Mental Health Services
Oversight & Accountability Commission

Title

FY 2014-2015 through FY 2016-2017
MHSA Three-Year Program and Expenditure Plan Instructions

Background

Welfare and Institutions Code Section (WIC) § 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates for Mental Health Service Act (MHSA) programs and expenditures.

Plans and Annual Updates must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

WIC § 5484 states the mental health board shall conduct a public hearing on the draft three-year program and expenditure plan at the close of the 30-day comment period.

These are instructions for the MHSA Fiscal Year (FY) 2014-2015 through FY 2016-2017 Three-Year Program and Expenditure Plan. These instructions are based on WIC and the California Code of Regulations Title 9 (CCR) in effect at the time these instructions were released.

WIC § 5891 states that MHSA funds may only be used to pay for MHSA programs.

Purpose

The purpose of these instructions is to:

- Assist counties and their stakeholders in developing the FY 2014-2015 through FY 2016-2017 Three-Year Plan to include all the necessary elements as required by law and regulation.
- Provide the essential elements necessary by law in preparing a plan for a county Board of Supervisor approval. Counties retain every right to include more in their stakeholder process, Plan, or Annual Update than the statutory minimum.
- Provide the MHSOAC the information it needs for oversight to track, evaluate, and communicate the statewide impact of the MHSA.
- Provide the MHSOAC the information it needs to approve new or amended Innovation program (INN) plans per the established threshold for changes requiring MHSOAC approval issued by the MHSOAC on August 3, 2012.

These instructions often refer to WIC or CCR, which remain the authority on requirements. These instructions do not negate the MHSOAC's authority, pursuant to WIC Section 5845(d)(6), to obtain additional data and information from state or local entities that receive MHSA funds for the MHSOAC to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with MHSA funds.

What is a Three Year Plan?

WIC § 5847 and **CCR § 3310** state that a Three Year Program and Expenditure Plan shall address each MHSA component: Community Services and Supports (CSS) for children and youth, transition age youth, adults, and older adults (WIC § 5800 and § 5850); Capital Facilities and Technology Needs (CFTN) (WIC § 5847); Workforce Education and Training (WET) (WIC § 5820); Prevention and Early Intervention (PEI) (WIC § 5840); and Innovative Programs (INN) (WIC § 5830). This shall be one plan, incorporating all these elements, and making expenditure projections for each component per year.

How is a Three Year Plan different from an Annual Update?

CCR § 3310 states that a county shall update the Plan annually. An Annual Update includes an update to the Plan addressing the elements that have changed and that year's expenditure plan. In FY 2015-2016 and FY 2016-2017 counties will complete Annual Updates to the FY 2014-2015 through FY 2016-2017 Three Year Program and Expenditure Plan.

Who Should be Involved in the Stakeholder Process?

WIC § 5848 states that each Plan shall be developed with local stakeholders, including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests.

CCR § 3300 further includes:

- Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310
- Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity.
- Clients with serious mental illness and/or serious emotional disturbance, and their family members.

What Should be Included in the Stakeholder Process?

WIC § 5848 states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental health policy
- Program planning
- Implementation
- Monitoring
- Quality improvement
- Evaluation
- Budget allocations.

CCR § 3300 states that involvement of clients and their family members be in all aspects of the community planning process and that training shall be offered, as needed, to stakeholders, clients, and client's family who are participating in the process.

What Standards Should be Used for the Stakeholder Process?

CCR § 3320 states that Counties shall adopt the following standards in planning, implementing, and evaluating programs:

- Community collaboration, as defined in CCR § 3200.060
- Cultural Competence, as defined in CCR § 3200.100
- Client Driven, as defined in CCR § 3200.50
- Family Driven, as defined in CCR § 3200.120
- Wellness, recovery, and resilience focused, as described in WIC § 5806 and § 5813.5
- Integrated service experiences for clients and their families, as defined in CCR § 3200.190, which is defined as when the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive manner.

Public Review

WIC § 5848 states that a draft Plan shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy.

Additionally, the mental health board shall conduct a public hearing on the draft Plan at the close of the 30-day comment period. It should also review the adopted Plan and make recommendations for revisions.

What to Include in the Plan About the Stakeholder Process

CCR § 3315 states this section of the Plan shall include:

- A description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted
- A description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included

What to Include in the Plan About the Stakeholder Process (cont)

- Description of how stakeholder involvement was meaningful
- The dates of the 30 day review process
- Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
- The date of the public hearing held by the local mental health board or commission
- Summary and analysis of any substantive recommendations received during the 30-day public comment period
- A description of substantive changes made to the proposed plan

What to Include in the Plan About Programs

WIC § 5847 states the Plan shall describe the following programs:

- Services to children, including a wrap-around program (exceptions apply), that shall include services to address the needs of transition age youth ages 16 to 25 and foster youth. The number of children served by program and the cost per person must be included. The standards for these services are defined in WIC § 5851.
- Services to adults and seniors, including services to address the needs of transition age youth ages 16 to 25. The number of adults and seniors served by program and the cost per person must be included. The standards for these services are defined in WIC § 5806. WIC § 5813.5 states that Plans shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.
- Prevention and Early Intervention programs designed to prevent mental illnesses from becoming severe and disabling. The standards for these programs are defined in WIC § 5840. Please describe programs and program components/activities for Prevention versus Early Intervention separately.
- INN in accordance with WIC § 5830
- CFTN
- Identification of shortages in personnel and the additional assistance needs from education and training programs
- Prudent Reserve

In addition to the required elements above, counties should include the following information as part of the Plan:

- A description of county demographics, including but not limited to size of the county, threshold languages, unique characteristics, age, gender, and race/ethnicity.
- The number of children, adults, and seniors to be served in each PEI and INN program that provide direct services to individuals/groups.
- The cost per person for PEI (separated out by Prevention versus Early Intervention) and INN programs that provide direct services to individuals/groups.

What to Include in the Plan About INN

WIC § 5830 states that Counties shall expend funds for their INN programs upon approval by the MHSOAC and details INN requirements. Plans should include sufficient information about a new or changed INN program so that the MHSOAC may determine if the program meets statutory requirements and can be approved. INN programs shall meet the criteria described in WIC § 5830.

If an INN project has proven successful and the county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.

What to Include in the Plan About Performance Outcomes

WIC § 5848 states that Plans shall include reports on the achievement of performance outcomes for MHSA services. Please include the results of any evaluations or performance outcomes the county has for CSS services and PEI programs (separated out by Prevention versus Early Intervention when possible). Counties shall also provide evaluation or performance outcomes for INN programs. Please specify the time period these performance outcomes cover.

What to Include in the Plan About County Compliance Certification

WIC § 5847 states that certification by the county mental health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements must be included in the Plan.

Please use the MHSA County Compliance Certification form included with these instructions.

What to Include in the Plan About County Fiscal Accountability Certification

WIC § 5847 states that certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the MHSA shall be included in the Plan.

Please use the MHSA County Fiscal Certification form included with these instructions.

What to Include in the Plan About Board of Supervisor Adoption

WIC § 5847 states that the county mental health program shall prepare a Plan adopted by the county Board of Supervisors. Please include evidence that the Board of Supervisors adopted the Plan and the date of that adoption.

What to Include in the Plan About An Expenditure Plan

WIC § 5847 states that each county shall prepare an expenditure plan for the Plan based on available unspent funds, estimated revenue, and reserve amounts.

Please complete the Expenditure Plan Funding instructions and forms included with these instructions.

In addition, please include the budgeted amount to be spent on:

- Full Service Partnerships, as defined in CCR § 3620, which should be at least 50% of CSS funds
- General System Development, as defined in CCR § 3630
- Outreach Engagement, as defined in CCR § 3640
- PEI by program or component so that Prevention and Early Intervention program/component costs are listed separately (20% of MHSA funds distributed to a county)
- INN by project (5% of CSS funds and 5% of PEI funds distributed to a county)
- WET
- CFTN
- Prudent Reserve

When the Plan Should be Submitted to the MHSOAC

Per **WIC § 5847** please submit your FY 2014-2015 MHSA Plan to the MHSOAC within 30 days of adoption by the Board of Supervisors.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: _____

Local Mental Health Director	Program Lead
Name: Telephone Number: E-mail:	Name: Telephone Number: E-mail:
County Mental Health Mailing Address:	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature Date

County:_____

Date:_____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: _____

☐ Three-Year Program and Expenditure Plan
☐ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Local Mental Health Mailing Address:	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

_____ _____
Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, _____, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30,_____. I further certify that for the fiscal year ended June 30,_____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

_____ _____
County Auditor Controller / City Financial Officer (PRINT) Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Mental Health Services
Oversight & Accountability Commission

AGENDA

PEI and INN Regulation Workgroup Meeting

August 12, 2013
California Institute for Mental Health
Sequoia Room
2125 19th Street, 2nd Floor
Sacramento, CA
9:00 AM – 4:00 PM

Call-in Number: 1-866-810-5695 (Listen only)
Code: 9546397

TIME	TOPIC
9:00 AM	**Welcome and Introductions** • *Sherri Gauger, Executive Director*
9:10 AM	**Discussion of Principles for the Development of PEI and INN Regulations** • *Facilitated by Sherri Gauger, Executive Director* • *Public Comment*
9:40 AM	**Discussion of PEI Law and Terms Needing Definition, Clarification, or Implementation** • *Facilitated by Sherri Gauger, Executive Director* • *Public Comment*
12:00 PM	**Lunch**
12:30 PM	**Discussion of PEI Law and Terms Needing Definition, Clarification, or Implementation (Continued)** • *Facilitated by Sherri Gauger, Executive Director* • *Public Comment*

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order. Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Mental Health Services Oversight and Accountability Commission committee meeting may request assistance at the Commission offices, 1300 17th Street, Suite 1000, Sacramento, CA 95811, or by calling 916-445-8696, or by emailing the MHSOAC at mhsoac@mhsoac.ca.gov. Requests should be made one week in advance whenever possible. To accommodate people with chemical sensitivity, please do not wear heavily scented products to MHSOAC committee meetings.

Mental Health Services
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1:30 PM	**Discussion of INN Law and Terms Needing Definition, Clarification, or Implementation** • *Facilitated by Sherri Gauger, Executive Director* • *Public Comment*
4:00 PM	**Adjourn**

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order. Pursuant to the Americans with Disabilities Act, individuals who, because of a disability, need special assistance to attend or participate in a Mental Health Services Oversight and Accountability Commission committee meeting may request assistance at the Commission offices, 1300 17th Street, Suite 1000, Sacramento, CA 95811, or by calling 916-445-8696, or by emailing the MHSOAC at mhsoac@mhsoac.ca.gov. Requests should be made one week in advance whenever possible. To accommodate people with chemical sensitivity, please do not wear heavily scented products to MHSOAC committee meetings.

Essential Principles for Drafting PEI/INN Regulations

1. Based on the MHSA
2. Consistent with Administrative Procedures Act
    a. Regulations are rules or standards of general application adopted by a state agency to implement, interpret, or make specific the law enforced or administered by that state agency. (Govt Code §11324.600)
3. Outcomes-focused
4. Flexible: supports county/community priorities and wisdom

Summary: PEI Concept for Regulations Discussion

This document is intended to serve as a framework for discussion of the proposed PEI Regulations.

Overall Purpose of MHSA PEI

The MHSA-specified purpose for PEI programs is to prevent mental illnesses from becoming severe and disabling (W&I Code §5840(a)). Use of PEI funds for general or community wellness is not consistent with the MHSA requirements for PEI

Each County's Overall PEI Program Must Include All of the Following

1. Emphasize improving timely access to services for underserved populations (W&I Code §5840(a)).
2. Outreach to Potential Responders: Conduct outreach to families, employers, primary care health care providers, and others to recognize early signs of potentially severe and disabling mental illnesses (W&I Code §5840(b)(1)).
3. Create access and linkage to medically necessary care provided by county mental health programs (W&I Code §5840(b)(2)).
4. Early Intervention: Time-limited services for individuals with early onset of serious mental illness to promote mental health outcomes, including recovery, wellness, and resilience, and to assist people in quickly regaining productive lives (W&I Code §5840(c)).
5. Reduce stigma and discrimination associated with being diagnosed or seeking mental health services by delivering PEI services in ways that promote access and acceptance for the diverse people of California who can benefit from them (W&I Code §5840(b)(3) and (4)). For example, combating stigma and discrimination is essential for successful outreach to potential responders and to link people with serious mental illness to treatment. For another example, it's often useful and appropriate for counties to incorporate "wellness" language and practices into their PEI programs; concepts of wellness are more acceptable and relevant to many people than terminology about mental illness and mental disorders.

Counties' Overall PEI Effort May Also Include The Following

1. Stigma and Discrimination Reduction: A program to reduce stigma and discrimination associated with either being diagnosed with a mental illness or seeking mental health services (W&I Code §5840(b)(3) and (4)).
2. Prevention: A program to prevent the occurrence, severity, and consequences of serious mental illness for individuals with identified risk factors or for members of a group with demonstrated greater than average vulnerability to mental illness (MHSA Uncodified Section 3(c); W&I Code §5840(a) and (c)).

Program and Participant Data (W&I Code §5845(d)(6) and §5848(c))

- Counties collect and report consistent program and participant data for all PEI programs.

Outcomes and Indicators (W&I Code §5848(c))

- Counties measure and report outcomes for all programs and required strategies and use outcome data for quality improvement.

- Outreach to Potential Responders (i.e. families, employers, primary care health care providers etc), Timely Access to Services for Underserved Populations, and Stigma/Discrimination Reduction strategies and programs: counties measure and report a few common indicators.
- Prevention and Early Intervention programs that serve specific clients (including families): counties select, define, measure, and report indicators of direct and relevant functional outcomes, each of which is linked to one or more of the MHSA seven negative outcomes.

PEI Programs and Interventions (W&I Code §5848(a) and (b), §5840(c), and §5846(b))

- Counties, in meaningful partnership with community stakeholders, choose programs and practices that support local priorities.
- Evidence affirms that the selected approach is likely to bring about the intended mental health outcomes. Acceptable evidence includes evidence-based practices and practice/community-based evidence. Both kinds of evidence must support client and, when applicable, parent/family choice.
- Counties, in meaningful partnership with community stakeholders, assess targeted outcomes to confirm or disconfirm effectiveness of selected programs and strategies and apply a quality improvement framework to make data-driven decisions about whether to continue, discontinue, expand, or change programs and strategies.
- The MHSOAC recommends that counties be provided with resource materials and have ready access to training and technical assistance regarding best practices in all program areas.

PEI Regulations: Proposed Matrix

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
1. Serious mental illness	Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services...	Serious Mental Illness[1]: a mental disorder that is severe in degree and persistent in duration and that may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living.	This definition is consistent with W&I Code 5600.3
2. Prevention services	Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services... 5840(c): The program shall include mental health services similar to those provided under other programs effective in preventing mental health illnesses from becoming severe Section 3(c): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To expand the kinds of successful, innovative service programs for children, adults and	Prevention Services: programs and interventions intended to bring about mental health and related functional outcomes for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly higher than average, and as applicable, their families At risk of serious mental illness: individuals with identified risk factors or members of a group with demonstrated greater than average vulnerability to mental illness. Because there must be the intended outcome of reducing risk of serious mental illness, MHSA-funded Prevention	This definition is consistent with SAMHSA definition of prevention in mental health[2] Prevention services are appropriately directed to reduce the likelihood of serious mental illness and its negative consequences for individuals and communities at elevated risk. See below for specific examples of elevated risk. This is consistent with SAMHSA definition of a risk factor for serious

[1] There are varying definitions in the field of mental health of "serious mental illness."

[2] "Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide." Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. P. 3.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
	seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.	Services do not include services for the purpose of enhancing general or community wellness. Outcomes: Counties measure and report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes. See #11 below. [Note: Examples of "functional outcomes" are reduction in incarcerations, school failure or drop out, homelessness etc. as a consequence of untreated mental illness. See #11 below.]	mental illness:" a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes" [from mental illness and substance abuse].[3] Examples of risk factors for serious mental illness: include a serious chronic medical condition, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, prolonged isolation, or having a previous mental illness.[4]
3. Early intervention services	Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services...	Early Intervention Services: Treatment and other interventions intended to address a mental health disorder early in its emergence. Early Intervention services do not exceed one year, unless the individual receiving the service is identified as experiencing first onset of	This definition differentiates early intervention services from treatment for ongoing serious mental illness within the adult or children's systems of care

[3] SAMHSA (2013). *Levels of risk, levels of intervention: What are risk and protective factors?* Substance Abuse and Mental Health Services Administration, Training and Technical Assistance. Available at http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/levels-risk-levels-intervention/1.

[4] Mayo Clinic (2012), Risk Factors: Mental Illness, Available at http://www.mayoclinic.com/health/mental-illness/DS01104/DSECTION=risk-factors.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
	5840(c): The program shall include mental health services similar to those provided under other programs effective in preventing mental health illnesses from becoming severe, and shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.	serious mental illness with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders criteria for a psychotic disorder, in which case, an Early Intervention does not exceed five years. Outcomes: Counties define, measure, and report outcomes of their Early Intervention Programs, including improved functionality as a consequence of recovery from mental illness. Counties report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes. See #11, Negative Outcomes, below.	(CSS).
4. Prevent mental illness from becoming severe	5840(a): The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling.	Severe: Same definition as "serious" which is already defined. See #1: Serious Mental Illness Measure: For Prevention and Early Intervention Services (serving individual clients), counties will measure prevention and reduction of severity by reduced risk (prevention) and signs and symptoms (early intervention) of serious mental illness and increased recovery, wellness, and resilience for individuals with risk or early onset of serious mental illness. See #12, Negative Outcomes and #13, Performance Outcomes.	Consistent with W&I Code 5600.3 Consistent with outcomes-based approach [Definition of early intervention is similar to standard used in PEI Guidelines]

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
5. Prevent mental illness from becoming disabling	5840(a): The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling.	Disabling: impair functioning so as to interfere substantially with activities of daily living Measure: Counties will measure prevention or reduction of disability as a consequence of serious mental illness using indicators consistent with MHSA negative outcomes. See #12, Negative Outcomes and #13, Performance Outcomes.	Definition is consistent with W&I Code 5600.3. Consistent with outcomes-based approach.
6. Effective practices	5840(c): PEI programs shall include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe.	Effective Practices: Requirement for use of effective practices applies to all PEI programs and to required strategies for all programs. Counties must have evidence that the practice is likely to bring about mental health or related functional outcomes, successful outreach to and engagement of potential responders, successful links to treatment for individuals with serious mental illness, and/or reduction of mental health-related stigma/discrimination. Evidence of effectiveness: Evidence can range from: (1) evidence-based practice, which includes randomized controlled clinical trials (the research gold standard) or clinically relevant, methodologically sound research with a less thoroughly documented base of evidence; or (2) community and practice-based evidence which includes clinical and client/family	MHSA requires use of effective practices. Per Uncodified Section 3(c) one of the purposes of the MHSA is to expand the kinds of successful, innovative service programs for children, adults and seniors including culturally and linguistically competent approaches for underserved populations. Cultural competency requires range of acceptable evidence. Client- and family-focused general standards require practices that are acceptable to clients and, as applicable, to parents

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
		expertise and community consensus that the practice achieves mental health outcomes, especially for underserved communities, and is consistent with client and, as applicable, parent preferences. This also includes a process to develop specific criteria by which effectiveness can be documented with the capacity eventually to give the approach equal standing with evidence-based practices validated by research. Measurement of outcomes will confirm or disconfirm the effectiveness of the practice.	and other family members. [Evidence of effectiveness is similar to standard used in PEI Guidelines]
7. Improving timely access to services for underserved populations	5840(a): …The program shall emphasize improving timely access to services for underserved populations.	Improving Timely Access to Services for Underserved Populations: "Underserved population" is defined in Regulations. (9 CCR 3200.300) "Access" means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability, cultural and language appropriateness, transportation needs, and cost of services. PEI programs serve individuals and populations in non-traditional mental health settings such as primary healthcare clinics, schools, and family resource centers; unless a traditional	Definition of "access" is similar to SAMHA definition and consistent with Prevention and Early Intervention Glossary of Acronyms, Terms, and definition included in PEI Guidelines. Consistent with outcomes-based approach.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
		mental health setting enhances access to quality services and outcomes for underserved populations. Outcomes: Counties report number of individuals served by age group, gender, race/ethnicity/culture and language spoken. These will be flexible enough to account for individual county demographics. Counties measure and report data related to access to services for underserved populations, compared to populations that are not currently underserved using a few common indicators. See #12 Performance Outcomes.	
8. Outreach	5840(b)(1): PEI programs shall include the following components: outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses	Outreach to Potential Responders: a respectful process of building relationships, which meets people where they are with the goal of engaging potential responders who would not otherwise identify and refer people who need mental health services. Outreach in this context includes training to increase skills and to change behavior of "responders" to recognize and respond to signs of potentially serious mental illness.	This definition is consistent with SAMHSA definition of evidence-based outreach practices.[5] Training is included in "outreach" to be consistent with overall MHSA intention for conducting outreach to potential responders. Consistent with outcomes-based approach.

[5] Olivet et al. (2009). Assessing the evidence: What we know about outreach and engagement. SAMHSA. Available at http://homeless.samhsa.gov/resource/assessing-the-evidence-what-we-know-about-outreach-and-engagement-37555.aspx.

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
		Outcomes: Counties measure and report data and outcomes for their outreach to potential responders using a few common indicators.	
9. Access and linkage	5840(b)(2): PEI programs shall include the following components: … access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, as defined in Section 5600.3, and for adults and seniors with severe mental illness, as defined in Section 5600.3, as early in the onset of these conditions as practicable.	"Access" is defined in #7. All PEI programs must use effective methods to provide children, adults, and seniors with serious mental illness access and linkage to treatment as early in the onset as practicable. Linkage: No specified method suggested other than the requirement that it be "effective." Outcomes: Counties measure, and report outcomes of the access and linkage elements of their PEI programs Using a few common indicators.	All PEI programs present opportunities to fulfill the MHSA PEI requirement to link individuals with serious mental illness to treatment. Suggested approach balances requirement for effective linkage to treatment be included in all PEI programs with flexibility for counties and stakeholders to prioritize specific practices. Suggested approach is consistent with PEI Guidelines
10. Reduction in stigma and discrimination	5840(b)(3): PEI programs shall include the following components: … reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services. 5840(b)(4): PEI programs shall include the following components: reduction in discrimination against people with mental illness	Stigma and discrimination reduction encompasses: (a) direct efforts to combat mental health-related stigma and discrimination, and (b) Indirect efforts to design, implement, and describe programs in ways that circumvent stigma, including self-stigma, and make services accessible and acceptable. All MHSA-funded PEI programs include	This approach provides a way for counties to fulfill the MHSA mandate to work to reduce stigma and discrimination related to mental illness or seeking mental health services through indirect approaches without a requirement to offer a

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		the indirect element of addressing mental health stigma using effective practices. Counties may also fund direct efforts to combat mental health related stigma and discrimination. Outcome: For both PEI indirect Stigma and Discrimination Reduction strategies and direct Stigma and Discrimination Reduction Programs, counties measure, and report on intended outcomes and use resulting data for purposes of quality improvement using a few common indicators.	specific stigma and discrimination reduction program. Consistent with outcomes-based approach.
11. Negative Outcomes	5840(d): The program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes.	Negative Outcomes: Reduction of suffering and suicide are considered direct mental health outcomes. Reductions in incarcerations, school failure or drop out, unemployment, homelessness, or removal of children from their homes as a consequence of untreated mental illness are considered functional outcomes. Outcomes: For Prevention and Early Intervention programs that serve specific clients (including families), counties select, define, measure, and report indicators that relate to one or more of the MHSA seven negative outcomes.	Defining and measuring outcomes tied to the seven negative outcomes provides a basis for assessing the cumulative focus and outcomes of MHSA-funded PEI programs.

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12. Performance Outcomes	5848(c): The plans shall include reports on the achievement of performance outcomes for services pursuant to ... Part 3.6 (commencing with Section 5840)... of this division funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the California Mental Health Directors Association.	Performance Outcomes: All PEI-funded programs will measure and report outcomes and use outcome data to improve the quality of their PEI efforts. Outcomes: Counties will measure and report on a few common indicators established by the state for the following: Improve Timely Access Services for Underserved Populations (See #7); Outreach to Potential Responders (See #8); Linking individuals with Serious Mental Illness to Treatment (See #9); Stigma/ Discrimination Reduction (See #10). Outcomes: Counties will measure and report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes for the following PEI programs: Prevention (See #2) and Early Intervention (See #3).	Defining common indicators of outcomes provides a basis to measure and communicate statewide progress and impact of the MHSA PEI component. Selecting, defining and measuring outcomes tied to the seven negative outcomes for Prevention and Early Intervention Programs provides a basis for assessing the cumulative focus and outcomes of MHSA-funded PEI programs.
13. Number served	5847(e): Each expenditure update shall indicate the number of children, adults, and seniors to be served pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850), and the cost per person.	Number Served: Counties report both estimated and actual numbers of individual clients (and, as applicable, members of their families) for programs that serve individual clients.	Per 5845(d)(6) MHSOAC has authority to request data and information to use in its oversight, review, training and technical assistance, accountability, and evaluation capacity. It is important that public and policy makers are informed about use of

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			MHSA funds. There was consensus from counties and stakeholders to include this reporting requirement in the 3 year Plan Instructions for PEI.
14. Expenditure plan	5847(b): The three-year program and expenditure plan shall be based on available unspent funds and estimated revenue allocations provided by the state and in accordance with established stakeholder engagement and planning requirements as required in Section 5848. The three-year program and expenditure plan and annual updates shall include all of the following: A program for prevention and early intervention in accordance with Part 3.6 (commencing with Section 5840). 5847(e): Each county mental health program shall prepare expenditure plans pursuant to...Part 3.6 (commencing with Section 5840) for prevention and early intervention programs..., and updates to the plans developed pursuant to this section. The expenditure update shall include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose. 5892(a)(3): Twenty percent of funds distributed to the counties pursuant to subdivision (c) of Section 5891 shall be used for prevention and	Counties report: (1) estimated total mental health expenditures for each PEI program, and identify each applicable program as either focusing on prevention or early intervention (Outreach to Potential Responders and Stigma and Discrimination Reduction Programs generally cannot be categorized as either prevention or early intervention, since they combine both elements); (2) estimated PEI, Medi-Cal FFP, 1991 realignment, behavioral health subaccount, and other funding used for each PEI program, and identify each applicable program as either focusing on prevention or early intervention (see previous note); (3) estimated PEI funding for PEI administration; and (4) actual and estimated PEI funds voluntarily assigned by the county to CalMHSA or any other organization in which counties are acting jointly. Counties report actual expenditures (need to insert information from the ARER and Annual Update and Three-	Sufficient expenditure information is necessary to allow for informed local approval and local and MHSOAC oversight of use of PEI funds. Sufficient information about actual expenditures is necessary for local and state oversight and accountability and to report to the public and decision-makers about the use of MHSA funds. The reporting requirements were included in the FY 2014-2015 through FY 2016-2017 MHSA Program and Expenditure Plan Instructions (3- year Plan Instructions). See attached fiscal forms from 3-year Plan

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	early intervention programs in accordance with Part 3.6 (commencing with Section 5840) of this division.	Year Plan Reports on Actual Expenditures)	Instructions and Annual Revenue and Expenditure Report for Fiscal Year (need year)
15. Impact on need and cost for additional services to individuals with serious mental illness	5892(a)(4): The expenditure for prevention and early intervention may be increased in any county in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.	Will need to determine if DHCS needs additional information to support their capacity to make this determination.	

Summary: Innovation Concept for Regulations Discussion

This document is intended to serve as a framework for discussion of the proposed Innovation Regulations

Overall Purpose of MHSA Innovative Projects ((W&I Code §5830(a) (1-4); (b) (1-4); (c))

The MHSA-specified purposes for Innovative Projects are the following, all of which relate to the prevention of and/or recovery from serious mental illness: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration; and/or (4) increase access to services.

Each County's Overall Innovation Program Must Include All of the Following

MHSA Innovation funds are to be used for designing, piloting, and evaluating time-limited new or changed mental health practices, which have not yet demonstrated their effectiveness. The broader purpose is to infuse new effective mental health practices, consistent with the four MHSA purposes, into the overall public mental health system.

1. Design, pilot and evaluate a mental health practice that does one of the following: a) introduce new mental health practices or approaches, including but not limited to prevention and early intervention b) make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or c) introduce to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings (W&I Code §5830(b)(2)(A-C))
2. Decide whether/how to continue the Innovative Project, or successful element(s) of the project, without Innovation funding (W&I Code §5830(d))
3. Communicate results of evaluation and lessons learned and disseminate successful Innovative Projects to other counties (and beyond, if desired) (W&I Code §5830(d))

Innovation Evaluations (W&I Code §5830(d))

Evaluation is at the core of MHSA Innovation, since all Innovative Projects are pilots to be tested. Statewide success of the Innovation component involves the extent to which successful Innovations are implemented by counties as ongoing practices and are replicated by other counties and beyond. Innovation evaluations must include the following, at a minimum:

1. Measure outcomes, including outcomes associated with the selected Primary Purpose
2. Assess the effectiveness of whatever is changed, compared to existing mental health practice
3. Use sound method to determine which elements of the Innovative Project contributed to successful outcomes
4. Use evaluation data to determine whether to adopt the Innovative Project, or successful elements, and to disseminate to other counties successful practices and lessons learned

Timeline (W&I Code §5830(d))

1. The county designates a timeframe between one and five years from onset of Innovative Project based on the complexity of the evaluation.
2. The county develops a timeline with key milestones, focused on development and refinement, time-limited implementation, evaluation, decision-making, and communication
3. An Innovative Project is not funded beyond the approved end date unless the county submits and receives approval from the MHSOAC for a work plan extension.

Expenditure Plan (Budget) (W&I Code §5830(d))

1. The expenditure plan must be consistent with the focus on evaluating time-limited pilot projects.
2. The expenditure plan includes the total and annual projected cost of the Innovative Project, including both available funds and, if applicable, planned use of estimated revenue from future Innovation allocations.

Innovation Regulations: Proposed Matrix

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
1. Innovative Programs/ Projects	5830: County mental health programs shall develop plans for innovative programs to be funded pursuant to paragraph (6) of subdivision (a) of Section 5892. (a) The innovative programs shall have the following purposes: (1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To promote interagency collaboration. (4) To increase access to services. 5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.	Innovative Programs: The MHSA uses interchangeably the terms "innovative projects," "innovative programs," "innovation programs," and "program for innovations," all of which have the same meaning, specified in 5830(a) and (b). MHSOAC Staff recommends using the term "Innovative Project" for these regulations.	Clarify MHSA's use of different terms to convey the same concept. The term "Innovative Project" reinforces the time-limited and evaluation focus of MHSA Innovation funding, as distinct from ongoing programs.
2. Primary Purpose	5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the	Primary purpose refers to one of the four purposes for which the county chooses to develop and pilot a new or changed approach, which the county will measure through its evaluation. The evaluation includes measurement of	Maintain consistency with evaluation focus of the Innovation component: In designating one primary purpose, the county simplifies and focuses its evaluation of the Innovative Project and ensures measurement

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	quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.	the effectiveness of the new or changed approach for the chosen primary purpose.	of relevant outcomes related to whatever is new or changed.
3. Underserved Groups	5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: Address one of the following purposes as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration (4) increase access to services.	Underserved Groups: Already defined in 9 CCR 3200.300	Maintain consistency with regulations: 9 CCR 3200.300
4. Measurable outcomes	5830(b)(1): All projects included in the innovative program portion of the county plan shall meet the following requirements: (1) Address one of the following purposes as its primary purpose: (A) Increase access to underserved groups. (B) Increase the quality of services including measurable outcomes. (C) Promote interagency and community collaboration. (D) Increase access to services.	Measurable outcomes: direct or indirect mental health or related functional outcomes, either individual/family or program/system, related to risk or manifestation of serious mental illness. Counties measure the achievement of outcomes using specified indicators. At least one outcome must link to the selected primary purpose. The design must allow the county to assess the impact of whatever element(s) of the Innovative Project were new/changed, compared to established practices in the field of mental health. Counties use research methods to determine which elements of the	Maintain consistency with MHSA Purpose and Intent by ensuring that all MHSA-funded Innovative Projects support mental health practices and outcomes. Maintain consistency with evaluation focus of MHSA Innovation component.

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		Innovative Project contributed to successful outcomes in order to support data-driven decisions about incorporating new or revised mental health practices into their existing systems and services and disseminating successful practices.	
5. New Mental Health Practice Change to an Existing Mental Health Practice	5830(b)(2): All projects included in the innovative program portion of the county plan shall meet the following requirements: … (2) Support innovative approaches by doing one of the following: (A) Introducing new mental health practices or approaches, including but not limited to prevention and early intervention. (B) Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community. (C) Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.	New mental health practices or approaches: new to the overall mental health system. Change to an existing mental health practice or approach: changed practice compared to practices in the overall mental health system, which have already been demonstrated to be effective. "Change" can include application to a different population or a modification to some element of the practice that the county regards as necessary to address its specific mental health challenges.	Maintain consistency with overall purpose of the MHSA and supports overall purpose of Innovation component to introduce new effective practices into the California public mental health system. Differentiate Innovation component, in which the county "innovates", from CSS and PEI components, in which the county funds and implements practices already demonstrated to be effective.
6. Persistent Seemingly Intractable Mental Health Challenges	5830(c): An innovative project may affect virtually any aspect of mental health practices or assesses a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following: (1) Administrative,	Persistent, seemingly intractable mental health challenges: A priority issue related to serious mental illness or to an aspect of the mental health service system for which the county chooses to design and test an Innovative Project, selected as the result of a community program planning process involving	This definition supports county flexibility through the community program planning process to define and prioritize mental health challenges that are amenable to developing and evaluating an Innovative Project

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	governance, and organizational practices, processes, or procedures. (2) Advocacy. (3) Education and training for service providers, including nontraditional mental health practitioners. (4) Outreach, capacity building, and community development. (5) System development. (6) Public education efforts. (7) Research. (8) Services and interventions, including prevention, early intervention, and treatment.	meaningful partnership with stakeholders. The issue addressed must be consistent with one of the four MHSA-specified primary purposes for Innovative Projects.	This approach also ensures that all MHSA-funded Innovative Projects focus on mental health practice and outcomes.
7. Proven to Be Successful	5830(d): If an innovative project has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.	Proven successful: Each Innovative Project has a start and an end date that is not less than one year and not more than five years from onset. The county designates the timeframe based on the complexity of the evaluation. An Innovative Project is not funded beyond the approved end date unless the county submits and receives approval from the MHSOAC for a work plan extension. The county develops and communicates a timeline that includes key milestones for (a) development, assessment, refinement, and final evaluation of the Innovative Project, (b) decision-making about whether/how to continue a successful Innovative Projects or elements of a project, with other funding if needed, and (c) for communication of the results and lessons learned to others, with a focus on dissemination of	This definition reflects MHSA mandate for time-limited Innovative Projects while supporting county flexibility to determine the time it will take to develop, refine, evaluate, make decisions about, and communicate regarding each Innovative Project, depending on its complexity. This provides counties with a method to extend the timeline if the original timeline proves inadequate to complete the evaluation. The timeline requirement specifies information and level of detail needed to document the county's intentions for development and refinement,

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		successful Innovative Projects and approaches. The county designs a method for analyzing the effectiveness of the Innovative Project. The Evaluation will assess both the intended outcomes and the elements that contributed to the outcomes. For Innovative Projects that test an adapted mental health practice, the analysis addresses the element(s) of the mental health practice that is adapted. The county collects necessary data to complete the analysis.	evaluation, decision-making, and dissemination of the Innovative Project. The requirement reflects the MHSA mandate for continuation of Innovative Projects (with other funds, as applicable) only if they are "proven to be successful." A sound evaluation that assesses both outcomes and the new or changed elements that contributed to successful outcomes is necessary to support county decision making and dissemination of successful practices to other counties.
8. Transition to Another Category of Funding As Appropriate	5830(d): If an innovative project has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate.	The county, with meaningful involvement of stakeholders, will develop a plan to decide, whether and how successful Innovative Projects and elements of Innovative Projects will be continued with other funding sources and/or otherwise incorporated into the local mental health delivery system. The county, in partnership with stakeholders, may terminate an Innovative Program prior to the planned end date. In issues of risk or legal liability, the county may terminate the	This definition reflects 5848(a) MHSA requirement that county have meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. Provide flexibility for a county to terminate an Innovative Project immediately in response to issues of risk or legal liability.

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		Innovative Program prior to the planned end date without consultation, by informing stakeholders of the decision and rationale. In either instance, the county will notify the MHSOAC.	
9. Expenditure plan	5847(b) The three-year program and expenditure plan shall be based on available unspent funds and estimated revenue allocations provided by the state and in accordance with established stakeholder engagement and planning requirements as required in Section 5848….(4)A program for innovations in accordance with Part 3.2 (commencing with Section 5830). 5847(e) Each county mental health program shall prepare expenditure plans pursuant to … Part 3.2 (commencing with Section 5830) for innovative programs…The expenditure update shall include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose. 5892(a)(6): Five percent of the total funding for each county mental health program for Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) of this division, shall be utilized for innovative	The budget (expenditure plan) must be consistent with the time-limited focus of the Innovation portion of a county plan or annual update. Funds should include development and refinement, piloting, evaluation (ongoing and final), decision-making, and dissemination of the Innovative Project. The county submits an expenditure plan (budget) for the total and annual projected cost of the Innovative Program, including both available funds and, if applicable, planned use of estimated revenue from future Innovation allocations. Counties will report both estimated and actual expenditures. See below. Estimates: Counties report: (1) estimated total mental health expenditures for each Innovation Project; (2) estimated INN, Medi-Cal FFP, 1991 realignment, behavioral health subaccount, and other funding used for each Innovation Projection; (3) estimated INN funding for INN administration. Counties report actual funding spent:	The MHSOAC needs information about the total projected expenditures, and associated logic or rationale, for the entire life of the Innovative Project. Planned and actual expenditures for Innovative Projects must reflect the focus on evaluation. As the only MHSA component that provides for time-limited projects with ongoing funding, it is essential that counties have the flexibility to plan Innovative Projects based not only on available unspent funds but also on estimated revenue allocations for future years. The estimated reporting requirements were included in the FY 2014-2015 through FY 2016-2017 MHSA Program and Expenditure Plan Instructions (3-year Plan Instructions)

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	programs in accordance with Sections 5830, 5847, and 5848.	(insert information from the ARER) The submitted budget for INN must show the 5% funding from PEI and 5% funding from CSS.	
10. Expend Funds	5830(e): County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission	Counties must obtain MHSOAC approval of their Innovation Projects before expanding funds for those programs. Counties may submit a plan and budget for a new Innovative Project as part of the three-year program and expenditure plan or as part of an annual update. Counties may also submit plans and budgets as updates, separate from three-year program and expenditure plans or annual updates.	Because Innovative Projects will have varying timelines, counties need flexibility about when they can submit their plans and budgets.
11. Oversee	The Mental Health Services Oversight and Accountability Commission is hereby established to oversee... Part 3.2 (commencing with Section 5830), Innovative Programs	Oversee: For each approved Innovative Project, the county submits to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan or annual update one of the following reports, as applicable: (a) for continuing Innovative Projects, an Annual Innovative Project Report that consists of a brief description of the progress of the project; (b) upon completion of an Innovative Project, a	MHSOAC oversight requires annual reports on the progress of Innovation Projects, as well as a final report on the project once completed. Ensure consistency with overall purpose of MHSA Innovation component to introduce new effective practices into the California public mental health system.

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		Final Innovation Project Report. Both reports describe: (a) any changes to the Innovative Project, and the reasons; (b) evaluation data; (c) target population and numbers and demographics of individuals and families served, if applicable; and (e) any other data the county considers relevant. The Final Innovation Program Report includes in addition: (a) final evaluation results, including evaluation methodology, outcomes including those related to the selected primary purpose, and assessment of project elements associated with successful outcomes; (b) how the program expressed MHSA general standards; (c) whether the county will continue the Innovative Project, the source of ongoing funding if applicable, and the reason for the decision; (d) if the project did not achieve its learning goals, a summary of what was learned; and (e) methods of dissemination to other counties, including any presentations, reports, articles, manuals, CDs, DVDs, videos, or any other materials developed to communicate lessons learned and program results.	