and other Support:* The MHSOAC has no plan, approach, or capacity to provide training and technical assistance to counties, to mobilize and strengthen statewide training and technical assistance capacity of other entities, nor to promote peer learning and shared resources, contrary to MHSA mandates and the Commission’s adopted policy paper.
5. *Little Hoover Commission Recommendations:* A year after the Little Hoover Commission report, the MHSOAC has not demonstrated tangible progress on the two recommendations it adopted (added

information and increased transparency for its web site and development of a statewide data system) and to my knowledge has not taken action on the Little Hoover Commission's other two recommendations (obtain new authority to sanction counties in some circumstances and return authority to review and approve PEI programs). The executive director has expressed opposition toward expanding MHSOAC authority.

6. *Lack of Staff Community Mental Health Expertise:* There seems to be difficulty to hire and retain and resistance to support staff with competency and expertise in the field of community mental health: a knowledge and experience base missing for years and sorely needed at the MHSOAC. Staff members with lived experience of mental illness are not encouraged to make use of this expertise.
7. *Stakeholder Input:* The executive director has essentially suspended or eliminated MHSOAC committees, with no coherent approach to create a new way for Commissioners to be informed by and supported by diverse community experts. The proposed replacement by projects with open-to-the-public work groups, while potentially valuable, does not address the same broad oversight and accountability purposes. Stakeholder contracts controlled by the MHSOAC have both potential benefits and also potential risks to independent input.
8. *Evaluation:* The Commission-adopted Evaluation Master Plan has been abandoned with no new plan for evaluation (one is reportedly "in development"). Evaluation staff have been re-directed to "policy projects" with little or no evaluation or research component. The executive director has rejected explicit and detailed recommendations from past and present staff to prioritize support for new evaluation requirements in adopted regulations.
9. *Commission Work Plan:* The MHSOAC and the public did not receive a report on progress made regarding its 2015 work plan. There is no 2016 work plan.
10. *Oversight and Accountability Priorities:* The only oversight and accountability strategy that appears to be a current priority is to "influence policy" through some special projects. Staff report that they are discouraged by Commission management from working in other areas of oversight/accountability, such as tracking, support, evaluation, or quality improvement.

## Recommendations

1. Immediately create a safe way (interview by a neutral party or anonymous survey) through which all staff members, plus the four who left at the end of 2015, can discuss their work experience without fear of retaliation. Include a) how they spend their time and what they are accomplishing, b) their experience working at the MHSOAC, and c) their morale and mental health related to their employment. If the inquiry reveals serious concerns, implement a corrective action plan, with appropriate training and supervision, for the executive director to ensure a climate of respect, collaboration, and productivity. Staff issues must be addressed to prevent further attrition, conflict, low morale, diminishing accomplishment, and erosion of the MHSOAC's purpose.
2. Ensure that staff carries out the MHSOAC commitment to support counties' (and providers') capacity to implement new regulations, including training and technical assistance, data support, and effective coordination with DHCS to create consistent requirements and data systems.
3. Assess the MHSOAC's accomplishments in the past year and develop a list of concrete proposed outcomes for the coming year, with specific deliverables, timeframes, and objectives to measure success. Use the recently (2004) MHSOAC-updated logic model or a specified alternate approach to assess gaps, develop priorities, and link Commission actions to specific oversight and accountability strategies and to MHSOAC outcomes.
4. Convene an honest discussion about the pros and cons (costs and benefits) of Little Hoover Commission recommendations and make a decision. Request an itemized list of actions completed and planned to address concerns of both the Little Hoover Commission and the State Auditor.

5. Determine and implement viable, effective ways that the Commission can, as required by law, be guided and informed by the expertise of people with mental illness and their families who represent the diversity of the State. Utilize best practices in the field for eliciting and making positive use of stakeholder input.
6. Urge the Governor to fill MHSOAC vacancies in a timely manner by appointing Commissioners that reflect the diversity of the State.
7. Prioritize that the Commission hire and retain staff with experience and expertise in community mental health and provide ongoing training and field experience for existing staff to address this gap.
8. Ensure that the Commission's approach to evaluation prioritizes its statutory responsibilities and the issues raised by the Little Hoover Commission and the California State Auditor.
9. Take action to ensure that key data from counties' Three-Year Program and Expenditure Plans and Annual Updates are reported in systematic, consistent categories that support a statewide picture, while also retaining flexibility for counties to report additional information that reflect county differences. Ensure that MHSOAC staff read all plans, compile data, and make use of information for purposes of oversight and accountability, including all strategies articulated in the MHSOAC Logic Model. Develop and implement staff training and policies and procedures for this purpose.

## **Conclusion/Re-commitment**

From my perspective, the MHSOAC needs both a vision about how to carry out its statutory roles and a concrete action plan with accountability for implementing that vision: including regularly reporting information about progress, challenges, accomplishments, and the realities of day-to-day life working at the Commission. I have heard Commissioners say many times that they are excited by the vision presented by the executive director. The questions that I have raised and that are driving me are about both vision and about execution of vision. The execution question — the extent and nature of gaps between vision, action, and result — is relatively easy to investigate; it simply requires asking for and examining details and specifics.

A harder question, I suspect, is for the Commission to determine what in 2016 is its vision for and commitment to oversight and accountability? Is the vision consistent with the MHSA and with concerns and recommendations expressed in the California State Auditor's and Little Hoover Commission reports? If not, who does the Commission believe should address and be responsible for these concerns? What is California getting from its multi-million dollar investment in oversight and accountability?

# MHSOAC Response to Little Hoover Commission Report on Mental Health Services Act

Deborah Lee, Ph.D.

On January 28, 2015, the Little Hoover Commission (LHC) released a report to the Governor and the Legislature entitled, *Promises Still to Keep: A Decade of the Mental Health Services Act*. The report was part of LHC's broader review of California's initiative process, with particular focus on the Legislature's role in clarifying or modifying a voter-approved initiative. The report reflected verbal and written testimony provided by the Mental Health Services Oversight and Accountability Commission (MHSOAC), Department of Healthcare Services (DHCS), California Behavioral Health Directors Association (CBHDA), and representatives of various stakeholder groups. It summarizes what LHC learned about the Mental Health Services Act (MHSA) and includes recommendations, all of which address the MHSOAC specifically.

## LHC Recommendations regarding MHSA Oversight/Accountability

The LHC reported significant issues and concerns regarding oversight and accountability of the MHSA, especially the absence of statewide tracking of the use of MHSA funds and the lack of systematic evaluation of outcomes of the use of these funds: "Though 10 years has passed and the Legislature has at times intervened, the state has yet to develop a cohesive system for governing the Mental Health Services Act. This ongoing weakness has implications for effective oversight and evaluation of the use of the funds, and ultimately, confidence that an important public investment is being spent well and delivering desired results"(p. 15).

The California State Auditor in an August 2013 report on the MHSA expressed similar concerns regarding the lack of effective oversight of and accountability: "Mental Health and the Accountability Commission have provided little oversight of counties' implementation of MHSA programs, particularly as it relates to evaluating whether these programs are effective" (cover letter). The report also states, "Because of the minimal oversight Mental Health and the Accountability Commission provided in the past, the State has little current assurance that the funds directed to counties—almost \$7.4 billion from fiscal years 2006-07 through 2011-12—have been used effectively and appropriately."

The LHC report recommended the following, all of which directly address the MHSOAC:

1. **Recommendation 1:** The Legislature should expand the authority of the Mental Health Services Oversight and Accountability Commission. Specifically, it should:
  - A. Strengthen the ability of the state to conduct up-front reviews of the more controversial programs funded by the act before funds are expended by requiring the oversight commission to review and approve county Prevention and Early Intervention plans annually,<sup>1</sup> as it currently does for Innovation plans.
  - B. Refine the process by which the state responds to critical issues identified in county three-year plans or annual updates to ensure swift action. Empower the

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<sup>1</sup> The MHSA states, "County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission" (5830(e)). The MHSOAC approves only a county's initial Innovative Project. When the Commission approved counties' PEI expenditures and programs, it approved the program once, based on the county's initial plan description. The MHSOAC has never approved PEI programs or Innovative projects annually.

oversight commission to impose sanctions, including the ability to withhold part of the county's MHSAs funds, if and when it identifies deficiencies in a county's spending plan.<sup>2</sup> Decisions of the oversight commission should become mandatory unless they are overturned by the Department of Health Care Services within a reasonable period, such as 60 days.

2. *Recommendation 2:* To provide greater oversight and evaluation of the state administrative funds, the oversight commission should annually develop recommendations for and consult with the Department of Finance before the funds are allocated.
3. *Recommendation 3:* To make MHSAs finances more transparent and make it easier for voters, taxpayers and mental health advocates, consumers and their families to see how and where the money is spent and who benefits from its services, the Mental Health Services Oversight and Accountability Commission should add to and update material on its website to include:
  - A. MHSAs revenues, by component and annual allocations, and the cumulative total revenue since voters approved the act.
  - B. Data about who benefits from the act, including the number of individuals served, their ages, gender, racial and ethnic background and language spoken.
  - C. Data to demonstrate statewide trends on key indicators such as rates of homelessness and suicide that show how well the act's programs help those living with mental illness to function independently and successfully.
  - D. A rotating showcase of model programs in each of the component areas to clearly demonstrate examples of what works.
  - E. All county MHSAs plans and reports submitted to the state, including
    - i. MHSAs annual revenue and expenditure reports
    - ii. Three-year program and expenditure plans and annual updates
    - iii. Other relevant mental health reports, such [as] county cultural competence plans that describe how a county intends to reduce mental health service disparities identified in racial, ethnic, cultural, linguistic and other unserved and underserved populations.
4. *Recommendation 4:* To promote meaningful accountability of the MHSAs, the state needs access to reliable, timely information that allows it to monitor effective progress toward the act's goals. The Mental Health Services Oversight and Accountability Commission and Department of Health Care Services should:
  - A. Immediately develop a formal plan and timeline to implement a comprehensive, statewide mental health data collection system capable of incorporating data for all MHSAs components, as well as other state behavioral and mental health programs.
    - i. This plan should address how the development of such a data collection system would be funded and should use a portion of the MHSAs state administrative funds to support the effort.

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<sup>2</sup> The LHC Report also states that the Legislature should empower the MHSOAC to "impose sanctions if counties mispend funds from the act or fail to file timely reports with the state" (p. 47).

- B. Regularly report to the Legislature on the progress made in developing this data system and identify challenges that arise

To date, the MHSOAC has, to my knowledge, taken no significant action to implement any of the LHC recommendations. The following is a summary of the Commission’s response to specific recommendations as well as a description of the process that has occurred to date, with a focus on the two referenced panels and the task force convened by the MHSOAC to provide guidance on LHC recommendations one and two. My knowledge is based on my experience as MHSOAC staff consulting psychologist from the second Commission meeting until the end of 2015 and, since January 2016, as a community member, including concern as a family member of individuals with severe mental illness.

**Commission Response: Specific LHC Recommendations**

The following are the MHSOAC’s actions, progress, and accomplishments on each of the LHC recommendations.

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| <p>Recommendation 1A:<br/>Require the MHSOAC to review and approve county PEI plans annually</p>  | <p>The MHSOAC convened two panels on 3/26/15 and a task force, which met on 5/29 and 6/12 2015, charged to address LHC recommendations one and two. Members of these groups addressed recommendation 1A peripherally. Since then, the MHSOAC has received no report from staff specifying the work and conclusions of the panels and task force, no concrete indication of follow-up staff work or progress, and no staff guidance regarding this LHC recommendation. The Commission has taken no action on Recommendation 1A.</p> |
| <p>Recommendation 1B:<br/>Empower the MHSOAC to impose sanctions, including the ability to withhold part of a county’s MHSA funds, if and when it identifies deficiencies in a county’s spending plan</p> | <p>The 3/26/15 task force and 5/29 and 6/12/2015 panels did not address recommendation 1B with any specificity. Since then, the Commission has received no staff report specifying work or conclusions of the panels and task force, no concrete indication of staff follow-up work or progress, and no staff guidance regarding this LHC recommendation. The Commission has taken no action on Recommendation 1B.</p>   |

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| <p>Recommendation 2: To provide greater oversight and evaluation of the state administrative funds, the oversight commission should annually develop recommendations for and consult with the Department of Finance before the funds are allocated.</p> | <p>The 3/26/15 task force and 5/29 and 6/12/2015 panels did not address recommendation 2 with any specificity. Since then, the Commission has received no report from staff specifying the work or conclusions of the panels and task force, no indication of any concrete follow-up staff work or progress related to the recommendation, and no staff guidance regarding this LHC recommendation. The Commission has taken no action on Recommendation 2.</p> <p>The Commission has, through the years, addressed the administrative fund in various ways. The Commission’s Financial Oversight Committee charter for 2015 included the following: “The Financial Oversight Committee is committed to learn about how Mental Health Services Act (MHSA) administrative funds are being used and to know more about how these funds are spent to promote the principles and practices of the MHSA. To date, the Committee has heard from seven state departments and it appears that funding, staffing and programmatic levels may have changed from the original Budget Change Proposal (BCP). To this end, the Committee is committed to develop standardized questions and format to guide the presentations to the Financial Oversight Committee from State Departments that receive MHSA Administrative Funds.” On July 27, 2015, the Financial Oversight Committee determined that one of its priority areas of interest was to “determine how to capture administrative fund savings by understanding the projection and reconciliation process.” On January 28, 2016, the MHSOAC voted to direct the executive director “to work with the Legislature to develop a legislative proposal to capture unspent Mental Health Services Act funds that are allocated for state administration.”</p>   |
| <p>Recommendation 3: The MHSOAC should add to and update material on its website.</p>   | <p>The MHSOAC voted on 2/26/2015 to adopt this recommendation. The MHSOAC directed staff to send a letter to the LHC, with a copy to the Governor and the legislative leadership, thanking the LHC for its work and informing the LHC of MHSOAC support. As of April, 2016, none of the specific LHC-recommended information is available on the MHSOAC web site, with the exception of information about MHSA revenue (<a href="http://www.mhsoac.ca.gov/docs/MHSOAC_Financial_Report_012215.pdf">http://www.mhsoac.ca.gov/docs/MHSOAC_Financial_Report_012215.pdf</a>). (At least, the information cannot be found easily, logically, or in a reasonable amount of time by a motivated person.) There is no statewide, systematic, or updated information on how MHSA funds have been spent or who has been served or benefited and no systematic information about outcomes of MHSA spending, including the impact on key indicators. It is impossible to find the most basic information, such as the MHSOAC’s annual expenditures. The latest available Fact Sheet is from 2013. The web site does not provide counties’ Annual Updates and Three-Year Program and Expenditure Plans, although counties are required to submit them to the MHSOAC within 30 days of approval by the Board of Supervisors (5847(a)). Some staff contact numbers refer users to individuals who left the Commission almost six months ago. There is no showcase of model MHSA-funded programs, although the MHSOAC’s Prop 63 web site highlights counties’ MHSA programs on a rotating basis. The MHSOAC executive director vetoed staff and Commission longstanding recommendations to implement an online (and staffed) resource center to highlight model programs and make available tools to support replication, and stopped the efforts of the MHSOAC Service Committee to explore ways to make such a resource center a feasible reality.</p> |

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| <p>Recommendation 4: Immediately develop a formal plan and timeline to implement a comprehensive, statewide mental health data collection system capable of incorporating data for all MHSA components, as well as other state behavioral and mental health programs, including how the system will be funded. Allocate MHSA administrative funds for this purpose. Regularly report to the legislature on progress.</p> | <p>The MHSOAC voted on 2/26/2015 to adopt this recommendation. The MHSOAC has made no known progress on this recommendation and appears to have stopped its work on a long-term data solution, which was a priority of former director of evaluation Renay Bradley before her departure in 11/2015. The executive director vetoed staff recommendations to use existing evaluation funds to devise a temporary data solution that would allow counties to submit PEI and Innovation data required by new regulations, despite the fact that staff identified potential contractors who were creating such systems for counties. Providing or collaborating with DHCS to provide a data solution to support the new regulations was an explicit MHSOAC commitment, according to responses to public comments to the proposed regulations. There has been no known progress on collaborating with DHCS to expand existing data systems to integrate data from PEI and Innovation programs.</p> |
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## Commission Response: Process

There was an initial flurry of MHSOAC activity in response to the LHC recommendations, including the following:

### Commission Meeting: February 26, 2015

On February 26, 2015, the Commission heard a presentation by Carole D’Elia, LHC Executive Director, and discussed the Little Hoover Commission recommendations that pertained to the MHSOAC. The Commission’s minutes of this meeting characterized the relevant LHC recommendations as follows:

1. The Legislature should expand the authority of the MHSOAC.
2. To provide greater oversight and evaluation of the state administrative funds, the MHSOAC should annually develop recommendations for and consult with the Department of Finance (DOF) before the funds are allocated.
3. To make MHSA finances more transparent and make it easier for voters, taxpayers and mental health advocates, consumers, and their families to see how and where the money is spent and who benefits from its services, the MHSOAC should add to and update material on its website.
4. To promote meaningful accountability of the MHSA, the state needs access to reliable, timely information that allows it to monitor effective progress toward the act’s goals.

Commissioner Richard Van Horn suggested that the Commission vote immediately on Recommendations three and four because the MHSOAC “is already doing them” (MHSOAC meeting minutes, 2/26/2015). He suggested postponing a vote on recommendations one and

two “subject to first and second read rule in the MHSOAC Rules of Procedure.”<sup>3</sup> Commissioner Van Horn also suggested that “the Committees should continue this discussion in depth” and recommended “that an extended discussion be planned for the March meeting.” Discussion by Commissioners pointed out that the DHCS was given 13 positions for outcome and evaluation, development of performance contracts, and monitoring revenue and expenditures, and that the Commission’s consideration of LHC recommendations one and two in the broader context of oversight and accountability required learning what DHCS plans to do with those resources.

The Commission approved the following motion:

“The MHSOAC supports the Little Hoover Commission Report Recommendations 3 and 4 and directs staff to send a letter to the Little Hoover Commission, with a copy to the Governor and the legislative leadership, thanking the Little Hoover Commission for its work, informing the Commission of our support of Recommendations 3 and 4, and setting forth the next steps that the MHSOAC will take regarding Recommendations 1 and 2.”

I don’t know if the letter to the Governor and legislative leadership was sent or if the Commission was ever provided with clarification regarding DHCS’s use of its 13 additional positions for outcome evaluation.

It was suggested that the Commission hear from a panel at its March meeting, that a task force be convened following the panel to make recommendations regarding LHC recommendations one and two, and that the task force should come back to the Commission by May 2015 with recommendations. The minutes included the intention to “by the May or June Commission meeting, have everything finalized so that the Commission can make a decision on the supporting stance of Recommendations 1 and 2.”

### **Commission Meeting: March 26, 2015**

The March 26, 2015, MHSOAC meeting convened a LHC Round Table Discussion that included two panels of “subject matter experts”: one including perspectives of DHCS (Karen Baylor), service providers (Rusty Selix), and the CBHDA (Adrienne Shilton), and the second expressing perspectives of clients, consumers, family members, advocates for children and families, and unserved and underserved communities (Jessica Cruz, Nikki King, Diane Shinstock, and Sally Zinman). The general perspective of the first panel was that the Commission already had substantial authority that it was not using to its fullest potential and/or was not communicating sufficiently and that expanded authority was not necessary. The second panel presented a wide range of perspectives; one of which urged the MHSOAC to adopt all LHC recommendations, one of which expressed concerns about aspects of the recommendations, and most of which focused on other areas of oversight and accountability not addressed by LHC recommendations one and two: specifically the need to assess statewide MHSA outcomes, improve grievance procedures, improve the quality of services, provide protection for consumers who speak out, address stigma and discrimination related to mental illness, and increase mental health expertise among local bodies such as boards of supervisors and mental health boards.

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<sup>3</sup> The “first read” MHSOAC rule of procedure states: “Any proposed policy item on the agenda, along with its corresponding language/documents, shall be presented for discussion at a Commission meeting at least one (1) meeting prior to the meeting at which the vote on the issue is taken. The Commission may take action, by a simple majority, on an agenda item at the same meeting that the item is presented if the Commission deems that there exists a need to take action.” (MHSOAC rules of procedure, Add 7/2009, available at [http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2016/March/OAC/OAC\\_032416\\_3A\\_AmendRulesOfProc.pdf](http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2016/March/OAC/OAC_032416_3A_AmendRulesOfProc.pdf)).

## Task Force Meetings

On May 29 and June 12, 2015, a task force met to discuss LHC recommendations one and two. The agenda for the May 29 meeting included “Review and Discuss Themes from MHSOAC Little Hoover Panel at MHSOAC meeting on April 23, 2015” and “Discussion of Other Responses Received by the MHSOAC regarding the Little Hoover Commission Report.” Agenda items for the June 12 meeting included “Finalize Review of Potential Recommendations/Solutions from the 5/29/15 Task Force Meeting Regarding the Little Hoover Commission Report” and “Discuss Additional Changes and Engagement to the Recommendations/Solutions Regarding the Little Hoover Commission Report.”

No known recommendations have emerged from the work of this task force. No report of the group’s work nor resulting recommendations have been presented to the MHSOAC. No detailed notes regarding these meetings, nor roster of participants, is available on the MHSOAC web site. One posted document lists challenges and potential solutions that the task force discussed ([http://mhsoac.ca.gov/Meetings/docs/Meetings/2015/June/LHTF/LHC\\_Combination\\_Summary\\_%20052915.pdf](http://mhsoac.ca.gov/Meetings/docs/Meetings/2015/June/LHTF/LHC_Combination_Summary_%20052915.pdf)).

I attended both task force meetings. The only LHC recommendation that the group addressed was 1a: to return MHSOAC review and approval of counties’ PEI programs. Most of this discussion was diverted to consideration of local community planning and decision-making. There was little or no discussion of the recommendation regarding giving MHSOAC authority to sanction counties for illegal programs (or failure to file “timely reports,” LHC Report p. 47) nor the recommendation to increase oversight and accountability regarding the use of MHSOAC administrative funds (which, among other purposes, provide the budget for the MHSOAC).

For the task force group discussions, the executive director framed LHC recommendations as if they focused exclusively on PEI. He portrayed MHSOAC review and approval of counties’ PEI program plans as unnecessary in part because of his assertion that the greater concern is the “community consultation process.” He did not present any explicit intention or plan for the MHSOAC to work on, address, or have any impact on local community planning. He did not respond to one task force participant’s observation that there is no necessary “forced choice” between support for effective community planning and Commission review and approval of new PEI programs. The discussion’s focus on group members’ longstanding concerns about community planning is reflected in the only document I can locate regarding what occurred at the task force meetings. According to this document, the discussion focused on “other challenges related to the quality of PEI plans and programs and possible solutions to these challenges, including the following “underlying issues”:

- The Community consultation process and decision making process does not consistently lead to responsive plans.
- The lack of a “proper knowledge base” — expertise is not always in the room.

A key task, as described in meeting notes, was to address “how to engage at pre-planning stage?”. Possible issues and solutions that the group identified to these challenges included:

| Issue   | Possible Solution |
|---|-------------------|
| Boards and Commissions are not sufficiently reviewing local plans | Board training    |

| Issue   | Possible Solution  |
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| Advisory bodies not reflective of communities— interests/demographics | Performance review   |
| Difficult to know what is working and not working                     | Identify community outcomes  |
| Inadequate checks and balances  | Leadership development   |
| Goals and criteria are often unclear and not community driven         | Training and technical assistance  |
| Some plans not consistent with the law                                | Review/rewrite planning rules/guidelines.  |
| Variation in quality of plans.  | Training and technical assistance, learning collaborative, enhancing quality of upfront review and discussion, monitor at the plan level |
| Fear of retaliation for speaking up on plans                          | [nothing suggested]  |
| Issue Resolution Process is inadequate                                | OAC as arbiter of challenges, standard template  |
| Low levels of trust.  | Improved communication on program rational, impact, outcome in accessible terms.   |

It appears to me that:

- Addressing community stakeholders’ longstanding concerns of about the local MHSA planning process in many counties diverted from consideration of the costs and benefits of the LHC recommendation that the legislature return to the MHSOAC review and approval of counties’ PEI programs.
- The Commission had and has no capacity of or intention to address, monitor, or improve the local community planning for the MHSA.
- There is an assumed false mutual exclusivity among oversight and accountability strategies such as supporting effective local community planning, review and approval of counties’ PEI programs, and outcome evaluation with results applied to quality improvement (programs, policy) as well as communication to diverse audiences about the impact of the MHSA.

What is missing from the discussion is striking: addressing substantively any of the LHC recommendations. The absence of a meaningful discussion regarding PEI approval is particularly striking considering that some members of the task force had been part of the original MHSOAC PEI review teams and therefore had unique perspective on the subject.

### Subsequent Action

No substantive report to the Commission regarding LHC recommendations occurred in May or June of 2015 or ever, to date.

- The May 28, 2015 MHSOAC minutes state that the completion date for the Little Hoover Commission report is postponed until July.
- On July 23, 2015, according to MHSOAC minutes, executive director Toby Ewing reported to the MHSOAC: “MHSOAC staff has thus far held two very effective meetings with regard [to] the Little Hoover Commission’s recommendations around the Commission’s authority over PEI. Staff has outlined a number of strategies that could address the concerns brought to the attention of the Commission by stakeholders. The fundamental concern was that there can be significant variation in the quality of the consultation process at the community level,

which he acknowledged as understandable and potentially frustrating. He explained that, because of staffing challenges, MHSOAC staff has had difficulty in following up on this, but staff continues to work with MHSOAC partners on the project. He assured the Commission that more progress in this area would be made and that an update would be provided soon.”

- On September 24, 2015, Mr. Ewing stated that staff continued to work on the Little Hoover Task Force project.
- The October 22, 2015, MHSOAC minutes state that the Little Hoover Commission Task Force project “is still in the writing phase.”
- The executive director’s report (Commission Projects for 2016) for the January 28, 2016, MHSOAC meeting states, “Staff is working to complete its review of the Little Hoover Commission’s recommendations.”
- According to the January 28, 2016, MHSOAC minutes, with regard to LHC recommendation on “fiscal transparency,” the MHSOAC will “give an update in February or March on the work the Commission is doing to collate all the financial reports the counties file.” With regard to LHC recommendation on “an enhanced statewide data system,” the MHSOAC “is working with the DHCS on the issue.” With regard to the LHC recommendation on “PEI authority, the Commission will convene a work group in the next few months.” There is no reference to the recommendations regarding sanctions or use of MHSA administrative funds, nor to any of the recommendations regarding the MHSOAC web site that do not pertain to fiscal data.

During my time on staff as MHSOAC consulting psychologist, responding to the LHC recommendations was clearly not a priority, especially once the task force meetings completed. “Re-branding” the recommendations was.

## **Summary**

The MHSOAC has not, apparently, made significant progress on any of the LHC recommendations, nor is there any explicit, credible plan to respond. The executive director’s reports to the Commission regarding response to LHC recommendations have been vague, contradictory, incomplete, and in some instances misleading.

The Commission has ceased or slowed its work on various areas of oversight and accountability, including data tracking, evaluation, training and technical assistance, and instead has focused on special projects. The Commission dropped its master plan for evaluation and has yet to present a new evaluation plan. The Commission’s reported plans for communication of data, beyond broad fiscal information, focus on style, not substance. There are many staff vacancies, a number of which are longstanding. Most of the few staff with mental health expertise have left.

The California State Auditor recommended that the MHSOAC undertake the evaluations specified in its implementation plan, examine its prioritization of resources as it pertains to performing all necessary evaluations, and fully use results of its evaluations to demonstrate to taxpayers and counties the successes and challenges of MHSA programs (p. 42). Although the Commission’s progress report to the State Auditor lists the second two as “completed,” it is difficult to understand how that is the case.

The MHSOAC continues to lack focus or capacity to collect, track, and communicate consistent information about the use and impact of MHSA funds. PEI Regulations, developed by the Commission and approved by the Office of Administrative Law in October 2015 require counties, for the first time, to report the use of PEI funds and the impact of their programs, using consistent definitions and timeframes; however, the Commission is not providing counties with training/technical assistance or data support that would support implementation of the regulations.

If the Commission is not going to provide oversight and accountability — consistent with its MHPA responsibilities and its adopted Logic Model — it is unclear what entity will fulfill this critical role.