



Services Committee Meeting Minutes  
 June 10, 2015  
 1:00 PM – 4:00 PM  
 1325 J Street, Suite 1700  
 Sacramento, CA 95814

<b>Committee Members:</b>	<b>Staff:</b>	<b>Other Attendees:</b>
Commissioner Gordon Commissioner Miller-Cole Stephen Anyaka Maria Perez Jill Phillips Jenny Qian Kenneth White Corby Tushla Patricia Wentzel Matthew Gallagher	Toby Ewing Kevin Hoffman Jose Oseguera Wendy Desormeaux Deborah Lee Filomena Yeroshek	Rachael Wick Karen Linkins, PhD Michael Helmick Stephanie Welch B.D. Beykpour

**\*Participation by Phone**

Commissioner Tina Wooton, Jacques Alexander, Karen Todoroff, Chaise Rasheed, Hector Ramirez, Gwendolyn Wilson, Jim Gilmer, Sam Woolf, Steve Leoni  
 Absent: Erynne Jones

**Agenda Item 1: Welcome/Introductions and Adoption of April 8, 2015 Meeting Minutes**

Commissioner Gordon called the meeting to order at 1:02 PM. All meeting participants introduced themselves.

Approval of the April 8, 2015 minutes:

**Motion #: 1**

**Date: June 10, 2015**

**Time: Approximately 1:10**

**Text of Motion: Accept the minutes as written**

**Committee member making motion: Patricia Wenzel**

**Committee member seconding motion: Stephen Anyaka**

Roll Call Vote

Motion Passed

Results: 10 Yes, 0 No, 5 Abstain

The following members were not present for this vote: Commissioner Gordon, Chaise Rasheed, Maria Perez, and Gwen Wilson.

Name	Yes	No	Abstain
1. Co-Chair Commissioner Miller Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Co-Chair Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vice Chair Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Jacques Alexander	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Stephen Anyaka	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Matthew Gallagher	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. James Gilmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Erynne Jones	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Maria Perez	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Jill Phillips	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Jenny Qian	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Hector Ramirez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chaise Rasheed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Karen Todoroff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Corby Tushla	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Patricia Wentzel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Kenneth White	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gwen Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Sam Woolf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Agenda Item 2: Providing General Background on Behavioral Health and Primary Care Integration**

See attached Power Point presentations:

- *Advancing Primary Care and Behavioral Health Integration through Community Collaboration*
- *Integrated Care: Opportunities for Improving Access to Behavioral Health Services*

***Advancing Primary Care and Behavioral Health Integration through Community Collaboration*** presented by Rachael Wick, Program Officer, Health Care and Coverage, Blue Shield of California

Ms. Wick provided information about the recent work done by Blue Shield to address the changing landscape of healthcare in California and the integration of behavioral health services. A telephone survey was conducted (in English and Spanish) with 1,033 low-income Californians (at 200% of FPL) between 19 and 64 years of age to assess the need for and access to behavioral health services. Survey results included:

- A broad gap exists between need for behavioral health services and eventual treatment.
- Patient interest in receiving behavioral health services far exceeds availability.
- Primary care providers can do a better job of asking about stress, anxiety, and emotional issues.
- Patients who have behavioral health services experience higher levels of connectedness and continuity, which in turn, enhance patient satisfaction.

Commissioner Miller Cole inquired about how domestic violence became a major focus of the Blue Shield Corporation. Ms. Wick responded that domestic violence was a top priority as designated by company leadership.

It was noted in discussion that NAMI has begun some foundational work in building a policy and advocacy strategy. The group also discussed that in order to build bridges in ethnic communities, you need to conduct outreach in non-traditional locations using a non-conventional method, i.e. "breaking bread."

Additional Committee Member Comments:

- The demographic breakdown of survey participants.
- What languages the survey was offered in.
- How the patient participates in decision making?
- How behavioral health care professionals fit into the team.
- Is their peer involvement?

***Integrated Care: Opportunities for Improving Access to Behavioral Health Services*** presented by Karen W. Linkins, PhD., Director, CalMHSA Integrated Behavioral Health Project

Dr. Linkins presented an overview on the CalMHSA funded project targeting counties across California and promoting bidirectional integration (Primary Care in Behavioral Health settings, and Behavioral Health in Primary Care Settings).

Committee Member Comments:

- Cannot understand why a Marriage and Family Therapist cannot be reimbursed. Karen responded that the California Primary Care Association and other entities are working with the legislature and are hopeful to be able to get both a primary care and a mental health visit that take place in the same day reimbursed.
- There is no treatment place for person with an intensive psychiatric treatment needs and intensive medical needs. It was noted that this is the kind of case study that we need to keep pushing forward to show where the system has broken down.
- Would love to see a piece that incorporates the communities.
- Not enough attention to substance abuse area and gambling.

**Public Comment**

You are talking about integrating behavioral health care and primary care but primary care is only a small part of physical health care and physical health care is not integrated.

**Agenda Item 3: Update on the Student Mental Health Task Force on Integration of Schools Services and Behavioral Health**

Commissioner Gordon provided a brief history of the task force. The Governor has put a modest amount of money toward following up on the recommendations of the task force. What is being proposed is a three year pilot program to test if the process prevents kids from having to go into more intensive services and creates cost savings.

Committee Member Comments:

- Can the committee provide support to the bill?
- It was suggested that **ca.legislator.org** could be used to find out who the legislators are in the Senate Committee on Rules. Individuals could then send letters of support to that committee.
- Some counties already have good collaboration between schools and behavioral health providers, others do not.

Commission Miller Cole asked about the reference in the bill that addressed the fact that the MHSOAC would need to change its regulations. Commissioner Gordon responded that this reference was meant to provide a nudge to counties to spend a little more of the PEI money in this area and promote the idea of cost sharing between MHSA and the schools.

The learning that goes on between mental health professionals and the teachers has not been documented.

**Public Comment:**

No public comment

**Agenda Item 4: Update on MHSOAC Data Strengthening Efforts**

See attached Power Point presentation:

- *MHSOAC Data Strengthening Efforts*

**MHSOAC Data Strengthening Efforts** presented by Renay Bradley Ph.D., Director of Research and Evaluations, MHSOAC

Committee Member Comments:

- Data needs to be provided in a variety of formats so it can be understandable for the general constituents.
- Other groups are working on data collection as well.
- The importance of disaggregated data to reduce disparities and the difficulties this poses at the levels of state wide, county and provider were mentioned.

**Public Comment**

Appreciative of committee member bringing up the disaggregated data issue. Acknowledged that some counties feel that disaggregated data will not be beneficial to the people in the community but is not clear on why they feel that way.

**Agenda Item 5: Update on Resource Center Implementation Plan**

A budget change proposal was submitted in 2014 to the Department of Finance for the creation of a resource center. The proposal was not approved. The MHSOAC currently has a staff vacancy rate of 20%. In the broader perspective the MHSOAC is attempting to align some of the efforts that happen in the Committees with other activities of the Commission. The MHSOAC is currently focusing on crisis stabilization services, Regulations Implementation, and the Issue Resolution Process. The Regulations Implementation will have a robust Training and Technical Assistance component but we are still working on figuring out how to staff that effort.

Committee Member Comments:

- Concern about operationalizing the regulations into program implementation; it would be easy to limit activities in order to make it possible to collect the required data.

**Public Comment:**

No Public Comment

**General Public Comment**

No Public comment

**Adjournment**

Meeting adjourned at approximately 4:05 PM.