



Meeting Minutes  
July 29, 2010

California Institute for Mental Health  
Sequoia Room  
2125 19<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Sacramento California

1. **Call to Order**

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

2. **Roll Call**

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair; Senator Lou Correa, Beth Gould, Patrick Henning, Howard Kahn, Don Pressley, Larry Trujillo, Richard Van Horn, and Eduardo Vega.

Not in attendance: Richard Bray, Mary Hayashi, Curtis J. Hill, and David Pating.

Ten members were present and a quorum was established.

3. **Honor Outgoing Commissioner Beth Gould**

Chair Poat announced that Commissioner Gould was leaving the Commission. He emphasized the contributions she has made to MHSOAC's activities, and called her a "Commissioner of Common Sense." She has accomplished a large breadth of work – leading subcommittees, bringing forward important policies, and getting statewide projects in place.

Chair Poat then read a letter of appreciation from Commissioner Pating. Vice Chair Poaster complimented Commissioner Gould for breaking through bureaucracy. Former Commissioner Darlene Prettyman expressed appreciation for the time they served together. Chair Poat read a joint resolution from the California Legislature that spoke to the contributions Commissioner Gould has made to the people of California.

Commissioner Gould spoke about her time on the Commission, expressing how much she enjoyed working with her fellow Commissioners. Ms. Ann Collentine, MHSOAC staff, offered congratulations to Commissioner Gould on behalf of the staff.

Chair Poat announced that Commissioner Hill had agreed to fill Commissioner Gould's slot as co-chair on the Services Committee. The charter for that Committee needed to be amended accordingly.

**Motion:** *Upon motion by Commissioner Kahn, seconded by Commissioner Vega, the Commission voted unanimously to amend the charter for the Services Committee, to reflect the appointment of Commissioner Hill as co-chair of the Services Committee for the remainder of 2010.*

### **Housekeeping**

Executive Director Gauger called to the Commissioners' attention to a letter in their packets from the National Alliance of Mental Illness (NAMI), related to the Sacramento County issue. Also provided in the packets were: a revised set of minutes from the June 24 meeting; a revised outline for the Scope of Work for the evaluation regarding Priority 2; a hardcopy of the draft policy document under Tab 2; and a compilation of all the PowerPoint presentations.

#### **4. Adoption of June 24, 2010 Minutes**

**Motion:** *Upon motion by Commissioner Kahn, seconded by Commissioner Henning, the Commission voted to adopt the revised June 24, 2010 Minutes. Commissioner Vega abstained.*

#### **5. Priority 2: Implement Accountability Framework**

##### **MHSOAC Evaluation Committee**

##### **A. Adopt Scope of Work for Evaluation**

Chair Poat announced that the main goal for the meeting was to advance Goal 2 for the year: to further implement the Commission's Accountability Framework. The first part of the accountability process was plan review and ensuring that the process supports the development of good plans.

Increasingly, MHSOAC wants to move to the capacity to evaluate outcomes, a very important shift. That capacity is at the heart of the Commission. MHSOAC aims to provide accountability to all those who are in the system at any level; to provide accountability to taxpayers; and to envision a system that focuses on outcomes rather than categories, funding streams, and so on.

Vice Chair Poaster, the Evaluation Committee Chair, gave an overview of the Phase II evaluation. He commented that the project has been a long time coming: it began 27 months ago. The Request for Proposal (RFP) is a testament to the complexity of the bureaucracy involved. In the outline for the Scope of Work, the Committee has tried to incorporate all the policy issues. Although not everyone has agreed on the order of priorities, the document

represents a consensus of views. Upon the Commission's approval of the outline for the Scope of Work staff will begin the RFP process. The hope is to have a contract by January 2011.

Ms. Carol Hood led a PowerPoint presentation on the Outline for Phase II Evaluation RFP. Highlights include the following:

- The Commission decided to implement the evaluation in two phases. Phase I was the design of the Scope of Work for the actual evaluation. The Evaluation Committee has the completed deliverables from the contractor. The Committee has looked at the critical concepts and made recommendations, and is now in the process of getting the Commission's approval for the outline for the Phase II Evaluation RFP.
- Because of funding, there is an urgency to move forward. There is also a need to stay flexible, with health care reform and other federal programs in flux.
- A summary of expectations from the Evaluation Concept Paper includes that the evaluation should be methodologically sound and consistent with MHSA objectives. A summary of expectations from the Phase I RFP includes an overarching evaluation and consistency with the MHSOAC Evaluation Concept Paper.
- The Phase I contractor, Resource Development Associates, (RDA) went through an intensive input process with a wide array of stakeholders, counties, and MHSOAC committees.
- RDA provided a document which included scope of work and evaluator qualifications for the Phase II evaluation. The Evaluation Committee provided input to that document. The document as modified by the Committee is reflected in the July 21, 2010 document provided in the Commission meeting packet. There was further input by the Evaluation Committee given after the July 21, 2010 draft and the final document was distributed to the Commissioners today and is dated July 27, 2010.
- RDA's recommendations as modified by the Evaluation Committee were reviewed.
- Four recommendations for the Scope of Work were given:
  1. For all MHSA components, document activities and costs.
  2. Measure the impact at client and system levels.
    - a) Periodic reporting at state and county level of indicators prioritized by the California Mental Health Planning Council (CMHPC) to include development and documentation of standardized process for compiling the data and development of standardized template for reporting.

3. Summarize and synthesize existing evaluations and studies on the impact of MHSA.
  4. Include some additional evaluation responsibilities.
- Two kinds of proposer qualifications are recommended: *required* and *recommended*. The specific qualifications were listed on the PowerPoint slide
  - Additional technical comments were provided by committee members and stakeholders and will be considered for the RFP.
  - The Next Steps are on an aggressive time line and are dependent on the state budget, staff, and the Department of Mental Health (DMH).
  - The suggested additions and changes to the verbiage of the July 21, 2010 document that is reflected in the July 27, 2010 are listed on slides 22 and 23 and are in red type track changes in the July 27, 2010 document.

At the request of Commissioner Vega, Ms. Hood explained the Matrix of Prioritized Performance Indicators (Appendix A).

Chair Poat asked about the barriers to completing these evaluation capacities; why had it taken so long? Vice Chair Poaster replied that first and foremost, state budgets had not been adopted on June 15 for the past several fiscal years; the result was that much of the process had halted until the budgets were approved. The bidding process was already laborious, and then contracts could move. Also, before AB 5xxx, contracts had to go through a coordination process with DMH.

### **Public Comment**

- Ms. Denise Hunt, Stanislaus County Behavioral Health Director, thanked the Evaluation Committee for incorporating comments made by the California Mental Health Directors Association (CMHDA). CMHDA supports the movement toward continuous quality improvement rather than plan review. Narrowing the focus to what can be done now with available resources – to begin with a foundational approach – is very important.
- Mr. Steve Leoni, advocate and client, commented on the Scope of Work section. He expressed a concern about the word “integration” under MHSA values. He believed that in the Regulations and Guidelines for CSS, the actual phrase is “integrated service experience.” In addition, in Section 2 of the Scope of Work section, the “Analysis of Priority Indicators” phrase seemed ambivalent.
- Ms. Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked Vice Chair Poaster for holding an open, robust

stakeholder process. One of the new amendments was of serious concern to REMHDCO. To the stakeholder advisory group had been added researchers, data analysts, and programmers responsible for local data evaluation efforts. Putting them on the same advisory group would decrease the openness, honesty, and freedom that consumers, family members, and representatives of underserved communities feel. On the local level there is still a fear of retaliation and retribution for saying anything negative.

- Ms. Delphine Brody, MHSA and Public Policy Director at the California Network of Mental Health Clients (CNMHC), welcomed the RFP and Evaluation phase. She hoped for many more phases to come because the scale and scope of this project was limited, and CNMHC would like to see more client-driven outcome measures in the future. She was also pleased to see that expertise in client and family resilience and recovery is included among provider qualifications.
- Ms. Kathleen Derby, NAMI California MHSA Policy Director, supported the preceding comments and thanked Vice Chair Poaster for his accommodating style. She clarified the need for the continuous quality improvement loop coming from the evaluation, and the need for counties to identify and remedy dysfunction in the data collection. She also mentioned the need to identify new methods of data collection when necessary. When new additional funds are made available, the priorities important to client and family members should be considered. Last, on the policy paper, NAMI hoped stakeholder evaluation of projects at the local level would be included in addition to their involvement in the overall evaluation.
- Ms. Gwen Wilson, Executive Director of Goals for Women and the African American Family Counseling Center, asked that during the evaluation, some attention be given to whether disproportionality is actually being reduced in the data – that the counties be asked to track and measure it. She was concerned about issues of equity and efforts to reduce disparities.
- Ms. Vickie Mendoza, United Advocates for Children and Families (UACF) commented that family members present at this meeting had never had the opportunity to participate in the stakeholder process, because they had not heard about it or been invited within their community (Oak Park).
- Ms. Stephanie Welch, CMHDA, addressed Ms. Hiramoto's comment about stakeholders and data analysts working on the same advisory committee. Ms. Welch felt that this situation would be ideal so that the two bodies could learn from one another, but that it should be the decision of whoever wins the contract. Also, #4a of the Outline RFP should be slightly reworded.

The Commissioners then discussed the document with questions about wording and the bidding process. Chair Poat remarked that he had looked for two

measurements: whether the system focused on client benefits, and whether it was working; and if the money is being leveraged. He felt satisfied that the two criteria are met. He recognized and thanked Vice Chair Poaster, Commissioner Van Horn, and all those who participated in the project.

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

Chair Poat asked that Slide 21 in the PowerPoint – the Timeline – be adopted into the MHSOAC Performance Dashboard.

## **B. Present Draft Policy Document on MHSOAC Focus on Oversight, Accountability and Evaluation**

Chair Poat stated that MHSOAC has been working for some time to better enumerate and define the strategy towards evaluation. A number of Commissioners felt it important to commit the strategy to paper, as it is important to be able to explain to people what the Commission is doing and what the framework is for accountability. The document that was circulated was developed by the Vice Chair and his committee of very engaged stakeholders, and reflects their thinking.

Vice Chair Poaster noted that the document records the shift in how the Commission looks at the roles of oversight and accountability. It is a multipurpose document, to be used by Staff and Commissioners, to help inform and educate a variety of people such as the Legislature, the Administration, and editorial boards in what MHSOAC does.

Commissioner Henning commented on the value of the document, especially in terms of helping with the Legislature and the media – being able to reflect on the accomplishments of MHSOAC over the years.

Chair Poat stated that this document will go to the Evaluation Committee for vetting.

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

Ms. Ann Collentine, MHSOAC staff, presented four county plans. She noted that San Mateo County and Alameda County were presenting new plans through their Annual Update, which is the mechanism through which counties request continuing funding for their previously approved programs.

- PEI Plan Approval/Status Update

- San Mateo County's plan falls into the category of a refinement of a prior program. It takes two plans previously approved under Community Services and Supports (CSS) that were called Outreach and Engagement, that were high priority for the community. The two CSS plans really fall more under the criteria of Prevention and Early Intervention. The plans are a Navigator Program and a suicide prevention hotline expansion. These two programs are moving from one funding source to another, which the Prevention and Early Intervention (PEI) guidelines allow. Also, a new program expands the capacity of the provider community by building the strength of partners within the San Mateo community.

Recommend approval of \$490,970.

- Alameda County is requesting approval for three new programs.
  - The Mental Health-Primary Care Integration for Older Adults program is really an expansion of a previously approved program but qualifies as a new program because it expands into a new area in terms of target population and locality.
  - The Peer Support Program for Children and Transitional Age Youth (TAY) is a community-based program that will train peer counselors to implement a peer counseling service. The target populations is TAY and adults.
  - The Prevention Grant Program is a response to a need that the community saw, to have smaller programs and to develop a grant process that allows smaller organizations and community members to decide who receives grants within broad prevention categories. It seeks to go deeper into the community and contract with community based organizations.

Recommend approval of \$5,951,039.

The Commissioners discussed project outcomes and deliverables, and the value of sharing experiences, both positive and negative, across counties. Chair Poat requested an agenda item on this subject for the September Commission meeting.

- INN Plan Approval/Status Update
  - Tuolumne County's plan approved last month needs to be amended. Staff noticed that the figure of \$1,049,346 which was approved last month was the total leveraged funding level. The MHSA allocation,

- The Mariposa County plan borrows a concept used in child welfare: it is an integrated approach for decision-making where the client is the center of the team. The client can make decisions about his/her care. Mariposa County is linked with California State University Fresno in looking at outcomes and seeing how this could be replicated.

Recommend approval of \$110,100.

### **Public Comment**

Ms. Brody commented on the Alameda County plan. She expressed a concern that the Mental Health-Primary Care Integration for Older Adults program is not a wellness/recovery-based or a client/family-driven program. An alternative exists: Emotional Connecting, Empowering, and Revitalizing (CPR), developed by the National Empowerment Center and the National Coalition for Mental Health Recovery.

**Motion:** *Upon motion by Commissioner Van Horn, seconded by Commissioner Poaster, the Commission voted unanimously to approve the San Mateo County's and Alameda County's PEI plans, Mariposa County's INN plan, and the corrected Tuolumne County's INN plan.*

## **7. Priority 1: Fund and Execute All MHSA Components**

### **MHSOAC Services Committee**

#### **Adopt Comments to Proposed Regulations for MHSA General System Development Housing**

Commissioner Henning, Co-Chair of the Services Committee, began by stating that DMH has released proposed regulations with the hopes of providing flexibility to counties to allow for housing programs to be funded with the CSS General System Development (GSD) Housing funds.

Actions taken by the counties through the MHSA Housing funds already set aside by the Act have made a dent in the homeless population. The last Performance Dashboard showed over 4,660 units provided, and close to \$1.86 billion has been spent towards this effort in California.

The difference between the MHSA Housing funds and the CSS GSD funds is that the Housing funds were focused on "brick and mortar" construction and rehabilitation of new housing units. The CSS GSD funds tend to focus more on the financing components and support programs that lead to housing programs.

The Service Committee at first had many questions and concerns, which a DMH representative addressed at the Committee meeting. She resolved many of the concerns quickly.

Commissioner Henning gave a summary presentation on the draft comments letter which was included in the meeting packet. Highlights include the following.

- The Committee questioned the meaning of the word “income”; could it be interpreted as “profit”?
- Clarification requested to allow counties the discretion to reach out to community-based organizations (CBOs) with the funds.
- Regarding the intent of the regulation: all different types of funds must be able to be used to provide the most flexibility for housing authorities at the local level.
- The Committee was pushing DMH to provide more flexibility in its language when addressing the community-based process.
- The regulations need to clarify “maximum tenant rates.”

#### **Public Comment**

- Ms. Welch stated that CMHDA supports the letter, having participated with the Services Committee in the process. In particular, trying to insure that there is some flexibility at the local level is important.
- Ms. Brody stated that CNMHC has not yet prepared its comments on the DMH proposed guidelines on this component. However, it did want to comment on the draft Service Committee letter. She urged that the guidelines incorporate clarification of the terms “Project-Based Housing” and “maximum tenant rates.”

**Motion:** *Upon motion by Commissioner Henning, seconded by Vice Chair Poaster, the Commission voted to adopt the draft letter providing public comment to DMH on the proposed regulations for CSS General System Development Housing and the Initial Statement of Reasons for the proposed regulations. There was one “no” vote.*

#### **8. MHSA: Client and Family Driven Transformation**

Commissioner Vega, Chair of the Client and Family Leadership Committee, gave a presentation entitled “Client-Driven, Family-Focused Wellness Transformation.” He was joined by Ms. Sally Zinman of NAMI and former Commissioner Darlene Prettyman of NAMI. Below is a summary.

- The presentation addressed the Commission's 2010 Work Plan Priority #5: MHSOAC Processes – Stakeholder Engagement.
- In the large state “asylums” of the past, the outside of the buildings hid the unjust and sometimes abusive practices on the inside.
- The MHSA addresses mental health in people and their families.
- Proposition 63 was passed as a result of much advocacy.
- Client/family involvement is transformative and is written into the Act.
- 19<sup>th</sup> and 20<sup>th</sup> century beliefs attributed mental illness to sin and biological inadequacy; the latter encouraged the practice of eugenics.
- Patients were sometimes experimented upon, sterilized, and physically abused.
- Many mentally ill patients were buried in a completely undignified way in unmarked graves.
- Clifford Beers, a former mental institution inmate, recorded a memoir of his experience.
- Conscientious Objectors in the 1940s began the National Mental Health Foundation.
- In the 1960s California led the community mental health movement with the Lanterman-Petris-Short (LPS) Act.
- De-institutionalization began to occur in the 1960s and 1970s, and the consumer/survivor/ex-patient movement began.
- Today in the United States there are countless consumer self-help and peer support groups.
- NAMI began in northern California in 1977 and now has 1700 affiliates throughout the nation.
- Many national mental health laws and acts have since been passed.
- Beliefs about recovery have changed to focus on empowerment and strengths.
- AB 2034 established initial models for Full Service Partnerships (FSPs).

The presenters closed by explaining that the values, concepts, and essential principles of the MHSA will continue, as long as there is consumer and family advocacy, stakeholder input, and consumer involvement. Stakeholders and families must have leadership positions.

**9. Update on MHSOAC 2010 Work Plan**

Chair Poat stated that the goal of the Work Plan is for the Commission to come together and agree on where it wants to go. It also gives a timeframe for people to comment and to participate in the process.

Chair Poat gave a presentation on the five priorities of 2010.

**Priority 1: Fund and execute all MHSa components.** Accomplishments:

- Community Services and Supports (CSS): 58 county plans approved
- CSS housing applications: 51 approved
- Workforce, Education and Training (WET): 45 county plans approved and 6 statewide initiatives funded
- Capital Facilities and Technological Needs (CFTN): 40 county plans approved
- Prevention and Early Intervention (PEI): 60 county plans approved
- Innovation (INN): 20 county plans approved
- PEI/INN Annual Updates: 39 county Annual Updates approved
- PEI statewide guidelines for three statewide projects approved and released
- Hearing on MHSa Services to Children, Youth and TAY conducted.

Outstanding:

- DMH regulation
- Training and Technical Assistance framework
- PEI Statewide Reducing Disparities Project
- Plan for Integrated Plan in 2011-13

**Priority 2: Implement Accountability Framework.** Accomplishments:

- Adopted MHSOAC Financial Report – financial landscape
- Conducted Phase I of Evaluation
- Collaborated with CMHPC to prioritize performance indicators
- Presented Petris Center Data on FSPs
- Completed PEI Trends Report

Outstanding:

- Various fiscal issues
- Phase II Evaluation
- PEI/INN Evaluation
- PEI Statewide Projects – CFLC & CLCC

**Priority 3: Address Period of Financial Volatility.** Accomplishments:

- Provided updated fiscal analysis of MHSA

Outstanding:

- Deliberate/recommend MHSA policy for Prudent Reserve, declining revenues, reversion, and Administrative Fund

**Priority 4: Envision Opportunities for Restored Financial Growth: 2014 through 2019.** Accomplishments:

- Began to examine implications for behavioral health & California mental health system

Outstanding:

- Program integration (2011)
- Continue to examine implications for behavioral health and California mental health system

**Priority 5: Complete Review of MHSOAC Critical Business Processes.**  
Accomplishments:

- Stakeholder engagement – convened Stakeholder Forum and adopted CFLC recommendations regarding public comment process
- MHSOAC processes & procedures – established annual procedures for election/appointment of MHSOAC officers
- MHSOAC established as “separate and apart” administration

Outstanding:

- Stakeholder engagement – made CLCC and CFLC recommendations for local community program planning; for CFLC: evaluated public comment process, recommended how to increase client and parent/caregiver/family involvement and employment, and provided training and technical assistance to clients and family members
- Update on collaboration/activities to reduce disparities
- Establish MHSOAC website/email address
- Cultural and linguistic competence training

### **Future Meetings**

Executive Director Gauger noted that staff had inserted all the remaining activities into the three-month matrix. She reviewed the meeting schedules for September and October.

## **September**

- Priority 1: The Funding Committee hopes to bring the 2010-11 Planning Estimates, as well as an overview of the budget.
- Priority 2: Vice Chair Poaster had noted that the Evaluation Committee hoped to bring a recommendation for the second \$1 million appropriation.
- Priority 5: the Cultural and Linguistic Competence Committee will be reporting on their community program planning efforts. They will also present a matrix that lays out the different ways for reducing disparities in the community.
- The Client/Family Leadership Committee will report on client/family involvement and local community program planning.

## **October**

- The Commission will have a second reading of some reports and will need to adopt them.
- Priority 1: The Service Committee will give recommendations on the PEI regulations, and present their Training and Technical Assistance paper.
- The CLCC Committee will present more reports.
- To discuss federal health care reform and the waiver, there may be another panel.
- The Department of Aging will present a report on prevention and early intervention.

### **10. Commissioner Comments**

Commissioner Henning asked about the furlough Fridays and how they currently affect the Commission; meetings have been moved to Thursdays. Executive Gauger responded that the furloughs have been removed for the month of July.

Vice Chair Poaster asked about a joint presentation of staff and the Joint Powers Authority (JPA) for October. Chair Poat agreed.

### **11. General Public Comment**

- Ms. Prettyman noted that in Tulare County, a Consumer Family Member Task Force has been formed that reports directly to its Mental Health Director, Ms. Cheryl Duerkson. The Task Force will be involved in all county mental health services. She introduced task force members.
- Mr. Albert Lipson, NAMI Sacramento Board Member, spoke about a position paper adopted by the NAMI Sacramento board to address the current budget crisis in Sacramento. The first recommendation calls upon DMH and

MHSOAC to examine the process employed in Sacramento to develop a restructuring plan, in light of the MHSA requirements for community input. The MHSA requires that counties use a community-driven process to develop plans for using MHSA funds. Sacramento County developed a plan behind closed doors, then told stakeholders they had no choice but to accept it. Mr. Lipson asked the Commission to consider the kind of role it might play in dealing with issues of this sort in its oversight responsibility. Other recommendations regarding the proposed restructuring plan are included in the letter. The basic thrust of the plan was to protect public employee jobs at the sacrifice of private contractors who now provide cost-effective services.

- Ms. Kathleen Derby, NAMI California, expressed support for the comments in the position paper from NAMI Sacramento that Mr. Lipson had described. She stressed the importance, across county lines, of including community stakeholders every step of the way, if and when challenging financial circumstances call for changes to services.
- Ms. Sharon Kuehn, CNMHC Executive Director, expressed her appreciation to the Commissioners for keeping their viewpoints client-driven and family-focused. She stated that the Commission must lead the way in demonstrating these values, because there is still much work to do within the counties in achieving this vision – so aptly illustrated by Commissioner Vega in his presentation.
- Ms. Welch expressed the hope that the Commission would reprioritize weighing in on the implementation of early healthcare reform. She hoped to have it addressed in September or October.
- Ms. Roseanna Castillo, family member and UACF member, enjoyed the meeting and thanked the Commission for their presentations.
- Ms. Mendoza appreciated the client and family focus of the meeting. She also felt that the family-driven transformation presentation was well done.

## 12. **Adjournment**

Chair Poat adjourned the meeting at 1:23 p.m.