State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
July 24, 2014

MHSOAC
1325 J Street, Suite 1700
Sacramento, California 95814

866-817-6550; Code 3190377

Members Participating

Richard Van Horn, Chair
David Pating, M.D., Vice Chair
Khatera Aslami-Tamplen
Sheriff William Brown
Victor Carrion, M.D.
David Gordon
Paul Keith, M.D.
LeeAnne Mallel
Christopher Miller-Cole, Psy.D.
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.
Tina Wooton

Members Absent

John Boyd, Psy.D.
John Buck
Senator Lou Correa
Assemblymember Bonnie Lowenthal

Staff Present

Sherri Gauger, Interim Executive Director
Kevin Hoffman, Deputy Executive Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Jennifer Whitney, Director of Communications
Jose Oseguera, Chief of Plan Review and Committee Operations
Norma Pate, Chief of Administrative Services
Lauren Quintero, Manager
Cody Scott, Office Technician

1. CALL TO ORDER AND ROLL CALL

Chairman Richard Van Horn called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:30 a.m. and welcomed everyone. Administrative Services Chief Norma Pate called the roll and announced a quorum was present.

ACTION

1A: Approval of the May 22, 2014, June 2, 2014, and June 26, 2014, Meetings Minutes

Action: Commissioner Miller-~~Code~~Cole made a motion, seconded by Commissioner Keith, that:

MHSOAC approves the May 22, 2014, June 2, 2014, and June 26, 2014, Meetings Minutes as presented.

- Motion carried, 10-0, with one abstention for the June 2, 2014, Meeting Minutes.

INFORMATIONAL

1B: May 22, 2014, Motion Summary
1C: June 2, 2014, Motion Summary
1D: June 26, 2014, Motion Summary
1E: MHSOAC Evaluation Dashboard

INFORMATIONAL

2A: Communications Presentation

Presenters:

Jennifer Whitney, MHSOAC Director of Communications
Daniel Sakaya, Marketing Director, Crossings TV
Jinky Dolar, Senior Account Executive, Crossings TV
Cary McQueen, founder of Art With Impact

Jennifer Whitney

Communications Director Jennifer Whitney presented her work on anti-stigma and discrimination campaigns. She stated that she strives to spread the message about Proposition 63 and how it has helped communities. As a department of one without a dedicated budget, she formed a work group which consists of the California Mental Health Services Authority (CalMHSA), the California Mental Health Directors Association (CMHDA), the Mental Health Association in California (MHAC), the California Council of Community Mental Health Agencies (CCCMHA), the National Alliance on Mental Illness (NAMI), and, eventually, other stakeholder groups to collaborate with in this effort. Creating and expanding the Free Your Minds radio project was an idea this work group generated.

Ms. Whitney discussed the many projects that she has accomplished as the Communications Director. This includes: creating a Proposition 63 website dedicated specifically to Proposition 63 and to the programs; creating the Proposition 63 logo; revamping the MHSOAC logo; becoming involved with social media, including Facebook and Twitter; working with News and Review on two inserts in multiple languages in the Sacramento and Los Angeles areas; promoting CalMHSA's documentary produced in 2013; doing sixty-second Mental Health Moment interstitials on PBS; producing Public Service Announcements (PSA) and a half-hour show on Crossings TV; focusing on unserved and underserved populations; working with Art With Impact; doing several Op Eds; creating a Proposition 63 phone application; doing press clippings for legislators; launching a radio campaign in the Central Valley; working on evaluation fact sheets; and producing a documentary on Prevention and Early Intervention (PEI) called, "A Choice to Heal," which aired on CBS and will be part of the University of San Francisco (USF) counseling psychology program curriculum.

Next, Ms. Whitney and the Commission's Director of Research and Evaluation will be developing a resource center and a statewide media plan to disseminate the Mental Health Services Act (MHSA) evaluation data.

Commissioner Questions and Discussion:

Vice Chair Pating asked Interim Executive Director Gauger to develop a comprehensive communications plan, including a technical assistance and training center, and to communicate the evaluation results.

Interim Executive Director Gauger agreed that it is critical for Communications Director Whitney to work with the Evaluations Committee, along with Deputy Executive Director Hoffman's team, who are looking at trends through the county three-year plans and annual updates. She stated staff will develop a plan, but cautioned it would need to go through the proper administrative process in the fall.

Commissioner Poaster agreed that along with a plan comes a way to resource that plan.

Chair Van Horn stated the comprehensive communications plan will be brought as an actionable item to a future meeting.

Commissioner Wooton stated she hoped the Services Committee could help out in some way, because it has been in the Committee Charter for a long time.

Vice Chair Pating agreed that the Services and Evaluations Committees should partner together to help Interim Executive Director Gauger.

Daniel Sakaya

Daniel Sakaya, the Marketing Director at Crossings TV, stated Crossings TV is a multicultural network serving the Asian and Russian communities. It began serving the Russian and Hmong communities in the Central Valley in 2006, grew into serving other Asian languages, replicated that model in New York in 2008, and expanded into Chicago, San Francisco, and Seattle last year. It covers the majority of Northern California from Chico to Visalia.

The Asian population is the fastest growing multicultural community representing six percent of the total U.S. population and prefers hear media messages that are culturally sensitive and in their own language. Crossings TV provides in-language programming, news, and connections with the community to provide viewers with the information that they need and seek.

Jinky Dolar

Jinky Dolar, the Senior Account Executive at Crossings TV, stated mental health is a sensitive topic, especially for the Asian community. They feel shame and embarrassment for themselves and their families. They do not seek or know who to ask for help; their families will not support them. Four years ago, a grant writer asked for her help in outreaching to the Asian community regarding Proposition 63.

Ms. Dolar shared some of the activities she is doing to help the Asian community learn about mental health issues and resources, such as speaking with community organizations, speaking with Asian Pacific Community Counseling (APCC) about their programs and services to help the Asian community, adding Crossings TV and creating a thirty-minute show that includes community leaders of different ethnicities, talking to Stacie Hiramoto of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), partnering with MHSOAC, meeting with NAMI California and the Sacramento County Office of Education, creating thirty-second TV awareness and stigma spots in multiple languages, promoting an interview segment with Dr. Hendry Ton to be aired on August 3rd at 12:00 p.m. and 6:30 p.m., promoting the documentary, “A Choice to Heal,” to be aired on July 27th at 12:00 p.m. and 6:30 p.m., recruiting talent for Sacramento County Mental Health Advertising Agency commercials and brochures, and giving away the brochures at over thirty multicultural events throughout the Central Valley. Ms. Dolar stated the importance of printing brochures in many languages and including photos of members of the cultural community that speak the language.

Commissioner Questions and Discussion:

Commissioner Keith asked if Crossings TV is a cable channel. Mr. Sakaya stated it is on Comcast Channel 238.

Commissioner Wooton asked where the brochures are available. Ms. Dolar stated they come from Sacramento County.

Commissioner Carrion asked what questions Ms. Dolar receives from people about the brochures and to whom she refers them.

Ms. Dolar stated people want to see Asian faces on the different pamphlets. She refers people to the website and the APCC.

Cary McQueen

Cary McQueen, the founder of Art With Impact (AWI), shared how AWI partners with Proposition 63 to reduce mental-illness-related stigma and discrimination among high school and college students via short film contests and campus events.

AWI holds short film contests for mental-illness-related issues periodically throughout the year, and has the educational distribution rights for the film submissions. AWI also holds two-hour, interactive campus events where students learn about Proposition 63, define terms such as stigma and mental

health, talk about movies that they have seen that integrate mental illness into the plotlines, watch and discuss three of the films from the contest, and personally connect with local mental health providers.

Ms. McQueen played examples of short films that AWI shows in their events that promote discussion among the students about mental health issues.

Commissioner Questions and Discussion:

Commissioner Aslami-Tamplen recommended incorporating a program called TLC3 by Pat Corrigan, a researcher in mental health stigma reduction. She asked if AWI staff share their own mental health issues with the students. Ms. McQueen stated self-disclosure does not always happen during the events, because it takes the focus off of the students.

Commissioner Brown stated the short films are applicable to a variety of audiences. They provide hope for individuals dealing with similar issues depicted in the films and foster empathy in individuals who do not have those issues.

Commissioner Mallel asked if the targeted Transition Age Youth (TAY) population, sixteen to twenty-five-year-olds, relate to this type of film and how AWI chooses the films to show. Ms. McQueen stated the films chosen for each event are based on the issue that will be discussed. The films are submitted as part of a contest, but AWI is working on increasing the number of films featuring young people and people of color, by such means as reaching out to underserved communities in the off months of the contest and choosing winners.

Commissioner Carrion asked if the filmmakers connect with each other to create a community so they can continue working in film. Ms. McQueen stated it is a small community of people who want to make short films about mental health. AWI has created a LISTSERV of the individuals who submit their films to the contests to help bring them together to ask questions and share resources. AWI also connects with the two main mental health film festivals in Ohio and Toronto.

Commissioner Wooton invited AWI to connect with the college in Isla Vista in Santa Barbara County, where there has been a recent tragedy. Ms. McQueen asked Commissioner Wooton to send her an email. She stated AWI frequently goes into schools where there have been tragedies; this is helpful for the students.

GENERAL PUBLIC COMMENT

Jim Gilmer, of the California MHSA Multicultural Coalition (CMMC) and REMHDCO, affirmed the importance of development of a strategic marketing and communications plan, and offered the support of CMMC and other communities of color in tailoring the messaging more specifically.

INFORMATIONAL

3A: <u>Proposed Prevention and Early Intervention (PEI) Regulations</u>

Presenter: Filomena Yeroshek, MHSOAC Chief Counsel

Chief Counsel Yeroshek reviewed the protocols for the public hearing on the proposed Prevention and Early Intervention Regulations adopted by the Commission. She stated the next Commission meeting will be an in-person meeting on August 28th. It is important for Commissioners to be present because they will be provided a copy of all comments received and staff recommendations on each comment.

Commissioner Poaster asked if the comments and recommendations will be given to Commissioners in advance of the meeting. Chief Counsel Yeroshek stated the goal is to provide the information one week prior to the meeting.

Commissioner Poaster asked Chief Counsel Yeroshek to review the details of the August meeting.

Chief Counsel Yeroshek stated the PEI Regulations agenda item will not be a hearing. It will be a Commission discussion about staff recommendations. If there is a change to the regulations, there will be a fifteen-day public comment period. If there is no change, then there will be no more public

comment. She noted that there will be a public comment hearing for the Innovation Regulations in the August meeting similar to today's PEI public comment hearing.

Chair Van Horn gave hearing instructions to Commissioners and members of the public. He requested that Commissioners set aside the time to read every page when the information comes out a week prior to the August meeting, because Commissioners will vote on each one of the comments.

Public Comment:

Kendra White, of the United Advocates for Children and Families (UACF), stated mental illness in her family is hereditary. She is thirty-six years old. At age nine, she was misdiagnosed. She began taking medication for her illness last year. She stated she was unaware of her illness and was forced to face many things alone. She came to testify to support families like hers and to support the recommendations submitted by UACF. She emphasized that PEI is important to keep people from being misdiagnosed and unable to receive needed services and representation. She stated she is active in the community, but feels she could have been more active. Mental illness cannot always be seen on the outside. PEI will help people who do not appear "sick."

Steven Fazil stated he has done a lot of mental illness outreach, going into communities and churches. He stated people do not want to admit that they have a child that has a problem, instead blaming it on other things. Many people with mental illness try to stop it with drug abuse or self-medication. He stated PEI is one of the best things to do to stop it at the beginning. There are many people with mental illness in the prisons because of misdiagnosis or not being told they had a problem and that it can be helped. He suggested not only working with children, but including their families in the process, since mental illness can be hereditary.

Sally Zinman, the executive director of the California Association of Mental Health Peer Run Organizations (CAMHPRO) and the Client Stakeholder Project (CSP), stated her concern over identifying prevention, stigma and discrimination, and suicide prevention as something that counties "may" do instead of "shall" do in the proposed regulations. It decreases the importance of those three elements. She stated she is specifically concerned about stigma and discrimination not being a mandate to counties, because the Mental Health Services Act (MHSA) names stigma and discrimination twice when stating what prevention and early intervention should be.

Sederia Lewis, of the Pool of Consumer Champions (POCC) and the CSP, spoke in support of PEI programs, but wanted to ensure that the programs be culturally competent in terms of meeting people where they are. She stated she, too, is a consumer; although she saw health professionals for twenty years, she had no knowledge that she had mental health challenges. Attending peer-run programs helped her to stabilize and to understand some of her challenges after she had retired at an early age due to those challenges. People do not necessarily look like they have a problem. She stated she had many issues, but did not understand what those issues were or how to deal with them. She supports early intervention.

Angela Brand, of UACF and the parent of a child in the mental health system, stated she supports the PEI Regulations, but had recommendations based on feedback that UACF received. She recommended that prevention programs be required like the early intervention programs, not optional. She recommended that the original policy direction reserving fifty-one percent of PEI funds to be spent to address the needs of children and youth be reinstated and written into the regulations. Most counties are currently implementing both prevention and early intervention programs, and have money set aside for that mandate for children and youth. UACF is not asking for additional programs or additional funds, but is only asking the Commission to secure the programs and preserve what is already in place.

Jim Gilmer, of CMMC, stated PEI is a major strategy and engine to reduce disparities. He suggested including a heavy emphasis on social determinants of health. CMMC supports the adoption of the PEI Regulations with three recommendations: 1) that the PEI Regulations require counties to offer more prevention; 2) that representatives from racial and ethnic communities be involved in all stages in the roll-out of the PEI Regulations; and 3) that data be disaggregated around racial and ethnic

communities, not to universalize data collection, because that will further enhance and increase disparities.

Noemi Castro, the assistant director of REMHDCO, stated she represents a letter containing eight recommendations submitted to the Commission by nine organizations and individual signers regarding the proposed PEI Regulations. She highlighted the sixth recommendation - to support the proposed mandate to track and measure the duration of untreated mental illness from the onset of symptoms to the point of access and linkage to treatment.

Monica Nepomuceno, of the Department of Education, asked that the fifty-one percent that has been allotted for the prevention and early intervention programs be integrated back into the PEI Regulations.

Robert Oakes, the Executive Director of CMHDA, stated CMHDA submitted a letter in support of the PEI Regulations with six recommended changes. He invited Commissioners to contact him with any questions or concerns regarding these recommendations.

Debbie Innes Gomberg, with the Los Angeles County Department of Mental Health and co-chair of the MHSA Committee, stated Los Angeles County submitted a letter with three recommendations that will make county implementation of the PEI Regulations reliable and achievable: flexibility around outreach and engagement; the development of a methodology and a data collection system to reliably collect information around the duration of untreated mental illness; and consistency of reporting in access and timeliness, language and ethnicity, and evaluation costs.

Michael Helmick, the Program Assistant of REMHDCO, provided public comment on behalf of Janet King, the Vice President of REMHDCO and the Strategic Planning Work Group (SPW) lead on Native American Self-Referral Disclosure Protocol (SRDP). Ms. King supports and commends the points made in the REMHDCO letter, such as the collection of data on ethnicity, the importance of schools as a strategic place for prevention, and the idea that support at early stages is the ideal place to disrupt onset.

Helena Liber, of CAMHPRO, stated her agreement with Welfare and Institution Code Section 3735 of the PEI Regulations about using non-stigmatizing and non-discriminatory approaches and promoting positive attitudes and understanding among mental health providers. She stated her belief that it is not being implemented in PEI programs now; she liked seeing it in the new regulations. She suggested including family members in the promotion of positive attitudes and understanding.

Tahira Cunningham, of the California Pan-Ethnic Health Network (CPEHN), stated she aligns her comments with those of Noemi Castro and the REMHDCO letter of recommendations. She stated she particularly supports the recommendation around annual PEI reporting. She stated her concern that reverting data collection of race, ethnicity, and others to align with current or outdated reporting systems, such as the Client and Service Information System, will result in the loss of valuable information. She highlighted the recommendation that prevention programs be a requirement, not an option. She stated making prevention programs optional may adversely impact at-risk populations that they are designed to serve.

Fionna Lavelle, of the California Family Resource Association, stated her organization aligns with the comments and recommendations in the REMHDCO letter. She highlighted focusing on young people and their families; maintaining the current policy direction of dedicating fifty-one percent of PEI funds toward children, youth, and families; and ensuring that the regulations explicitly call out the importance of including at least one prevention program.

Beatrice Lee, the president of REMHDCO, stated PEI is the most important strategy component of the MHSA, in addition to innovations and the California Reducing Disparities Project (CRDP), in transforming the system for vulnerable populations. She stated her support of the REMHDCO letter and emphasized that prevention programs should be required for counties in the PEI Regulations, not optional.

Darlene Prettyman, former MHSOAC Commissioner, recommended that the term “underserved” be changed to “underserved/inappropriately served” in the PEI Regulations. She gave examples of people who are inappropriately served.

Chair Van Horn closed the public comment hearing and stated the hearing remains open for written comment until 5:00 p.m.

INFORMATIONAL

4A: University of California Los Angeles (UCLA) Contract Deliverable: Evaluation of MHSA

Presenters:

Dr. Robert D. Blagg, Center for Healthier Children, Families and Communities
Dr. Elizabeth Harris, Trylon Associates
Renay P. Cleary Bradley, Ph.D., MHSOAC Director of Research and Evaluation

Priority Indicators Trends Report

Dr. Blagg and Dr. Harris gave a presentation on the UCLA Statewide Evaluation of MHSA Priority Indicators Trends. They reviewed the purpose and goals of the study, the service populations addressed by priority indicators, and the limitations of existing data sources, and they described the difference between consumer outcomes indicators and system performance indicators.

Consumer outcomes indicators focus on the outcomes of individual consumers at the individual consumer level; individual-level change within whatever span of time is appropriate, given that indicator. Dr. Blagg presented the consumer outcomes indicators: school attendance, employment, homelessness and housing, and arrests.

System performance indicators focus on describing changes in the way the system provides services over time for the entire population of any consumer group. Dr. Harris presented the system performance indicators: the demographic profiles of consumers served and new consumers, penetration of mental health services, access to a primary care physician, perceptions of access to services, involuntary status, consumer well-being, and satisfaction with service.

MHSOAC Interpretation

Dr. Bradley thanked Dr. Blagg, Dr. Harris, and Dr. Todd Franke for working with the Commission to develop and implement an ongoing performance monitoring system. She gave a brief history of the process to this point.

Dr. Bradley stated the current priority indicators show that a better data collection and reporting system is needed to properly fulfill the Commission's statutory role and to effectively monitor the performance of the public community-based mental health system. The three primary data sets have so many problems that they limit the ability to understand what is going on and feel confident with the accuracy of the findings.

The MHSA continues to provide substantial funds for public mental health services throughout California, but limited access to quality data limits the ability to provide a comprehensive statewide picture of how those funds have impacted the lives of mental health consumers or transformed the mental health system.

MHSOAC has partnered with the Department of Health Care Services (DHCS) to focus on finding resolutions to the issues and improving the data collection and reporting systems, and it will continue to partner with the California Mental Health Planning Council (CMHPC) to review the existing performance indicators. Staff will work with the Evaluation Committee to further analyze the trends report and is examining additional external data sources for performance monitoring, such as statewide data sets available at the Office of Statewide Health Planning and Development (OSHPD).

Commissioner Questions and Discussion:

Vice Chair Pating asked if the data is an open source.

Dr. Harris stated it is in PDF and Excel forms.

Commissioner Keith stated poor data can result in erroneous conclusions. He asked if staff has the capacity to do an analysis of the root cause of why the data is so bad and the remedies that are available. He asked who is inputting the data.

Dr. Bradley stated staff has made efforts over the last three years to identify the problems with these two large statewide data sets, the Data Collection and Reporting System (DCR) and the Client and Service Information System (CSI). Counties input the data, but the state system does not always allow for errors to be corrected.

Vice Chair Pating asked if data set was robust enough to keep moving forward with it.

Dr. Bradley stated the indicators in theory are the right ones, but the data sources to measure them are inadequate.

Chair Van Horn asked if the study included program-level indicators. That data is required for continuous quality improvement.

Dr. Bradley stated there are no program-level indicators beyond Full Service Partnerships (FSP) versus everything under the community services and supports (CSS) umbrella.

Public Comment:

Steve Leoni, consumer and advocate, stated, as a member of the MHSOAC Evaluation Committee, he is familiar with the inadequacy of the quality of data. He stated there are consumers out there with living problems today. They need better services. He cautioned against waiting until all the data problems are resolved, because that could be years from now and consumers do not deserve to have to wait.

Chair Van Horn stated the data is the difficulty, not the providing of services.

Ms. Innes Gomberg stated the reports from Kate Cordell do go to the provider level. Ms. Cordell provides an extensive amount of training and technical assistance (T/TA) thanks to the funding provided by the Commission for that purpose.

INFORMATIONAL

5A: <u>UCLA Contract Deliverable: Evaluation of the Use and Impact of the MHSA Early Intervention Programs</u>

Presenters:

Dr. Robert D. Blagg, Center for Healthier Children, Families and Communities
Dr. Elizabeth Harris, Trylon Associates
Renay P. Cleary Bradley, Ph.D., MHSOAC Director of Research and Evaluation

<u>Evaluation of Early Intervention Program Impact</u>

Dr. Blagg gave a presentation on the UCLA MHSA Evaluation of Early Intervention Program Impact. He reviewed the goal of the study and the three “clusters” of consumers to be included in the study. The three clusters were (1) children and youth displaying emotional disturbance as a result of trauma; (2) youth, transition-age youth, and younger adults with prodromal symptoms or experiencing first onset of psychosis; and (3) older adults experiencing early onset of depression or depressive symptoms.

Dr. Blagg reviewed the evaluation inclusion criteria for all clusters and the most important outcomes looking at consumer-level change for each cluster.

<u>MHSOAC Interpretation</u>

Dr. Bradley gave a brief history of the process to this point, and stated the goal of this study was to look at the overall statewide impact of each of the clusters of early intervention programs, specifically on MHSA-defined outcomes. She stated the findings were generally positive and showed that some early intervention programs within each of the clusters did appear to promote positive outcomes and have a positive impact on a few of the MHSA goals. She reviewed the data challenges that limited the ability to draw meaningful conclusions.

Dr. Bradley recommended providing guidance, support, and T/TA to the counties and reviewed other recommendations to strengthen the overall PEI evaluations. She stated her hope that these would be achieved with the proposed PEI Regulations.

Dr. Bradley stated one of the inclusion criteria for participation in this study was the use of clinical criteria to determine diagnoses. Some counties may not use this, which may create challenges regarding their ability to place individuals in appropriate services. She recommended strengthening county ability to identify client needs and to place them into the appropriate services by ensuring counties use adequate methods and providing support for them to develop these methods.

Commissioner Questions and Discussion:

Commissioner Aslami-Tamplen stated the need to also track and indicate hope for recovery in Clusters 1 and 2 and in the consumer outcomes indicator from the previous presentation. Many clinical observations suggest that hope influences the onset, duration, progress, and recovery of mental and physical illnesses. She suggested the use of the Hope Index Scale.

Commissioner Carrion asked about the extent to which the data can be used to infer issues and, if the data indicates the number of non-responders, those that did not benefit from treatment.

Dr. Blagg stated it depends on the county and the program. The report lists the number in proportion of each category, where individuals fell, and the level of severity. The majority of individuals had improved outcomes, but it is also important to look at those individuals who did not.

Commissioner Carrion asked if there was enough data to say something about the group that did not respond.

Dr. Blagg stated the study did not look at individuals who did not respond or had decreased outcomes, but only looked at the patterns of improvement and overall outcomes. There were relatively few counties and programs that had complete data and met the criteria for this study.

Commissioner Carrion stated it would always be by county and program. He asked, since the goal is state trends, what generalizations could be made in terms of people that are not responding if these eight counties were taken as a reflection of the state.

Dr. Blagg cautioned against making generalizations about the specific programs regarding the state, overall. These programs were chosen because the counties were implementing programs that fit the suggested criteria. A generalization could be made that, if these programs were implemented in other counties across the state, they could produce similar outcomes, both for those who responded and those who did not, but a generalization could not be made that a majority of one characteristic of individual who did not respond to a particular program in a particular county is going to be true across the state.

Looking at the non-responders would be relevant and interesting, but, given the limited information, a generalization to the state overall cannot be made. It goes beyond the scope of what could be done with the available data.

Commissioner Carrion stated eight counties is a good sample size. Most studies that make inferences in medicine are from one clinic. It is a good data set, and the Commission should see how much can be learned from it.

Commissioner Poaster agreed and stated they are reasonable samples to find promising practices and are very useful. The data sources for each of these are developed by the counties or their contractors. That is not good in terms of statewide comparability because of county inconsistencies, but is good in that it produces better data at the individual county level.

Consulting Psychologist Lee stated these are three clusters of counties that are doing particular evidence-based practices for a particular purpose, but almost all counties do those evidence-based practices. This study is not intended to be a sample of a bigger picture. It is intended to look at trends of some of the impacts of early intervention that is being done by some counties in significant areas of early intervention.

Commissioner Poaster stated, if a study is done on a county using an evidence-based practice and it seems like it has good outcomes, it is not unreasonable to say that other counties that are using the same evidence-based practice might also be doing well.

MHSOAC Consulting Psychologist Lee agreed and stated evidence-based practices achieve the same results with MHSA funding as have been achieved in other contexts. The initial expectation was for the Commission to evaluate these programs because counties were not required to evaluate, but, because of limitations and the contractor time, et cetera, it shifted to using the existing data.

Vice Chair Pating asked what the study shows regarding direction from an oversight perspective. He stated there is evidence that early intervention works, which means it should be continued and improved.

Dr. Bradley stated early intervention seems to work in individual programs or specific outcomes. However, the different programs are not looking at every MHSA-defined outcome; she could not claim that early intervention or PEI overall is working to reduce the stigma and discrimination associated with mental illness and seeking out services, for example. She stated the need for the Commission to ensure that all MHSA outcomes are being achieved, because they are most defined within the Act.

Vice Chair Pating stated not every county can do everything. He stated the conclusion he hoped the Commission will draw from this study is that programs seem to be working and the money is doing what it is supposed to do.

Commissioner Carrion agreed and stated the need to maximize the amount of knowledge garnered from existing data. A program that works in one county may not work in another. The Commission must identify who responds to what, and gather information on the individuals who are not responding, because they also need to be targeted.

INFORMATIONAL

6A: <u>Data Collection and Reporting (DCR) and Client and Service Information (CSI) System Data Quality Improvement Efforts</u>

Presenter:

Kate Cordell, Ph.D.(c), Managing Member/Director, Mental Health Data Alliance LLC (MHDATA)

<u>MHSOAC Data Quality Improvement Projects Summary 2011-2014</u>

Ms. Cordell stated all MHDATA projects focus on improving data quality at the county level and at the provider level. Their approach to data quality is that, if the data is not of value at the point where it is collected, it will not be collected or reported well. MHDATA tries to close a feedback loop back to the point of data collection, which is often back to the point of service.

Ms. Cordell stated MHDATA identifies ways this workflow could be improved by meeting with the counties and providers, identifying where the barriers were, and, based on that information, providing them with the tools to assist that workflow from the point of service up to the state. She stated that data needs to get back down to the point of service if it is going to have value to counties and providers so they will invest energy and effort to collect the data.

Ms. Cordell stated her data may look similar to the UCLA data, but the MHDATA report is driven by the counties and the providers with no priority indicators set up before the startup of the project. She noted that similar outcomes and indicators are good, because it means that what is valuable to the providers is also valuable to the state, so the workflow can be streamlined.

MHDATA has done three main things: provided counties' data to the provider level in summary of fiscal years 2010/11 and 2011/12; provided tools to the counties to allow them to create their own summary data, thereby empowering them to do their own evaluation; and created summaries of statewide and regional indicators so that they have a benchmark to compare themselves.

Ms. Cordell reviewed the CSI Data Quality Project. She stated MHDATA provided a Data Quality Report to all counties on the client services for 2011-12 and developed the Statewide Data Quality Report. MHDATA created a tool for counties to help them submit higher-quality CSI data and have the ability to correct data errors.

Ms. Cordell reviewed the DCR System Enhancement Project, which added the ability to correct incorrect data; to delete partnerships that did not truly exist in real life and were incorrectly included; and to strengthen the linkage between the CSI and the DCR systems.

Ms. Cordell reviewed the FSP DCR Data Quality Project. Some of the tools created were ways to help counties identify when to submit the correct information and what form it goes on, crosswalks from the forms back to the data elements and the data systems for their analysis, and a summary of every partner and everything that happened to the partner.

Ms. Cordell reviewed the FSP Outcomes Report. She stated partners that have been in this system for more than a year tend to drop off quite significantly in data quality. Assessments are no longer submitted on the quarterly basis, key events are generally not seen in years, and the partners are not being discharged. It is difficult to evaluate the information of older partners, so MHDATA broke the population into segments and looked at this information on an annual basis: anyone who started the partnership in that fiscal year, but had not been in a full year; anyone who started the year before and had their first-year anniversary in that year; anyone who had been in that partnership for more than a year; and anyone who was discharged.

Commissioner Questions and Discussion:

Chair Van Horn stated this is the best thing since Assembly Bill (AB) 34 data.

Commissioner Carrion asked who is in charge of entering the data and if the training is consistent.

Ms. Cordell stated it varies between counties. Some subcontract to providers and the providers enter the information, some have data entry staff, and in some counties the clinician provides the service. The MHDATA provides counties, programs, providers, and clinicians with regional trainings, webinars, and an eVideo.

Vice Chair Pating asked why DCR data is better than CSI data, and if there is something about the MHDATA method, working closely with counties versus reporting from the state databases, that the Commission should use to frame other studies going forward.

Ms. Cordell stated the CSI and the DCR are different types of information. The DCR focuses on outcomes and the CSI focuses on what services were provided. The two have to work together and they both have data quality issues. Ms. Cordell stated MHDATA gained knowledge and value from what the counties provided and were confident in. When counties knew an indicator was of higher quality because they knew they could gather that information, then MHDATA focused on that. She suggested working more closely with the counties in the beginning of the process to create the indicators.

Vice Chair Pating asked if that added to the overall cost or complexity of the study.

Ms. Cordell stated it would, but MHDATA did a lot via webinar. They did not have to visit the counties to create the indicators. Almost all of the indicators in the report were created through six webinars over three to four months, which kept the cost down compared to the return.

Commissioner Nelson asked if MHDATA could break the homeless and emergency shelter discharges and primary care physician discharges down by people who met their goals and people who did not, to help answer if people were still homeless even when they met their goals.

Ms. Cordell stated it was possible. It was not broken down in the report, but it was something that could be extracted from the data.

Public Comment:

Sally Zinman, of the CSP, brought a question from Noah Henderson of the Wellness and Advocacy Center in Sonoma County. Mr. Henderson wanted to ask how meaningful the numbers were out of context from the environment and conditions, and if it would influence the interpretation of the numbers if the environment was understood in the Full Service Partnership studies.

Chair Van Horn stated it would. The years that were in study were at the peak of unemployment in California. That makes a difference in numbers. There are also huge differences from county to

county in how much involvement there is in helping people find jobs. The environment makes a difference.

Adrienne Shilton, the Program Director of the California Institute for Behavioral Health Solutions, thanked Kate Cordell and her team for the tremendous work they have done on the FSP Data Quality Reports. The challenge with this work has always been that counties report data to a variety of departments and do not get it back at all or in a meaningful way that can be used for quality improvement. There is a tremendous support for the work that Kate Cordell has done. Ms. Shilton thanked the Commission for funding this effort.

Debbie Innes Gomberg agreed and stated Kate Cordell has been amazingly engaging with counties. She answered Vice Chair Pating's question about Ms. Cordell's results, stating part of it is Ms. Cordell's ability to engage in a quality-improvement-focused approach. She stated the cohort analysis is a useful and compelling approach.

ACTION

7A: <u>Approval of the Contra Costa County Innovation Plan</u>

Plan Review and Committee Operations Chief Oseguera stated Contra Costa County is requesting $1,109,780 for a forty-eight-month innovative program titled "Recovery through Employment Readiness," the purpose of which is to increase the quality of services and outcomes by adding a pre-vocational preparation service to an existing "place and train" employment service, an evidence-based mental health practice currently offered by the Contra Costa Mental Health Cooperative Program.

The key to this pre-vocational program is a "train and place" focus, instead of the typical place and then train evidence-based perspective. The pre-vocational preparation services will be client-determined and implemented at the client's pace with the assistance of a highly trained vocational rehabilitation counselor, working in concert with the mental health treatment team.

This innovation program will compare pre- and post-intervention outcomes to determine whether this new model of services will result in more consumers who successfully engage in the current employment program, complete their treatment plan, secure competitive employment, maintain competitive employment for at least six months, reduce symptoms, reduce psychiatric crisis, and improve quality of life.

Plan Review and Committee Operations Chief Oseguera introduced Warren Hayes, the Contra Costa County MHSA coordinator.

Commission Questions and Discussion:

Commissioner Carrion asked if it is an existing program that is adding a pre-vocational piece, or if it is the development of a whole new program with a pre-vocational piece.

Mr. Hayes stated removing employment barriers has been added to an existing mental health cooperative program. It puts together two dominant models that have been through the decades, regarding how to approach individuals who have psychiatric disabilities in terms of employment services.

Commissioner Miller-Cole asked for clarification on the vocational rehabilitation counselors.

Mr. Hayes stated the vocational rehabilitation counselors have master's degrees in rehabilitation counseling, have experience working with individuals with serious mental illness, and are partnering with the mental health treatment teams in the adult clinics. They are county employees, which makes it easier for them to be part of the treatment team in the adult clinics.

Commissioner Carrion asked if job satisfaction could be added to one of the outcomes, and if Mr. Hayes would describe what the pre-assessment would entail.

Mr. Hayes stated the current model has a highly evolved, comprehensive, professional-driven assessment process that often gets in the way of participants. The added piece is consumer-driven and entails the individual, with the rehabilitation counselor, assessing their own readiness and developing their own goals so they are ready to participate.

Action: Commissioner Wooton made a motion, seconded by Commissioner Miller-Cole, that:

MHSOAC approves the Contra Costa County Innovation Plan for the amount of $1,109,780 for a forty-eight-month term.

- Motion carried, 12-0

ACTION

8A: <u>Approve Contract with the Golden Gate Bridge, Highway and Transportation District</u>

Presenter: Sherri Gauger, Interim Executive Director, MHSOAC

Interim Executive Director Gauger provided a presentation to request Commission approval to enter into a contract with the Golden Gate Bridge, Highway and Transportation District for a suicide prevention effort. Since the bridge opened in 1937, there have been more than 1,400 suicides, including a record forty-six in 2013. In June 2014, San Francisco Bridge officials approved the construction of a $76 million stainless steel suicide prevention net alongside the Golden Gate Bridge to be funded through combined federal funding, bridge tolls, and the proposed $7 million from the MHSA. The $7 million from Proposition 63 was made possible in this year's budget by the prompting of pro tem Darrell Steinberg and Senator Mark Leno.

Because the $7 million is in the Commission's budget, it is necessary to enter into an agreement with the Golden Gate Bridge, Highway and Transportation District, the entity responsible for construction of the barrier, which will begin in August 2014 and will be completed in December of 2018.

Commissioner Questions:

Commissioner Keith asked for a description of the barrier.

Vice Chair Pating stated the stainless steel mesh netting extends out from under the bridge and has turned-up edges to prevent a person who had landed in it from climbing over. He stated his support for the project. When the same bridge apparatus was installed on a bridge in France, the suicide rate has remained at zero. It is a good investment in suicide prevention that will last for many generations. He added that many other bridges need the netting.

Commissioner Carrion asked if the netting in France is a deterrent of suicide or just a deterrent of the place where individuals commit suicide.

Vice Chair Pating stated the evidence is that these are impulsive acts of despair. The delay allows thought to deal with the emotional pain, so people do not just go to another place. Suicide hotlines work because of the delay. The evidence is that the bridge intervention works. San Francisco Suicide Prevention is very actively involved and supports this campaign.

Commissioner Poaster stated the $7 million came from the $32 million that was to provide additional funds for triage for counties that had not been funded.

Interim Executive Director Gauger agreed and added that $19.3 million was to be reallocated to counties. Of that $19.3 million, $7 million was redirected to the Golden Gate Suicide Deterrent System Project, and the remainder went to two counties for triage. This is a part of the 2014-15 Commission budget. The money from 2013-14 was rolled over into 2014-15 for this purpose.

Commissioner Carrion stated people come to the bridge from all parts of the world and all parts of California; therefore, it is a service for all counties.

Vice Chair Pating stated the Golden Gate Bridge is the number one suicide destination in the world. The Golden Gate Suicide Deterrent System Project sends a powerful message.

Commissioner Poaster stated his expectation that the Commission will approve the motion. He stated he will be abstaining, but this has nothing to do with the value of the project. He stated it is a very valuable project, but the Commission never heard about this in a formal way until it was done. Had the Commission been involved, it could have made recommendations for other one-time sources, such as CHFFA monies, that would not have prevented the expansion of triage services in

counties that do not have them. He stated this is regrettable, since, if the Commission had been involved in the process, both the Golden Gate Suicide Deterrent System Project and the expansion of the triage could have been accomplished.

Commissioner Carrion agreed that the process could have been better.

Commissioner Brown stated a strong message should be sent that it should not happen in the future, but this is a valuable project that should not be voted down.

Chair Van Horn suggested an appropriate protest mechanism might be to have a discussion with the Pro Tempore's office that the Commission will vote to approve, but feels that the issue should have been brought to the Commission before $7 million of its funds were committed to it.

Commissioner Brown suggested exploring other options of taking MHSA funds from a different area within the funding from the MHSA.

Chair Van Horn and Commissioner Poaster agreed that options should be explored.

Commissioner Carrion suggested suicide prevention as a funding source. He asked about the steps that should be taken to prevent this from happening again.

Interim Executive Director Gauger stated the Commission can let the Department of Finance know the Commission's preference to be included in the discussions in the future and can ask if there are other funding sources or another part of Proposition 63 money that could be used so that this money could go as it was intended to counties.

Public Comment:

Sederia Lewis asked if this type of money is put into PEI programs and other programs and services for people with mental health challenges. She stated these funds could have been used better.

Commissioner Discussion:

Commissioner Gordon asked about the time it would take to conclude searching for other funding.

Interim Executive Director Gauger stated she would ask the Department of Finance if this is even a topic for discussion, and she will be told yes or no.

Commissioner Gordon agreed it should be done quickly out of respect to Senator Steinberg. He suggested that approaching the Department of Finance with a recommendation for other sources of funding that might have less impact may get more consideration.

Commissioner Brown stated that he would be abstaining.

Action: Vice Chair Pating made a motion, seconded by Commissioner Carrion, that:

The Commission approves the contract with the Golden Gate Bridge, Highway and Transportation District not to exceed $7 million for the Golden Gate Suicide Deterrent System Project, and authorizes the Interim Executive Director to execute the necessary documents.

- Motion carried, 10-0, with 2 abstentions

9. GENERAL PUBLIC COMMENT

Sue Story stated that on November 22nd, 2010, her son, Jacob, died by suicide at the Golden Gate Bridge. She stated the net should have been put in when the bridge was built in 1937. She thanked the Commission for approving the $7 million for the net that will save lives.

David Hall, of the Bridge Rail Foundation, stated he lost his daughter, Kathy, at the bridge on October 26, 2003. He stated he has spent over ten years learning about suicide prevention and closely observing suicide deterrents on the Golden Gate Bridge. Suicide prevention means therapy and mental health treatment; suicide intervention includes all means other than therapy, such as gun control, drug control, and barriers on bridges. He asked which intervention is most effective and least expensive. He asked who can successfully control guns or online prescriptions in this country. He

stated, with a one-time capital cost and a success rate of ninety percent, bridge barriers must be the low-hanging fruit of suicide prevention. He thanked the Commission for its approval of the $7 million. He stated the Commission is on the verge of setting a model for understanding mental health treatment everywhere. Its ultimate aim is life, and so includes not only suicide prevention, but also suicide intervention.

Vice Chair Pating thanked Ms. Story and Mr. Hall for traveling the distance to speak on this issue. He stated the Golden Gate Suicide Deterrent System Project would not have happened without the effort of families and survivors coming together.

Darlene Prettyman stated Jennifer Whitney is doing a great job. She stated several people in Tulare County mentioned that they had heard Ms. Whitney's broadcast about MHSOAC and Proposition 63. Regarding the Art With Impact presentations at colleges and high schools, she stated it is important to involve family members. She suggested announcing that family members are welcome to attend or providing paperwork for family members so they know how to stay involved. Family members are a tremendous support system.

Jim Gilmer, representing REMHDCO and CMMC, asked, regarding the CSI and DCR data collection report from the lenses of racial and ethnic communities, what is behind the data, such as how the reduction in arrests addresses people of African descent. Although there were good indicators, he suggested adding more questions that would give more detail and background, such as asking for ethnicity. That information is the pathway towards reducing disparities. He urged the Commission to encourage counties to ask more questions and check off more boxes so that communities can see the data behind the data and work on reducing disparities.

Sean Walker, an intern at the Berkeley Drop-in Center, the POCC, and the CSP, stated Section 3720 of the PEI Regulations should require counties to include prevention programs, not make them optional. Also, regarding the section that states, "Proposed regulations no longer require fifty percent of the PEI funds to target children and youth and families," Mr. Walker stated the fifty-one percent should not be reduced. He stated he has noticed, while working in the Housing Department on intakes, an increase in homelessness in the TAY population. More focus should be put on these groups. He also noticed an increase in recidivism, where people transition from homelessness to housing and back to homelessness. He noted a trend of evictions for little things in people who are at risk or on the fringe of being homeless. He suggested a social living component be added to the housing before people are put into a housing situation.

10. ADJOURN

There being no further business, the meeting was adjourned at 3:30 p.m.