State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting
April 28, 2016

Calaveras County Health and Human Services Agency
Sequoia Community Meeting Room
509 East St. Charles Street
San Andreas, California 95249

866-817-6550; Code 3190377

Members Participating

Victor Carrion, M.D., Chair
Tina Wooton, Vice Chair
Lynne Ashbeck
Khatera Aslami-Tamplen
Sheriff Bill Brown
John Buck
Itai Danovitch, M.D.
Larry Poaster, Ph.D.

Members Absent:

Senator Jim Beall
John Boyd, Psy.D.
David Gordon
Assembly Member Tony Thurmond
Richard Van Horn

Staff Present

Toby Ewing, Ph.D., Executive Director
Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations
Norma Pate, Deputy Director, Program, Legislation, and Technology
Filomena Yeroshek, Chief Counsel

Kim Johnson, Associate Governmental Program Analyst
Matt Lieberman Associate Governmental Program Analyst
Ashley Mills, Research Program Specialist
Cody Scott, Staff Services Analyst
Moshe Swearingen, Office Technician

CONVENE

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:17 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that a quorum was not present. A quorum was achieved when Commissioner Aslami-Tamplen arrived.

ACTION

1A: Approve March 24, 2016, MHSOAC Meeting Minutes

Action: Commissioner Ashbeck made a motion, seconded by Commissioner Buck, that:

The Commission approves the March 24, 2016, Meeting Minutes.

Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners Ashbeck, Aslami-Tamplen, Brown, Buck, and Danovitch.

The following Commissioner abstained: Commissioner Poaster.

INFORMATION

1B: <u>March 24, 2016, Motions Summary</u>

1C: <u>Evaluation Dashboard</u>

1D: <u>Calendar</u>

INFORMATION

<u>Welcome from Mary Sawicki, Calaveras County Health and Human Services Director</u>

Ms. Sawicki welcomed everyone to Calaveras County. She highlighted upcoming events in the community.

INFORMATION

2: <u>Issue Resolution Process Panel Presentations</u>

First Panel: Clients and Family Members

Presenters:

Steve Leoni, Client Advocate from San Francisco
Emily Wu Truong, Client Advocate from Los Angeles
Richard Krzyzanowski, Client Advocate from Los Angeles

Commissioner Aslami-Tamplen, Chair, MHSOAC Issue Resolution Process (IRP) subcommittee, stated that the IRP is critical to system quality improvement efforts. She summarized the background of the IRP and stated that the Commission made the IRP one of its priority projects in January of 2016, formed the IRP subcommittee and advisory workgroup, and will continue the conversation today with a panel series intended to increase understanding of service delivery challenges in the community mental health system.

She welcomed panel members and invited them to share their perspective on the local and state IRP.

<u>Steve Leoni</u>

Mr. Leoni stated he has had no experience with the IRP and does not know anyone who has, which may be part of the problem. He highlighted barriers to filing grievances: unfamiliarity with the IRP, fear of retaliation or loss of services, and trying to protect someone. He stated that the emphasis should not be on pointing fingers at an entity or individual who provided incorrect or inappropriate services, but on improving services by changing protocols or procedures and correcting, resolving, and finding solutions to issues – putting the emphasis on quality improvement.

Mr. Leoni suggested solutions: empowering clients to be involved in helping to fix the IRP, creating a process that is simple and seamless that has a policy of "there is no wrong door," and combines Medi-Cal and Mental Health Services Act (MHSA) grievances by appointing one coordinator per county or, for larger counties, having a helpline, peer support, an advocate, or a peer navigator to guide individuals through the IRP.

Mr. Leoni stated that an informal complaint process can be implemented to try to resolve issues before filing a formal complaint, but grievances should be recorded so the opportunity for quality improvement is not missed. The problem is not the grievances that are filed and put on someone's record – that is a healthy part of providing service. The problem is not doing something about it.

Mr. Leoni stated that one of the issues is whether or not to appeal to the state. In primary, patients have the right to internal and external reviews. The industry standard external process for counties is the state. This standard can be used as a model for mental health. However, there should be an option to go directly to the state IRP. Part of the IRP should be technical assistance provided by the state that includes the stakeholder process to help resolve issues so that all Californians can experience an IRP that improves the system for everyone.

Richard Krzyzanowski

Mr. Krzyzanowski stated that standardization of processes across the state would make the IRP more approachable for individuals. Clarity and consistency is especially needed on the state level, which needs more interactivity between agencies and more publicized and consistent processes among those groups.

Mr. Krzyzanowski emphasized that credibility is the largest issue on the local level and the hardest to attain. The Client Stakeholder Project (CSP) demonstrated that counties and communities have different perspectives. Often, the counties were proud of their processes and confident they were working, while the communities would talk about the counties' total lack of creditability.

Mr. Krzyzanowski addressed how to improve credibility on the local level. He agreed with Mr. Leoni about the fear of retaliation and loss of services and suggested putting a human face on the IRP to build credibility. Mr. Krzyzanowski used the human rights advocate as a model. An advocate is assigned to walk people through the process and develop a partnership with them. Even if the case is transferred around the county, the assigned advocate is the client's point of reference. The sense of human connectivity bridges the credibility gap.

Mr. Krzyzanowski also agreed with Mr. Leoni that the IRP should be seen as a quality improvement project. Mr. Krzyzanowski suggested that counties bring clients, family members, and others interested in mental health from the communities onto their quality improvement teams. For people to see others like themselves involved in the process adds to the credibility.

Mr. Krzyzanowski stated that a way to make the IRP even more credible is to give individuals the respect to choose the door that they feel is safe.

Emily Wu Truong

Ms. Truong shared her experience of navigating the system alone, contacting over 60 individuals when trying to find affordable care, facing stigma in her community, and becoming a mental health advocate, chair of the Asian Coalition, and motivational speaker despite all of these challenges. She stated that her recovery story can be found on the Each Mind Matters website.

Ms. Truong stated the need for more respect for coalition members and advocates and suggested paying them stipends for their work in outreach, education, and engagement to enable them to continue making a difference in the community. Advocates need to be a part of the collaborative system to improve the quality of life for everyone.

Commissioner Questions and Discussion:

Vice Chair Wooton stated that peer employees should be part of the IRP. It is important to have a policy that includes two separate areas that individuals who work in the system can reach out to if they need assistance, such as the employee assistance programs, along with their regular services.

Chair Carrion stated that participation of all those involved in the system is important but it is also important to record and learn from each experience a person has on representation, accessibility, and the collaborative process.

Second Panel: County Representatives

Presenters:

Alameda County
Kim Coady, Alameda County Behavioral Health Care Services
Amador County
Christa Thompson, Amador County Behavioral Health
Stephanie Hess, MHSA Coordinator
Calaveras County
John Lawless, Deputy Director of Health and Human Services
Tuolumne County
Kristi Conforti, MHSA Coordinator
Maria Boklund, Quality Improvement Coordinator

John Lawless

Mr. Lawless stated that he was struck by how passionate the members of the first panel were for this issue and for the need to have a good process so their concerns will be heard. Counties need to continue to look at the passion and concern the members of their communities have to ensure there is a process in place to address issues of concern. Mr. Lawless stated that Calaveras County will continue to work on a better process to reach more of the community so they feel their concerns are heard.

Christa Thompson

Ms. Thompson shared the history of grass roots advocacy in Calaveras County and about taking that process to Amador County. Ms. Thompson stated she is the grievance coordinator and the first person community members turn to to informally voice their concerns. She agreed with Mr. Leoni's comment about "there is no wrong door" and stated that this is the policy in Amador County. There is also a formal process to log complaints through the director, mental health board, and the board of supervisors.

Ms. Thompson stated that the mistrust of government is a challenge in formalizing the IRP in many rural counties. Community members have told Ms. Thompson that they will only share anonymous complaints. For small counties, it is a matter of respecting the consumer and creating "no-wrong-door" policies so that issues are resolved. A client and family advocate is a part of the leadership team in Amador County and helps bring concerns forward. This is what makes small counties unique, what has made the process successful, and what empowers consumers in Calaveras and Amador Counties.

Ms. Thompson stated that the original intent of the IRP was to resolve issues related to the planning and implementation of programs. She stated that the IRP has gotten mixed in with Medi-Cal grievances and grievances regarding programs or providers. She agreed with Mr. Leoni's suggestion to make the process seamless and stated the need for counties to streamline the forms and to ensure that the needs of consumers are met and responded to in a way that is respectful and responsive.

Kim Coady

Ms. Coady provided an overview of her background, her role in Alameda County, what the IRP is like in that county, successes, and areas for improvement. Alameda County has a formal process to log grievances and appeals through a partnership between the Mental Health Association and Behavioral Health Care Services. The county advertises its grievance and appeals process so community members will know what to do.

Ms. Coady stated that all grievances are recorded and tracked as Medi-Cal or MHSA. Ms. Coady reviews the log annually to analyze numbers, patterns, and categories and gives a presentation to the Quality Improvement Committee, which guides quality improvement activities in the county. Ms. Coady stated that, in her role, she sees the full process of taking a grievance through to the end of how the data is used.

Ms. Coady stated that Alameda County is client-centered and transparent. She walks consumers through the process and explains why things are in place. She stated the importance of explaining to individuals who call in the complaints that she serves as a neutral party to help both sides communicate. She stated that a key to the IRP is asking, at the end of the process, if consumers are satisfied with the outcome and how the process felt for them, and using that feedback to improve the IRP.

Kristi Conforti

Ms. Conforti stated that Tuolumne County originally had only applied their IRP to peer centers but, after speaking with Calaveras County, realized that there was a gap in the

grievance process, so being a part of this panel has been good for Tuolumne County. Tuolumne County has ten relief staff in the peer specialist position and are hiring three more. The peer specialists develop advocacy-type relationships with clients and help them through the grievance process from a Medi-Cal perspective, but many blend into full service partnerships (FSPs) and crisis services.

Ms. Conforti stated that there is an opportunity to improve the IRP, such as reaching out to consumers in the PEI program and the stakeholder process in the community planning area. The county has plans to centralize to one grievance form for simplicity, which will be posted on the county and Network of Care websites. The county has three Facebook pages. The peer specialist staff helps break down the barriers in getting the word out.

Ms. Conforti agreed with Mr. Leoni's statement that no grievances means something is not right because there is always room for improvement.

Maria Boklund

Ms. Boklund stated that she has reviewed every grievance and complaint that Tuolumne County has received in the last four years and has been responsible for resolving them. She stated that she asks consumers what they are looking for and what the ideal solution would be. Employee performance issues are handled confidentially, but improving the process and the practice has become a collaborative effort. There are peers and persons with lived experience at every level of Ms. Boklund's department, up through the clinical manager and administrative staff, and the county has a built-in advocacy component.

Ms. Boklund stated an element that has not been mentioned is the importance of looking at change of provider requests as grievances and tracking that to address performance, customer services, and clinical services. Tuolumne County has hired a Quality Improvement Coordinator to oversee the tracking of grievances.

Stephanie Hess

Ms. Hess stated she is new to her position and came today to learn from the panelists. She stated her experience with the IRP in Amador County is that it is successful. Often, grievances are made due to a communication issue and are resolved in less than one week.

Commissioner Questions and Discussion:

Commissioner Ashbeck stated that there are lessons that can be learned from physical health care. She referred to Mr. Leoni's comment about feeling safe to file a grievance or complaint and stated, in the physical health world, it is referred to as a "just culture," meaning it is the system, not the people, who make the mistakes. She encouraged the study of the "just culture" and "restorative justice" ideas while doing the work on the IRP.

Commissioner Ashbeck stated that part of the IRP is to restore the human to their best place. She stated that there are many lessons in restorative justice that can be learned.

Commissioner Aslami-Tamplen asked how accessible the state-level information is if issues are not resolved at the local level.

Ms. Conforti stated that that information will be available on Tuolumne County's newly-revised form.

Ms. Coady stated that Alameda County has the information in the lobby of her building. A letter to request a state hearing is included with the appeal resolution letter to consumers where consumers are informed of their right to a state hearing. Advertising consumers' rights is part of advertising the process. She agreed with Mr. Leoni's comment about having an internal and external process. Getting feedback from an external source leads to quality improvement.

Mr. Lawless stated the concern that the consumer is unknown when referred to the state. He agreed with Mr. Leoni's suggestion for a simple, seamless process and stated the need for that seamless process to include the state level, where the state also works with the counties to ensure that the issue is resolved.

Commissioner Danovitch asked what the counties experience in managing their own internal grievances, both at the provider and administrative level.

Ms. Coady stated that it starts with information materials given at the first meeting with consumers. At first contact, consumers are informed that, if they have a problem, the county wants to hear about it. She agreed with Mr. Leoni's comment about creating a culture of normalizing the fact that problems come up. No one is perfect. Providers and others owning that they made a mistake and making a change leads to consumer satisfaction. Knowing that there is a process and where to go to begin the process, that their perspective is valued, and that they have access to external bodies will help consumers feel safe.

Ms. Thompson stated that Amador requires all contractors to develop a grievance process to try to resolve issues internally before they are referred to the Department.

Executive Director Ewing asked about the numbers of grievances the counties are receiving relative to consumer population and what categories the counties track.

Ms. Thompson stated that grievances come in waves in Amador County, with three to five Medi-Cal grievances in some months and none in other months. MHSA program concerns occur approximately once a quarter.

Ms. Conforti stated that Tuolumne County is about the same. Many of the complaints come through the peer centers.

Ms. Boklund added that, over the last three years, Tuolumne County received approximately 20 grievances per year, with an average of five that are related to MHSA. The categories tracked are Treatment Decisions, Course of Treatment, Access Related to Timeliness, Professionalism, and Goodness of Fit. The Goodness of Fit category can come through as a change of provider request or a grievance.

Ms. Coady stated that Alameda County is doing a better job at categorizing grievances because the state has provided technical assistance to the Quality Improvement

Committee and has online webinars. She works with Wilma Gaines, of the Mental Health Association, to assign cases to the best categories.

The highest number of grievances in the “Other” category are related to patient rights. Alameda County transfers complaints related to consumer rights to Patient Rights, while Ms. Coady investigates complaints related to staff behavior, food, or medication. Ms. Coady does not hear what the outcomes were for calls routed to Patient Rights, so that is an area for improvement. The highest number of grievances in the Quality of Care category address staff behavior concerns or staff style. The highest number of grievances in the Accessibility category address timeliness and long waits.

Even through Alameda County has appeals materials in six threshold languages and Ms. Coady can call Lionbridge, a language assistance program, to assist consumers who speak another language, she has yet to use Lionbridge during her eight months with the county.

An increasing number of appeals are related to graduations from FSPs because there is a push in the county system to create flow. Ms. Coady is working with providers on how to have the conversation with consumers that they no longer meet eligibility for services and that they are ready to move on. It is a celebration because they now need a lower level of care, not that they are being pushed out. There would be fewer appeals if the process was smoother. She asked for support in this area.

Executive Director Ewing stated that the Commission needs to explore whether the low numbers of grievances recorded is because the system is not working the way it was intended so that the solution will be to fortify that system, or that the system is not needed because issues are being resolved through Medi-Cal grievances, quality improvement, or external quality review organization (EQRO) and creating an IRP will be duplicative.

Executive Director Ewing asked about opportunities that the state might think about, including consolidating some of the quality improvement issue processes.

Commissioner Brown asked what number Alameda County was seeing.

Ms. Coady stated it was just over 200 for all grievances and appeals in the last report, but it is 189 when informational calls are removed.

Commissioner Brown asked how much stems from the comparison between small, medium, and larger sized counties and how much stems from caseload, geography, and capacity. He also asked if there is an ability to informally connect someone to a service or resource in smaller counties versus how under-resourced the larger counties are or how overwhelmed the staff are with other duties. Commissioner Brown agreed with Mr. Leoni that the grievance process is a way for system improvement. The stigma of the grievance needs to be removed and used as a means to make the overall system better, which is everyone’s goal.

Chair Carrion asked how informed are the clients about the possibility to give feedback. He asked about the number of grievances that are not heard.

Ms. Thompson stated that consumers are very informed in Calaveras County because of the MHSA Advocacy Committee. They are empowered to speak up at every opportunity and are part of the Mental Health Commission. NAMI is also strong in the county. The county has ongoing training on how to advocate and why that is important.

Commissioner Danovitch asked if counties are satisfied with the resources they have to serve the mental health and substance use needs of the communities served and, if not 100 percent satisfied, where the points are where they feel the greatest strength is in terms of the resources, staffing or otherwise, to meet those needs.

Ms. Coady stated that she and Wilma Gaines are the only two IRP persons in Alameda County. It is important to speak the language of the person calling with a complaint. Alameda County needs a staff person who can speak all the threshold languages and grievance forms need to be made available through the mail for free.

Ms. Thompson stated that Amador and Calaveras Counties need more administrative and fiscal staff.

Third Panel: State Agency

Presenter: Brenda Grealish, Assistant Deputy Director, Mental Health and Substances Use Disorder Services, Department of Health Care Services

Ms. Grealish stated that she appreciated the consumer and family member panel bringing to light the issues with access and timeliness to care, credibility, and ensuring there is a choice in how concerns are expressed. She agreed with Mr. Leoni's comments on quality improvement and the importance of not seeing the IRP as punitive, but as an opportunity for growth. She stated that the Department of Health Care Services (DHCS) is working to improve the system, ensuring that services are accessible and that needs are being met in an appropriate and timely manner.

The IRP is not in the law. It is a contract requirement with the counties. There is an IRP requirement in the performance contract. Because of realignment, the focus is on resolving issues at the local level. DHCS has a log of grievances that contains a summary of the issue and resolution as well as the date of the resolution.

Ms. Grealish agreed with Commissioner Ashbeck's comment about also looking at the health care system and stated that she is in communication with the Deputy Director of the Health Care Delivery System continually and looks at their models to see how to build off of them. She stated the concern that, although the DHCS sees the MHSA as a "no wrong door" not everyone in the state knows that.

Ms. Grealish agreed with Mr. Krzyzanowski's comment about the need to ensure the IRP is not a blanket process for all counties since counties have unique needs. She stated the need to create guidelines to help inform local processes with special considerations for different populations and geographic areas as a way to do that quality improvement work.

Ms. Grealish stated the importance of hearing about experiences, such as those shared by Ms. Truong, to help bring understanding of the problem and improve the system. The DHCS is improving data-gathering processes such as capturing first contact data and

on down the pipeline to track individuals through the system to learn where improvements can be made. The DHCS is quality-improvement-focused and has prioritized data improvement so it can be used to inform decisions.

Commissioner Questions:

Executive Director Ewing stated that one of the questions brought up in the Budget subcommittees was the way in which the state looks at the IRP through its oversight function. He asked what the state's role is in enhancing the quality of the IRP. It sounds like there are layers of mechanisms that a consumer can go through to voice their concern. It is one thing to say no wrong door and another to build too many doors. He asked what the mechanism is for the state to provide assistance, guidance, or support when there are challenges through the oversight process.

Ms. Grealish stated that deciding on ways to overcome issues is difficult with a small group of overworked staff. When an issue is brought up, the DHCS assembles its teams, including legal staff, subject matter experts, and executives, to try to find a way to solve it. The MHSOAC's work researching the IRP and the recommendations that will come from that research will be helpful to the DHCS to determine how the process can be improved or to see where further research is required to allow the DHCS to thoughtfully make decisions on how to improve the process.

Ms. Grealish stated that Medi-Cal and the MHSA are funding sources that have their own rules associated with them. When the state makes a change, it must first cite the authority to do it. The problem is the MHSA has nothing in statute that requires an IRP. Counties have collaborated with the DHCS on developing an IRP that is outlined in performance contracts, but there is also a need to think more broadly. The Medi-Cal program is federal with its own laws and regulations. She asked how the two can work together so that consumers do not need to go through layers of bureaucracy and staff is not overburdened.

Commissioner Buck suggested first resolving issues locally. He agreed with Commissioner Brown's assessment that finding answers in the system is like navigating a maze. Commissioner Buck further illustrated that it is like standing in a parking lot surrounded by buildings, not knowing which building to enter or even what door to open. Some consumers are forced to knock on every door. He stated the need to create a better system with peer navigators who are willing to guide consumers. He stated that the "no wrong door" policy is ineffective. The key is where the accessible doors are that have the required resources.

Commissioner Buck cautioned against only looking at the small numbers of complaints, instead of also looking at the positive side of what the MHSA has done. Most counties have done satisfaction surveys showing that community members are by and large getting their needs met. This does not mean to ignore those that were not served appropriately or effectively or that were missed or underserved. He suggested looking at the low numbers of complaints in the surveys as a sign of improvement in services.

Commissioner Poaster suggested technical assistance as one of the resolutions of the IRP project.

Public Comment on all the Panels:

Mr. Krzyzanowski stated that the words used in this project are important. Quality assurance, issue resolution process, quality improvement, and acronyms sound bureaucratic and clinical. Words like justice, advocacy, and rights resonate with communities. These are different vocabularies that try to point at the same thing. Words can be one of the barriers that keep the numbers of complaints low.

Mr. Krzyzanowski suggested having mechanisms for community inclusion and input, such as including consumers and family members on boards and advisory committees to join in the conversation with counties to get their suggestions as to how processes can be named and framed in a way that is more accessible and inviting.

Mr. Krzyzanowski stated that another barrier may be that people do not want to be seen as complainers, but if the mechanisms were framed in an inviting, constructive way, it could make walking through those doors easier for people. Plus, on the local level, counties will not only get good ideas and a richer conversation, but it starts collaborations between people in the community in the processes at the ground level.

Michael Helmick, Assistant Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), agreed with Mr. Krzyzanowski that there is a credibility issue on the county and state levels of the stakeholder process. He agreed that the successes should be acknowledged, but also that there are deficiencies. He stated the need for a clear, overly-accessible IRP that has an overlapping continuity throughout the system and includes access to non-English-speaking communities.

Jane Adcock, Executive Officer, California Mental Health Planning Council (CMHPC), stated that the CMHPC has a Patient Rights Committee, which has learned that patient rights and grievance are not the same. She thanked the Commission for bringing this issue up. Ms. Adcock stated that the Patient Rights Committee works with both Disability Rights California and the Compliance Unit of DHCS about findings from county reviews and complaints that are lodged and handled by the Office of Patient Rights. The Department of State Hospitals has a contract with Disability Rights of California and it is the state entity that has the reports. She stated that this issue needs to remain in the forefront. She offered the CMHPC's participation in the Commission's work in this area.

GENERAL PUBLIC COMMENT

Ms. Truong stated that the Los Angeles Department of Health has client coalitions and that she was elected as chair of the Asian Coalition. She was told that each coalition has $15,000 to use that is supported by MHSA funds. She stated the concern that the use of those funds is regulated, but no one will inform her of how the funds can be utilized. She stated her appreciation for the MHSOAC in looking into fiscal responsibilities and keeping counties accountable with the funds they receive from the MHSA.

INFORMATION

3: Triage Grant Presentation for Calaveras County

Presenters:

John Lawless, LCSW, Mental Health Director, Deputy Director of Health and Human Services, Calaveras County
Brenda Hanley, Mental Health Case Manager, Sheriff Liaison
Captain Jim Macedo, Acting Sheriff
Dean White, LCSW, Regional Director of Social Work for Dignity Health

Norma Pate, Deputy Director, Program, Legislation, and Technology, introduced the panelists and stated that the Commission has begun to do site visits for the new triage programs. She thanked Calaveras County and the triage group for allowing the Commission to visit yesterday and complimented them on their collaboration efforts.

John Lawless

Mr. Lawless provided an overview, by way of a PowerPoint presentation, of the demographics of Calaveras County, county challenges, Senate Bill (SB) 82 grant-funded triage services, and recruiting challenges. He stated that this has been a good project that has reduced unmet needs in Calaveras County.

Captain Jim Macedo

Captain Macedo continued with the PowerPoint presentation and provided an overview of the triage program, service response times, repeat calls for service, span of control, flexibility and versatility of the mental health case worker position, smart policing, and goals and benefits of the triage program.

He stated the concern that deputies are not trained to deal with behavioral health crisis calls specifically as it relates to problem-solving those types of calls and that they are under pressure to make a decision and move on to the next call. He provided examples where Brenda Hanley, Mental Health Case Manager, provided assistance to families in the community both on the phone and out in the field, which caused a reduction in 9-1-1 calls, emergency room (ER) visits, deputy in-person responses, and inmates in the county jail. Captain Macedo stated that the triage program is beneficial to Calaveras County.

Brenda Hanley

Ms. Hanley stated that she considers herself a behavioral health emergency medical technician (EMT). She continued with the PowerPoint presentation and provided an overview of the current program benefits, her becoming a part of the law enforcement culture, building relationships with officers and veterans, reducing repeat crisis calls, connecting community members with resources, providing follow-up support, providing resources for the jail, and addressing the service gaps.

Dean White

Mr. White provided an overview, by way of a PowerPoint presentation, of the SB 82 Triage Grant Program Services.

He stated that the emergency rooms are heavily impacted when individuals are there on a 5150 hold. He stated the need for collaborating, outreaching, realizing the gaps in service, and determining what needs to be done and where to go.

He stated that Dignity Health wants to be a part of this program because it will help law enforcement, medical providers, and clients. They are started collecting data from the beginning on how many cases Ms. Hanley is seeing and how many cases are being diverted from coming into the ER room, which is significant. They are also trying to get the hospitals fully on board by sharing the data with them. It is imperative to track the data, to do earlier prevention out in the field, and to reduce crises from escalating during the hour and a half ride in the back of patrol cars and long ER wait time. The ER admitting process takes three to four hours for medical clearance and another two to three hours for a psychological evaluation. It is not a good environment for those individuals.

Mr. White covers nine hospitals in his position and is always looking for best practices and pilot programs that can be implemented. He stated, from a hospital's standpoint in a small county, the SB 82 Triage Grant Program is a best practice: it reduces the overall cost of care while providing crisis care in the least restrictive manner, reduces overutilization of the ER, reduces wait time, improves patient satisfaction, improves outcomes, and reduces acute crisis events.

Commissioner Questions and Discussion:

Commissioner Buck asked if the county has considered going for another round of funding where a peer navigator can be attached to provide additional support. He suggested a peer navigator who is also a veteran.

Ms. Hanley stated that there are peer mentors in the CalVet program and that the county plans to work with the veterans' court to expand veteran peer support.

Mr. White stated there is great opportunity to add patient navigators to hospitals.

ACTION

4: Marin County Innovation Plan

Presenter: Brian Sala, Ph.D., Deputy Director

County Presenters: Kasey Clarke, MHSA Coordinator, and Kristen Gardner, PEI Coordinator

Dr. Sala apologized to the Commissioners and Marin County for the scheduling confusion last month that resulted in the partial presentation of Marin County's Innovation (INN) Plan and thanked Ms. Clarke and Ms. Gardner for coming today to answer Commissioners' questions about Marin County's plan. He provided an overview,

by way of a PowerPoint presentation, of the regulatory criteria and what MHSOAC staff look for in INN plans.

Ms. Gardner referenced a three-page handout given to Commissioners that answered questions they had from last month's meeting. Ms. Clarke continued the PowerPoint Presentation by providing an overview of the Marin County context, the county's INN history, learning objectives, and evaluation of the proposed four-year, $1,616,900 Marin County INN project titled "Growing Roots: The Young Adult Services Project."

Commissioner Questions and Discussion:

Commissioner Brown asked what is missing from the services in Marin County that this INN project will bridge. Ms. Gardner stated that this INN project will help the county collaborate with an underserved community currently not reached. Also, the second phase of the INN project will provide funding to informal providers, such as mentoring programs to provide resiliency and recovery services. This second phase will increase outreach and engagement of this underserved community.

Vice Chair Wooton asked for examples of the ten community contractors mentioned. Ms. Gardner stated that the number and amount for the contracts will depend on the number of applicants and the scope of work. She stated that the county is just beginning to make those connections. She mentioned the Phoenix Project and Canal Welcome Center, youth centers on the coast, as possible contractors.

Vice Chair Wooton asked if the transition-age-youth (TAY) peers will be involved in the needs assessment. Ms. Gardner stated that the informal contractors will engage the TAY peers to help design the needs assessment. The TAY will help choose the facilitator, evaluator, and organizations that will be involved in the project.

Commissioner Danovitch stated that this project seeks to overcome barriers between who youth are currently engaging with and treatment services. He asked what those barriers were, if they were generalizable, and how this INN project will address them.

Ms. Gardner stated that Marin County programs do not have a mental health language component to teach how to identify and respond appropriately to needs, other than a mental health first aid class taught at the Canal Welcome Center. Also, there is a lack of trust of the county due to missing connections. The Marin County INN project will address generalizable barriers listed in the California Reducing Disparities Project Report.

Commissioner Brown stated that last month's discussion centered on how vague the presentation materials were. He stated that it is still hard to decipher what this project is going to gather and evaluate and what the product is that will be measurable and deliverable to another county to emulate.

Ms. Gardner stated that the product will be the TAY Advisory Committee ensuring all communities are represented, the needs assessment where informal providers will work with TAY to learn the barriers in needs and services, and what the informal providers are doing right. She stated examples of areas that are included in the three-page

handout, such as maybe putting a clinician in the community or expanding support for certain peer services.

Commissioner Brown questioned the use of the word "maybe". He stated that Marin County is asking the Commission to fund a program that does not have a plan yet. He stated that the documents submitted do not propose what the county plans to do.

Ms. Gardner disagreed. She stated that the county understands the process they want to do and the relationship they want to build. She agreed that the exact services are not laid out in the plan, but stated that the INN is about "how" to work with TAY and to reach TAY. As such, the county will work with the community members to put together an action plan based on what is heard and then fund the informal providers to make some of those changes. It may be that the informal providers need to understand mental health and county language better to effectively access services for their clients. It may be that the county needs to have a different understanding of how to work with TAY and policies of interacting with and engaging providers.

Ms. Gardner stated that the county did a larger outreach than usual for its three-year plan, and still only 3 percent of those involved in the MHSA planning process were in the TAY category. Clearly, a different approach needs to be taken. She stated that is why she is only speculating about what may be. It was also difficult because county-funded providers wanted more funding to put in more staff, but those providers have been unable to reach the underserved communities.

Commissioner Ashbeck agreed with Commissioner Brown. She stated that she is still unclear about what the county is planning. She stated that she is struggling with awarding $1.6 million of taxpayers' money to fund something that is unclear.

Commissioner Danovitch suggested developing a pilot proposal, which would involve taking a needs assessment in the community to then put together a more detailed plan around the things that emerge in the pilot testing. Pilot testing starts to build relationships and establish feasibility of implementing the plan that the county eventually plans to do. A pilot program also demonstrates to the funding body that there is capacity to implement the plan.

Ms. Gardner stated that part of county mistrust is because of lag time between communities giving input and seeing action on the ground. It is frequently so long because of how the county functions. She stated that this process is to engage, these are the steps the county is taking, and those steps must be done quickly to build relationships and experience a successful process.

Commissioner Aslami-Tamplen stated that other INN projects that were approved in the past were about providers coming together to figure out how to better serve the community. Marin County met the qualifications for INN. The innovative piece is that the providers are not contracted with the county, and the county wants to learn what makes them successful and how to reach more people.

Chair Carrion stated that the first part is truly innovative. Reaching out to agencies and engaging with them through sharing mental health resources is a way for Marin County to reach communities with disparities and TAY. He stated the concern is that a lack of a

relationship may make TAY feel tricked that they got to the county through other organizations.

Ms. Gardner stated that that is why the second part of the program is important. It is not about finding new clients for the county mental health services. This program is about supporting organizations that are out there to continue to make them effective in the mental health realm.

Chair Carrion asked what the program will do to support those organizations. Ms. Gardner stated that support will include training and expanding services they provide.

Chair Carrion asked if, through these partnerships, the county would reach individuals that it otherwise was unable to reach. Ms. Gardner stated that there are organizations that could provide services such as mentoring and therapy if they expanded through a partnership with the county.

Commissioner Poaster spoke in support of the Marin County INN project because INN programs do not have to be direct-service driven and are not a competitive process. There is strong local support for the Marin County plan.

Commissioner Danovitch stated that INN is clearly needed, but he questioned what the INN would be – trainings, intervention, outreach, messaging, or clinical services. He stated the concern that there the plan does not have a mechanism to evaluate the program.

Ms. Gardner stated that the innovation is about how to work together. Further outcomes will be defined through the needs assessment process that has the input of the TAY and informal providers. The steps are to create a needs assessment together, create the outcomes together, and create and fulfill the action plan together.

Executive Director Ewing stated that trust is created with community stakeholders by including them in the conversation about what is being funded. If Marin County goes in with a set list, they will be less likely to get the level of engagement from individuals who otherwise do not see government being responsive to their needs. By keeping it open and having a fast turnaround, it empowers the community to come to the table to help make decisions about how resources are allocated.

Commissioner Brown said that he will not vote for this. The Commission has been criticized previously for approving nonspecific plans. The plan, as presented, is too vague. He suggested bringing it back with a sharper focus.

Commissioner Ashbeck asked if Marin County could do the needs assessment and then come back with a plan to meet the needs.

Commissioner Poaster stated that an INN project is allowed to fail and not glean anything other than that the process did not work.

Commissioner Danovitch stated that the INN project should have a methodology to show how it failed or succeeded. The need is definitely there, but where Marin County's

plan needs support is on the assessment building and methodology to make it replicable to make clear how it failed or succeeded.

Executive Director Ewing agreed with Commissioner Poaster's comments about the Commission's determination that one of the largest problems with California's mental health system is that counties are not taking any risk. In the absence of risk, there is no change. The Little Hoover Commission strongly recommended INN projects to try things, some of which would fail, as long as there were lessons learned that would improve the process. The Commission has several options: approve the INN; approve it with conditions such as work with the county on evaluation etc.; or disapprove it.

Commissioner Buck asked if the county will provide a progress report to the Commission between step one and step two of their plan. He requested that staff update the Commission about other INN plans the Commission has approved in the past. Executive Director Ewing stated that he will include INN plan updates in his executive reports.

Ms. Gardner stated that she would be happy to provide a full needs assessment and action plan written out for the Commission, which will be a part of the annual report.

Commissioner Poaster stated that it is regretful that some of the organizations that represent unserved populations did not attend today's meeting to weigh in on this issue.

Action: Commissioner Aslami-Tamplen made a motion, seconded by Vice Chair Wooton, that:

The MHSOAC approves Marin County's Innovation Project with direction to OAC staff to work with Marin County staff on the evaluation of the project.

> *Name: Growing Roots: The Young Adult Services Project*
> *Amount: $1,616,900*
> *Program Length: Four Years*

Motion carried 5 yes, 3 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners Aslami-Tamplen, Buck, and Poaster.

The following Commissioners voted "No": Commissioners Ashbeck, Brown, and Danovitch.

ACTION

5: <u>Stanislaus County Innovation Plan</u>

Presenter: Brian Sala, Ph.D., Deputy Director

County Presenter: Dan Rosas, MHSA Policy-Planning/Public Information Officer

Commissioner Poaster recused himself from this agenda item and left the room.

Dr. Sala provided an overview, by way of a PowerPoint presentation, of the Stanislaus County context, regulatory criteria, what MHSOAC staff look for, and learning objectives

of the proposed three-year $628,000 Stanislaus County INN project, titled "Suicide Prevention Initiative."

Mr. Rosas stated that Stanislaus County proposes to adapt a collective impact model to integrate community sectors to more effectively address the problem of suicide and increase the quality of mental health services, including measurable outcomes. He defined a collective impact model as a commitment of a group of individuals from different sectors to a common agenda for solving a specific social problem.

Mr. Rosas provided an overview, by way of a PowerPoint presentation, of the background, goals, and strategies to address the problem of suicide and increase the quality of mental health services in Stanislaus County.

Commissioner Questions and Discussion:

Commissioner Ashbeck reminded the Commission not to lose sight of the fact that it is hard to answer how much better the outcomes are because of collective impact. She stated the need for a project manager that is trained in collective impact.

Chair Carrion stated that this project is timely. A recent report indicated that national suicide rates are increasing. He stated that not only the state, but the nation, will be happy to learn about the progress and results of this project. He suggested that the budget may be small for the proposal. He encouraged the county to come back to the Commission if they find the budget needs to be increased.

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

The MHSOAC approves Stanislaus County's Innovation Project:

> *Name: Suicide Prevention Initiative*
> *Amount: $628,000*
> *Program Length: three years*

Motion carried 5 yes, 0 no, 0 abstain, and 1 recusal per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners Ashbeck, Brown, and Buck.

ACTION

6: <u>Contract with Alexan Risk Project Management Advisory Services (RPM)</u>

Presenter: Norma Pate, Deputy Director, Program, Legislation, and Technology

Ms. Pate provided an overview, by way of a PowerPoint presentation, of the contract purpose and the summary of qualifications for Bryan Gillgrass, Project Manager, Alexan RPM. This contract will assist staff in developing a comprehensive plan for using IT to support the Commission's business needs.

Commissioner Questions and Discussion:

Chair Carrion asked what the current IT issues are that need to be addressed. Executive Director Ewing stated that the Commission now has HIPAA protected data and we are working in an environment that requires more safeguards. As such, there are technology questions that cannot be answered internally because we do not have the staff.

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

The Commission approves the contract with Alexan Risk Project Management Advisory Services (RPM) and authorizes the Executive Director to enter into a one-year contract in the amount of $135,000.

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners, Brown, Buck, and Poaster.

INFORMATION

7: <u>MHSOAC Executive Director Report Out</u>

Presenter: Toby Ewing, Ph.D., Executive Director

Executive Director Ewing presented his report as follows:

<u>Budget Process</u>:

Staff has participated in meetings in the Senate and Assembly Budget Committees. The Department of Finance is forecasting that there is $52 million in unallocated state administrative funds under the MHSA. Those funds reflect unspent administrative funds accumulated across the past few years, including about $19 million forecast for fiscal year 2016-17. In early May the administration will provide an updated forecast. Staff continues to work with the Legislature on the Commission's administrative savings fund proposal to capture unspent funds automatically.

Per Commission directions, staff has had discussions regarding increasing the funding for the stakeholder contracts so that all the contracts would be lifted to be consistent with the largest currently funded contract. This would result in a collective increase to the budget of approximately $1.7 million. In addition, stakeholder funding is proposed to be expanded to include the LGBTQ community. This would place all contracts currently in place, typically three-year contracts, on the level of approximately $670,000 per year.

Staff has asked the Legislature for three additional positions to support the work in innovations. The Senate and Assembly have had information hearings but have not taken action on the proposal as of yet. The proposal has been included in the Governor's budget priorities, so it is anticipated that this will move forward.

Staff has asked the Legislature to roll over unspent dollars, including unspent triage and research dollars. The Commission is not asking for more funding, but more time to spend the funds already allocated.

The Senate Budget Committee has asked the DHCS about their role overseeing the IRP. Also, the Senate Budget Committee has asked whether a portion of the $52 million in unallocated administrative dollars should be made available for a special crisis services grant program specific to children and youth. In putting that on the table, they have cited the work that the Commission has done. Staff has made it clear that the Commission has not yet taken a position.

Legislation:

- There are no details yet on the Steinberg Institute's, "No Place Like Home Initiative".
- Senator Ken Cooley has a bill that would direct the DHCS to improve fiscal transparency to ensure that counties provide data to the state. The Commission is providing technical assistance.
- The Steinberg Institute is working with Senator McCarty to develop a proposal to use MHSA funds to increase funding for college and university student mental health programs.
- CalMHSA has written a letter to DHCS requesting that CalMHSA be included in the formula for distribution of MHSA funds so that it can sustain the current statewide projects. We are not clear that DHCS has unilateral authority to so and whether such proposal should go through the Legislature. There is a question of governance as to who would provide review oversight of CalMHSA. CalMHSA has elected not to pursue a legislative strategy if DHCS declines the request.

  Chair Carrion and Commissioner Poaster both requested that the Commission have an opportunity to provide input on this CalMHSA issue.
- As to the Suicide Hotlines, it is unclear how to continue to fund this project. Last year there was a proposal to use state administrative dollars and the Legislature directed DHCS to submit a report by January 2016 with information on the hotlines. The report has not yet been issued and it is unclear whether the counties will sustain these hotlines.

  Chair Carrion stated that it should be the Commission's position that this service should not be stopped. In response to Commissioner Poaster's question, Executive Director Ewing stated that there is no date on the statewide impact of the hotlines yet. DHCS has not yet issued their report.

Triage:

Some counties are struggling to hire staff but progress is being made. Staff is working to support the formal evaluations soon to come out, to learn the lessons from triage, and to extend those lessons beyond the 24 counties involved in the $100 million triage project.

Ongoing Projects:

- The Little Hoover Task Force Project

Executive Director Ewing will testify before the Little Hoover Commission in May on the work that has been done since their report came out.

- Crisis Services

The children and youth crisis services project is in the drafting phase. An editor and graphics designer have been hired to assist staff with this project.

- Regulation Implementation

Regulation implementation is a work in progress and the subcommittee met yesterday.

- Issue Resolution Process

The Issue Resolution Process (IRP) was the focus of today's Commission meeting.

- Reversion

Reversion will be the focus of next month's Commission meeting.

- Mental Health and Criminal Justice

Staff has been working with Commissioner Brown on the mental health criminal justice project. It is currently in the drafting phase. Ashley Mills, Research Program Specialist, is the lead on this project. There has been interest from the White House, the United States Department of Justice, and others on this project. Proposals are being developed for study tours. Commissioner Brown made a trip to Washington, D.C., last week to participate in a national conversation related to this project. Executive Director Ewing invited Commissioner Brown to report on his experience.

Commissioner Brown stated that he attended a day and a half conference in Washington, D.C., called the Stepping Up Summit, an initiative supported by the Counsel of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation.

- Stakeholders from 50 jurisdictions nationwide came together with a goal to develop system-level plans that can reduce the number of mentally ill individuals who are in jails.
- There is a recognition that it cannot be a cookie-cutter approach to the problem, but must be individualized per county.
- 250 counties, nationwide, who represent approximately 30 percent of the nation's population, have adopted the resolution to advance the goals of Stepping Up.

Executive Director Ewing stated that the Mental Health and Criminal Justice Subcommittee will put together an ambitious but productive plan to have a number of public hearings, site visits, and study tours within California and beyond over the next year, with a focus on model programs that intersect mental illness and the criminal justice system, such as in Miami, Florida, and San Antonio, Texas. The Subcommittee will hold community forums, may host a California version of the Stepping Up Summit in the fall of this year, and will present identified best practices and provide recommendations to the Commission based on their research to address this issue.

- Mental Health and Schools

Planning has been delayed on this project due to staffing challenges and the work being done in other areas.

Stakeholder Contracts:

Staff has been focusing on lessons learned, moving toward a competitive process, and ensuring that there is no break in service. Angela Brand, Associate Governmental Program Analyst, is the lead on this project. There are six Requests for Proposal (RFPs) near completion. All RFPs are anticipated to be awarded by August 1st, which is one month past the date existing contracts expire due to the necessary time given to allow for all proposals to be submitted. Existing contracts will be extended to fill the 30-day gap, if necessary.

Other Projects:

Executive Director Ewing met with the acting administrator for the California Department of Public Health (CDPH) as part of business outreach. He also met with representatives of Oracle, Microsoft, and others to discuss mental health prevention strategies.

Speaking Engagements:

Executive Director Ewing and Matt Lieberman presented before the CMHPC and the Local Boards and Commissions Association in an effort to identify ways to fortify the role of local boards.

Chair Carrion will present in May at the Children's Mental Health Conference.

Executive Director Ewing and Dr. Sala spoke at the California Mental Health Peer-Run Organizations (CAMHPRO) conference.

Executive Director Ewing and Commissioner Van Horn will participate in conversations with the Centers of Excellence at UC Davis and UCLA to understand more about the Legislature's goals and how the Commission can lend support.

Commissioner Buck represented the Commission at the Veteran's Leadership Summit last week.

Data and Analytics:

Through some of these projects, particularly the Criminal Justice project, it is necessary to enhance and refine the work done with data and analytics. Staff has contacted a number of firms about the role of the Commission when it comes to state-level data and may come before the Commission with a proposal on what the Commission's role should be and to seek guidance from national-level experts on a range of options.

Staff is in conversation with the California Department of Justice (DOJ) about doing data matching to see if criminal justice involvement of consumers can be mapped.

Staff is in conversation with DHCS about their data systems and aligning the reporting requirements established in the new regulations with the existing reporting requirements to ensure the integration of a seamless process that is supportive of the DHCS improvement efforts as well as the Commission's oversight efforts.

Staff Changes/Vacancies:

Fred Molitor, Ph.D., has been hired as Research Manager and will begin in his new position on June 1st. He was with CDPH, Nutrition, Education, and Obesity Prevention Branch (NEOPB) for the past four years.

Fellowships/Internships:

As mentioned last month the Commission is exploring options to establish Fellowships at the Commission. We have determined that we will likely need specific statutory authority to add a fellowship in psychiatry and a fellowship for peers.

Commission Meeting Calendar:

The May meeting will be in Sacramento and will focus on reversion and fiscal transparency.

There is no meeting scheduled in June.

The July meeting, tentatively scheduled to be in Los Angeles with a focus on mental health and criminal justice, may need to be changed. Staff will share developments as they occur.

GENERAL PUBLIC COMMENT

There were no questions or comments from the public.

ADJOURN

There being no further business, the meeting was adjourned at 4:15 p.m.