

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)**

**Services Committee  
CIMH**

**2125 19<sup>th</sup> Street  
Sacramento, CA 95818**

**May 10, 2010**

**9:30 AM to 1:00 PM.**

**Committee Members Present:**

David Pating, Co-chair  
Beth Gould, Co-chair  
Maureen Bauman  
Don Edmondson  
James Gilmer  
Sandra Goodwin  
Mary Hale  
Peter Manoleas  
Terri Restelli-Deits\*  
Janice Rollins-Dean\*  
Karen Todoroff\*

**Staff:**

Dee Lemonds  
Ann Collentine  
Vivian Lee

**Other Attendees:**

Stephanie Welch  
Ann Arneil-Py  
Stacie Hiramoto  
Lin Benjamin  
Kathleen Derby  
Jenny Qian  
Angelina Lavey  
Caroline Caton  
Bertha MacDonald  
Deborah Lee  
Sandra Black\*

\*Participated via telephone

**Welcome/Introductions**

David Pating, Committee Co-Chair and Beth Gould, Committee Co-Chair, convened the meeting at 9:45 a.m.

- All meeting participants introduced themselves.
- The Committee has the following new members: Don Edmondson, representing clients and family members; Maureen Bauman, Director of Placer County Mental Health representing the California Mental Health Director's Association; and Hiep Ma, representing transition age youth.

**Adoption of Minutes**

- Minutes from the March 30, 2010 Committee meeting were adopted.

**Updates:**

- Commissioner Gould reported on the plan to reconvene the Student Mental Health Initiative (SMHI) Committee that had originally made recommendations included in the SMHI concept paper now subject to MHSOAC Guidelines for PEI Statewide Programs. As explained the goal for reconvening the SMHI Committee, scheduled for May 13, 2010, is to gain concurrence on the proposed revisions to the SMHI concept paper.
- The proposed revisions to the SMHI paper are generally technical in nature and proposed to make the SMHI concept paper consistent with the MHSOAC Guidelines for PEI Statewide Programs. One change included removing the match requirement for higher education programs. As noted, there never was a match requirement for K-12 education programs.
- Richard Conklin resign from the Services Committee due to major budget cuts. Dr. Pating acknowledged Mr. Conklin's contribution to the Committee including the valuable

input he provided for the Committee's work to develop the paper entitled "Facilitating Better Outcomes for Persons with Co-occurring Disorders in the Courts."

- Announcement made about it being Asian Pacific American Mental Health Day and the introduction of a bill in acknowledgement.
- Discussion about the Petris Center report which was recently published evaluating elements of MHSA Full Service Partnership programs.
- Comment that the information from the Petris evaluation should be available on the DMH website any day.

### **Committee Input re: Plan Reviews and Program Implementation**

Co-chair David Pating opened a general discussion on Plan Review and Implementation.

Issues discussed by Committee members and the public included:

- Comment about the lack of "baseline information" available in the first Progress Reports available from the Annual Update process. It was noted that there seemed to be mainly "self-report" information available in the Annual update and no way for an objective reviewer to measure indicators of transformation. Although there was good information contained in counties' self-report there was no way to identify trends. Comments acknowledging the difficulty counties are facing and the need for a uniform structure or indicators identified for counties to evaluate progress toward transformation.
- Comment about an Innovation Plan that identified AI-Anon as providing an in-kind contribution to the program and concern that this may not have been accurate since AI-Anon is not able to make financial contributions.
- Staff explained that in-kind contributions from other agencies are not a requirement for Innovation Plans and that in-kind does not always mean contributions of funding but rather other types of collaboration.
- Comment that some local Plans clearly demonstrated good stakeholder input but seemed to disconnect from the final Plan. Comment that it would be nice to know if stakeholders are aware of what happens in final Plans.
- Staff comment that one way for stakeholders to know about ongoing Plans is the information reported in the Annual Update process to request funds.
- County comment about putting together an Innovation Plan and the county's desire to bring new stakeholders with creative ideas to the table. Comment that while they invested in the process (Workgroup Model) for stakeholder input, they simultaneously looked for ways to streamline the Plan process. As a result reviewers may find the Plan lacking information about the stakeholder process when it was actually quite robust.
- County comment that the 30 day public comment period provides stakeholders the opportunity to comment on final county Plans.
- Question to Committee about whether they think local stakeholders are capable and able to take advantage of the 30 day public comment period.
- Comment indicating that overall the stakeholder process is getting better as evidenced by several comments at the last Committee meeting.
- Concern expressed about adding any further delays or new processes in terms of evaluating the adequacy of stakeholder input. Comment that the budget crisis has led to many county positions being frozen which will result in counties having to contract for program services. This will result in program delays which raises issues about the reversion of funds. Comment that local stakeholders understand how many delays already exist with regard to implementing programs and would not support additional delays that would postpone Plan approval.
- Comment that the State should be looking at stakeholder satisfaction.

- Staff comment that Innovation Plans are not as focused on “documenting” stakeholder input as other component Plans have been. Instead they are focused on evidence of collaboration.
- Question about what reviewers look for in terms of stakeholder input in PEI Plans.
- Staff respond that PEI Plans must specifically identify new partners and that reviewers look for that documentation.
- Staff will discuss evaluation of stakeholder satisfaction with the Evaluation Committee as part of the coordination of MHSOAC committees.
- Comment that in the upcoming year the Annual Update process will include local Full Service Partnership (FSP) information. Note made that there is currently nothing comparable for PEI and that the MHSOAC needs to be looking at what makes sense for PEI indicators.
- Comment that there should be evaluation of stakeholder processes included in the Annual Update.
- Comment that the first project being launched by the JPA, partnered with CIMH, is to work with counties to develop their capacity for evaluation of PEI programs. The intent is to identify those counties by level of expertise in this area and group accordingly to provide technical assistance as part of the PEI Technical Assistance and Capacity Building project.
- Staff comment that the reversion deadline for Innovation Plans is being reviewed.
- Comment that 55 out of 58 PEI Plans have been approved as well as 13 Innovation Plans approved.

### **Discussion of MHSOAC Training and Technical Assistance Policy Paper**

Discussion by Committee members and the public included:

- Comment that the paper is a good working document but should incorporate comments made by Committee and others.
- Comment that revised paper should identify the MHSOAC’s role with regard to training and technical assistance including identifying goals and steps to ensure that we are moving toward those goals.
- Comment that CMHDA has identified “transformation” as the values in MHSOAC statutes. Suggestion that MHSOAC look at whether training and technical assistance is having an impact in those areas. Suggest conducting an inventory of training efforts in the identified goal areas and assessing how training and technical assistance is impacting those areas.
- Comment that any policy paper developed should identify the need for training and technical assistance to support clients and family members.

### **Discussion of Current Technical Assistance and Training Efforts as Presented by DMH, CIMH, the MHSOAC and CMHDA.**

Discussion by Committee members and the public included:

- Comment about understanding the need for training related to budget and financial issues but noting the importance of training focused on program implementation.
- Comment that the MHSOAC should take a role in oversight of training focused on PEI.
- Comment that training should have more focus on older adults and should include remote technology.
- Comment supporting the fact that clients and family members should be included in various training activities but also noting that clients and family members should be delivering training.

- Comment supporting an MHSOAC role in training and technical assistance.
- Concern that some cultural/ethnic groups have emerged over time and may not be included in current training activities.
- Comment that MHSOAC could act as neutral facilitator to bring various groups together.
- Suggestion that there needs to be an overarching plan that addresses local, regional and statewide training activities.
- Suggestion that there be an analysis of resources available for training and technical assistance and a needs analysis of what is an appropriate investment.
- Comment that we do not want to duplicate efforts in terms of training and technical assistance.
- Confirmation that DMH can provide information on what training and technical assistance is being done by other agencies and departments who receive MHSA funds.
- Suggestion that the work done on the integration of mental health with primary care be considered.
- Comment that the training and technical assistance needs of mental health and alcohol and drug programs are discussed at the Co-occurring Joint Action Council (COJAC) and should be reviewed and used as appropriate.
- Suggestion that information be sought about what others are doing with regard to training and technical assistance associated with healthcare reform and parity.
- Comment that the MHSOAC should stay at a high level in terms of its training and technical assistance role.
- Suggestion that the MHSOAC inventory current training and technical assistance efforts including learning collaboratives.
- Suggestion that sustainability must be considered when looking at the resources for training and technical assistance.
- Comment in support of MHSOAC role being at high level but should ensure that training and technical assistance efforts show fidelity to the MHSA mission and goals.
- Comment noting that other providers also deliver training and technical assistance relevant to MHSA such as Wraparound training.
- Comment that the Community Program Planning (CPP) process has been sporadic around the State and that the MHSOAC should provide more guidance.
- Suggestion made that dates be included on any policy papers including drafts.

Commissioner Pating summarized the discussion and the consensus reached about the MHSOAC's role being at a high level. A focus on training and technical assistance is part of the MHSOAC role of oversight and should anchor any policy paper containing recommendations in this area. Three areas where the MHSOAC may play a role are:

1. Convening a group, including clients, family members and other stakeholders to focus on the mission for training and technical assistance.
2. Identifying the needs of counties, community-based organizations (CBOs) and stakeholders.
3. Recommending indicators for transformation. Suggest that a timeline be established, possibly over two years, to develop a framework for oversight of training and technical assistance that works with the MHSA Integrated Plan to be developed.

## **Adjournment**

Meeting adjourned at 1:00 P.M.