



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

August 25, 2016

Commission Meeting

MHSOAC

**1325 J Street, Suite 1700
Sacramento, CA 95814**

Call-in Number: 1-866-817-6550

Participant Passcode: 3190377

Victor Carrion, M.D.
Chair

1325 J Street, Suite 1700
Sacramento, California 95814

Tina Wooton
Vice Chair

Commission Meeting Agenda

August 25, 2016
9:00 A.M. – 3:00 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
August 25, 2016

Tina Wooton
Vice Chair

9:00 AM Convene

Commissioner Larry Poaster, Ph.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 July 28, 2016, MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the July 28, 2016, Commission Meeting.

- Public Comment
- Vote

Information

1B: July 28, 2016 Motions Summary

This item provides a summary of the motions voted on by the Commission during the July 28, 2016, Commission Meeting.

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: MHSA Fiscal Reversion Panels

With limited exceptions, state law requires MHSA funds to be spent within three years of receipt. No funds have reverted since 2008. The Commission is examining the law, its history, challenges, and opportunities for improvement.

Panel 1: Law and History of Reversion Policy

Presenters: Ben Johnson, Legislative Analyst's Office; Cynthia Burt, MHSOAC Staff
Panelists will present information on the current law and the history of the MHSA fiscal reversion policy.

Panel 2: Policy and Challenges of Reversion

Presenters: Karen Baylor, Deputy Director, Mental Health and Substance Use Disorder Services, Department of Health Care Services; Melissa Chilton, Budget Specialist, Humboldt County Department of Health and Human Services
Panelists will discuss the current policies and practices regarding reversion, related challenges and opportunities for improvement.

Panel 3: Strategies for Improving Reversion Policy

Presenters: Mike Geiss, Geiss Consulting; Don Kingdon, Director of Behavioral Health Integration Harbage Consulting
Panelists will provide information to frame future discussions on refining MHSA fiscal reversion policies and practices.

- Public Comment

- 10:40 AM Action**
3: El Dorado County Innovation Plans
Presenter: Brian R. Sala, Ph.D., Deputy Director
County Presenter: Jamie Samboceti, MA, MFT, Deputy Director
El Dorado County Health and Human Services Agency
The Commission will consider approval of two Innovation Plans for El Dorado County.
- Public Comment
 - Vote
- 11:10 AM Action**
4: Nevada County Innovation Plan
Presenter: Brian R. Sala, Ph.D., Deputy Director
County Presenter: Michele Violet, MHSA Coordinator
Nevada County Behavioral Health Department
The Commission will consider approval of the Innovation Plan for Nevada County.
- 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 LUNCH BREAK**
- 12:55 PM Announcement**
Executive Director Toby Ewing will announce the retirement of Sheridan Merritt, Senior Research Staff and acknowledge his leadership on the Children’s Crisis Services Project.
- 1:00 PM Action**
5: Additional Funding for Stakeholder Contracts
Presenter: Angela Brand, MHSOAC Staff
The Commission will consider authorizing the Executive Director to amend current stakeholder contracts to provide for additional funding.
- Public Comment
 - Vote
- 1:10 PM Action**
6: Request for Proposals (RFP) Stakeholder Contracts
Presenter: Angela Brand, MHSOAC Staff
The Commission will consider authorizing the release of six Request for Proposals for stakeholder contracts.
- Public Comment
 - Vote
- 2:30 PM Information**
7: 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.

2:45 PM General Public Comment

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

3:00 PM Adjourn

AGENDA ITEM 1A

Action

August 25, 2016 Commission Meeting

Approve July 28, 2016 MHSOAC Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the July 28, 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: July 28, 2016 Commission Meeting Minutes.

Handouts: None

Recommended Action: Approve July 28, 2016 Meeting Minutes.

Proposed Motion: The Commission approves the July 28, 2016 Meeting Minutes.



State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
July 28, 2016

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

866-817-6550; Code 3190377

Members Participating

Victor Carrion, M.D., Chair
Tina Wooton, Vice Chair
Reneeta Anthony
Lynne Ashbeck
John Boyd, Psy.D.
Sheriff Bill Brown
John Buck
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Larry Poaster, Ph.D.
Richard Van Horn

Staff Present

Toby Ewing, Ph.D., Executive Director
Norma Pate, Deputy Director,
Program, Legislation, and Technology
Brian Sala, Ph.D., Deputy Director,
Evaluation and Program Operations
Filomena Yeroshek, Chief Counsel;
Kristal Antonicelli, Associate Governmental
Programs Analyst;
Cody Scott, Staff Services Analyst;
Moshe Swearingen, Office Technician

Members Absent:

Khatera Aslami-Tamplen
Senator Jim Beall
Assembly Member Tony Thurmond

CONVENE

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:16 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that a quorum was present.

Announcements

Chair Carrion welcomed Reneeta Anthony and Gladys Mitchell as the newest Governor appointees to the Commission. He stated Christopher Miller-Cole resigned from the Commission for personal reasons. On behalf of the Commission, Chair Carrion expressed his appreciation for Commissioner Miller-Cole's contributions.

ACTION

1A: Approve May 26, 2016, MHSOAC Teleconference Minutes

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

The Commission approves the May 26, 2016, Meeting Minutes.

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

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

The following Commissioners abstained: Commissioners Danovitch, and Mitchell

INFORMATION

1B: May 26, 2016, Motions Summary

1C: Evaluation Dashboard

1D: Calendar

INFORMATION

2: Innovation Overview

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

Executive Director Ewing provided an overview of the MHSOAC activities relating to the Innovation (INN) Program component of the Mental Health Services Act. The Governor's 2016 budget added three staff positions to expand the Commission's INN team. This will enable the Commission to develop an integrated approach to guiding, monitoring, and reporting on the impact of INN on California's mental health system. This new team will pursue four goals:

- Provide strategic direction and guidance for investment of the \$100 million dollars per year that is available for INN
- Increase the capacity to provide technical assistance and support to counties
- Improve research and evaluation on the impact of INN
- Improve dissemination about the results of INN and best practices

The team will also face some challenges. Throughout the last several years, the state has changed the rules and structure for INN approval. The Commission used to approve the INN plans and usually the first years funding. The Executive Director had delegated authority to approve funding thereafter. Because of the changes in the

structure we are discovering the need to provide counties with more clarity. Over the next 12 months we will continue to work with the counties to strengthen our process and protocols, including providing templates to ensure consistency.

Commissioner Questions and Discussion

Commissioners Boyd, Brown, Danovitch, and Poaster voiced their appreciation of the analysis of the challenges and plans to improve the process. Commissioner Poaster stated the need to balance between local and state priorities.

Commissioner Ashbeck stated part of the INN discussion is the time lag seen in the counties between approval and implementation. The need is great, but what was innovative at the time may not be so innovative two years later.

Executive Director Ewing stated the need to strengthen expectations so the time challenges are addressed during the approval process and implementation. He suggested including a start date deadline as part of Commission approval. A related piece is the state's unenforced policies about fiscal reversion.

ACTION

3: San Mateo County Innovation Plans

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

County Presenters: Doris Estremera, MPH; Stephan Kaplan, LCSW; Dr. Jei Africa, LCP;; and Toni DeMarco

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the summary, regulatory criteria, what MHSOAC staff look for, and the list of materials in the meeting packet on the three proposed three-year \$3,214,000 San Mateo County INN projects: (1) "LGBTQ Behavioral Health Coordinated Services Center," (2) "Neurosequential Model of Therapeutics (NMT) within an Adult Service System," and (3) "Health Ambassador Program – Youth" (HAP-Y).

Chair Carrion requested that presenters address the outcomes and strategies of the programs, how the budget will be used, and how much of the programs are evaluated.

Deputy Director Sala stated the regulations that went into place last fall require a detailed budget plan for projects, including evaluation, administrative costs, and an overall budget. Staff has shared a draft template with counties for feedback that will help guide them in their presentation of materials to the Commission.

Doris Estremera

Doris Estremera, MHSA Manager, San Mateo County, provided an overview, accompanied by a slide presentation, of the county profile, community program planning process, and evaluation budget for the San Mateo County MHSA INN project plans. She stated the community planning process reflects the diversity of the county.

Dr. Jei Africa

Dr. Jei Africa, Director, Office of Diversity and Equity at the San Mateo County Behavioral Health and Recovery Services (BHRS), provided an overview, accompanied by a slide presentation, of the needs, challenges, key activities, expected outcomes,

target population, and goals of HAP-Y. He stated the innovation is to see whether youth who go through this program are as effective as or more effective than adults who have been exposed to this work.

Commissioner Questions

Commissioner Boyd asked how HAP-Y differs from the work of other youth initiatives in the state, such as the California Youth Empowerment Network (CAYEN). Dr. Africa stated the county did a rigorous study and there is some similarity, but the innovative part that will be measured is the engagement process where the youth are a part of it from the beginning to the end. Professional and personal development also happens because they are supported and mentored throughout the process.

Commissioner Boyd stated, although he supports these types of programs, he had difficulty seeing what is innovative about this approach. He suggested addressing the housing status for youths who are homeless or housing-challenged.

Vice Chair Wooton asked about employment opportunities for youth and encouraged including education opportunities, as well. Dr. Africa stated StarVista has a variety of youth programs they can offer, such as being a part of the crisis lines and chat lines for suicide prevention, speaking for lived-experience bureaus, and being peer workers and youth advocates. It is not only about employment; it is about changing the system.

Commissioner Mitchell asked where the youth will come from who participate in HAP-Y. Dr. Africa stated the county will partner with schools, community centers, after-school programs, local law enforcement, and faith-based communities. The focus is on finding youths who are not engaged in mental health services and do not have a place to go.

Commissioner Danovitch asked if the county will develop surveys or use established measures for the outcomes. Dr. Africa stated the county plans to adapt the surveys and metrics created through the adult program, HAP, to test its effectiveness on the youth population.

Commissioner Danovitch stated the project goals, activities, strategies, and expected outcomes that address stigma, knowledge, and engagement are compelling, but each of those areas have established, validated measures. He suggested determining whether there are established measures to adopt, rather than using in-house-developed ones, to ensure that they are accurate in measuring what the county intends.

Commissioner Gordon asked how HAP-Y will work with schools. He noted that sometimes laws limit age ranges, such as ages 16 to 25. He stated the need to also reach 14 and 15-year-old youth. He asked if the county will work with schools to include that important target population. The early intervention will pay off if done right and will be potentially innovative. Dr. Africa stated the county has a strong partnership with schools in implementing youth mental health first aid. He stated the target population is ages 16 to 25, although the project is flexible.

Commissioner Ashbeck stated HAP-Y is \$750,000 and will reach thirty youth annually. She asked how the approximately \$8,500 per youth will be spent. Dr. Africa stated the county discovered, through the community planning process, that effective resources that create sustainability would be devoted personnel who have the skills to reach out, and the capacity to provide resources for youth to participate. The funding will go to

transportation, stipends, materials, and skilled, bilingual staff who will be paid a competitive rate so this work can be done on a different level than ever seen before.

Commissioner Boyd asked staff what the innovative portion is for HAP-Y as compared to other county programs brought before the Commission and other programs that exist throughout the state. Executive Director Ewing stated innovation often refers to a spectrum of challenges. He mentioned California's demographic diversity and stated the need to recognize that what is innovative in terms of the culture and practices of one county will be different from another county. It is up to the Commission to determine if each program is innovative enough. HAP-Y is about moving lessons learned with adults to youth.

Commissioner Boyd suggested that the county take this project and connect with others who are doing this work well to figure out collectively where the next springboard of innovation can come from.

Stephen Kaplan

Stephen Kaplan, Director, San Mateo County BHRS, responded to Vice Chair Wooton's question about employment. He stated there are significant challenges around the future workforce in terms of skills and knowledge and the need to reflect the diversity of the populations being served. He stated involving youth in this intensive work can change their perception about doing this as a career. This approach is a potential way of creating a pipeline for a future workforce.

Mr. Kaplan stated he was skeptical that this project was innovative until he spoke with advocates who convinced him that this was an innovative approach because of how services were provided, who was providing those services, and the coordination and integration of those services, particularly for members of the community who were most at risk.

Mr. Kaplan provided an overview, accompanied by a slide presentation, of the needs, challenges, components, implementation phases, expected outcomes, target population, purpose, and goals of the LGBTQ Behavioral Health Coordinated Services Center (Center).

Commissioner Questions

Commissioner Boyd asked how this project would coordinate with other programs in the county. Mr. Kaplan stated the other programs in the county are outreach and training points.

Commissioner Ashbeck asked what other services are included in the coordinated service component of the project. Mr. Kaplan stated employee benefits, housing, substance use counseling, and other social supports other than health care are included.

Commissioner Danovitch asked what information can be learned from the Center that can be spread to other counties. Mr. Kaplan stated the county will share the knowledge learned from having an organized outreach component to remove access barriers, embedding services within a coordinated site as opposed to separate sites throughout

the county to improve mental health and quality-of-life outcomes, and planning together to maximize the resources in the community.

Commissioner Anthony asked if there are plans to use a mental health screening tool for participants on all the proposed INN projects, and to integrate the results in existing programs and services. Mr. Kaplan stated the lessons learned about treatment for this population will be important information to train and support throughout the system of care, which will create greater access and outcomes. He stated the outreach group will not do screening; the youth will self-identify. Individuals will be assessed to determine if this program is the right place to get the services they need.

Toni DeMarco

Toni DeMarco, Clinical Services Manager, San Mateo County Health System, provided an overview, accompanied by a slide presentation, of the needs, challenges, components, key activities, expected outcomes, target population, purpose, goals, and evaluation objectives and methods of the Neurosequential Model of Therapeutics (NMT) within an Adult Service System project.

Commissioner Questions

Commissioner Danovitch stated the concern that (1) the design of the evaluation is not set up to establish whether this is an effective intervention because it is set up as an experimental treatment, not a clinical trial; and (2) if it is an experimental treatment, while it may work, there are a host of established evidence-based treatments and models of care for trauma. He asked how to justify offering patients who need services an experimental, unproven intervention when there are established models and evidence-based treatments that exist.

Ms. DeMarco stated it is not an experimental treatment. The interventions are services and activities that are based on neurodevelopmental information, which is what NMT is founded on. It has been demonstrated to be effective in children.

Commissioner Brown asked if NMT is related to neurofeedback and if neurofeedback is the next step into a therapeutic approach to identify issues. Ms. DeMarco stated it is not directly related.

Commissioner Boyd asked if there are outcome measures in place. Ms. DeMarco stated the outcome measures that are in place are reported on a quarterly basis to the board of supervisors on the four domains, which are tracked.

Public Comment

Poshi Walker, LGBTQ Program Director, NorCal Mental Health America and Director, LGBTQ Reducing Disparities Project, spoke in support of the HAP-Y program and stated it has the potential to address the barriers found in the Reducing Disparities Project. She encouraged Commissioners to read the strategic plan. She stated youth listen to other youth more than they listen to anyone else, so it would be helpful for youth to know what they are talking about to their peers.

Ms. Walker spoke in support of the Center and stated it has the potential of producing a model that would give a reason for counties and agencies to fund LGBTQ-specific programming.

Narges Dillon, Program Director, San Mateo County Suicide Prevention and Crisis Intervention Center, stated HAP-Y focuses on prevention, crisis intervention, and removing barriers to access. The ongoing support offered through the development of the program will build strong bridges between communities and mental health services. Providing youth participants with individual support during and after the year of their participation in the program connects youth to opportunities to reach out to peers and their communities, which extends the reach of the funding far beyond the thirty annual participants. To date, there is no data outlining best practices for youth peers and how they can be most effective. By adapting and evaluating HAP-Y, the county will learn about making mental health services more reachable for vulnerable communities and reducing stigma by providing and spreading positive help-seeking experiences.

Anthony Ross shared his personal story and spoke in support of the coordinated Center that will pull training, outreach, and providers together.

Yolanda Ramirez shared her personal story and spoke in support of HAP-Y.

Commissioner Discussion

Deputy Director Sala stated the county would seek additional approval of these projects and would intend to bring amendments before the Commission to address the evaluation components that were lacking in the HAP-Y and NMT projects.

Executive Director Ewing stated the Commission could approve the proposal straight out or conditionally on the county coming back with amendments. The delegated authority given to the Executive Director of 15 percent or \$500,000, whichever is less, would cover the \$180,000 that the County would propose for evaluation, so it could be handled administratively.

Commissioner Poaster asked if the funds are all INN funds or if other parts of the MHSA funding have been braided in. Deputy Director Sala stated it is all INN funds.

Commissioner Danovitch stated, although these projects are important, he has concerns about each of them, particularly the NMT intervention because it is not proven.

Commissioner Mitchell stated concern with the training aspect of the NMT intervention. She stated many programs fail because workers leave after they have been trained. She asked how to ensure that the individuals the county invested a year of training in will still be there to help the clients. Mr. Kaplan stated thirty-five of the forty clinicians are still in this training program. The selection process of who is involved gives the county an idea of who will stay.

Executive Director Ewing stated the county will consider in its evaluation the issue of retention associated with the training investment. If retention is an issue, the county may think of ways to fortify retention over time.

Commissioner Poaster suggested that there be further discussion on the intent of all INN projects within the MHSA, and what the statute and the regulations require.

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

The MHSOAC approves San Mateo County's INN Projects, with the provision that the approval for the NMT project is conditioned on it going through the local IRB process:

Name: LGBTQ Behavioral Health Coordinated Services Center

Amount: \$2,200,000

Program Duration: Three Years

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

Amount: \$264,000

Program Duration: Three Years

Name: Health Ambassador Program – Youth

Amount: \$750,000

Program Duration: Three Years

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Chair Carrion, Vice Chair Wooton, and Commissioners Anthony, Ashbeck, Boyd, Brown, Buck, Danovitch, Gordon, Mitchell, Poaster, and Van Horn.

ACTION

4: Contra Costa County Innovation Plan

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

County Presenter: Warren Hayes, MHSA Program Coordinator, Contra Costa County

Deputy Director Sala summarized the four-year \$1,023,246 Contra Costa INN project, titled “Overcoming Transportation Barriers Project.”

Warren Hayes, MHSA Program Coordinator, Contra Costa County, provided an overview, accompanied by a slide presentation, of the Contra Costa County characteristic and mental health service challenges. The presentation provided information on how the project would increase access to mental health services, learning objectives, evaluation plan, and budget of the Contra Costa INN project.

Commissioner Questions

Chair Carrion stated many counties struggle with transportation issues; the outcomes of this project will be important.

Commissioner Ashbeck questioned the fact that transportation to appointments will be used as a last resort and yet this program will provide three vans. Mr. Hayes stated the vans will be available for emergency situations because it compromises the innovation of this project to relegate the crew to be transporters.

Commissioner Ashbeck asked if the county worked with the local transportation agency, such as the council of governments, which does transportation funding and operates

vanpools. Mr. Hayes stated they were one of the resources brought in to help with the planning of this project, as part of the robust transportation committee.

Commissioner Gordon suggested assessing how the county will sustain this level of service after the INN funds go away. There should be an assessment of that and at least the groundwork to provide for the potential for approval of an ongoing support system. Mr. Hayes stated the county is very much aware of that issue and has built both qualitative and quantitative aspects of the program into the evaluation component.

Commissioner Anthony asked who would drive the vans. Mr. Hayes stated the three individuals who will be hired for this project will be driving as well as maintaining the hotline.

Public Comment

Ms. Walker stated she was with the Workforce Integration Support and Education (WISE) program, which trains peer support specialists and family advocates as well as the individuals that employ them. She stated there are criteria that peer support must meet to be an evidence-based practice and that criteria is outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA). She stated transportation is the number one barrier, yet she questioned how an individual's lived experience is being used when relegated to being a driver. She stated peer support workers are often made into glorified taxi services in many counties. It benefits clients because they need to get to their appointments, but that is not part of the evidence-based practice that peer support is meant to be and what peer support specialists are trained to do. She questioned who the county is hiring, the title they will be given, and whether it supports the evidence-based practice of peer support.

Ms. Hayes stated most of their time will be spent coaching, informing, and supporting individuals and utilizing their lived experience to give people confidence. The county fails if those individuals end up just being drivers.

Heidi Strunk, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), echoed Ms. Walker's comments. She asked the county not to turn this project into what CAMHPRO fights against. Many counties put peers in the positions of drivers, sweepers, or other positions that underutilize their skills.

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

The MHSOAC approves Contra Costa County's INN Project:

Name: *Overcoming Transportation Barriers*

Amount: *\$1,023,346*

Program Duration: *Four Years*

Motion carried 11 yes, 1 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners Anthony, Boyd, Brown, Buck, Danovitch, Gordon, Mitchell, Poaster, and Van Horn.

The following Commissioner voted "No": Commissioner Ashbeck.

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

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the background, summary, and review of Santa Clara County's four INN projects that began in 2011, 2012, and 2013, and the additional funding requested to reimburse the county for funds already expended on these projects in the amount of \$1,978,042. Dr. Sala stated that the County did not request the additional funding earlier because it acted in good faith reliance on Commission staff advice in June 2015 that it could delay its formal request and include it in the County's next Annual Update.

Public Comment

There was no public comment received on this agenda item.

Action: Commissioner Boyd made a motion, seconded by Commissioner Anthony, that:
The MHSOAC approves the requested funding for Santa Clara County's multi-year Innovative Projects:

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

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

GENERAL PUBLIC COMMENT

There were no questions or comments from the public.

6: Recognition of Commissioner Paul Keith, M.D.

Presenter: Chair Victor Carrion, M.D.

Chair Carrion presented former Commissioner Keith with a resolution in appreciation for his years of service with the Commission.

ACTION

7: San Francisco County Innovation Plans

Presenter: Brian R. 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

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the background, summary, and review of San Francisco County's three INN projects previously approved in 2014 and 2015, and the additional funding requested to extend the projects in the amount of \$2,008,608 to accomplish the learning goals. The issue is that two years is too short for fully implementing and evaluating an INN project.

Lisa Reyes

Lisa Reyes, MHSA Program Manager, San Francisco County, stated representatives from each of the projects are in attendance to present their programs and answer questions.

Daphne Dickens

Daphne Dickens, Employment Specialist, UCSF/Citywide Employment Program, spoke about the First Impressions program. She stated First Impressions remodels waiting rooms to be more culturally-reflective of the clients. There are three months of training and six months of work in the clinics. She provided a case study and gave an overview, accompanied by a slide presentation, of the lessons learned, the significant delay of implementation, and the plan for extension.

Khary Dvorak-Ewell

Khary Dvorak-Ewell, Program Manager, UCSF/Citywide Employment Program, spoke about the First Impressions program. He provided an overview, accompanied by a slide presentation, of consumer involvement, recent outcomes, and outcomes from the initial proposal. He stated consumer feedback is involved at all levels of planning and implementation.

Daniel Hill

Daniel Hill, Program Manager, Curry Senior Center, spoke about the Addressing the Needs of Isolated Older Adults program. He provided an overview, accompanied by a slide presentation, of consumer involvement, recent outcomes, outcomes from the initial proposal, a case study, lessons learned, and the plan for extension.

Amber Gray

Amber Gray, MHSA Peer Supervisor, spoke about the Transgender Pilot Program. She provided an overview, accompanied by a slide presentation, of consumer involvement, a case study, and lessons learned.

Lisa Reyes

Ms. Reyes provided an overview, accompanied by a slide presentation, of the summary, services provided, recent outcomes, outcomes from the initial proposal, and plan for extension for the Transgender Pilot Program.

Commissioner Questions

Chair Carrion asked if the board of supervisors approved the extension. Ms. Reyes stated it has been submitted to the MHSA Advisory Committee and is included in the upcoming Annual Update, which will go to the board of supervisors.

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

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

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

ACTION

8: Support for Assembly Bill 2279 (Cooley)

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

Norma Pate, Deputy Director, introduced Emily Berry, Science and Technology Fellow, Assembly Member Cooley's Office. Deputy Director Pate stated she and Executive Director Ewing have been working with Ms. Berry on Assembly Bill (AB) 2279 over the last few months to provide technical assistance. This bill is consistent with the recommendations coming out of the Little Hoover Commission's report to increase accountability.

Ms. Berry presented Assembly Member Cooley's bill. She provided an overview of the background, intent, concerns, mandates, scope, and challenges of AB 2279. She respectfully requested the Commission's support of AB 2279.

Commissioner Questions

Commissioner Boyd asked the rationale for the distinction where the bill says "authorizes but not requires counties to provide ...". The Commission encourages counties to provide certain things that never surface.

Ms. Berry stated the heart of the bill is to gather information in an easy-to-understand format. Not all counties collect this information currently. The idea was to create a mechanism where counties, if they have that information, can supply it to the Department of Health Care Services (DHCS); if it is supplied, they are required to compile that information so it will be useful to other counties. It is not put in as a requirement yet because there are still unanswered questions, such as who would collect the data and what happens if a person could be categorized in multiple groups. This is an important issue that should be revisited, and Assembly Member Cooley's Office is happy to continue to work with stakeholders to figure that out.

Public Comment

Michael Helmick, Assistant Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of this bill.

Jessica Cruz, Executive Director, National Alliance on Mental Illness (NAMI) California, spoke in support of this bill.

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

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.

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

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

ACTION

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

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

Executive Director Ewing stated the MHSA is explicit that some of the state administrative dollars are to provide support for consumers and family members to be involved in policy and program decisions that affect them. Historically, the Department of Mental Health (DMH) provided contract dollars to organizations to do mental health advocacy. When the DMH was disbanded and the responsibilities were distributed to other agencies, the role of providing those contracts and the money behind them came to the Commission. For many years, DMH and subsequently the Commission entered into sole source contracts with organizations to do this advocacy work.

Last year the Legislature increased the funding for advocacy and directed the Commission to use a competitive process. He showed a slide summarizing the background, increased funding, and current requirements given by the Legislature.

Angela Brand, MHSOAC staff, provided an overview of the six Request for Proposals (RFPs) for mental health advocacy issued by the Commission, accompanied by a slide presentation, detailing the evaluation/scoring process of the proposals, bidder protest process, and results of the RFP.

Executive Director Ewing stated one to three proposals were received for each RFP category. He reviewed the scoring for each category and stated that only in the Transition Age Youth (TAY) category was there a proposal that met the minimum required score. California Youth Connection met the minimum required score and had the highest scoring proposal in the TAY category. In the other five categories, there were no proposals that met the RFP requirements, including in one category, there were no timely proposals submitted. For the RFPs that did not receive compliant proposals, they will be cancelled and new RFPs will be re-issued. He suggested that the mismatch may be because it was a new endeavor for the Commission and the organizations it traditionally works with.

Commissioner Questions

Commissioner Buck stated small organizations may need technical assistance to apply for an RFP.

Commissioner Van Horn asked how long it will take to fund the RFPs. He asked staff to send the scoring tool to Commissioners. Executive Director Ewing stated the process will take until October or November for the second round.

Commissioner Boyd asked what the options are to ensure that organizations that have been built around supporting this work do not go without funding for two or three months, which is an unintended consequence of the RFP process; if the shortcomings were technical or programmatic issues; what will be different for the second round of RFPs to ensure success; and if there are options other than issuing another RFP, such as offering technical assistance and training.

Chair Carrion agreed that the second wave needs to be different. He asked Commissioners to give suggestions and feedback on how to help organizations succeed in the RFP process.

Vice Chair Wooton asked where the funds will come from for current contractors to continue their work until the RFPs are funded.

Commissioner Poaster suggested taking action on the TAY RFP.

Commissioner Brown stated the TAY RFP will have to be awarded since there were three applications submitted that met the minimum qualifications and one organization had the highest score. For the other RFPs, he suggested inviting all interested agencies for the next round to a bidders' workshop. Executive Director Ewing stated they did hold a bidders' conference and will hold another one before the close of the next RFP.

Commissioner Van Horn suggested a bidders' training rather than conference.

Executive Director Ewing stated an in-depth conversation on this issue will be part of the August meeting agenda.

Commissioner Ashbeck suggested broadening the outreach and increase advertising for the next RFPs.

Commissioner Boyd stated the significant number of RFP failures causes him to question the process. He stated there is always learning happening early on during opportunities of change, but he stated there is a need to mind the gap.

Public Comment

Dave Hosseini stated the process is broken. Good organizations turned in RFPs. He spoke in favor of CAMHPRO for consumer advocacy.

Gordon Reed spoke in favor of CAMHPRO for consumer advocacy.

Michelle Campbell Mateo spoke in favor of CAMHPRO for consumer advocacy. She stated the education process and the access to information may help the application process be more successful.

Tando Goduka spoke in favor of CAMHPRO for consumer advocacy. She stated she would welcome a workshop.

Kenneth Davis spoke in favor of CAMHPRO for consumer advocacy.

Pamela Jordan spoke in favor of CAMHPRO for consumer advocacy.

Melody Parker spoke in favor of CAMHPRO for consumer advocacy.

Renee Ramcharitar spoke in favor of CAMHPRO for consumer advocacy.

Ms. Strunk spoke in favor of CAMHPRO for consumer advocacy. She stated she is looking forward to the workshops. She stated it would be unfair to award one contract today when twelve out of thirteen did not pass. Everyone should be subject to the same understanding and process.

Executive Director Ewing stated each RFP exists independent of the others. They did not compete with each other.

Paulette Franklin spoke in favor of CAMHPRO for consumer advocacy.

Sally Zinman spoke in favor of CAMHPRO for consumer advocacy. She stated a long interim period would affect CAMHPRO. It would necessitate stopping 90 percent of the work it does. It affects people's lives and ability to work. She stated the applicants are not to blame. If twelve applicants out of thirteen did not make the minimum score, there is something wrong with the process. An application review group made up of state agencies cannot understand grassroots organizing and advocacy.

Ms. Walker stated her agency applied for the client and consumer advocacy contract. The process was difficult. She stated she came to the bidders' conference with six pages of questions. Even after the conference, it was still confusing. A 92 percent failure rate implies an issue with the process, not just a deficiency in skill. She agreed it is not fair for the organizations that applied for the TAY bid not to have the same opportunity as everyone else in the other categories.

Shirley Matthews spoke in favor of CAMHPRO for consumer advocacy.

Ms. Cruz stated the RFP process took time and resources. Many applicants had to pay a grant writer \$3,000 to \$5,000 to put out the RFP. She stated NAMI has never not met the minimum qualifications before. This contract represents 47 percent of NAMI's funding. She asked for a list of the organizations that submitted RFPs and the scores. She agreed it is not fair for the organizations that applied to the TAY bid not to have the same opportunity as everyone else in the other categories.

Nguyen Weeks asked if the Commission had time to review the scoring and information related to the organizations before voting on it today.

Chair Carrion thanked the members of the public for their comments and assured them that Commissioners and staff are also disappointed with the outcome of the process. The second wave is an opportunity to partner together to improve what went wrong.

Commissioner Discussion

Commissioner Ashbeck asked if the rubric and requirements are available for review. Executive Director Ewing stated the scoring criteria was included in the RFPs. There is an opportunity for more robust conversation to understand the mismatch, expectations in the proposals, and how the scoring rubric was applied.

In response to a question from Commissioner Boyd, Filomena Yeroshek, Chief Counsel, stated that there were six, separate RFPs and each RFP must be considered independently of each other. As for the RFP for the TAY advocacy, the process was followed and there was one organization that received the highest score. There would be a high legal risk not to follow the process and not award the contract to the highest scoring proposal.

Commissioner Brown stated it would be inequitable not to award the contract to the organization that competed with the rules that were in place and won fair and square.

Vice Chair Wooton stated she is very upset that the process was broken for consumers today.

Action: Commissioner Buck made a motion, seconded by Commissioner Van Horn, to:

- *Authorize the Executive Director to issue a "Notice of Intent to Award Contract" to California Youth Connection, the proposer receiving the highest overall score in RFP 16MHSOAC005, Transition Age Youth.*
- *Establish August 4, 2016, as the deadline for unsuccessful bidders to file an "Intent to Protest" consistent with the five-working-day standard set forth in the Request for Proposals.*
- *Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.*
- *Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

Motion carried 11 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion and Commissioners Anthony, Ashbeck, Boyd, Brown, Buck, Danovitch, Gordon, Mitchell, Poaster, and Van Horn.

The following Commissioner abstained: Vice Chair Wooton

INFORMATION

10: Research Overview

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

Deputy Director Sala stated the need to bolster relationships with stakeholders and counties to better understand how value is delivered to the state and back to counties consistent with the goals of the MHSA.

Fred Molitor, Ph.D., the Director of Research and Evaluation, stated his first two months he has worked with Dr. Sala and others to develop strategies for the final two years of the five year Evaluation Master Plan and to address the full array of evaluation activities as outlined in the plan. He stated he is working to fill the four vacant positions in the Evaluation Unit. He provided an overview, accompanied by a slide presentation, of the current and forthcoming evaluation activities under the Evaluation Master Plan.

Commissioner Questions and Discussion

Chair Carrion stated, after ten years of implementation of the Act, there should be the capability to locate the best culturally, clinically, and age-appropriate program in the state of California for each client's situation.

Commissioner Anthony stated she welcomed this type of evaluation and analysis. Regarding public and mental health, she stressed the importance of being inclusionary and looking at other data that has already been collected within social services and education. There are several different tools used within counties reflecting different information. She asked how this is in line with national information collection efforts and requirements because there is national data available, how the smaller counties can collect this and how these information requirements will affect small counties, and if there will be technical and monetary assistance provided to them.

Director Molitor stated the Commission is working on a criminal justice and mental health project, which represents a model for the type of analysis that will be done in the future, which links databases. That project includes the criminal justice database at the county or state level, links it with mental health, and addresses a number of different questions. That is the first in a long list of databases. Once fully staffed, the Evaluation Unit will have the internal capacity to do a number of different analyses, which will include these linking studies beyond just criminal justice.

Commissioner Danovitch suggested another area where guidance and support is needed is different types of outcome evaluation methodologies, specifically some of the issues that came up earlier, such as what the difference is between a program evaluation versus a patient-level evaluation, when an Institutional Review Board (IRB) review is needed, and what types of evaluations are eligible for a waiver from an IRB review.

Director Molitor stated he would love to be involved in those activities. Providing technical assistance to counties is beneficial regardless of the type of interventions they are addressing, such as correctly taking a random sampling.

ACTION

11: Web Application and Database of MHSA Programs

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

Deputy Director Sala agreed with Chair Carrion that there should be the ability to answer fundamental, descriptive questions such as what the best program is statewide for each client. He stated he has been considering the infrastructure needed to answer some of these questions. He stated the need to do multi-level modeling and to have the characteristics of programs, providers, and counties associated with individuals in order to coherently discuss program success and drive the agenda towards the sharing of information and best practices across counties.

Deputy Director Sala provided an overview, accompanied by a slide presentation detailing the planned budget for the web application and database project. The presentation included information on the vision for fiscal transparency, statewide programs and services, and outcomes. He also discussed the existing Proposition 63 website, the contracted resources, and need for building the infrastructure.

Public Comment

There was no public comment received on this agenda item.

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

The MHSOAC authorizes the Executive Director to enter into contracts for an amount not to exceed \$750,000 to configure, maintain, and host a platform-as-a-service for display and visualization of data regarding MHSA-related programs, providers, and services.

Motion carried 6 yes, 0 no, and 1 abstain, per roll call vote as follows:

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

The following Commissioner abstained: Commissioner Mitchell.

INFORMATION

12: MHSOAC Executive Director Report

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

Executive Director Ewing presented his report:

Budget Augmentation

The budget has gone up approximately \$5 million from last year, \$3 million of which is designated for children's crisis services. Staff will put together RFPs for triage grants. Commissioner Boyd was instrumental in making this happen. Part of the additional funding supports three new positions as well as the additional stakeholder contract dollars.

Other Budget Outcomes

The Legislature allocated \$4 million for suicide hotlines and \$2 million went to the Office of Statewide Health Planning and Development (OSHPD) for suicide prevention and peer support. The Legislature also reappropriated \$2 million to DHCS to improve their data system. The Commission is working with DHCS to see if their new data system can support the Commission's work on the regulations. A small amount of funding went to the Council on Mentally Ill Offenders, which is working to reduce the incarceration rate of persons with mental health needs.

Little Hoover Commission

The conversation with the Little Hoover Commission went well. They plan to publish a follow-up report.

Outreach

- Funding a powerful 26-minute documentary on the mental health needs of veterans to be shown nationally on Veterans Day - staff is in conversation with KVIE about other engagements and possibly a showing at the Capitol or at the Crest Theater
- Working to support a mental health journalism fellow with the Rosalynn Carter Center
- Supporting an open data forum on children and mental health later in the year
- Working on a crowd-sourcing strategy for TAY

Commission Meeting Calendar

The August 25th Commission meeting will be held in Sacramento on the topic of reversion. The September meeting will be held in Los Angeles on the topic of the criminal justice system. The October meeting will focus on the topic of mental health and the schools. The elections for chair and vice chair of the Commission will be held later in the year. New budget proposals are due in October.

GENERAL PUBLIC COMMENT

There were no questions or comments from the public.

ADJOURN

There being no further business, the meeting was adjourned at 4:47 p.m.



Motions Summary

**Commission Meeting
July 28, 2016**

Motion #: 1

Date: July 28, 2016

Time: 9:22 a.m.

Text of Motion:

The Commission approves the May 26, 2016 Meeting Minutes.

Commissioner making motion: Commissioner Ashbeck

Commissioner seconding motion: Commissioner Brown

Motion carried 10 yes, 0 no, and 2 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 2

Date: July 28, 2016

Time: 11:33 a.m.

Text of Motion:

The MHSOAC approves San Mateo County’s INN Projects, with the provision that the approval for the Neurosequential Model of Therapeutics project is conditioned on it going through the local IRB process:

Name: LGBTQ Behavioral Health Coordinated Services Center

Amount: \$2,200,000

Project Duration: 3 Years

Name: Neurosequential Model of Therapeutics within an Adult Service System.

Amount: \$264,000

Project Duration: 3 Years

Name: Health Ambassador Program – Youth

Amount: \$750,000

Project Duration: 3 Years

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Boyd

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 3

Date: July 28, 2016

Time: 11:56 a.m.

Text of Motion:

The MHSOAC approves Contra Costa County’s Innovation Project:

Name: Overcoming Transportation Barriers

Amount: \$1,023,346

Project Duration: 4 Years

Commissioner making motion: Commissioner Van Horn

Commissioner seconding motion: Vice Chair Wooton

Motion carried 11 yes, 1 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 4

Date: July 28, 2016

Time: 12:18 p.m.

Text of Motion:

The MHSOAC approves the requested funding for four Santa Clara County multi-year Innovation 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.

Commissioner making motion: Commissioner Boyd

Commissioner seconding motion: Commissioner Ashbeck

Motion carried 12 yes, 0 no, 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 5

Date: July 28, 2016

Time: 2:06 p.m.

Text of 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

Commissioner making motion: Commissioner Boyd

Commissioner seconding motion: Commissioner Buck

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 6

Date: July 28, 2016

Time: 2:24 a.m.

Text of 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.

Commissioner making motion: Commissioner Danovitch

Commissioner seconding motion: Commissioner Van Horn

Motion carried 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 7

Date: July 28, 2016

Time: 3:55 p.m.

Text of Motion:

- *Authorize the Executive Director to issue a “Notice of Intent to Award Contract” to California Youth Connection, the proposer receiving the highest overall score in RFP 16MHSOAC005, Transition Age Youth.*
- *Establish August 4, 2016, as the deadline for unsuccessful bidders to file an “Intent to Protest” consistent with the five-working-day standard set forth in the Request for Proposals.*
- *Direct the Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedure provided in the Request for Proposals.*
- *Authorize the Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

Commissioner making motion: Commissioner Buck

Commissioner seconding motion: Commissioner Van Horn

Motion carried 11 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Motion #: 8

Date: July 28, 2016

Time: 4:34 p.m.

Text of Motion:

The MHSOAC authorizes the Executive Director to enter into contracts for an amount not to exceed \$750,000 to configure, maintain, and host a platform-as-a-service for display and visualization of data regarding MHSA-related programs, providers, and services.

Commissioner making motion: Commissioner Boyd

Commissioner seconding motion: Commissioner Ashbeck

Motion carried 6 yes, 0 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Commissioner Van Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGENDA ITEM 1C

Information

August 25, 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

- **Early Psychosis Evaluation** *The Regents of the Univ. of California, University of California, Davis*
Update: Deliverable 3 is complete.
- **Assessment of System of Care for Older Adults** *The Regents of the Univ. of California, University of California, Los Angeles*
Update: Deliverable 2 is complete.

Enclosures: MHSOAC Evaluation Dashboard

Recommended Action: None

Presenter: None

Motion: None

MHSOAC Evaluation Dashboard August 2016

(updated 8/11/16)



Current MHSOAC Evaluation Contracts and Deliverables

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 August 2016

(updated 8/11/16)



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 August 2016

(updated 8/11/16)



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	Completed
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 August 2016

(updated 8/11/16)



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	Completed
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 August 2016

(updated 8/11/16)



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, Tylon Associates Inc. studied the use and impact of Mental Health Service Act (MHSA) funds for PEI programs. Via this prior study, Tylon 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 August 2016

(updated 8/11/16)

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 August 2016

(updated 8/11/16)



MHSOAC Evaluation Unit			
Mental Health Services Act (MHSA) Performance Monitoring			
<p>MHSOAC Staff: Brian Sala</p> <p>Active Dates: Ongoing</p> <p>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.</p> <p><i>*This internal evaluation project is in transition to an external evaluation project.</i></p>			
	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.

Public Meeting Schedule 2016 - 2017

Meeting Date and Location	Group / Topic
<p style="text-align: center;">Wednesday, August 24, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Evaluation Committee, Early Psychosis Workgroup Meeting</p> Teleconference Meeting
<p style="text-align: center;">Thursday, August 25, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Reversion
<p style="text-align: center;">Wednesday, September 21, 2016</p> Los Angeles Area Chamber of Commerce 350 S Bixel Street, Los Angeles, CA 90017	<p style="text-align: center;">Exploring the Criminal Justice/Mental Health Intersection Subcommittee Meeting</p>
<p style="text-align: center;">Thursday, September 22, 2016</p> California African American Museum 600 State Drive, Los Angeles, CA 90037	<p style="text-align: center;">Commission Meeting</p> Mental Health/Criminal Justice
<p style="text-align: center;">Thursday, October 13, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Client and Family Leadership Committee</p> Business Meeting
<p style="text-align: center;">Thursday, October 13, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Cultural and Linguistic Competence Committee</p> Business Meeting
<p style="text-align: center;">Thursday, October 27, 2016</p> TBD	<p style="text-align: center;">Commission Meeting</p> Mental Health/Schools
<p style="text-align: center;">Thursday, November 17, 2016</p> TBD/TELECONFERENCE	<p style="text-align: center;">Commission Meeting</p> Business Meeting
<p style="text-align: center;">Thursday, December 8, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Client and Family Leadership Committee</p> Business Meeting
<p style="text-align: center;">Thursday, December 8, 2016</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Cultural and Linguistic Competence Committee</p> Business Meeting
<p style="text-align: center;">Thursday, January 26, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Project & Committee Planning
<p style="text-align: center;">Thursday, February 23, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Business Meeting
<p style="text-align: center;">Thursday, March 23, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Project Meeting
<p style="text-align: center;">Thursday, April 27, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Business Meeting
<p style="text-align: center;">Thursday, May 25, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Project Meeting
<p style="text-align: center;">Thursday, June 22, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Business Meeting
<p style="text-align: center;">Thursday, July 27, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Project Meeting
<p style="text-align: center;">Thursday, August 24, 2017</p> 1325 J Street, Suite 1700, Sacramento, CA 95814	<p style="text-align: center;">Commission Meeting</p> Business Meeting

AGENDA ITEM 02

Information Action

August 25 Commission Meeting

MHSA Fiscal Reversion Panels

Summary:

A panel of presenters will explore the State's policy for fiscal reversion under the Mental Health Services Act (MHSA). Concerns have been raised that the reversion policies and practices may not be clear or implemented in a way that is aligned with current law. This panel will help the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to understand the legal and regulatory requirements for reversion, as well as understand some of the state and county level challenges that exist with implementing the policy. Presenters have been provided with questions ahead of time and will address those questions in order to facilitate an understanding of reversion, address challenges to the policy, and improve effectiveness of both the policy and practices.

Presenters: Law and History of Reversion Policy

- Ben Johnson, Legislative Analyst's Office
- Cynthia Burt, MHSOAC Staff

Presenters: Policy and Challenges of Reversion

- Karen Baylor, Deputy Director, Mental Health and Substance Use Disorder Services, Department of Health Care Services
- Melissa Chilton, Budget Specialist, Humboldt County Department of Health and Human Services

Presenters: Strategies for Improving Reversion Policy

- Mike Geiss, Geiss Consulting
- Don Kingdon, Director of Behavioral Health Integration Harbage Consulting

Enclosures: None

Handout(s): TBD

AGENDA ITEM 3

Action

August 25, 2016 Commission Meeting

El Dorado County Innovation Plan

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of El Dorado County's request to fund two new Innovative projects: (1) *Community-Based Engagement and Support Services* for a total of \$2,760,021 in Innovation component funding over four years; (2) *Restoration of Competency in an Outpatient Setting* for a total of \$727,010 in Innovation component funding over two-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 El Dorado County Integration of Community Based Engagement and Support Services project makes a change to an existing mental health practice or approach by adapting a mental health practice to a rural setting. The primary purpose of the program is to increase the quality of services. The INN project complies with all MHSA requirements.

The project intends to increase physical and mental health care access for families, pregnant women, and children ages birth through 18 years.

El Dorado County is requesting authorization from the MHSOAC to fund this four-year project in the amount of \$2,760,021.

The El Dorado County Restoration of Competency in an Outpatient Setting project intends to increase access to mental health services, supports, or outcomes by creating an outpatient restoration of competency program.

The project intends to reduce the number of days a misdemeanor has to remain in jail in isolation awaiting inpatient restoration of competency services.

For this project the County is requesting authorization from the MHSOAC to fund this two- year project with \$727,010 in Innovation component funds.

Presenters:

- Brian Sala, PhD., Deputy Director, Evaluation and Program Operations
- Jamie Samboceti, MA, MFT, Deputy Director, El Dorado County Health and Human Services Agency

Enclosures (2): (1) Staff Innovation Summary, Community Based Engagement; (2) Staff Innovation Summary, Restoration of Competency

Handout: A PowerPoint and the Counties Innovation briefs will be presented at the meeting.

Proposed Motion: The MHSOAC approves El Dorado County's Innovation plans, as follows:

Name: Community Based Engagement and Support Services

Amount: \$2,760,021

Project Length: 4 Years

Name: Restoration of Competency in an Outpatient Setting

Amount: \$727,010

Project Length: 2 Years



STAFF INNOVATION SUMMARY—El Dorado

Name of Innovative (INN) Project: Community Based Engagement and Support Services

Total Requested in Innovation Component Funds for Project: \$2,760,021

Duration of Innovative Project: Four (4) Years

Review History

County INN plan approved by County Board of Supervisors on June 13, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: August 25, 2016.

Project Introduction

El Dorado intends to promote interagency collaboration by developing five “hubs” in local libraries that will be staffed by Community Health Advocates in order to increase physical and mental health care access for families, pregnant women, and children ages birth through 18 years. Public Health, First 5 Commission and the El Dorado County Health and Human Service Agency will be working together with each agency providing portions of the funding as well as in kind contributions for this project. The hubs will offer health prevention activities, such as, support groups, education classes, engagement opportunities, and mental health screening and alcohol and drug screening with appropriate referrals being offered as follow up.

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

El Dorado County as part of their Department of Public Health Block Grant application completed the Maternal, Child and Adolescent (MCAH) Needs Assessment and Action Plan. During this evaluation it was determined that El Dorado County residents have a high rate of mood disorder and substance use hospitalizations in youth between the ages of 15-24 years old and pregnant women. The number of substance use hospitalizations per 1000 pregnant females in El Dorado County went from 12.2 from 2000-2002 to 41.5 in 2009-2011, compared to a rate of 14.2 in 2009-2011 in the entire state. There was also a significant increase in the number of mood disorder hospitalizations per 100,000 pregnant females. In 2009-2011 the rate for El Dorado County was 1,531.5 while the state rate for the same time period is 1,026.6 pregnant females. The number of mental health hospitalization for persons age 15 to 24 was 943.2 per 100,000 population which was an increased from 1024.0 in 2000-2002 to 1,445.8 in 2009-2011. This again is above the state rate of 1,274.0. Substance abuse hospitalizations per 100,000 for persons age 15 to 24 went from 387.4 in 200-2002 to 680.7 in 2009-2011. This was again higher than the state rate for 2009-2011 which was 633.9.

The Response

In response to stakeholder concern about the health disparities identified above El Dorado developed the Community-Based Engagement and Support Services program. The program proposes five hubs that will be located in community libraries. The hubs will be staffed by Community Health Advocates (CHA) who will engage isolated pregnant women, families and children and assist them in health navigation and make referrals to community based mental health services as necessary. The program plans to hire five Community Health Advocates to provide case management, health screening and assist in accessing services to meet individualized needs. The Community Health Advocates will be supervised by a Public Health Nurse.

El Dorado is drawing on the hub concept from a program developed in Oregon. As the result of Oregon House Bill 2013 the Early Learning Council created sixteen regional and community-based early learning hubs to make supports more available and effective in local communities. Each hub in the Oregon project identifies the underserved children in its regional, evaluated the needs of those children and families and then works to ensure that programs and services reach them to ensure that they reach kindergarten ready to succeed in school. The El Dorado program differs in both the focus of the general age of the targeted beneficiaries and the end goal of lowering mood disorder and substance abuse hospitalizations in youth 15-24 and pregnant women. The Early Learning Hub Report to the Legislature on February 4, 2015 depicted a program that was still in the early stages of implementation. Its success in achieving its desired goals had not yet been tested.

The proposed program is also similar to the Pima County Health Department, program in Arizona that has a team of public health nurses that do the rounds of libraries providing basic health services. The Queens New York library system (which has 62 locations) also has an onsite health care system. San Francisco developed a partnership with the city's Department of Public Health and the San Francisco Full- Integrated Recovery Service Team to develop a program has a full-time social worker assess and refers patrons for

services. This program also utilizes health & safety associates (peers) from the vocational rehabilitation program to monitor bathrooms and offer social service information to peers. The El Dorado program differs from these programs in that El Dorado is rural county and the libraries are located in rural environments rather than in a large metropolitan areas.

The Community Planning Process

The County sent out an Email inviting the general public and stakeholders to a list serve of 680 members who were invited to participate in or host MHSA planning opportunities and provide input into the Counties Development of the Fiscal Year 2016-2017 Annual Update. A survey was also sent out requesting Innovation proposals. Three substantial proposals were received. Discussions were held with the MHSOAC and the County decided to further develop two of the proposals, Community Based Engagement and Support Services was one of them.

According to the Report of Patterns in the Community Planning Process done by Peers Envisioning and Engaging in Recovery Services for the Mental Health Services Oversight and Accountability Commission in in 2014, of the 52 Counties that responded in their overall, not just specific to Innovation planning, 43 Counties held public hearings (83%), 32 counties held town hall/community meetings (62%), 30 counties distributed surveys or questionnaire (58%), 24 counties held focus groups (46%), 9 counties held key informant interviews (17%) 7 counties provided suggestions boxes (13%) and 12 counties provided other input opportunities. Research has not been conducted specific to the Innovation Component Community Planning Processes at this time.

Learning Objectives and Evaluation

In researching similar programs commission staff discovered that the proposed program is similar to the Pima County Health Department, program in Arizona that has a team of public health nurses that do the rounds of libraries providing basic health services. The Queens New York library system (which has 62 locations) also has an onsite health care system. San Francisco developed a partnership with the city's Department of Public Health and the San Francisco Full- Integrated Recovery Service Team to develop a program has a full-time social worker assess and refers patrons for services. This program also utilizes health & safety associates (peers) from the vocational rehabilitation program to monitor bathrooms and offer social service information to peers. (See references below)

Commission staff feel that the El Dorado program differs from these programs in that El Dorado is a rural county and aspects of these programs which have been implemented in metropolitan areas will need to be adapted to the circumstances in rural environments.

El Dorado's proposal states that the learning goal for this program is to determine if a library based access point for services, facilitated by a Public Health Nurse using trauma-

informed approach will be successful in the rural areas of the County? They identify the following questions for data collection.

- Does providing services at the Library reduce stigma?
- Does increasing access to prevention and early intervention reduce long term mental health costs?
- Does improving coordination and integration of physical and behavioral health services increase the number of clients accessing mental health services?
- Does case management by a Public Health Nurse increase client screening and treatment for mental health services?
- Does a trauma-informed approach assist in reaching the hardest to serve mental health clients?
- Can Community Hubs be sustained through local planning and leveraging of resources?

How these questions will be translated into measures for data collection and what will determine if significant levels of improvement were achieved has not been spelled out.

The County reports that client level data will be collected via the Community Health Advocates and Public Health Nurses. First 5 family surveys will be used in program implementation to assess the impact of strategies. Community level reporting will be facilitated in partnership with El Dorado Community Foundation to better understand local needs and inform strategy implementation.

The Budget

The proposed budget includes \$6,856,953 in expenditures. The Innovation funding portion of this plan is \$2,760,021. \$1,203,285 in personnel costs, \$235,765 in operating expenditures and \$1,320,971 in administration. The total amount of funding to be spent on Administration is \$1,886,636 (\$1,320,971 of this will be provided by INN funds) and the amount to be spent on evaluation is \$43,715. The evaluation funds will be provided as an in kind contribution of part of a First 5 Commission program coordinator Position. This is a .10 full time equivalents (FTE) responsible for data collection and reporting on objectives, indicator's and process measures that guide program implementation.

It is unclear from the program write up what assurances the county has from the Public Health Department and the First 5 Commission regarding the funding that the budget states they will be responsible through both in kind and fund contributions.

Additional Regulatory Requirements

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. It aligns with the core MHSA principles, and promotes learning. The County has characterized this program as introducing a new application to the mental health system of a promising community-driven practice. However since there are other examples of these types of programs it is more accurate to say they are making a change to an existing practice and adapting it for a rural community. The primary purpose it so to promote interagency collaboration related to mental health services, supports, or outcomes.

References

Early Learning Division Report Prepared for the Oregon State Legislature (2015) Early Learning Hub Report to the Legislature.

Serving People with Mental Illness at Your Library (2016)

<http://inforpeople.org/civicism/event/info?id=576>

David Levine (2013) Health Care Comes to Public Libraries

www.governing.com

Prima County Public Library

www.Library.pima.gov

Urban Libraries Council

<http://www.urbanlibraries.org/san-francisco-public-library-dept--of-public-health-partnership-innovation>

Peers Envisioning and Engaging in Recovery Services (2014) Report of Patterns in CPP Processes Deliverable 2.b.ii.



STAFF INNOVATION SUMMARY—El Dorado

Name of Innovative (INN) Project: Restoration of Competency in an Outpatient Setting

Total Requested in Innovation Component Funding for Project: \$727,010

Duration of Innovative Project: Two (2) Years

Review History

County INN plan approved by County Board of Supervisors on June 13, 2106.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: August 25, 2016.

Project Introduction

El Dorado intends to increase access to mental health services, supports, or outcomes by creating an outpatient restoration of competency program. The program aims to reduce the number of days a misdemeanor has to remain in jail in isolation, receiving little to no treatment, awaiting inpatient Restoration of Competency Services by creating an outpatient restoration to competency program where necessary services will be provided in a community setting. Potential participants will be selected for this program if appropriate housing has been located, medical compliance has been determined and if the misdemeanor is safe to be in the community.

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 June of 2015 the American Civil Liberties Union filed a lawsuit accusing the state of California of systematically violating the rights of pre-trial detainees. The suit was filled

due to excessive delays in providing prompt treatment services, in order to restore individuals to a place where he or she can stand trial. As of February 9, 2015, 365 incompetent defendants were awaiting admission to the Department of State Hospitals for competency evaluations.

In 2015 Sacramento County developed a 32 bed Jail-based Competency Treatment program in Elk Grove. This program was based on pilot projects begun in San Bernardino and Riverside in 2012.

El Dorado County has recently experienced an increase in the number of individuals who are found incompetent to stand trial. While individuals are waiting for a bed they are forced into isolation in the jails for 23 hours a day.

The Response

El Dorado County intends to determine if providing Restoration of Competency in an Outpatient Setting to Misdemeanants and maintaining their connection to the community will reduce the cost of Restoration of Competency services and strengthen the misdemeanant's ties to the mental health treatment system. This program intends to provide supportive mental health services to participants including wellness center activities and encouraging the family and friends to participate in the restoration to competency process. The program intends to hire a half time clinician to provide mental health services and linkage to needed services and care and a half time mental health worker to provide basic restoration and competency requirements and case management as needed to an estimated 10-12 persons annually.

The county has not clearly articulated a rationale for this staffing pattern and the program duration. It is possible that the staffing pattern will be insufficient for the needs of the participant. With a total project duration of two years with six months of that time being spent on further program refinement and development of measures to get at whether what they are adapting, i.e. the family and friend involvement and wellness center and/or recovery oriented practices are responsible for the program success or failure may not be enough time to make any meaningful determinations.

The Community Planning Process

The County sent out an Email inviting the general public and stakeholders to participate in or host MHSA planning opportunities and provide input into the Counties Development of the Fiscal Year 2016-2017 Annual Update. The list serve consists of 680 members. A survey was also sent out requesting Innovation proposals. Three substantial proposals were received. Discussions were held with the MHSOAC on the general concepts of the three proposals. The County decided to further develop two of the proposals as it would be difficult for one of the proposals to make a case that it was in anyway innovative. Restoration of Competency was one of the proposals they decided to move forward with.

According to the Report of Patterns in the Community Planning Process done by Peers Envisioning and Engaging in Recovery Services for the Mental Health Services Oversight and Accountability Commission in in 2014, of the 52 Counties that responded in their overall, not just specific to Innovation planning, 43 Counties held public hearings (83%),

32 counties held town hall/community meetings (62%), 30 counties distributed surveys or questionnaire (58%), 24 counties held focus groups (46%), 9 counties held key informant interviews (17%) 7 counties provided suggestions boxes (13%) and 12 counties provided other input opportunities. Research has not been conducted specific to the Innovation Component Community Planning Processes at this time.

Learning Objectives and Evaluation

El Dorado's primary learning goals with this program are to determine if program participants experience a reduction in recidivism and continue with mental health services after restoration to competency. They intend to measure the recidivism rates in certain time frames. It is unclear how they will continue to measure for this after the program has ended. If the program is successful El Dorado county anticipates savings from inpatient hospitalization costs that can be redirected to the Restoration of competency program. The timing of determining if the program is successful may be challenging given that the program is only for a two year duration and some of the final data collection points may lay outside of this two year period.

The county maintains that Restoration of Competency in an outpatient setting is not a standard process. While it is difficult to find details regarding the programs the Journal of Psychiatry (2015) states that "Thirty-five states have specific statutes that allow for Outpatient Competency Restoration (OCR)." However, only 16 states actually have a functioning OCR program.

Program evaluation will be performed by the Mental Health Divisions Quality Improvement Team and the Mental Health Services Act Team. Feedback on the program's success will also be gathered from sources such as staff from the courts, County Counsel, Public Defender, National Association for Mental Illness and others.

The Budget

The proposed budget includes \$727,010 in expenditures all of which are being attributed to Innovation funding. The total amount of funding to be spent on Administration is \$501,479 and the amount to be spent on evaluation is \$13,838. Clarification needs to be obtained from the County on this breakdown of expenditures. It appears that the template format may have caused some confusion.

Additional Regulatory Requirements

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. This program aligns with the core mental health service act principles. The program introduces a new application to a mental health system of a community-driven practice. Thirty-five states have specific statutes that allow for OCR. However, only 16 states actually have a functioning OCR program. The adaptation El Dorado County is attempting is to try to heavily involving friends and family members in housing the individuals and encouraging the use of the wellness center. The primary purpose is to increase access to mental health services.

References

Peers Envisioning and Engaging in Recovery Services (2014) Report of Patterns in CPP Processes Deliverable 2.b.ii.

Debra A Pinal's M.D. (2005) Where Two Roads Meet: Restoration of Competence to Stand Trial from a Clinical Perspective.

The Washington State Institute for Public Policy (Institute) (2013) Standardizing Protocols for Treatment to Restore Competency to Stand Trial: Interventions and Clinically Appropriate Time Periods.

IntraCare Hospital (2010) CompKit Competency to Stand Trial Training Resources: Instructors Manual for Teaching Rational Understanding and Decision Making.

Nicole R Johnson & Philip J Candilis World Journal of Psychiatry (2015) Outpatient competence restoration: A model and outcomes.

Amy Yannello (2015) Sacramento Sherriff Implements Competency Restoration Program <https://www.beaconreader.com>

Litigation News (2015) Lawsuit targets delays in competency evaluation and restoration services www.rootedinrights.org

San Bernardino County to Expand its Jail-Based Restoration of Competency Program (2015) www.highlandnews.net

California Legislative Analyst Office An Alternative Approach: Treating Incompetent to Stand Trial (2012) www.lao.ca.gov/Publications/Detail/2549

AGENDA ITEM 4

Action

August 25, 2016 Commission Meeting

Nevada County Innovation Plan

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Nevada County's request to fund its new Innovative project, Integration of Rural Mental Health Services to Improve Outcomes, for a total of \$375,000 in Mental Health Services Act (MHSA) Innovation (INN) Component funds over five years.

The 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 Nevada County Integration of Rural Mental Health Services to Improve Outcomes project makes a change to an existing mental health practice or approach by coordinating a cross-county integration of mental health services. The primary purpose of the program is to increase the quality of services. The INN project complies with all MHSA requirements.

The project seeks to evaluate various approaches to creating a coordinated system of care across two agencies in the Tahoe Truckee area, including sharing staff. Key proposed components include hiring a part-time Case Manager who currently is employed part-time by Placer County; adding service hours to the Family Resource Center of Truckee to provide additional bilingual, bicultural services; and additional training to support staff from both counties.

Nevada County is requesting authorization from the MHSOAC to fund this five-year project in the amount of \$375,000.

Presenters:

- Brian R. Sala, Ph.D., Deputy Director, Evaluation and Program Operations
- Michele Violett, MHSA Coordinator, Nevada County Behavioral Health Department

Enclosures (2): Staff Innovation Summary—Nevada County; County Innovation Plan: Integration of Rural Mental Health Services to Improve Outcomes.

Handout: A PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves Nevada County's Innovation plan, as follows:

Name: Integration of Rural Mental Health Services to Improve Outcomes

Amount: \$375,000

Project Length: 5 Years



STAFF INNOVATION SUMMARY—Nevada

Name of Innovative (INN) Project: Integration of Rural Mental Health Services to Improve Outcomes

Total Requested for Project: \$375,000 in INN authority over five years

Duration of Innovative Project: Five (5) Years

Review History

County INN plan approved by County Board of Supervisors on August 16, 2016.

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) consideration of INN Project: August 25, 2016.

Project Introduction

Nevada County intends to pilot a cross-county integration of services in the Tahoe Truckee region. This effort will be coordinated with Placer County. The primary purpose of this Innovation is to increase the quality of services for residents by providing service delivery that is not entirely dependent on the County of residence.

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

The Tahoe Truckee Community is a remote rural community that encompasses both Nevada and Placer counties. In some neighborhoods residents living on one side of the street live in one county, traveling one mile for mental health services while residents on the other side of the street live in another county and must drive ten miles over a 7,000 foot pass. This results in confusion for persons living in this community on where to seek services. They often they seek services that are close to them but not in their County of residence, so they are denied treatment.

The Response

The Innovation Project adds funds to hire the part-time Case Manager who currently works as 0.5 full time equivalents (FTE) in Placer County as an additional 0.5 FTE in Nevada County. In addition it will expand the hours of services from the Family Resource Center of Truckee to provide for additional bilingual and bicultural services in the community. Training will also be funded to support staff in both counties to develop and strengthen skills in Motivational Interviewing; wellness and recovery; mental health support services; and Wellness Recovery Action Plans. Training such as Mental Health First Aid will also be available in the community. The Counties coordinated effort to work across county lines in providing mental health services is very Innovative. This will require a great deal of learning around process, billing and continual quality improvement in getting two different systems to work together effectively. The project is planned for five years to ensure sufficient time to develop a strong foundation of services and identify successful strategies for integrating and coordinating services across the two counties.

The Community Planning Process

Nevada County held four Innovation Community event meetings throughout the county to get community input. In those meetings it was suggested that the County needed to get more feedback and input from targeted organizations and individuals including mental health consumers and providers. Seven additional meetings were held for this purpose. The resulting plan was posted for 30 days and sent to a list serve of 175 individuals and organizations providing mental health services. A public hearing was held at the Mental Health Board Meeting on August 5, 2016.

Learning Objectives and Evaluation

Nevada County will be evaluating this project through monthly calls with cross-county staff and administrator, as well as staff and client surveys. The ultimate goal of the interagency collaboration is to improve service outcomes for residents of the community. Service level data will be collected to measure the number of outreach activities, linkage to resources, number of contacts and duration of services, and location of services. Client perception of services will be measured annually.

The Budget

The proposed budget includes \$421,868 in expenditures. The Innovation funding portion of this plan is \$375,000. The total amount of funding to be spent on Administration is \$37,500 (10% of the total INN allocation), while the evaluation budget is \$56,250 (15% of the total INN allocation). Idea Consulting will be completing the evaluation. It is unclear in the budget what percentage of the administration and the evaluation funds will be derived from strictly the INN funding request and what percentage will be taken from the anticipated medical reimbursements.

Additional Regulatory Requirements

The proposed project appears to meet or exceed minimum standards for compliance with other requirements under the MHSA. It aligns with the MHSA principles of community collaboration, cultural competence, client-driven, family-driven and wellness, recovery and resilience focused, and integrated service experiences for clients and their families. The Integration of Rural Mental Health Services to Improve Outcomes, promotes learning on procedures and processes for working across Counties. The program is designed to make a change to an existing practice in the field of mental health. The programs primary purpose is to increase the quality of services.

References

California State Legislature Senate Local Government Committee (2007) Governments Working Together: A Citizen's Guide to Joint Powers Agreements

MHSA Program Component INNOVATION

County: Nevada County Behavioral Health

Program Name: Integration of Rural Mental Health Services to Improve Outcomes

Date: 07/01/16

<p>1. Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation:</p>	<p><input type="checkbox"/> Increase access to underserved groups</p> <p><input checked="" type="checkbox"/> Increase the quality of services, including better outcomes</p> <p><input type="checkbox"/> Promote interagency collaboration</p> <p><input type="checkbox"/> Increase access to services</p>
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2. Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

The Tahoe Truckee Community is a remote, rural community that has some unique challenges. Both Nevada and Placer County are located in the Tahoe Truckee community. In some neighborhoods, residents on one side of the street live in Nevada County, and across the street, the residents live in Placer County. As a result, while one person may travel a mile to access mental health services, the neighbor across the street travels ten miles over a 7,000 foot pass to access mental health services. Both counties are challenged by identifying county of responsibility for each client. In addition, the residents do not necessarily understand the difference between county lines and county programs, so will access services at the most convenient location, and are occasionally denied services because of their address.

MHSA stakeholders from both counties have identified the Tahoe Truckee area as a high priority for MHSA funding and services. The Community Collaborative of Tahoe Truckee (CCTT) is comprised of over 45 health, education, and social service agencies who work together to address the fundamental needs of individuals needing mental health services, especially families. The CCTT developed a list of priorities during the FY 2014-2017 three-year planning process for strengthening services and identifying opportunities for cross-county collaboration. This collaboration will help to develop shared goals, strategies, and funding to improve services, outcomes, and reduce inefficiencies across the service delivery system.

The goal of this Innovation study is to design, develop, and evaluate various approaches to create one coordinated system of care across two agencies in the Tahoe Truckee area. This study will help create and enhance cross-county interagency structure; develop shared goals; and coordinate services and funding to improve outcomes for persons who need mental health services. The Innovation project will identify opportunities to remove barriers to improve access to services

and efficiently utilize limited resources in this remote area. This project will also provide opportunities to learn how to share resources across counties, including sharing staff. Strategies on prioritizing each staff person's caseload, which clients have the highest need from each county, and how to manage limited resources are some of the issues that will be addressed with this project.

Overview of Existing Services

In both counties, the Tahoe Truckee area represents a small proportion of each county's population. For Nevada County, Tahoe Truckee has 17% of the population, but only 5% of the Behavioral Health budget. The majority of the population, and the majority of Behavioral Health services, in each county are located on the "western slope" of each county. As a result, Behavioral Health services are limited in the Tahoe Truckee area.

One of the differences in service delivery in this region is how each county mental health program operates in the Tahoe Truckee area. Nevada County's mental health staff are county employees, while Placer County has contracted with an organizational provider to deliver Behavioral Health services in the Tahoe Truckee area.

Nevada County has one child outpatient therapist and one adult outpatient therapist located in the Tahoe Truckee area. The children's Clinician is bilingual, Spanish speaking, which is an important resource in this community. Psychiatry services are available for four (4) hours per week, for persons who need medication support services in Nevada County. Nevada County also contracts for *Promotora* services for a few hours per week to offer services to the Latino community and enhance culturally- and linguistically-relevant services. It is a priority to continue to strengthen the availability of bilingual, bicultural services in Tahoe Truckee to provide outreach and support services to the Latino community. Currently, the only case management services are delivered by the two clinical therapists. Nevada County does not have a case manager on staff in Tahoe Truckee. However, there is a need to expand case management services to deliver supportive services to help clients to live independently, learn daily activities, and have transportation needed to access services.

In addition, there are other mental health services that are not available in Tahoe Truckee. For example, it is extremely difficult for clients to access Full Service Partnership (FSP) services, housing support, NAMI Nevada county, local affiliate of the National Alliance on Mental Illness, family support, and/or the SPIRIT Peer Empowerment Center support services.

While crisis intervention services are available in Tahoe Truckee, there is a broader array of crisis support services in the western region, such as the Crisis Stabilization Unit (CSU) and the Insight Peer Respite program. The travel time to access services in the western part of the county creates a burden for individuals and their families. As a result, individuals in Tahoe Truckee are less likely to access these specialized mental health services. There are also limited supported employment opportunities for clients and low-cost housing options in the Tahoe Truckee area. When an individual does not have a support system, transportation, and/or adequate income, they become very isolated.

Similarly, the Placer County mental health services in the Tahoe Truckee area are also very limited. Sierra Mental Wellness Group, a contract provider, delivers individual therapy for

adults. They have also recently contracted with a psychiatrist for four (4) hours per week to provide medication support services. However, each county has contracted with a different psychiatrist, so there are two psychiatrists in this area, each providing four hours of service per week.

Sierra Mental Wellness Group also has one part-time Case Manager to provide community-based services to their clients. EMQ offers mental health services for children and families.

There is limited bilingual, bicultural services in Tahoe Truckee. In addition to the Nevada County Children's Clinician (who is a bilingual, Spanish speaker), there are the *Promotoras* who offer a few hours of services each week. There is a continued and growing need to expand services to provide culturally- and linguistically-competent services across the entire two-county community.

It is a priority for both counties to utilize existing resources in this community. In the past year, both counties have created and funded a position for one Coordinator, who works across both counties in the Tahoe Truckee region. This Coordinator will be invaluable in supporting the goals of the Innovation Project and provide oversight and leadership to help integrate services across the two counties. The Innovation staff will work closely with the Coordinator, as well as coordinate services with the *Promotoras*, to help reduce stigma of accessing mental health services and create opportunities to support individuals to access needed services.

Overview of the Innovation Project

The goal of the Nevada County Innovation Project is to learn how to develop and implement a coordinated, interagency, cross-county service delivery system to meet the needs of clients living in the Tahoe Truckee area, regardless of the county of residence. This coordination will reduce barriers to services; reduce inefficiency and duplication of services; and create accessible services to meet individuals' needs regardless of their county of residence. Through these Innovation funds, we will learn how to develop interagency partnerships, share services, and resources to better meet the needs of clients.

This coordination and cross-county integration of services across the Tahoe Truckee region is a high priority for stakeholders from both counties. There is also excellent support from administrators from both counties for this project. Last year, the Tahoe Truckee Mental Health Task Force was formed. Membership includes both the Nevada and Placer County Health and Human Services Agency Directors and the Behavioral Health Directors. This level of involvement and commitment to developing interagency collaboration provides an excellent foundation for successfully implementing this Innovation Project. There are also a few programs that have been developed as cross-county programs, including the Suicide Prevention Coordinator who serves both counties, and a Wellness Center at the high school that services both counties.

Through this collaboration and integration of services, clients will benefit from a broader array of services to meet their needs. With limited services in this rural community, it is important to maximize existing services and learn how to better meet the needs of our clients. By improving the quality of care and integrating services, clients will experience improved outcomes.

The Innovation Project adds funds to hire the part-time Case Manager who currently works for Placer County and fund the Case Manager position an additional 50%, to provide the cross-county linkage for persons living in the Tahoe Truckee area. In addition, the hours of services from the Family Resource Center of Truckee will be expanded, to provide additional bilingual, bicultural services to this community. Training will be funded to support staff from both counties to develop and strengthen skills in Motivational Interviewing; wellness and recovery; mental health support services; and Wellness Recovery Action Plans (WRAP). Training will also be available to the community, including Mental Health First Aid.

The trainings that are offered in the Tahoe Truckee area often include persons from both counties. For example, the CCTT often schedules a 30 to 60-minute training to occur during the monthly scheduled meeting. With over 45 agencies coming together, everyone can benefit from these trainings to develop stronger skills. The Innovation Project will take advantage of these meetings, and arrange some, or all, of the presenters to present on the CCTT regularly scheduled meeting dates. As an example, a training on Motivational Interviewing and/or Mental Health First Aid, could greatly benefit persons from the majority of agencies that attend the CCTT. Other individuals, such as the *Promotoras*, would also be invited to attend trainings that are relevant to meet their needs. Trainings on more specific topics, such as Wellness and Recovery Action Plans (WRAP), would be offered to the Case Manager, *Promotoras*, and clinical staff working in the Tahoe Truckee area. Notices of these specialize training would be distributed to the CCTT, to invite others who would benefit from these trainings.

Definition: Promotora is a lay Hispanic/Latino community member who receives specialized training to provide basic health/mental health education in the community without being a professional health care worker. While most of their work entails educating target audiences about health issues affecting their community, they also provide guidance in accessing community resources associated with health care. Often, Promotoras live locally and are identified leaders in their community who work for community-based health promotion projects. Thus, Promotoras serve as liaisons between their community and other community organizations, including health professionals, social service, and treatment programs. As liaisons, they often play the role of an advocate, educator, mentor, outreach worker, role model, and interpreter. (Wikipedia)

3. Which MHSA definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

The Innovation Project will make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population, or community. The learning objective of this project is to develop a cross-county interagency collaboration to coordinate services and resources to maximize the available staff

and services, while expanding case management and bilingual support services to meet the needs of the community. By funding one person to provide case management services across the region, both counties will learn about the opportunities and barriers to coordinating services in the Tahoe Truckee area.

4. *Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.*

The purpose of this Innovation Project is to learn how to develop cross-county services to increase the quality of services and ensure there is no wrong door for accessing mental health services. This project will promote enhanced interagency, cross-county collaboration to develop a coordinated and integrated continuum of care in this rural area that is shared by both Nevada County and Placer County. In addition to learning how to integrate services across county lines, this project expands the array of services available to clients, including case management services delivered by the same person across the two counties, and providing transportation assistance to attend health appointments, when needed. Additional bilingual, bicultural services will also help reduce stigma and enhance access to services for the Latino community in the Tahoe Truckee area.

Our challenge in this area is to develop strategies for coordinating services across the two counties. For example, clients from Nevada County may not be able to access a service delivered by the Placer County provider, as they only have a contract to deliver mental health services to Placer County clients. Also, transportation is one of the biggest barriers to health and behavioral health care for rural residents. There are so few services available in this area, clients need to travel to Reno, Nevada to the east, or Auburn, Grass Valley, or Sacramento to the west, for specialty services. Similarly, veteran's services are only available in Reno, Auburn, and the Sacramento area. The goal of the Innovation Project is to find and test promising, replicable solutions that foster local partnerships between health, behavioral health, transportation, and community-based services in both counties to increase access to healthcare. Identification of strategies to share limited transportation services between Tahoe Truckee and regional services will maximize staff time, be cost-effective, and meet the needs of clients by improving access to services.

Nevada County also has a new program in the region called Project Mana, which provides outreach to the homeless. The Innovation Project will coordinate services with this program to help maximize services and outcomes.

- a. *If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate*

The development of case management services and supportive strategies to help client's access regional services is a high priority of all individuals, especially adults ages 18 and older with a serious mental illness and/or individuals with disabilities. We will also expand services to individuals who are Latino. We plan to utilize the Family Resource Center of Truckee to offer culturally and linguistically appropriate services to the Latino population. Linkage with these

existing services will enhance our Innovation project and ensure that we have services available in both English and Spanish to meet the needs of this rural community.

Another high priority population for the Innovation Project are older adults. A number of older adults have retired to this region. Older adults may become isolated and potentially develop depression, as a result of significant life events, such as chronic health problems, caretaking, and/or death of a spouse/life partner. Many older adults still have stigma regarding access to mental health services, and are reluctant to obtain needed services. Special outreach to this community, through services at senior centers, and by offering outreach activities (e.g., blood pressure checks) will help reduce barriers to accessing services. The case manager and bilingual, bicultural services will provide outreach into the community, deliver services at the local FRC weekly, and visit Senior living apartments to help reduce stigma and improve access to services. Otherwise, we anticipate that the individuals served will be consistent with our client population in the Grass Valley area for gender, race/ethnicity, and sexual orientation.

b. If applicable, describe the estimated number of clients expected to be served annually

We estimate that we will serve 50 unduplicated individuals each year of this 5-year project. Some individuals served may receive only a few case management services to help link them to community services and resources. Others needing ongoing support and assistance developing activities of daily living, may receive case management and/or bilingual services for a longer period of time.

c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

The Innovation Project's services will reflect and be consistent with all of the MHSa General Standards. Enhanced community collaboration and cross-county coordination of services is one of the primary goals of our Innovation Project. These activities closely align with the general standards. All services will be culturally and linguistically competent. We plan to partner with the Family Resource Center of Truckee to utilize bilingual, bicultural services in this community. In addition, we will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. These concepts and principles of recovery incorporate hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery oriented and promote consumer choice, self-determination, flexibility, and community integration, to support wellness and recovery.

d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

The Innovation Project will create the opportunity to develop strategies and services to integrate services across the Tahoe Truckee community to meet the needs of clients. The opportunity to learn how to integrate and coordinate services will also help identify how to sustain these service

after the five-year funding cycle for this project. Services will continue to be available through MHSA CSS (Community Support and Services) and/or PEI (Prevention and Early Intervention) and Medi-Cal funding, so clients will continue to receive services to meet their needs.

5. *Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.*

The Innovation Project is planned for a 5-year implementation cycle to ensure sufficient time to develop a strong foundation of services and identify successful strategies for integrating and coordinating services across the two counties.

6. *Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.*

I.D.E.A. Consulting will evaluate the Innovation Project. This organization has extensive experience in evaluating MHSA activities and numerous federal and state grants, across several counties in California, as well as in other states. In addition, this organization has been evaluating Prevention and Early Intervention activities for both Placer and Nevada County for the past two years. This relationship allows for information to be easily obtained from both counties to measure the implementation of this project.

The evaluation will have several components:

- a) The development of interagency collaboration will be measured through administrator, staff, and client surveys. Existing interagency measures of collaboration will be utilized. In addition, strengths and barriers to cross-county services will be measured by surveying staff from both counties, as well as clients. Understanding staff and client perceptions of access to services, timeliness, and quality of services will be measured.
- b) Service-level data will be collected to measure the number of outreach activities, linkage to resources, number of contacts and duration of services, and location of services. This data will provide information on the increase in case management and culturally relevant services to this community. Cross-county coordination will be evaluated to assess the number of clients who are able to access services from each county, and/or to receive services in a convenient location.
- c) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes.

- d) Monthly calls will be held to discuss implementation of the project, level of interagency coordination, and identify successes and challenges. These cross-county calls will have staff from both counties discuss learning opportunities, strategies for resolving issues, and identify cross-county funding opportunities to continually improve services.
 - e) Periodic surveys of administrative staff, clients, and partner agency staff will help to inform the progress of the Innovation Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from both counties as well as stakeholders, such as the CCTT, of the success of the project. In addition, the effectiveness of the development of a Memorandum of Understanding (MOU), and other formal agreements, will be reviewed and updated at least yearly.
7. *Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.*

Stakeholders will be actively involved in all components of the Innovation Project, including planning, implementation, evaluation, and ongoing funding. Meetings will be held at least quarterly with the CCTT, providers, case managers, and therapists, to discuss implementation strategies, opportunities to strengthen services, and successes. Data on access to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services.

8. *If applicable, provide a list of resources to be leveraged.*

All available resources will be utilized to ensure the success of the Innovation Project, including Medi-Cal funding, whenever feasible; MHSA CSS and/or PEI funding; realignment dollars; and other sources of funding as they become available. We will utilize evaluation data to review access, quality, and cost-effectiveness of services, and as well document client and system level outcomes.

9. *Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.*

See proposed budget, attached.

10. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget.

A. EXPENDITURES

Personnel – No expenses are budgeted for this category.

Operating Expenditures – No expenses are budgeted for this category.

Non-Recurring Expenditures – No expenses are budgeted for this category.

Contract Services

- A contract will be developed with Sierra Mental Wellness Group (SMWG) to provide staffing for this Innovation Project. A 0.5 FTE SMWG Case Manager will coordinate services and provide cross-county linkage for persons living in the Tahoe Truckee area. This contract also includes funding for supervisory duties, as well as administrative and operations costs for SMWG. The total cost for this line item: \$39,715 for Year 1; Years 2+ show a slight increase due to rising expenses.
- A contract will be developed with the Family Resource Center of Truckee to provide bilingual, bicultural services to this community. Expenses will include administrative costs, supplies, and travel, as necessary to the support of this INN project. The total cost for this line item: \$12,000 for each year of the project.
- I.D.E.A. Consulting will evaluate this Innovation Project through data collection and analysis. Findings will be routinely shared to improve collaboration and coordination of services to meet the needs of clients. The total cost for this line item: \$11,250 for each year of the project (15% of total INN allocation).

Total cost for this line item: \$62,965, Year 1; Years 2+ show a slight increase in expenses.

Other Expenditures – Other expenditures include local travel for service delivery and care coordination (\$6,000 per year); meeting and outreach materials and supplies (\$2,000 annually); training expenses (\$4,000 per year); and administrative costs at 10% of total allocation (\$7,500 annually). Total cost for this line item: \$19,500 for each year of the project.

B. REVENUES – Anticipated revenue includes the MHSa Innovation allocation (\$75,000 per year), as well as Medi-Cal FFP funds (estimated at \$21,706 annually).

C. TOTAL FUNDING REQUESTED – Total Innovation funding requested for this project is \$75,000 per year, for five years (\$375,000 for the 5-year project).

AGENDA ITEM 5

Action

August 25, 2016 Commission Meeting

Additional Funding for Stakeholder Contracts

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider authorizing the Executive Director to amend current stakeholder contracts to provide for short-term funding to ensure no gap in advocacy.

Current stakeholder contracts, held by the National Alliance for the Mentally Ill (NAMI) California, United Advocates for Children and Families (UACF), California Association of Mental Health Peer Run Organizations (CAMHPRO), California Association of Veteran Service Agencies (CAVSA), and the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) are focused on supporting the mental health needs of clients, consumers, families, children and youth and transition aged youth, veterans, and diverse racial and ethnic communities through education, advocacy, and outreach.

In accordance with direction from the State Legislature the Commission initiated a competitive process for awarding the stakeholder contracts for fiscal year 2016-17 and issued Request for Proposals (RFPs) for contracts to conduct work focused on the following populations:

- Clients/Consumers
- Diverse Racial and Ethnic Communities
- Families of Clients/Consumers
- Parents/Caregivers of Children and Youth (under 18 years)
- Transition Age Youth (TAY)
- Veterans

At the July 2016 Commission meeting, the results of the initial round of RFPs was presented. There was one recommended award for the TAY contract, to California Youth Connection (CYC). The remaining RFPs were cancelled as there were no compliant bids. Consistent with direction from the Commission at the July 2016 meeting, the RFPs will be re-released.

In the interim, to support continued advocacy services on behalf of Clients/Consumers, Families, Parents/Caregivers of Children and Youth, Veterans, and Diverse Racial and Ethnic Communities, the Commission is requested to approve short-term funding for current contractors.

Contract extensions will ensure adequate time for new RFPs to be released and would cover a period of no more than 6 months and up to \$200,000 per contract. Funding and associated deliverables will be determined on a case by case basis.

Enclosures: None

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

Presenter: Angela Brand, Project Lead

Proposed Motion: The Commission authorizes the Executive Director to amend current stakeholder contracts to provide short-term funding in an effort to ensure continued advocacy until the RFP process is completed.

AGENDA ITEM 6

Action

**August 25, 2016 Commission Meeting
Request for Proposals (RFP) for Stakeholder Contracts**

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider authorizing the Executive Director to release Request for Proposals (RFPs) for stakeholder advocacy contracts. This includes the 5 RFPs cancelled in July 2016, a newly authorized lesbian, gay, bisexual, transgender, and queer (LGBTQ) contract, and an RFP for the additional budget funds for Transition Age Youth (TAY) not included in the first RFP.

At the January 28, 2016 meeting, the Commission approved the scope of work and minimum qualifications for the RFPs 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 for the amounts as historically determined by the former Department of Mental Health. The fiscal year (FY) 2016/2017 budget increased the amount for all stakeholder contract to \$670,000 per year and added an additional contract for LGBTQ advocacy, also for \$670,000 per year.

At the July 2016 Commission meeting, the results of the initial round of RFPs was presented. There was one recommended award for the TAY contract, to California Youth Connection (CYC). The remaining RFPs were cancelled as there were no compliant bids.

Consistent with direction from the Commission at the July meeting, the RFPs are to be re-released and technical assistance provided to all proposers.

Before the release of the new RFPs, OAC staff will offer to provide feedback to any proposer who would like to discuss their proposal and scores from the first RFP. Staff will also use this time to gather feedback from proposers regarding their experience with the first RFP. Additionally, staff will offer technical assistance in a public meeting to all interested parties on the state's competitive process. This public meeting will provide an opportunity for individuals, who may or may not have been involved in the first RFPs, to

better understand the process. All of these meetings will also provide an opportunity to explore lessons learned regarding the initial process.

At this time, the Commission is asked to authorize the Executive Director to:

- Re-issue the five RFPs that were cancelled for the following populations: Clients/Consumers, Diverse Racial and Ethnic Communities, Families of Clients/Consumers, Parents/Caregivers of Children and Youth, and Veterans.
- Approve the scope of work and minimum qualifications for the new RFP for a LGBTQ stakeholder contract
- Issue a RFP for Transition Age Youth advocacy using the additional 2016 budget dollars that were not included in the initial RFP and award.

Enclosures: None

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

Presenters: Angela Brand, Project Lead

Recommended Motion: The Commission authorizes the Executive Director to release Request for Proposals for stakeholder advocacy contracts.

AGENDA ITEM 7

Information

August 25, 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

