



State of California

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference  
June 4, 2014

MHSOAC Office  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Tel: 866-817-6550; Code: 3190377

**Members Participating**

Richard Van Horn, Chair  
David Pating, M.D., Vice Chair  
Khatera Aslami-Tamplen  
John Buck  
Victor Carrion, M.D.  
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.  
Sheriff William Brown  
Senator Lou Correa  
Dave Gordon  
Assemblymember Bonnie Lowenthal

**Staff Present**

Kevin Hoffman, Deputy Executive Director  
Norma Pate, Chief of Administrative Services  
Jose Oseguera, Chief Plan Review and Committee Operations  
Filomena Yeroshek, Chief Counsel  
Deborah Lee, Ph.D., Consulting Psychologist  
Renay Bradley, Ph.D., Research and Evaluation Director  
Kristal Carter, Commission Coordinator

**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 8:45 a.m. and welcomed everyone. Commission Coordinator, Kristal Carter called the roll and confirmed the presence of a quorum.

**2. CONSIDER RECOMMENDATION TO AUTHORIZE AMENDMENT TO THE CONTRACT WITH MENTAL DATA ALLIANCE NOT TO EXCEED \$150,000 FOR THE DATA STRENGTHENING (ACTION)**

Renay Bradley, Ph.D., Research and Evaluation Director, gave a brief presentation on the current contract with Mental Health Data Alliance (MHDA) for data strengthening. She stated that the MHSOAC has a commitment to an approach of continuous evaluation, and learn from and build upon each progressive completed evaluation. She added that there is a statutory role for MHSOAC to evaluate California’s public community-based mental health system.

Data from Community Services and Supports (CSS) is primarily collected via the Client and Service Information (CSI) database, which is currently owned and maintained by the Department of Health Care Services (DHCS). The CSI system collects basic demographic information as well as information about the services provided to the client at a given time. This demographic information is then linked with the Data Collection and Reporting System (DCR) to provide the DCR with demographic information not made available in other data platforms.

The purpose of the current contract with MHDA is to provide counties with increased access to accurate and timely data through strengthening of the CSI system, which collects data on clients served via a county's mental health plan. This task is accomplished through identifying barriers to data entry and working on solutions to the contract with MHDA.

The amendment to the contract with MHDA will consist of three new deliverables:

1. (CSI) Submission File Analysis (SFA) Tool Enhancements
  - Contractor will survey Counties for desired reports to be added to the existing tool
  - Reports will cover Units of Service (UOS) and other demographic information
2. Full Services Partnership (FSP) Enhanced Partner Level Data Templates Enhancements to Support CSI Tool.
  - This enhancement will allow the tool to commutate with a FSP tool so that FSP and Non FSP clients can be separated in the CSI Tool
3. Regional Trainings and Technical Assistance
  - In person trainings will be provided to each region to train users on the new tool

#### **Commissioner Questions and Discussion:**

Vice Chair Pating stated that he thoroughly supports the amendment to the contract.

Commissioner Aslami-Tamplen asked where the consumer outcomes and customer perception survey data is going? She stated that the counties will benefit getting the information back from the State so they can use the data. Dr. Bradley answered that priority indicators are measured using the surveys, but the data is not always reliable because the methodology behind the surveys changed several times through the years. It was also found that only a handful of counties actually administer the survey, so it tends not to reflect a statewide population.

Commissioner Poaster asked how much money the Commission has spent cleaning up the data systems through the years, who was involved in creating the amendment, if the counties will actively participate in the survey, if DHCS was involved in the amendment process and if they will move forward to make any necessary changes. Dr. Bradley answered that she estimates \$2 to \$2.5 million dollars has been spent on data strengthening. The counties have requested additional assistance from MHDA since they have benefited from their assistance in the past. She expects the counties will actively participate in the process since they have previously and this is a continuation of that work. DHCS has been involved in discussions about strengthening these data systems, but the amendment will not require DHCS to be directly involved. They will help to get the word out and share various tools with county members, but this particular amendment is geared toward helping the counties use the CSI.

Commissioner Poaster stated that he believes that significant resources will be needed to make the necessary changes to the system. He stated that he wants assurance that DHCS will step up to the plate to make the data strengthening happen.

Vice Chair Pating stated that he understands Commissioner Poaster's concerns and more interim discussions will need to happen, but he is optimistic that the data strengthening will be a fundamental building block that will help ensure the Commission will have useful, reliable data.

Dr. Bradley stated that there is a contract with University of California, San Diego, that sets the foundation for what everyone needs in a statewide data collection and reporting system. Once that foundation is set, MHSOAC staff is hoping to enter into a contract in the next fiscal year that will

provide the Commission with a strategic plan to make a viable statewide data collection system a reality.

### **Public Comment**

There was no public comment.

**Action:** Vice Chair Pating made a motion, seconded by Commissioner Aslami-Tamplen that:

*The Commission approves the amendment to the Mental Health Data Alliance Contract for additional deliverables to continue to strengthen the Client and Services Information system, not to exceed \$150,000, and to authorize the Chair or Interim Executive Director to execute the necessary documents.*

- Roll call vote was taken and the motion was passed with 10 “yes” votes, and one “no” vote.

### **CLOSED SESSION**

Chairman Van Horn excused all guests and moved Commissioners into a Closed Session related to personnel per Government Code § 11126(a).

Chairman Van Horn reconvened the meeting after the Closed Session and stated that the Bagley-Keene Act requires the Commission to report actions taken during a closed session. He reported that the Commission has appointed Sherri Gauger as Interim Executive Director of the MHSOAC.

### **4. ADJOURNMENT**

There being no further business, the meeting was adjourned at 9:20 a.m.