



State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
September 22, 2016

California African American Museum
600 State Drive
Los Angeles, California 90037

866-817-6550; Code 3190377

Members Participating

Victor Carrion, M.D., Chair
Tina Wooton, Vice Chair
Reneeta Anthony
Khatera Aslami-Tamplen
John Boyd, Psy.D.
Sheriff Bill Brown
John Buck
Itai Danovitch, M.D.
Gladys Mitchell
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;
Peter Best, Staff Services Manager;
Ashley Mills, Research Program Specialist;
Cody Scott, Staff Services Analyst;
Moshe Swearingen, Office Technician;

Members Absent:

Lynne Ashbeck
Senator Jim Beall
David Gordon
Larry Poaster
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 9:17 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that a quorum was not yet present. A quorum was achieved after Vice Chair Wooton and Commissioner Boyd arrived.

Welcome

Chair Carrion introduced George Davis, Executive Director of the California African American Museum. Mr. Davis welcomed everyone to the California African American Museum. He provided a brief overview of the background, and current and future activities and exhibits of the museum. He stated the museum recently was named a Smithsonian affiliate.

ACTION

1A: Approve August 25, 2016, MHSOAC Meeting Minutes

Action: Commissioner Van Horn made a motion, seconded by Commissioner Brown, that:
The Commission approves the August 25, 2016, Meeting Minutes.

Motion carried 10 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, Aslami-Tamplen, Boyd, Brown, Buck, Danovitch, Mitchell, and Van Horn.

INFORMATION

1B: August 25, 2016, Motions Summary

1C: Evaluation Dashboard

1D: Calendar

INFORMATION

2: Mental Health and Criminal Justice Commission Project Panel Presentations

Project Chair: Commissioner and Sheriff Bill Brown

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

Executive Director Ewing stated one of the identified priorities of the Commission is to reduce the number of mental health consumers who become involved with the criminal justice system. He stated today's panel presentation will help the Commission understand this issue, the roles of the state and counties, and how the Commission can help move the state in the direction of achieving the goals of the Mental Health Services Act (MHSA).

Commissioner Brown stated he went on a site visit to Allegheny County, Pennsylvania, and is scheduled to go on two additional site visits next week to San Antonio, Texas, and Miami, Florida, to look at model systems that are in operation. Mental health and criminal justice is an issue with impacts nationwide. The sheriffs of the state of California are interested in ways to reduce the number of individuals in custody who are mentally ill and locate them into alternative treatment facilities, and ways to treat mentally ill individuals who will remain in custody. He thanked Assistant Sheriff Harrington and his staff for an informative tour of the Twin Towers Correctional Facility, and he thanked staff for their work on this important and ambitious project.

Panel 1: Consumers, Family Members, and Advocates

Presenters:

Catherine Clay, peer advocate

Harold Turner, Los Angeles County parent

Mark Gale, Criminal Justice Chair, NAMI Los Angeles County Council

Catherine Clay

Catherine Clay, peer advocate, stated trust is a large issue for consumers. She shared her story saying that in the past twenty-five years she went from being homeless, living with Posttraumatic Stress Disorder (PTSD), and depression to becoming a client expert in the California Association of Mental Health Peer-Run Organizations (CAMHPRO), a coach and ambassador of Women's Reintegration Educational Services, vice president of the Los Angeles Client Coalition, and president of her church prison ministry.

Ms. Clay discussed gaps in the system, such as the removal of services from clinics, the lack of follow-up and housing retention in MHSA housing, and education for skills to keep the housing. She stated she was incarcerated for missing her court date, had no one to advocate for her, and the judge did not understand or have empathy for someone with lived experience. She stated the jail system is the biggest mental health hospital.

Ms. Clay suggested looking at how women are affected, putting money into gender-specific clinics, having peer support navigators inside of the jails who would facilitate groups and teach evidence-based programs to help individuals navigate and know patients' rights before they are released. She also suggested having peer support navigators outside of the jail creating warm handoffs.

Harold Turner

Harold Turner, Director of Programs, National Alliance on Mental Illness (NAMI) Urban Los Angeles, shared his daughter's story of being diagnosed with paranoid schizophrenia in her junior year in college, being incarcerated for premeditated murder, being sentenced to Patton State Hospital, being released to an outpatient program under a conditional release program, and then being pressured to pay for the outpatient program. He stated the outpatient program was callous with very little therapy and counseling. The Department of State Hospitals does not provide oversight to these outpatient programs. A result is that these outpatient programs do not have standards of care, standards of operation, or customization of services. He stated he searched for nine years prior to her incarceration to find resources to help her, finally finding help at NAMI.

Mr. Turner stated, when he raised concerns about issues in the programs, public safety was the thing they hid behind. Public safety and good treatment were mutually exclusive. He stated the concern that county outpatient programs are being outsourced and privatized. He stated the need to have conditional outpatient treatment programs reviewed by counties. Also Full Service Partnerships (FSPs) slots need to be allocated for this population coming out of the state hospital system. The state hospital system does a great job but once individuals step out of the hospital they step into unreviewed and unevaluated outpatient programs.

Mark Gale

Mark Gale, Criminal Justice Chair, NAMI Los Angeles County Council, shared the story of his son, who has a serious mental illness and was sent to school in a locked facility out-of-state. He stated the need to keep children who need that level of care near their parents, not in another state. Those types of services are needed in California. Mr. Gale stated his son spent time in the Twin Towers Correction Facility after being homeless for several months. During that time he could not reach a doctor to inform about his son's medication. Mr. Gale co-authored a book during his son's detainment, titled "My Son's Been Arrested. What Do I Do?" and developed the Inmate Medication Information Form.

Mr. Gale summarized his comments provided in the meeting packet. He stated that competing belief systems can lead to discriminatory practices and funding priorities that create wide disparities and access to different levels of services and care. There is a need for a comprehensive system-wide approach that plans for full access to a complete continuum of care and services. Mr. Gale stated that the Sequential Intercept Model provides a road map for the criminal justice system to integrate with the mental health system which can reduce the number of people with mental illness in jails and prisons. The MHSA can contribute to a comprehensive strategy to reduce the criminalization of individuals with serious mental illness in many ways including through FSP programs, competency restoration programs, and leveraging SB 82 funds to provide linkage to treatment services.

Commissioner Questions and Discussion

Commissioner Aslami-Tamplen asked Ms. Clay for ideas on how individuals who are coming out of incarceration can be supported.

Ms. Clay stated it is important to have navigators inside the jail. Mental health clinics should begin working with individuals inside the jails to education them on topics such as housing and to pick up the individuals when they are released from jail. The clinic should have designated beds so the individual does not need to look for a shelter. After the short term stay in the clinic and shelter there should be innovative housing with four- to five-bed apartments for the twenty-two months it takes for individuals to seek Section 8 housing. This could be a sort of collective family type of care. At that time, all five individuals in the household would move on with a Section 8 voucher to function as a foster family model approach. She suggested that the peer support navigator who interacts with individuals inside the jail also help them get housing, visit them in the housing, and connect with them through their mental health services. It is a warm handoff with a familiar face, and that navigator guides them through the jail system and helps them reenter the community successfully.

Commissioner Brown recommended a documentary that was just released, called *The If Project*.

Panel 2: Los Angeles County Mental Health and Public Safety Representatives

Presenters:

**The Honorable Jackie Lacey, Los Angeles County District Attorney
The Honorable James Brandlin, Supervising Judge, Criminal Division,
Superior Court of Los Angeles County**

**The Honorable Scott Gordon, Assistant Supervising Judge, Criminal Division,
Superior Court of Los Angeles County
Robin Kay, Ph.D., Acting Director of Mental Health, Los Angeles County
Department of Mental Health
Mark Ghaly, M.D., Director of Community Health and Integrated Programs,
Los Angeles County Department of Mental Health
Kelly Harrington, Assistant Sheriff, Los Angeles County Sheriff's Department**

Jackie Lacey

The Honorable Jackie Lacey, Los Angeles County District Attorney, stated that there are way too many people housed within our county jails who have been diagnosed as suffering from mental illnesses. Very often there are strong links between the underlying mental illnesses and the acts that lead to an arrest. To find ways to safely divert non-violent mentally ill offenders from the county jail into community based treatment she launched the Criminal Justice Mental Health Advisory Board (Advisory Board). District Attorney Lacey stated that in 2015 she presented to the Board of Supervisors the Advisory Board's report and the Board of Supervisors, in response to the report, created the Office of Diversion and Reentry within the Department of Health Services and allocated \$120 million. She also stated that the county has had great success in the area of considering treatment options for misdemeanor offenders who are mentally incompetent to stand trial.

District Attorney Lacey summarized her comments provided in the meeting packet. She stated that the State can assist local mental health diversion efforts by fostering awareness, communication, and leadership statewide. One of the enemies of the change that needs to take place is the lack of communication in the criminal justice and health systems. She spoke about key challenges, ethical implications, local mental health diversion efforts, and legislation related to the needs of individuals with mental health issues who are involved in the criminal justice system. She stated the need for data, accountability, and ambitious goals. Rules and regulations that are in place are the greatest barrier to getting people help and stand in the way of progress.

James Brandlin

The Honorable James Brandlin, Supervising Judge, Criminal Division, Superior Court of Los Angeles County, provided a brief overview of his background and some context including statistics on the caseload of the Los Angeles Superior Court, which is the largest trial court in the United States. He summarized the materials he distributed at the meeting. He spoke about the Mental Health Courthouse, the three courtrooms of Department 95, and the need for expansion and greater resources to devote more time to individuals at risk. He highlighted alternative sentencing courts, such as the four Community Collaborative Courts (CCC) that address particular vulnerable populations and unique issues. The CCC are designed to be a multidisciplinary and resource intensive response to cases involving some of the most vulnerable populations involved in the criminal justice system. This includes veterans, chronically homeless, the mentally ill, those suffering from substance use disorders, and victims of sex trafficking and transitional at risk youth. Judge Brandlin provided an overview of the eligibility requirements and the exception protocols for the CCC, as well as the matrix for the CCC to help institutionalize this approach.

Judge Brandlin stated that there is a need for additional funding for specialty mental health courthouses, more Department of Mental Health linkages officers in the courtrooms and jail, and more state hospital beds.

Scott Gordon

The Honorable Scott Gordon, Assistant Supervising Judge, Criminal Division, Superior Court of Los Angeles County, provided a brief overview of the Office of Diversion and Reentry (ODR) Pilot Project. This pilot project has been in place approximately one month and there are promising results already. The project deals with long-term homelessness and housing alternatives. The pilot project works with mentally ill defendants in the jail, identifies those who are candidates for FSPs or Integrated Case Management Services (ICMS), and processes the cases to get the individuals into those programs as a probationary sentence. The biggest challenge is not having enough resources and linkages to services.

Robin Kay

Robin Kay, Ph.D., Acting Director of Mental Health, Los Angeles County Department of Mental Health (LACDMH), summarized her comments provided in the meeting packet. She used the Sequential Intercept Model of mental health diversion planning to organize her presentation, and identified the points where clients may face the intersection of criminal justice and mental health. She shared how MHSA funding has been used in Los Angeles County to build a mental health and law enforcement partnership to divert individuals from jail and into treatment. Dr. Kay, stated that a challenge to more effective programs is the rules dealing with privacy and information sharing. These rules need to be looked at.

Mark Ghaly

Mark Ghaly, M.D., Director of Community Health and Integrated Programs, LACDMH, and the first Interim Director of the Office of Diversion and Reentry (ODR), provided an overview of the ODR vision and other initiatives that tie into ODR success. Dr. Ghaly stated that 40 percent of ODR's budget must go to permanent supportive housing. He also stated that data and data sharing is a challenge. Dr. Ghaly had the following recommendations: (1) the rules around Section 8 housing should be reviewed and revised; (2) there needs to be better understanding of how the Drug Medi-Cal waiver will be used as part of services; (3) providers need to be licensed quickly; (4) assessment and treatment needs to happen earlier in jail; (5) a comprehensive discharge plan should be done at the beginning similar to what hospitals do; (6) there should be a coordinated release time – there is no reason for a 2:00 am release; and (7) there is a need to work with the Federal government around loss of benefits while the person is in jail. Dr. Ghaly underscored that the issue is not just what is done on diversion, but how health care services are managed in the jail and how other departments are aligned on this issue.

Kelly Harrington

Kelly Harrington, Assistant Sheriff, Custody Division, Los Angeles County Sheriff's Department, gave a brief overview of his background and what is happening in jails today. The largest topics among correctional professionals across the country have been restrictive housing and the growing population of mentally ill in the prisons and jails. He

stated jails were not built for the mentally ill or to provide the appropriate level of care for mentally ill inmates.

Correctional professionals need to continue to work with medical and mental health providers to use the access to care model and participate in ongoing quality improvement. Continuity of care is key, particularly the continuity of medication and stabilization of inmates upon arrival to ensure a better opportunity for the inmate's success.

Assistant Sheriff Harrington stated the need for more state hospital beds, the development of more community-based programs upon parole and probation, and parole outpatient clinics. As the mentally ill population continues to grow, there will be a need to build or replace jails with more of a correctional treatment facility that is treatment-centric, like putting a jail within a hospital so inmates can receive needed care, because putting a hospital inside a jail does not work.

Commissioner Questions and Discussion

Commissioner Anthony asked how this has been affected by the changes due to Assembly Bill (AB) 109 and Proposition 47. Judge Gordon stated the effects may not be known for years. Los Angeles has a separate AB 109 court that works with the ODR and the LACDMH. The Superior Court is in a position of tremendous flux – filings are down significantly, crimes are up, and felonies are not down. Many intercept programs were premised on the idea of probation being the supervision model. The challenge is that this is not there, so many defendants take the jail time over probation.

Commissioner Aslami-Tamplen asked about training for judges from consumers and family members on how to engage with individuals in their courtrooms who may be struggling with mental health issues. Judge Brandlin stated judges are responsible for organizing an annual day's seminar for all judicial officers in the Los Angeles Superior Court Criminal Division. A subject that has the greatest interest among judges is mental health.

Commissioner Aslami-Tamplen asked how peer advocates can be available in courts so individuals understand there is someone to support them through the process. Judge Brandlin stated an issue that separates the judges from other justice partners is that judges have canons of ethics that prohibit them from engaging in ex parte communications. Dr. Kay stated, when the Collaborative Courts began, the judicial officers toured mental health programs for a full day. Consumers and family members were included in the tour. Judge Gordon stated the judicial team have attended trainings on supportive housing and substance abuse, toured housing units, and participated in the Crisis Intervention Team (CIT) program. The judicial team is also scheduled to tour the veterans' facility.

Commissioner Mitchell asked about panel members' thoughts on California Welfare and Institutions Code Section 5150. She stated the need for a change in the legal definition of an adult with a mental illness. It is huge in terms of barriers. Judge Brandlin stated judges have ethical constraints and cannot advocate publicly in arenas that affect the Legislative or Executive Branches.

Commissioner Boyd asked about the correlation between improved diversion efforts and decreased utilization on the other side. Judge Gordon stated the biggest challenge is

linking individuals to programs. There is a need for service navigators, service brokers, or clinicians to be that link.

Chair Carrion asked about the role of consumers in the development and implementation of programs and the methods to capture the input of consumers and put their suggestions to use. Dr. Ghaly stated the ODR and their subcommittees are open meetings with representation from community groups, but those meetings are not attended by as many consumers as they would like and additional opportunities for engagement in the programs are being planned. Los Angeles County has proposed to do a five-year pilot project called “Whole Person Care” with the key element of hiring peers or community health workers to work inside and outside of jails. The peer component is essential to the success of these programs. He stated he is open to hearing suggestions on how to better hear from consumers and family members.

Commissioner Danovitch stated hospitals are an important safety net for this population. One of the challenges is that non-county facilities and private community hospitals are not well linked with county resources. He asked what can be done to ensure that safety net can connect individuals to appropriate services. Dr. Ghaly stated there is increased interest in diversion programs, but they are still not enough. It is not just a private hospital problem; it needs to be addressed for all hospitals. The way to address it is by creating more community placements. The biggest contribution to date has been the urgent care centers but the need continues to be great. To address that need, there must be more innovations in creating the number and type of slots in the community.

Commissioner Aslami-Tamplen asked about innovative ideas and policies to help cities support housing rent caps. Dr. Ghaly stated Los Angeles County struggles with that issue. He stated that there is a need for Section 8 vouchers to keep up with rents. Cities need to be encouraged to create affordable housing units.

Panel 3: Statewide Challenges and Opportunities

Presenters:

Stephanie Welch, Executive Officer, Council on Mentally Ill Offenders (COMIO)

David Meyer, J.D., Clinical Professor, Institute of Psychiatry, Law and the Behavioral Sciences, U.S.C. Keck School of Medicine

Stephanie Welch

Stephanie Welch, Executive Officer, COMIO, provided an overview, accompanied by a slide presentation, of the background, goals, priorities, and achievements of COMIO. She stated that the primary goals of COMIO is to prevent criminal involvement, improve behavioral health services, and identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt approaches that work. Ms. Welch also discussed several challenges that COMIO is working on, such as stigma and the lack of access to care once a person is incarcerated. She stated that the MHSOAC and COMIO working together can build the needed bridges between criminal justice and behavioral health to prevent incarceration.

David Meyer

David Meyer, J.D., Clinical Professor, Institute of Psychiatry, Law and the Behavioral Sciences, U.S.C. Keck School of Medicine, shared statewide challenges:

- Systems coherence – meaningful bridges in the county mental health system to coordinate and prevent siloes
- Innovative practices – services that are delivered and practices that are used
- Measurement – effective outcome or performance measures to combat the challenging lack of data

Mr. Meyer encouraged Commissioners to attend the Words to Deeds Conference, which is a mechanism to get people together to share solutions to the problem of mentally ill offenders.

GENERAL PUBLIC COMMENT

Gwen Slattery thanked Ms. Welch for the information on juvenile justice and mental health issues. She stated this should be a high priority issue. She shared the story of a juvenile being held in detention for more than five years with the condition of his release being that he pass an IQ test. She asked the Commission to investigate that case. She shared the story of entrepreneurs who asked to teach entrepreneurship to incarcerated juveniles to help them when they were released. They were told the juveniles would use the instruction to sell drugs. This is stigma. She suggested reaching out to counties on their approach to stigma and being open-minded about services that can help youth.

Lisa Pion-Berlin, Ph.D., President and CEO of Parents Anonymous, gave an overview of the history and successes of Parents Anonymous. She stated peer support reduces hospitalization. There is talk about peers but not necessarily support for statewide evidence-based efforts. She offered Parents Anonymous as a resource to partner with the Commission.

Vickie Mendoza, Director, United Advocates for Children and Families (UACF) Parent Leadership Institute, echoed Ms. Slattery's comments. She shared the story of her ten children and the three that have gone through the mental health, probation, and child welfare system. She stated the need to start with the youth to get at the root of mental illness. If they are not helped in schools and when they first enter the juvenile justice system, they will end up in the adult system.

Carmen Diaz, former Commissioner, stated concern that the MHSOAC committees and community forum are being cut down. She stated the Client and Family Leadership Committee (CFLC) worked as advisors to the Commission and presented information as it was supposed to do, yet she was told the committees now do not accomplish anything. Chair Carrion stated staff will respond to her concerns offline.

Debbie Innes-Gomberg, Ph.D., MHSA Implementation and Outcomes District Chief, LACDMH, stated that today's discussion has the common theme that different parts of the community and different funding streams need to come together to support this effort. Communities coming together is one of the strategies in the LACDMH Innovation project that was approved by the Commission.

Dr. Innes-Gomberg stated the Three-Year Plan process for the MHSa is the vehicle to increase capacity in this area as well as improve service strategies. The Three-Year Plan process is an opportunity to identify and implement strategies. That process was started yesterday in Los Angeles.

Dr. Innes-Gomberg stated the Commission is in the process of re-bidding the mobile triage teams grants under Senate Bill (SB) 82. She suggested that the bidding date be pushed back so that the teams can demonstrate their effectiveness. She gave an example of the Crisis Transition Specialist Teams in Los Angeles. They are making a difference and are beginning to measure the outcomes of the teams.

Jim Gilmer stated African Americans feel enslaved in many ways by the criminal justice system and other systems. He suggested the book *The New Jim Crow – Mass Incarceration in the Age of Colorblindness* by Michelle Alexander, where Ms. Alexander speaks of other perspectives relative to criminal justice and mental health. Getting different health perspectives takes it to another level because not all public institutions that practice culturally-appropriate treatment for people of color will be heard. He suggested in-depth presentations, inviting stakeholder organizations representing people of color to come in and give their perspectives on issues such as misdiagnosis. In order to be true to the California Reducing Disparities Project (CRDP), people of color have to be involved at the professional, institutional, and organizational levels. He asked the Commission to help let his people go free.

Terri Boykins, Deputy Director, Juvenile Justice Mental Health, LACDMH, stated the concern that primary issues may be missed when individuals are released back into the community and no one talks with the inmates about their issues and how to reintegrate with their families and community. She stated an important thing she has learned being involved with women's reintegration is the role of peers and individuals with lived experience. She teaches that incarceration is not a destination but is a through-point to the destination of self-sufficiency – to take care of their children, families, and themselves. She suggested looking at expungement of records so that individuals can get real jobs.

Barbara Wilson, of Santa Clarita and San Fernando Valleys, discussed what is happening with licensed board and care homes and the discrepancy between homes that accept primarily individuals with serious mental illness versus individuals from regional centers. Licensed homes are being squeezed by unlicensed homes because they are unregulated. She asked the Commission to support using Proposition 63 funds to shore up the gap between the \$35/day rate and the \$85/day rate. She handed out further information on this issue to Commissioners.

Janina (phonetic) Marshall asked the Commission to come and have a conversation with the peers in her organization. She asked how many clients are on the Mental Health Advisory Board. She stated SB 82 is disappointing. It was an opportunity to hire clients as members of the teams. In Los Angeles, many of those involved are volunteers or receive a small stipend. The panel members that spoke today did not bring up the Health Neighborhood Service Areas. Service Area 6 has few services.

Ms. Marshall shared her story of being homeless, incarcerated, and undiagnosed. She had a probation officer "from hell" and was denied the help she begged for. Finally, she was referred to a mental health center, but arrived there only to find her appointment had

been canceled and would be rescheduled in 30 days. She stated no one considered the courage it took for her to walk through the doors of a mental health facility, fearful of what others would think. The individuals in her community are dying. She stated the LACDMH should be ashamed for what they are failing to do in the community. She asked the Commission to return to hear from the community.

Catherine Clay asked where the oversight is over the LACDMH and who is to follow up on the grievances filed. She stated she has filed over fifteen grievances and no one has followed up. Individuals should not have to go to another Health Neighborhood Service Area. Services should already be implemented in each area. She stated there should be a requirement that the eight service area representatives be from the community and look like the members of the community.

Ms. Clay asked where the family support is that her son is supposed to have. Her son was diagnosed at the age of seven but refuses to deal with the mental health system because every time he goes to the mental health center for care he is given an appointment for four months later. He is forced to self-medicate. She asked where his support is as the child of an advocate.

Ms. Clay asked where the after-hours services are that the community is supposed to receive because mental health triggers often do not flare up until after five o'clock. She stated she did not get any services from the LACDMH.

Ms. Clay supported SB 82, but one of the inhumane things she saw was the triage team refusing to give a trash bag to a lady on the ground because it was not considered housing services. The team members were afraid to get out of the car and approach her because they were not from the community and would not help the lady remove the trash from around her. She stated she is tired of the LACDMH telling lies. She asked the Commission to provide oversight over the county.

Sam Woolf, a peer counselor, mental health advocate, person with lived experience, and stakeholder, stated he runs a client-run center in Van Nuys with over 20 counselors with lived experience. He stated he oversees 230 clients with mental health problems. He spoke in support of the integration of peers in the criminal justice and mental health systems as has been discussed today. He knows from personal experience that it works. Individuals coming out of the criminal justice need help to get housing, employment and social services benefits. Peer counselors and individuals who work in the mental health world need to have training in these specialty areas so they can help others.

Mark Karnatz spoke about peer support, recovery outreach coaches, and networking with the LACDMH, law enforcement, and the courts. He suggested the Wellness Recovery Action Plan (WRAP) be used in the jails.

Kellen Russoniello, Staff Attorney, American Civil Liberties Union (ACLU), San Diego, stated the need to acknowledge the structural issues along with programmatic issues. One of those issues is that the criminal justice system is structured to bring individuals in that do not necessarily need to be there. There is an overuse of fines and fees, and bail is granted more easily to individuals who do not have mental illness. He asked the Commission to view those structural issues.

Mr. Russoniello spoke on pretrial and reentry. He stated it sounds like Los Angeles is doing a good job on the mental health urgent care centers. He encouraged the Commission to promote those across the state, particularly for no-refusal policies for law enforcement so they know that they can take individuals to these centers for services. He also encouraged the Commission to look at the “No Place Like Home” initiative to see how that can interact with the decriminalization of individuals with mental illness. On the reentry end, he encouraged the Commission to look at issues like the state terminating Medi-Cal eligibility for individuals who are incarcerated for over a year. There is also a need for jails to get individuals IDs when they leave prison because IDs are essential to access anything in society, including treatment. The state prisons are doing a good job of getting individuals IDs when they leave prison, but in county jails it is nonexistent except in small pilot programs.

Mr. Russoniello stated policies vary widely from county to county on what prescription medications individuals leave jail with. He suggested looking at how to evaluate criminal justice outcomes of mental health spending, particularly in the MHSA – the Commission can ask counties to include that in their plan and how that money is being used to decrease mental illness.

Panel 4: Mental Evaluation Unit (MEU)

Presenters:

**Brian Bixler, Lieutenant II, Los Angeles Police Department
Detective Michael Morlan, Systemwide Mental Assessment Response
Team (SMART)
Detective Charles Dempsey, Admin-Training Detail**

Brian Bixler

Brian Bixler, Lieutenant II, Los Angeles Police Department (LAPD), stated he is the officer in charge of the Crisis Response Support section that houses the Mental Evaluation and Threat Management Units. He provided materials that are included in the meeting packet. He stated the LAPD could not do what they do without the help of the LACDMH. This unique collaboration has gained worldwide attention as a model to be replicated. He provided a brief overview of the tiered-response structure and operations of the LAPD. Lieutenant Bixler stated the Los Angeles Emergency Medical Commission is looking at how to remove police more and more from mental health emergencies. Mental health emergencies are medical emergencies.

Michael Morlan

Michael Morlan, SMART, stated he is the officer in charge of the SMART teams. He gave a presentation on how the teams are structured, the number of units, how they are deployed, and how they work. The SMART teams work twenty-four hours a day, seven days a week. There are day- and night-watch units with eight cars each and there is an additional car and triage staff around the clock. Mental health clinicians team up with specially-trained officers to assess the situation and get individuals the help they need. Senior lead officers do outreach and training, meet with stakeholders and hospitals to discuss what can be done better, and serve as liaisons to hospitals.

Charles Dempsey

Detective Charles Dempsey, Mental Evaluation Administrative Training Detail, stated SMART cases are referred to detectives to do workups and additional follow-up with these individuals to ensure they are getting services. Detective Dempsey helped set up the Mental Evaluation Unit (MEU) and the Case Assessment Management Program (CAMP) component and does the training. Everything is done by a team and collaboration is the key. It all starts with data capture and understanding the information in regards to interventions and crises that occur in the field. Data needs to be captured on the front end in order to provide outcome assessment on the back end. Cases are never closed because mental illness cannot be turned on or off. When individuals are in crisis, case management must be intensified and when they are not in crisis the system and health care providers can engage with the individual. But law enforcement always monitors those individuals and tracks outcomes.

Detective Dempsey stated training is important for the frontline officers to better understand the extremely complicated system. The better they do their job on the front end, the better they will provide information about what they observe in the field to the intake staff, and the better the officer and treatment team will help that individual. It is a social problem, not a criminal justice problem. Community-centric methods of care are key.

Commissioner Questions and Discussion

Chair Carrion stated the first encounter is critical because it may dictate the future of individuals' mental health care. He asked how to differentiate between a crime and a manifesting mental health issue. Lieutenant Bixler stated the LAPD has a policy that on a misdemeanor warrant, a watch commander has the ability to divert at that point. The watch commander makes that decision. If it is a felony crime, the individual is booked and the CAMP team follows up with probation and the court system to mandate mental health treatment for that person. There are no mental health clinicians in the city jails. Most often individuals are transported to the Twin Towers facility.

Chair Carrion asked about the roadblocks to transferring individuals to hospitals or programs. Lieutenant Bixler stated the main roadblocks are lack of continuity in health care and lack of facilities.

Commissioner Van Horn asked how many patrol teams each SMART team serves and what is considered an adequate ratio of SMART teams to patrol teams. Detective Morlan stated there are four bureaus with two SMART vehicles per bureau. Detective Dempsey stated the better the system is built, the better the response.

Commissioner Mitchell asked if there is a difference in diversion for a minor. Lieutenant Bixler stated most juveniles are not a custody situation and there is more leeway to divert because they will be cited out back to their parents. The clinician on the team finds the most appropriate facility.

Commissioner Mitchell asked about diversity. Detective Morlan stated there are almost one hundred officers and clinicians in his unit. The officers come from diverse backgrounds, speak ten different languages, and are assigned to be representative of the community.

Commissioner Aslami-Tamplen asked how law enforcement is working with the community and how it offers support to officers exposed to daily trauma. Detective Morlan stated there are four senior lead officers who are the liaisons and meet with stakeholders and hospitals to address issues and concerns. Lieutenant Bixler stated there are quarterly stakeholder meetings. Detective Dempsey stated that officer support is a part of his class where individuals share their own experiences. There are psychologists who are hired just for police officer support.

3: Orange County Innovation Plan

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

County Presenters: Flor Tehrani Yousefian, Interim Administrative Manager for Innovative Projects; Brett O'Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the three Orange County Innovation (INN) projects, including the Community Program Planning Process, learning objectives, evaluations, and budgets for the following proposed INN projects: (1) five-year \$2,404,815.00 project, titled "Community Employment Services"; (2) five-year \$1,645,657.00, project, titled "Employment and Mental Health Services Impact"; and (3) five-year \$6,531,770.00 project, titled "Job Training and On-Site Support for Transition Age Youth". Dr. Sala stated the three proposals have met the minimum requirements. The staff background brief for each project and the county's comprehensive background brief are included in the meeting packet.

Brett O'Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency, stated the county had a robust Community Planning Process. The three projects have to do with vocational support and employment services.

Flor Tehrani Yousefian, Interim Administrative Manager for Innovative Projects, provided an overview, accompanied by a slide presentation, of Orange County demographics, the stakeholder process, and the background, goals, impacts, evaluation, and timeline for each project.

Commission Questions and Discussion

Commissioner Danovitch asked how employment was chosen as a target, the percentage of the unemployed with a mental illness, how these individuals will be targeted, how the budget figures were determined, the number of individuals expected to be served, the expectations set for them, how the county will know if it is performing well, and how contractors will know they are meeting the expectations.

Ms. Yousefian stated the first and third programs will work in collaboration with the clinicians in the FSPs and Program for Assertive Community Treatment (PACT) programs for referral and those are the individuals who will be targeted. Clinicians will be stationed at the employment centers for the second program. Those screeners will help find the target population when individuals enroll into the center. Ms. Yousefian stated the budget is an estimate using the figures of current programs.

Commissioner Mitchell asked about the third program and whether the county has statistical evidence of a large number of unemployed TAY within Orange County. Ms. Yousefian stated the county has numbers for the unemployed in all age groups, but the age groups are not broken down.

Chair Carrion asked about the number of individuals targeted for the programs. Ms. Yousefian stated the annual participant target is 40 for the first project and 150 each for the second and third projects.

Chair Carrion asked if the coaching is being tapered down in the first project. Ms. Yousefian stated enrollment will stop six months in so individuals can begin transitioning out.

Chair Carrion stated there are good anxiety and depression scales out there. He suggested including the shorter version. Also, measures of competency, empowerment, and self-efficacy would be good to know after the project is completed. He asked if the expertise of the peer specialist is in coaching. Ms. Yousefian stated they will be working in supportive counseling and coaching, including job training and employment readiness.

Commissioner Van Horn asked how a PACT differs from an FSP. Ms. Yousefian stated PACT programs are more intensive and target a population with more intensive needs. Mr. O'Brien stated PACT has low caseload ratios to counselors and therapists of 1:15 or 1:20 versus the normal caseload of 1:100 or more in county mental health.

Commissioner Van Horn asked if the project contracts will be added onto current FSP and PACT projects. Mr. O'Brien stated they would be freestanding contracts with an expected collaboration between agencies as part of the contract.

Vice Chair Wooton cautioned the county against giving menial tasks to peers. She suggested training TAY in meaningful work that will gain them employment as adults. Employment is critical but it needs to be fulfilling a meaningful role and making an impact.

Commissioner Anthony asked the county to think about cultural competency and reflecting the cultural needs and makeup of the community, as well as language skills. Ms. Yousefian stated there are translation services available through the multicultural department and cultural competency is looked for when hiring staff.

Commissioners Aslami-Tamplen and Van Horn asked about the innovative piece for the third project. Commissioner Van Horn stated he plans to vote against projects one and three because they are just employment programs. Employment programs have been run for years and are not innovative. Ms. Yousefian agreed that vocational support is not innovative. The innovative piece is the one-on-one support. Mr. O'Brien stated the projects have innovative components, such as targeting a certain population or age group and having job coaches.

Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated Commissioner Anthony raised the questions she had. Orange County has large ethnic populations. The presenters said the program is open to everyone, but all MHSA programs are open to everyone. In order to reach underserved communities, there must be specific goals and methods for outreach or the communities will not come. She stated

the concern for reaching underserved communities and ensuring that specific approaches and methods are used and will be tracked. Hiring a person of color does not have much meaning anymore – they have to have roots in the community and understand and be proud of who they are.

Commissioner Danovitch stated the presenters' responses to questions have been thoughtful and detailed and reflect good thinking about the problems, but the challenge is that the information presented is so high-level that Commissioners cannot exercise the oversight process – there is no budgetary information and there is a lack of information about the Request for Proposal (RFP) to give the Commission a sense that the project will be successful.

Commissioner Danovitch moved to defer the proposed Orange County INN projects to the next meeting to be presented with additional details so the Commission can make a more informed decision. Commissioner Mitchell seconded.

Dr. Sala stated the county provided fairly detailed budget sheets that are posted on the Web site and are referenced in the staff briefs.

Chair Carrion reminded the Commission that staff brings proposals that they have already evaluated as fulfilling the criteria.

Commissioner Danovitch stated the Commission has been having a form of this discussion repeatedly. Commissioners are under scrutiny to exercise their oversight to the best of their abilities. He requested information around what is innovative here. His motion is to defer it as opposed to voting against it so the county and staff that have worked to put this together will not be penalized but are given an opportunity to provide the necessary details.

Dr. Sala stated staff will work with the county to provide additional detail in time for the October or November meeting.

Executive Director Ewing stated that some of the questions today are issues that staff could have been more robust in presenting, such as budget detail, but other questions cannot be answered because the county is not far enough along in the development of their proposal.

Commissioner Danovitch stated he does not need to see the RFP, but if the proposal is to develop an RFP, then the Commission needs to see the necessary ingredients to develop a good RFP as part of the proposal development process.

Chair Carrion asked Commissioner Danovitch to work with staff on the information needed that will serve as a model for future county INN plan presentations.

Commissioner Van Horn made an amendment to Commissioner Danovitch's motion to defer projects one and three and have a separate vote on project two. Commissioner Aslami-Tamplen seconded.

Action: The MHSOAC defers the vote on the following two Orange County Innovation projects to the October or November Commission meeting:

Name: Community Employment Services
Amount: \$2,404,815

Project Length: Five Years

Name: Job Training and On-site Support for TAY

Amount: \$6,531,770

Project Length: Five Years

Motion failed 3 yes, 3 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion and Commissioners Aslami-Tamplen and Van Horn.

The following Commissioners voted "No": Commissioners Anthony, Danovitch, and Mitchell.

The following Commissioner abstained: Vice Chair Wooton.

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

The MHSOAC defers the vote on the following three Orange County Innovation projects to the October or November Commission meeting:

Name: Community Employment Services

Amount: \$2,404,815

Project Length: Five Years

Name: Employment and Mental Health Services Impact

Amount: \$1,645,657

Project Length: Five Years

Name: Job Training and On-site Support for TAY

Amount: \$6,531,770

Project Length: Five Years

Motion carried 7 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, Aslami-Tamplen, Danovitch, Mitchell, and Van Horn.

INFORMATIONAL

4: MHSOAC Executive Director Report

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

Executive Director Ewing presented his report as follows:

Staff Changes/Vacancies

Peter Best, Staff Services Manager, will retire in one week. Executive Director Ewing thanked Mr. Best for his work with the Commission. There is a new researcher starting in October.

Outreach

The Commission provided funding to support a documentary on the mental health needs of veterans. It will be aired on Sacramento PBS and distributed nationally to PBS on or

around Veteran's Day. Staff is working with the Department of Veteran Affairs and legislative offices on ways to showcase the documentary.

Projects

The Little Hoover Commission

The MHSOAC penned a letter to the Little Hoover Commission in response to its draft report. Staff will work on a more formal response to the final Little Hoover Commission Report in the coming days.

Regulation Implementation

Staff will present the report at the October meeting.

Mental Health in the Schools

Staff has been working with Commissioner Gordon to put together a proposal and met with the Superintendent of Public Instruction along with Commissioner Van Horn to discuss the project. The Commission will partner with the Department of Education to move the project forward. A panel presentation is planned for the November meeting.

Mental Health and Criminal Justice

Staff will report on the last few days' activities.

Children's Crisis Services

Staff will present the report at the November meeting.

Issue Resolution Process

Staff will present the report at the February meeting.

Fiscal Transparency

Staff will present at the October meeting the fiscal transparency tool showing three years of fiscal information taken from the Revenue and Expenditure Reports.

Triage

Staff meets periodically with county triage coordinators. The Commission will issue a new RFP for the next round of SB 82 grants. Staff will bring a proposed framework to the Commission for approval to inform the RFP that will be issued to counties.

Legislation

Legislation related to the Commission or mental health has been provided in the meeting packet.

The Commission supported two bills this year. The Governor vetoed the bill on fiscal transparency. The other bill, SB 614 on peer certification, was pulled by the author.

The Commission may need to sponsor legislation in the next legislative year beginning in January: One deals with offering a fellowship for consumers and a psychiatrist. The other is to help monitor unemployment within the mental health community. Currently monitoring this a challenge because of inadequate access to data. The Commission is

exploring the option of accessing unemployment data and linking that with mental health client-level data to monitor unemployment rates on a quarterly basis.

Another issue is addressing the issue of data sharing more broadly and sponsoring legislation to make it easier for state agencies to share data for the purposes of linking.

Commission Meeting Calendar

The next meeting is on October 27th in Sacramento. An in-person meeting will be held in Sacramento on November 17th. There will be no December meeting. The January 2017 meeting will focus on Mental Health and Criminal Justice.

GENERAL PUBLIC COMMENT

Ms. Hiramoto stated REMHDCO is happy to help with future panel members who may perhaps offer a different perspective.

Sharon Yates, a former committee member, thanked the Commission for coming to Southern California, doing site visits, and making their presence known.

ADJOURN

There being no further business, the meeting was adjourned at 5:13 p.m.