
AGENDA ITEM 9

Action

January 28, 2016 Commission Meeting

Commission Projects for 2016

Summary: The Commission should identify 2-3 policy research projects for the Commission to pursue.

Background: Based on staff capacity, the Commission can undertake 2-3 policy research projects at any one time. The Commission is currently completing work on the Child and Adolescent Crisis Services project and work is underway on the Regulation Implementation project. Additionally, staff is working to complete its review of the Little Hoover Commission's recommendations.

Based on the work of the Commission's committees, recommendations from Commissioners, and prior work plans, Staff has included the following topics for the Commission's consideration:

1. Homelessness. Homelessness among persons with mental illness has been highlighted in the media and there is tremendous concern that too many mental health consumers are homeless. The Commission could undertake a review of homelessness and opportunities to improve services, reduce homelessness and improve outcomes for mental health consumers.
2. Issue Resolution Process. The Mental Health Services Act requires counties and the state to establish an Issue Resolution Process (IRP) to address concerns regarding access to services or the quality of those services. During Community Forums and Committee meetings, stakeholders have raised concerns that the IRP process may not be functioning as effectively as intended. The Commission could undertake a review of existing IRP processes and recommend strategies to improve the effectiveness of these processes.
3. Mental Health Needs of Veterans. California is home to the largest population of U.S. military veterans and many struggle with unmet mental health needs. Advocates for

veterans have raised concerns that many veterans face barriers to accessing mental health care through the VA, as well as through community mental health systems. The Commission could explore the opportunities and barriers to improving mental health care for California's veterans.

4. Mental Health – Physical Health Parity. Parity legislation was intended, in part, to create access to mental health care through private health insurance. There are many indications that implementation of parity requirements – at the state and federal level – has been slow and is incomplete. The Commission could explore the status of parity requirements, barriers to full implementation and strategies to better leverage health insurance resources to improve access to mental health care.
5. Mental Health and Criminal Justice Involvement. Research suggests that 64 percent of jail inmates have a mental health need and between 25 percent and 40 percent of persons with serious mental illness have been incarcerated at some point in their lives. Recent investments through the Commission's Triage Grant program have included supporting strategies to reduce the criminal justice involvement of persons with mental health needs. The Commission could explore the ways in which California's criminal justice and mental health systems intersect, strategies to reduce the criminal justice involvement of mental health consumers and improve mental health outcomes for those involved in the criminal justice system.
6. Mental Health and Schools. In the Commission's recent project on child and adolescent crisis services, witnesses provided testimony that a significant number of crisis service calls originate in the schools. Education and children's mental health advocates also assert that appropriate mental health care is essential to supporting educational success. The Commission could explore existing strategies to ensure appropriate integration of mental health and education strategies and opportunities for improvement.
7. MHSA Fiscal Reversion. With limited exceptions, state law requires MHSA funds to be spent within three years of receipt. Fiscal reversion policy was intended to ensure that counties fully utilize MHSA funds to meet mental health needs. Current fiscal reports suggest that counties are holding significant reserves, outside of the mandated prudent reserve, and it appears that no funds have reverted since 2008. The Commission could document

existing reversion policies and practices and propose refinements to ensure that MHSA funds are made available in a timely and prudent manner to meet community mental health needs.

8. Suicide. The National Institute for Mental Health reports that suicide is the 10th leading cause of death in the U.S. and that suicide is the second leading cause of death for young people ages 15 to 34. California has struggled to put in place an adequate suicide prevention and hotline response system. The Commission could explore the status of California's current suicide prevention strategies and propose recommendations for improvement.

The Commission also can identify topics outside of this list for consideration.

For each project identified, staff will ask the Chair to appoint a subcommittee of 2-3 Commissioners to lead each project. Staff will work with the subcommittee to draft a project work plan and calendar that will include forming an advisory committee, organizing site visits and panel presentations during Commission meetings. Findings and specific policy recommendations will be brought before the Commission for consideration at the conclusion of each project.

Based on the work plan established for each project, and staff capacity, the Commission will have on-going opportunities to identify additional projects for consideration.

Presenter: Toby Ewing, Executive Director

Enclosures: None

Handout: Brief project proposals will be distributed.

Recommended Action: Identify 2-3 priority research projects for the Commission to pursue in 2016.

Proposed Motion: The Commission directs staff to undertake the following policy research projects:

1. _____
2. _____
3. _____