MHSOAC
Mental Health Services Oversight and Accountability Commission
Meeting Minutes
January 26, 2012

Doubletree Hotel
2001 Point West Way
Sacramento, California 95815
866-817-86550; Code 3190377

1. Call to Order

Chair Poaster called the meeting to order at 9:14 a.m. He announced a change in the order of the agenda and summarized the upcoming topics.

2. Roll Call

Commissioners in attendance: Larry Poaster, PhD, Chair;
Richard Van Horn, Vice-Chair; Sheriff William Brown; Ralph Nelson, Jr., M.D.; Andrew Poat; and Eduardo Vega.

Not in attendance: Senator Lou Correa; Assemblymember Mary Hayashi; Victor Carrion, M.D.; David Pating, M.D.; and Tina Wooton.

Six members were present and a quorum was established. Commissioner Patrick Henning resigned from the Commission due to his new position in the Governor's office.

Chair Poaster noted that due to his recent eye surgery, Vice-Chair Van Horn would be acting as chair for the meeting.

3. Adoption of November 17, 2011 MHSOAC Meeting Minutes

Commissioner Vega requested a change on page four of the minutes under the discussion of the community forums to reframe his word choice of "sense of comfort" to reflect a space that feels safe and free from fear of retaliation for stakeholders.

Commissioner Poat requested a technical rephrasing of a comment attributed to him on page 11 of the minutes to more clearly state that he was inquiring about how the Culturally and Linguistically Appropriate Services (CLAS) standards apply to programs that only use state dollars. Commissioner Poat will provide staff with the proposed change in language.

> **Motion:** *Upon motion by Commissioner Poat, seconded by Commissioner Poaster,, the Commission voted unanimously to adopt the November 17, 2011 Meeting Minutes as amended.*

4. MHSOAC Calendar and Dashboard, Revised January 2012

Executive Director Sherri Gauger noted that the Dashboard, Mental Health Services Oversight and Accountability (MHSOAC) Calendar, PowerPoint presentations, and press information were included in the handout packet.

5. Adopt 2012 MHSOAC Workplan

Executive Director Gauger presented Chair Poaster and Vice-Chair Van Horn's 2012 MHSOAC Work Plan. Executive Director Gauger pointed out that the Workplan is directly aligned with the Commission's role as set forth in statute, and explained that the Workplan presents an opportunity to reinforce what the Commission's role is in the changing mental health services system.

Executive Director Gauger presented the Commissions' eight priorities for 2012, as listed below.

1. Exercise an active role in policy development.
2. Ensure comprehensive evaluation regarding the effectiveness of services being provided and achievement of the outcome measures.
3. Facilitate relevant and effective Training and Technical Assistance.
4. Demonstrate to taxpayers and the public that Mental Health Services Act (MHSA) funds are spent in the most cost effective manner and comply with statutes and regulations.
5. Ensure that the perspectives and participation of people experiencing serious mental illness and their families are a significant factor in all the Commission's decisions and recommendations.
6. Continue efforts to reduce disparities in access to treatment, quality of care, and create successful outcomes for the diversity of individuals and families being served.
7. Ensure county performance complies with MHSA, (as amended by Assembly Bill (AB) 100).
8. Increase efforts to communicate statewide effectiveness of the MHSA and overcome stigma.

Executive Director Gauger then discussed some of the activities included with the priorities as summarized below.

- Priority 1 tasks include:
    - Continuing to monitor federal health care reform and identifying the impact on behavioral health;

- Working with stakeholders to develop appropriate change policies in a new environment;
- Continuing to oversee AB 100 implementation work group recommendations; and
- Participating in the review and revision of MHSA regulations.

- Priority 2 tasks include:
  - Facilitating the development of a comprehensive Mental Health System Evaluation Plan;
  - Identifying the priorities for the next fiscal year's evaluation funds;
  - Continuing to work with the California Mental Health Services Authority (CalMHSA) to develop the Prevention and Early Intervention (PEI) framework; and
  - Identifying uniform priority mental health outcomes for oversight.

Vice-Chair Van Horn commented that at the national level the National Outcome Measurement System (NOMS) has been developed, but is still undergoing further development. As Chair of the Evaluation Committee, Vice-Chair Van Horn assured the Commissioners that whatever is done in California will be harmonized with the national system that is in development.

Commissioner Vega noted that he would like to build upon Vice-Chair Van Horn's comment when they discuss Evaluation later in the meeting.

Executive Director Gauger continued to discuss activities included with the priorities as summarized below.

- Priority 3 tasks include:
  - Participating in the California Institute for Mental Health's (CiMH) advisory group; and
  - Continuing communication on lessons learned and best practices from evaluation as a part of continuous quality improvement.

- Priority 4 tasks include:
  - Producing semiannual financial reports;
  - Monitoring the volatility of the MHSA fund to recommend appropriate policy changes;
  - Working with the Department of Mental Health (DMH) and/or Department of Health Care Services (DHCS) to develop component allocations; and

  - Working with the Department of Finance (DOF) and the MHSOAC fiscal consultant on projections of the fund condition.

- Priority 5 tasks include:
  - Continuing the Community Forums and reporting potential policy implications from the forms based on stakeholder input; and
  - Conducting a second MHSOAC Quality Improvement(QI) Survey.

- Priority 6 tasks include:
  - Developing the reducing disparities guidelines;
  - Approving the $60 million in expenditures for reducing disparities; and
  - Following up on AB 100 work group recommendations that contribute to reducing disparities.

- Priority 7 tasks include:
  - Continuing efforts to support data quality for tracking, evaluation, and communication purposes;
  - Continuing oversight of the four statewide projects;
  - Monitoring the process to amend county performance contracts; and
  - Ensuring that the issue resolution process is finalized and completed (AB 100 work group recommendation).

- Priority 8 tasks include:
  - Continuing to facilitate the public information work group that Jennifer Whitney, MHSOAC Public Information Officer, has put together;
  - Defining target audiences and adjusting communication efforts accordingly; and
  - Showcasing county profiles on the Commission's website as well as the new Proposition 63 website being developed.

Commissioner Questions and Discussion

Commissioner Vega inquired about the content of the second QI Surveys. Vice-Chair Van Horn responded that the QI surveys address how the world sees the MHSOAC. Areas addressed include responsiveness to constituents, effectiveness, etc.

Executive Director Gauger explained that the survey was sent out online to over 1,100 individuals and the MHSOAC received 200 responses. The QI survey results were reported to the Commission and posted on the MHSOAC website. Executive Director Gauger stated that the MHSOAC is hoping to learn from the survey, make improvements and send out a second survey.

Commissioner Vega wanted the Commission to take the information gathered from these surveys and integrate them into ongoing work plans. He commented, that we should also take the information gathered from the Community Forums, synthesize it, build upon it, and incorporate it in future work plans.

Commissioner Poat suggested that it may be helpful to give some sense of the level of Commission ownership to these priorities. He suggested using "champion" to indicate Commission ownership or "support" to indicate ownership outside of the Commission.

Commissioner Poat questioned which policy goals we would be advocating in regard to Priority 1. Vice-Chair Van Horn responded that these goals will be discussed at the upcoming workshop meeting. In regard to Priority 2, Commissioner Poat felt that "champion the inauguration of a statewide model for goal setting resource allocation and results measurement" would be ideal language that would put the Commission in the central role of implementation. He felt that Priority 3 was a clear result of the Legislature's intent which is a good thing. As for Priority 4, Commissioner Poat indicated that discussion needs to be had on the Commission's role and whether we would put a model forward or solicit input from outside sources. He thought Priority 5 and 6 were great as is. In regards to Priority 8, he stated that the Commission needs to make the results of our evaluation of the effectiveness of spending transparent. He noted that the mention of stigma in priority 8 does not seem to relate to the communication of effectiveness and appears to be a separate issue

Commissioner Vega thinks we need to focus not only on evaluation, but also on training and technical assistance to counties so they can effectively increase the participation and activity of clients in their programs and in their communities. Commissioner Vega explained that he thinks it has reached a point where we need to take action, and help counties and local communities grow their effectiveness in integrating consumers across the board.

Commissioner Brown suggested a possible word change on Priority 8 that might make it clearer. He said his belief is that if we effectively communicate the effectiveness of the MHSA it helps to reduce the stigma of mental illness. Reworking the wording to say "work to reduce the stigma of mental illness by communicating the effectiveness of the Mental Health Services Act" might address some of Commissioner Poat's concerns.

Commissioner Poat responded that we have to remember we are a commission and that our job is accountability. The minute we say we are out to advocate something it implies that we are going to do that independent of the evaluation that we are performing. Vice-Chair Van Horn asked if it would be acceptable to use the wording that Commissioner Brown proposed and adjust the effectiveness in terms of some way within a limit of two or three words. Commissioner Poat agreed and Commissioner Brown and Vice-Chair Van Horn agreed that the phrase "overcome stigma" is a little strong.

Chair Poaster said that the discussion was helpful and that the intent of the work plan is to outline the Commission priorities in broad strokes. This devolves down into committee work as well. Chair Poaster suggested that we do some wordsmithing to incorporate some of Commissioner Poat's and Commissioner Brown's thoughts. Chair Poaster said he really likes the concept of champion evaluation efforts and suggested that if Commissioners felt comfortable with approving it, Vice-Chair Van Horn and he could work with staff to fine tune some of the comments.

Referring to Priority 8, Commissioner Vega suggested that if we are talking about our role as the face of Proposition 63 to the community, that we clarify that it is a significant and important commitment. He agreed that through this we can impact stigma. Vice-Chair Van Horn agreed and said this is called the Steinberg Priority. Vice-Chair Van Horn stated that Steinberg has two words for us outcomes and communication.

Public Comment

- Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), said she found the work plan very clear and really appreciated getting a "broad brush" as Chair Poaster said. She really appreciated Priority 6 and thanked the Commission for including the reduction of disparities in the priorities. She hoped that the Cultural and Linguistic Competence Committee (CLCC) could weigh in on these as it seems they have expertise in this area. She said it worried her that some of these are not in the work plan of the CLCC. She thought that it was wonderful that the

Commission did the QI Survey and thought that the CLCC and the California Multicultural MHSA Coalition would be very happy to assist.

- Sandra Marley volunteer private advocate and consumer and family member, referring to Priority 7, asked if the Commission would be reporting on county performance before or after the money is spent by the counties.

  Vice-Chair Van Horn replied it would be after, because the money is given continuously to the counties to fund programs. Since plan approval is gone, all of our evaluation will be after the fact and then moving toward change in the next iteration. There is a performance contract, but the details of how it will look are not yet determined.

  Motion: *Upon motion by Commissioner Vega, seconded by Commissioner Poat, the Commission voted unanimously to adopt the 2012 MHSOAC Workplan.*

6. <u>Adopt 2012 Committee Charters</u>

Client and Family Leadership Committee (CFLC)
Commissioner Vega and Commissioner Nelson presented on the CFLC Charter.

Commissioner Vega expressed his excitement about the work of the CFLC this year and thinks that the Committee will be helping the Commission expand and champion the role of clients, family, parents and caregivers as central stakeholders in mental health services. The focus of the Committee is on ensuring clients and family members participate actively in decisions of the Commission. The expertise of the Committee is relevant throughout California and is helping this be the driving force behind enactment and realization of the recovery vision. Commissioner Vega went on to say that they are very excited about the dissemination of the "Client-driven Family Focused Transformation Policy Paper."

The CFLC will also be taking the lead on scheduling and conducting the community outreach forums through a joint work group with the CLCC. They want to give a report to the Commission by the end of the year so that it is relevant to Commission actions and decisions in the following year. The CFLC has been asked to help clarify the issue of client-run programming, in which programs are purely run by consumers within the program. Additionally, the CFLC will be working with the Working Well Together Collaborative and developing strategies for the promotion of client and family employment in the mental health system. The CFLC wants to be active in the integration and assessment of the effectiveness of Crisis Intervention Team (CIT) trainings and will be looking to programs in counties across California as a leading model.

Commissioner Nelson added that CIT programs have become very diluted; you can have a one hour program or a 40 hour program, and both are called CIT. We want to look at the effectiveness of these programs to see how many people are adequately trained. Commissioner Vega agreed and stated that sometimes CIT has been identified as a best practice, but it has been implemented very differentially.

Commissioner Brown commented that we need to consider the difference and disparity in various counties. Although it is a best practice, it is not necessarily universally applicable to all counties. Commissioner Vega responded that they will be learning more about that, and briefly went through the CFLC activities as the Commissioners reviewed them.

Cultural and Linguistic Competence Committee (CLCC)
Vice-Chair Van Horn presented the CLCC Charter on the behalf of Commissioner Carrion.

The CLCC's focus is to ensure that the Commission can achieve participation from individuals in various ethnic and cultural communities, and to ensure organization and participation in activities and tasks that will produce cultural and linguistic competence. The CLCC will then be able to provide information to the Commission about how members in various communities are being impacted. In partnership with the CFLC, the CLCC will conduct quarterly community outreach forums. Additionally, the CLCC will obtain updated utilization data from DMH to compare baseline data; review how CLAS standards could be applied to MHSA activities; identify effective training resources in reducing mental health disparities; participate in a Services Committee Workgroup to develop input to the Integrated Plan; present on developing PEI Statewide Reducing Disparities Project guidelines and present Strategic Plan summary findings to the Commission. The CLCC will also conduct the annual cultural and linguistic competence presentation to MHSOAC and staff.

Vice-Chair Van Horn added that we have now learned that the multicultural services group from DMH as it is transferred into DHCS is becoming part of a new Office of Equity, which is going to be reporting both to directors of DHCS and the Department of Public Health (DPH). Vice-Chair Van Horn stated that he believes this new office will be considerably stronger, and believes that the Commission needs to ensure that it has a serious voice in what happens in the new Office of Health Equity.

Services Committee

Vice-Chair Van Horn presented the Services Committee Charter on behalf of Commissioner Pating.

The Services Committee intends to assure adherence of services to regulatory guidelines and identify relevant implementation issues. The Services Committee will be in collaboration with CiMH to implement a framework for coordinating training and technical assistance. The Committee has prepared the "Transforming the Mental Health System Through Integration" report, and will convene a work group with participants from the CFLC and CLCC to develop the Statewide Reducing Disparities Project guidance.

Vice-Chair Van Horn added that the Services Committee will review and comment on any proposed MHSA regulations. As part of a quality improvement framework, the Committee will identify and communicate lessons learned and best practices from evaluations and other sources to improve programs and policies. The Services Committee will collaborate with the new state entities on this.

Funding and Policy Committee

Commissioner Poat presented the Funding and Policy Committee Charter.

Commissioner Poat spoke about two areas, financial projections and the monitoring of funds. There are four times each year that have significant funding developments. These are the Governor's proposed budget in January, the May budget revise, the actual budget adoption, and then because of the financial volatility of the state in the last few years, there is the potential for additional major adjustments. The Committee will also continue to monitor the use of all MHSA funds to ensure that they are being used within a prudent time frame. In relation to their policy obligation, the Committee will be in collaboration with the Services Committee and Evaluation leaders to be intimately involved in the issue of championing an evaluation framework.

Commissioner Poat added that there is a lot of work to do and he thinks everyone recognizes that. In the next few months, we hope to get ideas on the table to develop this process. We hope to have the process integrated into a solution on behalf of the Commission and then advocate with other agencies to implement the program.

Evaluation Committee

Vice-Chair Van Horn presented the Evaluation Committee Charter.

Vice-Chair Van Horn explained that the plan this year is to have a full-blown framework for evaluation that will encompass the entire mental health system. Someone else will need to look at the evaluation of the rest of behavioral health and the alcohol and drug programs. He commented that this would take some dialogue, and that he spoke with the County Alcohol and Drug Program Administrators' Association of California (CADPAAC) and they are in agreement that we need to have a unified approach.

The objectives of the Committee are to ensure evaluations accurately depict the extent to which objectives are accomplished; use measures and methods that are consistent with the provisions of the MHSA and relevant to stakeholders; and ensure that information from evaluative efforts and reports is usable for continuous improvements of systems, programs and projects and for revising policy as necessary.

Vice-Chair Van Horn commented that the Evaluation Committee will not go beyond providing support in the development of the comprehensive master plan for a complete evaluation of all components as a unified effort. The Commission is not investing enough money in evaluation at this time, and we need to determine, hopefully with the hire of a Research Scientist IV, what actually is needed to do a comprehensive evaluation. The Committee will continue to strengthen opportunities for data analysis capacity and infrastructure within counties to meet evaluation goals and recommend to the MHSOAC priorities for Fiscal Year (FY) 2012/13 evaluation resources. Additionally, the Committee will provide input and support in the development of the PEI Framework, as well as participate in the Services Committee Workgroup for the Integrated Plan.

Commissioner Questions and Discussion

In response to a clarification question from Commissioner Nelson about Activity Three from the Services Committee Charter, Vice-Chair Van Horn stated that he and the Vice-Chair of the Services Committee, Commissioner Pating, will ensure that it includes integration of primary care.

Commissioner Vega asked for further clarification on number four of the Evaluation Committee Charter. He wanted to know how we are tracking the evaluation of the CalMHSA project. Vice-Chair Van Horn stated that the RAND Corporation's work looks at the whole PEI panoply. The framework has to be built on that so an evaluation of the three statewide or four statewide projects can be done in context. The RAND Corporation's work will be funded by CalMHSA, but the Commission will have continuous involvement with them.

Public Comment

- Delphine Brody, MHSA and Public Policy Director, California Network of Mental Health Clients (CNMHC), thanked the Commissioners for their work and also thanked the Committees. In regards to the CLCC Charter, Ms. Brody requested that "across the lifespan" be added to principal number two so that it reads: "Promotes a client/family/parent driven system across the lifespan." She also apologized for not being present when the charter was adopted due to a scheduling conflict, but strongly supports Activities 3, 4, 5, 6 and 9. In regards to Activity 6, Ms. Brody wanted to point out that the California Mental Health Directors Association (CMHDA) Social Justice Advisory Committee now includes the Ethnic Services Committee. Ms. Brody wanted to make a small correction stating that DMH's Office of Multicultural Services is proposed for transfer to the Office of Health Equity within DPH rather than DHCS. Regarding Activity 7, Ms. Brody requested that it be rephrased to read, "Research and promote current best practices services that utilize a recovery model and show successful outcomes with persons who have services" rather than "a recovery scale model."

- Ms. Hiramoto offered her support of Ms. Brody with regard to adding "across the lifespan" to the guiding principles; adding that it ensures Transition Age Youth (TAY) and seniors. She also wanted to go on record stating that the CLCC charter was reviewed by the committee before it saw the priorities in the 2012 MHSOAC work plan and therefore the CLCC's review of the charter was put together without seeing them.

Commissioner Vega requested clarification in regard to the Commission retaining discretion as to whether committee charter language is changed upon which Vice-Chair Van Horn confirmed that discretion is retained.

> **Motion:** *Upon motion by Chair Poaster, seconded by Commissioner Poat, the Commission voted unanimously to adopt the 2012 Committee Charters.*

Chair Poaster stated that since the workplan was adopted, it would behoove the Chairs and Co-Chairs of the Committees to run through the individual charters to assure that there is congruence between what is in the workplan and what is in the charters.

Vice-Chair Van Horn announced the Chair and Vice-Chairs of the committees:

- CFLC – Commissioner Vega, Chair; Commissioner Nelson, Vice-Chair
- CLCC –Commissioner Carrion, Chair
- Evaluation – Vice-Chair Van Horn, Chair;
  Commissioner Pating, Vice-Chair
- Funding and Policy –Commissioner Poat, Chair;
  Commissioner Wooton, Vice-Chair
- Services – Commissioner Pating, Chair; Vice-Chair Van Horn, Vice-Chair

7. <u>2012 Financial Report</u>

Commissioner Poat presented the 2012 Financial Report from the Funding and Policy Committee.

Commissioner Poat outlined the four major times of year that the Commission will evaluate the Funding and Policy information with emphasis on the first time in the first week of January when the Governor's budget proposal comes out. Commissioner Poat went on to say that there is both good news and bad news. The good news is that the funding for MHSA is on the up-swing and the continuation of realignment of how state funds are distributed. He also pointed out that the state is consistently coming under the five percent fund allocation for administration purposes and that for every tax dollar committed to MHSA housing, five dollars have been found from some other source to benefit housing programs. The bad news is that there is still a lot of work to do within the area of ensuring transparency both with respect to what money is coming in and then also what money is going out, and how effective it is in its use.

Commissioner Questions and Discussion

Vice-Chair Van Horn requested clarification about what the state general fund was funding in FY 2010/11 in regards to mental health. Chair Poaster clarified that the state general funds were supporting Early Periodic Screening, Diagnosis and Treatment (EPSDT), managed care, and AB 3632.

Vice-Chair Van Horn thanked the staff for their hard work on the report calling it "beautiful." He then went on to comment that the leverage in housing is unbelievable in that the leverage range from four to one, to twenty to one is a big accomplishment. He also commented on administration dollars saying a serious discussion is needed regarding using the extra amount on data and evaluation.
Commissioner Poat seconded Vice-Chair Van Horn adding that Evaluation money is most effectively spent at the front end of the process and that some

capital investment in data systems is going to be required in the design of the system.

Public Comment

- Sandra Marley thanked Commissioner Poat for his work. She then asked if the Department of Education and the Department of Social Services were going to get any of the distribution money and if the information would be available on a website.

Motion: *Upon motion by Chair Poaster, seconded by Commissioner Nelson, the Commission voted unanimously to adopt the 2012 Financial Report.*

8. <u>Overview of Governor's Proposed Budget for FY 2012/13</u>

Chair Poaster introduced Kiyomi Burchill, Assistant Secretary of Health and Human Services; Toby Douglas, Director, DHCS; and John Doyle, Assistant Program Budget Manager, DOF.

Director Douglas started by saying how excited DHCS is about bringing mental health services into the Department's structure; both from an ability to manage and work collaboratively with stakeholders, as well as a way to integrate the goals of physical and behavioral health. He went on to say that the Governor's budget has continued to move forward with a lot of different approaches to consolidations and reorganizations. He stated that the new budget builds on last year's budget which transitioned Medi-Cal, Mental Health Services and drug Medi-Cal services to DHCS. He stated that DHCS is committed to creating a system with strong leadership that will focus on Behavioral Health and Substance Abuse Disorders Services following all rules, providing clear guidance to county partners, looking at the way care is delivered, and policy changes within Medicaid financing to ensure mental health services are provided. He spoke on DHCS's commitment to bringing together physical and mental health services in order to provide better services for consumers in a more holistic fashion. Much work has gone into the transition and DHCS will continue to release information updates on how things are going.

Director Douglas outlined some of the steps DHCS has taken to ensure that the transition will work. He mentioned numerous stakeholder meetings, meetings with DMH staff, the active recruitment of a Deputy Director who, when found, will report directly to Director Douglas, and the need to work at gaining subject matter expertise in order to figure out how all the funding streams are going to work together in a realigned world. He ended by saying that DHCS is working as a part of the 1115 waiver on a planning effort related to access and capacity of both mental health and substance abuse disorder services, but added that state and county levels will need to think through strategically on how administrative functions will work in order to deliver the best care to consumers.

Mr. Doyle gave a quick update on the Mental Health Service Fund stating that growth is projected. There is some concern about the revenue estimates going forward, but added that the estimates were done independently of the Governor's budget temporary tax increases so there is hope that the projections hold. Mr. Doyle added that surplus money investment funds and the interest collected on the revenues are on track for the current year and are in fact slightly ahead of where they were expected to be. He then opened the floor for questions and comments.

Commissioner Questions and Discussion

Chair Poaster thanked Director Douglas and Mr. Doyle for their presentation adding that is was a pleasure to have them at the Commission Meeting. He went on to say that he was delighted to finally know who "the State" is with regards to the wording of AB 100 and that he is looking forward to talking with DHCS about how the Commission can help with quality improvement and performance outcomes.

Commissioner Poat stated that he wanted to associate himself with Chair Poaster's statements and added that he feels realignment is going in a great direction.

Commissioner Vega expressed thanks to Director Douglas and Mr. Doyle for their presentation. He informed them both that he is a consumer advocate and has been involved both at the State and national level. The concern that he has heard is that with regard to the healthcare integration overall, the model that has been taken on differs from the traditional medical model of services. Connecting to people in a strength-based recovery focus that is not focused and oriented on symptom reduction is what really makes a difference. With that said, he asked two questions:

1. Incremental advances in medication and psychotherapy haven't made the kind of differences that a shift to recover-focus has. Without a designated leadership body at the state level, what is keeping that focus and keeping California leading the conversation in that area as opposed to being a follower?
2. Has the National Association of State Mental Health Program Directors (NASMHPD) been consulted regarding the new Deputy Director position and how will that leadership position remain focused in helping California to lead the conversation in making a difference in people's lives?

Director Douglas addressed the question about the Deputy Director position first. He stated that the position was initially created with a focus in the context of Medicaid functions of mental health and substance abuse disorder services coming over to the Department. He postulated that the position will probably need to be reexamined knowing that they are looking for an administrator that is also going to be a leader at the state level of driving that consumer-driven vision focusing on evidence-based outcomes and approaches for delivery of mental health and substance use disorder services, as well as an influencer of provider associations at the national level.

Director Douglas addressed the question about keeping focus by stating that it is going to take a strong voice and a collaboration of entities working collectively to ensure everyone is going in the same direction. Commissioner Vega offered to put the director of the NASMHPD in touch with Director Douglas.

Vice-Chair Van Horn requested Mr. Doyle's figures relating to what can be expected this year, next year, and the year after in Mental Health Services Act dollars. Mr. Doyle responded that for the current FY 2011/12 there is a projection of almost $1.2 billion. For the budget year beginning July 1, 2012, revenues are projected at almost 1.5 billion.

Commissioner Vega raised concern over the projected savings for mental health in treating people in county jails as opposed to state hospitals and asked for Mr. Doyle's thoughts. Mr. Doyle stated that the proposal included in the Governor's budget is based on a pilot program that is being offered in San Bernardino County by Liberty Health Care. The results are encouraging in that individuals who are incarcerated are being treated before they decline. The hope is that individuals will be treated more quickly so that they can be returned to the judicial system and have their cases adjudicated rather than having them sent to state hospitals. The belief is that the proposal will benefit not only the counties, but the state general fund as well.

9. <u>Second Read: Training and Technical Assistance Framework</u>

Dr. Deborah Lee, MHSOAC Consulting Psychologist, presented a brief outline of the Services Committee's Proposed Framework for Training and Technical Assistance (T/TA). She touched upon the three major tasks that the Framework is supposed to perform:

1. It suggests that support to counties, services providers, and services recipients in the form of T/TA is an important component of oversight and accountability.
2. It describes the authority for what the MHSA says about the Commission's responsibility for T/TA in addition to evaluation as a part of oversight and accountability and illustrates the recommendations from the AB 100 work group.
3. It talks about the principles that will be important as the Commission tries to exert its influence regarding T/TA taking into consideration suggestions previously made by Commissioners about supporting and championing T/TA.

Dr. Lee then went on to outline the two parts of the motion that the Commission was asked to adopt. The first being to approve the framework, and the second being to open a door to a lot of hard work in the future for the Services Committee to bring back recommendations about priorities and to further conversations about specifics.

Commissioner Questions and Discussion

Commissioner Vega voiced concern about the State living up to the responsibilities that go along with the funding of T/TA, and ways to increase responsiveness of the system and participation of people with lived experience in mental health activities.

Dr. Lee informed Commissioner Vega that the intention of the paper is to suggest that T/TA embrace certain values, and also have an outcomes-focused approach. Training and technical assistance should support the outcomes of how services are delivered and that support is built into the framework.

Commissioner Poat added that connecting objectives with actions and decisions, and processes and timelines is important for the next Commission meeting.

> **Motion:** *Upon motion by Commissioner Poat, seconded by Commissioner Brown, the Commission voted to adopt the Mental Health Services Act Training and Technical Assistance Framework as recommended by MHSOAC Services Committee, and charged MHSOAC Services Committee to identify next steps to implement the Training and Technical Assistance Framework (Commissioner Vega abstained).*

10. General Public Comment

- Sandra Marley thanked the Commission. She then asked who she could contact at the Department of Social Services in order to get on the stakeholder list. Vice-Chair Van Horn referred Ms. Marley to MHSOAC staff.
- Ms. Brody voiced concern that clinicians utilize certain scales to measure people's progress in recovery which results in dividing clients into high-functioning vs. low-functioning categories. This is very stigmatizing and leads to widespread discrimination. Her organization strongly embraces the recovery model, which is about the ability to move beyond the status of mental health client into society. Ms. Brody also mentioned that a position has not yet been taken on the movement of those deemed incompetent to stand trial from state hospitals to jails. CNMHC is paying close attention to criminal justice system issues, knowing that their will be an increase in mental health clients in the community, coming from the prisons and jails, due to public safety realignment.

11. Counties' 2011 Public Safety Realignment (AB 109) Implementation Status Update and Comment on Governor's Proposed Budget for FY 2012/13

Vice-Chair Van Horn introduced Patricia Ryan, Executive Director, CMHDA. Ms. Ryan gave a brief response from CMHDA to the Governor's proposed budget.

The primary areas of concern and questions are related to baseline allocations, EPSDT and managed care, details regarding the transfer of DMH functions to DHCS and other agencies, the status of the Mental Health Services Fund, and elimination of Healthy Families and other mental health proposals.

Regarding the baseline allocations for the realigned programs, Ms. Ryan stated that some of the methodologies that have been used produce dollar figures that are either inaccurate or incorrect in the context of realignment and serve to lower the estimate compared to what the true cost of transferring the responsibilities to counties.

Ms. Ryan stated that key questions raised were:

1. What are the specific functions and activities that DHCS is proposed to perform in some of the areas proposed to be transferred,
2. Where does the MHSA state level issue resolution process go,
3. Is county data collection and reporting adequate to allow for outcomes and accountability measures,
4. Where would beneficiary protection and quality assurance go at DHCS, and
5. How is evaluation going to be operationalized at the MHSOAC. Clarification was requested from the administration regarding the MHSA Fund, as well as information regarding what the administration is proposing for the overall MHSA state administrative expenditures and the expenditures of the DHCS budget. She also mentioned that CMHDA would like to see a summary of all the different dollar amounts, positions, and functions that are going to other state agencies and the purpose for those functions as well as what the total amount is that is going to state administration functions in the MHS Fund.

Two mental health proposals that impact county mental health were mentioned:

1. The proposal for the State to save $20 million in general fund by increasing counties' bed rates for civil commitment in state hospitals which is expected to result in a significant increase in the rates the counties pay the State for people who are civilly committed to state hospitals and
2. The appropriateness of the $3 million of general fund savings of the Liberty Health pilot program by treating "incompetent to state trial" defendants in county jails instead of state hospitals.

Ms. Ryan laid out the next steps that are to be taken which are to seek additional information and rational, to participate in the legislative budget hearings, to speak with the Legislative Analyst Office to make sure that the full scope of the various proposals are understood, and to work with the administration and others on trailer bill language that implements the realignment proposal for both Medi-Cal and overall realignment.

Discussions with the California State Association of Counties (CSAC) will continue on the structure of realignment for FY 2012/13 and beyond, how growth is allocated and how the accounts are set up, as well as the long term impact on the mental health system of the constitutional amendment due to be on the ballot in November.

Commissioner Questions and Discussion

Commissioner Poat thanked Ms. Ryan for the review. He then asked if federal funds will be left on the table for mental health services at this stage for lack of the match. Ms. Ryan answered that they will not, but because they have 1991 realignment dollars and the current realignment dollars there will be growth built into that.

Commissioner Nelson asked for clarification regarding Medi-Cal billing, fund-matching etc. Ms. Ryan responded that the issue for community mental health is that the more county dollars are used the less Medi-Cal money is left over for non-Medi-Cal eligible individuals. Vice-Chair Van Horn added that is no way to leave dollars on the table because dollars only come as they are spent.

Commissioner Brown expressed interest in Ms. Ryan's assessment and thoughts on how pre-criminal justice realignment monies that would have traditionally been used for mental health services for people who were on parole are melded with AB 109 monies that are now divided up by the counties. He asked if there are situations in a lot of counties where there is not enough money to go around for all the services that need to be provided and is there an expectation that levels of funding that existed pre-AB 109 that are still being directed towards those people who need treatment that are post-release. He gave the example of people who are released from custody in lieu of incarceration or are on post-release community supervision. He also raised concern with the perception that there is a lot more money now available for treatment when the reality is that there actually is not enough.

Ms. Ryan deferred to Anne Robin, Behavioral Health Director for Butte County, and Mike Kennedy from Sonoma County to answer Commissioner Brown's questions specifically; however, she did postulate that it was her understanding that MHSA dollars are prohibited from being used for people who are on parole due to it being determined by the State that the law says that parolees are the State's responsibility rather than the county's. There are community services that are provided to people regardless of their status and a lot of the services are provided to people who have either been in the correctional system, or are trying to keep out of the correctional system.

Butte County AB 109 update

Anne Robin gave a brief overview of the status of AB 109 in Butte County.

Ms. Robin addressed Commissioner Brown's questions in her presentation. She stated that the county is doing the match, not the state. The county pays for 100 percent of the certified public expenditure for Medi-Cal beneficiaries and then submits the bill to the State. There is no upper limit on how much the State can provide or what counties can provide. The more services that counties provide under the entitlement program to Medi-Cal beneficiaries, the less money there is left for other non-Medi-Cal services.

Ms. Robin stated that most of the counties are seeing AB 109 dollars as a potential match for individuals on Postrelease Community Supervision (PCS) who are eligible for Medi-Cal, but there is confusion about whether a program will pay for somebody who is in alternative custody. CMHDA staff and members are working closely with California Department of Corrections and Rehabilitation (CDCR) to work through the transfer of records in order to provide a continuity of care. The problem is that the mental health acuity coming out of CDCR is much higher than anticipated and there is a delay between when an individual is released and when they actually receive their benefits. Issues of being short-staffed were mentioned.

Sonoma County AB 109 update

Mike Kennedy gave a brief overview of the status of AB 109 in Sonoma County.

Mr. Kennedy, like Ms. Robin, stressed the importance of getting people recently released from custody signed up for the benefits and services provided by the county so that there is no gap between being released and receiving benefits. People with serious mental illnesses need to be on Supplemental Security Income (SSI) and Medi-Cal quickly so they can get the full range of services. He mentioned a plan that was developed over the past five years, which he called the Criminal Justice Master Plan that looks at things like alternative services, pretrial services, etc. He stressed the importance of a culture of collaboration and having people in specific functions that have a wide understanding of treatments in order to assure that no one falls through the cracks.

Mr. Kennedy briefly went over some numbers from a survey that CMHDA conducted. Out of the 58 counties that received the survey, 50 responded. Some numbers he gave were: 46 alcohol and drug administrators had some involvement in the Community Corrections Partnership (CCP) committees; 37 counties received some funding for alcohol and drug services; 13 counties were receiving zero funding for alcohol and drug services; and 31 counties received

some funding for mental health services. The average percentage of AB 109 funding that went to services for alcohol and drug services was about 6.5 percent and the average for mental health services was 4.4 percent. If Plumas County is removed from the equation, due to it being at 35 percent, the average for funding going toward mental health services is more likely about 3.75 percent.

Commissioner Questions and Discussion

Commissioner Poat questioned why the percentage for Plumas County was so high. Mr. Kennedy answered that they haven't had a chance to follow-up. The results of the survey have just come in so a full analysis has not been done yet.

Mr. Kennedy also stated at this time that they are not getting any information from CDCR and that there are more people being released than originally anticipated. As a result, they have to catch-up on information after the fact because there is no information being offered up front.

Commissioner Brown observed that the majority of the counties seem to be experiencing the same thing. He stated that there is some speculation that it may be an initial surge due to the fact that the people in the legal community knew this was coming and a lot of criminal defense attorneys held off on having their clients plea out until it was in effect. There probably will not be confirmation of this until halfway to three-quarters of the way through the process. There is a major concern that the numbers will exceed initial estimates.

Ms. Robin added that the average number of records that are actually being received versus the records that are requested or promised is only about 40 percent. CDCR management is working with her county to resolve this issue.

Commissioner Poat made the observation that this is yet another time that the Commission has heard of the need for better systems integration. Next month priorities are going to be looked at and if the Commission chooses just one connection and one data system improvement and focus on that for a year, it can be broken down and solved.

Vice-Chair Van Horn asked Ms. Robin and Mr. Kennedy about the clients being seen and how many are coming from prison versus not going to prison. Ms. Robin responded that there are 135 people coming from prison and 88 staying so far. Some of the new offenders are choosing to serve their time instead of picking up drug court because they know that they will be released sooner. The opportunity for treatment in a drug court system is lost as a result.

Mr. Kennedy stressed that as far as probation's communication and collaborations with the counties goes it seems that they are really taking services into consideration. Sonoma County has 177 PCSs and 42 have been sentenced. Much better services could be provided if the information could be found. Vice-Chair Van Horn inquired about the barriers to receiving the information. Mr. Kennedy belief was that sometimes they get the wrong referrals from other counties. He stressed the importance of being able to work with liaisons at CDCR to work out the issues.

Commissioner Nelson asked how many stakeholders rather than agency people were involved in the committee meetings. Ms. Robin answered that they only had a few stakeholders from the community when they started. There were people from the grand jury, some alcohol and drug providers, and only one or two community members. The community members seemed more worried about the "scary people" coming back to Butte County.

Vice-Chair Van Horn asked if there was community outreach. Ms. Robin responded that there was no community outreach at the time because everything happened so fast.

Vice-Chair Van Horn asked if the advisory board or the mental health board was conducting the meetings. Ms. Robin answered that the behavioral health advisory board conducted the meetings. Mr. Kennedy answered that Sonoma County had a fairly large process. It's a Brown Act process, so it was posted. They broke into five subcommittees. There were a lot of providers and a lot of consumers.

Commissioner Brown stated that it is important to note that the composition of the community/correction partnership was mandated and it was not open to having additional people sit on that actual committee. Commissioner Nelson added that although additional people did not sit on the committees, the meetings were open to the public per the Brown Act.

Vice-Chair Van Horn asked if any discussion had been held with Nevada County regarding the adoption of AB 1421 which has been used as a mechanism for dealing with AB 109 individuals. Ms. Robin and Mr. Kennedy answered that they have not.

Commissioner Vega thanked Ms. Robin and Mr. Kennedy for their presentation. He asked Ms. Ryan if at some point she could bring somebody from a big urban county because he is very interested to see how things might be working differently in their implementation. Commissioner Vega went on to say that he is always interested to hear from small counties as well. Mr. Kennedy stated that he wanted to clarify that Sonoma County is considered mid-sized rather than small.

Commissioner Poat stated that he has to leave, but wanted to give input for the next meeting. The three areas that he hopes the Commission can get some closure on are the policy and operational priorities for the year ahead, the process that will reach each of those goals, and the operational needs of the Commission from personnel, contracts, resources and such to get there. He then apologized for having to leave early.

12. Consider Adoption of Recommendations from the November 17, 2011 Senate Presentation on the "Housing Mentally Ill and Chronically Homeless: An Effective Solution but Counties Need Greater Flexibility" Report.

Vice-Chair Van Horn introduced Aaron Carruthers, Chief Deputy Executive Director, MHSOAC.

Mr. Carruthers thanked Vice-Chair Van Horn and then gave a background about the report. He stated that in 2006, the governor issued executive order S-07-06 which sought to create 10,000 units of permanent, supportive housing for individuals with serious mental illness and their families. In 2007, $400 million in MHSA funds was made available for the MHSA Housing Program. These funds were to finance capital costs of development, acquisition, construction and/or rehabilitation of housing. The program was to be implemented by the California Housing Finance Agency (CalHFA) and DMH who, in July 2011, presented to the Commission their report, "Progress on the MHSA Housing Initiative."

In November 2011, county representatives presented to the Commission their firsthand challenges and successes with the program. Also, the Senate Office of Oversight and Outcomes (SOOO) presented a "Review of the Mental Health Services Act Housing Program: An Effective Solution, but Counties Need Greater Flexibility." The report covered SOOO's findings and recommendations and Chair Poaster asked Commissioners to consider the report's recommendations.

The recommendations from SOOO are as follows:

1. Give eleven counties that each got less than $1 million under the MHSA Housing Program the option, but not the mandate, to work with CalHFA. Counties opting not to work with CalHFA would still be required to use MHSA Housing Program funds to house homeless clients but would be allowed to pay for long-term rent rather than build or renovate.
2. The CalHFA and DMH should continue to grant waivers on a case-by-case basis from the rule that restricts counties to spend no more than one-third of their housing funds on rental subsidies.
3. The CalHFA and DMH should inform all counties that such waivers are possible.
4. The state should consider easing the one-third cap on operating subsidies for counties that have spent a total of at least 80 percent of their funds.

The staff analysis is that the SOOO recommendations are intended to create flexibility for county implementation while preserving the goal of creating housing; however, recommendation number one is difficult to accomplish because counties irrevocably assigned funds from the MHSA Housing Program. Giving smaller counties the option not to work with CalHFA is not compatible with this irrevocable action. Also, DMH states that funds assigned to this have been considered spent. Funds that have already been spent can not be re-spent. Recommendations two, three, and four can be accomplished administratively. MHSOAC staff recommendation is to support the SOOO's recommendations by asking CalHFA to implement recommendations two through four and then work with DMH and CMHDA on options for the eleven counties that each received less than $1 million under the MHSA Housing Program.

The proposed motion is that the MHSOAC adopts the following:

1. The MHSOAC supports SOOO's recommendations two through four as presented.
2. The MHSOAC urges CalHFA to work with DMH and CMHDA on options for the eleven counties each receiving less than $1 million under the MHSA Housing Program that would increase flexibility while still housing individuals who are seriously mentally ill and homeless. The MHSOAC would instruct the Executive Director to communicate the Commission position to CalHFA and DMH.

Vice Chair Van Horn thanked Mr. Carruthers for his report adding that it is a very clear set of recommendations. He then asked what the follow-up steps would be. Mr. Carruthers answered that the follow-up step is contained within the last part of the motion: The MHSOAC would instruct the Executive Director to communicate the Commission position to CalHFA and DMH.

Vice-Chair Van Horn stated that the determination is that two, three, and four can be done administratively. He then introduced Scott Gruendl, Health and Welfare Director from Glenn County, to discuss his issues with recommendation one.

Mr. Gruendl thanked Vice-Chair Van Horn for letting him speak. He stated that while he generally agrees with the recommendations made, he would like to give some additional information to strengthen the Commission's ability to take a different approach on the first recommendation. Mr. Gruendl stated that CalHFA does not have the authority to work directly with smaller counties to accommodate recommendation number one because CalHFA has an interagency agreement with DMH which gives DMH the authority. The counties also have an MHSA agreement with DMH and within that agreement is a clause related to the assignment of MHSA funds to DMH. That clause is discretionary and counties have exercised the ability to un-assign MHSA dollars to DMH.

Mr. Gruendl directed the Commission's attention to a handout he provided. He briefly reviewed the handout and then stated that in order to purchase a property that would cost $433,800 if directly purchased with their allocation, it would cost $709,477 to make the purchase through CalHFA. When he discussed this problem with CalHFA, they stated that there needs to be accountability over the housing funds. Mr. Gruendl stated that in order to pay the CalHFA fees, other services would have to be reduced. Mr. Gruendl then asked the Commission to adopt the original recommendations as written by the SOOO.

Commissioner Questions and Discussion

Vice-Chair Van Horn asked for clarification regarding CalHFA. He asked if CalHFA would make a loan of the county's own money to which Mr. Gruendl answered affirmatively. Vice Chair Van Horn then asked if the loan would be forgivable. Mr. Gruendl answered that the loan would not be forgivable. Payments would be made on the loan which would be re-deposited back into the subaccount. Vice Chair Van Horn asked if by the end of 20 years, they would have their original allocation back. Mr. Gruendl answered that they would have some subset of that, but doubted it would be the full amount.

Vice-Chair Van Horn then asked about the clause in the interagency agreement with DMH. Mr. Gruendl stated that there is a clause in the MHSA agreement between DMH and the county around the assignment of funds. Vice-Chair Van Horn then added that this was because the Commission allowed counties to de-assign funds in relation to the statewide projects to get it back into the Joint Powers Authority (JPA).

Vice-Chair Van Horn then went back to the motion. He stated that it is recommended by staff to support the recommendations. DMH should recall its agreement with counties about reassignments. Mr. Gruendl reiterated that there is a significant cost associated with accessing the allocation that makes the project undoable which is going to lead to failure.

Vice-Chair Van Horn went through some of the math associated with Mr. Gruendl's assessment and concluded that, based on the numbers provided, it appeared that the county would in fact be at a loss.

Executive Director Gauger suggested that Filomena Yeroshek, Chief Counsel, MHSOAC add her understanding and knowledge of the legal obligations that are associated with this before the Commission vote. Ms. Yeroshek stated that she can not speak for what DMH will and can do, but she could explain the legal concepts.

Ms. Yeroshek stated the following: The counties assigned their funds to DMH to use in a contract with CalHFA. Assignment means a transfer of ownership. The counties, once they assign those funds, no longer own them. That is why DMH was able to write the letter that said those funds were spent because they are no longer in the control of the county. If the Commission decided to adopt the original SOOO's recommendations, it is not a legal concept that is available. There are other ways of potentially doing that, but as of right now, that money is under DMH's control for a particular purpose of working with CalHFA. That is why that proposed motion number two was written the way it was, to work together and come up with multiple options.

Ms. Yeroshek stated that the escape clause mentioned earlier in regard to the JPA is not actually an escape clause. Counties have discretion to assign, but there is no discretion to take back the assignment. Once the assignment happens, it is a done deal. About seven or eight counties delegated the funds directly to CalMHSA to operate on their behalf which means they still own those funds, but the counties that assigned the funds to DMH can not take those funds back. Those funds are now DMH's funds for a very specific purpose, to contract with CalMHSA to do the PEI statewide projects. That is why the motion is worded how it is: So that a solution can be found.

Vice-Chair Van Horn asked about three counties that actually assigned the money to DMH for the statewide projects. Ms. Yeroshek stated that those counties never assigned the funds, but rather opted out, basically saying that DMH had no authority to tell them what to do with their money. Those three counties were not part of the guidelines that the MHSOAC issued for use of the statewide projects.

Vice-Chair Van Horn asked how quickly the Commission can work with Mr. Gruendl to resolve this issue, as there is a closing date for Glenn County's property in the third week of February. Ms. Yeroshek responded that the issue would have to be taken up with DMH. Vice-Chair Van Horn asked Ms. Yeroshek if there was a way to get the word "expedite" into the motion. He then clarified that he would like to add a clause to the motion in part two that says "with especially expedited effort on behalf of Glenn County."

Vice-Chair Van Horn asked Mr. Gruendl if the property owner would extend the escrow. Mr. Gruendl answered that they have been in escrow for six months so an extension may be possible. He added that he is worried about losing the $5,000 deposit and that there are now eight people working on the application. He was hoping something would change before escrow closed and is worried that his fiscal staff might pull the plug on the application because they are afraid the county can not afford it.

Public Comment

- Molly Brassil, CMHDA, addressed the Commission. She thanked the Commission for taking up Mr. Gruendl's issue. She stated that after her presentation at the November Commission meeting there was some thoughtful dialogue about how everyone can work to improve the program and make it work for these small counties that are simply unable to access the funds and create housing in the communities. She wanted to reiterate Mr. Gruendl's point that Glenn County has these funds sitting with the State when they could be in use for Glenn's community. She added that she believes it is everyone's collective responsibility to figure out the mechanics of the issue quickly and efficiently.

  Vice-Chair Van Horn asked if work on this can be started the next day and if she and Ms. Yeroshek want to sit down and start thinking about this and to reach out to someone at DMH to see how this can be fixed. Ms. Brassil answered absolutely.

- Jane Adcock, California Mental Health Planning Council (CMHPC), stated that she supports the motion presented before the Commission and urged the Commission to pass it. She also urged the Commission to sit down with all of the entities and have a conversation because only part of the picture is being seen. Due diligence is needed and all of the information regarding the program needs to be put on the table before anything can really be accomplished.

  Ms. Adcock stated that there are many reasons for the regulations and way CalHFA runs the program are in place. For example, Glenn County has proposed to purchase a property that is privately owned. What are the protections they have in place because it is going to be owned by a private entity? Since it doesn't seem like there are going to be any operating costs or capitalized accounts up front (and CalHFA requires these accounts), CalHFA makes the money available 10 or 12 years later to do the necessary repairs and rehabbing so it does not end up in disrepair. She requested that the MHSOAC make an inquiry to DMH about the $568,000 that was available annually for training and technical assistance for the housing program.

  Vice-Chair Van Horn asked for clarification about who she wanted the Commission to speak with. Ms. Adcock answered DMH. She stated that years ago when the program was initiated, a budget change proposal was approved by DOF to secure over half a million dollars annually for training and technical assistance to the counties to assist them with the programs because it was acknowledged that it was a difficult process. If the contract for training and technical assistance were to be properly administered it would greatly help the counties achieve their housing goals.

  Mr. Gruendl clarified that Glenn County has no intent of having their housing facility held by a private entity. The single asset entity or the limited liability corporation (LLC) is a requirement of the CalHFA process. That is an outcome of the process. If the board could have it their way, the County would own the property, not an LLC.

  Motion: *Upon motion by Commissioner Vega, seconded by Commissioner Nelson, the Commission voted unanimously to adopt the following:*

  1. *The MHSOAC supports the Senate Office of Oversight and Outcomes' recommendations two through four as presented, and*

2. *The MHSOAC urges CalHFA to work with CMHDA on options for the 11 counties each receiving less than $1 million under the MHSA Housing Program that would increase flexibility while still housing individuals who are seriously mentally ill and homeless.*

The MHSOAC instructs the Executive Director to communicate the Commission's position to the CalHFA and DMH.

13. <u>Presentation: Innovation Trends Report</u>

Dr. Deborah Lee, MHSOAC Consulting Psychologist, thanked the Commission and audience for having her. She then gave a brief description of Innovation.

She stated that Innovation is the smallest component of the MHSA. It is five percent of County Services and Supports (CSS) and five percent of PEI. The MHSA lists four purposes for innovation: Increasing access, increasing access for underserved groups, promoting interagency collaboration, and increasing the quality and outcome of services. The only real requirement of innovation, other than requirements that cut across the MHSA in terms of MHSA values, is that innovation contributes to the development and testing of new or adapted mental health practices. Innovation is the place where you get to try things out for which either solutions do no exist in the field, or solutions that exist are not applicable to that community.

Key things to remember are that there is a risk inherent in innovation. New things are being tried and there is no way to know if they are going to work. These things are being tried for a limited, defined period of time, so there is no commitment to doing it forever.

This is a new experience for counties and communities a like. People were being asked to think outside the box and contribute to a conversation about what services should be and how those services are delivered.

The innovations Trends Report looks at the trends of the 86 innovative programs in 32 counties that were approved by the Commission before AB 100. The average time from when the county submitted the plan to when the Commission approved it was 29 business days.

There was strong focus on innovations in peer services many of which focused on increased roles for peers in crisis response. There was strong focus in reducing stigma and discrimination. There was a lot of emphasis on integrated services including behavioral health, mental health, substance abuse disorders, and/or physical disorders. Strong emphasis was placed on diverse community partnerships and community collaboration. Collaboration was emphasized because a lot of the counties were saying that they can not be the sole provider of services.

Other innovations mentioned are innovations related to trauma, the mental health workforce, wellness, holistic approaches, and homelessness. A big emphasis was placed on transition age youth.

The Innovation Trends report includes a lot of specific examples. Dr. Lee stated that she was very impressed with all the creativity and thought that went into the incredible things people had planned to do.

Dr. Lee wanted to emphasize that the report only looks at plans. It does not look at the plans in terms of implementation. There are a lot of serious challenges in implementing innovation, but there was a lot of thought that went into transforming services deliveries in a variety of ways.

MHSOAC staff consultation was provided to 38 counties on the development of their plans. That includes a large percentage of the ones that are reflected in the report. The MHSOAC developed a number of training tools, and also worked closely with CiMH and DMH on their training and technical assistance which included presentations and webinars. Also, a curriculum on evaluating innovations was made available on the CiMH website and an innovation clearinghouse was created where people can go to get information about innovation and also get support.

Post AB 100, there is a great challenge because now there is no central location where innovation plans are kept so it is difficult to say how many there are. The Commission is committed to determine an appropriate method to track and ensure the accountability for MHSA programs in general.

The challenges that lie ahead are many, but the investment that counties and communities made to develop new ways of doing things was a very considerable challenge. It is very important to provide support for the next steps: Implementing innovations, learning from them, communicating the results, and disseminating and adopting those approaches that are successful.

Innovation is evaluation in itself. Every single innovation involves evaluation at the local level. There are pilot programs that need to be evaluated and making

sure that the support and resources are available to do that is of the utmost importance. Dr. Lee then stated that she feels that it would be helpful to change the fourth priority in the purpose in the MHSA to promote interagency and community collaboration because that is how these funds are being used.

Dr. Lee thanked everyone who has contributed to Innovation from the bottom of her heart. She stated that the effort put into innovation is monumental and she really appreciates everyone who worked on it. Dr. Lee also wanted to acknowledge Jane Adcock who is one of the people who helped transform the vision of the Commission's innovation policy recommendations into guidelines which was not an easy task.

Commissioner Questions and Discussion

Commissioner Vega thanked Dr. Lee for her excellent report stating that it was very helpful and useful. He opined that the FSP programs have already provided a huge model for good and better services for people faced with the most serious disabling conditions of mental illness. He stated that the documents that Dr. Lee and her staff worked so hard on should be archived and disseminated across the country at national forums so as to become an inspiration to other communities. He expressed concern with programs that do not have evaluation built into them. He wanted to know how, in the Commission's accountability role, would the Commission evaluate the plans that were planned, funded, and allocated in different counties have not rolled out. What has stopped this from happening? There is a lot still needed in terms of how to provide oversight and to see that all these great plans get implemented so that we can get feedback out to the counties. He then asked about the outstanding issue of the innovation reversion.

Executive Director Gauger answered that the MHSOAC had worked with CMHDA and DMH and an information notice had been released by DMH with a solution.

Commissioner Vega asked if the statewide projects issue had been resolved to which Executive Director Gauger answered that it was still an ongoing issue. Commissioner Vega asked if a final report can be given to the Commission regarding innovations. How can it be taken out into the world? Vice-Chair Van Horn answered that since it is an ongoing project, there will never be a final report, but a way to update the Commission periodically will need to be found. There are ways to encourage people from the counties to present to national forums.

Dr. Lee added that the Commission has the Logic Model that they adopted that covers T/TA, evaluation, and communication among other things. Since T/TA is one of the Commissions new priorities, it follows that the next step is determining the priorities for innovations.

14. MHSOAC Executive Director Report

Executive Director Gauger announced that the Public Information Officer, Jennifer Whitney, would be issuing a press release about the Innovation Trends Report. She highlighted some successful op-eds written by Chair Poaster that appeared in the Modesto Bee and Capitol Weekly.

Executive Director Gauger stated that she is aware that the Commissioners have been following the progress surrounding the search for a Research Scientist IV. An outstanding candidate was found who had worked for the Department of Public Health in Arizona. He planned to accept the position and move his family to California until his current employer made him a better offer and he opted to stay in Arizona. As a result, the MHSOAC is back to square one. Reference checks are going to be done on two more candidates. If a viable candidate is not found in this round, the MHSOAC will most likely put it back out for advertisement and expand on the type of candidate adding epidemiology, which will yield a greater candidate pool. The MHSOAC will also be exploring downgrading the position to Research Scientist III for the purposes of recruiting.

There are some legislative changes in the mental health system that she wanted the Commission to be aware of. Kiyomi Burchill is no longer working for the President pro Tempore Steinberg. She has gone on to work as an Assistant Secretary for the Health and Human Services Agency (HSSA). She will be the contact person for the HHSA and the MHSOAC is very excited about that. Ms. Burchill and Mike Wilkening, the Undersecretary of Agency, will be coming to meet with the Commission's executive team in the following week.

Diane Van Maren, who has been the principal consultant to the Senate Budget Committee, has now taken a new position in the President pro Tempore's office. Ms. Van Maren's replacement is Michelle Bass in Senate Fiscal and Executive Director Gauger stated that she will be meeting with her the following week.

Executive Director Gauger mentioned that she and several of her executive staff attended a Public Policy Institute luncheon the day before, where Senator Darrell Steinberg conversed with MHSOAC staff. He emphasized the Commission's need to focus on outcomes and evaluation and stated he was looking forward to the reports due from UCLA. He also encouraged the Commission to communicate the successes of the MHSA.

Commission staff have been invited to attend a stakeholder advisory committee being held by CiMH seeking contributions to their future T/TA priorities. Staff will be attending on February 21st.

Executive Director Gauger has been working with Vice-Chair Van Horn, Chair Poaster, and Commissioner Pating to pull together a panel to present to the Commission either in February or March, on health care reform and the Commission's role going forward. Sandra Naylor Goodwin is also helping to put together a review of the issue and a proposed agenda.

Executive Director Gauger updated the MHSOAC contributions to DMH's Data Collection Reporting (DCR) support system. To date, the Commission has invested $700,000 to strengthen the system.

Executive Director Gauger wanted to share that there was some really good feedback regarding some of the deliverables. In October, California State University, Sacramento (CSUS) produced a revised data dictionary for the DCR system. In January, the January 2012 Confidential Data Quality Reports were provided to each county based on the data reported to the DCR. In February a user manual is going to be released that provides detailed instructions on how to use the DCR system.

In the spring, CSUS is going to do county regional training to help educate counties on the overall DCR system. MHSOAC staff is currently developing a scope of work for a new contract that is going to continue the efforts to improve the system.

Executive Director Gauger announced that the next Community Forum will be held in Chico on April 4th from 2:30 pm to 6:00 pm. MHSOAC Staff have been doing targeted outreach in Tehama, Glenn, Colusa, Sutter-Yuba, Sierra, and Nevada counties. They have also been contacting the mental health directors, the MHSA coordinators, and ethnic services managers in each county. California State University, Chico staff and students on campus have also been contacted. Several documents have been translated into Spanish and an interpreter will be provided.

Commissioner Questions and Discussion

Commissioner Vega stated that he values Executive Director Gauger's reports because they give the big picture. He then asked if the Commission should circle back to a strategic plan that was brought before the Commission about a year ago. Executive Director Gauger answered that Commissioner Vega is probably referring to the closed session in April when the Commission laid out some of the priority areas that were to be the focus this year.

Commissioner Vega then postulated that it is maybe related more to the Commission's strategic plan and vision. Since it has not been visited in a while, perhaps it might behoove the Commission to reevaluate at the next Commission meeting. Vice-Chair Van Horn added that a one-day session that would focus on where the Commission is headed and where some overall goals can be set would be beneficial. Ms. Gauger agreed with Commissioner Vega. A strategic plan would be good for the Commission. A five to ten year plan would really help pave the way for the Commission to set higher goals to accomplish each year. Vice-Chair Van Horn concurred with Executive Director Gauger adding that this needs to be done within the next year because health care reform is coming up. The Commission needs to determine either this winter or spring what it wants to see come out of health care reform and how the Commission wants to influence it.

Commissioner Vega stated how thankful he is to all the members of the public that have stuck around and is really dismayed about the lack of commissioners around the table. He added that he would like the Commission to come up with a strategic plan on how to get the Commission fully staffed and to increase the diversity and the range of voices needed to be effective and responsive. Vice-Chair Van Horn stated that Executive Director Gauger is in communication with the Governor's office about this problem. Executive Director Gauger stated that the Commission now has five vacancies.

15. <u>General Public Comment</u>

- Delphine Brody suggested that the Commission look into its position on MHSA funding of AB 1421 (Laura's Law). She stated that it is an ongoing issue for stakeholders in growing numbers of counties and there is a bill soon to be introduced in the Assembly to extend AB 1421 for another six years. She added that the CMHPC; the Coalition Advocating for Rights, Environment, and Services; CNMHC; Disability Right California; the California Association of Mental Health Rehabilitation Agencies; and the California Association for Mental Health Patients Rights Advocates have all taken an

opposing position on the bill and expressed hope that the Commission would do the same. She requested that the Commission put together a panel to discuss AB 1421.

- Sandra Marley thanked the Commission for all the work it has been doing. She also thanked Vice-Chair Van Horn for the help he offered to Glenn County. She stated that Senator Steinberg was going to hear about it as well.

16. Adjournment

Vice-Chair Van Horn adjourned the meeting at 3:32 pm.