



**Meeting Minutes
September 23, 2010**

**National Steinbeck Center
Salinas Room
One Main Street
Salinas, California**

1. Call to Order

Chair Poat called the meeting to order at 9:10 a.m.

2. Roll Call

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair; Richard Bray, Assembly Member Mary Hayashi, Patrick Henning, Curtis J. Hill, David Pating, Don Pressley, Larry Trujillo, Richard Van Horn, and Eduardo Vega.

Not in attendance: Senator Lou Correa and Howard Kahn.

Eleven members were present and a quorum was established.

3. Welcome to Monterey County

Dr. Wayne Clark, Monterey County Behavioral Health Director, gave the Commission an overview of mental health services in Monterey County. All of the county's plans have been approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

After the passage of the Mental Health Services Act (MHSA), Monterey County placed the newly available funds into the foundation of services that were already in place – to expand and enhance them. MHSA funds have enabled the county to develop the following programs.

- An electronic health record has been in place for a year. Every time someone has a psycho-social intake, the system tracks the effectiveness of services they receive across the system, program by program.
- Working with the federal government, the county is creating a cultural regional office at Fort Ord. An existing building will be renovated, with the opening scheduled for early 2012.
- Also at Fort Ord, a program in social work was started this September – training students, many of whom are bilingual/bicultural, who will graduate and go on to serve in the county.
- Programs in dual diagnosis and parenting, Wellness Centers, support housing, "Walk-in Wednesdays" for people in crisis who need immediate help, and workforce education and training are in place, as are programs for farm workers and underserved populations.

- A full-time psychiatric nurse practitioner has been hired for primary care clinics.

The county sees 2,000 more people a year than it did three years ago. Capacity has been increased dramatically in new and expanded programs and locations throughout the county.

Challenges for the future include dealing with mental health needs of those exiting the criminal justice system, and working with veterans. The county continues to work successfully in decreasing violence in the communities.

Ms. Nancy Upadhye, Chair of the Monterey County Mental Health Commission, gave an overview of the Board. In 2001 the Commission was small, often not reaching a quorum, and its main accomplishment was an annual report to the Board of Supervisors. It has grown dramatically since then, meeting monthly and doing two or three site visits per year for assessment. The Commission holds a fiesta dinner every May to raise awareness of mental health issues.

The MHSA was a main factor in revitalizing the Commission. Numerous public meetings gave the community a chance to say what kinds of services were needed.

Through the MHSA, a collaborative was developed in the Child Welfare department to provide services for adopted children and their families. The program provides ongoing services such as educational classes and counseling, (both at the office and in-home).

4. Adoption of July 29, 2010 Meeting Minutes and August 26, 2010 Teleconference Minutes

Motion: *Upon motion by Commissioner Henning, seconded by Commissioner Hill, the Commission voted to adopt the August 26, 2010 Teleconference Minutes, with Commissioners Vega and Pating abstaining due to absence.*

Amendments were necessary to the July 29, 2010 Meeting Minutes regarding a Public Comment made by Ms. Delphine Brody, and the professional affiliation of Ms. Sally Zinman.

Motion: *Upon motion by Commissioner Trujillo, seconded by Commissioner Hill, the Commission voted to adopt the amended July 29, 2010 Meeting Minutes.*

5. Priority 2: Implement Accountability Framework

MHSOAC Evaluation Committee

1. Adopt Recommendations for Phase III Evaluation (\$1M)

Chair Poat stated that evaluating the true success and outcomes of the programs that the MHSA funds is crucially important – both for the clients and the taxpayers. Vice Chair Poaster gave a presentation on the recommended evaluation tools as developed by the Evaluation Committee.

Vice Chair Poaster reminded the Commissioners that in July, the Commission adopted the plan for Phase II Evaluation; today the Committee would be recommending adoption of the outline to be turned into Phase III.

Ms. Carol Hood, MHSOAC Staff, began the presentation by stating that the Legislature had redirected \$1 million in Fiscal Year (FY) 2010/11 MHSA funds for a competitively bid MHSA evaluation. The Committee today was asking for approval of the direction regarding the uses for this potential evaluation.

Highlights of the presentation follow:

- The Commission currently has two evaluation efforts:
 1. The Phase II Request For Proposal (RFP)
 2. The contract with the University of California Davis Center for Reducing Health Disparities (CRHD)
- There is potential new funding for Phase III, which would need to be encumbered in a competitively bid contract by June 30, 2011
- A summary of evaluation deliverables includes the following:
 - The CRHD is doing an analysis of disparities in service access and delivery, using geocoding. They are exploring emerging databases within the Medi-Cal program.
 - Stanislaus, Orange, and Santa Clara Counties are doing intensive local work in mapping disparities, again using geocoding. CRHD is building a system that the counties can maintain.
 - A detailed analysis of the California Health Interview Survey (CHIS) assesses need. A follow-up survey will be designed.
 - A final report from evaluators will result in the Dissemination of Results
- Phase II evaluation deliverables include the following:
 - Documentation of all MHSA components, including activities and costs
 - Measurement of impact at client and system levels
 - Summary and synthesis of existing evaluations and studies on the impact of MHSA
 - A final report with recommendations
- The next steps with Prevention and Early Intervention (PEI) evaluation include the following:
 - MHSOAC will use resources available in FY 2010/11 to expand the PEI trends report and to develop the initial Scope of Work for PEI evaluation
 - MHSOAC will seek additional resources for FY 2011/12 to obtain a contractor to do an initial PEI statewide evaluation
- The Evaluation Committee's recommendation for the Phase III overall approach to data is the same as was previously approved – to stay the course
- The Evaluation Committee's recommendation for Phase III provider qualifications is also the same as was previously approved. The one

addition is a requirement for knowledge of or experience with participatory research

- Phase III scope of work/deliverables include the following:
 - For Full Service Partnerships (FSPs), determine range and average per person expenditures by age group and proportion of expenditures by funding source. Determine the financial impact of MHSA/System of Care outcomes achieved
 - Use participatory research, a process whereby the researcher partners with the community being studied
 - Produce a final report
- Estimated dates for the Phase III evaluation were given – aggressive but doable, with the contract beginning at the end of March 2011 (assuming a state budget is passed)

The Commissioners then discussed aspects of Phase III.

Motion: *Upon motion by Vice Chair Poaster, seconded by Commissioner Van Horn, the Commission voted to adopt the “Outline for Phase III Evaluation Request for Proposals (RFP)” dated September 13, 2010.*

Public Comment

- Ms. Donna Barry of the Client and Family Leadership Committee congratulated Vice Chair Poaster and Commissioner Vega on their excellent work. She suggested using the term “stakeholders” rather than “consumers” and “taxpayers”. Also, knowing that five percent of the population is either diagnosed or undiagnosed with bipolar disorder, family and friends are also affected by the issue and the evaluation should provide an idea of their numbers. She was concerned with the PEI Statewide Projects that have not been implemented because of the Joint Power Authority situation. She suggested contacting a specific firm that is expert in social science research. Ms. Barry was also concerned about the objectivity of participatory research.
- Ms. Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended Vice Chair Poaster for holding open, participatory Evaluation Committee meetings. She voiced support for participatory research because of its effectiveness. She also stated that REMHDCO would like data to be collected so it will be easy to determine two things: who is being served, and whether disparities are being reduced – especially for racial and ethnic communities.
- Ms. Kathleen Derby, National Alliance for the Mental Ill (NAMI), California MHSA Policy Director, reiterated Ms. Hiramoto’s comments about the great job the Committee had done reaching out to stakeholders. She appreciated the fact that NAMI California’s ideas had made it into the Phase III Recommendations, because they hadn’t made it into Phase II. She suggested having separate RFPs for the first two Phase III deliverables.

- Ms. Stephanie Welch, California Mental Health Directors Association (CMHDA), noted that CMHDA is fully supportive of the motion, and has been very involved at the committee level. The timeframe is feasible, and CMHDA definitely wanted to see the funds encumbered into a contract with deliverables. Also, as a Committee Member, Ms. Welch noted that the Committee followed a consensus process.
- Mr. Steve Leoni, advocate and client, voiced a concern about FSPs: that the full range of partnerships be addressed in the context of level of care. Internal and external offsets should both be used for data. He requested “publicly accessible transparency” in techniques and methodologies that are used, and in measurements that are made.
- Mr. Jesse Herrera, Ethnic Services Manager at Monterey County Health Department-Behavioral Health Division, commented on the need for the analysis to include language – which is a major obstacle to accessibility in communities. In addition, the Lesbian/Gay/Bisexual/Transgender (LGBT) population should be considered, as should gender and physical disabilities.

In response to a question from Commissioner Henning, Chair Poat noted that a number of regulations are in place to prevent conflict of interest. Ms. Derby reiterated her concern, and Commissioner Trujillo, Ms. Hood, and Vice Chair Poaster responded.

Motion: *Upon motion by Commissioner Vega, seconded by Commissioner Van Horn, the Commission voted unanimously to adopt the “Outline for Phase II Evaluation Request for Proposal (RFP) Revised” dated July 27, 2010.*

6. PEI and Innovation (INN) Plan Approval/Status Update

Ms. Ann Collentine, MHSOAC staff, presented five county plans.

- PEI Plan Approval/Status Update
 - Siskiyou County is seeking approval for a program for Transition Age Youth (TAY) who are aging out of foster care. The program will provide a range of prevention and early intervention services.
Recommend approval of \$151,000
- INN Plan Approval/Status Update
 - Calaveras County is seeking approval for two plans: a community support group for linking mental health to all other community support groups; and a “Garden to Families” program that offers volunteers stipends for doing work in community gardens.
Recommend approval of \$400,300
 - Placer County is seeking approval for a plan that is a new community collaboration model for changing how mental health business is done in the county. They are learning new ways to work through grant programs.
Recommend approval of \$1,541,300

- Santa Clara County is seeking approval for eight programs:
 - Early Childhood Universal Screening Project
 - Peer-Run Transition Age Youth Inn Project
 - Mental Health Disorders in Adults with Autism/Developmental Disabilities (*pending*)
 - Older Adults Project
 - Multi-Cultural Center Project
 - Transitional Mental Health Services to Newly Released County Inmates Project
 - Mental Health and Law Enforcement Post-Crisis Intervention Project
 - Interactive Video Simulator Training Project. (Dr. Deborah Lee, MHSOAC Consulting Psychologist, explained that the project is a justice/mental health partnership that will be used for training law enforcement. Clients who are involved are choosing to do so as actors, and the videos are simulations; so there is not a confidentiality issue.)

Recommend approval of \$3,515,789

- Stanislaus County is seeking approval for a unique plan called “Evolving a Community-Owned Behavioral Health System of Supports and Services.”

Recommend approval of \$712,700

Public Comment

- Ms. Hope Holland, California Network of Mental Health Clients (CNMHC), voiced her support for the Santa Clara County Interactive Video Simulator Training Project, as it gives an opportunity for clients and family members to provide guidance to law enforcement in situations where they would like things done differently. She also voiced a concern about accountability for the county projects; the clients’ and family members’ voices need to be heard.
- Mr. David Speicher, Santa Clara County Mental Health Department, stressed the need for more police officers to serve as liaisons with the mental health community. He stated that the video simulation program would be truly worthwhile.
- Ms. Debbie Strickland, family member, spoke of the isolation of children who have physical and mental conditions. Their families are isolated as well, and stress and mental problems can develop. Being out of the mainstream and dealing with stigma is difficult.

Motion: *Upon motion by Commissioner Pating, seconded by Commissioner Trujillo, the Commission voted unanimously to approve the PEI plan for Siskiyou County and the INN plans for Calaveras, Placer, Santa Clara, and Stanislaus Counties.*

The Commission took a moment to recognize all those who had developed the excellent plans.

7. Priority 2: Implement Accountability Framework

Cultural and Linguistic Competence Committee

• DMH Report on Status of PEI Reducing Disparities Project

Ms. Autumn Valerio, DMH Office of Multicultural Services, reported on the status of the California Reducing Disparities Project (CRDP) strategic plan for the design of this PEI statewide project and the establishment of a Multicultural Coalition. Highlights follow:

- The MHSA State Administrative funding of \$1.5 million is being used to fund seven contracts for the project, the outcome of which will be to produce the California Reducing Disparities Project Strategic Plan
- In 2007, the MHSOAC approved \$60 million over four years to support the Ethnically and Culturally Specific Programs and Interventions statewide project
- DMH's vision for the strategic plan is to invest in community solutions: having communities define those services and interventions that are most effective and culturally appropriate
- The project consists of five Strategic Planning Workgroups representing specific populations. The contractors also represent those five populations:
 - African American
 - Asian/Pacific Islander
 - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
 - Latino
 - Native American
- Each of the five workgroups will develop a report that will identify outreach strategies and service interventions
- The California Pan Ethnic Health Network is the contractor for the Facilitator/Writer role. The contract is awaiting final approval
- The Mental Health Association in California/REMHDCO is the contractor for the California Mental Health Services Act Multicultural Coalition (CMMC). The CMMC will provide feedback and perspective to the five Strategic Planning Workgroups and the Facilitator/Writer, and foster leadership of individuals from multicultural communities

- A CRDP Project Meeting was held in June. The next meeting will be scheduled for this fall/winter
- The implementation of the strategic plan will include a four-year pilot to roll out the recommended strategies, and a participatory evaluation component
- The CMMC will be funded for a total of five years
- The website is http://www.dmh.ca.gov/Multicultural_Services/CRDP.asp

The Commissioners expressed the following comments:

- The presentation did not address that the Strategic Plan will come back to the full Commission for adoption
- Where does the \$1.5 million that DMH is using for this project come from?
- The MHSOAC would need to develop guidelines for this project. The same assignment issues that impacted the Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health Initiative will also face this project

Chair Poat directed that the Executive Director provide a report back to the Commission in October 2010 to answer these questions

- **Public Comment**

- Ms. Stephanie Welch voiced concerns about the lack of county involvement, as they will ultimately be the implementers, and the process. The CMHDA has worked hard in the last two years to figure out how to get statewide projects functional and operational. She wanted to make sure that this knowledge is applied to this situation. She represents ethnic services managers throughout the State, through the Ethnic Services Committee; these individuals have been passionate for years about those communities and have not had the opportunity or resources to serve them as they wanted. They should be involved and engaged in this process.
- Ms. Barry expressed concerns about lumping ethnic groups together into larger groups, and with DMH stating difficulty in finding someone to assist in writing and facilitating the project.

Chair Poat closed by noting the good news that the group is moving toward a Strategic Plan that can effectively guide the investment of these dollars; there is no lack of clarity that this will be done through the counties. Chair Poat then sought to clarify two issues:

1. Seeing long-term commitments in terms of implementation was new information to MHSOAC, and Chair Poat requested that the Executive Director Gauger work with DMH to clarify that the Strategic Plan will be developed and brought back to the Commission for adoption.

2. During the presentation, information was given that some multiple-year contracts toward the implementation were being offered. Chair Poat felt that this action had not been assigned to DMH when MHSOAC had asked for the development of the Strategic Plan.

Ms. Valerio responded that the role of the seven contractors in the implementation is to make recommendations. MHSOAC will most certainly be involved in review and decision-making regarding the recommendations.

Chair Poat noted that primarily, today's news is good: people are thinking about how to spend the money to solve some very serious problems.

8. General Public Comment

- Ms. Delphine Brody, MHSA and Public Policy Director for CNMHC, addressed the trend that some counties are pushing for implementation of Assembly Bill (AB) 1421. CNMHC is opposed, believing that the bill goes in the wrong direction with MHSA. CNMHC's position is that all court orders are involuntary, and MHSA funding cannot be used to pay for AB 1421 programs.
- Ms. Barry requested a delineation of the roles and responsibilities of MHSOAC vs. DMH vs. the counties. A published summary or diagram would be helpful.

9. Commissioner Comments

Executive Director Gauger stated that the Dashboard would be back in the packets next month. Staff has been reconciling all of the component allocations with DMH.

Chair Poat stated that a new Chair and Vice Chair would be elected at the October 28, 2010 meeting. They will take office in the next calendar year. Chair Poat noted that he had served for two years, and felt that this duration of time was good – different personalities should have the chance to lead.

The Commission is also starting to look at committee processes for next year. The MHSOAC Rules and Procedures state that MHSOAC will adopt committees on a two-year cycle. At the October 28, 2010 meeting, the Commission will discuss the process for people to apply for and continue to serve on committees. Chair Poat stressed the importance of having broad public representation. He urged members of the public – from a variety of statewide, regional, and local groups – to consider applying to serve on committees.

Assembly Member Hayashi recognized Chair Poat's leadership during the past two years; he has led the Commission through a tough time. She also mentioned that she and Commissioner Vega had been in Washington D.C. in support of the National Action Alliance of Suicide Prevention Executive Committee Members. The White House is taking a lead in this effort, and has two prominent co-chairs. The Alliance has a push for states organizing to provide more suicide prevention support, with an emphasis on military personnel returning from Iraq.

10. Closed Session

The Commission moved into Closed Session.

11. Adjournment

The Commission returned from Closed Session. Chair Poat stated that they had discussed personnel decisions, and that no reportable actions had been taken. He adjourned the meeting at 2:25 p.m.