



State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference
June 26, 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
Sheriff William Brown
Victor Carrion, M.D.
Dave Gordon
Paul Keith, M.D.
Larry Poaster, Ph.D.
Tina Wooton

Members Absent

John Boyd, Psy.D.
Senator Lou Correa
LeeAnne Mallel
John Buck
Christopher Miller-Cole, Psy.D.
Assemblymember Bonnie Lowenthal
Ralph Nelson, Jr. M.D.

Staff Present

Sherri Gauger, Interim Executive Director
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
Cody Scott, Office Technician

1. CALL TO ORDER/ROLL CALL

Chairman Richard Van Horn called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:08 a.m. and welcomed everyone. Norma Pate, Chief of Administrative Services called the roll and confirmed the presence of a quorum.

2. APPROVAL OF THE MADERA COUNTY INNOVATION PLAN

Jose Oseguera, Chief of Plan Review and Committee Operations, introduced and acknowledged the the following individuals on the phone from Madera County: Debbie Estes, Madera County Assistant Director; Debbie Denodo, Division Manager; and David Wilker, Behavioral Health Program Supervisor.

Madera County is requesting \$678,555 for a 36-month Innovation Program, Perinatal Mental Health Integration Project. Staff reviewed the county's plan and recommends that the Commission approve because the Innovative Program complies with all Mental Health Services Act (MHSA) requirements. The primary purpose of this Innovation program is to promote

interagency collaboration by improving services and outcomes for pregnant and postpartum women at high risk of Perinatal Mood and Anxiety Disorder (PMAD). The collaboration goal of this Innovative project is to move from multiple agencies and organizations serving the same population in an informal, uncoordinated way, to a formalized collaborative approach.

The principal learning questions for this Innovation Project are: 1) How to provide services and resources that promote positive mental and physical health outcomes for the target population in a rural, majority Latino county with limited service resources; and 2) How to coordinate available services and community resources effectively through development of and sustaining an inter-resource collaborative.

The county will use quantitative and qualitative methods to measure the elements of improved collaboration. These methods include: 1) Changes to the operating and business practices of each participating organization and rates at which change occurs; 2) Changes in program linkages; 3) How well organizational culture differences were addressed and bridged; and 4) Effectiveness of adaptations implemented by participating organizations to meet multi-disciplinary, wraparound, and specialty care needs of clients.

Commissioner Questions and Discussion:

Commissioner Keith asked for more details on how the integration is going to take place, and if there will be an information platform for data aggregation. Dr. Deborah Lee answered that the plan is an innovation in collaboration, which means that the main learning goal is to answer those very questions.

Commissioner Keith asked if there are other counties attempting a similar process. Dr. Lee answered that Los Angeles has taken an impact model on depression care and applied it to Post Partum Depression. Fresno County has implemented some aspects of this as well. Madera County's contribution will be the collaboration aspect of the plan.

Chair Van Horn stated that he would like Madera to have an open dialogue with Los Angeles and Fresno.

Commissioner Carrion asked how the findings and challenges of the plan are going to be communicated to other counties and how the Commission can serve as a link in disseminating the findings. Dr. Lee answered that the Commission is at a phase to support communication and that shared learning is going to be a focus. The proposed Innovation regulations approved by the Commission focuses a lot on information dissemination. Hopefully, the Commission can support Madera County in that effort.

Public Comment

There was no public comment.

Action: Commissioner Keith made a motion, seconded by Commissioner Wooton that:

The MHSOAC approves the Madera County Innovation Plan for the amount of \$678,555 for a 36 month term.

- Roll call vote was taken and the motion was passed unanimously

3. APPROVE CONTRACT WITH CALIFORNIA ASSOCIATION OF LOCAL MENTAL HEALTH BOARDS AND COMMISSIONS (CALMHBC)

Kevin Hoffman, MHSOAC Deputy Executive Director, presented an outline for a contract with the California Association of Local Mental Health Boards and Commissions (CALMHBC or Association).

He stated that the recommendation is to authorize the Interim Executive Director to execute a contract with CALMHBC to provide training and support for persons who serve on local mental health boards and commissions.

Pursuant to California Welfare and Institutions Code (WIC) 5604, each county will establish a local mental health board. Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services.

Some examples of local mental health board activities include: review and evaluate the community's mental health needs, services, facilities, and special problems; 1) Advise the local governing body and the local mental health director as to any aspect of the local mental health program; 2) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process; and 3) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

CALMHBC is a statewide organization that supports the work of local mental health boards. The Association was established in 1993 as a 501(c)(3) to assist local mental health boards and commissions to carry out their mandated functions and to advocate at the state level as a unified voice for local mental health boards and commissions' concerns. The Association seeks to improve the quality and cultural competency of mental health services delivered to the people of California. It is self-supported through contracts, grants, and tax-deductible donations. The CALMHBC activities are one of the strategies that assist the MHSOAC in fulfilling its statutory responsibility to assist consumers and family members at the local level to ensure that the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to mental health services.

The CALMHBC will provide support, education, training and technical assistance to persons serving on local mental health boards and commissions.

Commissioner Questions and Discussion

There was no Commissioner Discussion

Public Comment

Raja Mitry, speaking on behalf of the California Stakeholders Process Coalition, asked that members of the local mental health process be included in training and technical assistance. He added that the Stakeholder Process Coalition would like to be a resource.

Maria Correia, Santa Cruz Alternate Region Director, stated that the \$55,500 is insufficient to perform their mandate. Chair Van Horn stated that the amount of the contract is set, but he recognized that the amount is insufficient. However, since it is a 501(c)(3) entity, there are more opportunities to receive grants and donations. The amount of this contract serves to help get things started.

Karen Bates, Ventura County Southern Region Director, stated that they cannot afford hotel and travel expenses, which have increased over the last ten years. She stated that they need an increase of at least \$100,000 per year in order to cover the travel expenses alone.

Karen Hart, Monterey County Behavioral Health Department, asked why the language is so non-inclusive. Chair Van Horn stated that the contract is left over from the Department of Mental Health and has remained static. It would be good for staff to have a dialogue with CALMHBC to take a look at how to properly fund this activity. He added that there is some financial responsibility at the county level.

Filomena Yeroshek, MHSOAC Chief Counsel, stated that the reason slide 12 focuses on consumers and family members is to connect with slide 11. The contract is to provide training and technical assistance to all members of the association, not just consumers and family members.

Steve Leoni, consumer advocate, stated that CALMHBC needs more funding in order to fulfill their responsibilities.

Cary Martin, President and Chair of CALMHBC, stated that this is the sole source of funding for CALMHBC. The local mental health boards are required to follow legislative statute from WIC 5604 and serve as an oversight body on local mental health issues.

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

The Commission approves the contract with the California Association of Local Mental Health Boards and Commissions not to exceed \$166,500 for a three-year period, and authorizes the Interim Executive Director to execute the necessary documents.

- Roll call vote was taken and the motion was passed with 7 “yes”, 0 “no”, and 1 “abstain”

4. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:45 a.m.