Commission Packet

July 28, 2016

Commission Meeting

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Call-in Number: 1-866-817-6550
Participant Passcode: 3190377

Mental Health Services Oversight & Accountability Commission

WELLNESS • RECOVERY • RESILIENCE

Victor Carrion, M.D.
Chair

1325 J Street, Suite 1700
Sacramento, California 95814

Tina Wooton
Vice Chair

Commission Meeting Agenda

July 28, 2016
9:00 A.M. – 4:15 P.M.
MHSOAC Offices
1325 J Street, Suite 1700
Sacramento, CA 95814

Call-in Number: 866-817-6550; Code: 3190377

Public Notice

The public is requested to fill out a "Public Comment Card" to address the Commission on any agenda item before the Commission takes an action on an item. Comments from the public will be heard during discussion of specific agenda items and during the General Public Comment periods. Generally an individual speaker will be allowed three minutes, unless the Chair of the Commission decides a different time allotment is needed. Only public comments made in person at the meeting will be reflected in the meeting minutes; however, the MHSOAC also will accept public comments via email, and US Mail. The agenda is posted for public review on the MHSOAC website http://www.mhsoac.ca.gov 10 days prior to the meeting. Materials related to an agenda item will be available for review at http://www.mhsoac.ca.gov.

All meeting times are approximate and subject to change. Agenda items are subject to action by the MHSOAC and may be taken out of order to accommodate speakers and to maintain a quorum.

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Victor Carrion, M.D Chair	AGENDA July 28, 2016	Tina Wooton Vice Chair

9:00 AM **Convene**
Chair Victor Carrion, M.D., will convene the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) meeting. Roll call will be taken.

9:05 AM **Action**
1A: Approve May 26, 2016, MHSOAC Teleconference Minutes
The Commission will consider approval of the minutes from the May 26, 2016, Commission Teleconference.
- Public Comment
- Vote

Information
1B: May 26, 2016 Motions Summary
This item provides a summary of the motions voted on by the Commission during the May 26, 2016, Commission Teleconference.

1C: Evaluation Dashboard
This item provides information on both executed and forthcoming MHSOAC evaluation and data strengthening efforts, including primary objectives, timelines, and deliverables.

1D: Calendar
This item provides information on Commission and related public meetings.

9:10 AM **Information**
2: Innovation Overview
Presenter: Toby Ewing, Ph.D., Executive Director
Executive Director Ewing will present an overview of the Commission's work on Innovations.
- Public Comment

9:25 AM **Action**
3: San Mateo County Innovation Plans
Presenter: Brian R. Sala, Ph.D., Deputy Director
County Presenters: Doris Estremera, MPH; Dr. Jei Africa, LCP; Stephen Kaplan, LCSW; Stephanie Weisner, LCSW
The Commission will consider approval of the San Mateo County Innovation Plans.
- Public Comment
- Vote

10:10 AM **Action**
4: Contra Costa County Innovation Plan
Presenter: Brian R. Sala, Ph.D., Deputy Director
County Presenter: Warren Hayes, Contra Costa County, Mental Health Services Act Program Manager
The Commission will consider approval of the Contra Costa County Innovation Plan.
- Public Comment
- Vote

10:55 AM **Action**

5: Santa Clara County Innovation Plans

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

County Presenters: Toni Tullys, MPA, Director, Santa Clara Behavioral Health Services Department (BHSD) and Jeanne Moral, MHSA Coordinator, BHSD

The Commission will consider approval of a funding amendment to multiple previously approved Santa Clara County Innovation Projects.

- Public Comment
- Vote

11:40 AM **General Public Comment**

Members of the public may briefly address the Commission on matters not on the agenda.

11:55 AM 6: Recognition of Commissioner Paul Keith, M.D.

Presenter: Chair Victor Carrion, M.D.

The Commission will recognize Commissioner Paul Keith, M.D. for his service.

12:05 PM **LUNCH BREAK**

1:10 PM **Action**

7: San Francisco County Innovation Plans

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

County Presenters: Lisa Reyes, MHSA Program Manager; Amber Gray, MHSA Peer Supervisor; Dave Knego, Executive Director, Curry Senior Center; Daniel Hill, Program Manager, Curry Senior Center; Khary Dvorak-Ewell, Program Manager, UCSF/ Citywide Employment Program; Daphne Dickens, Employment Specialist, UCSF/ Citywide Employment Program

The Commission will consider approval of a funding amendment to multiple previously approved San Francisco County Innovation Projects.

- Public Comment
- Vote

2:00 PM **Action**

8: Support for Assembly Bill 2279 (Cooley)

Presenter: Emily Berry, Science and Technology Fellow, Assembly Member Cooley's Office

The Commission will consider approval to support Assembly Bill 2279 (Cooley).

- Public Comment
- Vote

2:15 PM **Action**

9: Response to Requests for Proposal (RFP) for Mental Health Advocacy

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

The Commission will consider recommendations regarding the responses to the RFPs for mental health advocacy and authorize the Executive Director to act in accordance with the Commission's decision.

- Public Comment
- Vote

3:15 PM **Information**

10: Research Overview

Presenters: Brian R. Sala, Ph.D., Deputy Director and Fred Molitor, Ph.D., Director of Research and Evaluation

Dr. Sala and Dr. Molitor will provide an overview of the Research Unit strategies.

- Public Comment

3:30 PM **Action**

11: Web Application and Database of MHSA Programs

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

The Commission will consider authorizing the Executive Director to enter into a contract to develop an integrated web application and database of MHSA programs, providers, and services.

- Public Comment
- Vote

3:45 PM **Information**

12: MHSOAC Executive Director Report

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

Executive Director Ewing will report out on projects underway and other matters relating to the work of the Commission.

4:00 PM **General Public Comment**

Members of the public may briefly address the Commission on matters not on the agenda.

4:15 PM **Adjourn**

AGENDA ITEM 1A

Action

July 28, 2016 Commission Meeting

Approve May 26, 2016 MHSOAC Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the May 26, 2016 meeting. Any edits to the minutes will be made and the minutes will be amended to reflect the changes and posted to the MHSOAC Web site after the meeting. If an amendment is not necessary, the Commission will approve the minutes as presented.

Presenter: None

Enclosures: May 26, 2016 Commission Meeting Minutes.

Handouts: None

Recommended Action: Approve May 26, 2016 Meeting Minutes.

Proposed Motion: The Commission approves the May 26, 2016 Meeting Minutes.

State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
May 26, 2016

MHSOAC
Darrell Steinberg Conference Room
1325 J Street, Suite 1700
Sacramento, California 95814

866-817-6550; Code 3190377

Additional Public Locations:

Clovis City Hall
1033 Fifth Street
Clovis, California 93612

3050 Motor Avenue
Los Angeles, California 90064

4434 Calle Real
Santa Barbara, California 93110

8730 Beverly Blvd., Suite E-137
Los Angeles, California 90048

3440 Viking Drive, #114
Sacramento, California 95827

2800 S Ocean Blvd.
Palm Beach, Florida 33480

Holiday Inn 300 J Street
Sacramento, California 95814 (Lobby)

2000 Embarcadero Cove, Suite 400
Oakland, California 94621

3712 Apple Hill Road
Modesto, California 95355

401 Quarry Road, Room 3212
Stanford, California 94305

Members Participating

Victor Carrion, M.D., Chair
Tina Wooton, Vice Chair
Lynne Ashbeck
Khatera Aslami-Tamplen
Sheriff Bill Brown
John Boyd, Psy.D.
John Buck
Itai Danovitch, M.D.
David Gordon
Larry Poaster, Ph.D.
Richard Van Horn

Members Absent:

Senator Jim Beall
Assembly Member Tony Thurmond

Staff Present

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

Peter Best,
Staff Services Manager
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 9:32 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that there was a quorum.

Chair Carrion stated that Executive Director Ewing is not in attendance today because he is presenting his report to the Little Hoover Commission.

ACTION

1A: Approve April 28, 2016, MHSOAC Meeting Minutes

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

The Commission approves the April 28, 2016, Meeting Minutes.

Motion carried 6 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Gordon and Van Horn.

INFORMATION

1B: April 28, 2016, Motions Summary

1C: Evaluation Dashboard

1D: Calendar

INFORMATION

2: Governor's May Revise Fiscal Year 2016-17

Presenter: Carla Castañeda, Principal Program Budget Analyst, California Department of Finance

Carla Castañeda, Principal Program Budget Analyst, California Department of Finance (DOF), presented the following information about the Governor's May Revise budget:

MHSA Revenues

The reconciliation in March yielded total revenues of $1.8 billion, down approximately $20 million from the Governor's Budget estimate.

- For the current year, 2015-16, the May Revision revenues are down approximately $211 million, largely in the Annual Adjustment that will be reconciled next year.
- For the budget year, 2016-17, the May Revision estimates are down from $2.1 billion in January to approximately $1.9 billion at May Revision.

The Administrative Cap

These revenues resulted in reductions to the Administrative Cap.

- For the current year, 2015-16, the Administrative Cap is down from $101 million at Governor's Budget to approximately $91 million at May Revision.
- For the budget year, 2016-17, the Administrative Cap is down from approximately $103 million at Governor's Budget to approximately $93 million at May Revision.

State Appropriations

State Appropriations include carryovers from prior year Administrative Caps.

- For the current year, 2015-16, the State Appropriations are $135.4 million.
- For the budget year, 2016-17, the State Appropriations are $87 million. This includes additional funds for advocacy contracts funded by the Commission, reappropriations from prior year appropriations, and a research project through the California Department of Corrections and Rehabilitation.

Additional Legislative Proposals

The Senate and Assembly have adopted additional funds for the Commission to support additional advocacy contract funding. Because the Senate and Assembly have taken different actions to fully appropriate the remaining funds within the five percent Administrative Cap conversations will continue through conference.

Commissioner Questions and Discussion

Commissioner Poaster asked if the anticipated revenues for 2016-17 include legislative actions like "No Place Like Home".

Ms. Castañeda stated that the Senate approved that action recently, but her reported revenue estimates are not affected by that proposal. She approximated the amount mentioned in the hearing as $267 million in bond funds, which will be repaid.

ACTION

3: <u>Review and Adopt Revised MHSA 2016 Financial Report</u>

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

Deputy Director Sala referenced the Revised 2016 MHSA Financial Report included in the meeting packet and stated that the Financial Oversight Committee met on Monday, reviewed the draft Revised Report, and provided feedback. He stated that the May 2016 Financial Report contains minor changes from the January 2016 Report. The projected MHSA revenue is down two percent for 2015-16 and 1.75 percent for 2016-17 from the January projections. Most monthly distributions to the counties have been up this year over last, but there were big drops in August and May. In addition, the projected distributions for the full 2015-16 are down 0.56 percent from January based on actuals through May plus unchanged projections for June and July. The MHSA State Administration fund has been revised slightly from January, including $1.2 million for the Commission's stakeholder contracts and $1.95 million for the Department of Health Care Services.

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

The MHSOAC accepts the May 2016 Financial Report as presented by the MHSOAC Financial Oversight Committee.

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

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

ACTION

4: <u>Orange County Innovation Plan</u>

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

County Presenters: Brett O'Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency; Gerry Aguirre, Administrative Manager, MHSA Innovations, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency

Deputy Director Sala stated that the MHSOAC approved five multi-year Innovative (INN) Project plans for Orange County on April 24, 2014. In presenting the plans in 2014, Commission staff erroneously indicated that the amount sought for approval was $2,354,414. The correct total requested should have been $6,932,589, as specified in county documents submitted on April 9, 2014. Orange County seeks approval for the balance of the requested funds: $4,578,175.

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the budget summary for and background of the five Orange County INN projects and summary of materials submitted during the April 24, 2014, MHSOAC teleconference meeting. Start-up delays have affected all five INN projects and none of the projects has yet exceeded the dollar amounts approved by the Commission in 2014. In fact, two projects, Access to Mobile Devices and Developing Skill Sets for Independent Living, have not yet started.

Commissioner Questions

Commissioner Danovitch asked if the delay in funding has impacted the limitation of the county spending the funds.

Brett O'Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency, stated that it is a nine-month process, once the funding is approved, to procure services for a project. Two of the five projects began on July 1, 2015, a third project began on December 1, 2015, and no bidders submitted applications on the Request for Proposal (RFP) sent out for the fourth project. That RFP is currently in revision and will be sent out soon. The last RFP will be released after county board of supervisors' approval.

Public Comment

Steve McNally, resident of Costa Mesa and family member, stated his concern of the nine-month RFP process, particularly since these are three-year plans. He asked how much of the funding is at risk to be reverted back to the state if it goes unspent, since it is budgeted but not yet implemented.

Commissioner Van Horn stated that INN projects are allowed five years.

Deputy Director Sala agreed and stated that the law mandates that the funds be spent within three years, so multiple-year projects will likely draw from multiple years of allocations. The Department of Health Care Services (DHCS) continues to work on regulations and implementation of the fiscal reversion policy. He asked Mr. McNally to provide him with his contact information or to contact the county representatives to talk at greater length offline.

Commissioner Poaster stated that Mr. McNally raises an important point around reversion policy. The Commission has a subcommittee that will be looking at fiscal reversion. He questioned whether this error put any of the funds at risk and stated that

the subcommittee will hopefully come out with clear recommendations on reversion policy because clarity is required at the county level.

Mr. O'Brien stated that no funds are spent until the contract goes into effect.

Hector Ramirez, from Los Angeles County, stated that he is glad that the Commission is working hard to address this because other counties must also experience the same procurement timeline issue.

Commissioner Van Horn stated that this is something the task force on reversion policy will be dealing with. The procurement processes in large counties are long and arduous. Almost every three-year project does not get started until the second year. The reversion issue needs to be rectified, and as long as counties are proceeding in good faith, it will become rectified.

Commissioner Discussion

Commissioner Ashbeck asked if the Commission has discussed its role in requiring accelerated procurement processes for INN funds because, after two years, it may not be that innovative anymore. Accelerating the process in counties would be a huge service to families and consumers.

Commissioner Van Horn stated that this is a great question. County processes are slow – getting through all the hurdles past county counsel and the board takes time. It would be great if there were an expedited procurement process for INN projects, but that is a county-by-county issue. The state has no control over that.

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

The MHSOAC approves the balance of requested funding for Orange County's multi-year Innovative Projects originally approved on April 24, 2014, as follows:

- *Name: Proactive On-site Engagement in the Collaborative Courts.*
  - *Additional Amount: $1,067,087.*
- *Name: Religious Leaders Behavioral Health Training.*
  - *Additional Amount: $658,083.*
- *Name: Access to Mobile/Cellular/Internet Devices in Improving Quality of Life.*
  - *Additional Amount: $610,632.*
- *Name: Veteran Services for Military Families.*
  - *Additional Amount: $1,388,861.*
- *Name: Developing Skill Sets for Independent Living.*
  - *Additional Amount: $853,512.*

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

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

ACTION

5: Sacramento County Innovation Plan

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

County Presenter: Uma K. Zykofsky, LCSW, Director, Division of Behavioral Health Services, Sacramento County Department of Health and Human Services

Commissioner Buck recused himself from the discussion and decision-making with regard to this agenda item pursuant to Commission policy.

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the summary of the INN project, regulatory criteria, what OAC staff look for, and materials included in the meeting packet for the Sacramento County Innovation Plan. He introduced Uma Zykofsky, Director, Division of Behavioral Health Services, Sacramento County Department of Health and Human Services (HHS).

Ms. Zykofsky provided an overview, accompanied by a slide presentation, of the project, the four key areas of adaptation, how the project is innovative, the proposed clinic design, background and system considerations, the plan for crisis services, the community planning process, significant learning objectives, project evaluation, and learning considerations including the questions for each of the key areas of the Mental Health Crisis/Urgent Care Clinic INN project. She stated that the learning objective is connectivity.

Commissioner Questions and Discussion

Commissioner Danovitch asked how Sacramento County HHS will retain the expected responsiveness of an urgent care. Ms. Zykofsky stated that the urgent care clinic will be available to see what is not working for the client in the moment that they were requesting services and figure out where they can best be served. There will be a warm linkage between urgent care and the rest of the system.

Commissioner Boyd asked what the after-hours will be and where clients will go during the day for this after-hours clinic.

Ms. Zykofsky stated that the clinic will be open during business hours but have after-hours capacity to include evening hours, weekends, and holidays.

Commissioner Boyd asked if walk-ins will be welcome at the clinic and if there will be ongoing input and collaboration with peer consumer support.

Ms. Zykofsky stated that consumers will be on the multidisciplinary team and on the service team at the urgent care clinic. All peer and community organizations and providers will also interface with them.

Vice Chair Wooton asked how many peer staff are anticipated to be in the crisis unit.

Ms. Zykofsky stated that there will be at least two to three peer and family member staff available at all times at the clinic.

Commissioner Van Horn asked how this project will influence other outpatient centers around the county.

Ms. Zykofsky stated that the learning will be great with this project. It will influence all Sacramento County clinics because the INN project will teach what is not working for clients. Linked individuals who come to urgent care will inform what needs to be improved in the outpatient system and what needs adaptations and improvements in the rest of the system based on the data collected and studied. This INN project is a test to learn what can be done better across the whole community.

Commissioners Van Horn and Boyd asked Ms. Zykofsky to encourage the UC Davis Department of Psychiatry and the evaluation team to collaborate with UCLA to collect strong data, make it publicly available, and to spread the practices as rapidly as possible. Tapping into the statewide infrastructure can make that happen more quickly. This collaboration will be important as the total reach potential of this project is realized.

Commissioner Ashbeck asked if the clinic will accept ambulance-transported patients.

Ms. Zykofsky stated that ambulance delivery is not an area of focus; the focus is on giving direct access to community members seeking urgent care services.

Commissioner Ashbeck asked if “care coordination across the system” means mental health system or that some technology, data service, or health exchange could track patients from the urgent care to the emergency room (ER) and to the full-service partnerships (FSPs).

Ms. Zykofsky stated that it is coordination across the mental health system – all of the mental health services delivered – but that there are external partners who refer into the system. That information will be necessary to obtain from health plans and hospitals in order to make a good match, screening, and optimal connection to where the person would best be served. She stated that the team’s focus was more inside the mental health system. She thanked Commissioner Ashbeck for the challenge to look beyond that to the external partners. She stated that she will take that input back to her team.

Chair Carrion asked about the integration approach of all the services. There are a number of integration models out there, but it is not known which will lead to better integration. He asked that this be added to the evaluation process to show the integration approaches used that lead to more effective outcomes.

Vice Chair Wooton asked for more information to be sent to the OAC staff about the peer staff. It is important to include individuals with the perspective of consumers and family as staff members at the crisis center.

Ms. Zykofsky stated that peer, family, and cultural brokers will be part of the team. She stated that she will send additional information to staff.

Public Comment

Rosemary Younts, of Dignity Health, stated that Dignity Health and the other health systems in the region strongly support this INN project and encourage approval of this model of care for Sacramento County to fill the gaps in care and relieve the overcrowding of ERs. All of the health systems in the region have been meeting with the county throughout the development of this project.

Deputy Kim Mojica, full-time Regional Crisis Intervention Training (CIT) Coordinator and part-time night shift patrol deputy, Sacramento County Sheriff's Department, spoke in support of this INN project as it builds additional crisis capacity and allows for learning and real-time adjustments to improve service delivery. Deputy Mojica stated that she represented the law enforcement perspective on the INN Work Group for this project. An after-hours alternative in the mental health urgent care clinic is an invaluable tool and an incredible asset for all the system partners and community members experiencing the crisis. Through their partnership with the Sacramento Behavioral Health Services, the Sacramento County Sheriff's Department has developed the Mobile Crisis Support Team and the Law Enforcement Mental Health Consultation Phone Line pilot projects.

Roy Alexander, of the Sacramento Children's Home, speaking on behalf of the Sacramento Association of Behavioral Health Contractors (SABHC), stated that the SABHC confirms that there is a gap in the county's system of care. Consumers are unnecessarily hospitalized or incarcerated, utilizing inappropriate and more expensive resources than necessary. Given the influx of demands on the local emergency departments, an innovative alternative is needed. He spoke in support of this INN project.

Sayuri Sion, a retired peer-provider, spoke in support of this INN project. She stated that she served on the Mental Health Services Act (MHSA) Steering Committee and the Cultural Competency Committee, which contributed to the planning of this INN project model. She shared her story of experiencing many hospitalizations during her recovery process from mental illness and highlighted the experience of being restrained in the ER and tied to a gurney for hours before she was assessed and transferred to a psychiatric facility. She stated that, if a mental health crisis/urgent care clinic model was available during her times of crisis, she and her neighbor would have been compassionately cared for. This model provides greater accessibility during a time when other outpatient clinics are closed, timely access, a welcoming environment with peers working as part

of the service delivery team, and a safe place that is less threatening for consumers in crisis.

Robert E. Hales, M.D., Medical Director, Behavioral Health Division, County of Sacramento and Chair, Department of Psychiatry, UC Davis School of Medicine, spoke in support of the INN project. He stated that the uniqueness of this plan is assigning duly-trained physicians to provide the care at this clinic. There is a close relationship between UC Davis and the county. He stated that this is an exciting opportunity and that he is glad to work with the county on this project.

Frank Topping, Member, Sacramento County MHSA Steering Committee and a member of the California Network of Mental Health Clients, spoke in support of this INN project. He stated that he served on the work group for this project. He cited examples of individuals in mental health crisis who have waited on gurneys in ERs for up to three days. He asked for help to improve these kinds of situations.

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

The MHSOAC approves Sacramento County's INN Project.

Name: Mental Health Crisis/Urgent Care Clinic

Amount: $12,500,000

Project Duration: 5 Years

Motion carried 10 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, Aslami-Tamplen, Boyd, Brown, Danovitch, Gordon, Poaster, and Van Horn. Commissioner Buck recused himself.

ACTION

6: <u>City of Berkeley Innovation Plan</u>

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

County Presenter: Steven Grolnic-McClurg, LCSW, Mental Health Manager, Mental Health Division, City of Berkeley Department of Health, Housing and Community Services

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the summary of the INN project, regulatory criteria, what OAC staff look for, and materials included in the meeting packet for the City of Berkeley Innovation Plan. He introduced Steven Grolnic-McClurg, Mental Health Manager, Mental Health Division, City of Berkeley Department of Health, Housing and Community Services. He stated that this INN project will use the Train-the-Trainer model.

Mr. Grolnic-McClurg introduced Karen Klatt, MHSA Coordinator for the City of Berkeley. He stated that Berkeley's INN project is relatively small. It comes out of two different streams that came together for the city. The City of Berkeley's Mental Health Division

has been working closely with the school district on how to better support students who are exhibiting an achievement gap – one of the largest in the state. A large amount of trauma was identified for the children within the City of Berkeley, particularly children of color. The City of Berkeley has been collaborating with the City of San Francisco and their model of a trauma-informed system of care approach and partnering with 2020 Vision for Berkeley's Children and Youth.

Mr. Grolnic-McClurg stated that the INN project will test whether the Train-the-Trainer model and the follow-up, Coaching Circles, create a change in the way that educators view and handle problematic student behaviors, whether that also increases access to mental health services, and whether those referrals are appropriate.

Commissioner Questions and Discussion

Commissioner Gordon asked to whom the children will be referred for services.

Mr. Grolnic-McClurg stated that it depends on who is providing the mental health services in each school. In some schools, it is school personnel, and in others, it is a variety of contract providers who provide the mental health services within the schools.

In response to a question from Commissioner Aslami-Tamplen Mr. Grolnic-McClurg stated that this INN project goes through the City of Berkeley and not through Alameda County.

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

The MHSOAC approves the City of Berkeley's Innovation Project.

> *Name: Trauma-Informed Care for Educators*
>
> *Amount: $180,000*
>
> *Project Duration: 3 Years*

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

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

INFORMATIONAL

7: MHSOAC Mental Health/Criminal Justice Project Report

Presenter: Ashley Mills, Staff

Ashley Mills, MHSOAC staff, stated that staff has developed a Project Framework on Exploring the Mental Health/Criminal Justice Intersection that helps to organize goals, objectives, tasks, and activities. Staff has also developed a draft timeline through July of 2017. These documents have been included in the meeting packet.

Ms. Mills reviewed the goals, objectives, project structure, public engagement, research and policy development, communications and drafting, project schedule, and additional engagement opportunities of this project. She stated that all dates are subject to change.

Commissioner Questions and Discussion:

Chair Carrion asked about the next steps and how the Commission can help.

Commissioner Brown stated that the next step is to begin gathering input, visiting the sites, and accumulating information that can be put out to stakeholders and used to identify systems shown to be promising.

Commissioner Ashbeck encouraged Commissioner Brown to reach out to Margaret Mims, Sheriff, Fresno County, who took a trip to San Antonio in July of 2012 to observe and discuss work on this issue being done there. Much of what is being done in Fresno was based on that site visit.

GENERAL PUBLIC COMMENT

No members of the public addressed the Commission.

ADJOURN

There being no further business, the meeting was adjourned at 12:00 p.m.

MHSOAC

Mental Health Services
Oversight & Accountability Commission

Motions Summary

Commission Teleconference Meeting
May 26, 2016

Motion #: 1
Date: May 26, 2016
Time: 9:35 a.m.

Text of Motion:

The Commission approves the April 28, 2016 Meeting Minutes.

Commissioner making motion: Commissioner Danovitch
Commissioner seconding motion: Commissioner Ashbeck

☒ Roll Call Vote
☒ Motion Passed

Motion carried 6 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motion #: 2
Date: May 26, 2016

Time: 9:50 a.m.

Text of Motion:

The MHSOAC accepts the May 2016 Financial Report as presented by the MHSOAC Financial Oversight Committee.

Commissioner making motion: Commissioner Van Horn
Commissioner seconding motion: Commissioner Ashbeck

☒ Roll Call Vote
☒ Motion Passed

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

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motion #: 3
Date: May 26, 2016

Time: 10:29 a.m.

Text of Motion:

The MHSOAC approves the balance of requested funding for Orange County's multi-year Innovative Projects originally approved on April 24, 2014, as follows:

Name: Proactive On-site Engagement in the Collaborative Courts.
Additional Amount: $1,067,087.

Name: Religious Leaders Behavioral health Training.
Additional Amount: $658,083.

Name: Access to Mobile/Cellular/Internet Devices in Improving Quality of Life.
Additional Amount: $610,632.

Name: Veteran Services for Military Families.
Additional Amount: $1,388,861.

Name: Developing Skill Sets for Independent Living..
Additional Amount: $853,512.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Commissioner making motion: Commissioner Van Horn
Commissioner seconding motion: Commissioner Ashbeck

☒ Roll Call Vote
☒ Motion Passed

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

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motion #: 4
Date: May 26, 2016
Time: 11:32 a.m.

Text of Motion:

The MHSOAC approves Sacramento County's Innovation Project:

> Name: Mental Health Crisis/Urgent Care Clinic
> Amount: $12,500,000
> Project Length: Five Years

Commissioner making motion: Commissioner Boyd
Commissioner seconding motion: Commissioner Ashbeck

☒ Roll Call Vote
☒ Motion Passed

Commissioner Buck recused himself.

Motion carried 10 yes, 0 no, 0 abstain, and 1 recusal per roll call vote as follows:

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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Motion #: 5
Date: May 26, 2016

Time: 11:46 a.m.

Text of Motion:

The MHSOAC approves the City of Berkeley's Innovation Project:

Name: Trauma Informed Care for Educators
Amount: $180,000
Project Length: Three Years

Commissioner making motion: Commissioner Boyd
Commissioner seconding motion: Commissioner Aslami-Tamplen

☒ Roll Call Vote
☒ Motion Passed

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

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

AGENDA ITEM1C

Information

July 28, 2016 Commission Meeting

MHSOAC Evaluation Dashboard

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Evaluation Dashboard assists in monitoring the major evaluation efforts currently underway. The Evaluation Dashboard provides information, objectives, and the status of all current deliverables for internal and external evaluation contracts and projects. Below is a list of all changes/updates to all evaluation projects, which are highlighted in red within the Dashboard.

Changes/Updates:

External Evaluation Contracts

- **Evaluation of Methods for Engaging and Serving Transition Age Youth (TAY)** *The Regents of the Univ. of California, University of California, San Diego*
  Update: Deliverables 4a, 4b, and 5 are complete.

- **Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System** *The Regents of the Univ. of California, University of California, San Diego*
  Update: Deliverables 4 and 5 are complete.

- **Early Psychosis Evaluation** *The Regents of the Univ. of California, University of California, Davis*
  Update: Deliverable 3 is under review.

- **Assessment of System of Care for Older Adults** *The Regents of the Univ. of California, University of California, Los Angeles*
  Update: Deliverable 2 is under review.

- **Evaluation of Return on Investment (ROI) for Prevention and Early Intervention (PEI) Evidence-Based Practices (EBPs)**
  The Regents of the Univ. of California, University of California, Los Angeles
  Update: Deliverable 2 is under review.

Internal Evaluation Contracts

- **Tracking and Monitoring of Mental Health Services Act (MHSA) Programs and Activities via Plans, Updates, and Expenditure Reports**
  Update: *This internal evaluation project is in transition to an external evaluation project. See Commission meeting Agenda Item XX.*

- **Mental Health Services Act (MHSA) Performance Monitoring**
  Update: *This internal evaluation project is in transition to an external evaluation project. See Commission meeting Agenda Item XX.*

Enclosures: MHSOAC Evaluation Dashboard

Recommended Action: None

Presenter: None

Motion: None

MHSOAC Evaluation Dashboard July 2016
(updated 7/20/16)

Current MHSOAC Evaluation Contracts and Deliverables

The Regents of the University of California, University of California, San Diego (IA)

Evaluation of Methods for Engaging and Serving Transition Age Youth (TAY)

MHSOAC Staff: Brian Sala

Active Dates: May 1, 2014 - June 30, 2016

Objective: Identify, describe, and assess outreach/engagement strategies and services that have been or are being offered for TAY throughout the State, and promote continued identification and adoption of effective support (i.e., services, strategies, programs, systems) that promotes positive outcomes in TAY with mental health needs, including recovery and resilience.

	Deliverable	Due Date*	Deliverable Cost	Status
1	Report of Proposed Research Design	June 1, 2014	$100,000	Completed
2	Report of Research Findings	March 1, 2015	$150,000	Completed
3	Report of Recommended Evaluation and Quality Improvement Methods	May 1, 2015	$50,000	Completed
4	Identify, Develop, and Provide Technical Assistance to Counties (*this is a two part deliverable as noted in a and b below*)			
4a	Report describing proposed methods to provide technical assistance to counties in support of implementation, evaluation, and quality improvement efforts related to TAY programs and services	May 1, 2015	$50,000	Completed
4b	Report describing provision of technical assistance to counties in support of implementation, evaluation, and quality improvement efforts related to TAY programs and services	March 1, 2016	$100,000	Completed
5	Report of TAY Policy Recommendations	April 1, 2016	$50,000	Completed
Total Contract Amount			$500,000	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016
(updated 7/20/16)

The Regents of the University of California, University of California, San Diego

Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System

MHSOAC Staff: Brian Sala

Active Dates: May 15, 2014 – June 30, 2016

Objective: Development and implementation of a tracking, monitoring, and evaluation system for adults receiving services via CSS that allows for evaluation of those clients and services. The ultimate goal of this project will be to contribute to our ability to understand and improve upon the quality of services offered via the CSS component and the statewide system that supports these services.

- Pilot data and outcomes system with select counties and providers to evaluate the feasibility of expanding the system statewide
- Inform policy and practices regarding a data collection system that could potentially expand to all Mental Health Services Act (MHSA) components

	Deliverable	Due Date*	Deliverable Cost	Status
1	**Report of Proposed Tracking, Monitoring, and Evaluation System for Adults Receiving Services within the CSS Component**	**April 13, 2015**	**$144,639**	**Completed**
2	**Report of Proposed Implementation Plan to Pilot the Tracking, Monitoring, and Evaluation System in a Sample of Providers/Counties**	**May 7, 2015**	**$104,458**	**Completed**
3	**Report of Proposed Research Design and Analytic Plan to Evaluate the Efficacy of CSS Services for Clients in Less Comprehensive Services than Full Service Partnerships**	**November 13, 2015**	**$104,458**	**Completed**
4	**Report of Evaluation Results**	**April 22, 2016**	**$203,554**	**Completed**
5	**Report of Policy and Practice Recommendations for How to Improve Upon Current CSS Services, Evaluations, and Systems**	**April 30, 2016**	**$139,277**	**Completed**
Total Contract Amount			**$696,386**	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

Mental Health Data Alliance (MHDATA)

Full Service Partnership (FSP) Classification Project

MHSOAC Staff: Brian Sala

Active Dates: November 2014 – June 30, 2017

Objective: The purpose of this evaluation effort is to assess Full Service Partnerships (FSPs) on a statewide level in order to classify them in a meaningful and useful fashion that should ultimately enable clients, family members, providers, counties, and the State to further understand the diversity of FSPs across California.

	Deliverable	Due Date*	Deliverable Cost	Status
1	Preliminary Statewide FSP Classification System Presentation Based on Focus Groups and/or Interviews	February 27, 2015	$52,650	Completed
2	Report of Proposed Statewide FSP Classification System Based on Stakeholder Input	August 31, 2015	$53,750	Completed
3	Report of Final Statewide FSP Classification System Based on Public Comment	October 30, 2015	$11,225	Completed
4	Report of Online Statewide FSP Classification System Website Version 1.0 Design Specification	February 29, 2016	$56,900	Completed
5	Online Statewide FSP Classification System Website Version 1.0	August 31, 2016	$119,900	Pending
6	Online Statewide FSP Classification System Website Administrator Training and Technical Assistance Report	October 31, 2016	$11,225	Pending
7	Online Statewide FSP Classification System Website User Training and Technical Assistance Report	October 31, 2016	$11,225	Pending
8	Online Statewide FSP Classification System Website Hosting and Cost Report	May 1, 2017	$10,438	Pending
Total Contract Amount			**$327,313**	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

The Regents of the University of California, University of California, San Diego

Recovery Orientation of Programs Evaluation

MHSOAC Staff: Ashley Mills

Active Dates: January 1, 2015 – May 31, 2017

Objective: To identify, describe, and assess existing measures and methods of evaluating the recovery orientation of programs and services, conduct an evaluation of the recovery orientation of direct and indirect services and/or programs provided within the Community Services and Supports (CSS) component (focused on the adult system of care), and use results from the evaluation to provide recommendations to providers, counties, and the State for achievement/promotion of recovery orientation in programs/services, as well as recovery and wellness of the clients that are served via these programs/services.

	Deliverable	Due Date*	Deliverable Cost	Status
1	Report on Existing Measures of Recovery Orientation	June 30, 2015	$50,000	Completed
2	Report of Proposed Research Design and Analytic Plan to Evaluate the Recovery Orientation of Programs and Services	July 15, 2015	$100,000	Completed
3	Technical Report of Evaluation Results, Data, Stakeholder Materials, and Dissemination Plan	September 30, 2016	$200,000	Pending
4	Resources for Evaluating Recovery Orientation and Dissemination Plan	January 15, 2017	$50,000	Pending
5	Resources for Promoting Practices that Encourage Recovery Orientation and Dissemination Plan	January 15, 2017	$50,000	Pending
6	Report of Policy and Practice Recommendations for Ensuring, Maintaining, and Strengthening the Recovery Orientation of Programs and Services	March 30, 2017	$50,000	Pending
Total Contract Amount			$500,000	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016
(updated 7/20/16)

The Regents of the University of California, University of California, Davis
Early Psychosis Evaluation
MHSOAC Staff: Ashley Mills **Active Dates**: June 1, 2015 – June 30, 2017 **Objective:** To identify and analyze program costs (i.e., costs expended to implement the program), outcomes (e.g., decreased hospital visits), and costs associated with those outcomes (e.g., costs associated with hospitalization) related to providing early psychosis programs. This evaluation will use the data from the Early Diagnosis and Preventative Treatment of Psychosis Illness (SacEDAPT) program in Sacramento County to pilot a method to calculate the program costs, outcomes, and costs associated with those outcomes when providing the SacEDAPT program, and to identify appropriate sources of comparison data (e.g., costs and outcomes during the period preceding SacEDAPT implementation). The evaluation will also develop and implement a method for identifying and describing all early psychosis programs throughout the State, to include specifically, for example, the data elements that are collected by these programs and the various ways in which they are collected (e.g., via Electronic Health Records or EHRs); data elements will be used to provide insight regarding existing capacity to assess costs and outcomes for early psychosis programs statewide, as well as help to define methods for use during the Sacramento County pilot.

	Deliverable	Due Date*	Deliverable Cost	Status
1	**Summary Report of Descriptive Assessment of SacEDAPT Early Psychosis Program**	**July 1, 2015**	**$75,000**	**Completed**
2	**Proposed Methodology for Analysis of Program Costs, Outcomes, and Changes in Costs Associated with those Outcomes in the SacEDAPT/Sacramento County Pilot**	**November 1, 2015**	**$35,000**	**Completed**
3	**Report of Research Findings from Sacramento County Pilot**	**July 1, 2016**	**$45,000**	**Under Review**
4	**Proposed Plan to Complete the Descriptive Assessment of Early Psychosis Programs Statewide**	**October 1, 2016**	**$20,000**	**Pending**
5	**Summary Report of Descriptive Assessment of Early Psychosis Programs Statewide**	**March 1, 2017**	**$20,000**	**Pending**
6	**Proposed Statewide Evaluation Plan**	**May 1, 2017**	**$5,000**	**Pending**
Total Contract Amount			**$200,000**	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

The Regents of the University of California, University of California, Los Angeles
Assessment of System of Care for Older Adults

MHSOAC Staff: Brian Sala

Active Dates: June 1, 2015 – June 30, 2017

Objective: The purpose of this evaluation effort is to assess the progress made in implementing an effective system of care for older adults with serious mental illness and identify methods to further statewide progress in this area. This assessment shall involve gauging the extent to which counties have developed and implemented services tailored to meet the needs of the older adult population, including un/underserved diverse older individuals, recognizing the unique challenges and needs faced by this population. In order to bolster the State's ability to promote improvements in the quality of services for older adults, a series of indicators shall be developed focused specifically on older adults with mental health issues; these indicators shall be developed with the intention of incorporating them into future data strengthening and performance monitoring efforts. The Contractor shall also identify and document the challenges and barriers to meeting the unique needs of this population, as well as strategies to overcome these challenges. Lessons learned and resultant policy and practice recommendations for how to improve and support older adult mental health programs at the State and local levels shall be developed and presented to the Commission.

	Deliverable	Due Date*	Deliverable Cost	Status
1	**Proposed Research Methods**	**September 7, 2015**	**$100,000**	**Completed**
2	**Recommended Data Elements, Indicators, and Policy Recommendations**	**June 30, 2016**	**$118,292**	**Under Review**
3	**Summary and Analysis of Secondary and Key Informant Interview Data**	**November 10, 2016**	**$75,000**	**Pending**
4	**Summary of Focus Group Data and Policy Recommendations**	**March 17, 2017**	**$75,000**	**Pending**
5	**Policy Brief and Fact Sheet(s)**	**April 28, 2017**	**$31,708**	**Pending**
Total Contract Amount			**$400,000**	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016
(updated 7/20/16)

The Regents of the University of California, University of California, Los Angeles

Evaluation of Return on Investment (ROI) for Prevention and Early Intervention (PEI) Evidence-Based Practices (EBPs)

MHSOAC Staff: Angela Brand

Active Dates: June 30, 2015 – June 30, 2017

Objective: Through a previous MHSOAC contract, Trylon Associates Inc. studied the use and impact of Mental Health Service Act (MHSA) funds for PEI programs. Via this prior study, Trylon determined the total amount of MHSA PEI funds spent on PEI efforts during a designated time period; costs were broken down by program, among other things. The prior study highlighted the potential return on investment (i.e. cost savings) for PEI programs that were evidence based practices (EBPs), based on savings identified via implementation of such EBPs in other areas. The purpose of this evaluation is to investigate potential return on investment (ROI) for EBPs being implemented in California with MHSA PEI funds, and to educate MHSOAC staff on ROI and other comparable evaluation methods.

	Deliverable	Due Date*	Deliverable Cost	Status
1	**Fidelity Assessment Summary**	**March 31, 2016**	**$12,500**	**Under Review**
2	**Report of Cost Savings from WSIPP-Documented EBPs: Fiscal Year (FY) 2011/2012 though FY 2014/2015**	**June 30, 2016**	**$25,000**	**Under Review**
3	**Report of Cost Savings from WSIPP-Documented EBPs: FY 2011/2012 though FY 2015/2016**	**March 31, 2017**	**$12,500**	**Pending**
4	**Training/Technical Assistance (T/TA) Plan**	**August 1, 2015**	**$12,500**	**Completed**
5	**Training Manual and Summary of Training/Technical Assistance (T/TA)**	**March 31, 2017**	**$12,500**	**Pending**
Total Contract Amount			**$75,000**	

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

Ongoing MHSOAC Internal Evaluation Projects

MHSOAC Evaluation Unit

Tracking and Monitoring of Mental Health Services Act (MHSA) Programs and Activities via Plans, Updates, and Expenditure Reports

MHSOAC Staff: TBD

Active Dates: December 2013 – TBD

Objectives: Develop and implement a system for extracting and utilizing information of interest for tracking and monitoring MHSA program activities and outcomes for fiscal year (FY) 2011/12 and FY 2012/13 from County Annual Updates, Three-Year Plans, and Annual Revenue and Expenditure Reports. Consider what additional information may be useful to capture via the reporting process.

This internal evaluation project is in transition to an external evaluation project.

	Work Effort or Product	Due Date	Status
1	Determine State Needs For Information That Is Currently Provided Within Reports	March 31, 2014	Completed
2	Develop System For Extracting And Cataloging State's Data Needs	April 30, 2014	Completed
3	List Of Recommended Data Elements	June 16, 2014	Completed
4	Complete Construction Of Tables	August 15, 2014	Completed
5	Test Database Functionality	August 22, 2014	Completed
6	Complete Construction Of Queries And Forms	TBD	Pending
7	Use System To Extract And Catalog Data Needed By State For FY 2012/13	TBD	Pending
8	Data Quality Check	TBD	Pending

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

MHSOAC Evaluation Unit			
Collect, Summarize, and Publicize Outcomes From County Evaluations of the Community Services and Supports (CSS) Component			
MHSOAC Staff: Ashley Mills **Active Dates**: January 2014 – April 29, 2016 **Objectives**: Collect, summarize, and publicize evaluations that counties have completed on the CSS component. Focus on fiscal year (FY) 2011/12 and FY 2012/13.			
Work Effort or Product		**Due Date**	**Status**
1	**Develop Methodology To Collect Information From Counties On Completed Evaluations of The CSS Component**	**February 14, 2014**	**Completed**
2	**Collect Data/Information From Counties**	**June 30, 2014**	**Completed**
3	**Conduct Review Of Data And Documents Received From Counties**	**April 30, 2015**	**Completed**
4	**Extract Relevant Information As Needed and Create Database of County Evaluations**	**September 30, 2015**	**Completed**
5	**Develop a Fact Sheet That Summarizes And Synthesizes County Evaluations Of The CSS Component Completed In FYs 2011/12 And 2012/13**	**April 29, 2016**	**Pending**

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016

(updated 7/20/16)

MHSOAC Evaluation Unit

Prevention and Early Intervention (PEI) Evaluation Strengthening; Collect, Summarize, and Publicize Completed PEI Evaluations

MHSOAC Staff: Ashley Mills

Active Dates: January 2014 – April 29, 2016

Objectives: Determine status of county efforts to evaluate one PEI project; Collect, summarize, and publicize PEI evaluations that counties have completed. Focus on fiscal year (FY) 2012/13.

	Work Effort or Product	Due Date	Status
1	**Develop Methodology To Collect Information From Counties On Completed Evaluations Of The PEI Component And Evaluation Methods Used**	**February 14, 2014**	**Completed**
2	**Collect Data/Information From Counties On Completed PEI Evaluations And Evaluation Methods**	**June 30, 2014**	**Completed**
3	**Conduct Review Of Data And Documents Received From Counties**	**April 30, 2015**	**Completed**
4	**Extract Relevant Information As Needed and Create Database of County Evaluations**	**September 30, 2015**	**Completed**
5	**Fact Sheet That Summarizes And Synthesizes County Evaluations Of The PEI Component Completed In FY 2012/13**	**April 29, 2016**	**Pending**

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC Evaluation Dashboard July 2016
(updated 7/20/16)

MHSOAC Evaluation Unit			
Mental Health Services Act (MHSA) Performance Monitoring			
MHSOAC Staff: Brian Sala **Active Dates**: Ongoing **Objectives**: Implement a process and system for monitoring and reporting on individual- and system-level data, including the CSI and DCR, to support characterization and assessment of MHSA programs and outcomes. ***This internal evaluation project is in transition to an external evaluation project.***			
	Work Effort or Product	**Due Date**	**Status**
1	**Develop Process For Adding Additional Client, System, And Community-Level Indicators**	**December 31, 2014**	**Completed**
2	**Secure Health Insurance Portability And Accountability Act (HIPAA) Compliance For MHSOAC Staff And Information Systems To Allow Secure Storage And Analysis Of Client-Level Data**	**May 31, 2015**	**Completed**
3	**Descriptive Statistics Report of Key CSI Data Elements, by County**	**April 30, 2016**	**Pending**
4	**MHDA Development and Training of EPLD Templates and Protocols for Analysis of DHCS Databases**	**May 15, 2016**	**Pending**
5	**Develop Strategic Plan Identifying Specific Research Questions Assessing Aspects of the Mental Health System and the Impact of the MHSA**	**TBD**	**Pending**
6	**Web-based Dynamic Visual Analytics of Key Data Elements**	**TBD**	**Pending**
7	**Develop and Implement Strategic Plan for Assessing Aspects of the Mental Health System and the Impact of the MHSA**	**TBD**	**Pending**

* Reflects the date that the deliverable is due to the MHSOAC for an internal review for compliance and approval.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

1325 J ST STE 1700
SACRAMENTO CA 95814
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Public Meeting Schedule 2016 - 2017

Meeting Date and Location	Group / Topic
Wednesday, August 3, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**MHSOAC Subcommittee** PEI and INN Regulations Implementation Project
Wednesday, August 3, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**MHSOAC Subcommittee** Issue Resolution Project
Thursday, August 18, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Client and Family Leadership Committee** Business Meeting
Thursday, August 18, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Cultural and Linguistic Competence Committee** Business Meeting
Thursday, August 25, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Reversion
Thursday, September 22, 2016 Los Angeles, CA	**Commission Meeting** Mental Health/Criminal Justice
Thursday, October 13, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Client and Family Leadership Committee** Business Meeting
Thursday, October 13, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Cultural and Linguistic Competence Committee** Business Meeting
Thursday, October 27, 2016 TBD	**Commission Meeting** Mental Health/Schools
Thursday, November 17, 2016 TBD/TELECONFERENCE	**Commission Meeting** Business Meeting
Thursday, December 8, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Client and Family Leadership Committee** Business Meeting
Thursday, December 8, 2016 1325 J Street, Suite 1700, Sacramento, CA 95814	**Cultural and Linguistic Competence Committee** Business Meeting
Thursday, January 26, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Project & Committee Planning
Thursday, February 23, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Business Meeting
Thursday, March 23, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Project Meeting
Thursday, April 27, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Business Meeting
Thursday, May 25, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Project Meeting
Thursday, June 22, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Business Meeting
Thursday, July 27, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Project Meeting
Thursday, August 24, 2017 1325 J Street, Suite 1700, Sacramento, CA 95814	**Commission Meeting** Business Meeting

AGENDA ITEM 02

Information

July 28, 2016 Commission Meeting

Innovation Overview

Summary:
Executive Director Toby Ewing will provide an overview and update of Mental Health Services Oversight and Accountability Commission activities relating to the Innovative Program component of the Mental Health Services Act.

Presenter:
Toby Ewing, PhD., MHSOAC Executive Director

Enclosures: None

Handout(s): None

AGENDA ITEM 03

Action

July 28, 2016 Commission Meeting

San Mateo County Innovation Plans (3)

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of San Mateo County's request to fund three (3) new Innovative (INN) projects: (1) *LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer and/or Questioning) Behavioral Health Coordinated Services Center* for a total of $2,200,000 over three years; (2) *Neurosequential Model of Therapeutics (NMT) within an Adult Service System* for a total of $264,000 over three years; (3) *Health Ambassador Program – Youth* for a total of $750,000 over three years.

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention, (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or, (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings.

The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

The stated primary purposes for the three San Mateo County INN Mental Health Projects, are:

1) LGBTQ Behavioral Health Coordinated Services Center – **Promote interagency and community collaboration;**
2) Neurosequential Model of Therapeutics (NMT) within an Adult Service System – **Increase the quality of services including measurable outcomes;**
3) Health Ambassador Program–Youth (HAP-Y) – **Increase access to mental health services.**

San Mateo County requests authorization from the MHSOAC to fund these independent, three-year projects in the amount of $3,214,000.

Presenters:

- Brian Sala, PhD., MHSOAC Deputy Director, Evaluation and Program Operations
- Doris Y. Estremera, Manager of Strategic Operations, Behavioral Health and Recovery Services, San Mateo County Department of Health and Human Services Office of Diversity and Equity

Enclosures (3): (1) Staff Innovation Summary, LGBTQ Behavioral Health; (2) County Innovation Summary, LGBTQ Behavioral Health; (3) Staff Innovation Summary, Neurosequential Model of Therapeutics; (4) County Innovation Summary, Neurosequential Model of Therapeutics; (5) Staff Innovation Summary, Health Ambassador Program-Youth; (6) County Innovation Summary, Health Ambassador Program-Youth.

Handout(s): A PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves San Mateo County's Innovation Projects.

Name: LGBTQ Behavioral Health Coordinated Services Center
Amount: $2,200,000
Project Length: 3 Years

Name: Neurosequential Model of Therapeutics (NMT) within an Adult Service System
Amount: $264,000
Project Length: 3 Years

Name: Health Ambassador Program – Youth (HAP-Y)
Amount: $750,000
Project Length: 3 Years

STAFF INNOVATION SUMMARY—SAN MATEO

Name of Innovative (INN) Project: LGBTQ Behavioral Health Coordinated Services Center

Duration and Amount of the Innovative Project: $2,200,000 for Three (3) Years

Review History

County Submitted Innovation (INN) Project: May 24, 2016
Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: July 28, 2016.

Project Introduction:

San Mateo County proposed project aim is to develop a Coordinated Services Center, designed to provide a place for a wide range of services for the Lesbian, Gay, Bisexual, Transgender, and Queer and/or Questioning (LGBTQ) community in San Mateo County. Its overall purpose is to improve the quality of life and address the multiple barriers many LGBTQ individuals and families face in seeking behavioral health care. The LGBTQ Behavioral Health Coordinated Services Center will be operated through a collaboration of multiple agencies that can provide a broad range of services (such as counseling and crisis intervention, case management, vocational and peer support services) to LGBTQ communities within San Mateo County. The project will include a location/space where groups, events and other LGBTQ-related activities will be held and feature the coordination of three (3) main components:

(1) Social and Community component aimed at engaging, educating, and providing support to LGBTQ individuals through peer based models of wellness and recovery.

(2) Clinical component comprised of two focal areas, one being behavioral health services and the other a resource and training ground for healthcare providers.

(3) Resource center component to become a hub location for local, county and national LGBTQ resources including a social media and online presence.

The Need

San Mateo County states that LGBTQ individuals and families are considered one of the most vulnerable and marginalized communities in the United States. According to Healthy People 2020, a nationwide consortium that identifies health improvement priorities, increase public awareness and understanding of determinants of health, disease, and disability and

the opportunities for progress, research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide.

While there are services for the LBTQ population in San Francisco, San Mateo has very limited services for this population. According to the Gallup Daily Tracking report, the San Francisco population of self-identified LGBTQ residents is 2.6 percent higher than the national average of 3.6 percent in the country. Currently there is no model of coordination of psycho-educational, social services, peer-based and community support and clinical services. The combination of these services together has yet to be seen, but each service separately has been provided in other locations as mentioned in the response below. San Mateo County argues that its Community Program Planning process determined that a focal point of their INN should be on the needs of the LGBTQ community.

The Response

The County's response to the identified need is to propose a coordinated service center specifically to address the needs of the LGBTQ Community. This proposed project appears to be generally responsive to the need the County identified and prioritized in its Community Planning Process. San Mateo County states that the proposed center will provide the quality of life and address the multiple barriers many LGBTQ individuals and their families face while seeking behavioral healthcare.

One challenge San Mateo faces is that there are similar programs that exist across the United States, as highlighted in their proposal. They do in fact acknowledge similarities to such examples as the LGBT Center in San Francisco, the Billy DeFrank Center in San Jose, and The Center in New York. There are more Community Centers that offer the similar programs here in California. The San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc., (d.b.a., The Center) has provided direct services by promoting LGBT health and human rights to its community. The Center's health program offers similar services for the LGBT Community. Another such program which is offering services to all communities by the way of mental healthcare is Telecare Corp (http://www.telecarecorp.com/program-types/). In the neighboring county of Alameda, Telecare Corp has a Service center named CHANGES, at which individuals can receive collaborative treatment planning with a recovery focus. All of the Telecare Corp locations provide services in the community for people with, or at risk for mental illness, through their acute, crisis, long-term recovery, and residential programs.

The County distinguishes this proposal from existing, similar models that focus on the LBGTQ population by having an LGBTQ behavioral health center that provides a coordinated service approach across behavioral health clinical services and psycho-educational and community/social events and activities.

San Mateo emphasizes that it will focus evaluation on coordination of services to improve delivery, access to mental health services for the LGBTQ Community, and outreach for marginalized and/or high risk for serious mental illness (SMI) persons to receive mental

health services. One challenge will be separating of the impact of the coordinated approach versus improvements in outcomes due to having a previously unavailable service. Data collection and determining the appropriate measures for the evaluation may also prove to be a challenge.

The Community Planning Process

The Community Program Planning (CPP) process involved about 300 diverse stakeholders and approximately 30 meetings for their entire CPP process to develop their three year plan. This ensured all stakeholder groups and demographics were represented. Additional details on the demographics, stakeholder group representation, and engagement are detailed in the Three-Year Plan. Innovation ideas were presented by stakeholders, Mental Health Services Act (MHSA) Steering Committee members, and San Mateo Behavioral Health and Recovery Services staff as at the Steering Committee meeting in March of 2015. The Steering Committee made recommendations on which projects to move forward.

Learning Objectives and Evaluation

San Mateo County has set two focal point learning goals for this proposal, the first is to test whether or not the coordination of services improves service delivery and access to mental health services for the LGBTQ Community's marginalized and high risk SMI individuals. In order to obtain this knowledge the county proposes their outcome objectives will be to determine a baseline for collaboration and how effective the current system is, they will attempt to increase communication, referrals, and interactions as a means to measure their outcomes. The final measurement of their goals will be the improved mental health indicators from pre to post scales and/or gathered mental health patient questionnaires. In order to evaluate these learning objectives the county plans to use a partner agency assessment to determine the level of coordination track LGBTQ visitors to the center during intake and conclusion for client satisfaction observation.

The second learning goal of the county is to focus on outreach to the marginalized and high risk of SMI individuals throughout the LGBTQ Community to improve access to mental health services. The preferred outcome will be a positive perception in regards to accessing mental health services in peer-lead outreach, support programs, and an increase in referrals. In order to quantify the pre and post mental health intake process the county will use a scale or questionnaire to show an increase or decrease in accessibility of service with use of the new system. Development of a thorough evaluation plan will be conducted by a contract evaluator, to be determined.

The Budget

The projected budget is $2,200,000 over the three year proposed duration.

The County did not provide budget detail, including a budget line item in the proposal for evaluation costs. In discussions with MHSOAC staff, the County stated that they will explain their method for evaluation outlay to the Commission during their presentation.

Additional Regulatory Requirements

The project proposal as presented to Commission staff lacks sufficient detail to establish that it meets all minimum regulatory requirements, particularly with respect to evaluation and the budget. Staff have discussed these issues with the County and anticipate that the County will provide further detail in its presentation to the Commission.

References

Telecare Corp http://www.telecarecorp.com/program-types/

The Center in San Diego http://www.thecentersd.org/pdf/2015-audited-financial.pdf

The Center in NYC: https://gaycenter.org/

Los Angeles LGBT Center: http://www.lalgbtcenter.org/mental_health_services

The LGBTQ Center Long Beach: https://www.lgbtcenters.org/Centers/California/15/The-LGBTQ-Center-Long-Beach.aspx

San Diego - http://www.thecentersd.org/?referrer=https://www.google.com/

Mental Health Services Act (MHSA) – Innovation Project Brief #2

Project: Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Behavioral Health Coordinated Services Center

Background – A comprehensive Community Program Planning (CPP) process identified the **need for culturally specific services and supports including outreach and coordination of services for the LGBTQ community**. The proposed LGBTQ Behavioral Health Coordinated Services Center (The Center) was identified as a priority project to address this need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016, following a 30-day public comment period, and recommended the approval of the project to the San Mateo County Board of Supervisors, which approved the project plan on May 24, 2016.

The Challenge – LGBTQ individuals are at higher risk of mental disorders[1] given their experience with multiple levels of stress including constant subtle or covert acts of homophobia, biphobia and transphobia against them. LGBTQ youth are especially vulnerable with higher rates of being victimized, having a mental health disorder and of homelessness and suicide.[2] LGBTQ older adults are also at higher risk of depression and isolation from family and other social supports.[3] Transgender persons and gender non-conforming/variant remain the most vulnerable to mental health problems including suicidality, depression, post-traumatic stress, and substance abuse.[4] While there are LGBTQ services located in the Bay Area, there are very few services in San Mateo County and a thorough literature review points to the scarcity of published research on models of coordination across services for this community. An academic study of LGBTQ community centers across the U.S. found that while nearly 87% offer social support services, direct mental health services are the least offered service.[5] This study also pointed to the need to create partnerships to increase quality, capacity and impact, training opportunities, clinical experience and specialized treatment programs for high risk groups; all services The Center will provide.

The Proposed Project – The Center will provide a coordinated approach across mental health treatment, recovery and supports for high risk LGBTQ communities through collaboration of multiple agencies. The Center will include a space where groups, events and other activities will be held and feature the coordination of three (3) components, summarized below. The Center pilot project has an expected start date of October 1, 2016 and a total estimated cost of $2.2 million for three years.

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[1] King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8:70

[2] Mustanski, Brian, Rebecca Andrews, and Jae A. Puckett. "The Effects of Cumulative Victimization on Mental Health Among Lesbian, Gay, Bisexual, and Transgender Adolescents and Young Adults."American Journal of Public Health 106.3 (2016): 527.

[3] Fredriksen-Goldsen, Karen I., Hyun-Jun Kim, Susan E. Barkan, Anna Muraco, and Charles P. Hoy-Ellis. "Health Disparities among Lesbian, Gay, and Bisexual Older Adults: Results from a Population- Based Study.(Author Abstract)." The American Journal of Public Health 103.10 (2013): 1802.

[4] Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention. American Journal of Public Health, 91, 6, 915.

[5] Rogers, Michael, Tania Israel, Merith Cosden, and Melissa Morgan Consoli. "Enhancing LGBTQ Emotional Health: The Role of LGBT Community Centers in Addressing Access to Mental Health and Social Support Services." N.p.: ProQuest Dissertations, 2012.

1. The social and community component aims to outreach, engage, reduce isolation, educate and provide support to high risk LGBTQ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.
2. The clinical component will be comprised of behavioral health services focusing on individuals at high risk of or already with moderate to severe mental health challenges; a strong referral system; and a resource and training ground to build competency working with high-risk LGBTQ.
3. The resource component is to become a hub for local, County and national LGBTQ resources including the creation of an online and social media presence.

Target Population – The Center will reach out specifically to communities that are marginalized, high risk of and/or with moderate to severe mental health challenges, including transgender and gender non-conforming/variant community members, LGBTQ youth, seniors and ethnic minorities. Demographic and mental health outcome data will be collected to ensure The Center is reaching the intended target population. 5,000 outreach encounters, 300-400 unduplicated mental health referrals, and a minimum of 80 clients in the clinical component is expected the first year.

The Innovation – **MHSA Innovative Project Category:** Introduces a new mental health practice or approach.
MHSA Primary Purpose: 1) Promote interagency *collaboration* related to mental health services, supports, or outcomes and 2) Increase *access* to mental health services to underserved groups.

While it is not new to have an LGBTQ center providing social services (see attached program list)[6], there is no model of a coordinated approach across mental health, social and psycho-educational services for this vulnerable community.

Evaluation –
Learning Goal #1 (Collaboration): Does a coordinated service delivery approach improve outcomes for LGBTQ individuals at high risk for or with moderate or severe mental health challenges?

- Baseline objective: determine current status of coordination and collaboration
- Process measures: increase in communication among providers, referrals, improved satisfaction
- Outcome measures: improved mental health indicators from pre/post scales and client questionnaires assessed at intake and closure and client satisfaction surveys, client engagement

Learning Goal #2 (Access): Does The Center improve access to mental health services for LGBTQ individuals at high risk for or with moderate or severe mental health challenges?

- Demographics, how did you hear about The Center, assessed at intake and after a year to measure impact of outreach efforts

A contract provider will be selected through a Request for Proposal (RFP) process to implement and manage The Center, including the administration, participant recruitment and data collection. A separate RFP process will select a qualified evaluator to develop a thorough evaluation, analysis and reporting. The evaluation plan will include meaningful and diverse LGBTQ and stakeholder participation through the MHSA Steering Committee, which will also be the primary venue for vetting next steps and decisions related to continuation of the project.

[6] http://www.lgbtcenters.org/Centers/find-a-center.aspx

Attachment – List of LGBTQ programs providing similar services

Program Name and Website	Year Established	Location	Method(s) of Engagement
Fenway Health http://fenwayhealth.org/	1971	Boston, MA	The mission of Fenway Community Health is to enhance the physical and mental health of the general community, with an emphasis on services for LGBT individuals. Fenway is 1 of only 9 LGBT-specific community health centers in the United States. Fenway's services include primary medical care and specialty HIV/AIDS, obstetrics, gynecology, gerontology, podiatry, and dermatology services; mental health and addiction services; complementary therapies including chiropractic, massage, acupuncture, and nutrition therapies; health promotion programs, community education programs, programs for the prevention of domestic and homophobic violence, and parenting programs; and family planning services.
Callen-Lorde Community Health Center http://callen-lorde.org/about/	1983	New York, NY	Callen-Lorde Community Health Center provides sensitive, quality health care and related services targeted to New York's lesbian, gay, bisexual, and transgender communities — in all their diversity — regardless of ability to pay. To further this mission, Callen-Lorde promotes health education and wellness, and advocates for LGBT health issues. Callen-Lorde offers a full spectrum of full integrated services including patient care services, primary medical care, health outreach to teen (HOTT) targeting homeless LGBT youth, HIV medical care, Lesbian and Bisexual women's health, mental health, transgender services, dentistry, care coordination services, sexual health education clinic, and pharmacy.
SF LGBT Center http://www.sfcenter.org/	2002	San Francisco, CA	The mission of the San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center is to connect our diverse community to opportunities, resources and each other to achieve our vision of a stronger, healthier, and more equitable world for LGBT people and our allies. The Center's strategies inspire and strengthen our community by: • Fostering greater opportunities for people to thrive. • Organizing for our future. • Celebrating our history and culture. • Building resources to create a legacy for future generations. Our own service programs provide leadership that brings the community together to work on issues of civil rights, public policy and community activism, tackling problems of discrimination, homophobia and disenfranchisement. The Center is sought out as a collaborative leader and partner, leveraging the work of community-based organizations through active engagement with over 70 local organizations. Services include: direct programming, economic development, health and wellness, children youth and family services, policy initiatives, and arts and culture.
Center Link: The Community of LGBT Centers http://www.lgbtcenters.org/Centers/find-a-center.aspx	1994	Nationwide Database	CenterLink develops strong, sustainable LGBT community centers and builds a thriving center network that creates healthy, vibrant communities. Using a nationwide database, LGBTQ members can search for centers on their website where lesbian, gay, bisexual and transgender people have access to flourishing LGBT community centers that advance their safety, equality and well-being.

STAFF INNOVATION SUMMARY—SAN MATEO

Name of Innovative (INN) Project: Neurosequential Model of Therapeutics (NMT) within an Adult Service System

Total Requested for Project: $264,000

Duration of Innovative Project: Three (3) Years

Review History

County INN plan approved by County Board of Supervisors on May 24, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project will be on July 28, 2016.

Project Introduction

San Mateo County proposes to increase the quality of services including measurable outcomes for Behavioral Health and Recovery Services (BHRS) clients by adapting the Neurosequential Model of Therapeutics (NMT) model for use with adult populations. The NMT is a developmentally sensitive, neurobiology approach to clinical problem solving and not a specific therapeutic intervention. NMT uses principles of neurodevelopment and traumatology to base an approach for the best practices for treatment modalities.

The County will train two to three staff each from up to six different BHRS adult system of care programs to bring the NMT model into their clinical work. Target BHRS programs will either currently be doing Trauma Informed Care (TIC) work or have an opportunity to transform to a more TIC approach. The County anticipates that approximately 75-100 clients will receive an assessment and relevant interventions annually (for three years).

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed program or project must align with the core Mental Health Services Act (MHSA) principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

San Mateo County recognized the need to expand awareness of how trauma impacts adult persons with mental health concerns from the experience and extensive research on children with mental health concerns and trauma (see references). The County also wants to transform current services into a trauma-informed system of care by expanding the NMT approach to help improve outcomes for BHRS adult clients with histories of trauma. This was identified as a top priority by the County's MHSA Steering Committee as determined by stakeholders in March of 2015 as a way to bring alternative therapy and treatment options through a rigorous trauma-informed way to adult clients.

The Response

The County proposes to address the challenge of identifying, treating, and promoting recovery for adults experiencing mental health concerns and how trauma could impact treatment and services by adapting the NMT approach for use with adult clients. The NMT approach was developed by Bruce D. Perry, MD, PhD, for primary use with children who have experienced trauma.

The County will collaborate with Dr. Perry on the adaptation, implementation, and evaluation. The County plans to use a contractor as the project evaluator. The project is recovery focused, tailored to specific needs of the recipient, expected to significantly lessen the number of psychiatric hospitalizations, and is touted as a method to bring alternative therapy and treatment to trauma patients.

The Community Planning Process

The Innovation ideas were brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members, and BHRS staff indicating the need for potential projects. The Steering Committee made recommendations on which projects to move forward for further exploration. The community planning process involved about 300 diverse stakeholders and conducted about 30 meetings. This ensured all stakeholder groups and demographics were represented. Additional details on the demographics, stakeholder group representation, and engagement are detailed in the Three-Year Plan.

Learning Objectives and Evaluation

The overall learning objective of the NMT Innovation Plan is to assess if the proposed adult NMT development will increase the understanding of trauma-informed care, decrease psychiatric hospitalizations, and decrease use of psychiatric emergency services in adults. Research indicates the approach with children has a significant impact. The innovative component of the NMT is to determine if the same process will improve recovery for adults with trauma within the Adult Service System.

The Budget

Total planned cost for the project is $264,000. The county estimates about $30,000 for staff training. Service contracts will cost $75,000. The cost of NMT assessments, over the course of the three year project, is $9,000. The County did not incorporate a budget line item in the proposal for evaluation costs. In discussions, the County indicates they anticipate approximately five percent of the total amount of the proposed budget will be used for evaluation. The County will explain their method for evaluation outlay to the Commission during their presentation.

Additional Regulatory Requirements

The proposed project, with the exception of the evaluation budget expenditures, seems to meet minimum standards for compliance for requirements of the MHSA. The County had strong community participation and relied heavily on their MHSA Steering Committee for direction.

References

There are no applicable references, peer-reviewed/substantial research, or specific information available on **adult** NMT research or projects indicating interventions of this nature in adult, elderly, or special populations (such as the underserved , clients with comorbidity, or immigrants). However, there is a multitude of peer reviewed articles regarding children as listed below:

http://www.youth4change.org/bruceperry/NMT_Article_08.pdf

http://www.cpe.rutgers.edu/NJDCF2014/The_Neurosequential_Model_of_Therapeutics_as_Evidence_based_Practice.pdf

http://childtrauma.org/nmt-model/

San Mateo County Health System
Behavioral Health & Recovery Services (BHRS)

Mental Health Services Act (MHSA) – Innovation Project Brief #3

Project: Neurosequential Model of Therapeutics (NMT) within an Adult Service System

Background – A comprehensive Community Program Planning (CPP) process identified and supported the **need to provide alternative treatment options to broaden and deepen the focus on trauma informed care and provide better outcomes in recovery for BHRS consumers**. The proposed NMT project was identified as priority to address the need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016, following a 30-day public comment period, and recommended the approval of the NMT project to the San Mateo County Board of Supervisors, which approved the project plan on May 24, 2016.

*The Challenge –*Trauma is frequently undiagnosed or misdiagnosed leading to inappropriate interventions in mental health care settings.[1] In an effort to become a trauma-informed system of care, BHRS provided an intensive training to 30 staff and 10 providers on the NMT evidence-based practice, see attached overview. Ten BHRS staff have become trainers to sustain the work and support neighboring counties. NMT locates the neurobiological reason for an individual's behavioral problems and, if appropriate, provides a holistic approach integrated with multiple forms of targeted therapies that may include music, dance, yoga, drumming, therapeutic massage, etc. These can help regulate brain functioning allowing consumers to self-regulate, for example, an indicator known to be predictive of positive outcomes for those affected by trauma.[2] From a sample of 10 repeated BHRS youth assessments, 100% improved self-regulation and 63% sensory integration, relational, and cognitive domain measures. There is little evidence, despite strong theoretical basis, on the possible application of a neurodevelopmental and sensory-focused treatment with adults[3]; this offers a prime opportunity to pilot the NMT approach with adult consumers.

The Proposed Project – The NMT project is intended to adapt, pilot and evaluate the application of the NMT approach to an adult population, within the BHRS Adult System of Care. It is a three year pilot project with an expected start date of September 1, 2016 and a total estimated cost of $108,000 for the first year, $78,000 each subsequent year. Key activities include the following:

1) Adaptation of and formal training on the NMT approach, core concepts and metrics.
    - CTA will train 12-18 staff selected from up to 6 different BHRS adult system of care programs to bring the NMT model into their clinical work. It is estimated that approximately 75-100 consumers will receive an assessment and relevant interventions annually.
2) Implementation and follow through on the NMT-derived key recommendations.
3) Tracking improvement of the NMT metric domains for adult consumers to inform whether the NMT approach can improve outcomes and recovery for adult consumers.
4) Ensure fidelity to the NMT model, as required by the CTA for continued certification.

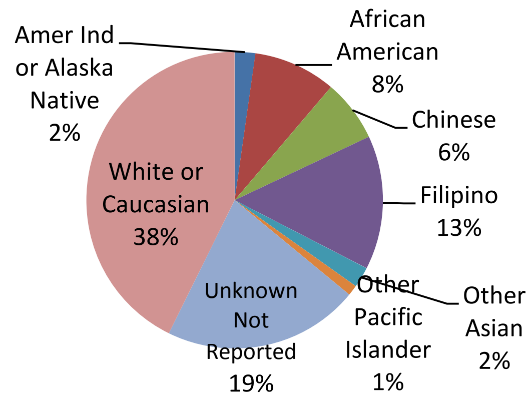
[1] Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.
[2] Perry, B.D. & Dobson, C. (2013) The Neurosequential Model (NMT) in maltreated children. In (J. Ford & C. Courtois, Eds) Treating Complex Traumatic Stress Disorders in Children and Adolescents, pp 249-260. Guilford Press, New York
[3] Gardner, J. (2016). Sensory Modulation Treatment on a Psychiatric Inpatient Unit. Journal of Psychosocial Nursing and Mental Health Services,54(4), 44-51.

Target Population – Adult consumers receiving longer-term or residentially-based services will be selected to bring the NMT model into their current clinical treatment. Potential BHRS adult consumers present the following demographics:

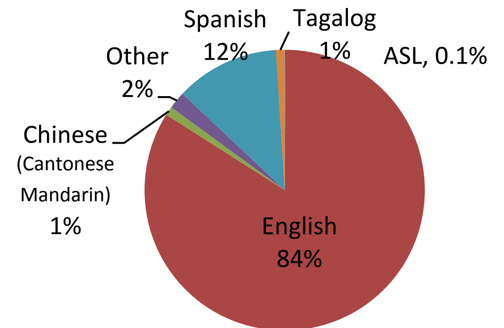
Ethnicity:

19% Hispanic/Latinc

Race:



Languages spoken:



The Innovation – **MHSA Innovative Project Category:** Makes a change to an existing mental health practice that has not yet been demonstrated to be effective. **MHSA Primary Purpose:** Increase quality of mental health services, including measurable outcomes.

NMT has been integrated into a variety of settings serving infants through young adults. Yet, there is no outcome research for NMT conducted in an adult setting or population and it has not been implemented anywhere in a formal and intentional manner for an Adult System of Care. Expansion and evaluation to the adult system of care would be the first of its kind. The Child Trauma Academy (CTA) and its creator, Dr. Perry, are very supportive and will collaborate on the adaptation, implementation and evaluation.

Evaluation –

Learning Goal #1: Can NMT, a neurobiology and trauma-informed approach, be adapted in a way that leads to better outcomes in recovery for BHRS adult consumers?

- A decrease in psychiatric hospitalizations.[4]
- A minimum of 80% of consumers will agree that the NMT model was helpful in their recovery goals.

Learning Goal #2: Are alternative therapeutic and treatment options, focused on changing the brain organization and functioning, effective in adult consumers' recovery?

- At least 60% of adult NMT consumers will show improvement in each of four NMT functional domains: Sensory Integration, Self-Regulation, Relational, and Cognitive.

1. All providers and consumers receiving NMT approach will participate in the evaluation plan.
2. Data will be aggregated from individual metric assessments, pre/post health questionnaires and encounter data are all possible methods to be included.
3. The NMT "mapping process" provides scores in four functional domains (Sensory Integration, Self-regulation, Relational, and Cognitive) and rescored as a follow up or post assessment.

BHRS will manage the project, coordinate with CTA to adapt and administer the training, and ensure proper data collection. A Request for Proposal process will be conducted to select a qualified evaluator. Data cleaning, analysis and reporting will be conducted by a contract evaluator. The evaluation plan will include meaningful and diverse stakeholder participation through the MHSA Steering Committee, which is made up of diverse stakeholders and cultural groups and is open to the public. The MHSA Steering Committee will also be the primary venue for vetting next steps and decisions related to continuation of the project.

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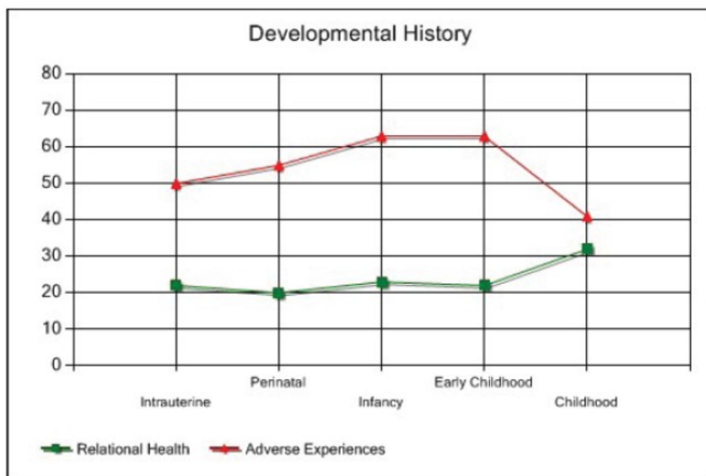
[4] Substance Abuse and Mental Health Services Administration. The Business Case for Preventing and Reducing Restraint and Seclusion Use. HHS Publication No. (SMA) 11-4632. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

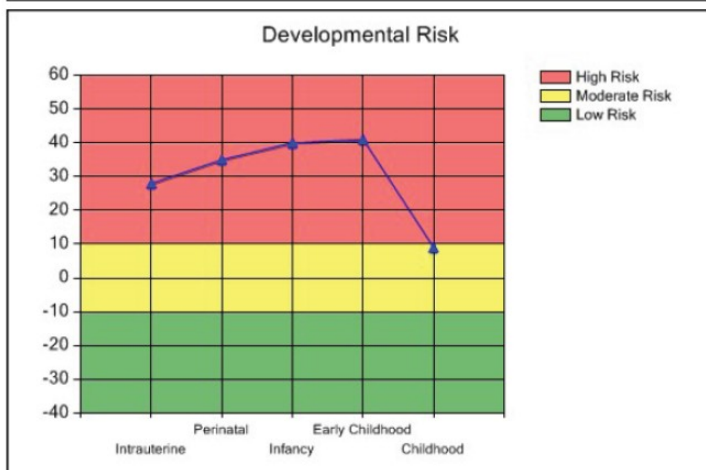
The ChildTrauma Academy
www.ChildTrauma.org

Overview of the Neurosequential Model of Therapeutics ©

The Neurosequential Model of Therapeutics (NMT) is a developmentally sensitive, neurobiology---informed approach to clinical problem solving. NMT is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families and the communities in which they live. The Neurosequential Approach has three key components – training/capacity building, assessment and then, the specific recommendations for the selection and sequencing of therapeutic, educational and enrichment activities that match the needs and strengths of the individual.

The NMT assessment process examines both past and current experience and functioning. A review of the history of adverse experiences and relational health factors helps create an estimate of the timing and severity of developmental risk that may have influenced brain development (see graph). In the sample graph, both the timing and severity of risk and resilience factors are plotted (top graph) to generate an overall developmental risk estimate (bottom graph). In this case this individual was at high risk for developmental disruptions – with potential significant functional consequences – during the entire first five years of life.





A review of current functioning identifies problems and strengths in current functioning and helps generate a visual representation of the child's estimated current functioning organized into a neurobiological fashion; this generates a Functional Brain Map (see below). The NMT "mapping" process helps identify various areas in the brain that appear to have functional or developmental problems; in turn, this helps guide the selection and sequencing of developmentally sensitive interventions. These interventions are designed to replicate the normal sequence of development beginning with the lowest, most abnormally functioning parts of the brain (e.g., brainstem) and moving sequentially up the brain as improvement is seen. The NMT is grounded in an awareness of the sequential development of the brain; cortical organization and functioning depend upon previous healthy organization and functioning of lower

neural networks originating in the brainstem and diencephalon. Therefore a dysregulated individual (child, youth or adult) will have a difficult time benefiting from educational, caregiving and therapeutic efforts targeted at, or requiring, “higher” cortical networks. This sequential approach is respectful of the normal developmental sequence of both brain development and functional development. Healthy development depends upon a sequential mastery of functions; and a dysregulated individual will be inefficient in mastering any task that requires relational abilities (limbic) and will have a difficult time engaging in more verbal/insight oriented (cortical) therapeutic and educational efforts.

Client (14 years, 3 months) **Report Date: 12/4/2010**

4	8	7	2	2	9
11	10	7	2	6	10
3	3	8	1	8	8
	10	5	2	3	
	11	6	4	3	
		4	4		
		8	10		
		9	6		

Age Typical - 14 to 16

10	10	10	10	10	10
12	12	12	10	10	11
11	11	12	11	10	12
	11	11	11	12	
	12	12	12	11	
		12	12		
		12	12		
		12	12		

The NMT Web---based Clinical Practice Tools (aka, NMT Metrics) help provide a structured assessment of developmental history of adverse experiences, relational health and current brain---mediated functioning. These NMT Metrics are designed to complement, not replace, existing assessment tools (e.g., CANS, CAFAS) and psychometrics (e.g., CBCL, IES, WISC, WRAT). They are designed to allow use across multiple systems using multiple assessment packages. The primary goal of the NMT Metrics and assessment is to ensure that the clinical team is organizing the client and family’s data (and planning) in a developmentally sensitive and neurobiology---informed manner.

Above is an example of a functional brain "map" produced by the web---based NMT Clinical Practice Application. The top image (with the red squares) corresponds to a client (each box corresponds to brain functions mediated by a region/system in the brain. The map is color coded with red indicating significant problems; yellow indicates moderate compromise and green, fully organized and functionally capable). The bottom map is a comparative map for a "typical" same---aged child. The graphic representations allow a clinician, teacher, or parent to quickly visualize important aspects of a

child's history and current status. The information is key in designing developmentally appropriate educational, enrichment and therapeutic experiences to help the child.

This clinical approach helps professionals determine the strengths and vulnerabilities of the child and create an individualized intervention, enrichment and educational plan matched to his/her unique needs. The goal is to find a set of therapeutic activities that meet the child's current needs in various domains of functioning (i.e., social, emotional, cognitive and physical). An individual demonstrating significant problems in brainstem and diencephalic functions may end up with recommended activities that include music, dance, yoga, drumming, various sports, therapeutic massage to more traditional play therapy, sand tray or other art therapies. Later in the treatment process, after improved brainstem and diencephalic functioning, the treatment recommendations would shift to more insight oriented--- and cognitive---mental interventions such as PCIT or TF---CBT.

The NMT training and capacity building component incorporates didactic teaching with web--- based sessions using on clinical cases presented by participating clinicians. It also incorporates multimedia and reading materials that focus on child development, neurobiology, traumatology, attachment theory and a host of related areas relevant to understanding the impact of maltreatment and other developmental insults on the developing child. The CTA has developed an NMT training certification process for individual clinicians and organizations. This training process provides the necessary exposure to the core concepts, practical application and use of the web---based NMT Metrics to establish and maintain fidelity required for examining clinical outcomes and conducting research using the NMT Metrics as part of the evaluation package. Certified clinicians from across the world demonstrate high fidelity and inter---rater reliability when "evaluating" and scoring the same client data.

The NMT is widely applicable to a variety of clinical and educational environments and has been integrated into a variety of settings across the full life cycle – infants through adults --- including therapeutic preschools, early head start programs, infant mental health, ECI programs, residential treatment centers, and in numerous private and outpatient clinical practices working with young children, youth and adults. Several large public child protective services and child mental health settings have become certified and routinely use the NMT.

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For more information visit The ChildTrauma Academy website:
www.ChildTrauma.org

STAFF INNOVATION SUMMARY—SAN MATEO

Name of Innovative (INN) Projects: Health Ambassador Program –Youth

Total Requested for Project: $750,000

Duration of Innovative Project: Three (3) Years

Review History

County INN plan approved by County Board of Supervisors on May 24, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: July 28, 2016.

Project Introduction:

San Mateo County proposes to adapt their existing Health Ambassador Program (for adults) so that it can be completed by youth, ages 16-25. The program comprises training for certification as a Health Ambassador, so that these trained youth could take a proactive role in community forums, serve as panel members and generally become youth leaders in their communities. By developing youth, the County feels that it can reduce stigma and improve access to mental health services. To obtain certification, participants would be required to complete at least four trainings from among the following: Mental Health First Aid, Applied Suicide Intervention Skills Training, National Alliance on Mental Illness (NAMI) Family to Family Education Program, NAMI Basics, Stigma Free San Mateo and/or Wellness Recovery Action Plan, and Digital Storytelling and/or Photovoice or other relevant course. After completion of the four required courses, graduates will be presented with a Health Ambassador certificate and be part of a pool utilized by the project to provide outreach into communities, facilitate discussions or focus groups, and be points of contact for and assistance to local wellness events and efforts.

The County anticipates that it will be able to recruit and train 30 HAP-Y candidates per year for the program. Of those 30, the County estimates that about 30% will be persons with lived experience. They also plan to recruit from diverse cultural and gender backgrounds as well as get a geographic balance of youth from its “four corners” as well as its geographically remote areas. This all, they feel, will ensure that the HAP-Y program is reaching diverse youth.

The Need

San Mateo County states that it identified a need to decrease stigma and build the capacity of communities to engage in improving access to mental health services during its comprehensive community planning process (CPP), held preparatory to developing its

Three Year Plan for fiscal year (FY) 2014-2017. This need, along with others, identified in the CPP, was brought to the Mental Health Services Act (MHSA) Steering Committee, which is responsible for prioritizing MHSA projects in the County. The County further states that while the value of peer education and advocacy in health and wellness (smoking, healthy eating, sex education, etc.) is well documented, research on the efficacy in the mental health setting is scarce. Further, the County states that evidence-based models for training youth peer educators/advocates are limited. The county indicated in discussions with Staff that their key, proposed innovation is their proposed delivery method (for over a year) to prepare youth to be peer educators/advocates.

The Response

The County states that its need to implement a curriculum to develop health ambassadors for youth is validated through the lack of evidence-based models for training youth to be educators/advocates. The adult version of this program was developed by the County Office of Diversity and Equity (ODE) with Prevention and Early Intervention (PEI) funding in 2013. The County does not indicate if the ODE will continue to sponsor this program simultaneously while the County runs the youth program with Innovation funding.

In the adult version of the Health Ambassador program, participants completed a 12-week parent skill-building class and four of eight other public education course to expand their knowledge of behavioral health. The adult program appears not to have been formally evaluated as to whether it has improved access to services or decrease stigma. The County notes that the adult HAP is still fairly new. The County may wish to address the degree to which the adult HAP program has been evaluated in order to clarify how evaluation of HAP-Y will assess the impact of program adaptations.

The County suggests that its health ambassador program for youth would be innovative in three respects: (1) its adaptation to youth; (2) its year-long training approach to certify individuals as Health Ambassadors; and (3) the potential effectiveness of youth ambassadors in increasing youth access to mental health services.

Health ambassador programs are not a new concept, even for youth. A review of literature and programs, nationally and internationally, speak to the development of curriculum for youth-oriented health ambassador programs, as well as delivery systems for such programs. According to its website, San Mateo County already has a yearlong training in South San Francisco. The Canadian Mental Health System has developed a complete teaching curriculum for delivering health ambassador-like programs to high school students during the academic school year. There are likewise numerous health ambassadors programs in other states, (e.g. Illinois, New York, Nevada) as well as internationally, (e.g. Canada, Australia).

What is not codified in these reports of programs is the extent to which any of these has reduced stigma or increased access to mental health services. San Mateo County is positioned to look at this through its youth health ambassador program. Further, the County does not know if the adult version of the program was successful at either decreasing stigma or provider better access to services. That information could not only inform the County's decision to adapt the program curriculum and delivery systems, but might also lead to another aspect of the youth program.

The Community Planning Process

The community planning process that led to this proposal appears to have been robust. While these meetings were conducted primarily for the Three Year Program and Expenditure Plan, distillation of the Community Program Planning (CPP) Process led to the development of this Innovation proposal. This strongly suggests that all interested stakeholder groups and demographics had the opportunity to be represented. Additional details on the demographics, stakeholder group representation, and engagement are provided in the County's Three-Year Program and Expenditure Plan, FY 2014-15 through 2016-17, (pages 7-14). The Innovation ideas were then brought to the San Mateo County MHSA Steering Committee in March 2015 by stakeholders, MHSA Steering Committee members, and Behavioral Health and Recovery Services (BHRS) staff as potential projects. The Steering Committee made recommendations on the projects to move forward.

Learning Objectives and Evaluation

The County cites two primary learning goals:

- Is the HAP year-long psychoeducational process an effective method for building youth capacity and engagement in reducing stigma in their communities?
- Are youth ambassadors effective in increasing access to behavioral health services for other youth, families and communities?

The County may wish to clarify how their evaluation approach will compare and contrast the County's year-long training process with training approaches utilized in similar programs in other states or internationally.

The County may further wish to clarify how their emphasis on whether youth ambassadors can increase access to services for other youth, families and communities differs from the objectives pursued in other, similar youth ambassador programs.

In December 2015, the County released a Request for Proposal for a contractor to run the Innovative program. StarVista was selected to develop and run the Youth health ambassador program. No budget (delineating administrative, program or evaluation costs) is available for review, although the County indicated that after a contractor was hired, they would develop a final budget. Later, it released a second RFP for a program evaluator. In the RFP the County proposed that the successful bidder could receive up to $100,000 (total) for the first two years to evaluate 3 of their proposed Innovative Programs. As of date of this writing, no evaluator has been identified by the County.

The Budget

The projected budget is $750,000; $250,000 per year over the three year project duration. The County has not provided any budgetary detail to date, including estimates for administration or for evaluation. Staff have discussed with the County the lack of detail and anticipate that the County will address this issue in its presentation to the Commission.

Additional Regulatory Requirements

The project proposal as presented to Commission staff lacks sufficient detail to establish that it meets all minimum regulatory requirements, particularly with respect to evaluation and the budget. Staff have discussed these issues with the County and anticipate that the County will provide further detail in its presentation to the Commission.

References

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San Mateo County Health System
Behavioral Health & Recovery Services (BHRS)

Mental Health Services Act (MHSA) – Innovation Project Brief #1

Project: Health Ambassador Program – Youth (HAP-Y)

Background – A comprehensive Community Program Planning (CPP) process in San Mateo County identified the **need to decrease stigma and build the capacity of communities to engage in improving access to mental health services**. The proposed HAP-Y project was identified as priority to address this need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016 and the San Mateo County Board of Supervisors approved the HAP-Y project plan on May 24, 2016.

The Challenge – While the value of peer education and advocacy in health and wellness is well documented and studies have found that youth are "more likely to make changes if they believe the messenger faces their same concerns and issues," research on youth peer education and community advocacy in mental health is scarce[1]. A recent 2016 study was the first to look specifically at a school-based youth mental health peer education program and observed improvement in participants' knowledge and stigma of seeking help.[2] This provides preliminary evidence and highlights the need for additional research on the effectiveness of youth peers making systematic changes in their communities, reducing stigma and in turn increasing access to mental health services. Evidence-based models for training designed for youth peer educators are limited. Internet searches and direct inquiries with similar programs, see attached listing, further supports the need to pilot this promising approach.

The original HAP (for adults) was developed by the Office of Diversity and Equity in BHRS, on January 2014. Participants complete a 12-week Parent Project® class and are encouraged to take 4 additional trainings to enhance their skills and knowledge about mental health. HAP graduates, including those with lived experience, are empowered to become leaders in their community and serve as a critical liaison to the County by doing outreach, speaking at panels and community events, teaching psycho-educational classes, etc. The idea for a youth focused HAP evolved from recognizing that **informed youth can take a proactive role in their communities, bring awareness, reduce stigma and change cultural beliefs and norms.**

*The Proposed Project –*The HAP-Y project will adapt, pilot and evaluate a psycho-educational process to train youth age 16-25 as ambassadors for mental health awareness, and will support the youth in their ambassador role following graduation. HAP-Y is a three year pilot project with an expected start date of September 1, 2016 and a total estimated cost of $750,000. Key activities include:

1. Adapt the adult HAP model and process appropriate for the youth participants.
2. Provide psycho-educational courses (Wellness Recovery Action Plan®, Mental Health First Aid, Applied Suicide Intervention Skills Training, etc.) for participants, including youth with lived experience.
3. Establish opportunities for engagement (presentations, outreach, advisory roles etc.) post-graduation.
4. Provide ongoing groups for youth to process and troubleshoot outreach activities.
5. Conduct evaluation activities, pre and post-tests, participant surveys, and data analysis.

[1] Melissa D. Pinto-Foltz, M. Cynthia Logsdon, John A. Myers, Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents, Social Science & Medicine, Volume 72, Issue 12, June 2011, Pages 2011-2019.

[2] O'reilly, Aileen, James Barry, Marie-Louise Neary, Sabrina Lane, and Lynsey O'keeffe. "An Evaluation of Participation in a Schools- Based Youth Mental Health Peer Education Training Programme."Advances in School Mental Health Promotion (2016): 1-12.

HAP-Y has the potential of empowering youth, including youth with lived experience, increasing engagement in their communities and contributing to mental health workforce development. HAP-Y graduates can conduct outreach, speak at panels and events, teach psycho-educational classes, mentor and join committees, advisory groups, and/or commissions supported by adult allies. They are provided stipends for their participation.

Target Population – The HAP-Y program will recruit a minimum of 30 youth ages 16-25 to participate in the HAP-Y training process and graduate. At least 30% of graduates will be youth with Lived Experience. Youth will be recruited from diverse cultural backgrounds (White, Latino, African American, Filipino, Pacific Islander, Native American), gender identity and sexual orientation and geographic representation.

The Innovation – **MHSA Innovative Project Category:** Makes a change to an existing mental health practice that has not yet been demonstrated to be effective.

Primary Purpose: Increase access to mental health services.

1. The HAP psycho-educational process is innovative, collaborative and client focused and has ***not been evaluated*** to understand its full impact.
2. The current process for graduating HAP adults and the program will ***need to be adapted*** for a youth audience.
3. There is ***limited research*** demonstrating the effectiveness of youth ambassadors in making systemic changes, decreasing stigma and increasing access to mental health services.

Evaluation – **Learning Goal #1:** Is the HAP psycho-educational process for training Health Ambassadors an effective method for building youth capacity and engagement in reducing stigma in their communities?

- Positive changes in pre/post questionnaires for youth ambassadors.
- Positive mental health perceptions, knowledge and awareness from community participants of youth ambassador-led outreach, presentations, efforts, etc.

Learning Goal #2: Are youth ambassadors effective in increasing access to mental health services for other youth, families and their communities?

- Positive perceptions with regards to accessing mental health services from community participants in youth ambassador-led outreach, presentations, efforts, etc.
- Increased knowledge and awareness of how and where to access services

1. All youth ambassadors will receive a pre/post survey. Additionally, youth ambassadors with Lived Experience will receive a pre/post focused on their wellness and recovery.
2. Data will be collected on referrals made to show increased access to services.
3. Community participants in youth ambassador-led outreach, presentation, etc. will receive pre/post surveys to measure perceptions as it relates to stigma and accessing mental health services.

StarVista was selected through a Request for Proposal (RFP) to implement and manage the HAP-Y project, including the administration, participant recruitment and data collection aspects of the evaluation plan. A separate RFP process will be conducted to select a qualified evaluator to develop a thorough evaluation, analysis and reporting. The evaluation plan will include meaningful and diverse youth and stakeholder participation through the MHSA Steering Committee, which will also be the primary venue for vetting next steps and decisions related to continuation of the project.

Attachment – List of similar youth peer education/advocacy programs

Program Name and Website	Year Established	Location	Target Population	Method(s) of Engagement
Youth Mental Wellness Ambassadors http://www.somervillema.gov/calendar/youth-mental-wellness-ambassador-launch	2015	Somerville, MA	16-25 years old	The Center for Teen Empowerment Inc. (TE) and the City of Somerville's Health and Human Services Department partner to launch the Youth Mental Wellness Ambassador Program. Youth Mental Wellness Ambassadors, ages 16-24 years old, will implement city wide discussion workshops and events addressing mental health and wellness among youth in Somerville. In partnership with youth serving agencies, schools, and housing, Ambassadors will shift attitudes about mental health, and change cultural beliefs and norms. By providing more youth lead safe spaces to discuss and learn, this program will support the city's commitment to decrease the stigmatization around mental health. - See more at: http://www.somervillema.gov/calendar/youth-mental-wellness-ambassador-launch#sthash.n9hXCf2V.dpuf
Mental Health Ambassadors http://www.sjsu.edu/counseling/Training_Program/Peer_Prevention_Programs/Mental_Health_Ambassadors/	2007	San Jose State University	SJSU students	The MHAs are similar to Peer Counselors in having positive attitudes toward mental health, good communication skills, and skills and knowledge to help students to be healthy and successful. However, MHAs are different from Peer Counselors in: • Primary goal: MHAs' primary goal is making *systematic change* -- changing the culture and attitudes as well as reducing the stigma related to mental health issues for SJSU students and community. Peer counselors primary goal is to provide support to their peers and produce individual changes. • Main activities: MHAs are encouraged to create and engage in diverse programs and activities to help them to achieve their mission (e.g., presentation, tabling, designing handouts, participating in student organization meetings, talking to professors), while peer counselors mainly provide individual peer counseling.

AGENDA ITEM 4

Action

July 28, 2016 Commission Meeting

Contra Costa County Innovation Plan

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Contra Costa's County's request to fund its new Innovative (INN) project; Overcoming Transportation Barriers for a total of $1,023,346 over four years.

The Mental Health Services Act (MHSA) requires that an INN project does one of the following: (a) introduces a new mental health practice or approach, including but not limited to prevention and early intervention, (b) makes a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community, or, (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings. The law also requires that an INN project address one of the following as its primary purpose: (1) increase access to underserved groups, (2) increase the quality of services including measurable outcomes, (3) promote interagency and community collaboration, or (4) increase access to services.

The Contra Costa County Mental Overcoming Transportation Barriers makes a change to an existing mental health practice or approach by using peer support workers to coordinate transportation efforts and resources, help consumers build self-sufficiency and apply independent travel skills. The primary purpose of the program is to increase access to services. The INN project complies with all MHSA requirements.

The project seeks to utilize peer support workers to not only provide training but to coordinate existing transportation resources, making the entire project peer led.

Contra Costa County is requesting authorization from the MHSOAC to fund this four-year project in the amount of $1,023,246.

Presenters:

- Brian R. Sala, PhD., Deputy Director, Evaluation and Program Operations
- Warren Hayes, MHSA Program Manager, Contra Costa Behavioral Health Services

Enclosures (2): (1) Staff Innovation Summary—Contra Costa County; (2) County Innovation Brief—Contra Costa County.

Handout: A PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves Contra Costa's Innovation plan.

Name: Overcoming Transportation Barriers

Amount: $1,023,246

Project Length: 4 Years

STAFF INNOVATION SUMMARY—CONTRA COSTA

Name of Innovative (INN) Project: Overcoming Transportation Barriers

Total Requested for Project: $1,023,346

Duration of Innovative Project: Four (4) Years

Review History

County INN plan approved by County Board of Supervisors on June 7, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: July 28, 2016.

Project Introduction:

Contra Costa County proposes to reduce barriers to mental health service utilization by providing a comprehensive peer-run transportation program. This program will address barriers to transportation through direct support services, advocacy and infrastructure changes. The program will employ three peer support transportation coordinators to enhance consumers' access to care. Transportation coordinators will assist consumers in navigating transportation challenges (finding resources, resolving problems with the Department of Motor Vehicles), advocate for changes in the transportation system through the development of an advocacy committee, and develop a transportation hotline.

Transportation coordinators will also assist consumers in developing skills for navigating transportation challenges. Coordinators will address stigma and discrimination, assist consumers in overcoming anxiety or fears related to transportation, train clients in managing emotional difficulties that may arise when travelling to appointments, and help clients develop independent skills to navigate transportation challenges allowing them greater freedom to attend social activities.

Funding for this Innovation project is requested primarily to provide salary support to peer coordinators and to purchase vehicles to assist in transport.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including: What is the unmet need that the county is trying to address? Does the proposed project address the need? Are there clear learning objectives that link to the need? And, will the proposed evaluation allow the county to make any conclusions regarding their learning objectives? In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements that the proposed

program or project must align with the core Mental Health Services Act (MHSA) principles, promote learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four allowable primary purposes.

The Need

In response to transportation challenges identified by consumers through early planning processes, Contra Costa County developed a Transportation Committee in 2011. The current proposal is based on the committee's *Findings and Recommendations from the Transportation Committee Report,* and the results of a survey conducted in 2015 by the Mental Health Statistics Improvement Project. These efforts identified the following transportation challenges for Contra Costa County consumers:

1. A lack of skills for navigating transportation systems
2. Lack of available public transportation
3. Emotional challenges impeding the use of public transportation.

The findings of this report are consistent with previous research, which suggests that transportation is a major barrier to mental health services, particularly for minority communities (Hernandez et al., 2015; Burrus et al., 2010; DHHS, 2004). For consumers who have limited English proficiency, or for those who are recent immigrants, navigating transportation may be especially challenging. The needs of these communities may require special consideration in this transportation program. Consumers may lack familiarity with buses or other public transport, they may not be able to access resources in their native language, and/or they may be unfamiliar with the city. It may be critical to ensure that peer support providers are bilingual and understand the cultural and linguistic challenges that many immigrant/refugee consumers face in using the public transportation system.

The Response

The Contra Costa County *Overcoming Transportation Barriers* proposal addresses the aforementioned challenges by implementing a peer support transportation program.

Concern (1) will be addressed by providing a transportation hotline, assisting clients with identifying appropriate public transportation and developing transportation plans, and helping clients navigate personal vehicle issues. These skills will generalize to navigating transportation to social events, enhancing consumers' engagement in the community and reducing isolation. Reducing isolation is a critical component of recovery. This project has the potential to enhance the engagement of consumers with their communities. Ensuring that these independent living skills are generalizable to community engagement in addition to mental health treatment may increase the positive impact of this program. It may be important to operationalize this training and more specifically to address this aspect.

Concern (2) will be addressed through the identification of gaps in public transportation, the development of a committee to advocate for enhanced public transportation resources, the provision of transportation vouchers, and the provision of increased

transportation services through the purchase of vehicles and direct transportation to treatment services.

Concern (3) will be addressed by assisting clients in addressing stigma and helping clients learn to manage emotions that arise. To effectively address emotional issues that arise in engaging in public transportation, peer support coordinators may require additional supervision and/or a curriculum for stress management or other structured intervention.

The County states that this program is innovative in that it builds a comprehensive navigation program for consumers of mental health services that includes supportive services, promoting effective coping, reducing stigma and isolation, and addressing a key barrier to care. Further, the use of peer specialists to implement this program is innovative.

The Community Planning Process

As noted above, Contra Costa County's Plan is the result of a planning process conducted by a Transportation Committee over several years. In addition, the plan takes into account the finding of similar efforts conducted through SAMHSA and San Diego County. It builds on these projects and provides a new component, the use of peers as support coordinators.

Learning Objectives and Evaluation

Learning objectives for the Contra Costa County Innovation project include exploring the effectiveness of **Peer Support Worker Transportation Coordinators** in reducing transportation barriers for consumers. The evaluation will explore improvements in Clients' development of self-management and independent living skills, increase of service use, and decrease "no-show" rates.

The evaluation will be conducted by the Contra Costa County Behavioral Health Service (CCBHS). Annual outcomes using existing measures will be presented to stakeholders. CCBHS may consider specifying their measures and including information regarding:

- How many clients will be served?
- How will the current proposal address disparities in access for underserved groups? (In particular, penetration rates for Latinos are low, how may this program provide targeted efforts to increase utilization for this community?)
- How many appointments will be met?
- Pre and post tests for self-management and/or independent living skills?
- Documenting changes in transportation policies and practices?
- Documenting the activities of the transportation workgroup and their progress?

The Budget

The proposed budget is $1,023,346 and includes $314,830 for the first year and $236,172 for years two though four. The County states that evaluation expenditures will be one-eigth of the Health Services Planner/Evaluator B salary, or $14,986 per year (about 6.3 percent of the budget in years 2 and 3), and administration expenses will be 1/8 of the Mental Health Project Manager salary or $20,170 per year (5.9 percent of the overall budget). The County has not included an estimate for indirect administration expenses, nor identified ancillary, direct administrative expenses beyond salary for the project manager.

The primary expenditure will be for the 3.0 full time equivilant (FTE) peer support personnel. Other expenditures include transportation vouchers and a one-time cost of the purchase of county vehicles. It may be important to plan for the use of vehicles for MHSA purposes following the project period and discuss why the option of purchasing the vehicles was chosen rather than using ride sharing or taxi companies.

Additional Regulatory Requirements

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. The project addresses a well-documented barrier to mental health utilization: transportation difficulties. The use of peer support coordinators is an innovative component to the plan. In addition, the attention to the integration of independent living skills and the promotion of coping strategies is a challenging albeit important aspect of this project.

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Overcoming Transportation Barriers Executive Summary

Contra Costa Behavioral Health Services

July 2016

Contra Costa Behavioral Health Services (CCBHS) intends to use the Innovation project, *Overcoming Transportation Barriers,* to address the transportation and access challenges and recommendations identified by its Transportation and System of Care Committees. This proposal is innovative because of the new and different way in which both peer support workers and transportation resources will be coordinated and utilized. The primary purpose of the Innovation project is to increase access to mental health services. *Overcoming Transportation Barriers* will make a change to an existing practice in the field of mental health by adapting the role of peer support workers to coordinate transportation efforts and resources, help consumers build self-sufficiency and apply independent travel skills.

In its publication, Getting There: Helping People With Mental Illnesses Access Transportation, the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services highlights the effectiveness of utilizing peers to operate transportation programs[1]. It also emphasizes the importance of coordinating existing transportation resources[2]. An evaluation of San Diego County's *Mobility Management in North San Diego County* Innovation project found the use of volunteer travel trainers increased the number of people able to utilize the transit system[2]. Building upon the recommendations from SAMHSA and the lessons learned from existing programs, Contra Costa County stakeholders proposed adapting the existing models by utilizing peer support workers to not only provide training and transportation, but to analyze and coordinate existing transportation resources, making the entire project peer-led. *Overcoming Transportation Barriers* is not just a transportation program; it is a systematic approach to developing an effective consumer-driven transportation infrastructure supporting the entire mental health system of care. Because the approach is making a change to an existing practice, and thereby presents an opportunity for the system of care to learn from a new approach, stakeholders recommended the proposed project developed through the research efforts of local committees be funded by Innovation.

The proposed length of time for the project is four years. The project will target clients throughout CCBHS' mental health system of care. Peer support workers will serve as regional transportation coordinators who will review, analyze, and support existing transportation resources, as well as cultivate new transportation resources and link clients to needed resources. This proposal is innovative because it employs both peer support workers and transportation resources in a new and different way. Overcoming Transportation Barriers proposes using the three peer transportation coordinators to implement the following innovative patterns of service:

1) Collaborate on an ongoing basis with clinic peer support workers, family partners and case managers to assess client and family readiness, ability and capacity to take or access public transit, support individuals and families in building independent travel skills, when appropriate applying a vocational services job coaching model to independent living skills building activities, and establish and strengthen community networks and relationships with transportation providers to explore alternate modes of transportation;
2) Provide system navigation support for individuals and families who have access to personal vehicles and collaboratively problem solve issues, and educate individuals and families about the financial impacts of late fees and transportation safety for children;
3) Evaluate safety concerns raised by consumers and families, and support the development of solutions to address concerns related to public transit; act as a liaison between County, service providers, schools and transit authorities, as well as act as the County representative in community forums related to transportation;

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[1] Substance Abuse and Mental Health Services Administration Center for Mental Health Services. Getting There: Helping People with Mental Illness Access Transportation. 2004. Available at: http://store.samhsa.gov/shin/content//SMA04-3948/SMA04-3948.pdf . Accessed on January 7, 2016.

[2] County of San Diego Behavioral Health Services, Behavioral Health Division, Quality Improvement Unit. "Mental Health Services Act Innovation Projects Evaluation 2013". San Diego County. 2013. Available at: http://www.sandiegocounty.gov/hhsa/programs/bhs/documents/Innovation_Evaluation_Report.pdf . Accessed on January 7, 2016.

4) Create a Social Inclusion Transportation Subcommittee to problem solve common public transit challenges and create advocacy for needed changes in the public transit system for adults, youth, and families;
5) Assist CCBHS efforts to regularly analyze existing County system-wide transportation and public transit resources, and make recommendations on how to address emerging transportation needs and opportunities.
6) Implement a transportation hotline for consumers and families to seek out resources and information regarding various transportation options, including providing information on community resources, connecting individuals and families with additional resources related to safe transportation, and brokering services related to routine vehicle maintenance;
7) Assist in the coordination of efforts to collaborate shared van rides for community events and to facilitate the opportunity to take loved ones to see their family members who have been placed in facilities that are either out-of-county or where public transit is unavailable; and
8) Provide on a limited, as needed basis, transportation to and from mental health appointments for those clients and families who are unable to take public transit, and for whom the clinic is unable to provide transportation using existing transportation resources.

The peer support workers employed as transportation coordinators will be part of CCBHS' Office for Consumer Empowerment, which provides leadership and staff support to a number of initiatives designed to: a) Reduce stigma and discrimination; b) Develop leadership and advocacy skills among consumers of behavioral health services; c) Support the role of peers as providers; and d) Encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Strategies developed as part of *Overcoming Transportation Barriers* will inform and be informed by these existing initiatives. The transportation coordinators will have received Service Provider Individualized Recovery Intensive Training (SPIRIT), a college accredited, recovery-oriented, peer-led classroom and experiential-based program for individuals with lived mental health experience. Participants learn peer counseling skills, group facilitation, Wellness Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider positions in both county-operated and community based organizations.

If *Overcoming Transportation* Barriers proves effective, it will: 1) Improve the efficiency of current transportation resource utilization; 2) Improve access to services; 3) Decrease no show rates at the County-operated clinics; 4) Address safety concerns related to independent travel for consumers and families; 5) Support clients in addressing and reducing internal stigma; and 6) Promote engagement in meaningful activity and social engagement by developing life skills and combating isolation, which in turn leads to improvements in mental health outcomes.

CCBHS intends to use Overcoming Transportation Barriers to determine if using three regionally based peer support workers to coordinate transportation resources improves access to mental health services. The County wishes to learn if and how using peer support workers to coordinate transportation resources will: 1) improve access to mental health services; 2) improve system navigation; and 3) improve independent living and self-management skills among clients.

Overcoming Transportation Barriers will address the following learning goals:

- Does the addition of 3 regional peer support worker transportation coordinators improve the efficiency of current transportation resource utilization?
- Do less clients report transportation as a barrier to accessing services?
- Do clients develop life and self-management skills, including system navigation?
  - Do consumers use them regularly and how can we increase their utilization?
- Is there an increase the number of clients able to access transportation resources?

- Do clients report an increased ability to access mental health and support services?
- Do mental health clinic no show rates decrease?

The target population for Overcoming Transportation Barriers is clients of all ages and families served by the county-operated mental health clinics and, potentially, those served by the community-based providers as well. CCBHS serves approximately 20,000 individuals with a serious mental illness or severe emotional disturbance each year. Approximately 13,800 of these individuals are served by the county-operated mental health clinics. The program will provide services to individuals from all geographic regions of Contra Costa County, racial and ethnic groups as well as diverse sexual orientations and gender identities and expressions. CCBHS intends to hire at least one Spanish-speaking transportation coordinator. Additionally, CCBHS offers interpretation and translation services for providers as needed. CCBHS contracts with community-based organizations with expertise in serving the diverse populations found within Contra Costa County, including refugee populations. If transportation coordinators require assistance or training around addressing culturally-specific barriers, the coordinator will collaborate with the appropriate community-based agencies and/or county programs to develop a plan for addressing the barriers.

Upon MHSOAC approval of use of MHSA Innovation Component funding, the CCBHS will take up to six months to create positions, recruit and hire staff. It is anticipated that project implementation will not begin until after January 2017. Project implementation will then take up to three years to determine impact on rates of service utilization. The fourth and final year of the Innovation project will focus on integrating the lessons learned into the system of care, creating a plan for sustaining the effective elements of the project, and sharing the lessons learned about the replicability of the model (if proven successful). If the project is unsuccessful, the vehicles purchased for the project will become part of the existing fleet of Mental Health Services Act (MHSA)-funded vehicles and assigned to support one or more program(s) within the CCBHS mental health system of care.

The intervention will be articulating a set of strategies to improve access to services by coordinating and more effectively utilizing existing transportation resources as well as addressing life skills development. Strategies may include warm hand-offs to services, providing clients transportation assistance and/or teaching them to utilize existing transit options, developing life skills, modifying transportation policies and linking clients and families to transportation resources in the community, such as ride shares. Outcomes will also be tracked that compare service utilization and no show rates before and after the innovation project intervention. Outcomes include the number of clients, mode of transportation, improved transportation utilization/self-management skills, service utilization rates and no show rates. Both qualitative and quantitative data will be collected in order to determine how clients access services and how this project can improve their access. Additionally, the project will document changes in transportation policies and practices. The supposition is that adding transportation coordination services to the menu of services available for mental health clients and their families will result in improved access to services, increased service utilization, and decreased no show rates. Future community program planning processes will gauge the efficacy of these new services from the perspectives of stakeholders.

The total projected cost of *Overcoming Transportation Barriers* is $1,023,346. The annual project cost for the first year of the project is $314,830. The annual project cost for year's two through four is $236,172 a year. The budget consists of personnel and operating costs, including the purchase of three vehicles. Evaluation costs for this project are included in a County Planner/Evaluator position assigned to evaluate the Innovation Projects contained in CCBHS' MHSA Three Year Plan.

AGENDA ITEM 5

Action

July 28, 2016 Commission Meeting

Santa Clara County Innovation Plans

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of amendments to four Santa Clara County Innovative (INN) project plans previously approved by the Commission on September 23, 2010.

Santa Clara County seeks approval for $1,978,042 in additional expenditures for these four projects. The County reports that prior approved funding for these projects was exhausted between July 31, 2015 and October 31, 2015.

Commission staff received the County's initial request in December 2015, in conjunction with the County's MHSA FY16 Annual Update. This request is for retroactive approval of expenditures that occurred between July 31, 2015 and July 31, 2016. The County relied on consultation with MHSOAC staff in June 2015 that they need not formally request these funds in advance of submission of their Annual Update. As a consequence of that consultation, the County continued to expend Innovation funds in support of the four projects in anticipation of subsequent, retroactive approval.

The attached background brief, Staff Innovation Summary—Santa Clara County, provides further background on this request.

Presenters:

- Brian R. Sala, Ph.D., Deputy Director, Evaluation and Program Operations
- Toni Tullys, MPA, Director, Santa Clara Behavioral Health Services Department (BHSD); Jeanne Moral, MHSA Coordinator, BHSD

Enclosures (2): (1) Staff Innovation Summary—Santa Clara County; (2) County Innovation Presentation—Santa Clara County.

Handout: A PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves the requested funding for four Santa Clara County multi-year Innovative Projects as follows:

Name: Early Childhood Universal Screening Project.
Additional Amount: $691,163.

Name: Peer-run Transition Age Youth (TAY) Inn Project.
Additional Amount: $669,714.

Name: Elders' Storytelling Project (original title: Older Adults Project)
Additional Amount: $240,193.

Name: Transitional Mental Health Services to Newly Released County Inmates Project (also known as Faith-Based Resource Collaborative Project).
Additional Amount: $376,972.

STAFF INNOVATION SUMMARY— SANTA CLARA COUNTY

Name of Innovative Projects:

(1) **Early Childhood Universal Screening Project. Additional amount requested: $691,163.**
(2) **Peer-Run Transition-Age Youth (TAY) Inn Project. Additional amount requested: $669,714.**
(3) **Elders' Storytelling Project. Additional amount requested: $240,193.**
(4) **Transitional Mental Health Services for Newly Released Inmates. Additional amount requested: $376,972.**

Total Requested for Innovative (INN) Project Amendments: $1,978,042.

Review History

County contacts Commission to discuss additional funding for on-going INN projects: June, 2015.

County formally requests Commission approval for amendments to four INN projects: December 21, 2015.

County clarifies its funding requests and provides additional background information: February 2016-May 2016.

MHSOAC consideration of INN Project Amendments: July 28, 2016.

Summary

Santa Clara County is requesting approval of $1,978,042 in additional funding for four INN projects. The Commission initially approved these projects in September, 2010. Although the projects were authorized in 2010, project start dates ranged from 2011 to 2013.

In June, 2015, Santa Clara County contacted the Commission to seek additional funding approval. Funding that was previously authorized was going to be fully spent as early as July 31, 2015 and as late as October 31, 2015, for the various projects. At that time, Commission staff directed the County to include their request for augmented funding with their Mental Health Services Act (MHSA) fiscal year (FY) 2015/16 Annual Update. The Commission subsequently received that Annual Update and a formal request for additional INN funding in December 2015.

At this point Commission staff reviewed the history of these projects and the need for additional funding. In that process, Commission staff identified a number of procedural and communication concerns.

As initially communicated to the Commission in June of 2015, Santa Clara County is seeking funding for INN projects that were operated from mid-2015 through early- to mid-2016. As such, this request is to retroactively approve INN funding for work that has already been completed.

Background

On September 23, 2010, the Commission approved Santa Clara County's INN Plan, which included seven multi-year INN Project proposals. The Plan's funding request totaled $3,515,789, including administrative costs.

Standard Commission practice at that time appears to have been to include only the first year of funding in the staff presentation of county INN plans and in the approval motion for multi-year projects.

These projects subsequently were amended locally during the interval between enactment of Assembly Bill (AB) 100 in March 2011 and enactment of AB 1467 in June 2012, when Commission approval was not required.

Following re-enactment of the requirement for Commission approval of INN funding, one Santa Clara County project, the Peer-Run TAY INN Project, was administratively approved for additional funding by then-Interim Executive Director Sherri Gauger, in the amount of $1,713,195. At that time, the Commission had delegated authority for such decisions to the Executive Director.

On June 9, 2015, MHSOAC staff conducted a teleconference with Santa Clara Behavior Health Services Department (BHSD) staff. During this teleconference, the County shared its intention to incorporate funding extensions for the four INN projects into its next MHSA Annual Update and delay formally requesting approval from the Commission until that Annual Update was submitted to the Commission. Commission staff concurred with this proposal.

On December 23, 2015, the MHSOAC received via email the County's *MHSA FY 2015/16 Annual Update* and a letter, dated December 21, 2015, formally requesting time extensions and budget expansions to the four named projects. The County's letter indicated that each of the four projects experienced start-up delays, necessitating more time and money to complete each project.

Commission staff engaged with Santa Clara County staff from February 2016 to May 2016 to clarify the County's request. During that period, the County provided revised dollar figures for three of the four amendment requests.

The four projects are as follows:

Early Childhood Universal Screening Project	
Start Date	August 1, 2013
Approved Funds Exhausted As Of	July 31, 2015
Proposed End Date	July 31, 2016
Additional Funding Approval Sought	$691,163

Peer-Run Transition Age Youth Inn Project	
Start Date	October 1, 2011
Approved Funds Exhausted As Of	September 30, 2015
Proposed End Date	March 31, 2016
Additional Funding Approval Sought	$669,714

Elders' Storytelling Project (formerly Older Adults Project)	
Start Date	November 1, 2012
Approved Funds Exhausted As Of	July 31, 2015
Proposed End Date	January 31, 2016
Additional Funding Approval Sought	$240,193

Transitional Mental Health Services to Newly Released County Inmates Project (also known as Faith-Based Resource Collaborative Project)	
Start Date	November 1, 2012
Approved Funds Exhausted As Of	October 31, 2015
Proposed End Date	April 30, 2016
Additional Funding Approval Sought	$376,972

The County or its Evaluation contractor has completed or will soon complete final evaluation reports on each of these four projects. The County intends to discuss some of their project findings in its presentation to the Commission.

Conclusion

The County seeks retroactive approval of INN expenditures for four projects, totaling $1,978,042. The retroactive timing of this request reflects County reliance on conversations with MHSOAC staff in June 2015 to delay its formal request for Commission approval for these amendments until late December, 2015. Staff recommends the Commission now approve these amendment requests.

Staff communication standards and processes are being revised to minimize the future risk of miscommunication with counties regarding the necessity to bring timely funding requests forward to the Commission for formal consideration.

SANTA CLARA COUNTY
Behavioral Health Services

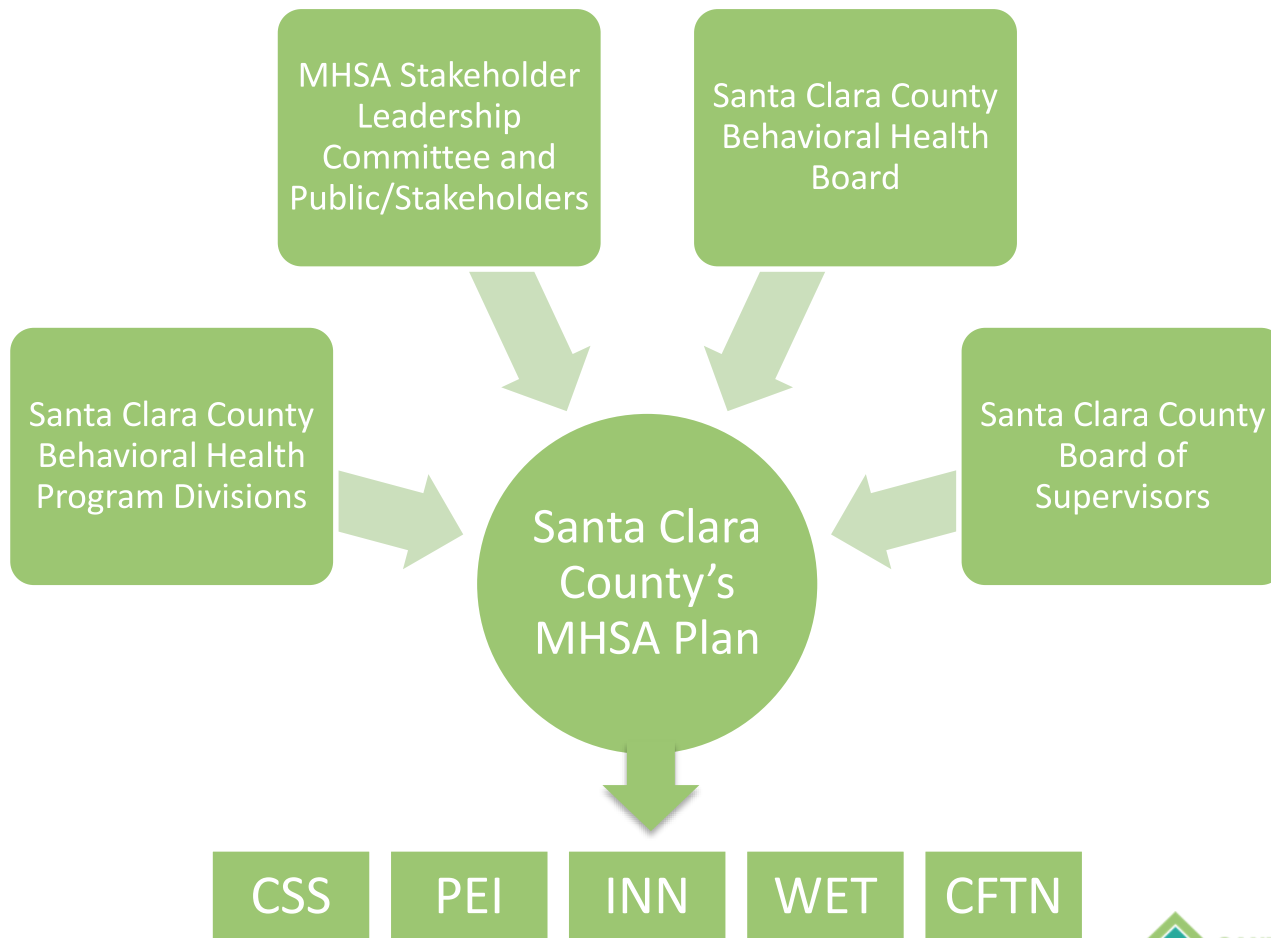
FY2016 MHSA ANNUAL UPDATE RECOMMENDATION/PROPOSAL
MHSA INNOVATION PROJECTS
JULY 28, 2016 MHSOAC MEETING

Community Planning Process Overview

COMMUNITY PLANNING PROCESS (CPP)

Santa Clara County Local Review and Stakeholder Process

As required by California Code of Regulations (CCR) § 3300, the County shall develop the Three-Year Program and Expenditure Plans and Updates in collaboration with stakeholders.



SANTA CLARA COUNTY
Behavioral Health Services

FY2016 Annual Update

SANTA CLARA COUNTY
FY2016 MHSA ANNUAL UPDATE

- The County's MHSA Fiscal Year (FY) 2016 Annual Update Plan is an update to the County's approved FY 2015-2017 MHSA Three-Year Plan adopted by the County Board of Supervisors in October 2014.

- Included updates to all five components of MHSA: CSS, PEI, INN, WET, and CFTN.

- Included a proposal to extend duration/term and increase funding for four INN projects while the Behavioral Health Services Department (BHSD) conducts an analysis of the final evaluation report of each project, determines future plans and the scope of work based on lessons learned, including determining future funding source(s) for each project.

- The INN proposal was supported by stakeholders.

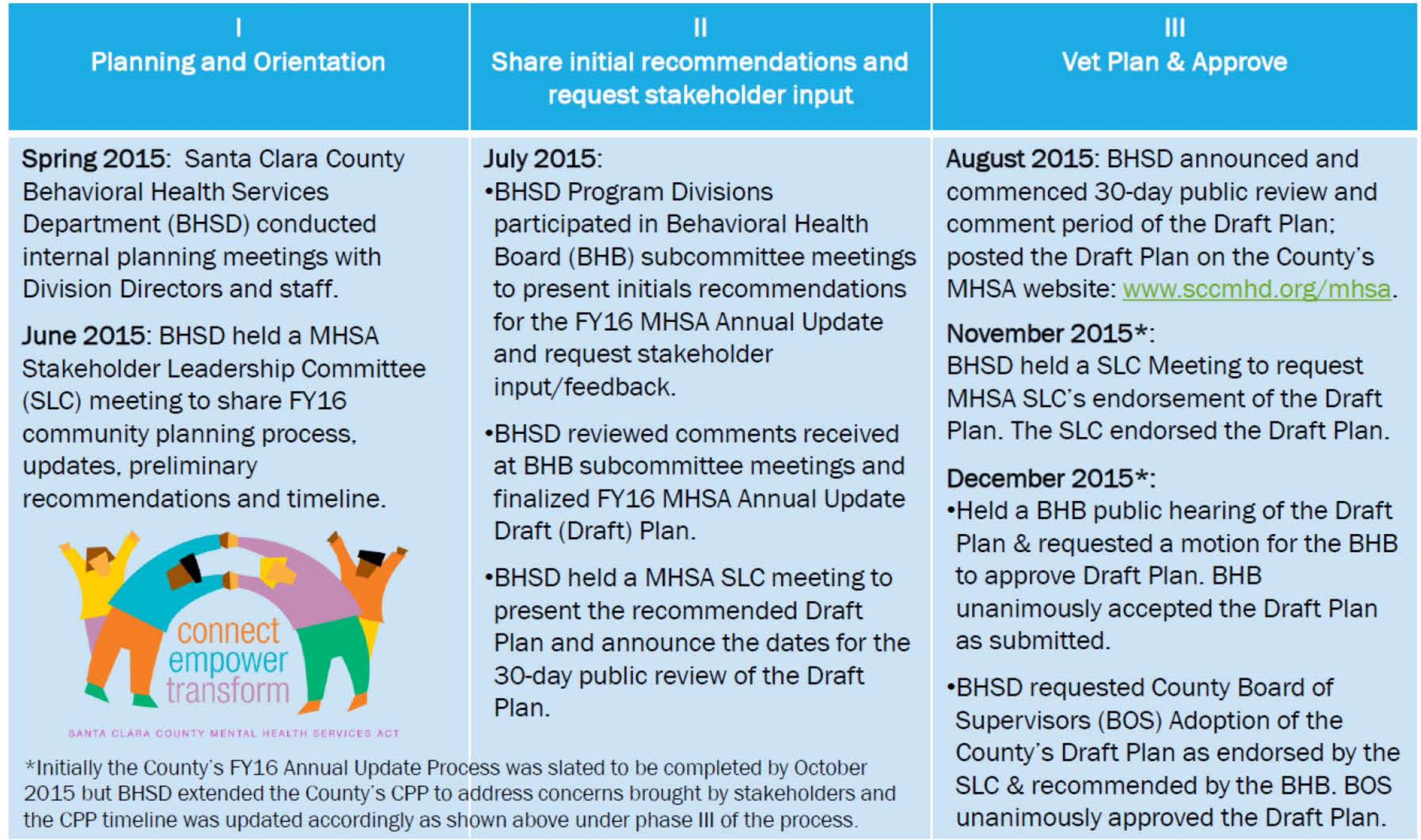
SANTA CLARA COUNTY
Behavioral Health Services

MHSA INN PROPOSAL

- In June 2015, BHSD consulted with MHSOAC Staff regarding the County's recommendation to extend the project duration including additional funding for the following INN projects:
  - **Early Childhood Universal Screening Project**
  - **Peer-run Transition Aged Youth (TAY) Inn**
  - **Elders' Storytelling Project**
  - **Transitional Mental Health Services for Newly Released Inmates Project also known as the Faith Based Resource Collaborative Project**

- The recommendation was supported by MHSOAC staff and BHSD proceeded with the County's local review/community planning process for the FY16 MHSA Annual Update as outlined in the next slide.
- Initially, BHSD estimated a completion date of the County's FY16 MHSA Annual Update process by Fall of 2015 but adjusted the timeline in September 2015, at the end of the 30-day public review/comment period of the FY16 MHSA Annual Update Draft (Draft) Plan, to address concerns brought up by the public/stakeholder regarding certain elements of Draft Plan-not related to the INN recommendation.
- The local review/approval process was completed in December 2015. A copy of the approved FY16 MHSA Annual Update along with a letter regarding the County's request was submitted to the MHSOAC soon after Santa Clara County Board of Supervisor's approval/adoption of the County's Plan.

Santa Clara County's FY16 MHSA Annual Update
Community Planning Process Timeline



I Planning and Orientation	II Share initial recommendations and request stakeholder input	III Vet Plan & Approve
Spring 2015: Santa Clara County Behavioral Health Services Department (BHSD) conducted internal planning meetings with Division Directors and staff. **June 2015**: BHSD held a MHSA Stakeholder Leadership Committee (SLC) meeting to share FY16 community planning process, updates, preliminary recommendations and timeline.	**July 2015**: •BHSD Program Divisions participated in Behavioral Health Board (BHB) subcommittee meetings to present initials recommendations for the FY16 MHSA Annual Update and request stakeholder input/feedback. •BHSD reviewed comments received at BHB subcommittee meetings and finalized FY16 MHSA Annual Update Draft (Draft) Plan. •BHSD held a MHSA SLC meeting to present the recommended Draft Plan and announce the dates for the 30-day public review of the Draft Plan.	**August 2015**: BHSD announced and commenced 30-day public review and comment period of the Draft Plan; posted the Draft Plan on the County's MHSA website: www.sccmhd.org/mhsa. **November 2015***: BHSD held a SLC Meeting to request MHSA SLC's endorsement of the Draft Plan. The SLC endorsed the Draft Plan. **December 2015***: •Held a BHB public hearing of the Draft Plan & requested a motion for the BHB to approve Draft Plan. BHB unanimously accepted the Draft Plan as submitted. •BHSD requested County Board of Supervisors (BOS) Adoption of the County's Draft Plan as endorsed by the SLC & recommended by the BHB. BOS unanimously approved the Draft Plan.

*Initially the County's FY16 Annual Update Process was slated to be completed by October 2015 but BHSD extended the County's CPP to address concerns brought by stakeholders and the CPP timeline was updated accordingly as shown above under phase III of the process.

SANTA CLARA COUNTY
Behavioral Health Services

FY2016 ADDITIONAL FUNDING REQUEST

INN Project	Extension Duration	New Project End Date	Additional funding associated with the project extension
INN-01: Early Childhood Universal Screening Project	One-year	7/31/2016	$691,163
INN-02: Peer TAY Run Inn	6 Months	3/31/2016	$669,714
INN-04: Elders' Storytelling Project	6 Months	1/31/2016	$240,193
INN-06: Transitional Mental Health Services for Newly Released Inmates Project	6 Months	4/30/2016	$376,972
Total			$1,978,042

MHSA INN EVALUATION REPORTS

An evaluation was conducted for the INN projects. The reports are provided separately.

Early Childhood Universal Screening Project

- **Interim Report on Findings from the Paper-Based Phase of ASQ-3 Administration** prepared by Resource Development Associates
- **Final report pending**

Peer-run TAY Inn Project

- **Evaluating an Innovative Approach to Transition Age Youth Self-Sufficiency and Recovery: The TAY INN Model** prepared by Sociometrics
- **TAY INN Extension Year Report: A summary of findings for the extension year evaluation of INN-02 Peer-Run TAY Inn project** prepared by Sociometrics

Elders' Storytelling Project

Elders' Storytelling Project - INN-04 Final Evaluation Report prepared by SanJose State University

Transitional Mental Health Services for Newly Released Inmates Project

- **Evaluation of Innovation 06: Faith Reentry Collaborative Project** prepared by Resource Development Associates
- **Faith-Based Reentry Collaborative Report January 1 – December 31, 2015** prepared by the County of Santa Clara – Office of Reentry Services

AGENDA ITEM 06

Information

July 28, 2016 Commission Meeting

Recognition of Commissioner Paul Keith, M.D.

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will recognize former Commissioner Paul Keith, M.D. for his service.

Presenter: Chair Victor Carrion, M.D.

Enclosures: None

Handout: None

Recommended Action: Information item only

AGENDA ITEM 7

Action

July 28, 2016 Commission Meeting

San Francisco County Innovation (INN) Plan Extensions (3)

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of an amendment to three San Francisco County Innovative (INN) project plans previously approved by the Commission, one on April 24, 2014, and two on February 26, 2015, respectively.

The funding amount stated in 2014 Commission materials for the first project totaling $500,000 constituted only the first year of funding for this two-year project. The County additionally seeks funding augmentations for all three projects. The aggregate amount sought for the three projects, including correcting the original request for the first project, is $2,008,608.

On April 24, 2014, the Commission approved San Francisco County's Innovative Program for which the County now seeks additional funding:

1. MHSA First Steps to Success (two years). Original amount approved: $500,000. Project total requested (2014): $1,000,000.

   Additional amount requested: $350,000 to extend the project duration to four years.

   Amendment total: $850,000.

   On February 26, 2015, the Commission approved the following multi-year projects for which the County now seeks additional funding:

2. Addressing the Needs of Socially Isolated Older Adults (two years). Original amount approved: $500,000.

   Additional amount requested: $635,000 to extend the project duration to four years.

3. Transgender Pilot Program (two years). Original amount approved: $536,392.

Additional amount requested: $523,608 to extend the project duration to four years.

Staff background summaries and a County handout (attached) provide additional detail and analysis on each of the proposed amendments.

Presenters:

- Brian R. Sala, Ph.D., Deputy Director, Evaluation and Program Operations
- Lisa Reyes, MHSA Program Manager; Amber Gray, MHSA Peer Supervisor
- Dave Knego, Executive Director, Curry Senior Center
- Daniel Hill, Program Manager, Curry Senior Center
- Khary Dvorak-Ewell, Program Manager, UCSF/Citywide Employment Program
- Daphne Dickens, Employment Specialist, UCSF/Citywide Employment Program

Enclosures (4) : (1) Staff INN Summary, First Impressions; (2) Staff INN Summary, ANSIA; (3) Staff INN Summary, Transgender Pilot; (4) County INN Handout–-San Francisco County.

Handout(s): A PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves San Francisco County's Innovation Project extensions:

Name: First Impression (formerly MHSA First Steps to Success)
Additional Amount: $850,000

Name: Addressing the Needs of Socially Isolated Older Adults
Additional Amount: $635,000

Name: Transgender Pilot Program
Additional Amount: $523,608

STAFF INNOVATION SUMMARY—SAN FRANCISCO

Name of Innovative Projects: First Impressions

Total Originally Requested for Project: $1,000,000

Total Agendized for Commission Approval in April 2014: $500,000

Amount Requested for Innovative Project Extension: $350,000

Total Additional Amount Sought: $850,000

Duration of Innovative Program: Additional Two Years for a total of Four Years

Review History

County submitted Innovation Plan: April 9, 2014

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Plan Approval: April 24, 2014

County contacts Commission to discuss additional funding for ongoing INN projects: April, 2016.

County submitted Innovation Plan Extension Request: June 29, 2016

MHSOAC consideration of project amendment: July 28, 2016

April 24, 2014 Motion

The following motion was made, seconded, and approved 5-0 (Commissioners Van Horn, Buck, Mallel, Miller-Cole, and Wooton voting) during the Commission's April 24, 2014 Teleconference. "Approve San Francisco County's Innovative Program titled: "MHSA First Steps to Success."

Summary

San Francisco seeks approval of $850,000 in additional funding for an Innovative Program project that was originally approved by the Commission on April 24, 2014.

This request is composed of two parts. First, the County seeks a correction to the original budget approved by the Commission from $500,000 as stated in materials presented to the Commission by MHSOAC Staff to $1,000,000 ($500,000 per year for two years) as provided in materials submitted by the County to the Commission.

Second, the County seeks $350,000 in additional funding to extend the project to a four-year duration from its original two-year duration.

The County's First Impressions Project (agendized in 2014 as First Steps to Success) has as a primary purpose to increase the quality of services, including better outcomes, by improving the first impressions that mental health consumers have upon entering a mental health clinic. The project's start date was June 1, 2014. The County reports having expended approximately $650,500. This amount represents 130 percent of the original $500,000 approved budget, but only 65 percent of the County's originally submitted and

sought budget, through approximately 26 months of an originally anticipated 24-month duration.

This project was intended to increase the quality of services by involving consumers in the process of redesigning the reception areas, waiting rooms, and service areas in two selected County Behavior Health Services mental health clinics . The project entailed significant vocational training for participating consumers and intended to examine both consumer involvement in the redesign efforts and changes in consumer satisfaction in light of the implemented clinic remodeling.

The County reports that implementation of the project took much longer than anticipated. The County reports positive results from the consumer training and participation phases of the project, but that it needs more time to assess the impact of the actual remodeling on consumer satisfaction with the facilities.

In discussions with Staff, the County has indicated that the implementation phase of the project has not yet been completed. The County could further explain the need for the size of the proposed budget in the extended project, given progress to date in the implementation phase.

Staff recommends approval of $500,000 to fulfill the County's original budget request. Further, staff views additional funding and time as likely to help the County meet its other learning objective: whether the project's peer-to-peer approach can effectively engage, empower, and provide linkages to services for lower-income, socially isolated older adults. More detail on the proposed budget for the $350,000 project extension is needed to fully assess the requested amount.

Background

In April 2014, the Commission considered an Innovative Project proposal from San Francisco County intended to change mental health consumers' satisfaction with the quality of services they receive at County mental health clinics by redesigning and remodeling two clinics. The design of the project included recruiting mental health consumers to participate in vocational training in order to prepare them for at least six months of paid, supervised fieldwork experience, including redecorating and renovating the waiting rooms of the two clinics.

The County proposed to test both the effects of the recruitment and training on the selected consumers, the effects of the remodeling on staff and providers at the clinics, and the overall impact of the remodeling on consumers at the clinics.

In presenting the case in 2014, staff mischaracterized the County's $500,000 *per year*/two-year budget as $500,000 *total* over two years. County-supplied materials in MHSOAC records confirm that the County's request was for $1,000,000.

The county has expressed that the implementation phase of the project—identifying and training selected consumers, identifying and securing a contractor, and implementing the remodels—has taken longer than anticipated. As a consequence, the project, which began June 1, 2014, has exhausted its anticipated duration, but not the entirety of its original, $1,000,000 anticipated budget. Further, the project has to date gathered important, preliminary evaluation data regarding the consumers who received vocational training and participated in the remodeling efforts, but has not completed this phase nor the other two data collection and analysis efforts, regarding clinic staff and consumers at the remodeled clinics.

The County proposes to extend the project for an additional two years to complete the data collection and evaluation phases.

The County's submitted request materials do not provide adequate budgetary detail to fully evaluate the proposed funding augmentation. Staff have suggested in conversations with the County that the County may wish to provide more budgetary detail in its presentation to the Commission to support the County's request.

Conclusion

The County seeks approval of additional Innovation funding for the First Impressions project (originally, MHSA First Steps to Success), as follows:

- Two (2) additional years of duration totaling four (4) years
- $500,000 in additional funding to reflect the County's original budget request, which was erroneously presented by Staff to the Commission as $500,000 over two years rather than the submitted, $500,00 *per year* for two years ($1,000,000)
- $350,000 in funding extension, bringing the total, authorized project funds to $1,350,000.

Staff recommends approval for the $500,000 budgetary correction. Staff further finds that the County's request for additional time and a further budgetary augmentation is well founded, but recommends that the Commission seek further budgetary detail regarding the necessity of the $350,000 augmentation sought by the County.

STAFF INNOVATION SUMMARY—SAN FRANCISCO

Name of Innovative Project: Addressing the Needs of Socially Isolated Adults (ANSIA)

Total Requested for Innovative Project Amendments: $635,000.

Duration of Innovative Program: Additional Two Years for a Total of Four Years

Review History

County Submitted Innovation (INN) Plan: January 26, 2015

Mental Health Services Oversight and Accountability COmmision (MHSOAC or Commission) Plan Approval: February 26, 2015

County contacts Commission to discuss additional funding for ongoing INN projects: April, 2016.

County Submitted Innovation Plan Extension Request: June 29, 2016

MHSOAC consideration of project amendment: July 28, 2016.

Summary

San Francisco seeks approval of $635,000 in additional funding for an INN Program project that was originally approved by the Commission on February 26, 2015.

The County's program, *Addressing the Needs of Socially Isolated Adults (ANSIA)*, has as a primary purpose to increase access to services by engaging and connecting vulnerable, socially isolated adults with social networks and behavioral health services through the use of the peer-to-peer model. The program's start date was June 1, 2015. The County reports having expended approximately $354,500 of the original $500,000 budget to date (71 percent) through approximately 14 months of the original, 24-month duration (58 percent).

This project was designed to engage with low-income, isolated, older adults in the Tenderloin District, many of whom reside in Single Room Occupancy hotels, through trained Peer Outreach Specialists.

The County reports that it underestimated the time and cost that would be required to get the program in place and to adequately evaluate its impact on clients and on Peer Outreach Specialists. The County reports it has made substantial progress towards one of its two stated learning objectives for the project, relating to support needed by Peer Outreach Specialists.

Staff views the requested additional funding and time as likely to help the County meet its other learning objective: whether the project's peer-to-peer approach can effectively

engage, empower, and provide linkages to services for lower-income, socially isolated older adults. Staff recommends approval.

Background

The Commission on February 26, 2015, approved San Francisco County's plan to implement a plan to increase access to services for low-income, socially isolated older adults in the Tenderloin area through an innovative peer-to-peer model of connecting clients

The County has expressed that while the results have shown a supported connection between the peers and isolated seniors, the peers in the program have requested more time to build and maintain rapport during the relationship-building phase. The San Francisco housing crisis was also not taken into consideration during the initial request. The County has found an increase in homelessness and isolation amongst low-income seniors, increasing the demand for and urgency of this project.

The initial project proposal shows a three phase timeline: start up (six months); implementation (12 months); and a final phase for reflection, evaluation, and dissemination (six months). This timeline had a very small window for any unforeseen obstacles or barriers to the project.

Conclusion

The County seeks approval of additional Innovation funding for the ANSIA project, as follows:

- Two (2) additional years of duration totaling four (4) years;
- $635,000 in funding extension, totaling project funds to $1,135,000.

The County underscoped the funding and time required to complete this project successfully. Staff concludes that the County's request for extension due to the unforeseen circumstances, as noted in their request summary, is valid and will allow for better results to the INN project.

Mental Health Services
Oversight & Accountability Commission

STAFF INNOVATION SUMMARY—SAN FRANCISCO

Name of Innovative Projects: Transgender Pilot Program

Total Requested for Innovative Project Amendments: $523,608.

Duration of Innovative Program: Additional Two Years for a total of Four Years

Review History

County Submitted Innovation Plan: January 26, 2015

Mental Health Services Oversight and Accountabiity Commission (MHSOAC or Commission) Plan Approval: February 26, 2015

County contacts Commission to discuss additional funding for ongoing Innovation (INN) projects: April, 2016.

County Submitted Innovation Plan Extension Request: June 29, 2016

MHSOAC consideration of project amendment: July 28, 2016

Summary

San Francisco seeks approval of $523,608 in additional funding for the INN program project that was originally approved by the Commission on February 26, 2015.

The County's plan, Transgender Pilot Program, has as a primary purpose to increase access to services for underserved groups by creating social support networks to engage Trans Women of Color into culturally responsive mental health services. The project's start date was June 1, 2015. The County reports having expended approximately $263,484 of the original $536,392 approved budget (49.1 percent) through approximately 14 months of the original 24-month duration (58 percent).

This project was intended to pursue three strategies for increasing access to and participation in culturally responsive mental health program for transgender women, particularly women of color: peer-led support groups, targeted outreach, and an annual Transgender Health Fair to act as a one-stop shop for linkages to mental health and other services.

The County reports it has received significant consumer feedback during the start-up phases of this project. As a result of this feedback, the County has learned that the complexities of trauma experienced in the target service population imply a longer than anticipated timeframe is needed to successfully link clients to services.

While this is an important evaluation outcome in and of itself, full evaluation of the three service components of the project now appears to require a longer project duration.

Staff views the requested additional funding and time as likely to help the County meet its other learning objective: whether the project's peer-to-peer approach can effectively

engage, empower, and provide linkages to services for lower-income, socially isolated older adults. Staff recommends approval.

Background

The County project intends to discover the impact of the increase of transgender women of color accessibility to mental health services and the collated positive impact in mental health recovery outcomes. The county has expressed that through collection of consumer feedback data from their research, the linkage between transgender women of color and an effective mental health treatment has taken longer than anticipated due to the complex trauma this community lives with on a day-to-day basis.

The County also notes that a shortage of practitioners working with the transgender population has further delayed the implementation plan. In order to compose an effective implementation and evaluation of the project the County is requesting an extension of time and funding.

The timeline addressed in the County's original project proposal was broken into three phases. Phase I was startup and planning, with a three-month designated timeframe. Phase II is the implementation phase.It was envisioned as an eleven-month operational period. Finally, Phase III, the reflection, evaluation, and dissemination phase was projected to take eleven months to complete.

Conclusion

The County seeks approval of additional Innovation funding for the Transgender Pilot Program project, as follows:

- Two (2) additional years of duration totaling four (4) years;
- $523,608 in funding extension, totaling project funds to $1,508,608.

Staff recommends approval.

San Francisco MHSA Innovation Projects – Extension Request

July 28, 2016

INN #14- First impressions

MHSOAC Approval Date
4/24/2014

Original Program Dates
6/1/2014-6/30/16

Original Budget
$1,000,000

Expenditures to Date
$650,500

Program Summary
The First Impressions project aims at changing the first impressions that mental health consumers have upon entering a mental health clinic, in two unique ways: 1) by engaging them and clinic staff in the decision making process of what they want their clinic to look like, and 2) by providing them with vocational training in basic construction and remodeling to make significant changes to the look and feel of their clinic.

Learning Question
Will training consumers with severe mental illness in basic construction skills and including them in the process of how a mental health clinic reception area looks improve the quality of services at the clinic being remodeled, leading to better outcomes?

Lessons Learned
The First impressions project had a longer implementation period than anticipated. The process of selecting sites was one with extensive community and consumer involvement. Finding the ideal contractor was also a longer process. All of the selected cohort students were consumers and individuals with lived experience, who requested the extension of the classroom time and hands-on time due to various needs. We have collected evaluation data that shows positive outcomes for the construction participants themselves, however, further evaluation is needed in order to truly determine if the quality of services at the clinic has been improved. Consumers participate in the project planning and implementation of this project; these consumers identified the need to extend the exploration learning time in order to properly answer the learning question. Because of this, we are requesting additional time to measure how the transformation of a reception area improved the quality of services, thus leading to better outcomes.

Proposed New Program Dates
6/1/14-6/30/18

Proposed New Budget per Year/Total
$350,000 per year/$1,350,000 total

INN #15- Addressing the Needs of Isolated Older Adults

MHSOAC Approval Date
5/19/2015

Original Program Dates
6/1/2015-6/30/2017

Original Budget
$500,000

Expenditures to Date
$354,500

Program Summary
The goal of this project is to decrease social isolation among older adults living in the Tenderloin neighborhood of San Francisco, and increase their access to services and supports through the use of peers. The Tenderloin is a highly depressed neighborhood with high rates of homelessness, drug use, violence, and prostitution. The Tenderloin also has a large number of Single Room Occupancy (SRO) hotels, where a large percentage of older adults live, thus increasing their isolation.

Learning Question
Will developing effective peer support strategies and practices for low-income socially isolated older adults improve their engagement, encourage social inclusion, and decrease stigma and discrimination?

Lessons Learned
Peers and consumers are included in all areas of planning, implementation, and evaluation of this project. Within interview meetings and focus groups with consumers, they requested more time to "connect" and engage with the peer providers. Therefore more time to roll-out this project was requested. This project has made great strides in hiring and training peers- all of which are seniors as well as peers. Per the suggestions of these peers, the project has learned that this population benefits from an extended training period which goes beyond the initial proposal time frame. Also, they have identified the need to hire a Spanish-speaking peer, which has proved to be difficult. They have supported the connection between the peers and the isolated seniors, however, the peers have requested that the time to build and maintain rapport needs to be extended, as they did not allow for enough time for relationship-building in the initial proposal. As the housing crisis extends in San Francisco, this project is finding that seniors are hit hard and are increasingly becoming homeless and more isolated, therefore, the need for extended relationship-building is even more prevalent. This program is requesting an extension in order to better evaluate outcomes and see if there has been any progress with engagement, social inclusion and decreasing stigma for the isolated older adults.

Proposed New Program Dates
6/1/15-6/30/19

Proposed New Budget per Year/Total
$260,000 per year/$1,135,000 total

INN #16- Transgender Pilot Program (TPP)

MHSOAC Approval Date
5/19/2015

Original Program Dates
3/2015-6/2017

Original Budget
$536,392

Expenditures to Date
$263,484

Program Summary
The overarching goal is preventing mental illness through the creation of social support networks. In addition, the project will treat mental illness by engaging Transgender women of color into services that are culturally responsive. Providers that work with the TPP are able to work with issues specific to this population such as high rates of suicide, anxiety, PTSD related to hate violence, and stressors related to gender reassignment. The TPP will test three methods of reaching this population. One involves support groups. The second is outreach. The third is an annual Transgender Health Fair as a one stop shop for linkages to services.

Learning Question
What are effective peer support strategies and practices for transgender women of color that will improve their engagement in mental health services, encourage social inclusion, and encourage community engagement?

Lessons Learned
Transgender consumers within this project and within the broader San Francisco community have provided significant feedback to support the planning, policy development, implementation and evaluation efforts. As a result of the consumer feedback, this project has learned that linking transgender women to effective mental health treatment takes longer than anticipated due to the complex trauma that this community lives with day in and day out. This project has also learned from our consumers that there appears to be a lack of mental health practitioners with a lens of experience working with this population, which has resulted in delays in the implementation plan. Our consumer staff within this project have requested an extension of time to fully implement and evaluate the project effectively. Through their current evaluation measures, they have captured data working towards their learning question, however, they have identified the need for more time in order to determine the effective peer support strategies and practices that will improve outcomes for this specific population.

Proposed New Program Dates
6/1/15-6/30/19

Proposed New Budget per Year/Total
$265,000 per year/$1,060,000 total

AGENDA ITEM 8

Action

July 28, 2016 Commission Meeting

Support Assembly Bill 2279 (Cooley)

Summary: Emily Berry, Science and Technology Fellow, Office of Assemblyman Ken Cooley, will provide an overview of Assembly Bill 2279 (Cooley) to the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission).

Under current law, the Department of Health Care Services (DHCS), in consultation with the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) and the County Behavioral Health Directors Association of California, is required to develop and administer instructions for the Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report which is to:

- Identify the expenditure of funds
- Quantify the amount of additional funds generated for the mental health system
- Identify unexpended funds and interest earned on funds
- Determine reversion amounts from prior fiscal year distributions

This bill, as currently drafted, refines the county fiscal reporting requirements that are in the MHSA Revenue and Expenditure Report. Counties would be required to report:

- Total amount of MHSA money received and expended for each specified component of the MHSA
- Funds subject to reversion
- MHSA money spent on program administration, research and evaluation
- Funds used to support joint powers authorities

The bill would require the State Department of Health Care Services, based on the Annual MHSA Revenue and Expenditure Report, to compile information, statewide and county-by-county on an annual basis.

The bill also authorizes, but does not require, counties to provide information about programs that address specific areas such as:

- Homelessness
- Suicide prevention
- Criminal justice diversion
- School based mental health programs designed to reduce school failure
- Employment or other programs intended to reduce unemployment;
- Reduction or prevention of involvement with the child welfare system;
- Stigma reduction;
- Reduction of racial and ethnic disparities; and
- Programs designed to meet the needs of specific populations such as, children, youths, adults, veterans, and Lesbian, Gay, Bisexual, Transgender Queer, and Questioning (LGBTQQ).

The bill would require DHCS to consult with the Commission when implementing these new reporting requirements. The bill would require the department to make the collected information available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.

Presenter: Emily Berry, Science and Technology Fellow, Assembly Member Cooley's Office

Enclosures: Assembly Bill (AB) 2279 (Cooley) as last amended in Senate June 13, 2016; AB 2279 (Cooley) as introduced; Fact Sheet; and Senate Committee on Health Analysis.

Handout: None

Recommended Action: Staff requests direction from the Commission regarding Assembly Bill 2279.

Proposed Motion: The Commission directs the MHSOAC Executive Director to send Assembly Member Cooley's Office a letter supporting the increase in Mental Health Services Act transparency.

AMENDED IN SENATE JUNE 13, 2016

california legislature—2015–16 regular session

ASSEMBLY BILL No. 2279

Introduced by Assembly Member Cooley

February 18, 2016

An act to amend Section 5899 of the Welfare and Institutions Code, relating to mental health.

legislative counsel's digest

AB 2279, as amended, Cooley. Mental Health Services Act: county-by-county spending reports.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission. ~~The act~~ *Existing law* requires the State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which gathers specified information on mental health spending as a result of the MHSA, including the expenditures of funds distributed to each county.

This bill would require the department, based on the Annual Mental Health Services Act Revenue and Expenditure Report, to compile information*, in total and by county* on an annual ~~basis~~ *basis,* that ~~includes~~ *includes, among other things,* the total amount of MHSA revenue~~, a county-by-county comparison of fund expenditure plans and annual updates, and a county-by-county comparison of the purposes for which MHSA funds were expended and to send that information to~~

~~the commission. The bill would require the commission to make the information available to the public on the commission's Internet Web site and to update the Internet Web site annually.~~ *the amount of MHSA money received and expended for each specified component of the MHSA program, and the amount of MHSA money spent on program administration. The bill would require the department to make the collected information available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. Section 5899 of the Welfare and Institutions Code*
2 *is amended to read:*
3 5899. (a) The State Department of Health Care Services, in
4 consultation with the Mental Health Services Oversight and
5 Accountability Commission and the County Behavioral Health
6 Directors Association of California, shall develop and administer
7 instructions for the Annual Mental Health Services Act Revenue
8 and Expenditure Report. This report shall be submitted
9 electronically to the department and to the Mental Health Services
10 Oversight and Accountability Commission.
11 (b) The purpose of the Annual Mental Health Services Act
12 Revenue and Expenditure Report is as follows:
13 (1) Identify the expenditures of Mental Health Services Act
14 (MHSA) funds that were distributed to each county.
15 (2) Quantify the amount of additional funds generated for the
16 mental health system as a result of the MHSA.
17 (3) Identify unexpended funds, and interest earned on MHSA
18 funds.
19 (4) Determine reversion amounts, if applicable, from prior fiscal
20 year distributions.
21 (c) This report is intended to provide information that allows
22 for the evaluation of all of the following:
23 (1) Children's systems of care.
24 (2) Prevention and early intervention strategies.
25 (3) Innovative projects.
26 (4) Workforce education and training.
27 (5) Adults and older adults systems of care.

1 (6) Capital facilities and technology needs.
2 *(d) Based on the report required pursuant to subdivision (a),*
3 *the State Department of Health Care Services, no later than nine*
4 *months after the end of each fiscal year, shall collect and publicly*
5 *report all of the following information, by statewide total and by*
6 *individual county:*
7 *(1) Total revenue received from the Mental Health Services Act*
8 *(MHSA).*
9 *(2) The amount of MHSA funds received by the counties for*
10 *each of the following components of the act:*
11 *(A) Community services and supports.*
12 *(B) Prevention and early intervention.*
13 *(C) Innovation.*
14 *(D) Housing that is not funded under subparagraph (A).*
15 *(E) Workforce education and training that is not funded under*
16 *subparagraph (A).*
17 *(F) Capital facilities and technological needs that are not funded*
18 *under subparagraph (A).*
19 *(G) Other mental health services not reflected in subparagraphs*
20 *(A) to (F), inclusive.*
21 *(3) MHSA revenues expended in the prior fiscal year.*
22 *(4) The amount of the MHSA funds expended by the counties*
23 *for each of the components listed in paragraph (2).*
24 *(5) Funds held in prudent reserve by each county.*
25 *(6) Distributions from the counties' prudent reserves.*
26 *(7) For the most recent fiscal year, the amount of unspent MHSA*
27 *funds for each component listed in paragraph (2).*
28 *(8) MHSA funds subject to reversion and funds that have*
29 *reverted.*
30 *(e) The information required to be reported pursuant to*
31 *subdivision (d) shall be reported for each fiscal year and shall*
32 *include statewide totals. The information shall be updated annually,*
33 *including revisions when necessary. Revisions shall be identified*
34 *as figures that have been revised from prior year reports. Annual*
35 *reports shall include fiscal information for a period of not less*
36 *than 10 fiscal years and shall include information for the most*
37 *recent fiscal year.*
38 *(f) (1) In addition to the information required pursuant to*
39 *subdivision (d), the department shall publicly report annual county*
40 *program expenditures for each of the following:*

1 *(A) Program administration.*
2 *(B) Research and evaluation.*
3 *(C) Funds used to support joint powers authorities or other*
4 *statewide entities.*
5 *(2) A county that cannot supply some or all of the information*
6 *required by paragraph (1) shall provide an explanation as to why*
7 *and shall provide a timeframe for making the information*
8 *available.*
9 *(3) The department shall work with counties and other local*
10 *mental health agencies to determine how best to make the*
11 *information required in paragraph (1) available, including*
12 *estimates. Estimated information shall be reported as an estimate.*
13 *(g) Counties may submit to the department information about*
14 *programs that address the following areas:*
15 *(1) Homelessness.*
16 *(2) Criminal justice diversion or related programs.*
17 *(3) Suicide prevention.*
18 *(4) School-based mental health programs designed to reduce*
19 *school failure.*
20 *(5) Employment or other programs intended to reduce*
21 *unemployment.*
22 *(6) Programs intended to reduce or prevent involvement with*
23 *the child welfare system.*
24 *(7) Stigma reduction.*
25 *(8) Programs specifically designed to reduce racial and ethnic*
26 *disparities.*
27 *(9) Programs specifically designed to meet the needs of the*
28 *following populations:*
29 *(A) Veterans.*
30 *(B) Lesbian, Gay, Bisexual, Transgender, Queer, and*
31 *Questioning (LGBTQQ).*
32 *(C) Children.*
33 *(D) Transition-age youth.*
34 *(E) Adults.*
35 *(F) Older adults.*
36 *(h) The department shall compile the information in subdivisions*
37 *(d) to (g), inclusive, collected from counties or other local mental*
38 *health agencies to promote public understanding of MHSA funds*
39 *that are distributed statewide and for each county, as well as how*

those funds are spent and what funds remain available for expenditure.

(i) The department shall consult with the Mental Health Services Oversight and Accountability Commission, the State Controller's Office, the Department of Finance, counties and other local mental health agencies, and any other agency required to implement this section.

(j) The department shall consolidate reporting requirements when feasible and shall propose to the appropriate policy committees of the Legislature strategies to refine and consolidate reporting requirements to meet the goals of this section.

(k) The department shall make the information required by this section available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.

~~SECTION 1. Section 5899 of the Welfare and Institutions Code is amended to read:~~

~~5899. (a) The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. This report shall be submitted electronically to the department and to the Mental Health Services Oversight and Accountability Commission.~~

~~(b) The purpose of the Annual Mental Health Services Act Revenue and Expenditure Report is as follows:~~

~~(1) Identify the expenditures of Mental Health Services Act (MHSA) funds that were distributed to each county.~~

~~(2) Quantify the amount of additional funds generated for the mental health system as a result of the MHSA.~~

~~(3) Identify unexpended funds, and interest earned on MHSA funds.~~

~~(4) Determine reversion amounts, if applicable, from prior fiscal year distributions.~~

~~(c) This report is intended to provide information that allows for the evaluation of all of the following:~~

~~(1) Children's systems of care.~~

~~(2) Prevention and early intervention strategies.~~

~~(3) Innovative projects.~~

~~(4) Workforce education and training.~~

1 ~~(5) Adults and older adults systems of care.~~
2 ~~(6) Capital facilities and technology needs.~~
3 ~~(d) Based on the report required in subdivision (a), the State~~
4 ~~Department of Health Care Services shall compile information on~~
5 ~~an annual basis that includes the total amount of MHSA revenue,~~
6 ~~a county-by-county comparison of fund expenditure plans and~~
7 ~~annual updates, and a county-by-county comparison of the purposes~~
8 ~~for which MHSA funds were expended.~~
9 ~~(e) The State Department of Health Care Services annually shall~~
10 ~~provide the Mental Health Services Oversight and Accountability~~
11 ~~Commission with the information compiled pursuant to subdivision~~
12 ~~(d). The commission shall make the information available to the~~
13 ~~public on the commission's Internet Web site, which shall be~~
14 ~~updated annually.~~

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california legislature—2015–16 regular session

ASSEMBLY BILL No. 2279

Introduced by Assembly Member Cooley

February 18, 2016

An act to amend Section 5899 of the Welfare and Institutions Code, relating to mental health.

legislative counsel's digest

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This bill would require the department, based on the Annual Mental Health Services Act Revenue and Expenditure Report, to compile information on an annual basis that includes the total amount of MHSA revenue, a county-by-county comparison of fund expenditure plans and annual updates, and a county-by-county comparison of the purposes for which MHSA funds were expended and to send that information to the commission. The bill would require the commission to make the

information available to the public on the commission's Internet Web site and to update the Internet Web site annually.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

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28 (6) Capital facilities and technology needs.
29 *(d) Based on the report required in subdivision (a), the State*
30 *Department of Health Care Services shall compile information on*
31 *an annual basis that includes the total amount of MHSA revenue,*
32 *a county-by-county comparison of fund expenditure plans and*

1 *annual updates, and a county-by-county comparison of the*
2 *purposes for which MHSA funds were expended.*
3 *(e) The State Department of Health Care Services annually*
4 *shall provide the Mental Health Services Oversight and*
5 *Accountability Commission with the information compiled pursuant*
6 *to subdivision (d). The commission shall make the information*
7 *available to the public on the commission's Internet Web site,*
8 *which shall be updated annually.*

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AB 2279 (Cooley)
Mental Health Services Act: Transparency

Bill Summary

The Mental Health Services Act (MHSA) provides funding to county-run programs that treat and prevent mental illness. Currently, program funding and outcomes are not made accessible to the public in an easy to understand format. AB 2279 requires that information about state-wide and county-by-county funding for mental health programs be made available to the public to enhance accountability, outcomes, and facilitate program improvement.

Problem

Counties that receive MHSA funding for mental health programs are required to report financial information to the Department of Health Care Services (DHCS) annually. Some counties make this information available to the public on their own websites while others do not. Currently, there is no single repository with this information, making it difficult for taxpayers, mental health advocates, and consumers to see which mental health programs are available and how MHSA funds are spent county-by-county and state-wide. The lack of information shared makes it difficult for high performing programs to influence lower performing programs across county lines, and for consumers to compare programs to identify services that best address their needs.

Also, currently, there is no county-by-county or state-wide picture of where the MHSA funds mental health programs. Without this information it makes it impossible to gauge performance metrics for funding.

Solution

AB 2279 will bolster transparency about how the MHSA funds mental health programs. This bill requires county-by-county funding information to be compiled annually by the DHCS and made available on the Mental Health Services Oversight and Accountability Commission's website to promote better outcomes, facilitate program improvement, and enhance accountability to the public.

Background

In 2004, California voters passed Proposition 63, the MHSA, to transform the mental health system. The MHSA aimed to address serious mental illness, create prevention and intervention programs, and spur innovation to identify best practices to treat and prevent mental illness. The MHSA funds county-run programs that serve individuals in need of services through a 1% tax on personal income above $1 million. It was the voters' intent that Proposition 63 funds are spent in the most cost-effective manner and that services are provided following best practices, with local and state oversight to ensure accountability to the public.

Existing law requires each county to report information about how MHSA funds were spent and how they plan to spend MHSA funds to the DHCS.

For More Information

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SENATE COMMITTEE ON HEALTH
Senator Ed Hernandez, O.D., Chair

BILL NO: AB 2279
AUTHOR: Cooley
VERSION: June 13, 2016
HEARING DATE: June 22, 2016
CONSULTANT: Reyes Diaz

SUBJECT: Mental Health Services Act: county-by-county spending reports

SUMMARY: Requires the Department of Health Care Services, in consultation with specified entities, to collect and publicly report specified information related to Mental Health Services Act revenue and expenditures, based on the current annual reporting requirement.

Existing law:

1) Establishes the Mental Health Services Act (MHSA), enacted by voters in 2004 as Proposition 63, which provides funds to counties to expand services and develop innovative programs and integrated service plans for mentally ill children, adults, and seniors through a one percent income tax on personal income above $1 million to be deposited to the Mental Health Services Fund (MHSF), administered by the Department of Health Care Services (DHCS).

2) Establishes the Mental Health Services Oversight and Accountability Commission (OAC) to oversee the implementation of the MHSA.

3) Requires each county mental health program to prepare and submit a three-year program and expenditure plan, with annual updates, adopted by the county board of supervisors, to the OAC within 30 days after adoption. Requires the plan to include, among other things, programs for services to adults and seniors.

4) Requires DHCS, in consultation with the OAC and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual MHSA Revenue and Expenditure Report, including identifying the expenditure of funds, quantifying the amount of additional funds generated for the mental health system, identifying unexpended funds and interest earned on funds, and determining reversion amounts from prior fiscal year distributions.

This bill:

1) Requires DHCS, based on the Annual MHSA Revenue and Expenditures Report, to collect and publicly report, no later than nine months after the end of each fiscal year, the following information, by statewide total and by individual county:

    a) Total revenue received from the MHSA;
    b) The amount of MHSA funds received by counties for each of the following components:

        i) Community services and supports;
        ii) Prevention and early intervention;
        iii) Innovation;
        iv) Housing that is not funded under i) above;

v) Workforce education and training not funded under i) above;
vi) Capital facilities and technological needs not funded under i) above; and,
vii) Other mental health services not reflected in i) through vi) above;

c) MHSA revenues expended in the prior fiscal year;
d) The amount of MHSA funds expended by counties for each of the components in b) above;
e) Funds held in prudent reserve by each county;
f) Distribution from the counties' prudent reserves;
g) For the most recent fiscal year, the amount of MHSA funds for each component listed in b) above; and,
h) MHSA funds subject to reversion and funds that have reverted.

2) Requires the information specified in 1) above to be reported for each fiscal year and to include statewide totals. Requires the information to be updated annually, including necessary revisions. Requires annual reports to include fiscal information for a period of not less than 10 fiscal years, as specified.

3) Requires DHCS also to report publicly annual county program expenditures for program administration, research and evaluation, and funds used to support joint powers authorities and other statewide entities. Requires a county to provide an explanation if it cannot supply some or all of this information, and to provide a timeframe for making the information available. Requires DHCS to work with counties and other specified entities to determine how best to make this information available.

4) Allows counties to submit to DHCS information about programs that address areas that include, but are not limited to, homelessness, criminal justice diversion, suicide prevention, school-based mental health programs, programs to reduce unemployment, stigma reduction, and programs targeted to meet the needs of populations, including veterans; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning; children and transition-age youth; and adults and older adults.

5) Requires DHCS to compile the information required in 1) through 4) above to promote public understanding of MHSA funds that are distributed to each county, as well as how the funds are spent and what funds remain available for expenditure. Requires DHCS to consult with the OAC, the State Controller's Office, the Department of Finance, counties, other local mental health agencies, and any other agency required to implement the provisions in this bill.

6) Requires DHCS to consolidate reporting requirements when feasible and to propose to the appropriate policy committees of the Legislature strategies to refine and consolidate reporting requirements.

7) Requires DHCS to make the information available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter.

FISCAL EFFECT: According to the Assembly Appropriations Committee, costs to DHCS are expected to be minor and absorbable.

PRIOR VOTES:

Assembly Floor:	80 - 0
Assembly Appropriations Committee:	20 - 0
Assembly Health Committee:	18 - 0

COMMENTS:

1) *Author's statement.* According to the author, the Centers for Disease Control and Prevention and the National Institute of Mental Health report that 4.2% of Americans ages 18 and older suffer from serious mental illness and 26.2% suffer from a diagnosable mental disorder. In 2004, the California voters passed the MHSA, which aimed to address serious mental illness, create prevention and intervention programs, and spur innovation to identify best practices to treat and prevent mental illness. The MHSA created a revenue source to fund programs and determined that local and state oversight was necessary to ensure accountability to the public. Currently, there is no single repository with county-by-county and state-wide information about how MHSA funds are spent. The lack of information made available to the public makes it difficult for consumers to compare services to identify programs that best address their needs, for county programs to identify best practices, and to ensure effective oversight and accountability to the public. AB 2279 requires that the total amount of revenue generated by the MHSA, a county-by-county comparison of fund expenditure plans, and comparison of how MHSA funds were spent be made available in one place in an easy to understand format. Easy access to this information can facilitate enhanced research and modeling, promote best practices, enhance transparency, and allow consumers to more easily identify programs that best address their needs.

2) *MHSA.* The MHSA provides funding for programs within five components:

    a) *Community Services and Supports (CSS):* provides direct mental health services to the severely and seriously mentally ill, such as mental health treatment, cost of health care treatment, and housing supports. CSS requires counties to direct the majority of its funds to full-service partnerships, which are county-coordinated plans, in collaboration with the client and the family to provide the full spectrum of community services and utilize a "whatever it takes" approach to providing services. Such services include peer support and crisis intervention services, and non-mental health services and supports, such as food, clothing, housing, and the cost of medical treatment;
    b) *Prevention and Early Intervention (PEI):* provides services to mental health clients in order to help prevent mental illness from becoming severe and disabling, emphasizing improving timely access to services for underserved populations. PEI programs are also required to emphasize strategies to reduce negative outcomes resulting from untreated mental illness, including suicide, school failure or dropout, incarcerations, and unemployment;
    c) *Innovation:* provides services and approaches that are creative in an effort to address mental health clients' persistent issues, such as improving services for underserved or unserved populations within the community. Innovation is funded by 5% from CSS and 5% from PEI funds;
    d) *Capital Facilities and Technological Needs:* creates additional county infrastructure, such as additional clinics and facilities, and/or development of a technological infrastructure for the mental health system, such as electronic health records for mental health services; and,

e) *Workforce Education and Training:* provides training for existing county mental health employees, outreach and recruitment to increase employment in the mental health system, and financial incentives to recruit or retain employees within the public mental health system.

The MHSA requires each county mental health department to prepare and submit a three-year plan to DHCS that must be updated each year and approved by DHCS after review and comment by the OAC. Some counties make annual reports available to the public on their own Web sites while others do not. In their three-year plans, counties are required to include a list of all programs for which MHSA funding is being requested and identify how the funds will be spent and what populations will be served. Counties must submit their plans for approval to the OAC before the counties may spend certain categories of funding.

3) *Related legislation.* SB 1273 (Moorlach), would clarify that counties may use MHSF moneys for services when co-located with involuntary services. *SB 1273 is set to be heard in the Assembly Health Committee on June 28, 2016.*

   AB 2017 (McCarty), would establish the College Mental Health Services Program Act, as specified, until January 1, 2022, with dedicated funding from the MHSF. Requires DHCS to create a grant program for specified colleges to provide required improved access to mental health services, as specified. *AB 2017 is set to be heard in this committee on June 22, 2016.*

   AB 847 (Mullin, Chapter 6, Statutes of 2016), requires DHCS to develop a proposal for the United States Secretary of Health and Human Services to be selected as a participating state in the time-limited demonstration program for mental health services to be provided by certified community behavioral health clinics to Medi-Cal beneficiaries. Appropriates $1 million from the MHSA for DHCS to develop the proposal.

4) *Prior legislation.* SB 585 (Steinberg, Chapter 288, Statutes of 2013), allows counties, when included in their plans, to use MHSF moneys for Assisted Outpatient Treatment, known as "Laura's Law," if a county elects to participate in and implement Laura's Law.

5) *Support.* Supporters of this bill argue that, while the MHSA has helped to fund a mental health system that has been sorely underfunded for many years, there has been a lack of transparency in county MHSA spending reports, which are not consistently made available to the public either by the counties themselves or DHCS. Supporters also state that there is no single repository for MHSA revenue and expenditure reporting, leaving the general public and mental health care advocates unable to access this information. Supporters argue that this bill will enhance transparency about MHSA funds and promote better outcomes, facilitate program improvement, and enhance accountability to the public.

SUPPORT AND OPPOSITION:

Support: California Chapter of the American College of Emergency Physicians
California Council of Community Behavioral Health Agencies
California Hospital Association
California Youth Empowerment Network
Little Hoover Commission
Mental Health America of California
National Association of Social Workers, California Chapter
The Steinberg Institute
United Advocates for Children and Families

Oppose: None received

-- END --

AGENDA ITEM 9

Action

July 28, 2016 Commission Meeting

Response to Requests for Proposal (RFP) for Mental Health Advocacy

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider recommendations regarding the responses to the Request for Proposals (RFP) for mental health advocacy and authorize the Executive Director to act in accordance with the Commission's decision.

At its January 28, 2016 meeting, the Commission approved the scope of work and minimum qualifications for RFP and authorized the Executive Director to initiate a competitive bid process for six (6) stakeholder contracts for the following populations:

- Clients/Consumers
- Diverse Racial and Ethnic Communities
- Families of Clients/Consumers
- Parent/Caregivers of Children and Youth (under 18 years)
- Transition Age Youth (ages 16-25 years)
- Veterans

The RFPs were released on May 11, 2016. They were posted to the MHSOAC website, Cal e-Procure, and advertised through an email notification to the MHSOAC listserv.

Scope of Work

Proposers were asked to develop deliverables in response to the scope of work as outlined in the RFPs in the following three priority areas:

- Advocacy
- Training and Education
- Outreach, Engagement, and Communication

RFP Timeline

- May 11, 2016: RFPs released to the public
- June 24, 2016: Deadline to submit proposals
- June 27, 2016 through July 22, 2016: Multiple stage evaluation process to review and score proposals
- July 28, 2016: Results presented to the Commission

RFP Evaluation Process

The entire scoring process from receipt of proposals to posting of the Notice of Intent to Award is confidential. In accordance with the State of California standard competitive selection process, all proposals were evaluated in a multiple stage process.

- **Stage 1: Administrative Submission Review**
  Each proposal was reviewed by MHSOAC staff for the presence of all required documents including certification that the proposer met all minimum requirements as listed in the RFP. This first Stage was scored on a pass/fail basis. Proposals that passed the requirements of Stage 1 moved to Stage 2. *Proposals that did not meet the requirements of Stage 1 were deemed non-compliant and are not eligible to receive an award.*

- **Stage 2: Technical Review**
  Proposals were scored by review panels comprised of subject matter experts from multiple state agencies during the Stage 2 evaluation. The panels reviewed and scored proposals on the following requirements:
    - Desired Qualifications
    - Response to the Scope of Work
    - Workplan
    - Letters of Support

  The maximum points possible for this stage was 290 points. All proposals were required to meet a minimum point score of 200 points to move to Stage 3. *Proposals that did meet the 200 point minimum were deemed non-compliant and were not eligible to receive an award.*

- **Stage 3: Reference Checks**
  For all proposals that reached the minimum point value of 200, MHSOAC staff contacted the references provided.

- **Stage 4: Evaluation of Cost Proposal**
  The proposal offering the lowest total cost earns the maximum available points for this section.

- **Stage 5: Combining Proposer's Scores**
  MHSOAC staff combines the points from stages 2 through 4 to determine the total scores for each qualifying proposer.

- **Stage 6: Adjustments to Score for Bidding Preferences**
  MHSOAC staff determines and confirms which entities, if any, are eligible to receive a bidding preference for the Disabled Veterans and Small Business preference.

Final selection is determined on the basis of the highest overall point score and not the lowest bid. The recommended award is to be made to the proposer receiving the highest overall point score.

In the event that there are no compliant bidders for an RFP, the Commission will have options to consider that include amending the RFP or closing the solicitation and re-issuing a new RFP.

RFP Award and Protest Process

Within five working days of the Commission's vote to award, unsuccessful proposers, wishing to protest the decision, must submit to the MHSOAC a letter of intent to protest. If a protest is filed within this timeframe, the RFP requires the letter of protest to describe the factors that support the protesting proposer's claim. For a protest to be successful the protesting proposer must prove one of the following:

1. The protesting proposer would have been awarded the contract had the MHSOAC correctly applied the prescribed evaluation rating standards in the RFP; or
2. The protesting proposer would have been awarded the contract had the MHSOAC followed the evaluation and scoring methods in the RFP.

As outlined in the RFPs, the MHSOAC Executive Director reviews the grounds for protest and renders a final decision.

Enclosures: None

Handout: Power Point presentation will be made available at the Commission meeting.

Presenters:
- Toby Ewing, PhD., Executive Director
- Angela Brand, Project Lead

Recommended Action: Provide guidance on awarding the stakeholder contracts and authorize the Executive Director to take the necessary steps to ensure timely execution of contracts.

AGENDA ITEM 10

Information

July 28, 2016 Commission Meeting

Research Overview

Summary:
Deputy Director for Evaluation and Program Operations Brian R. Sala, will introduce Director of Research and Evaluation Fred Molitor. The two will provide a brief overview of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) research strategy and activities.

Presenters:
- Brian R. Sala, Ph.D, MHSOAC Deputy Director for Evaluation and Program Operations
- Fred Molitor, Ph.D., MHSOAC Director of Research and Evaluation

Enclosures: None

Handout(s): A PowerPoint slide show will be presented at the meeting.

AGENDA ITEM 11

Action

July 28, 2016 Commission Meeting

Web Application and Database

Summary:
The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider authorizing the Executive Director to enter into one or more contracts to develop an integrated web application and database of MHSA programs, providers, and services.

In 2013, the MHSOAC adopted an Evaluation Master Plan. One of the key goals of the Master Plan is to "devote more attention to using evaluation information." Underlying this finding was a recognition that the Commission and its staff needs to make better use of available information about programs, providers, and client outcomes.

Taken together, County Annual Revenue and Expenditure Reports, County Three-Year Plans and Annual Updates, and County Innovative Project proposals constitute a significant, under-exploited data resource.

This contracting effort is intended to build upon ongoing, related efforts to develop and implement fiscal transparency tools, in order to provide the Commission with integrated tools to support program activities and evaluation efforts.

Presenters:

- Brian R. Sala, Ph.D, MHSOAC Deputy Director for Evaluation and Program Operations
- Fred Molitor, Ph.D., MHSOAC Director of Research and Evaluation

Enclosures: None

Handout(s): A PowerPoint slide show will be presented at the meeting.

AGENDA ITEM 12

Information

July 28, 2016 Commission Meeting

Executive Director Report

Summary: Executive Director Toby Ewing will report on projects underway, the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) calendar, and other matters relating to the ongoing work of the Commission.

Presenter: Toby Ewing, Executive Director

Enclosures: None

Handout: None

Recommended Action: Information item only