

MHSOAC
Mental Health Services Oversight and Accountability Commission
Meeting Minutes
September 10, 2012

California Institute for Mental Health
Sequoia Room
2125 19th Street, 2nd Floor
Sacramento, California 95818
866-817-6550; Code 3190377

1. Call to Order

Chair Poaster called the meeting to order at 1:16 p.m.

2. Introduction and Overview

Chair Poaster stated that this special informational meeting of the MHSOAC will address a series of newspaper articles published several weeks ago throughout the state. These articles gave a negative report on thirteen Prevention and Early Intervention (PEI), and Innovation (INN) projects. The articles claimed, with regard to the Mental Health Services Act (MHSA), that these programs squander money and accomplish nothing.

He further stated that today is World Suicide Prevention Day. Suicide is a serious problem in this country with a suicide occurring in the USA every 15 minutes. The California Mental Health Services Authority (CalMHSA) is implementing a statewide project for suicide prevention; PEI and INN projects focus on prevention at the county level. For more information on suicide prevention, Chair Poaster recommended visiting the National Council for Community Behavioral Healthcare website.

While the newspaper articles incorrectly interpreted the purpose and accomplishments of the thirteen projects, the Commission has a responsibility to ensure MHSA funds are spent appropriately. Therefore, MHSOAC staff has reviewed each program as compared to the plan which was approved by the Commission and consulted with each county regarding implementation and prepared a report to be presented at this meeting.

Vice Chair Van Horn added that, as a result of these articles, Senator Steinberg has requested that the Bureau of State Audits evaluate MHSA fund expenditures. This, along with the Commission's efforts, will confirm that these funds are being spent responsibly and in line with stakeholder planning processes as mandated.

Commissioner Poat agreed that this analysis demonstrates this Commission's commitment to its oversight responsibility. The purpose of today's meeting is to determine the best way to assure the public that MHSA funds are being used effectively and in the way they were intended.

3. Detailed Review of Programs Identified in the News Article and Presentation of “Prevention, Early Intervention, and Innovation Report of Findings”

Executive Director Gauger stated recent drastic budget cuts and changes in the mental health field have caused concern over many special funds and programs. In response to recent news articles, Chair Poaster asked staff to review the highlighted PEI and INN programs and issue a report with their findings.

The Purpose of the Report and Meeting

The purpose of the report and informational meeting is to review identified programs to assess their elements, implementation, and costs; to review statewide law and guidelines that govern PEI and INN programs and financing; and to provide findings of the review.

PEI Requirements

California is ahead of a major national policy shift toward prevention and early intervention. One of the most ground-breaking elements of the MHSA is the requirement that twenty percent of funds distributed to counties be spent on PEI programs. In 2010, the Affordable Care Act (ACA) recognized that prevention and early intervention and, when necessary, treatment of mental and substance use disorders, are an integral part of improving and maintaining overall health. In 2011, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) laid out a vision for a “good and modern mental health and addiction system,” which included prevention and early intervention.

Part of the MHSA requirements of a PEI program are that the program must improve timely access to services for underserved populations, provide education for families and others on the early signs of mental illnesses, and reduce stigma and discrimination against people with mental illness. The program must also employ strategies to reduce the negative outcomes that may result from untreated mental illness.

The Department of Mental Health (DMH) issued PEI guidelines in 2007. As of the enactment of Assembly Bill (AB) 100, the Commission no longer approves counties’ use of PEI funds.

INN Requirements

INN program funding consists of five percent of the total funding for each county’s mental health program for PEI, adult and older adult mental health systems of care, and children’s mental health systems of care. As a result of AB 1467 counties are prohibited from spending INN funds until the Commission approves their INN programs.

INN programs are intended to be time-limited demonstration projects to test and evaluate the efficacy of new or changed mental health approaches or applications of a successful non-mental health approach to address mental health challenges for which there are no existing or adequate solutions.

Some of the MHSA requirements are that INN programs must increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency and community collaboration; and increase access to services. In 2009, DMH issued INN guidelines with substantial input from the Commission. Most of the provisions were included in AB 1467, which was chaptered into state law on June 27, 2012, and is effective immediately. This law is now the basis for the Commission's current INN review approval tool.

PEI Trends Report

The Commission's 2011 PEI Trends Report was based on an analysis of 485 programs contained in 59 Commission-approved PEI plans up through September 2011. At that time, the Commission had approved \$713 million for those PEI programs. Of the PEI programs, 100% included programs for at risk children, youth, and young adults; 97% included at least one early intervention program. 86% of counties considered co-occurring issues, and 80% described at least one program as offering peer support.

INN Trends Report

Before the adoption of AB 100, the Commission had approved over \$158 million in funding for 86 INN programs that were based on work plans developed by 32 of the 58 counties. The INN Trends Report analyzed these 86 INN programs and provided examples of new or changed mental health practices that counties are now testing. Of the INN programs, 70% included a focus on developing or testing better ways to address the needs of individuals with serious mental illness. The programs also focused on new or adapted approaches for serving underserved populations. A complete copy of the Trend Report is on the Commission's website.

Funding for PEI and INN Programs

Executive Director Gauger provided a summary of the PEI and INN funds that have been distributed to counties through June 2012, and compared this amount to the funding that supports the programs that were called out in recent news articles.

- Approximately \$1.3 billion have been distributed to counties for PEI projects through June 2012. PEI funds approved by the Commission were about \$713 million. The funds that supported the programs called out in the news articles were about \$4.4 million, representing 0.3% of total PEI funds distributed to date.
- Approximately \$310 million have been distributed to counties for INN projects through June 2012. INN funds approved by the Commission were about \$158 million. The funds that supported the programs called out in the news articles were about \$12 million, representing 4% of total INN funds distributed to date.

Fresno's PEI Project: The Horticultural Therapeutic Community

This project was budgeted for \$484,763. The news articles stated that the county spends \$171,620 a year for a horticultural therapy program that serves 110 gardeners from marginalized groups, including Hmong immigrants and migrant farm

workers, helps residents meet their neighbors and grow produce not available locally, and also to hold community events.

According to the plan, the purpose of the program is to identify and respond to risk and early onset of mental illness in an underserved population. The program uses gardening as an access strategy and wellness activity to engage individuals from underserved populations in a variety of interventions, including addressing Post Traumatic Stress Disorder (PTSD), intergenerational conflict, and trauma. The program also facilitates linkages to treatment.

Based on contact with county officials about the implementation of the program, the program which serves as a platform to address PTSD related to cultural-specific traumas, including the loss of traditional ways, war, and violence. The center provides a de-stigmatizing and welcoming site and partnerships among physical health providers and community-based organizations.

The Commission approved the county's plan in August 2009 and was implemented in March 2010. The delay in implementation was related to contracts with the providers. The program served 520 individuals in its first year, and 640 individuals in its second year.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

Napa's PEI Project: The Native American PEI Project

This project was budgeted for \$148,570. The news articles described this program as a monthly sweat lodge session for Native Americans with a 10-month budget of \$53,692. The articles stated that the program was expected to reach 510 people with potlucks, powwows, and drumming circles.

According to the plan, the purpose of the program is to identify and respond to the risk of early onset of mental illness in an underserved population. It is part of a larger program to increase access to mental health treatment for Native Americans with and at risk of mental illness. The program includes outreach, education, cultural events, and traditional practices as a vehicle for resiliency and wellness, screening, assessment, referrals, and training.

The Commission approved this plan in June 2010 and it was implemented consistent with the approved plan. This program served 99 individuals in its first year, and 2,600 in its second year.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

Riverside's PEI Project: Mamas y Bebes

This project was budgeted for \$715,416. The news articles described this program as a 12-week mood management course for young Latina mothers to create a healthy physical, social, and psychological environment for themselves and their

infants; the course is one of four parenting programs that together have an annual budget of \$2.9 million.

According to the plan, the purpose of the program is to prevent the onset of postpartum depression in pregnant Spanish-speaking women. It focuses on preventing depression and promoting recovery by using an evidence-based practice and targets those who are considered at risk. The budget funds eight parenting programs, rather than the four that the articles state. The Commission approved this plan in September 2009. The county had some delays due to contracting, recruitment, staff training, and program outreach. Implementation began this year consistent with the plan.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

San Diego's PEI Project: Home-Based PEI Gatekeeper Program

This project was budgeted for \$1,525,415. The news articles stated that the county was awarded \$547,805 for homebound seniors to receive daily meals from workers who also screen them for depression or suicidal thoughts.

According to the plan, the purpose of the program is to provide outreach, education, depression screening, medication misuse and substance abuse screening, mental health assessment, suicide risk assessment, and brief counseling and interventions. The program is an evidence-based practice that links treatment and community resources for home-bound seniors with and at risk of mental illness. The daily meals are not paid for by the MHSA.

The Commission approved this plan in January 2009 and it was implemented as approved. The program served 400 individuals in its first year, and 845 individuals in its second year.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

San Francisco's PEI Project: Holistic Wellness Promotion in a Community Setting for African Americans

This project was budgeted for \$750,000. The news articles stated that the county spends \$250,000 per year on ethnic celebrations, oral histories, and arts to build a stronger sense of community among blacks in the low-income Bayview neighborhood.

According to the plan, the purpose of the program is to identify and respond to those at risk for, and the early onset of, mental illness in an underserved population. The program uses a holistic approach based on cultural values and traditions to provide outreach and education, individual and group counseling, and other direct mental health services. The program also provides linkages to mental health services for residents of an African American community with extensive and ongoing exposure to severe trauma.

The Commission approved this plan in April 2009 and it was implemented as approved and served 562 individuals in its first year.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

Stanislaus' PEI Project: Friends are Good Medicine

This project was budgeted for \$225,000. The news articles stated that the county received \$75,000 to maintain an online directory of self-help groups that address topics like bereavement, weight struggles, and single parenting.

According to the plan, the purpose of the program is to provide information, consultation, training, support, leadership development, and infrastructure to help facilitate or strengthen peer support groups. The online directory is only one element of the program, which also includes peer support group facilitation training for Spanish-speaking community members.

The Commission approved this plan in May 2009; it was implemented as approved. Since inception, 43 individuals have been trained as peer support group facilitators and 45 individuals have been trained in Mental Health First Aid. Additional outcomes are listed in the report.

Staff found this program to be in compliance with the MHSA and with PEI guidelines and has no recommendations at this time.

Sutter/Yuba's PEI Project: Support Recreational Opportunities

This project was budgeted for \$109,000, with \$93,000 the first year and \$8,000 every year thereafter. The news articles incorrectly reported the budget as \$93,000 a year to help 40 at risk youth through gym memberships, dance classes, and team sports.

According to the plan, the purpose of the program is to provide recreational opportunities for community youth from primary target populations to fight stigma, build self-esteem, and to create a wellness-positive community. The program is designed to reduce disparities, increase prevention efforts and responses to early signs for at risk children and youth, increase knowledge of signs of suicide risk, and appropriate actions to prevent suicide.

The Commission approved this plan in August 2009. The program has been partially implemented and has done outreach to 150 individuals.

The program's compliance with the MHSA is unclear. Staff recommends, in the Commission's training and technical assistance capacity, working with the county to ensure they provide linkages to mental health or primary care providers for individuals who may need assessment or extended treatment for mental illness or emotional disturbance.

Tri-Cities' PEI Project: Student Well-Being for College Students

This project was budgeted for \$235,000. The news articles stated that the Tri-City Mental Health Center received \$230,000 to develop student wellbeing programs, expected to reach 100 people a year and that the proposal included a plan for self-help, drop-in centers featuring massage chairs, a meditation room, and a biofeedback lab where students use computer software to learn breathing and relaxation techniques.

According to the plan, the purpose of the program is to develop campus-based plans to promote the emotional and mental wellbeing of college students. The massage chairs and biofeedback lab were not part of the Commission-approved plan.

The Commission approved this plan in March 2010. It has not been fully implemented.

Staff found that the ideas presented in the news articles were never implemented. Staff recommends working with the county to ensure that the implementation of the program specifies target populations and expected outcomes.

Butte's INN Program: Therapeutic Wilderness Experience

The program was budgeted for \$536,540. The news articles stated that the county spent \$536,540 on a three-year program that takes teenagers with behavioral problems on a 20-day outdoor adventure and that it was expected to help 90 families.

According to the plan, the purpose of this time-limited program is to test a new or changed mental health strategy, which is one of the purposes of an INN program. The plan will be used to determine if adding a family component to wilderness programs for youth with serious emotional disturbance improves individual and family mental health outcomes. Target populations are teenagers who are high-end users of public mental health services and at risk of out-of-home placement because of serious emotional disturbance, and their families.

The Commission approved this plan in June 2010. It has not been fully implemented.

Staff found this program to be in compliance with the MHSA and with INN guidelines and has no recommendations at this time.

Kings' INN Program: Youth Transitions

The program was budgeted for \$899,850. The news articles stated that the county received \$944,843 to start an equine-facilitated psychotherapy program for students who are not reading at grade level and that this three-year program was expected to serve 24 people a year.

According to the plan, the purpose of this time-limited program is to test a new or changed mental health strategy to determine if a collaborative approach among behavioral health departments, schools, Native American youth, and organizations improves mental health and academic outcomes. The equine-facilitated therapy is a therapeutic practice with a growing evidence base for Native American youth.

The Commission approved this plan in February 2011 and it was implemented as approved. It has served twelve individuals so far.

Staff found this program to be in compliance with the MHSA and with INN guidelines and has no recommendations at this time.

San Bernadino's INN Program: Holistic Campus Program

The program was budgeted for \$8,248,670. The news articles stated the county has budgeted \$8.1 million over three years for a holistic campus of three community centers that provide services like acupuncture, art classes, equine therapy, tai-chi, and Zumba to the general public. The articles stated that the program expected to reach 7,000 people a year.

According to the plan the purpose of this time-limited program is to test a new or changed mental health strategy to determine whether services that are offered by peers or cultural brokers increase access to mental health treatment.

The Commission approved this plan in January 2010 and it was implemented as approved. It served 5,000 individuals in 2011.

Staff found this program to be in compliance with the MHSA and with INN guidelines and has no recommendations at this time.

Santa Clara's INN Program: Multi-Cultural Project

The program was budgeted for \$2,135,998. The news articles stated that the county received \$2.1 million to establish a community center for traditional wellness practices, including acupuncture and meditation, which is expected to serve 1,500 people a year and operate for three years.

According to the plan, the purpose of this time-limited program is to test a new or changed mental health strategy in order to assess whether inclusion of multicultural services in a single setting facilitates cross-cultural collaboration among ethnic communities to promote mental health and to support people with mental illness. It informs and guides efforts to increase the capacity of new immigrant populations to support peers with mental health issues. The program will be delivered in a community-based, linguistically- and culturally-appropriate supportive setting. Videos and live presentations of testimonials from ethnic community members recovering from mental illness will be shown to de-stigmatize mental illness and reduce fear related to using mental health services.

The Commission approved this plan in September 2010. The main center has not yet been identified; this project was implemented in part, operating out of county buildings.

Staff found this program to be in compliance with the MHSA and with INN guidelines and has no recommendations at this time.

Stanislaus' INN Program: Arts for Freedom

The program was budgeted for \$308,863. The news articles stated that the county received a three-year budget of \$308,863 for an arts center, which provides free classes and youth groups, and doubles as an art gallery.

According to the plan, the purpose of this time-limited program is to test a new or changed mental health strategy to determine whether the use of arts for wellness successfully educates and empowers individuals with chronic mental illness. It encourages the use of creative arts for wellness and recovery, and reduction of stigma; and will contribute to healthier and more productive individuals in the community. The program will also provide referrals and encourage use of available community-based services.

This plan was approved after AB 100 by the local mental health director in August 2011. It was implemented as described in the plan.

Staff found this program to be in compliance with the MHSA and with INN guidelines and has no recommendations at this time.

San Francisco's Community Services and Supports Program: Yoga Classes for Peer Support Providers

The program was budgeted for \$600. The news articles described the program as a lunchtime yoga class for Department of Public Health workers who have had personal experiences with the mental health system. The classes were reported to be an hour long at a cost \$100 each, and to attract an average of six attendees.

The program described in the news articles was not included in a plan. The news articles omitted that this was a retention strategy for peer staff providing mental health services. The program was intended to address high turnover in peer staff and is paid out of CSS administration funds.

The Commission did not approve this because it was added through an update post-AB 100. It was implemented as intended and served about six individuals.

Staff found this program to be in compliance with the MHSA and an appropriate use of CSS administration funds and has no recommendations at this time.

Summary of News Articles

The news articles reported on thirteen PEI or INN programs developed by twelve counties plus one CSS program. Twelve of the thirteen programs identified were reviewed and approved by the Commission between 2009 and 2011.

The program descriptions do not address the extent to which the elements described fit-in with the program's purpose linked to mental health outcomes. They omit details about programs' mental health interventions and do not differentiate between ongoing services and time-limited pilots of new practices.

The budget amounts were reported as annual amounts, though these amounts are actually intended for multiple years and frequently fund more programs than were referenced in the articles.

Summary of Findings

PEI funds for the eight programs reported in the articles are less than 1% (0.3%) of total PEI funds distributed. Six out of the eight programs comply with the MHSA provisions and PEI guidelines; more information is needed about the seventh, and the eighth has yet to be implemented.

INN funds for the five programs reported in news articles are 4% of total INN funds distributed. Four of the programs have been implemented. All five INN programs comply with the MHSA and INN guidelines.

Conclusion

Proposition 63 is the product of participatory democracy. The process is designed to benefit from lessons learned through implementation in that it allows for review and revision of policies, programs, and expenditure plans. An approach to oversight and accountability that supports the work of implementing and running programs features respect for differing interpretations and priorities. This approach prioritizes tracking, evaluation, and communication, and provides for opportunities for quality improvement, as this is the best way to maximize and protect California's unprecedented investment in its mental health system.

Questions and Discussion

Vice Chair Van Horn stated that INN programs in particular could greatly benefit the mental health community. During his thirty years as head of a community agency, he learned to value innovation, which is how Proposition 63 was developed. He added that INN programs are critical to transforming the mental health system.

Commissioner Poat stated that the report highlighted the issue of communication. Someone who does not understand the community may not understand the best process for reaching people within that community; the newspaper articles were published without this important information. Conversely, programs should more clearly stipulate what the outcome will be, who the target community is, and why that particular strategy makes sense. Communicating those three things is an important base upon which to evaluate proposed spending programs and, later, whether they were able to accomplish their goals.

Public Comment

- Rusty Selix, of the Mental Health Association of California, Mental Health America of California, and the California Council of Community Mental Health Agencies, commended Commission staff for this crucial report. Whether the author of the newspaper articles was "judging books by their covers" or acting on more malicious intent, the articles have stirred up doubt throughout the public

and Legislature. It is important to set those doubts to rest. Chair Poaster agreed that the report and press release will be widely circulated.

- Kathleen Derby, of the National Alliance on Mental Illness (NAMI), agreed that evaluations are the key to progress. Counties are currently required to do only one evaluation of PEI programs; it is important to expand that and collect the information from additional evaluations. Ms. Derby emphasized the importance of prevention and recovery throughout the lifespan. Programs that promote or emphasize eradication of stigma and a holistic approach will always be welcome.
- Sandra Marley, an advocate and consumer, stated the MHSOAC has made great progress since 2005. She has regularly attended Commission meetings as a member of the public and applauded the work that the Commission has done. She felt the misinformation in the newspaper articles could not have been published if the reporter had spoken to anyone who has seen the Commission's accomplishments unfold, as she has.

Chair Poaster stated many people provided accurate information for the articles, but the reporter chose to ignore it in favor of stirring up controversy. It is stigma and discrimination like this that constitute one of the major barriers to appropriate mental health service. While there are differences of opinion regarding the efforts of the MHSA, stigma should never be used in place of a valid argument. He stated his intent to recommend to the new chair to incorporate into the Work Plan an update to PEI guidelines with the input of staff, stakeholders, and perhaps a Committee Charter.

Vice Chair Van Horn added that guidelines for programs of this kind quickly become limiting. As the Commission learns from the programs that have been developed, it should improve the guidelines as well.

Commissioner Poat recommended ensuring the application process is as transparent and goal-based as possible. The Commission will also be integrating a program nomination and evaluation process, which will benefit from increased clarity.

Vice Chair Van Horn added that much of the supervision of the programs has become the counties' responsibility. As a result of AB 1467, there is funding available for training local boards and commissions in the evaluation process to ensure that transparency and effectiveness start at the local level.

4. Adjourn

Chair Poaster adjourned the meeting at 2:33 p.m.