Mental Health Services
Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
April 23, 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.
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.
Richard Van Horn
Tina Wooton

Staff Present

Toby Ewing, Ph.D., Executive Director
Kevin Hoffman, Deputy Director
Norma Pate, Deputy Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Jose 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
Christopher Miller-Cole, Psy.D.
Assemblymember Tony Thurmond

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 9:02 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

ACTION

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

Public Comment:

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), clarified public comments made by Raja Mitry, of REMHDCO, who was unable to be in attendance. On page 3, the minutes read, "… 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."

Ms. Hiramoto stated that the Middle Eastern designation could also include Iranian and Turkish, but Middle Eastern Arab and Iranian both need to be specified so that these cultural ethnic backgrounds, which have large populations in California, are not lost in data collection. Eastern European would include Armenian along with other Russian-speaking communities, but Armenian should be specifically identified due to its large population in California. Asian Indian/South Asian does not necessarily include Afghani. Afghanistan is a Southwest Asian country and that ethnic background should be noted separately, just as Filipino and Chinese are singled out in the demographic breakdown.

Chair Carrion asked Ms. Hiramoto to give Mr. Mitry's clarifications to staff.

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

The MHSOAC approves the March 26, 2015, Meeting Minutes as presented.

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☒	☐	☐
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☒	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☐	☐	☐

INFORMATIONAL

1B: March 26, 2015, Motions Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Plan Review Dashboard

1E: MHSOAC Calendar

ACTION

2A: Recommendations for Changes to Prevention and Early Intervention Regulations

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Filomena Yeroshek, Chief Counsel, by way of a PowerPoint presentation, provided a brief recap and next steps of the process of the Prevention and Early Intervention (PEI) Regulations.

Deborah Lee, Ph.D., Consulting Psychologist, summarized the recommended changes, including those in response to feedback from the Office of Administrative Law (OAL).

Commissioner Questions:

Commissioner Boyd asked about the OAL's request for counties to have separate access and linkages to treatment programs such as screening days and how that would impact counties. Dr. Lee stated that there are two parts to linkage: identification and treatment. In between, there are assessments, determining appropriate programs, and follow-ups, which are accomplished in a variety of ways. The OAL's requirement is consistent with that flexibility.

Commissioner Poaster agreed with Commissioner Boyd's concern and requested that county representatives present on the impact of the OAL's requirement.

Commissioner Nelson asked if the report for Health Insurance Portability and Accountability Act (HIPAA) is an additional report that counties will have to generate. Dr. Lee stated that counties are required to leave out personally identifiable information in their three-year plans and annual updates. They can either send that data to the MHSOAC separately, or they can redact their reports and send unredacted reports to the MHSOAC.

Commissioner Poaster asked about the confidential reports for HIPAA compliance. He stated that the assumption that the Commission would be required to maintain that confidentiality and the data would be used solely for in-house evaluation efforts and not subject to public requests for information. Ms. Yeroshek agreed and stated that all staff has undergone HIPAA training so confidential information will be protected.

Public Comment:

Elizabeth Kaino Hopper, National Alliance on Mental Illness (NAMI), shared her daughter's experiences of mental illness onset while in college and subsequent recovery. Ms. Hopper asked for support of the advancement of mental illness awareness studies and support services on college campuses to help reduce discrimination.

Poshi Mikalson, Nor Cal Mental Health America, stated that her comments apply to both the PEI and Innovative Project (INN) Regulations agenda items. She thanked the Commission for their thoughtfulness and consideration of the public comments around sexual orientation and gender identity collection of demographic data.

Kate Burch echoed the comments of Ms. Mikalson.

Mary Ann Bernard, of the Mental Illness Policy Organization (MIPO), emphasized that the "shall" in statute means those items are mandated. She stated that the PEI Regulations ignore a "shall" in Section 3720(d), "Prevention program services may include relapse prevention for individuals in recovery from a serious mental illness." Statute says, in 5840(c), that the program shall also include components similar to programs that have been successful in reducing untreated severe mental illnesses and assisting people in regaining productive lives. She requested that "may" be changed to "shall."

Ms. Bernard stated that something must be done about the tracking regulations. She stated that she sent the Commission a compendium of comments filed by MIPO that include comments about the tracking regulations.

Adrienne Shilton, Director, Intergovernmental Affairs of the California Behavioral Health Directors Association (CBHDA), stated that her comments today are offered in an attempt to make the PEI Regulations achievable for counties and mental health providers as they are not achievable in their current form:

- Access and linkage to treatment – other Mental Health Services Act (MHSA or Act) components could fund this as long as it meets the requirements identified in the regulations.

- Measuring the duration of untreated mental illness – there should be a focal population identified for this, such as at first break.
- Measuring outcomes for both stigma and discrimination reduction and suicide prevention programs – the California Mental Health Services Authority (CalMHSA) should be integral to all evaluations as they are studying statewide activities.
- Revenue and expenditure reporting and demographic sections – these are inconsistent with the Department of Health Care Services (DHCS) Client and Service Information (CSI) database. Postpone reporting until the statewide oversight bodies agree on the level of, the limits to, and the appropriateness of the reporting.

Commissioner Discussion:

Commissioner Boyd asked staff to address each of the CBHDA's concerns point by point to help Commissioners understand the county perspective.

- Access and linkage to treatment – Dr. Lee agreed that access and linkage to treatment is a basic fundamental practice that all programs are responsible to do. It is not separate and does not require funding because it is a required strategy, not a program. With regard to a program, CBHDA's point about funding by other sources makes sense.
- Measuring the duration of untreated mental illness – Dr. Lee stated that the work group formed by the Commission extensively discussed the pros and cons of focusing duration of untreated mental illness only on first break and concluded that the measurement needed to be broader than just first break.
- Measuring outcomes for both stigma and discrimination reduction and suicide prevention programs – Dr. Lee agreed that collaborating with RAND and CalMHSA is essential. She stated that the evaluation requirements are broad and require that the change in attitude, knowledge, or behavior be measured as it applies to each program. The Commission will measure outcomes by both following MHSA program requirements and looking at broad, statewide measures, which is what RAND and CalMHSA have specialized in.
- Revenue and expenditure reporting and demographic sections – Dr. Lee agreed that systems must be created to allow counties to collect data. The MHSA says that the MHSOAC leads with its regulations and that the community services and supports (CSS) Regulations need to become consistent with the PEI and INN Regulations. Systems cannot limit policy; systems must be built to support policy.

Commissioner Poaster asked if counties must provide duplicate reports for outreach and engagement services. Dr. Lee stated that a county can fund outreach to people with signs and symptoms of mental illness as part of their PEI program with CSS dollars so they only report it once.

Commissioner Gordon asked for clarification on the collaborative approach to creating a common database for all health care agencies statewide. Dr. Lee stated that the collaborative effort is the intention.

Executive Director Ewing stated that the PEI Regulations are forward-looking. The Commission has made the decision to push the definitional standards in recognition of needs that have been raised by members of the public so that the regulations are where they need to be when they take effect. There is catching up to do with alignment with the other departments and the counties have rightly raised the point that the state has not always been good at catching up with its own rules. It is important to recognize that counties are asking for caution because of the uncertainty of what will be put in place. Staff feels it is appropriate for the regulations to be forward-looking as long as they are thoughtful and persistent and work with partners at the state level to follow through.

Commissioner Brown asked if the “may” can be changed to “shall” on page 13 per public comment. Ms. Yeroshek stated that staff has had discussions with the OAL on this point. The OAL is of the opinion that the relapse prevention is taken care of under the requirement that there shall be early intervention programs and that relapse in and of itself is not specified by the Act. Therefore relapse, as a program, is not a requirement. She stated that the OAL was in receipt of the MIPO’s comments.

Executive Director Ewing clarified that the OAL interprets the law to say that counties “shall” offer at least one prevention program, and subsection (d) says that “may” be relapse prevention.

Commissioner Brown suggested making it “should” rather than “may” or “shall.” Ms. Yeroshek agreed that “should” sounds like a stronger word from a non-legal perspective, but from a legal perspective it is considered discretionary under the law and the OAL would ask that it be changed back to “may.”

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

The Commission adopts staff’s recommended changes to the Prevention and Early Intervention regulations.

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

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☒	☐	☐
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☒	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☒	☐	☐

ACTION

3A: <u>Innovative Project Regulations: Commission Response to Public Comment</u>

Presenters:

Filomena Yeroshek, Chief Counsel
Deborah Lee, Ph.D., Consulting Psychologist

Ms. Yeroshek, by way of a PowerPoint presentation, provided a brief recap and next steps of the process of the INN Regulations and summarized staff’s suggested changes and rejections of changes proposed by public comments.

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

The Commission adopts staff’s suggested changes to Proposed Innovative Project Regulations.

The Commission adopts staff’s responses to public comments to the Innovative Project Regulations as set forth in the “Matrix of Public Comments with Staff’s Recommended Responses.”

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☒	☐	☐
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☐	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☒	☐	☐

INFORMATIONAL

4A: <u>Plumas County Innovation Plan</u>

Presenters:

Jose Oseguera, Chief of Plan Review and Committee Operations
Deborah Lee, Ph.D., Consulting Psychologist

This agenda item was deferred to a future date.

Public Comment:

Tracy Ingle, past Plumas County Mental Health Commission member, stated that consumers and family members worked hard to put the three-year plan in place. A new interim mental health director was hired last week and asked for time to review the plan before its submission to the MHSOAC. Ms. Ingle emphasized that the delay does not indicate a lack of dedication. She assured that Plumas County will contact staff as soon as possible to put this item back on the agenda.

ACTION

5A: <u>Second Read: Annual Update Instructions</u>

Presenter:

Kevin Hoffman, Deputy Director

Kevin Hoffman, Deputy Director, by way of a PowerPoint presentation, provided an overview of the background, purpose, principles, and next steps of the second read of the Annual Update Instructions. He summarized the fiscal year (FY) 2015/16 instructions and changes to those instructions.

Action: Vice Chair Buck made a motion, seconded by Commissioner Boyd, that:

The MHSOAC adopts the 2015/2016 Annual Update Instructions.

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

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☒	☐	☐
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☒	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☒	☐	☐

ACTION

6A: <u>Contract with Statistical Analysis System Institute, Inc. and The iFish Group, Inc.</u>

Presenter:

Toby Ewing, Ph.D., Executive Director

Toby Ewing, Ph.D., Executive Director, stated that the Commission contracted with Statistical Analysis System Institute, Inc. (SAS), to support the Commission's ability to securely hold data as well as access the software to analyze that data. SAS was unable to meet the state's requirements for data security. Executive Director Ewing suggested entering into two contracts: allowing SAS to provide the analytical software, and contracting with The iFish Group, Inc., to provide the secure environment to analyze sensitive data.

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

Authorize the Executive Director to enter into contracts for an amount not to exceed $900,000 over three years to provide a secure environment for viewing confidential health information and analytic software that will allow MHSOAC staff to access data and conduct research and evaluations internally.

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

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☒	☐	☐
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☒	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☒	☐	☐

GENERAL PUBLIC COMMENT

Laurie Mendoza shared her son's story. She stated that Turning Point abruptly changed her son's medication and she was concerned that he is not doing well on this new medication. She stated that she has tried everything and doesn't know where to turn next.

Commissioner Brown asked staff to interface with the local health department to assist Ms. Mendoza in finding services for her son.

David Czarnecki, NAMI California, stated that he brought comments from NAMI members to the Commission. He read a letter from a NAMI member in Santa Clara asking for support in required licensed, supported, and supervised housing and sensible, mandated treatment laws for consumers who are unable to adhere to necessary treatment.

Ms. Ingle stated that her county board of directors hired a private company to do a report on the mental health department without public input. When asked to include the input of consumers and family members, they were told no. She asked how good programs can be implemented in the county when consumers and family members are not allowed to have a voice. Commissioner Aslami-Tamplen stated that stakeholder involvement is critical.

Commissioner Wooton agreed and stated that, under the stakeholder process, it is mandated that consumers and family members be involved in that process under Welfare and Institutions Code 5848. Also, there should be sign-in sheets and submissions to the Commission with the three-year plan regarding the stakeholder process and a narrative on who should be involved.

Commissioner Nelson stated that boards of supervisors are put in charge of funds as an expedient way of distributing them, but are provided no technical assistance of what their responsibilities are to the state and their stakeholders. He suggested the Commission come up with a checklist of basics for educational purposes.

Commissioner Van Horn stated that the issue resolution process has always been an issue as to where it goes, who is responsible, and how it happens. There are several clear violations of law or policy in Ms. Ingle's county over a long period of time that have not been dealt with. He asked if Ms. Shilton and CBHDA had some insight into the issue resolution process.

Chair Carrion asked staff to follow up on this issue and provide an update to the Commission on the resolution process.

Commissioner Gordon suggested making models of counties that do certain things well to use as examples to other counties, as a form of technical assistance.

Executive Director Ewing suggested that the Commission gain an understanding of what is happening around the state. He stated that the Commission is not currently in a position to identify what a best practice is, but it could get there with time and resources. There are staff and capacity limitations. He suggested that the Commission ask staff to lay out a project to explore the issues and identify best practices.

ACTION

7A: <u>Interagency Agreement with the University of California Regents for Older Adults Evaluation</u>

Presenter:

Renay Bradley, Ph.D., Director of Research and Evaluation

Renay Bradley, Ph.D., Director of Research and Evaluation, by way of a PowerPoint presentation, provided the background, project goals, research questions, and deliverables of an older adults evaluation. Dr. Bradley stated that staff identified Janet Frank, DrPH, as the proposed principle evaluator for this project.

Commissioner Questions and Discussion:

Commissioner Keith referenced an earlier University of California, Los Angeles, study of several programs with the consistent result that, because of the lack of data, they were unable to report reliable outcomes. He asked if there is reliable data to accomplish the goals of this proposal. Dr. Bradley stated that the scope of work includes identifying the necessary data.

Commissioner Keith stated that his concern, even if the necessary data is identified, is that there is a lack of available information to be analyzed. The Commission is working with University of California, San Diego, to develop an informational system and analyzable data is still years away. He asked how to ensure data is available for this study. Dr. Bradley stated that there are two issues: what should be done in the short-term and what should be prepared for in the long-term.

Long term:

- Performance monitoring and specific outcomes and indicators for performance monitoring
- Development of a system or identification of data sources to begin gathering information to share with the state may be five to seven years away

Short term:

- Wait while using currently-available data
- Do what is possible to collect data that is presently available by going to counties and groups to collect information, such as a statewide survey, key informant interviews, and focus groups

Commissioner Keith suggested a focused, limited, less expensive study with some of the more sophisticated counties with operating data systems that are more comprehensive, where there would be a higher probability of success to make a template that could be extended to other counties when the new information system is available to gather the more widespread data.

Dr. Bradley stated that she will give Commissioner Keith's suggestion to Dr. Frank when they meet on Monday to discuss possible methods of data gathering.

Commissioner Van Horn shared Commissioner Keith's concern about where this data will be found. Full Service Partnerships (FSPs) should have data on older adults that can be collected. He stated that there are even issues on how this can be defined.

Dr. Bradley agreed that there is FSP information at the client-level outcome level. She stated, for this evaluation, it is unlikely that specific client-level outcomes will be delved into for use for evaluation purposes to answer the research questions.

Commissioner Aslami-Tamplen recommended Lillian Schaechner, Director, Alameda County Older Adult System of Care, as a resource. She asked what age is considered an older adult. Commissioner Van Horn stated that the federal definition of older adults who come under the Older Adults Act is at age 60.

Commissioner Nelson cautioned for a focused study on larger counties because what happens in larger counties may not be applicable to mid-sized or smaller counties. He recommended a focused study on well-run smaller and mid-sized counties also to get a diverse look at what's going on and how it can apply.

Commissioner Nelson stated that the Commission is giving millions of dollars to universities, colleges, and private companies to do research but does not demand anything in return. He suggested a basic requirement of the contractors should be basic instruction to their employees on how to understand and identify early mental illness and how to deal with crisis. He also suggested ensuring that their policies include specific statements concerning mental illness are stigma-free and have no discrimination.

Commissioner Aslami-Tamplen noted that there are inconsistencies between this scope of work and the scope of work of the client stakeholder contract presented to the Commission last month, where Commissioners were not comfortable moving that forward. She stated that it reflects stigma. There is currently no funding for a statewide client stakeholder process.

Commissioner Boyd stated, in some things, timing matches up nicely, such as hiring Executive Director Ewing at the same time the Little Hoover Commission Report came out. It is obvious that, on some levels, the Commission is resetting itself and heading in a more purposeful direction. Latitude should be built into all of these types of requests and requirements to allow the executive director to do what needs to be done. Part of the level-setting discussion needs to include a basic, consolidated overview of where the research dollars are being spent, what the timeline is for renewal, and what the outcomes have been so far.

Commissioner Nelson stated one of the problems is that sometimes things are left unsettled and then there is no definite time for them to come back up. He suggested having a parking lot to ensure those things are reviewed in the future and are not forgotten.

Vice Chair Buck stated that staff was given instructions in the March meeting to rework the client stakeholder contract to be presented during today's meeting. Executive Director Ewing stated that staff was unable to turn it around during the time allotted.

Chair Carrion stated that Executive Director Ewing's discussion this afternoon is timely in terms of priorities, process, and consistency.

Public Comment:

Ms. Mikalson highlighted the risks and disparities dependent on a person's sexual orientation and gender identity. Lesbian, gay, bisexual, transgender, queer (LGBTQ) are at increased risk of mental illness, as well as trauma, abuse, isolation, and lack of family support within residential care. This report should identify risks and recommendations on recent literature reviews and research done elsewhere. She spoke in support of including focus groups and key informant interviews rather than waiting for data to be gathered in order to put services and training in place.

Mr. Czarnecki stated that a study of older adults is of particular interest to much of the cohort of NAMI. He stated that the hope that this report will illuminate where the gaps are and what is being done well. He spoke in support of including focus groups and key informant interviews and offered NAMI as a resource.

Action: Commissioner Poaster made a motion, seconded by Commissioner Aslami-Tamplen, that:

Authorize the MHSOAC Executive Director to enter into an interagency agreement in an amount not to exceed $400,000 with the Regents of the University of California to evaluate progress made toward implementing an effective system of care for older adults with serious mental illness and identify methods to further this progress across the state.

Motion carried 8 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	☒	☐	☐
2. Vice-Chair Buck	☐	☐	☒
3. Commissioner Aslami-Tamplen	☒	☐	☐
4. Commissioner Beall	☐	☐	☐
5. Commissioner Boyd	☒	☐	☐
6. Commissioner Brown	☒	☐	☐
7. Commissioner Gordon	☐	☐	☐
8. Commissioner Keith	☒	☐	☐
9. Commissioner Miller-Cole	☐	☐	☐
10. Commissioner Nelson	☒	☐	☐
11. Commissioner Poaster	☒	☐	☐
12. Commissioner Thurmond	☐	☐	☐
13. Commissioner Van Horn	☒	☐	☐
14. Commissioner Wooton	☐	☐	☐

INFORMATIONAL

8A: <u>Executive Director Report</u>

Presenter:

Toby Ewing, Ph.D., Executive Director

Executive Director Ewing stated that last month, the Commission deliberated on a proposal to use a RFP for the client stakeholder contract and asked staff to bring the issue back to the Commission this month. He stated that staff was unable to complete the work primarily because the Commission directed staff to identify lessons learned from prior work in this area. Concerns have been expressed that pursuing a competitive process such as a RFP is too time consuming. Executive Director Ewing stated that the turnaround time for the RFP process is August or September and would leave a gap in the consumer voice at a time when the state is in policy and budget discussions. The goals are to have a continuity of voice, a quality process, clear identification of goals, and to benefit from lessons learned. He stated that today's presentation is just an informational item but, with direction from the Chair, he would present at the May meeting some recommendations including entering into a short-term sole source contract to address the immediacy issue. This would align the client contract with the dates of the other stakeholder contracts and provide an opportunity to better position the Commission to focus on the goals. Executive Director Ewing stated that he recommends putting together a process to engage all stakeholders about the goals of all of the stakeholder contracts, and to incorporate lessons learned.

Recommendations to Help Commissioners Prioritize:

- Staff will outline what it will take to be successful in terms of time, staff capacity, and resources for each project or contract
- Staff will outline how to better integrate the pieces of the Commission's work
- Reshape the process to increase efficiency in the day-to-day operations and effectiveness in the outcomes the Commission is trying to achieve
- Redirect time and resources to projects that have higher priority
- Staff will outline ideas to increase understanding in the following areas:
    - Where the Commission is in terms of the mental health system
    - The role of the Commission
    - How to formulate priorities that will better leverage Commissioners, staff, funding, tools, and capacity that the Commission has to deliver on those priorities
- A two-day workshop meeting to focus on high-level priorities, how to improve the work plans, how to make decisions, and how the process aligns itself with those decisions so that the Commission can be as effective as possible

Commissioner Wooton agreed that new strategies and ideas for the Committee process would be welcomed.

Commissioner Boyd stated that health care has been capturing data for years and has resources and tools, but behavioral health has a long way to go to catch up. Now is the right time to move forward with that. Ideas about how to identify the issues, priorities, and data needed to help the Commission make responsible decisions are welcome.

Commissioner Brown stated that there is a distinction between regulations and standards. Regulations become the roadmap for the plans developed by the counties, so it is important to get them right. He suggested the programs be written in plain language for better understanding for the people who will be developing these plans. He stated that the need for a system to be in place for the Commission to work with local mental health agencies to guide people who have gotten so frustrated that they come to the Commission for help thinking that the Commission has more regulatory function than it does.

Commissioner Gordon stated that there have been several examples of good practices that have come before the Commission. He suggested having a system in place to share those practices with counties to showcase examples of excellence as a resource for the community and for counties.

Commissioner Aslami-Tamplen spoke in support of a two-day workshop meeting to focus on priorities. She stated that involving stakeholders in that process is critical. In addition, it will model what the Commission would hope every county does.

Chair Carrion agreed and stated that it is could also improve communication. Executive Director Ewing agreed and stated that it will improve not just internal communication, but external communication, as well

Commissioner Boyd suggested strong staff engagement during the two-day workshop meeting. A two-day meeting would give the Commission a clear definition from a legal perspective of where the scope and purview are and are not. If two days leads to effective governance and a strong definition of where the Commission is with clarity to engage the public in that, it is the right thing. He suggested following up on activities such as learning how many counties hired the mobile triage people approved over a year ago.

Chair Carrion agreed that a plan of action is needed for meeting items that require an update. He added that a two-day meeting is an essential step, but it is really about a process and direction in which everyone involved commits to make those changes.

Commissioner Poaster agreed and stated that it is not so much like a strategic planning but like a visioning of what the Commission is and gaining a strong clarity of purpose. It is difficult to rely on what is in writing because everything in writing is contradictory. The creation of the Commission was not a well-thought-out organizational concept, but was a political concept to help a proposition pass.

Commissioner Van Horn agreed that a visioning process is necessary. He added that, seven years after the creation of the Commission, the Department of Mental Health was dissolved and there was no policy direction on a statewide level. The roles for this Commission and the DHCS have not been clearly defined. The Commission has gotten to the point of administrative maturity but not policy maturity. The Commission needs to discuss stepping into the policy leadership arena, what that looks like, and how to do it.

Vice Chair Buck stated that one of the things to take into consideration while going through the process is how the Commission utilizes its Committees. He suggested first sending items to the Committees for them to discuss and bring recommendations back to the Commission.

Commissioner Van Horn asked if the Committee structure is appropriate for this kind of direction or if task forces were better to tackle problems.

Chair Carrion stated that the chairs of the Committees are on the Commission but there is not a venue to learn what is happening in the Committees.

Commissioner Keith stated that the lack of data makes it hard to know what works to disseminate best practices to counties. It is hard to accomplish oversight and accountability without data.

Commissioner Brown stated that the need to engage with additional stakeholders who may not attend meetings on a regular basis but are nevertheless deeply involved in the mental health arena, such as law enforcement and probation entities who are engaged on a daily basis in dealing with mental illness in the community and who have had to adapt rapidly to a changing environment. He stated that the need to recognize that there may be some entities the Commission may need to invite to present at a Commission meeting or to provide their input.

Commissioner Poaster agreed that the Commission could do a better job of having a broad support of stakeholders and developing the mechanisms for how to engage them.

Executive Director Ewing discussed two additional topics:

Budget:

- Staff testified at the Senate and Assembly Budget Committees. The Commission is not asking for any change in its budget, and was asked generic questions about how oversight is done and how the Commission ensures funds are spent well and services are improved
- The Governor's May Revise is due next month

Calendar:

- Lay out the calendar four to six months ahead so Commissioners have a clear sense of what staff is working on and if they are on target
- The May Commission meeting:
    - Update on the budget process both of the Commission and from the Department of Finance (DOF) in response to the Governor's May Revise
    - Update on the PEI and INN Regulations
    - Two or three INN plans will be submitted for review

- May is Mental Health Awareness Month. Staff is not planning an event on the scale of what was done in prior years, such as sponsoring a high-profile speaker at the Crest, due to the executive director transition, but the Commission is working with NAMI and others in sponsoring other events

- The June Commission meeting – teleconference
- July is being considered for a two-day, off-site meeting in Santa Barbara to allow Commissioners to visit triage and other programs in the area
- The August Commission meeting – teleconference

Commissioner Gordon suggested protecting the time to maintain the focus on the proposed reset of priorities and systems, and not commingling it with site visits and other business. Executive Director Ewing agreed that there will not be enough time in the July meeting to do both.

Commissioner Van Horn suggested having the vision reset workshop in the fall when the Legislature is out of session to enable all Commissioners to be involved.

Public Comment:

Ms. Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that she appreciated the way the executive director will ensure continuity of consumer voice while looking long-term at all stakeholder contracts. She stated the importance of maintaining a statewide consumer voice.

Reggie Foster, Alameda County Pool of Consumer Champions (POCC), stated that, through POCC, his self-esteem has improved and he has gained confidence, chaired committees, and speaks publicly. He stated that it is important that the consumer voice be heard. He urged the Commission to locate funds so consumers can be just as active at the state level as they are at the county level.

Sederia Lewis, POCC, stated that Alameda County supports consumers in a way to be participatory in decision making and planning of services. She stated her concern that, past the county level, the consumer voice is not heard. She stated that there is a need for similar services and programs on the state level as on the county level.

Commissioner Boyd asked if the Commission tracks comments, such as Mr. Foster's and Ms. Lewis's, about a need for more representation at the state level. He stated that he was struck by a Commissioner's real-time response to a previous speaker. He suggested consistent tracking, follow-up, and response to feedback.

Chair Carrion agreed that some of the stories that are shared by the public are examples of outcomes, as well, and should be saved and passed on.

Ms. Mikalson spoke in support of the previous speakers and of the short-term solution offered by the executive director. She suggested many subject matter experts be consulted to ensure that consumer populations that are not adequately served under the current contract are included in the RFP. It is important that sexual identities and gender identities also have an adequate voice within the RFP, meaning multiple stakeholders whose purpose is to represent sexual orientations and gender identities.

Ms. Hiramoto spoke in support of the previous speakers and the executive director's vision of increasing Commission transparency and organization. She offered REMHDCO as a resource when working on the issue resolution process and to share the data they have already collected. She emphasized that REMHDCO is in support of a statewide consumer contract and does not wish to see it impeded.

Susan Gallagher, of Nor Cal MHA, spoke in support of the recommended short-term solutions. Funding for a client advocacy organization is long overdue. Consumers have been without an advocacy voice in public policy for several years, which has allowed legislation to go through with very

little opposition. It is a critical time in the mental health movement for consumers to have a voice. She stated that hundreds of people used to come to the capitol to meet with legislators; now, there are only four or five. She urged the Commission to make the statewide consumer contract one of the highest priorities.

Chair Carrion asked why hundreds of people no longer go to the capitol. Ms. Gallagher stated that other organizations have funds to staff the coordination efforts.

Commissioner Van Horn provided historical context of lobbying. The first major capitol rally was in 1983, where 1,200 people attended, largely funded by Commissioner Van Horn's agency. The issue was that there were funds available in the budget. The peak year was 1985, where 5,000 attended, largely funded by local constituencies. The issue was that there was a $100 million problem on the table. A legislator later said that the lobbying saved the mental health system $100 million that day.

Since the 1991 Realignment, the dynamic has changed in the Legislature. Funds cannot be taken away as funding no longer comes from the General Fund, but from Realignment funds, the MHSA, and federal share. The mental health system is no longer at risk, and now has a different lobbying problem and a creative way has not been found to address that. Policy lobbying does not have the impact that dollar lobbying has.

Commissioner Nelson stated that, although Alameda County has a productive and powerful consumer movement, that is not true in all counties. Commissioner Van Horn agreed that a task force needs to be created to study the consumer movement statewide.

Commissioner Nelson added that family members also need to be included in the study because they are not typically seen at the Committee or Commission meetings.

Ms. Shilton stated that CBHDA is encouraged by today's discussion, the strategic planning, the direction and new leadership of the Commission, and the Commission's commitment to work with counties to operationalize the PEI and INN Regulations. She spoke in support of site visits to hear from local stakeholders and stated that CBHDA looks forward to continued collaboration with MHSOAC.

Mr. Czarnecki stated that he brought six people to the meeting and five to seven are listening on the phone. He stated that the reason for their attendance is because of his testimony that MHSOAC is the most transparent and approachable agency in mental health in the state of California. He spoke in support of a two-day retreat for priorities and offered suggestions for high-level priorities:

- Prioritize for sharing best practices – tell the story of what is working in the state of California to promote what is working and stop what is not working
- Prioritize for suffering – those that are suffering the most must be addressed first
- Prioritize for listening – going deep and wide, giving everyone an opportunity to speak

Nicki King, Ph.D., encouraged the Commission to support the potential of adding REMHDCO to the group of contracts that is administered directly by MHSOAC. There are consumers of color and who represent ethnic groups that are not well-represented and perhaps not well-accommodated by the mental health system statewide. She encouraged the Commission to designate a staff person to ensure that diversity is addressed in the mental health system.

Janet O'Meara stated that she is on a mental health board and chairs the adult services committee but is not speaking on their behalf. She stated that she attended a training for mental health boards facilitated by the California Institute of Behavioral Health Solutions (CIBHS) last week where a tool was highlighted to help counties organize. She stated that she will submit her written thoughts to staff.

Commissioner Discussion:

Commissioner Van Horn asked what the Commission's next steps are. Executive Director Ewing listed the next steps:

- Staff will put together some items for consideration at the next meeting
- The Commission has gone through a period of stability and now is the time to grow and revisit that vision
- Staff will work quickly on a game plan:
  - The gap in the client stakeholder contract
  - The visioning and operational process will take time
  - Outline steps about what it will take as far as Commissioner and staff time and funding
  - Be realistic that the Commission cannot do everything Commissioners want it to

Commissioner Van Horn asked if there are good arguments to fund the proposed contracts of REMHDCO and the California Youth Empowerment Network (CAYEN) in the May Revise. Executive Director Ewing stated that there was support from the Senate Subcommittee on REMHDCO consistent with the funding issue. The proposed CAYEN augmentation was not discussed. DOF is projecting an $8 million deficit in the Administrative Cap but we will not know until next month.

GENERAL PUBLIC COMMENT

Ms. Zinman stated that it is a misconception that consumer activists around the state are not ethnically and culturally diverse. She spoke in response to Ms. Hiramoto's comments. On a day to day basis, people bring their cultural and ethnic experience in their communities to the meeting and then they bring back their experience with consumers to their community. That is an important part of ethnic and cultural representation. The research is important, being able to articulate the needs of a whole community is important, but equally important is people from their communities being involved in a group and bringing their cultural background and racial understanding to that group and then going back to that group and conveying what they've learned.

B.D. 'Beck' Beykpour, of Santa Cruz, stated that oversight and accountability was a big part of his voting for Proposition 63. He asked what the Commission has done to ensure that entities or providers receiving funds such as CSS organizations treating the mentally ill are licensed by the state of California to provide those services. Commissioner Boyd asked staff to answer Mr. Beykpour's questions offline.

Ms. Hiramoto stated that it is difficult to have discussions about race and ethnicity issues, which make many people uncomfortable. REMHDCO respects personal identity information. REMHDCO concentrates on the issue of reducing disparities and speaking for people who are not currently served in the organizations and systems that have a place at the table. Ms. Hiramoto stated that she is committed to consumer empowerment, consumer rights, and the consumer movement. She stated that diversity is important, but REMHDCO is trying to represent individuals in racial, ethnic, and cultural underserved communities that do not fit in with the mainstream mental health programs and are not at the table.

Mr. Czarnecki read letters from a NAMI member in Los Angeles about the lack of Institutions for Mental Disease (IMD) beds in the area; from a member in San Bernardino about enhancing employment services; and from a member in Santa Clara about a family member diagnosed with mental illness who continually goes off their medications.

Wayne Clark, Ph.D., Executive Director, California Mental Health Services Authority (CalMHSA), stated that a press release came out from the RAND Corporation today about a survey the CalMHSA had them do based on the California Health Information Survey. They identified about 1,066 persons with emotional health challenges and asked what they thought about stigma in their homes, workplaces, and environment. Ninety percent felt they were still stigmatized with severe consequences. The whole issue of stigma is still quite present. Dr. Clark stated that he anticipates that

RAND will complete a report about the return on investment where it shows that an investment in prevention not only saves lives but saves costs. He stated that he will send the press releases to staff.

ADJOURN

There being no further business, the meeting was adjourned at 3:32 p.m.