



WELLNESS · RECOVERY · RESILIENCE

State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
October 24, 2013

Holiday Inn
300 J Street
Sacramento, CA 95811

1-866-817-6550; Code 3190377

Members Participating

Richard Van Horn, Chair
David Pating, M.D., Vice Chair
Khatera Aslami-Tamplen
John Boyd, Psy.D.
Sheriff William Brown
John Buck
Victor Carrion, M.D.
David Gordon
Christopher Miller-Cole, Psy.D.
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.

Members Absent

Senator Lou Correa
Paul Keith, M.D.
Tina Wooton

Staff Present

Sherri Gauger, Executive Director
Aaron Carruthers, Chief Deputy Executive Director
Kevin Hoffman, Deputy Executive Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Jose Oseguera, Committee Operations Chief
Norma Pate, Administrative Chief
Lauren Quintero, Associate Governmental Program Analyst
Christina Call, Staff Services Analyst
Cody Scott, Office Technician

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1. CALL TO ORDER/ROLL CALL

Chairman Richard Van Horn called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:15 am., and welcomed everyone. Administrative Chief Norma Pate called the roll and announced a quorum was present.

2. INNOVATION PLAN APPROVAL

Sutter/Yuba county is seeking approval for an Innovation (INN) plan. Jose Oseguera, Committee Operations Chief, provided an overview of the Sutter-Yuba INN county plan. The Innovative Projects included in the INN Plan are: 1) Improving Mental Health Outcomes via Interagency Collaboration and Service Delivery Learning for Supervised Offenders Who Are At

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Risk of or Have a Serious Mental Illness; 2) A Culturally Competent Collaboration To Address Serious Mental Illness in the Traditional Hmong Population; and 3) Continued Mental Health and Wellness Support for the New Post-Transition Age Youth (TAY) Clients Who Are in Recovery from a Serious Mental Illness.

The total requested funds for the INN is \$914,730 and will have a duration of three years.

Sutter/Yuba counties submitted their INN Work Plan to MHSOAC in May 2013. Commission staff were unable to recommend plan approval at that time because none of the included Innovative Projects fully met Mental Health Services Act (MHSA) INN requirements. Sutter-Yuba withdrew the plan in order to make modifications. Following technical assistance provided by Commission staff, Sutter-Yuba submitted their revised INN Plan on October 1, 2013.

Commissioner Questions and Discussion:

Commissioner Buck asked what a frontloaded service was. Jose Oseguera, Committee Operations Chief, introduced Megan Spooner of Sutter-Yuba counties, and asked her to elaborate. Ms. Spooner stated that the interdisciplinary team will address the probationers needs to determine what services are needed and when (pre release or post release) and evaluate the outcomes.

Commissioner Carrion asked how the centralized and decentralized approach will be evaluated and the approaches and if the outcomes will be communicated to other counties. He also stated that he had never heard the term "Post-TAY" and added that it would be helpful to have some clinical case studies to learn about the critical nature of that particular population and their needs.

Ms. Spooner stated that once the clinicians are hired for each county, they will sit down and detail the exact approach they will take and what it will look like. Both approaches will be delivering the same services. The only difference will be at what time those services are delivered. She added that the clinicians will be doing Static Risk and Offender Needs Guide (STRONG) and Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) on each end. There will be collaboration efforts and using a tool called the Level of Collaboration Survey, which looks at the intensity of the relationship as it grows over time. As for the clinical case studies, it is an excellent idea. Each case will be tracked, but introducing the idea of actually doing a clinical case study on the Post-TAY will be looked at.

Commissioner Carrion asked how the idea of Post-TAY came up and if it was an issue in Sutter-Yuba. Ms Spooner answered that the Full Service Partnerships (FSP) for TAY and their Healthy Options Promoting Empowerment (HOPE) program were overloaded. There are so many clients in the programs and once they reach the age limit, they are pushed out of the program. As a result, the crisis readmission rates are increasing in adult services. What Sutter-Yuba is hypothesizing is that maybe they are just not ready to have their support pulled yet. The goal is to not be sending them over to crisis services, but to integrate them into the community, get some education for them and help them make those connections as well as help them get some vocational gains.

Commissioner Aslami-Tamplen asked if MHSA funds can be used for inside jails and institutions. Chair Van Horn answered that the purpose of the funds, as they relate to institutions, is to help inmates getting out of jail. It's part of the exit process, but involvement in the program is voluntary.

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Vice-Chair Pating stated that he wanted to compliment Sutter/Yuba for the jail study and for completing it in such a timely manner. He added that Commissioner Brown should be involved in the process because it is something that the Commission needs to be looking at.

Chair Van Horn added that he is very encouraged that the Post-TAY issue is being addressed. The FSP adult programs are aging rapidly and someone who has just turned 26 doesn't fit very well with clients who are in their fifties and sixties. It is a very interesting project and the Commission is looking forward to seeing the results.

Commissioner Poaster stated that he wanted to congratulate Sutter-Yuba counties, and added that the projects really represent some innovative thinking. He asked how many people Sutter-Yuba anticipates serving in the interagency collaboration. Ms. Spooner answered that in 2012 and 2013, out of the 1,200 supervised offenders, 400 were categorized as having mental illness or serious mental illness.

Commissioner Brown stated that he wanted to reiterate some of the compliments on the creativity of the project and the timeliness and importance. He added that he wanted to clarify for the public that although these two approaches are different, one being pre-release, and one being post-release, they both would either be providing or directing these people to community-based services.

Commissioner Miller-Cole clarified that the program would be targeting offenders who are on probation but not on parole, to which Ms. Spooner answered affirmatively. Commissioner Miller-Cole asked if this was because of legal restrictions around using MHSA funds on parolees. Ms. Spooner elaborated that the probation departments each created the plan and they wanted it designated toward the AB 109 offenders as well as "other supervised offenders," so they could have a little bit of flexibility.

Public Comment:

There was no public comment.

Action: Commissioner Buck made a motion, seconded by Commissioner Brown, that:

The Commission Approve Sutter-Yuba INN Plan.

- Motion carried, 11-0

FIRST READ: REVIEW AND DISCUSS DRAFT PROPOSED PEI REGULATIONS

Chair Van Horn stated that Executive Director Sherri Gauger would begin the presentation on the proposed Prevention and Early Intervention (PEI) regulations.

Executive Director Gauger stated that Chief Counsel Filomena Yeroshek and Consulting Psychologist Deborah Lee would be making the bulk of the presentation. She quickly reviewed what would be covered in the presentation: the Commission's authority to promulgate both the PEI and Innovation (INN) regulations; the process that staff has used to date and the principles that were used when developing the regulations; the requirements set forth in the Mental Health Services Act (MHSA) for both PEI and INN; the proposed tracking and evaluation requirements; the structure of the regulations themselves; and the input that has been received thus far.

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As mentioned at last month's Commission meeting, Assembly Bill (AB) 82 was signed by Governor Brown on June 27, 2013, and it was effective immediately. This is the first time the Commission has been required to promulgate regulations.

Executive Director Sherri Gauger stated that three members from each of the Commission's Standing Committees came together to form a workgroup. The workgroup met a couple of times and provided input to the conceptual framework for the regulations and to the proposed draft regulations. The conceptual frameworks for PEI and INN were presented to the Commission in September. The draft proposed regulations were presented to the Services Committee on October 11, 2013. The input received during that meeting has been incorporated into the draft proposed regulations before the Commission today.

Executive Director Gauger added that she wanted to make sure the Commission focuses on the principles that staff used when drafting the regulations: (1) the regulations are consistent with the Administrative Procedures Act (APA), which is the act that governs the development of regulations in the state of California; (2) the regulations are focused on the Mental Health Services Act (MHSA) itself; (3) the regulations provide flexibility and support to both county and community priorities and wisdom; and (4) the regulations are outcomes-focused.

Executive Director Gauger turned the presentation over to Consulting Psychologist Dr. Deborah Lee who covered the draft regulations including the essential principles used in the draft as well as the different kinds of PEI efforts listed in the MHSA such as linking people to services, reducing stigma and discrimination, and suicide prevention. She then went through PEI efforts that are required and those that are optional. Dr. Lee discussed the fact that the regulations provide an outcomes-focused accountability for PEI and went through the PEI tracking and evaluation requirements of the draft proposed regulations. She also discussed what was different and what was staying the same from current practices. Dr. Lee then turned the presentation over to Chief Counsel Filomena Yeroshek.

Chief Counsel Filomena Yeroshek covered the structure and organization of the proposed draft regulations. She then covered the two charts that listed suggestions from the workgroup, the Services Committee, and the public that were incorporated and suggestions that were not included in the proposed draft regulations.

Commissioner Questions and Discussion:

Executive Director Gauger stated that she wanted to clarify that the only comments on the charts that were not addressed in the draft regulations are the ones that were submitted late by the California Mental Health Directors Association (CMHDA).

Commissioner Poaster asked if the definition of "outreach" was the same as the outreach defined as a subcomponent of Community Services and Supports (CSS). Chief Counsel Yeroshek answered that they are two very distinct parts but there is some overlap. Since the intentions of outreach differ with regard to CSS and PEI, respectively, the definitions, while similar, have different objectives. Chair Van Horn added that AB 82 requires that regulations developed by the Department of Health Care Services harmonize with the regulations that are developed by the Commission. Dr. Lee added that the definition used today is derived from the charge for outreach to people in a position to respond to early signs and symptoms of mental illness in the PEI section.

Commissioner Poaster asked if "Risk factors for mental illness means conditions or experiences that are associated with a higher than average risk of developing mental health problems

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including a serious mental illness,” is statutory language. Dr. Lee answered that it is not in any statute.

Commissioner Carrion stated that the word “untreated” under section (1) (d) (3) (A) should be removed because it is difficult to identify those who were treated correctly versus those who were not. He added that the word “gatekeepers” should be changed back to “responders.”

Commissioner Aslami-Tamplen stated that including “mental health problems” is important in terms of communities that have not been diagnosed yet with serious mental illness, and are experiencing high levels of mental health and emotional distress that could lead to serious mental health problems, issues, and illness. However, excluding this from PEI misses a community that could be supported with these funds.

Commissioner Aslami-Tamplen also added that under Section 1 (c) (2) (A) (i), it is important to include peer specialists as well.

Commissioner Nelson stated that he was confused with regard to the lack of definition for someone with a severe mental illness who has no treatment, because that is where most of the serious consequences occur.

Commissioner Poaster asked, with regard to the evaluation requirements, why was only the reduction of prolonged suffering chosen. The statute itself ties the outcome variables for PEI to seven negative outcomes. Why was only one negative outcome chosen?

Dr. Lee answered that it is the only one that applies to every single program. The idea is that the county would measure the other outcomes that apply to their specific program.

Commissioner Poaster asked about decoupling prevention from early intervention. When looking at prevention, it is a different set of measures when compared to early intervention.

Chair Van Horn asked that the next draft regulations for PEI separate out prevention regulations from early intervention regulations.

Commissioner Carrion added that this is related to technical support as well. The more support given to counties, the more universal these outcomes measures can be.

Commissioner Gordon cautioned not to devalue prevention relative to early intervention. He added that the counties should be encouraged to do projects that do both.

Vice Chair Pating stated that, if there is a separation of prevention from early intervention, the definitions of prevention would need to be strengthened. Early intervention would need to be very specific.

Public Comment

Mary Ann Bernard, Counsel to Mental Illness Policy Organization, stated that she would like to focus the Commission on the statutory language, which is still being ignored in the draft regulations. MHSA states that “the PEI program shall also include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.” In other words, this is relapse prevention. PEI money has never gone to the seriously mentally ill. The Mental Illness Policy Organization was preparing a lawsuit for this. Ms. Bernard added that she wanted to commend the Commission for trying to get focused on what the law says which may avoid the necessity for the lawsuit. The problem lies in the drafters’ shuffling programs for relapse prevention into prevention, as opposed to early intervention, which is fine as long as it is funded. However, the word used by the drafters is “may,” when the statute states “shall.” It is a mandatory provision. The bulk of this money should be going to relapse intervention. Laura’s

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Law is relapse intervention and MHSA funds can be used for it. It behooves the Commission to tell the counties where to get the money. It either has to come out of adult services or PEI. Laura's Law is a legitimate prevention and early intervention program for treatment refusers. It allows intervention before they hit bottom. You cannot mandate that Laura's Law be adopted, but you can say that PEI funding can be used for it.

Other services that should be getting PEI money are those for the severely mentally ill former inmates of jails and prisons. That is Section 7(f) of MHSA, which has been completely ignored to date. It states that, "Each county plan and annual update pursuant to Section 5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program." This is a legitimate prevention and early intervention program and the Department of Correction has data on it. It can be evaluated and it should be funded.

Kerry Ann Schuette, Ventura County Behavioral Health, stated that Ventura County has worked hard since the inception of MHSA to create programs that focus on recovery and on improving the quality of life for individuals with serious and persistent mental illness. Additionally, Ventura County has been attentive to the design and implementation of a continuum of care that allows people to access various levels of support based on individual need. An integral part of that continuum is prevention.

The three identified levels of prevention, universal, selective, and indicated, are intended to act in concert. Well-coordinated and orchestrated, each supports the other, with the end result magnifying the total impact. Ventura county has thoughtfully developed a prevention strategic plan, a draft of which was submitted for review today. It follows the strategic Prevention Framework recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA). One of the prevention efforts aims at preventing bullying, which contributes to depression, anxiety, and to suicide. Counties must be afforded the flexibility to continue to use MHSA funding in a manner that best serves the specific needs of the community as defined by the community.

Commissioner Gordon asked Ms. Schuette if she believes that the regulations as drafted by staff somehow restrict certain programs. Ms Schuette answered that the draft regulations do not allow the county to address the general population to prepare an overall prevention initiative. The regulations appear to be only focused on the severely mentally ill and for preventing relapse or recovery.

Dr. Lee stated that the way the Commission has conceptualized the regulations is that it definitely would not, in any way, preclude an effort like the anti-bullying project which is an evidence-based practice to bring about mental health outcomes for a population with very clearly defined risk factors. Not only would it be allowed, but doing anything else that didn't show evidence of effectiveness would not be allowed.

Ms. Schuette stated that it is important use the words "universal prevention" in the regulations so as to clearly convey to the public how the funds can be used in these populations.

Vice Chair Pating asked Dr. Lee how a county would measure outcomes in an anti-bullying program without over complicating them. He also asked if the policy paper written by Dr. Lee and Dr. Feldman can be referred to as guidance going forward.

Dr. Lee answered that a reduction of risk factors would need to be measured, and an increase of protective factors for those who are bullied and doing the bullying. In terms of the paper, the areas that cover working with children and youth would become realms of technical assistance.

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Stacie Hiramoto, Executive Director of the Racial & Ethnic Mental Health Disparities Coalition (REMHDCO), stated that she wanted to commend the Commission and staff for the process to date in reviewing the regulations. She stated her concern that the comments made by CMHDA were not available to the public. Chair Van Horn stated that they were available to the public and that an open transparent public process would continue.

Ms. Hiramoto stated that the definition of outreach and the definition of gatekeepers are of concern to REMHDCO because outreach, and the stakeholder process for presentation, is different and should be different from CSS. Certain counties do not do separate outreach for PEI efforts for the underserved communities. There are many agencies and organizations that don't have current mental health services that are interested in prevention that may not have been solicited or involved in the CSS process. She added that in Section 4, the demographics should be disaggregated as much as possible.

Robert Oaks, Executive Director of CMHDA, stated that the draft regulations of PEI and INN projects are unworkable for counties. CMHDA does support the development and implementation of coordinated evaluation and reporting systems for behavioral health, including through regulations related to outcome measurements that are instructive, doable, and result in information that is consistent across the counties that also allows for continuous quality improvement. As proposed, however, these regulations do not meet that criteria and may result in Proposition 1A review because they will become state mandates. They are overly detailed. As proposed, substantial IT investments will be required, taking valuable and necessary resources away from service delivery without any certainty that the information will be useful for determining what works, what needs to be reworked, and what needs to be stopped. CMHDA remains committed to working with the Commission and other parties to develop cost-effective, informative reporting methods that result in appropriate evaluation that informs continued quality improvement to assure the most effective use of MHS funds.

Commissioner Poaster commended the Commission staff stating that they have done a superb job in a very difficult way of pulling together information in a very quick and efficient manner. He added that the state auditor and the Pro Tem have been unhappy with the absence of evaluation and outcome data, which is why the regulations are so detailed. These are the sorts of information and data needed to be able to fulfill the Commission's statutory responsibility. These are the types of information systems that need to be developed in order for us to capture the kind of data for us to do our statutory responsibilities. Commissioner Poaster asked Chief Counsel Yeroshek if the regulations can be staged from a time perspective because it is going to take time for the counties implement them.

Chief Counsel Yeroshek answered that there are several possibilities and the most often used way is a delayed effective date of regulations. For example, the evaluation requirements are new and some of the data bases aren't available, so a delayed effective date of a few years could be done.

Chair Van Horn added that the Commission is very aware that there is no way that counties can implement everything at once. There are large chunks that are not possible yet. He stated that he wanted to remind everyone that Senator Steinberg has one year left before he is termed out. The Commission needs to know what everyone needs over a several year period before the end of that term. The Commission has started discussions with DHCS and the Planning Council to determine how to respond to the State Auditor's audit and how to get toward a common evaluative effort and a dataset that works. He invited Mr. Oaks to the discussions starting on November 20th.

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Chair Van Horn also stated that the Commission has a huge job ahead of it. Resources need to get voted on so that counties are able to fulfill state mandates, the Commission needs to conform itself to the cost expansion of MediCal as well as the Affordable Care Act (ACA) and expansions of insurance coverage.

Commissioner Gordon stated that he wanted to commend staff for working to preserve the flexibility in the kinds of things that can be funded because there was another school shooting in Nevada and these incidents are not likely to stop. There are some tremendous opportunities with PEI funds to test out some things in schools that can make a difference in this area working in conjunction with the ACA.

Commissioner Brown stated that he would like the suggested language pertaining to Laura's Law to be incorporated into the PEI regulations. He added that the statutory language should be incorporated as well.

Commissioner Aslami-Tampfen stated that she does not share Commissioner Brown's opinion and added that the consumer community overwhelmingly does not support it. ~~The bill allows for a treatment plan without the individual involved, so there are a lot of concerns that need to be addressed. Assembly Bill (AB) 1421 is stigmatizing and not moving towards Health Care Reform in terms of person-centered care.~~

Commissioner Poaster stated that he wanted to make it clear that the Commission has not taken any kind of stand with respect to Laura's Law.

FIRST READ: REVIEW AND DISCUSS DRAFT PROPOSED INN REGULATIONS

Consulting Psychologist Deborah Lee presented the Draft INN Regulations. She covered the INN Framework, went over what was new to the Draft Regulations, the Structure, and the suggestions incorporated into the Draft Regulations.

Commissioner Questions and Discussion:

Commissioner Buck stated that there is still the critical issue of the evaluation component and the need to be able to get the data and do something with it.

Commissioner Poaster stated that he cannot see how the statute supports the specificity that is in the current draft on INN Regulations and was in the previous guidelines. What was originally developed was a more academic approach utilizing a lot of money in a system that is still significantly underfunded.

Vice-Chair Pating asked Dr. Lee if there is a provision in the INN regulations for dissemination of the INN results. Dr. Lee answered that the Draft Regulations makes it clear that the INN funding includes an expectation of dissemination of results to the extent that they are useful. That is, dissemination of successes, new best practices that have been developed and lessons learned.

Commissioner Nelson stated that dissemination for small counties might be a problem. Dr. Lee stated that part of the INN evaluation is to have a centralized place to put county plans. California Institute of Mental Health (CiMH) does have an INN clearinghouse that they have developed and are not currently using much, so that is a possibility. The Commission can also put the plans on its website. In addition to that, dissemination could also be done in a presentation or a report, or by merely placing the plans on their website. It will vary a lot depending on the size of the county, but there is an expectation that the county will disseminate the results as part of their INN project.

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Executive Director Gauger stated that, with regard to the INN clearinghouse, there have been ongoing conversations with CiMH about what currently exists and what needs to be done. The current issue is a lack of resources to adequately run it.

Chair Van Horn stated that there has to be a way to honor the INN impulses that happen in communities. We need to be willing to have funds devoted specifically to things that have never been covered like INN and PEI.

Chair Van Horn asked Executive Director Gauger to have staff make a matrix of the comments made by Commissioners today with regard to the draft PEI and INN regulations.

PUBLIC COMMENT

There was no public comment.

ADJOURN

There being no further business, Chair Van Horn adjourned the Mental Health Services Oversight and Accountability Commission Meeting at 12:00 pm.