



State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting
March 26, 2015

MHSOAC
1325 J Street, Suite 1700
Sacramento, California 95814

866-817-6550; Code 3190377

Members Participating

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

Staff Present

Toby Ewing, Ph.D., Executive Director
Kevin Hoffman, Deputy Executive Director
Norma Pate, Deputy Executive Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
José Oseguera, Chief of Plan Review and Committee Operations
Pete Best, Staff Services Manager
Kristal Carter, Staff Services Analyst
Cody Scott, Office Technician

Members Absent

Senator John Beall
Assemblymember Tony Thurmond
Tina Wooton

1. CALL TO ORDER AND ROLL CALL

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:33 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

Chairperson’s Remarks

Chair Carrion announced that this is the last official meeting for Commissioner Pating. He thanked Commissioner Pating on behalf of the Commission for his seven years of service to the Commission.

ACTION

1A: Approve February 26, 2015, MHSOAC Meeting Minutes

Commissioner Nelson requested that the comment attributed to him on page 9 be removed.
Action: Commissioner Nelson made a motion, seconded by Commissioner Miller-Cole, that:

The MHSOAC approves the February 26, 2015, Meeting Minutes as amended.

Motion carried 7 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Commissioner Keith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Miller-Cole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATIONAL

1B: February 26, 2015, Motion Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Plan Review Dashboard

1E: MHSOAC Calendar

ACTION

2A: Recommendations for Changes to Innovation (INN) Regulations

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel

Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Filomena Yeroshek, Chief Counsel, stated the recommendations for changes to the Innovation (INN) Regulations are mainly based on the feedback received from the Office of Administrative Law (OAL). She provided a brief recap and next steps of the process of the INN Regulations. She noted that the INN Regulations must be resubmitted to the OAL no later than July 11, 2015, one year from the official publication date or the entire process must be started all over again.

Deborah Lee, Ph.D., Consulting Psychologist, explained the recommended changes based upon the public comments that were discussed at the January 22, 2015 Commission meeting, and the recommended changes in response to OAL feedback.

Commissioner Questions:

Commissioner Nelson stated concern about the term “any report” in Section 3910(b)(1)(A) under the definition of mental health literature. He stated any report can refer to anything online that can be used as evidence. Dr. Lee agreed with the dilemma of leaving the language open to include everything and the difficult task of precisely defining what a credible source would be. She requested feedback on this language challenge.

Commissioner Keith stated he had similar concerns. He suggested inserting the word scientific before the word report to read “‘mental health literature’ refers to any scientific report ...” to eliminate un-authoritative reports.

Executive Director Ewing stated, if the Commission requires counties only to look at published literature, a tremendous body of knowledge will be missed. The nature of innovation is that there has not been a lot of work done and there may not be published literature available at the highest peer-review standard. He noted that the program would be approved by the county boards of supervisors.

Vice Chair Buck stated the Commission should not become the authority on acceptable literature because literature review will take the Commission away from its real work.

Commissioner Miller-Cole asked why the change in Section 3580(a)(1)(B) is necessary, since counties are already bound by those laws. Ms. Yeroshek stated this change was made to ensure that the regulations do not inadvertently conflict with federal law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Commissioner Poaster asked how this differs from the counties’ required annual plan update. Ms. Yeroshek stated the regulations will supersede the guidelines issued by the Department of Mental Health. The regulations require that counties report in the Three-Year Plan and the Annual Update what they plan to do. The report that is mentioned in Section 3580 is a separate report that provides the results of the tracking and evaluation of the program.

Commissioner Poaster suggested that Commissioners review some annual updates, as he was under the impression that annual updates do report on plan activities.

Chair Carrion requested that staff put some information together for the next Commission meeting, mapping out the county reporting requirements, including the components of those requirements, the dates, and to whom they are submitted.

Commissioner Pating asked that whatever process is agreed upon is the simplest, most expedient, and least complicated.

Chair Carrion recommended proceeding with this recommendation because it can always be amended if the Commission decides to change it later.

Public Comment:

Raja Mitry, of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) and the California Mental Health Services Act Multi-Cultural Coalition (CMMC), thanked the Commission for the breakdown of ethnicities and asked the Commission to consider including three additional distinctions: Middle Eastern includes Iranian and Turkish along with Arab; Eastern European includes Armenian along with other Russian-speaking communities; and Asian Indian/South Asian includes Afghani along with Filipino and Chinese.

Adrienne Shilton, of the California Behavioral Health Directors Association (CBHDA), spoke in support of counties reporting their innovation progress in their three-year INN plans and expressed concern that many of the demographic categories outlined in the proposed regulations are not aligned with the Client and Service Information System (CSI) database that the Department of Health Care Services (DHCS) maintains, as it would require substantial resources to change the database. She requested that CBHDA partner with the MHSOAC to make these achievable for counties before the regulations take effect.

Commissioner Discussion:

Commissioner Poaster asked Executive Director Ewing to outline the process that will be going forward. Executive Director Ewing stated that all county reporting requirements have not been mapped out around the MHSA to the Commission and DHCS. Staff has not yet identified all the duplication. That is why Chair Carrion asked staff to map out the reporting requirements for all the components -

to whom do they report, what is required for the report, and what the dates are. The process would be for staff to document what Commission partners and counties identify as working in order to bring recommendations to the Commission. It is unlikely that this process will conclude by July 11. He recommended not sacrificing the work that has been done and risking bumping up against the annual deadline. There is a comparable process for amending the regulations, as there is for initial adoptions, and the Commission will be in a better position to do that after discussion with its partners.

Action: Commissioner Van Horn made a motion, seconded by Commissioner Keith, that:

The Commission adopts Staff's recommended changes to the Innovative Project regulations.

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Pating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION

3A: Adopt Annual Update Instructions (First Read)

Presenter:

Kevin Hoffman, MHSOAC Deputy Director

Kevin Hoffman, MHSOAC Deputy Director, provided an overview of the background, purpose, principles, and next steps of the first read of the annual update instructions. He summarized the fiscal year (FY) 2015-16 instructions and changes from the prior year's instructions.

Commissioner Questions:

Chair Carrion stated Commissioners would benefit from learning what community participatory research says about the proper methodology to invite involvement from stakeholders. He asked staff to research community participatory research and report back to the Commission at the second read.

Commissioner Nelson stated it is not only the input that needs to be assessed, but the output, as well.

Commissioner Poaster asked if the Commission should do more to encourage the participation of statewide stakeholders that mirror more closely what happens at the local level. In regards to the grandfather clause in the instructions, Commissioner Poaster asked that staff use the mental health board meeting as the decision point instead of the date the plan went out to public comment.

Public Comment:

Ms. Shilton stated counties have begun their annual update process for FY 2015-16 and a number of counties have already posted their plans. She asked for clarity for those counties that have already begun the process and have been following the three-year plan guidance to submit their FY 2015-16 updates.

Stacie Hiramoto, the Director of the REMHDCO, stated that if this had gone through a Committee, stakeholders could have participated and, if the Committee was the Cultural and Linguistic Competence Committee (CLCC), people could have participated from underserved communities.

ACTION**4A: Adopt Outline of Scope of Work for the Client Stakeholder Contract Request for Proposals****Presenter:**

Kevin Hoffman, MHSOAC Deputy Director

Mr. Hoffman provided an overview of the background, statutory requirements, overall principles, scope of work, and contractor minimum qualifications of the Client Stakeholder Contract Request for Proposals (RFP).

Commissioner Questions:

Commissioner Gordon asked how much the contract was for and for how long and what lessons were learned from prior contracts. Mr. Hoffman answered that the contract was spread out over two FYs. For FY 2012/13, it was for \$244,312.50; and for FY 2013/14, it was for \$580,680.50, making the contract for a total of \$824,993. The current contract expires March 31, 2015.

Commissioner Van Horn asked what happens in a week when the current contract expires. He asked why it was not put out for bid six months ago. Mr. Hoffman stated most of the deliverables have already been completed.

Commissioner Gordon asked how long will it take under the state processes to execute a contract and have it in place so work can begin. Ms. Yeroshek answered that the contract could be signed by July 1, 2015.

Public Comment:

Janet King, of the Native American Health Center, CMMC, and REMHDCO, spoke in support of the minimum qualification of including diverse communities that have been unserved, underserved, and inappropriately served in the mental health system. She stated that the next contractor needs to show improvement in this area.

Ms. Hiramoto agreed with Ms. King. Communities of color, particularly people who have knowledge and connection with communities of color, were not fully engaged in the process with the current contractor. Just because a person of color is involved does not mean they can connect with communities of color or know how to reduce disparities. She stated the need for stakeholder engagement to include organizations that specialize in serving racial, ethnic, or other cultural communities in the design, implementation, and evaluation.

Mr. Mitry stated this is an opportunity to reach individuals who have not been reached before. He stated the need for inclusion of the deaf community and others with physical challenges or cross-identities.

Perry TwoFeathers Tripp, of the CMMC and a member of the Smith River Rancheria, asked that the RFP be amended or recalled because the money will not be awarded in a competitive process; the need for trained, technical assistance is lacking in the RFP; the short turnaround time will prevent

CBOs who serve California tribes and tribal health consortiums and organizations from applying; and the matching funds will prevent, if not create a barrier, for grassroots organizations to apply.

Jim Gilmer, of the CMMC, spoke against the RFP as it stands, due to structural deficiencies that must be addressed. He requested more specificity in the qualifications and deliverables to more effectively collaborate with diverse communities. He agreed with Ms. Hiramoto that asking organizations for their list is not engagement. He suggested the tangible deliverable of including representatives from the CMMC or the California Reducing Disparities Project (CRDP) as advisory board members or subject matter experts.

Steve Leoni, consumer and advocate, stated this contract was meant to create a stakeholder voice, but some communities within the stakeholder group have not felt well served by the current contractor. He stated clients should robustly represent all races and ethnicities. That is not happening as well as it should and needs to be developed. There is no state-level advocacy in this contract.

Commissioner Discussion:

Commissioner Van Horn stated that, given the public comments today, the decision today is if this becomes a first read with a vote next month or if the current draft of the RFP goes out from here.

Executive Director Ewing asked for clarification on the process of consultation on an RFP to the extent that it creates a conflict and may disqualify an interested party from participating in the process. The Commission would benefit from input and guidance from the community, yet there is a risk that encouraging that process may disqualify qualified participants from participating in the RFP.

Ms. Yeroshek stated the standard in law is that individuals who are part of the decision-making process would have a conflict to vote upon that decision. She suggested having a bidders' conference to help organizations that have not bid in the past understand how they can bid and how they can be creative. It is an opportunity to collaborate with multiple organizations.

Vice Chair Buck stated he has continuously heard public comment about lack of inclusion and engagement in the process. It is important that the applicants of the RFP address those issues.

Chair Carrion agreed that this is an issue and must be addressed. The Commission needs to review its contract system to ensure there is proper advocacy for all groups in those contracts. He stated he has spoken with Executive Director Ewing, who will work with staff to prepare a document that the Commission can review that would be universal for all contracts.

Commissioner Van Horn requested that this agenda item be classified as a first read to come back in April. The Commission should also think ahead and request that there be another contract.

Commissioner Gordon suggested making the first quarter of the contract iterative in the sense that there would be an initial proposal, but the work of the contractor would be to reach out to people to see if the proposal meets their needs in order to perfect the services delivered. Commissioner Van Horn agreed.

Commissioner Poaster agreed that everything cannot be done with one contract. However, in this process, the Commission can look at other resources that may be available. He stated these contracts came to the Commission with legislative guidance on content when the state Department of Mental Health was eliminated.

Chair Carrion summarized the Commission's desire to move forward while evaluating the process to be inclusive. The RFP to be reviewed in April is not intended to address all advocacy issues. He stated the Commission should put out the RFP and concentrate on assessing other contracts.

Commissioner Nelson disagreed, as the draft proposals would be significantly changed from the current RFP.

Commissioner Brown stated the need to look for a compromise that covers a variety of concerns and issues. He asked if the Commission will make the language less restrictive, as Mr. Leoni suggested.

Commissioner Van Horn stated the instruction to staff is in light of the comments made, to redraft this to come back to the Commission in April, when those things will be considered.

INFORMATIONAL

5A: Response by Ventura County Regarding the League of United Latin American Citizens (LULAC) report titled, “Investigative Report on the Perceived Mismanagement and Inequitable Distribution of Behavioral Health Services and Resources to the Latino/a Community in Ventura County.”

Presenters:

**Barry Fisher, Health Care Agency Director, Ventura County Health Care Agency (VCHCA)
Elaine Crandall, Behavioral Health Director, VCHCA**

Barry Fisher, the Health Care Agency Director of VCHCA, made some introductory remarks.

Elaine Crandall, the Behavioral Health Director of the VCHCA, reviewed the demographic information of Ventura County, compared Ventura County to other large counties, and noted that, out of a population of 840,000, forty-two percent are Latino/a. She outlined the issues, challenges, strategies, and next steps to creating a new strategic approach.

Ms. Crandall stated LULAC asked the VCHCA to answer the following questions:

- What are the community-driven baselines?
- Does the data adequately reflect the unmet needs of each individual community and what the targets should be for each individual community?
- What is the cost per participant?
- Is there a comprehensive set of outcome metrics that can connect to outputs?
- What are the staffing ratios and their correlation to each community, outcomes, and billing?
- How can meeting cultural and linguistic needs, both in the department and with contracted partners, be more aggressive?
- How can outreach to the Latino/a community be improved?

Ms. Crandall summarized the shared beliefs between the county, the VCHCA, and League of United Latin American Citizens (LULAC). She stated, while there will not be agreement in everything, at the core everyone is working towards the same purpose.

Commissioner Questions:

Chair Carrion asked how VCHCA and LULAC plan to achieve their goals. Ms. Crandall shared some of the conversations with LULAC and how they are collaborating to achieve their goals. She spoke about the formation of a work group as one of the first steps and emphasized the need to collaborate with LULAC because they are the experts in the community.

Commissioner Poaster asked to whom the LULAC report’s recommendations were directed and if the board of supervisors is engaged in the process. Ms. Crandall stated that the board of supervisors received the report, but all follow-up has been with the VCHCA and LULAC.

Commissioner Boyd asked if the bilingual tele-behavioral health program was up and running. Ms. Crandall answered affirmatively.

Commissioner Boyd asked about the twenty-four bilingual peers, the integration and role of peers in such a diverse community, and what success looks like in terms of diversity of that group as a whole. Ms. Crandall stated the goal is to increase the peer supports to fifty percent. Their success will largely be driven by the VCHCA success. The VCHCA is exploring the concept of task-sharing and is looking at ways to use the community to serve the mental health needs beyond the Licensed Clinical Social Workers (LCSW) and Psychiatrists.

Commissioner Aslami-Tamplen applauded the VCHCA for their efforts and actions in working with LULAC and the community they serve and for acknowledging that more needs to be done.

Chair Carrion agreed and gave credit to both LULAC and the VCHCA for listening to each other, working together, and problem solving. It is a good model to emulate.

Ms. Crandall outlined ways the Commission can help the VCHCA:

- Share trends
- Build incentives for organizations who take a more creative effort
- Host conferences for small, medium, and large communities to discuss data-driven, systemic improvements
- Develop more uniform data definitions and collection systems that will demonstrate consumer, community-based value

Ms. Crandall stated it would be good for the state if all entities used the same measurement system and put them in the same database to learn from each other.

Public Comment:

David Rodriguez, the President of LULAC, stated what was found in the LULAC report on Ventura County is a probable indicator of what is happening in other counties of the state. He requested that the Commission exercise its power to prevent the malperformance that is allowed to flourish within some county behavioral agencies in California. He stated the Commission needs to put some teeth into the actions it takes to correct malperformance at the community level. Until that happens, county behavioral health agencies will be allowed to mismanage Proposition 63 funding and may fail to serve the public in an equitable manner.

Mr. Gilmer, representing the Oxnard Mental Health Coalition, spoke in support of the LULAC findings. He stated the deficiencies articulated are not just exclusive to Latinos, but impact other ethnic populations. He stated the Oxnard Mental Health Coalition and the CMMC are collaborating with the VCHCA and are sharing information with the new leadership of Ventura County.

Ms. King thanked LULAC for having the courage to do the investigation and share their findings. She thanked the VCHCA for their response and noted that some of the conclusions in the LULAC report can be generalized, especially the misuse of reliable and missing data to justify how money is spent.

Ms. Hiramoto thanked the Commission for allowing time during the last Commission meeting to talk about the report and for the presentation today. She, too, thanked LULAC for doing the report. Racial and ethnic communities want to be heard.

Mr. Tripp stated the cultural diversity component of the LULAC report is concurrent with Native American people due to history specifically in California. He stated he echoed comments made today from fellow CMMC members in support of the LULAC report.

Mr. Leoni urged the Commission to stay tuned to the response from the county regarding the issues brought forth in the LULAC report to ensure it continues to address those issues. He agreed that there are similar issues statewide. By including this agenda item, the Commission used its clout as a public body that oversees this Act to help move forward a vitally needed process of quality improvement. He encouraged the Commission to continue to think of itself this way and take further such actions. The emphasis of the Commission has been on evaluation and quality improvement and today was an act of quality improvement.

Commissioner Discussion:

Commissioner Boyd stated every Commission meeting includes a statement related to this Commission possibly not being as inclusive as it could be around diversity variables, socioeconomic variables, and other elements of diversity. He stated the need to have a more meaningful dialogue to

transform the discussion and asked what the options are to more meaningfully address this. Chair Carrion stated this morning's conversations have dealt with action items related to exactly those issues.

Commissioner Boyd stated he was pleased to hear issues around diversity will be addresses and added there is also a cultural conversation component to acting in a more robust capacity. He asked for clear definitions as to what that looks like. Executive Director Ewing stated staff will map participation in the meetings so that the Commission can assess the adequacy of the broader strategy that the state has in play.

Commissioner Boyd asked stakeholders to continue to bring their honest, transparent voices to the Commission because the Commission will adjust, move, and change to the extent it can under the leadership of the new chair, vice chair, and executive director.

Commissioner Gordon stated, just as there is value in looking at ways to correct deficiencies, part of the Commission's role should be to highlight good practices in the counties around racial disparities. By spotlighting success, the Commission can play an important role to show people the way.

GENERAL PUBLIC COMMENT

Emma Oshagan, Ph.D., of the Pacific Clinics in Los Angeles and a member of the CMMC, pointed out that several ethnic communities and cultural populations are excluded from data collection. The mental health needs of these communities are unknown. She requested that attention be paid to these communities and populations when grants and RFPs are being developed.

Mr. Gilmer stated the main concern with the California Mental Health Services Authority (CalMHSA) RFP targeting diverse communities is that it needs to be amended. It has many barriers as it is structured now. He requested that the CMMC and other organizations be at the table. He asked the Commission to reevaluate all RFPs.

Sally Zinman, the Executive Director of the California Association Mental Health Peer-Run Organizations (CAMHPRO), addressed the gap in consumer representation in California. She stated she was shocked that there seemed to be a resistance in the room to finding a vehicle to have an authentic consumer voice at the table.

Ms. King stated that CalMHSA's grant, "Reaching California's Diverse Communities to Achieve Mental Health and Wellness" did not do that in the way it was rolled out. Instead, it seemed like it was written to continue existing partnerships and not to engage new partnerships. She suggested the Office of Health Equity (OHE) as a model in the way they craft their RFPs. She stated the CRDP would be a natural partner on this, but they were not outreached very well. The thirty percent match is difficult for many community-based organizations.

Ms. Hiramoto agreed with Ms. King and Mr. Gilmer. The OHE has done a tremendous job in designing and releasing RFPs, because they work with the community. CalMHSA agreed to do an advisory committee that is half mental health directors and half community members, but the community members are the contractors, so they, again, are not getting a voice that can speak freely.

INFORMATIONAL

6A: Little Hoover Commission Round Table Discussion

Facilitator: Toby Ewing, Ph.D., Executive Director, MHSOAC

Panel A - The perspective of DHCS, service providers, and the County Behavioral Health Directors Association/Counties:

Karen Baylor, Ph.D., LMFT, Deputy Director, Mental Health and Substance Use Disorder Services (MHSUDS), DHCS

**Rusty Selix, Executive Director, Mental Health America of California (MHAC)
Adrienne Shilton, Director, Intergovernmental Affairs, County Behavioral Health
Association (CBHDA)**

Executive Director Ewing stated that the Little Hoover Commission (LHC) presented to the Commission last month and discussed their recommendations directed toward the MHSOAC and DHCS. As part of that conversation, a number of organizations asked the MHSOAC to discuss some of the more substantive recommendations, primarily the first recommendation as the notion of statutorily authorizing the MHSOAC to view and approve PEI plans in advance of their implementation along with the LHC recommendation to grant the MHSOAC sanction authority in response to challenges with regard to how the counties are implementing these programs.

Last month, the Commission asked staff to convene a task force, drawing upon the expertise of the Committee process, to discuss the recommendations in the LHC report and in the panels presenting in today's meeting.

The goal today is to ask the panel members to help the MHSOAC set the agenda for the task force. Executive Director Ewing asked the panel members to define the problem and suggest potential solutions. He invited panel members to continue to work with the task force on these issues.

Rusty Selix

Rusty Selix, the Executive Director of Mental Health America of California (MHAC) and co-author of the MHSA, stated that MHSOAC staff reviews every submittal of every component by every county to determine whether it complies with the Act. He stated this is not made public, but needs to be. He added that he hears staff negotiates with the counties and asks counties to make changes to their plans if they are not consistent with the Act. While this is an effective form of oversight, it is invisible. He suggested making it public and transparent and putting it on the agenda to make the Commission's oversight more effective.

Mr. Selix stated that there is no way of answering whether giving the Commission more authority would be helpful or not because it has not used the authority it already has. He suggested making the current review process public and transparent; then, see if there is a need for more sanction authority. He stated the transparent process may be enough to keep the counties consistent with the Act.

Approximately fifty percent of the programs in PEI are school-based and approximately thirty percent are primary-care based.

In primary care, the goal is for every person to be screened for behavioral health conditions and for every person who screens positive to have a warm handoff to a behavioral health person who can initiate their assessment and treatment. That pays for itself. There should also be universal measurement of progress, county by county, year by year.

Mr. Selix stated that he and Commissioner Gordon presented to the Commission on the multi-tiered system and supports model whereby every classroom teacher has support from behavioral health professionals so that every student, at the first sign of a problem, can get help. Again, this pays for itself. There is over \$100 million in PEI funds going into schools annually. These must be tied together to achieve this goal in a measurable way.

A third model that is widely implemented in some major counties is identifying early psychosis. This involves putting programs in place statewide so that, at the earliest possible sign of psychosis, people are identified and treated. The same high schools and primary care are key components of the outreach to make that happen. It would be easy to measure how many of the 12,000 schools and roughly 9,000 primary care offices are linked to an early psychosis program.

The main purpose in writing the Act was to drive down the caseloads of community services and supports (CSS) in hospitals, but the long-term outcomes that are identified in PEI are hard to measure. Mr. Selix suggested measuring a handful of outcomes that should be made universal. Those should

be primary goals of PEI and progress can be measured easily. Beyond that, there are two other things that need to be done that are also obvious and that the Commission is working on: making county expenditure data readily available on the MHSOAC website and automatically uploading county information into a state computer system.

The main goals of the Act were to end the fail-first system and to have care for everyone who needed a full service partnership (FSP). The federal Excellence in Mental Health Act increases the federal share of costs for outpatient community mental health services to children with serious emotional disturbance and adults with severe mental illness. It has a value of at least \$1 billion to California in terms of increased services that can be provided annually.

Mr. Selix stated that the Commission can promote transparency in county plans within its existing authority, including whether they comply with the Act and where all the money goes. It also should collect data on PEI programs to measure progress towards the main goals of the Act, showing that PEI is the norm and providing FSPs to everyone who needs it.

Adrienne Shilton

Adrienne Shilton, the Director of Intergovernmental Affairs at the County Behavioral Health Association (CBHDA), stated that the MHSA was designed to be a local initiative with local oversight. Counties and local programs have been partners with the state to showcase the impact of those programs. There have been significant resources given to DHCS and the MHSOAC in terms of positions and budget authority dedicated to evaluate the MHSA.

One of the striking things about the LHC report was not their call for additional oversight but the fact that professional researchers could not locate publicly-available data and the evaluations that already exist, which are on the MHSOAC and other's websites.

Ms. Shilton reviewed a handout categorizing various oversight functions of DHCS and the MHSOAC and where those functions are found in statute. She suggested that a question for the task force to explore is what the end goal is and what is missing. There is substantial oversight at both local and state levels with the resources that have been given to counties and state entities.

The MHSOAC needs to do more to promote the outcomes of the MHSA. There is a statewide database for FSPs but not for PEI programs. One of the initiatives that the CBHDA is involved with and presented to the MHSOAC is called "Measurements, Outcomes, and Quality Assessment (MOQA) Data Report." CBHDA has gone statewide to tell the story of the impact of behavioral health services across the state and has created a way to categorize PEI programs to get the story out about what is happening.

Ms. Shilton suggested that the MHSOAC could do more public education and more support around eliminating stigma and discrimination.

Karen Baylor

Karen Baylor, Ph.D., Licensed Marriage and Family Therapist (LMFT), Deputy Director of the MHSUDS at DHCS, stated that DHCS has the oversight and authority to monitor the counties through contracts, ask counties to do a plan of correction, impose sanctions, develop regulations, and conduct audits and investigations through the following:

- Triennial review of the counties
- Financial audits of the counties
- New protocols in evaluating CSS based on six categories
- Performance contracts. To date there are 51 contracts.

Dr. Baylor stated that DHCS is looking forward to working in a more collaborative, strategic way with the MHSOAC.

Commissioner Questions:

Commissioner Poaster asked if the financial audits are MHSA-specific. Dr. Baylor stated it is a new piece of work specific to the MHSA. Some of the thirteen new staff positions will complete these MHSA audits on an ongoing basis.

Commissioner Boyd asked if the audit tool is publicly available. Dr. Baylor stated it is available on the DHCS website.

Commissioner Boyd asked for further clarification on the recommendations of CBHDA and what it is advocating the MHSOAC do based on the LHC report. Ms. Shilton stated there is a statewide database that captures the data the counties report on FSPs, which is a small percentage of the Act. Counties are reporting data locally, but there is not a statewide data collection system to capture this rich information and tell the story at a statewide level. Another recommendation is for the MHSOAC to get involved in the statewide stigma and discrimination reduction initiatives and support the work that local programs are doing, as well as increase public awareness about mental health wellness and recovery.

Chair Carrion asked members of the panel to comment on incentives to encourage counties that are doing good work, collecting good data, and sharing data with other counties, or acknowledging that a county does not have the technological assistance needed to do that work.

Mr. Selix stated that providers break even if everything goes right, but if anything goes wrong, they lose money on virtually every contract. He stated performance bonuses and pay for performance instead of pay for volume are being explored. Much progress can be made in this area at the provider-to-county level. He gave the example of awarding consulting contracts as rewards. The first thing is to shine a light on the best county or provider. It is important for other counties and providers to see and follow what the model county does so they can determine what is being done differently and in turn apply that knowledge in their own counties.

Ms. Shilton suggested one way to shine a light on best or emerging practices is to visit programs, whether at the county or provider level. She suggested Commissioners and legislators tour programs and meet the people who are being served.

Commissioner Van Horn suggested fine-tuning outcome measurements to better determine the results while looking at a new data system.

Brenda Grealish, the Assistant Deputy Director of MHSUDS at DHCS, stated the contractor started in December and DHCS has been working to bring the data systems from the former Department of Mental Health into DHCS environment.

Commissioner Aslami-Tamplen stated the hope that the data being collected from providers is about quality and satisfaction of services from the consumers' and family members' perspective.

Commissioner Poaster stated there is an impression in the LHC report that there is no data. The Annual Update from his county was a 110-page document rich with information, including progress outcomes, satisfaction measures, descriptions of programs, how many people were seen, what is being projected, and adjustments. The Commission needs to understand how best to mine that and use it. He encouraged Commissioners to read an Annual Update as the Commission gets into this process.

Panel B - The perspective of clients, consumers, family members, advocates for children and families, and unserved and underserved communities:

**Jessica Cruz, Executive Director, National Alliance on Mental Illness (NAMI) California
Nicki King, Ph.D., Director, CRDP, University of California (UC) Davis, and the African American Strategic Plan Workgroup**

Diane Shinstock

Sally Zinman, Executive Director, California Association Mental Health Peer Run Organizations (CAMHPRO)

Jessica Cruz

Jessica Cruz, the Executive Director of National Alliance on Mental Illness (NAMI) California, stated that now is the time to come together to figure out how to move in a direction that will begin to show outcomes. For the last ten years, data has not been collected in a standardized way. She stated the need for all fifty-eight counties to agree on standard measures to collect data that can be shown on a statewide level. She suggested that the MHSOAC put together some standard measures, a universal approach to the way data is collected.

The data also needs to be timely, accessible, understandable, applicable, and all-inclusive. She suggested that everyone go back to the table and begin laying out the issues and discussing solutions and actions to move forward together to create more successes. She also suggested that the high-level performer counties mentor other counties that may need more support for improved outcomes throughout the state.

Nicki King

Nicki King, Ph.D., of the University of California (UC) Davis, the CRDP, and the African American Strategic Plan Workgroup, stated that in the course of collecting data for the population report, there was an opportunity to do thirty-seven focus groups about what is right and wrong with the system. She suggested that the Commission accept all recommendations in the LHC report. She encouraged the Commission to see the LHC report as an opportunity to increase public confidence in the Act and in the ability to do something positive about the state of mental health in California.

Dr. King suggested that the MHSOAC develop an appeal process to allow local organizations who do not receive satisfaction from their county processes to have somewhere to turn. The MHSOAC has the opportunity to signal to disaffected groups and communities throughout the state that there is an entity that takes responsiveness, inclusion, and outreach seriously and that this entity is willing to use its authority to see to it that the Act lives up to its promise. Dr. King asked that the MHSOAC be that entity.

Sally Zinman

Sally Zinman, the Executive Director of CAMHPRO, stated she was alarmed that only nine stakeholders and one public hearing were part of the LHC Report process that was completed over a three- to four-month period. She stated that the LHC missed the big picture, which is that the MHSA is transformational, and that real outcomes have been demonstrated in the FSPs. When the LHC talks about accountability, it means something different than it does for consumers. To consumers, accountability means the quality of services, not imposing sanctions for not complying with the law. There are grievance procedures at the local level, but they are usually heard by the people who provide or fund the services and there is no higher authority to turn to.

Ms. Zinman states she was unable to answer if the MHSOAC should expand its authority to include PEI programs and sanctions because the issue is too big and requires in-depth discussion. She outlined her ideas for guidelines for that discussion, such as checks and balances, consistency, and firewalls between funders and service providers in the role of oversight.

Ms. Zinman stated it would have to be in addition to having more available and accessible outcomes. The prevalent belief system about mental illness has to change from a disease-oriented culture to one that understands recovery and wellness.

Ms. Zinman stated that there is still much work to do in the reduction of stigma and discrimination, as evidenced in the introduction to the LHC report. The public's perception must change about who causes violent crimes against other people.

Diane Shinstock

Diane Shinstock shared her family's story of living with a person with mental illness. She stated the need for a comprehensive evaluation that includes family members. She stated she experienced the fear written about in the LHC report when she worked for the county - "... stakeholders hesitate to speak out against county decisions for fear of losing funding ...". The boards of supervisors generally don't have enough understanding of mental health to delve deep into issues. She stated there are community stakeholder groups as part of the law, but, in Ms. Shinstock's experience, the majority of the people around the table have a contract with the county and are receiving MHSA funds. She suggested that this be regulated to ensure more stakeholders attend who are not financially invested. She stated that mental health boards also could benefit from training and technical assistance prior to the final approval of plans and before they are submitted to the MHSOAC.

Commissioner Questions:

Chair Carrion agreed with Ms. Zinman about the transformative nature of the Act. The MHSOAC is involved in communication efforts to make that clear. He stated he welcomed input.

Commissioner Van Horn stated an area yet to be dealt with is that there are radical differences between counties because comparison data has not been available. He noted that Mr. Selix answered the question well in that the MHSOAC does get the information and has the mechanism for reviewing, so more authority may not be necessary.

Commissioner Van Horn noted Ms. Zinman's points were on target in terms of the balance of power and how consumer and stakeholder input is valued and made a part of future policies. Clearly, the sanctioning authority belongs to the DHCS, but any observed problems can be referred to DHCS. The MHSOAC needs to explore quality improvement options rather than sanctioning.

The issue resolution process (IRP) may not be a focus of the LHC report, but has been lingering since the beginning of the MHSA and was one of the first things that came up in the fall of 2005 as the MHSOAC was being put together. He referenced Ms. Shinstock's experience of being advised by the county to keep silent or lose her contract - clearly, between the MHSOAC and DHCS, the IRP must be dealt with.

Commissioner Gordon stated that there is a big difference between compliance and program effectiveness. The leadership in a county is crucial to make it clear what is expected of people who do the work. If the leadership does not make that clear, not much more can be expected other than compliance. The issue is how to get beyond the compliance to find out which counties are embodying those attributes and the quality of leadership that will make a high-quality program for others to emulate. The Commission has not nailed down what that looks like because it cannot be nailed down by looking only at the behavioral health department.

Public Comment:

Susan Goodman, of NAMI California, stated she, as the caregiver of a mental health client, has no services and nowhere to go. If a person is a caregiver and not a consumer, they will be a consumer very soon. She stated that she is looking for resources for caregivers and her stated concern over layers of government, the cost, and sanctions.

Ms. King spoke in support of the recommendations of the LHC report. She stated she was grateful for the dialogue it has spurred and for calling attention to reducing disparities. She stated the LHC report served as a warning. If the MHSA is not shown to work, it could potentially not survive.

Mr. Gilmer reminded Commissioners of the time before Proposition 63, where there was no funding. He stated, for him, it has been about unkept promises. The process of transformation is a journey of no end. He encouraged the MHSOAC to take back the mantle and continue the journey with the help of CMMC and other stakeholders.

Mr. Mistry thanked the MHSOAC for forming a task force to enter into an extended, in-depth discussion about the LHC report. The inadequacy of disaggregated data is concerning. Services need to be tailored to distinct communities, honoring cultural values and tradition. He stated that he supported collaborating with the DHCS to develop a truly meaningful system that will show consistency of state data, including significant demographics, and be a model for the nation. He stated that the LHC report will be seen as a catalyst to explore possibilities and develop opportunities for vulnerable constituents.

Ms. Hiramoto stated that the two main things she saw from the report are the question of oversight and the question of data. She stated the hope that the MHSOAC will take more oversight, either in the form of the IRP or the PEI plans. She noted there are giant gaps from thirty to sixty percent of people not marking what their race and ethnicity is in county data. She asked why there is no concern about this.

Mr. Tripp encouraged the relationship between DHCS and the MHSOAC to either have a delegation of authority or some discussion for legislative process so that the MHSOAC can have true oversight and accountability. For true transformative services, there needs to be more discussion and education when it comes to cultural competency.

Jan McGourty, of NAMI Mendocino and the Mental Health Board of Mendocino, thanked Commission staff for visiting her county to help with their Innovation Committee. She shared her experience on the mental health board where it is almost impossible to get information, especially financial information. She asked how the process of transparency can be initiated.

Mr. Leoni spoke against sanctions, because the Commission has a good position now to work with the counties in building trust, which is in the spirit of the MHSA.

Chair Carrion reviewed the next steps. The first thing to be done will be to put a task force together. The members of the task force have been identified. After that, the Commission will decide what to do with the final two recommendations, ideally by June.

ACTION

7A: Update on the Commissioner's Stakeholder Orientation

Executive Director Ewing stated that the Client and Family Leadership Committee (CFLC) developed and offered an orientation for stakeholders and other interested parties prior to each Commission meeting, but, for the past few months, no one has shown up for the orientation in Sacramento. He recommended taking that orientation back to the CFLC to better understand why Sacramento has had diminished participation in the orientation and come back to the Commission with a recommendation.

Action: Commissioner Poaster made a motion, seconded by Commissioner Boyd, that:

The MHSOAC requests that the CFLC evaluate new stakeholder participation in MHSOAC meetings, strategize to support their involvement, and report findings at the May Commission meeting.

Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Keith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Miller-Cole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Van Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PUBLIC COMMENT

Mr. Mity stated community forums have been valuable venues for stakeholder input throughout the state since they were first conducted, with attendance increasing over time. The reports generated from the forums have highlighted positive outcomes of the MHSA and information about the challenges experienced by clients and family members. Future community forum locations will reach underserved and underrepresented groups in counties that have not previously been reached. He stated the hope that the locations will be reflective of the suggestions made in the work group. Stakeholder representation from various cultural backgrounds has been minimal or nonexistent in some places. As the forums progress and special group type outreach settings will be developed, he hoped there will be vigilant effort to attend.

Michael Helmick, the Program Assistant of REMHDCO, echoed Mr. Mity's comment regarding the community forum stakeholder process. Although strides have been made to reach diverse populations, there remains much work to be done. In order to transform the perception the racial, ethnic, and cultural populations have of the mental health system, things must be done differently. He offered his support of the smaller, more population-specific community forums, as this sort of venue is more conducive to a successful dialogue with underserved communities.

ADJOURN

There being no further business, the meeting was adjourned at 3:50 p.m.