



WELLNESS • RECOVERY • RESILIENCE



Commission Packet

Commission Meeting
November 17, 2016

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

Commission Meeting Agenda

November 17, 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 will also 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
November 17, 2016

Tina Wooton
Vice Chair

9:00 AM Convene

Chair Victor Carrion, M.D., will convene the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Meeting. Roll call will be taken.

9:05 AM Announcements

9:10 AM Action

1A: Approve October 27, 2016, MHSOAC Meeting Minutes

The Commission will consider approval of the minutes from the October 27, 2016, MHSOAC meeting.

- Public Comment
- Vote

Information

1B: October 27, 2016 Motions Summary

A summary of the motions voted on by the Commission during the October 27, 2016 Commission meeting.

1C: Evaluation Dashboard

The Evaluation Dashboard provides information on both executed and forthcoming MHSOAC evaluation and data strengthening efforts, including primary objectives, timelines, and deliverables.

1D: Calendar

The Calendar provides information on Commission and related meetings.

9:15 AM Action

2: Research and Evaluation Update and New Contracts

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

The Commission will be presented with an Evaluation Update and an overview of upcoming contracts. The Commission will also consider authorizing the Executive Director to enter into contracts to further support the hosting and maintaining of the integrated web application and database of MHSA providers, programs, and services.

- Public Comment
- Vote

9:45 AM Information

3: Exploring Topics for Potential New Policy Projects

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

Executive Director Ewing will facilitate a discussion to explore ideas/topics for potential new policy projects. The ideas generated will be briefed and presented to the Commission at a later time for consideration and prioritization.

- Public Comment

- 10:15 AM Action**
4: Legislative Priorities
Presenter: Toby Ewing, Ph.D., Executive Director
The Commission will consider Legislative priorities for the upcoming legislative session.
- Public Comment
 - Vote
- 10:45 AM Information**
5: MHSOAC Committees
Presenter: Toby Ewing, Ph.D., Executive Director
Executive Director Ewing will facilitate a discussion on next steps regarding MHSOAC Committees charters and work plans for 2017.
- Public Comment
- 11:30 AM Information**
6: No Place Like Home Overview
Presenter: Ben Metcalf, Director, California Department of Housing and Community Development
Director Metcalf will provide an overview of the “No Place Like Home” law.
- Public Comment
- 12:15 PM General Public Comment**
Members of the public may briefly address the Commission on matters not on the agenda.
- 12:30 PM Lunch**
- 1:30 PM Information**
7: Farewell to MHSOAC Chair Carrion
The Commission will honor the outgoing MHSOAC Chair Dr. Victor Carrion.
- Public Comment
- 1:45 PM Action**
8: Madera County Innovation Plan
Presenter: Brian R. Sala, Deputy Director
County Presenter: David A. Weikel, Psy.D., Behavioral Health Program Supervisor
The Commission will consider approval of one Innovative Project Plan for Madera County.
- Public Comment
 - Vote
- 2:30 PM Information**
9: Executive Director Report Out
Presenter: Toby Ewing, Ph.D., will report out on projects underway and other matters relating to the ongoing 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

November 17, 2016 Commission Meeting

Approve October 27, 2016 MHSOAC Meeting Minutes

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the October 27, 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: October 27, 2016 Commission Meeting Minutes.

Handouts: None

Recommended Action: Approve October 27, 2016 Meeting Minutes.

Proposed Motion: The Commission approves the October 27, 2016 Meeting Minutes.



State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting
October 27, 2016

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

866-817-6550; Code 3190377

Members Participating

Tina Wooton, Vice Chair
Reneeta Anthony
Lynne Ashbeck
Khatera Aslami-Tamplen
John Boyd, PsyD.
Sheriff Bill Brown
John Buck
Itai Danovitch, M.D.
David Gordon
Gladys Mitchell
Larry Poaster
Richard Van Horn

Members Absent:

Victor Carrion, M.D., Chair
Senator Jim Beall
Assembly Member Tony Thurmond

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;
Fred Molitor, Ph.D.,
Director, Research and Evaluation

CONVENE

Vice Chair Tina Wooton called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:12 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

Announcement

Fred Molitor, Ph.D., Director of Research and Evaluation, introduced new staff member Kai LeMasson, Ph.D. He welcomed her to the team and stated she will be working on the Schools and Mental Health Policy Project.

ACTION

1A: Approve September 22, 2016, MHSOAC Meeting Minutes

Action: Commissioner Anthony made a motion, seconded by Commissioner Aslami-Tamplen, that *The Commission approves the September 22, 2016, Meeting Minutes.*

Motion carried 9 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Vice Chair Wooton and Commissioners Anthony, Aslami-Tamplen, Boyd, Brown, Buck, Danovitch, Mitchell, and Van Horn.

The following Commissioners abstained: Commissioners Ashbeck, Gordon, and Poaster.

INFORMATION

1B: September 22, 2016, Motions Summary

1C: Evaluation Dashboard

1D: Calendar

INFORMATION

2: Innovation Plan Review Process

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

Brian R. Sala, Deputy Director, provided an overview, accompanied by a slide presentation, of the materials before the Commission, background, definition of Innovative Project, and key principles previously adopted by the Commission regarding Innovation plan review process. Dr. Sala asked for guidance and input on the Draft Innovation Project Plan Description Template. Dr. Sala stated the emphasis of the template is to provide guidance to the counties on what information to provide the Commission as it considers approval of Innovative Project plans.

Commissioner Questions and Discussion

Commissioner Danovitch stated the importance of including the approach or methodology counties will use to achieve their objectives, along with defining priority problems, and explaining what is innovative about the project. He stated the draft template will help the Commission and counties to identify gaps, how innovations will address those gaps, the measures that are needed, and the methodologies to use.

Commissioner Buck suggested that counties report back to the Commission at the conclusion of their innovation projects on what worked, what did not work, and lessons learned during the process. Deputy Director Sala stated a team will soon be hired to focus on Innovation. Some of the work will include organizing innovation fairs to give counties an opportunity to discuss strengths and weaknesses of past programs, share best practices, and brainstorm strategies for the future.

Commissioner Boyd suggested the creation of a formal Innovation subcommittee. He stated an Innovation summit is being planned for the first part of next year to bring the public and private sectors together. It will take individuals with lived experience and advocates to move the collective resources ahead. He stated the need to learn how to empower counties to be more effective and successful, which includes sharing practices around innovation; the Commission's facilitating discussions and relationships will be a key to that.

Commissioner Brown stated there should be more than an optional template; there should be a standardized process, or at least language included such as, "This template is highly recommended." Executive Director Ewing stated he recognizes there is inconsistency in the process that is challenging to the Commission and that there is not always clarity and surety in the process is problematic for counties and stakeholders. The question is whether these challenges and problems can be solved with existing statutory authority or whether statutory clarification needs to be identified in order to do that.

Commissioner Aslami-Tamplen stated the template will be helpful. She stated counties will use it whether or not it is mandated because they want clarity in the approval process.

Commissioner Ashbeck stated the counties will support the template because, from a reviewer's standpoint, the more consistent the better. She asked if there is an online catalogue of all Innovation projects. She stated the importance of timeliness of funding and suggested including the requirement that projects must begin within a certain length of time to ensure that they are still innovative.

Commissioner Aslami-Tamplen agreed and stated the need to learn how to move innovation forward and get the resources to the community.

Commissioner Poaster stated the template will bring clarity to the innovation approval process. It is important to discuss innovative projects in terms of not only best practices, but also adaptations of best practices. There is a need to discuss the local needs and the relationship between the local need and the state need. Commissioner Poaster asked for the authority for state needs. Executive Director Ewing stated that the need being discussed is statewide needs.

Commissioner Mitchell agreed with Commissioner Buck on the importance of hearing back from counties on the successes and failures of their Innovation projects. She suggested that requirement be included in the template.

Commissioner Ashbeck suggested giving Commissioners a framework to provide clarity on what is considered innovative.

Commissioner Van Horn stated administrative innovation would bring a welcome change if it would speed up the procurement process within counties. He agreed with the importance of the Commission and counties learning from past innovation plans.

Commissioner Anthony spoke in support of the need for regulatory change, based on the lack of clarification.

Public Comment

Poshi Walker, LGBTQ Program Director, NorCal MHA, suggested the California Reducing Disparities Population Reports, published through the Department of Public Health and the Office of Health Equity, as a resource for county Innovation projects. Also, in follow-up to the online catalog brought up by Commissioner Ashbeck, Ms. Walker suggested putting out a survey to find out who is being served by Innovation projects to ensure there are no disparities. Ms. Walker also suggested having more public comment on Innovation project plan approvals.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), echoed Ms. Walker's comments and suggested as another resource the reports on other populations done by the California MHSA Multicultural Coalition (CMMC).

ACTION

3: Trinity County Innovation Plan

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

County Presenter: Noel O'Neill, LMFT, Director, Trinity County Behavioral Health

Deputy Director Sala provided an overview, accompanied by a slide presentation, of Trinity County' request to amend Trinity County current Innovation project titled, "Milestones Outreach Support Team." The request is for a six-month extension and funding increase of \$54,941.

Noel O'Neill, LMFT, Director, Trinity County Behavioral Health, provided an overview, accompanied by a slide presentation, of the county demographics, the description of the Innovation project, fiscal considerations, evaluation results so far, and timeline for completing the final report on the Innovation.

Commissioner Questions and Discussion

Commissioner Mitchell asked how many of the 4,500 Medi-Cal beneficiaries have been identified as mental health clients. Mr. O'Neill stated the county typically has 225 open mental health charts and 100 open Medi-Cal drug service charts at any given point.

Commissioner Aslami-Tamplen asked how many peer specialists will be employed through the project. Mr. O'Neill stated this project funds one of four peer specialists.

Commissioner Mitchell asked if the work is overwhelming for one person. Mr. O'Neill stated the lead peer specialist is one of an eight- to ten-member team.

Public Comment

Heidi Strunk, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), spoke in support of the Trinity County Innovation plan. She stated Californians need alternatives to hospitalization when in crisis and more crisis intervention services. Connecting with peers at the beginning sets an individual on the road to recovery at a quicker rate.

Action: Commissioner Buck made a motion, seconded by Commissioner Van Horn, that: *The MHSOAC approves Trinity County's INN Project Funding Increase and Time Extension.*

Name: Milestones Outreach Support Team

Amount: \$54,941

Extension Length: Six months

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

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

ACTION

4: Orange County Innovation Plan

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

County Presenter: Flor Tehrani Yousefian, Interim Administrative Manager for Innovative Projects

Deputy Director Sala stated Orange County presented their Innovative Projects plans at the October 27, 2016 Commission meeting and were asked to present additional information on their plans again today. Deputy Director Sala stated additional materials have been provided by the county and are included in the meeting packet along with the materials that were provided at the last Commission meeting. He provided an overview, accompanied by a slide presentation, the reason Orange County was asked to present their Innovation plans again in today's meeting.

Flor Tehrani Yousefian, Interim Administrative Manager for Innovative Projects, provided an overview, accompanied by a slide presentation, of the county profile and demographics, accessibility to services – programs and strategies, employment and mental health, community employment services, requested funding, and project evaluation of the Orange County innovation plans.

Following the presentations, Commissioners provided feedback and asked a series of questions. The following were some of the concerns voiced by the Commissioners:

- There is a need to evaluate and eliminate internal stigma and external discrimination within the workplace for these Innovation plans.
- The county's inability to separate out the individuals with serious mental illness from the total number of unemployed individuals in the county.
- A \$6 million budget to serve only 150 individuals per year.
- There is lack of a specificity regarding the evaluation approach and a serious question of feasibility for the projects.

Public Comment

Ms. Walker stated NorCal MHA supports an employment model because it can reduce the onset, severity, impact, and duration of a mental health disorder. She asked if the project is prepared to work not just with transgender individuals but with the workplace in order to provide a supportive and affirming work environment and not create additional trauma or exacerbate depression. She stated the need for programs to provide full-time employment and higher wages.

Ms. Hiramoto thanked Orange County for providing additional information. She suggested the creation of an Innovations Committee to go into greater detail on Innovation projects, because it is not a good use of the Commission's time to go into such detail as the Commission has with Orange County.

Tando Goduka, Administrative Manager, CAMHPRO, spoke in support of the project but stated there are missing elements. She stated wraparound support is critical. Stigma and discrimination are still a significant barrier for employers. She stated the concern that there did not seem to be many employer partnerships that are culturally competent or community collaboration to serve as tools that the programs can use to sustain the numbers for long-term employment. She suggested that there be a focus on flexible work schedules.

Dawniell Zavala, Associate Director and General Counsel, NorCal MHA, and Program Director for NorCal MHA's Workforce, Integration, Support, and Education (WISE) program, stated NorCal MHA has experience with peer employment and integrating individuals with lived experienced into the workplace. She asked who will supervise the peer in project one. She suggested that there be training and support not just for peers but for those in charge of the program and for participating employers. She stated the focus is that the problem is with the individual seeking employment, but the environment is also critical. The hiring agencies also need to receive education, training, and ongoing technical assistance to ensure the program is successful.

Michael Beebe, Public Policy Director, United Advocates for Children and Families (UACF), stated the concern for sustainability. She stated minimum wage does not allow individuals to rise above the poverty level. She agreed with Ms. Goduka that partnering with employers is key to sustain employment.

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

The MHSOAC approves Orange County's INN project as follows:

Name: Community Employment Services

Amount: \$2,241,175

Project Length: Five Years

Motion failed 3 yes, 9 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Buck, Poaster, and Van Horn.

The following Commissioners voted “No”: Vice Chair Wooton and Commissioners Anthony, Ashbeck, Aslami-Tamplen, Boyd, Brown, Danovitch, Gordon, and Mitchell.

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

The MHSOAC approves Orange County’s INN project as follows:

*Name: Employment and Mental Health Services Impact
Amount: \$1,482,020
Project Length: Five Years*

Motion failed 5 yes, 6 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Vice Chair Wooton and Commissioners Aslami-Tamplen, Buck, Poaster, and Van Horn.

The following Commissioners voted “No”: Commissioners Anthony, Ashbeck, Boyd, Brown, Gordon, and Mitchell.

The following Commissioner abstained: Commissioner Danovitch.

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

The MHSOAC approves Orange County’s INN project as follows:

*Name: Job Training and On-site Support for TAY
Amount: \$6,368,130
Project Length: Five Years*

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

The following Commissioners voted “Yes”: Commissioners Buck and Poaster.

The following Commissioners voted “No”: Vice Chair Wooton and Commissioners Anthony, Ashbeck, Aslami-Tamplen, Boyd, Brown, Danovitch, Gordon, Mitchell, and Van Horn.

INFORMATION

5: Demonstration of Fiscal Reporting Tool

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

Deputy Director Sala warned that there is necessary clean-up yet to do on the draft fiscal reporting tool, such as finalizing some data checks. One of the challenges in drafting this tool is the lack of available data to tell the full story at the county level as to available funds and to what degree counties are managing their resources in an efficient manner to provide services.

Commissioner Poaster clarified that the information shown in this presentation should not be taken as accurate or reliable.

Deputy Director Sala agreed and stated staff is conducting validation checks on formulas and the sample presentation contains some incorrect summary information. It is a work in progress.

Deputy Director Sala provided an overview, accompanied by a slide presentation, of fiscal transparency as oversight and accountability and an introduction to the draft fiscal reporting tool, which consists of fiscal transparency, statewide programs and services, and outcomes information. This first phase only includes the fiscal reporting information. The information on the programs, services, and outcomes is scheduled to be deployed by the end of the fiscal year. He also gave several caveats on the draft tool, including the fact that the MHSA closing balances shown include both encumbered funds and unallocated funds.

Deputy Director Sala brought the draft tool up online and pointed out features such as the summary information for each county's expenditures and closing balances, a downloadable PDF of the relevant year's Revenue and Expenditure Report, pie charts of expenditures or closing balances statewide by county, stacked-bar graphs of the percentages of expended or closing balance for each county relative to the statewide average, and charts that show each county's funds relative to the state scaled against the poverty population in the county. He asked for guidance and input on the Draft Fiscal Reporting Data Visualization Tool.

Commissioner Questions and Discussion

Commissioner Anthony asked if the tool reflects the monies retained by counties in reserve. Deputy Director Sala stated the online version of the tool will not separately show the prudent reserve. Additional visualizations and storytelling will be developed on top of this online tool to explore other stories related to data, and prudent reserve is high on the list. Also, unspent funds/closing balances that are not part of the prudent reserve are reflected in the tool by component. He noted that the figures depicted on the draft tool are not accurate.

Commissioner Van Horn asked if the online tool shows all funds or just MHSA funds. Deputy Director Sala stated the intention was to just show MHSA funds in the initial release of the tool.

Commissioner Van Horn stated an interesting variation in federal financial participation (FFP) is what counties require of community agencies versus what they require of themselves in the programs they are directly operating. The expectations on FFP vary widely among counties.

Commissioner Anthony asked who has worked on the design of this tool. She stated the hope that Commissioners have been involved and that counties have been asked what would be helpful for them. She suggested a public comment period for stakeholders to give input on what would be helpful. Deputy Director Sala stated it has largely been a staff-driven design activity in collaboration with several contractors. Staff has also been working with Commissioners Boyd and Buck and members of the California Behavioral Health Directors Association (CBHDA) financial advisory subcommittee.

Public Comment

Lucinda DeRossi, California Association of Social Rehabilitation Agencies (CASRA), stated the term “poverty” is misleading and highly stigmatizing. Mental health and poverty are not causally linked. She suggested using a different measurement.

Adrienne Shilton, Director of Intergovernmental Affairs, CBHDA, summarized recommendations sent to staff: acknowledge the volatility of the revenue source on the Web site; show how counties have spent down their funds over time on the Web site; reconsider the poverty metric as it does not track exactly to the MHSA target population and is not the sole criteria that goes into the MHSA allocations that go to counties; and accurately portray that counties have three years to spend funds to bring better understanding about county closing balances. She invited the MHSAOAC Executive Director and Chair to attend an upcoming CBHDA Board meeting to discuss this project and other policy projects being contemplated.

Anna Hasselblad, Steinberg Institute, stated a cornerstone of the MHSA must be the ability to clearly show how counties are using these funds and what populations are being impacted by them. She suggested considering the audience that will be looking through the data. A key audience will be legislators and decision-makers, so it is imperative to use terms and language that are clearly stated and simple to understand. Accessibility of the data will help preserve the MHSA and will be a tool moving forward for decision-makers and stakeholders on how best to close gaps in care.

Steve Leoni, consumer and advocate, stated he is pleased with this process. He suggested contacting the Department of Health Care Services (DHCS) that is wrapping up the Certified Community Behavioral Health Care Clinics process. They are working on an enhanced data collection system. He stated the concern that the Commission is creating yet another data system that is siloed to funding.

GENERAL PUBLIC COMMENT

There were no comments from the public.

ACTION

6: Elect Chair and Vice Chair for 2017

Facilitator: Commissioner Poaster

Commissioner Poaster briefly outlined the election process.

Commissioner Boyd suggested holding the election for Vice Chair first to allow full vetting for the Chair candidates.

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

The Commission hold the nominations for Vice Chair before the nominations for Chair, due to time constraints.

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

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

Commissioner Poaster asked for nominations for Vice Chair of the MHSOAC for 2017.

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

The Commission elect Commissioner John Boyd as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2017.

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

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

Commissioner Poaster asked for nominations for Chair of the MHSOAC for 2017.

Commissioner Van Horn nominated Commissioner Aslami-Tamplen as Chair, seconded by Commissioner Ashbeck. Commissioner Brown nominated Vice Chair Wooton as Chair, seconded by Commissioner Buck.

The candidates shared their background and answered questions about how they plan to impact the MHSOAC during the upcoming year.

Public Comment

Mr. Leoni stated he was part of crafting Proposition 63 and the provision that the MHSOAC will consist of at least two consumers. He stated he was proud that the two candidates for Chair of the Commission are the two consumer members. He spoke in support of both candidates and stated the impossibility of choosing between them. However, competition is healthy, and he stated the hope that both candidates will continue in cooperation no matter the outcome.

Ms. Goduka spoke in support of Commissioner Aslami-Tamplen as Chair and discussed the leadership qualities exercised by Commissioner Aslami-Tamplen during her tenure as Executive Director at Peers Envisioning and Engaging in Recovery Services (PEERS).

Sally Zinman, Executive Director, CAMHPRO, applauded the Commission for embracing consumer leadership. It is historic and will lead to real transformation. She stated she expects that consumer leadership will be given the same authority and respect as any other past Chair of the Commission and not be a puppet leadership.

Eduardo Vega, President and CEO, Mental Health Association of San Francisco, President, CAMHPRO, and past MHSOAC Commissioner, spoke in support of Commissioner Aslami-Tamplen as Chair and discussed her leadership qualities. He stated leadership with lived experience is symbolic and valuable. Rotating leadership enriches the Commission.

Commissioners discussed the challenge of choosing between two equally strong, talented, and qualified candidates. This is a rotating leadership – whoever gets elected at this point, it is recommended that the other one seek that position at some future time.

Action: *The Commission elected Vice Chair Tina Wooton as Chair of the Mental Health Services Oversight and Accountability Commission for 2017.*

Motion carried 7 for Vice Chair Wooton, 4 for Commissioner Aslami-Tamplen, per roll call vote as follows:

The following Commissioners voted for Vice Chair Wooton: Vice Chair Wooton and Commissioners Anthony, Brown, Buck, Danovitch, Gordon, and Mitchell.

The following Commissioners voted for Commissioner Aslami-Tamplen: Commissioners Ashbeck, Aslami-Tamplen, Poaster, and Van Horn.

ACTION

7: Regulations Implementation Project Report

Presenter: Filomena Yeroshek, MHSOAC Chief Counsel

Commissioner Poaster, Chair of the Regulations Implementation Project subcommittee, stated the Commission created a subcommittee to review the regulations. He summarized the regulatory process to date, emphasizing the statewide community stakeholder process and Commission time and resources invested over the better part of two years. The focus of the subcommittee was not to rebuild the regulations, but to uncover particular areas in the regulations that seemed difficult from the operational perspective, determine what can be done to help operationalize those areas, and provide recommendations to the Commission. He noted that many of the recommendations involve the Commission and will not happen without collaboration. He stated not everyone will be happy with the report.

Ms. Yeroshek stated the Prevention and Early Intervention regulations and the Innovation regulations went into effect in October of 2015. The other three components of the MHSA are under the authority of the DHCS to issue regulations.

Ms. Yeroshek provided an overview of the project, accompanied by a slide presentation, of the background, three principle challenges, recommendations, and next steps.

Commissioner Questions

Commissioner Anthony asked if there is a financial eligibility requirement on counties for individuals applying for services. Ms. Yeroshek stated the MHSA does not require financial eligibility.

Public Comment

Ms. DeRossi spoke in support of the data collection, but stated concern over the logistics. Adding data points to existing systems is very costly. She also stated the timelines of Assembly Bill 959 and the report will require counties to provide data to the Commission and separate data to DHCS. The risk of having bad data is worse than having no data at all. She suggested that money needs to be identified to cover the costs of meetings and regulations. She also suggested a joint commission of the DHCS and MHSOAC, counties, and providers who will reach consensus on current and future trends to identify data points that can be consistently applied to make it easier for counties to implement.

Michael Helmick, Assistant Director, REMHDCO, spoke in support of staff recommendations with no alterations. He suggested that any learning collaboratives include stakeholders not affiliated with county departments to ensure that their perspectives are included in the planning process. He stressed the importance that any coordination between the DHCS and others regarding statewide data as listed under the next steps must include stakeholders from diverse communities, such as racial and ethnic communities, consumers, and families.

Amanda Wallner, California LGBT Health and Human Services Network, underscored the importance of collecting gender identity and sexual orientation data. She stated it is important to know that the Commission is not alone in this – the DHCS is also doing this and the Legislature has recognized the importance of doing this. The use of the term, “sensitive” in describing gender identity and sexual orientation data is stigmatizing. Stakeholders are happy to help identify best practices and have the expertise and the experience to provide that.

Karen Stockton, Superior-Regional Chair, CBHDA, spoke in support of the recommendations. She stated looking at system-level data gives a better picture of what is really going on and how the system is transformed. Small counties want to help the Commission tell the story, share the vision, and be a part of it.

Mr. Leoni reminded the Commission that, in the process of creating the regulations, there was a discussion about demographic categories on a broader scale, but that was put aside due to lack of time. He stated the hope that this will be done during the amendment process. He suggested contacting the California State University, which has fifty choices for Asian-Pacific Islander (API) alone.

Ms. Walker echoed Ms. Wallner’s comments. She stated the introduction contains the term “gender identification.” She stated the term “gender identification” is different than “gender identity”. Language is important. She suggested, if there is peer-to-peer learning, that it include both community member and subject matter expert input. Page 14 talks about training and teaching best practices, but best practices are not enough when facing unconscious bias. Training and education is required for both conscious and unconscious bias or best practices will not work. She urged the Commission not to wait until Assembly Bill 959 goes into effect in 2018. Gender identity and sex assigned at birth data must be looked at together or it is a useless piece of information.

Ms. Shilton spoke in support of findings 2, 4, and 5, about the unique needs of the smallest counties, access and linkage to treatment programs, and timelines. On the demographic reporting requirements, the write-up captures the issues raised; however, alignment with the DHCS is key for counties and providers to comply. She stated the need for a uniform set of metrics that counties and providers respond to and a mechanism to report this data, which does not currently exist. She suggested an amendment to finding 3 about the duration of untreated mental illness. The CBHDA has been having positive conversations, facilitated by MHSOAC staff, with UC Davis, as they are looking at their early psychosis intervention projects and incorporating a pilot study looking at both the duration of untreated psychosis and untreated mental illness. She suggested a framework for this requirement. Without a standardization of the questions to ask about the target population and the tools to get there, the data will not be meaningful and will not answer the key

question that this requirement seeks to address – whether the gap between symptoms and treatment is shortening.

T.J. Hill, Mental Health Policy Director, Association of Community Human Services Agencies, spoke in support of better data collection to better serve clients. He stated the concern over the logistics of implementation. Contract providers end up bearing the brunt of the cost of transformations. Multiple transformations done piecemeal become cost-prohibitive. Los Angeles collects more data on diverse populations than anywhere else in the state. When looking at the gender identity and sexual orientation demographic data, there is a much broader scope than what is captured here. He asked the Commission to wait until the 2018 statewide regulations are put into effect for consistency to better serve communities.

Tim Ryder, Executive Director, Amanecer Community Counseling Service, stated the demographics should be in alignment with DHCS as a prerequisite to begin this program. He stated the need for consistency in alignment between the Federal Research Public Access Act and Health Insurance Portability and Accountability Act regulations, and alignment with the cultural, linguistic, and clinical standards for collecting sensitive data. He encouraged the Commission to do it once and do it right from the start. Beginning with one set of data and moving to another harms clients and agencies. Cultural and linguistic issues cannot be minimized. He stated the report minimizes the costs to do the data collection and information technology (IT). Many providers do their own software so it will be a direct cost to them. There are also soft costs for that data, such as training, IT time, and data storage.

Commissioner Discussion

Commissioner Ashbeck commented the 100,000 population maximum limit might be too high.

Commissioner Boyd asked about the 2018 requirement and capturing data specific to sexual orientation, ethnicity, and race.

Ms. Yeroshek stated the bill requires the Department of Public Health, the DHCS, the Department of Social Services, and the Department of Aging to collect gender identity and sexual orientation. The legislation mandates compliance as early as possible following adoption of the bill but no later than July 1, 2018. One of the recommendations in the Regulations Implementation Project Report is to work with those departments as well as with Health and Human Services Agency and the Legislature to make it a consistent standard.

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

The MHSOAC adopts the report submitted by the Regulations Implementation Project Subcommittee.

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

The following Commissioners voted “Yes”: Vice Chair Wooton and Commissioners Anthony, Ashbeck, Aslami-Tamplen, Boyd, Gordon, Mitchell, Poaster, and Van Horn.

INFORMATION

8: Overview of Triage Grant Program and Evaluation

Presenters: Norma Pate, Deputy Director and Fred Molitor, Director of Research and Evaluation

Norma Pate, Deputy Director, and Fred Molitor, Director of Research and Evaluation, provided an overview, accompanied by a slide presentation, of Senate Bill (SB) 82, the Investment in Mental Health Wellness Act of 2013, objectives of the SB 82 grant, the counties that were awarded grants, challenges and successes so far, and 2014-16 county reports. They also presented an overview of the next steps in preparing for the Request for Applications (RDA) for 2017-20 projects including working on objectives of evaluation for those projects.

Commissioner Questions

Vice Chair Wooton asked about the timeline for the next round of grants. Ms. Pate stated the outline for the next round of grants will be presented to the Commission for approval in January.

Commissioner Anthony suggested that staff participate not only on a state level but on a national level in evaluations or meetings for evaluators to learn what is currently available.

Commissioner Ashbeck asked when the Commission will hear about lessons learned. Dr. Molitor stated the data is currently being analyzed. It is a great time for lessons learned on how to implement programs and improve evaluation to benefit the next round of grants.

Commissioner Boyd stated it would be helpful to send Commissioners the list of approved counties, when they were approved, the first hire date, whether there are licensed professionals or peers, how many peers are working in the triage outreach programs, and reduction in hold rates before the next round of grants.

Commissioner Anthony asked when to expect the public engagement for lessons learned and the report. Ms. Pate stated it will be presented in January.

Public Comment

Ms. Hiramoto stated REMHDCO has been disappointed that advocacy and provider groups that specialize in serving racial and ethnic communities have not been involved with this endeavor. She stated the need for the data being collected to include racial, ethnic, and LGBTQ data. Ms. Hiramoto stated she feels left out of the process and hopes the report will include information about who is being served and, in the future, that these groups are invited to participate in the process.

Mr. Vega stated the culture issue should be considered and, for the next round of grants, for peer specialists to be included in the traditional crisis outreach team. He encouraged ensuring that the transformative aspect is successfully leveraged through this opportunity.

Commissioner Discussion

Commissioner Boyd stated the real activation needs to be within the counties because the counties are pulling together stakeholders before they bring their proposal to the Commission.

Commissioner Aslami-Tamplen asked how counties are held accountable to implementing the grant as proposed and approved. There are examples of counties where hiring peers was part of their proposal, but peers were not included when the program was implemented. Ms. Pate stated the counties are required to submit employment status reports and they cannot hire different categories of personnel from what was in their grant without prior approval. Grants that proposed to hire peers received extra points and would not have been allowed to replace the peers with non-peers.

Commissioner Anthony asked how the first-quarter report will be incorporated in the next round of RFAs. Dr. Molitor stated the best course of action is to identify outcomes, engage the evaluators, and include those in the next RFA. All evaluators will then discuss what is and is not working in counties and the submission of data on an ongoing basis. The data will be reported back to the counties on individual counties and for all counties for perspective on how each county is doing in relation to other counties.

INFORMATION

9: Executive Director Report

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

Executive Director Ewing presented his report:

Staff Changes/Vacancies

Kai Dawn Stauffer LeMasson was introduced earlier and will help the Commission with her expertise.

It is challenging to recruit research staff. Staff will meet with the California Department of Human Resources to talk with them about tools and strategies to find further ways to address the vacancies in this area.

The Commission plans to hire a new Consulting Psychologist in November.

Budget

Staff is working on budget preparation. Budget changes being proposed are confidential. In January 2017 the Department of Finance (DOF) will update the Commission on the Governor's budget priorities and provide clarity on unspent MHSA administrative funds.

Staff has been in discussions with DOF on the topic of audits and possible recourses to take when contractors do not comply with the contract. Discussion have included how on tap into audit capacity when necessary.

To build financial transparency, staff is working on better ways to provide clarity on current contracts with outside organizations so Commissioners can see what was authorized to be spent versus what was actually spent to make the Commission budget more transparent. As part of that, staff has met with existing holders of stakeholder contracts to look at where they stand relative to funds remaining in their budgets and whether additional funds and/or time is necessary in order to ensure advocacy until the new Request For Proposals (RFPs) roll out within the next couple of months.

Commission Meeting Calendar

The Commission will discuss Mental Health in the Schools in January and Mental Health and Criminal Justice in February.

The November meeting will include ideas and suggestions for the policy research projects.

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 in seven states. Staff is working with the Department of Veteran Affairs and legislative offices on ways to showcase the documentary.

Projects

Regulation Implementation

Staff presented their report today.

Children's Crisis Services

Staff is working with the Chair of that project to keep him informed.

Mental Health and Criminal Justice

This project is well underway.

Issue Resolution Process

A draft report is expected in the January or February meeting.

Mental Health in the Schools

Staff will begin next month with an initial launch meeting and a hearing in January.

Community Forums

Staff is working on a community forum in Stanislaus County and possibly Trinity or another northern county, and a community forum that will take place in a jail.

Fiscal Reversion

Staff is beginning to understand, but is struggling to get clarity around the data, which will depend on how well the Commission works with counties and the DHCS to get the data needed. In the meantime, staff is engaged in conversations with DHCS on the policy side of reversion including what should happen to funds that are reverted.

Mental Health Journalism Fellowship

Staff continues to explore a mental health journalism fellowship and has had conversations with the Roselyn Carter Center and USC.

Open Data Forum

The Commission has been provided financial support to host an open data forum on children and mental health needs in Los Angeles, in partnership with First Five LA and other organizations and funders.

Technology

Staff has hired a group to help think about leveraging the Web and mobile apps to help Transitional Age Youth connect with services and each other.

Art with Impact

Staff continues to work with Art with Impact to promote awareness of student mental health and reduce stigma.

Commissioner Questions and Discussion

Commissioner Ashbeck suggested doing collective impact and Innovation design trainings for counties. She stated the MHSOAC meetings are too long; many Commissioners and members of the audience need to leave before the last few agenda items are heard.

Commissioner Anthony suggested two-day meetings.

GENERAL PUBLIC COMMENT

Ms. Hiramoto agreed that the meetings are too long and commended Commissioners who have remained. She stated the public feels they have important things to share but then there are not many individuals left to listen. She stated the concern that the Executive Director's Report has important information that most of the Commission and audience are not hearing. She invited stakeholders to meet with Commission staff to discuss committee functions. She encouraged the Commission to review the Little Hoover Commission's report and get the public to weigh in on it.

Ms. Walker thanked the Commission for the LGBTQ stakeholder contract. She requested that the stakeholder process that was given to the other populations before the first RFPs were written also be given for the LGBTQ RFP.

ADJOURN

There being no further business, the meeting was adjourned at 4:51 p.m.



Motions Summary

**Commission Meeting
 October 27, 2016**

Motion #: 1

Date: October 27, 2016

Time: 9:15 a.m.

Text of Motion:

The Commission approves the September 22, 2016 Meeting Minutes.

Commissioner making motion: Commissioner Anthony

Commissioner seconding motion: Commissioner Aslami-Tamplen

Motion carried 9 yes, 0 no, and 3 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: October 27, 2016

Time: 10:30 a.m.

Text of Motion:

The MHSOAC approves Trinity County’s INN Project funding increase and time extension.

Name: Milestones Outreach Support Team (M.O.S.T.)
Amount: \$54,941
Extension Length: Six Months

Commissioner making motion: Commissioner Buck

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 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 checked="" 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: October 27, 2016

Time: 11:52 a.m.

Text of Motion:

The MHSOAC approves Orange County’s INN Project as follows:

Name: Community Employment Services
 Amount: \$2,241,175
 Project Length: Five Years

Commissioner making motion: Commissioner Poaster

Commissioner seconding motion: Commissioner Van Horn

Motion failed 3 yes, 9 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input checked="" 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: October 27, 2016

Time: 11:53 a.m.

Text of Motion:

The MHSOAC approves Orange County’s INN Project as follows:

Name: Employment and Mental Health Services Impact
Amount: \$1,482,020
Project Length: Five Years

Commissioner making motion: Commissioner Poaster

Commissioner seconding motion: Commissioner Van Horn

Motion failed 5 yes, 6 no, and 1 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input checked="" 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: October 27, 2016

Time: 11:54 a.m.

Text of Motion:

The MHSOAC approves Orange County’s INN Project as follows:

Name: Job Training and On-site Support for TAY
Amount: \$ 6,368,130
Project Length: Five Years

Commissioner making motion: Commissioner Poaster

Commissioner seconding motion: Commissioner Van Horn

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

Name	Yes	No	Abstain
1. Chair Carrion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Motion #: 6

Date: October 27, 2016

Time: 1:21 p.m.

Text of Motion:

The Commission holds the nominations for Vice Chair before the nominations for Chair, due to time constraints.

Commissioner making motion: Commissioner Boyd

Commissioner seconding motion: Commissioner Anthony

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

Name	Yes	No	Abstain
1. Chair Carrion	<input 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 checked="" 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: October 27, 2016

Time: 1:27 p.m.

Text of Motion:

The Commission elects Commissioner John Boyd as Vice Chair of the Mental Health Services Oversight and Accountability Commission for 2017.

Commissioner making nomination: Commissioner Anthony

Commissioner seconding nomination: Commissioner Van Horn

Commissioner John Boyd elected as Vice Chair with the following votes 12 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input 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 checked="" 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: October 27, 2016

Time: 2:04 p.m.

Text of Motion:

The Commission elects Vice Chair Tina Wooton as Chair of the Mental Health Services Oversight and Accountability Commission for 2017.

Nominations:

Commissioner Khatera Aslami-Tamplen

Commissioner making nomination: Commissioner Van Horn
Commissioner seconding nomination: Commissioner Ashbeck

Vice Chair Tina Wooton

Commissioner making nomination: Commissioner Brown
Commissioner seconding nomination: Commissioner Buck

Vice Chair Wooton was elected as Chair. Vice Chair Tina Wooton received 7 votes and Commissioner Aslami-Tamplen received 4 votes per roll call vote as follows:

Name	Aslami-Tamplen	Wooton	Abstain
1. Chair Carrion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Anthony	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Ashbeck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Buck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Gordon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Mitchell	<input type="checkbox"/>	<input checked="" 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 #: 9

Date: October 27, 2016

Time: 3:43 p.m.

Text of Motion:

The MHSOAC adopts the report submitted by the Regulations Implementation Project Subcommittee.

Commissioner making motion: Commissioner Gordon

Commissioner seconding motion: Commissioner Aslami-Tamplen

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

Name	Yes	No	Abstain
1. Chair Carrion	<input 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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Danovitch	<input 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"/>

AGENDA ITEM 1C

Information

November 17, 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 4 is complete.

Enclosures: MHSOAC Evaluation Dashboard

Recommended Action: None

Presenter: None

Motion: None

MHSOAC Evaluation Dashboard November 2016
(updated 11/07/16)



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 November 2016

(updated 11/07/16)



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	Under Review
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 November 2016

(updated 11/07/16)



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	Completed
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 November 2016

(updated 11/07/16)



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 November 2016

(updated 11/07/16)



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: Fred Molitor

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.

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			
<p>MHSOAC Staff: TBD</p> <p>Active Dates: December 2013 – TBD</p> <p>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.</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	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 November 2016

(updated 11/07/16)



MHSOAC Evaluation Unit			
Mental Health Services Act (MHSA) Performance Monitoring			
<p>MHSOAC Staff: Brian Sala Active Dates: Ongoing Objectives: Implement a process and system for monitoring and reporting on individual- and system-level data, including the CSI and DCR, to support characterization and assessment of MHSA programs and outcomes.</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.

Commission Meeting Schedule 2016 - 2017

Meeting Date and Location	Group / Topic
December 2016	NO MEETING
Thursday, January 26, 2017 TBD	Commission Meeting Mental Health/ Schools
Thursday, February 23, 2017 TBD	Commission Meeting Mental Health/ Criminal Justice
Thursday, March 23, 2017 TBD	Commission Meeting TBD
Thursday, April 27, 2017 TBD	Commission Meeting TBD
Thursday, May 25, 2017 TBD	Commission Meeting TBD
Thursday, June 23, 2017 TBD	Commission Meeting TBD
Thursday, July 27, 2017 TBD	Commission Meeting TBD
Thursday, August 24, 2017 TBD	Commission Meeting TBD
Thursday, September 28, 2017 TBD	Commission Meeting TBD
Thursday, October 26, 2017 TBD	Commission Meeting TBD
Thursday, November 16, 2017 TBD	Commission Meeting TBD

AGENDA ITEM 2

Action

November 17, 2016 Commission Meeting

Research and Evaluation Update and New Contracts

Summary:

Fred Molitor, Director of Research and Evaluation, will provide a summary of existing and potential new research activities. The summary will include the status and recent progress made on the Criminal Justice and Mental Health, and Schools and Mental Health policy projects.

The Commission will also consider authorizing the Executive Director to enter into contracts to further support the hosting and maintenance of the integrated web application and database of Mental Health Services Act (MHSA) providers, programs, and services. Deputy Director for Evaluation and Program Operations Brian R. Sala, will provide a brief update regarding the project and discuss a draft outline of the proposed scope of work.

Presenters:

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

Enclosures: None

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

AGENDA ITEM 3

Information

November 17, 2016 Commission Meeting

Exploring Topics for Potential New Policy Projects

Summary: Executive Director will facilitate a discussion to explore ideas/topics for potential new policy research projects. The ideas generated will be briefed and presented to the Commission at a later time for consideration and prioritization.

Background: The Commission is currently working on a range of policy research projects, including:

- Children's Crisis Services
- Criminal Justice and Mental Health
- Issue Resolution Process
- Mental Health and Schools
- Regulations Implementation
- Reversion

Staff anticipates completing a number of these projects in the first quarter of next year and being able to undertake additional projects. In anticipation of that capacity, staff is asking the Commission to identify topics for consideration. Staff will prepare briefing papers on those topics for further discussion in early 2017.

Commissioners have identified a number priorities for consideration, including:

- Collective Impact
- Emotional Wellness
- Homelessness
- Mental Health and Physical Health Parity
- Mental Health needs of Veterans
- Peer Certification
- Suicide

Enclosures: None

Handout: None

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

AGENDA ITEM 4

Action

November 17, 2016 Commission Meeting

Legislative Priorities

Summary:

Executive Director Toby Ewing will discuss opportunities for legislation consistent with the priorities identified by the Commission, including:

- Accessing data to enable the Commission to measure outcomes identified in the Mental Health Services Act, including: Suicide, Incarceration, School failure, Unemployment, Prolonged suffering, Homelessness, Removal of children from their homes.
- Establishing a Mental Health Fellowship for Consumers and Psychiatry.

Presenter:

Toby Ewing, Executive Director, Mental Health Services Oversight and Accountability Commission

Enclosures: None

Handout: None

Motion: The MHSOAC authorizes the Executive Director to pursue discussions with the Legislature on the following topics:

AGENDA ITEM 5

Information

November 17, 2016 Commission Meeting

MHSOAC Committees

Summary: Executive Director will facilitate a discussion on next steps regarding MHSOAC Committee charters and work plans for 2017.

Background: The Commission has five standing committees and in the past few years concerns have been raised that the Commission is not effectively using these committees. Staff will work with the Chairs of each of the Committees to convene the Committees in a public engagement process to explore lessons learned and develop ideas for work plans to be presented in early 2017 to the Commission for consideration.

Enclosures: None

Handout: None

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

AGENDA ITEM 6

Information

November 17, 2016 Commission Meeting

No Place Like Home Overview

Summary:

Ben Metcalf, Director of the Department of Housing and Community Development, will provide an overview of the “No Place Like Home” statewide housing Initiative that provides \$2 billion for the construction and rehabilitation of permanent supportive housing for homeless individuals with mental illness. No Place Like Home was signed into law on July 1, 2016 (Assembly Bill 1618 Chapter 43, Statutes of 2016).

The statewide housing initiative, championed by President pro Tempore Kevin De León and former Senate President pro Tempore Darrell Steinberg, the Steinberg Institute founder and co-author of Proposition 63, will use Mental Health Services Act funds to generate bonds and leverage those funds to secure additional dollars from other local, state, and federal sources to construct and fund permanent supportive housing for chronically homeless persons with mental illness. The initiative also will provide funds for short term housing, while the permanent housing is constructed or rehabilitated.

Presenter:

Ben Metcalf, Director, California Department of Housing and Community Development

Enclosures: None

Handout: None

Motion: None

AGENDA ITEM 8

Action

November 17, 2016 Commission Meeting

Madera County Innovation Project

Summary: The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Madera County's request to fund a new Innovative project: Tele-Social Support Services for a total of \$685,592 in Innovation (INN) component funding over five (5) years. Madera County proposes to improve access to services for County residents who have been placed in out-of-county intensive psychiatric treatment facilities by adapting current Tele-Psychiatry Services to allow consumers to continue to receive peer support services remotely.

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; (c) introduces to the mental health system a promising community-driven practice/approach, that has been successful in non-mental health contexts or settings; or (d) participates in a housing program designed to stabilize a person's living situation while also providing supportive services on site. 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 Tele-Social Support Services project proposes to reduce the negative impact of social isolation, reduce length of stay at out-of-county facilities, and reduce recidivism to intensive treatment types by expanding peer supported services to include the use of Information Communication Technology (ICT) to facilitate social support efforts remotely for these select individuals. The INN project complies with all MHSA requirements.

Presenters:

- Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations
- David Weikel, Psy.D. Madera County's MPH Behavioral Health Program Supervisor

Enclosures (2): (1) Staff Innovation Summary, Tele-Social Support Services; (2) Madera County's INN Project Proposal.

Handouts (2): County Innovation Brief, and PowerPoint will be presented at the meeting.

Proposed Motion: The MHSOAC approves Madera County's Innovation Project, as follows:

Name: Tele-Social Support Services

Amount: \$685,592

Project Length: Five (5) Years



STAFF INNOVATION SUMMARY—MADERA COUNTY

Name of Innovative (INN) Project: Tele-Social Support Services

Total INN Funding Requested for Project: \$685,592

Duration of Innovative Project: Five (5) Years

Review History

Approved by the County Board of Supervisors: November 03, 2016

County Submitted Innovation (INN) Project: July 27, 2016

Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission)
Consideration of INN Project: November 17, 2016

Project Introduction:

Madera County proposes to improve access to services for Madera County residents who have been placed in out-of-county intensive psychiatric treatment facilities by adapting current Tele-Psychiatry Services to allow consumers to continue to receive peer support services remotely. The County proposes to extend and expand its current peer support services by purchasing Information Communication Technology (ICT) for use in out-of-county facilities and expanding peer staffing to cover the expected additional demand for services.

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 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

Madera County lacks intensive psychiatric treatment facilities, resulting in 295 hospital placements for fiscal year (FY) 2015/16, including adults and youth. There were 19 new placements of adults during the same fiscal year in either Institution for Mental Disease

facilities, skilled nursing facilities or board and care facilities outside the county. The County notes that social isolation is one of the primary problems for individuals experiencing severe mental illness or serious emotional disturbance (see, e.g., Hawkley, 2013). Loneliness can cause decreasing rates of physical activity, diminished immunity, progression of Alzheimer's disease, obesity, alcoholism and increased mortality. Further references to literature on this topic can be found in the county's brief.

Based on this literature, the County argues that social isolation contributes to an increase in the duration and acuity of mental illness symptoms, often resulting in placement of the isolated individual in intensive service settings. Social isolation can increase when individuals are removed from their communities or familiar social supports, particularly in the event of involuntary placement. While consumers placed in these settings certainly are being served by professional staff; they often lack access to service providers who are known to them and with whom they have established relationships.

According to Madera County, this project was identified as the highest Innovation need for the County by the stakeholders during their community planning process. The community planning process is discussed in further detail below.

While Madera County has utilized tele-psychiatry to leverage its ability to deliver mental health services within the County for the past 13 years, such services have not extended to out-of-county consumers or to a variety of other services including peer support. The current Tele-Support Services is limited to psychiatric care.

The Response

This program will provide extended Tele-Support Services to consumers who are placed in out-of-county facilities. The program was identified by Madera County's stakeholders, through the community planning process, as a needed program to help individuals remain connected to their County of origin. The County proposes to test whether Tele-Support Services will improve outcomes for consumers placed in out-of-county facilities by reducing their social isolation and maintaining continuity of local clinical interactions.

Currently, the County-provided Tele-Psychiatry Services rely on technology to bring clinical medicine to patients. Patients typically videoconference with doctors using computers or videoconferencing equipment at specified County locations. Additionally, for several years, the County has been including trained peers as part of MHSA programming, including treatment teams. This project would add the technical capacity to provide an array of peer-led or –mediated Tele-Support Services to consumers placed in selected out-of-county facilities. Specifically, it would add one full-time equivalent Peer Support Worker position (bringing the number of Peer Support Worker positions in the department to 16), train all 16 peers to provide support services through the Tele-Support system and develop working knowledge of best practices to support these consumers, and purchase, during year one of the project 4 to 6 sets of Tele-Support workstations and associated software for installation at several remote locations. Several of the facilities are anxious to start on this project with Madera County. During year two and year three, additional sets would be purchased. The number is still to be determined.

The County asserts the adaptation of Tele-Support Services to communicate with consumers placed in out-of-county facilities is highly innovative. They demonstrate they have thoroughly examined the literature on tele-health services and peer support services and found no examples in mental health indicating their concept has been utilized or shown effective. The County cites some evidence on how video-conferencing technology has been successful in supporting social connectedness outside of the field of mental health (e.g., Van der Heide, et al., 2014; Nicholas et al., 2011; and Savolainen, et al., 2006).

The County further notes how Alameda County had a prior Innovation Project in which peer support representatives provided in-person supports outside of Alameda County (e.g., in San Francisco), but this prior project did not include peer-led tele-services. MHSOAC staff acknowledges the County has shown considerable effort to investigate whether their proposed concept has been demonstrated effective elsewhere, and agrees with the County's assessment that their project is innovative.

MHSOAC staff see several challenges to the success of this project. First, the County should articulate clearly where outside the County it intends to install tele-service equipment and how it will negotiate those placements and secure the equipment. The County notes in its proposal materials (Madera, 2016) that County staff contacted several outside facilities to gauge receptiveness to participating in the project. Second, providing tele-services is a specialized skill that requires additional training. The County could further clarify how many peer staff will be trained and what training it will secure for these staff. Third, evaluation of this project will be challenging. The County could further clarify how it intends to test the impact of providing consumers placed outside the County with Tele-Support Services. Currently, the County has data on average length of stays for the various facilities where it places clients. They are proposing utilizing this data for a "baseline" to see if the length of stay would be reduced. While this type of data is not ideal (the clients would not necessarily be the same nor have the same level of severity), the County suggests this is a start to determine if the project was successful. The County proposes measuring success by conducting satisfaction surveys of the clients/family members to evaluate the benefit of maintaining communication; determining if there is an increase in communication with facility staff about after care; and increasing the establishment within the Department for ongoing services after discharge. The County will also maintain statistics on the number of clients who return to an out-of-county facility during the course of the project to determine if the length of stay is shorter for the second placement than for the first given the introduction of this tele-support services during the first stay. The County will also measure if the time between placements varied and if the client remained in the community for a longer period of time; hopefully leading to a conclusion that this is a successful way of providing services to their consumers who are most at risk.

The Community Planning Process

The MHSA regulations indicate the stakeholder participation should be present at every step of the way for INN projects, including the Community Planning Process (CPP). Counties should provide training where needed to ensure meaningful participation by

consumers with serious mental illness and/or serious emotional disturbance and their family members in the CPP. This subsection should clarify what evidence the county presents meeting this requirement.

Madera's CPP for this project was integrated with its general MHSA planning process. Stakeholders were provided information about the planning process and asked to assess three potential INN projects, including this one. Participants clearly prioritized this project most highly.

Learning Objectives and Evaluation

This section addresses the degree to which the County has a plan to evaluate the Innovative Project, including: (a) expected outcomes of Innovation, (b) how and at what frequency outcomes will be measured, (c) how outcomes relate to the Innovation's primary purpose, (d) how County will assess which elements of the Innovation contributed to positive outcomes, and (e) how, if the County chooses to continue it, the project work plan shall transition to another category of funding, as appropriate.

Madera County has set six learning goals:

1. How to use this Tele-Social Support facilitated service to promote wellness and recovery
2. How peer staff, family members, and clinical staff can provide supportive services to consumers while in an out-of-county facility
3. If Tele-Social Support will reduce recidivism
4. If Tele-Social Support will reduce length of stay
5. How to measure outcomes related to the reduction of social isolation related to mental illness out-of-county treatment
6. How to utilize the Tele-Social Support to improve discharge planning

The County's target population is consumers placed in out-of-county facilities due to severe mental illness symptoms. The County expects to serve 20-30 children/TAY per year and 100-200 adults/older adults per year during the duration of the project. The primary data source for evaluation and analysis will be the clinical records of the consumers; surveys for consumers, families, clinical staff, and peer support staff, other supports and non-mental health service providers.

The Budget

This section addresses the County's case for the scope of their project, the length and monetary amount of the project. Has the County provided both (a) a budget narrative and (b) detail about projected expenditures by Fiscal Year (FY) and funding source in the required and expected categories listed in the regulations?

The estimated budget total for this project is \$685,592 over the five (5) year proposed duration. The budget includes \$89,425 (13 percent) in estimated Administrative expenses and \$40,000 (5.8 percent) in estimated evaluation expenses.

The County provided budget details, including a budget line item in the proposal for evaluation costs and administrative cost, which is provided in their plan (Madera 2016, p. 19). Madera County plans to ramp up the project at four to six facilities and add more depending on the data it receives from participants in the project. Additional facilities will be phased in over the course of the project.

Madera County plans on adding the equivalent of 1.0 FTE peer staff to the project. This is in addition to the 15.0 FTE peer staff the Department already employs given the expansion of the modes of services offered by this specialized group of County employees.

Additional Regulatory Requirements

Commission staff recommend that the county proposal has met minimum regulatory requirements for an increase access to services and quality of services to include better outcomes. Based on the County's ability to explain their position of need for this project, the possible outcomes they have observed in other literature in regards to this project, and the implementation of the project, staff feels the evidence presented has met the requirements.

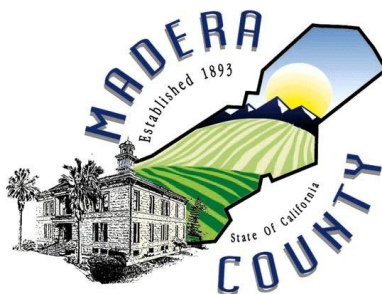
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**MADERA COUNTY
BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH SERVICES ACT
THREE YEAR PLAN**

FISCAL YEARS 2016-2021

**MENTAL HEALTH SERVICES ACT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FY 2016-17 ANNUAL UPDATE**

INNOVATION (INN)

MAY 2016



WELLNESS • RECOVERY • RESILIENCE

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MHSA COUNTY PROGRAM CERTIFICATION

County/City: Madera

Three-Year Program and Expenditure Plan
Annual Update

Local Mental Health Director	Program Lead
Name: Dennis P. Koch, MPA	Name: Debbie DiNoto, LMFT
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E-mail: dennis.koch@co.madera.ca.gov	E-mail: debbie.dinoto@co.madera.ca.gov
Local Mental Health Mailing Address:	
Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Dennis Koch, MPA

Director (PRINT)

Signature

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Madera

- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Dennis P. Koch, MPA	Name: Todd Miller
Telephone Number: (559) 673-3508	Telephone Number: (559) 675-7703
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Local Mental Health Mailing Address:	
Madera County Behavioral Health Services PO Box 1288 Madera, CA 93639-1288	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Dennis P. Koch, MPA

Local Mental Health Director (PRINT)

Signature

Date

I hereby certify that for the fiscal year ended June 30, , the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, . I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Todd Miller

County Auditor Controller / City Financial Officer (PRINT)

Signature

Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Innovation Component of the Three-Year Program and Expenditure Plan, Annual Update, and RER Certification

County: Madera	<input checked="" type="checkbox"/> Completely New Program Project
Name: Tele-Social Support Services	<input type="checkbox"/> Revised Previously
Approved Program	
Date Submitted:	
Project Overview	
1. Primary Problem	
<p>Primary Problem Being Addressed: One of the primary problems for individuals experiencing serious mental illness or serious emotional disturbance is social isolation. Pronounced social isolation contributes to an increase in duration and acuity of a person's mental illness symptoms. Research literature consistently associates social isolation with negative impacts on physical and mental health (Rohde, D'Ambrosio & Rao, 2015; Miyawaki, 2014; Stacciarini, et. Al., 2014; Mora, et.al. 2013). Marked social isolation can increase when an individual experiences the effects of social stigma, are removed from their community and/or familiar social supports. This is especially true if they are involuntarily relocated to a location which makes face-to-face social contact with their friends, family or other positive supports, impossible. Madera County residents experience even greater isolation when they require psychiatric hospitalization in 24-hour facilities because they can only access these services outside Madera County.</p>	
<p>What Led to the Development of the INN Project Idea and the Reasons the Project is a Priority for Madera County. Social isolation is one of the negative effects of mental illness. Social isolation can also occur when a client is placed out-of-the-home in an acute psychiatric hospital, Institute for Mental Disease (IMD), Board and Care Facility or group home. While there are staff members in these settings, they are unable to fill the same recovery and wellness roles as individuals who have a positive socio-emotional bond with the client (e.g. clinical staff, family, close friends and peer support).</p>	
<p>Madera County Behavioral Health Services proposes using Information Communication Technology (specifically secure Tele-Social Support) to reduce the negative impact of social isolation due to placement (e.g. acute psychiatric hospitals, IMD's, board and care and group homes) outside of Madera County. The goal is to facilitate ongoing social support from friends, family, and peer support that can be a positive influence on a person's wellbeing. The expected outcomes of this project are increasing social support to promote recovery, reducing the amount of time in out-of-county placements and recidivism.</p>	

2. What Has Been Done Elsewhere To Address Your Primary Problem?

A literature review was conducted and the results included four articles on the negative impact of social isolation on physical and mental health. There were nine articles regarding the efficacy of mental health treatment services that showed using video communication equipment was as effective as;

- face-to-face psychiatric care,
- motivational interviewing,
- posttraumatic stress disorder treatment,
- on-going therapy,
- emergency mental health care, and
- clinical assessment interventions. (Galusha-Glasscock, Weiner, & Cullum, 2016; Litwack, et. al., 2014; Stacciarini, Smith, Garvan, Weins, & Cottler, 2014; Office of Rural Health, U.S. Department of Veterans Affairs, 2012; Smith, et. al., 2012; Pietzak, R, et.al.; Nelson, 2008; O'Reilly, et. al, 2007; National Association for ; and Rural Mental Health, 2006).

One article reviewed the applications of tele-health in rural areas (Grigsby, 2002). Three articles presented evidence of the effectiveness of using video-conferencing technology to retain social supports and connectedness between families and children, and between the elderly and family/social supports. These three articles were not conducted in the field of elder care and perinatal hospital social work (Van der Heide, Williams, Spreeuwenberg, and De Witte, 2014; Nichololas, Fellner, Koller, Chow, & Brister, 2011; Savolainen, Hanson, Magnusson, & Gustavsson, 2006).

Several articles provided evidence that peer support services were effective in reducing the negative impact of serious mental illness, including psychiatric hospitalization and recidivism. However, the peer support services related to hospitalization, were post discharge services (Davidson, Amy, Guy, & Miller, 2012; Sledge, Lawless, Selles, Wieland, O'Connell, & Davidson, 2011).

Alameda County has previously conducted an Innovation project where peer support representatives were able to go into a psychiatric unit in the San Francisco Bay Area and provide social supports in person. There are significant differences between the Alameda project and the proposed Madera County project. Alameda County has an extensive public transportation system and the institutions that the clients were placed in were accessible using this transportation system.

When clients from Madera County are placed in the same type of facilities, they must be placed in facilities in different counties and far away regions in the state because Madera County lacks these types of facilities and there is not public transportation accessible to even the closest sites. For these and other reasons,

the approach Alameda County implemented for peer and other supports is impractical for Madera County.

There is a gap in the literature as to whether or not peer and family support services and other social supports, via Information Communication Technology (ICT), reduces hospitalization, recidivism and shortens the length of stay in acute treatment settings.

3. The Proposed Project

The proposed project would include purchasing ICT for outpatient, inpatient, board and care facilities, IMD's and group homes to facilitate social supports. These supports would be provided by peer staff, family members and clinical staff. It is hoped that retaining face-to-face contact between clients and peers/ family members/clinical staff in placement settings outside of Madera County, will reduce the length of stay of placements and recidivism rates. Retaining contact with significant social supports that are a positive influence on clients' socio-emotional wellbeing will hopefully reduce the negative impact of social isolation on the person's mental and physical health.

In addition to the services provided at the out-of-county facilities, the peer support services should increase follow up and access to outpatient services after the client has been discharged. The client will be able to establish and/or retain peer support services while in a facility, and have consistent contact with that supportive individual upon discharge. It is hoped that this will enable clients to remain in the community. It is also hoped that these interactions will increase the collaboration between clinical staff, peer support and family members, while clients are placed in out-of-county facilities.

4. Innovative Component

Madera County has successfully developed and used tele-psychiatry services for over 13 years. In addition, Madera County has successfully developed peer support services, but has not expanded the scope of these services to out-of-county facilities. Madera County peer support has been added as part of the treatment teams, full-service partnerships, management, community training, etc., for the past few years. Tele-Social Support for individuals and families would be another avenue of support for clients/peers and family members.

The changes made include purchasing Tele-Social Support hardware and software for our outpatient clinics and for the out-of-county facilities where clients are placed. This will also include staff training and new protocols for interactions between individuals in the outpatient office and the individuals in the out-of-county facilities, protecting confidentiality, scheduling, appropriate behaviors, etc. The Tele-Social Support enabled peer social support for people in out-of-county placements will be a brand new service that has never been provided by Madera County.

5. Learning Goals / Project Aims

The learning goals include, learning:

- a. How to use this Tele-Social Support facilitated service to promote wellness and recovery
- b. How clinical staff, family members and peer staff can provide supportive services to clients while are in an out-of-county facility
- c. If Tele-Social Support will reduce recidivism
- d. If Tele-Social Support will reduce length of stay
- e. How to measure outcomes related to the reduction of social isolation related to mental illness out-of-county treatment
- f. How to utilize the Tele-Social Support to improve discharge planning

6. Evaluation or Learning Plan

Target Population. The target population will be individuals placed in out-of-county facilities due to the severity of their mental illness symptoms. It may also include social service dependents and juvenile justice wards (receiving mental health services) that are placed out of the county. The data source will be the clinical records of the clients, surveys for clients, families, clinical staff, peer support staff, other supports and non-mental health service providers.

Data Collection Measures and Performance Indicators. The data collected will include, but not be limited to client rate of recidivism, length of stay, number of Tele-Social Support contacts, client response to the contacts, results of discharge planning and implementation process, and utilizing National Institute of Health (NIH) standardized Patient-Reported Outcomes Measurement Information System (PROMIS) measures of social health. Ideally, the outcomes would be a reduction in recidivism rates to-out of-county facilities, reduce time in these setting, and improved social wellbeing measured by the PROMIS surveys. It is hoped that these results will correlate with the amount of social support provided through the Tele-Social Support.

Method of Data Collection: The data collected will include qualitative and quantitative measures. The qualitative data will be collected through standardized interviews with staff, clients, families, and other person's that have positive influence on a client's wellbeing. The quantitative measures will include standardized surveys, such as those from the PROMIS bank of standardized surveys.

Data Collection Administration Method Administration. The surveys and interviews will be conducted in person or through Tele-Social Support, before and after discharge from the facility. There may be a comparison group that does not receive the Tele-Social Support enabled services that can be utilized, if they agree to be interviewed and surveyed.

The Preliminary Plan for Data Analysis. The surveys will be recorded in Survey Monkey and the interviews will be reviewed for common themes regarding the

outcome of the Tele-Social Support enabled services. Ideally, patterns of responses will emerge and interpreted. Protected Health Information (PHI) will be protected by using a list of a unique anonymous identifier associated with an individual's PHI. The list will be secured and only authorized personnel will have access to it. The data entered into the Survey Monkey tool will only have the anonymous identifier.

7) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County?

Madera County will contract for the evaluation portion of the project. It will use an evaluator who has already demonstrated that they can ensure quality as well as regulatory compliance in these contracted relationships. A Division Manager and Program Supervisor will manage the relationship with the contractor.

II. Additional Information for Regulatory Requirements

1. Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documentation of all of the following:

- a) Adoption by County Board of Supervisors*
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA).*
- c) Certification by the County mental health director and by the County auditor-controller that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA.*
- d) Documentation that the source of INN funds is 5% of the County's PEI allocation and 5% of the CSS allocation.*

2. Community Program Planning

The Innovation stakeholder process was combined with the annual MHSA planning process, which occurred from February 2, 2016 through May 18, 2016. Community stakeholders were provided information about the purpose and limitations of the MHSA Innovation project funding, given an opportunity to vote for two projects proposed by county staff and to recommend another project. The two projects presented by the county were 1) Increases Access to Care by Underserved

Populations (Latinos) Through Community Based Education and 2) Peer Support Community Re-entry Services to Increase Access to Care and Resources.

The stakeholders voted for which of the three they thought was the most important. The percentages for the projects thought were 54% for project 2, 41% for project 1, and 5% for other projects. Of the 5% of the other project suggestions were six suggestions for specific target populations and three suggestions for strategies. They included education for early identification of mental illness, a collaborative project for children under six years of age to promote developmental progress using resources from multiple agencies, and a project involving outreach, education and developing positive social environments for adults and youth.

County staff chose to go with the project that received the most votes, which was the Peer Support Community Re-entry Services to Increase Access to Care and Resources project.

As part of the planning process, facilities were contacted to see if participating in this Project would be something they would and could do. Several facilities responded enthusiastically to this proposal and are eager to start.

The Community Program Planning Process for Madera County Behavioral Health Services (MCBHS) MHSAs services included an update and review of the MHSAs Innovation component. The community was engaged in the planning process through focus groups, individual contacts, questionnaires, and agency meetings. The draft plan was posted to our website and the link to the plan was widely distributed.

Local Review Process. The draft plan was distributed electronically for public comment to community stakeholders and any other interested parties who requested a copy of the draft plan. This was distributed at the county sites and allied partner agencies.

The majority of the circulation of planning information was by e-mail which announced the dates, times and location of the community stakeholder meetings announcements. The announcement included an electronic survey link with information about MHSAs services, non-MHSAs mental health services, and substance use services provided by MCBHS. This information was distributed to the County Department of Social Services, Public Health, Probation, Libraries and Corrections. In addition, it distributed to the Madera County Community Action Partnership, Madera County's First 5, Madera County Office of Education, Madera County Workforce Connection, Family Health Services, Camarena Health, MCBHS' clinic sites in Madera, Chowchilla and Oakhurst and law enforcement. Each of these departments distributed this information internally and through their email distribution lists. This information was also sent to the Madera Tribune, Chowchilla News, Fresno Bee, and Sierra Star (which announced the meetings in their community calendars).

The **planning process** was also conducted at partner agencies. The information presented included MHSA Innovation projects, MHSA priority service populations, non-MHSA mental health services and substance use services. The information included mental health policy related to MHSA, program planning activities, program implementation, and service outcomes/monitoring including quality improvement information, evaluation, budget allocations. At the end of the presentations surveys were provided to participant for services recommendations. A total of **178 people** received this information during the meetings, but some participants did not complete a survey. A total of **101 surveys** were completed.

Interagency Meetings. The first interagency meeting, where an MHSA presentation was conducted and surveys were taken, was provided at the Interagency Children and Youth Services Council. This group is comprised of leaders from Madera County Departments of Behavioral Health Services (mental health and substance use), District Attorney's Office, Probation, Public Health, Social Services, Office of Education, County Board of Supervisors, Sherriff's and Superior Court. In addition, it includes the following community organizations: Big Brothers/Big Sisters, Camarena Health (FQHC), Court Appointed Special Advocates, Child Abuse Prevention Council, Community Action Partnership of Madera County, general community members, Cornerstone Family Counseling Services, First 5 Madera County, Madera City Housing Authority, local child care providers, Madera City Parks and Recreation, and Valley Children's Hospital.

The second interagency meeting where MHSA information was provided was the Madera Community Action Partnership's SART meeting, which has a wide range of stakeholders. The SART meeting where MHSA was presented and surveys completed also included presentations from the Mexican Consulate and Migrant Health. The SART group includes representatives from the general community, Madera County schools, the County Department of Social Services, the Chamber of Commerce, Madera First 5, Chowchilla Police Department, faith-based organizations, City of Madera, Employment Development Department, Madera County Board of Supervisors, Workforce Connection, Madera Food Bank, and Madera County Veterans Services.

An MHSA presentation was conducted at the Madera City Council meeting. This meeting had general community members, Madera City Police Officers and Fire Fighters in attendance.

Madera County Public Health Department's Community Advisory Board had representatives from organizations that were not included in the other two collaborative groups previously mentioned. An MHSA presentation was conducted at this meeting and surveys were completed and collected.

The information regarding the community planning meetings at the local libraries was disseminated at these two inter-organizational groups. In addition, the information was disseminated to their email lists.

The County library setting were chosen for the community meetings because these are non-stigmatizing sites and have handicap access. Presenting information and discussion at ongoing collaborative meeting allowed MCBHS to connect with underserved populations and other stakeholder that don't typically attend MCBHS' meetings.

The Hope House and Oakhurst and North Fork community meetings included consumer and family members. The Oakhurst meeting also had a veterans advocate in attendance.

In the preliminary work for this project, the out-of-county placements were asked if they would be able to support such a project, the response was extremely enthusiastic and they were anxious to have the service initiated and provided.

3. Primary Purpose

The **primary purpose** of Madera County's proposed project is **to Increase the quality of mental health services, including measurable outcomes.** The hope is that adding the Tele-Social Support services will enable peer support/significant other contact approaches with clients in out-of-county placements, and it will reduce the length of stay for clients in these sites and reduce recidivism to these intensive treatment types.

4. MHSA Innovative Project Category

The project will be introducing a **new mental health approach.** There is some evidence that person peer support can reduce recidivism rates for people in intensive residential or acute psychiatric hospitals after discharge from these settings. However, Tele-Social Support enabled peer/family/significant other support has not been tried for this this population. This approach has some evidence that this works in physical health settings and for people in rural areas that are geographically cut off from available physical health treatment services.

5. Population (if applicable)

The target populations would be children, youth, Transition Age Youth and adults/older adults that have been placed in acute treatment facilities outside of Madera County. The estimated adults/older adults would be between 100 to 200 clients, depending on their amenability of engaging in the service. The child/youth counts would be approximately 20 to 30 clients. It is difficult to estimate how many clinical staff, family members, peer support and significant others would also be included in the services.

6. MHSA General Standards

a. Community Collaboration

By majority vote during the FY 15/16 MHSA Community Program Planning, community stakeholders choose the next Innovation project. Several agencies and individuals that are not mental health treatment staff will participate in increasing social supports to reduce the negative of social isolation due to stigma and out of county placements.

b. Cultural Competency

The planning process was offered at sites where people naturally congregate (i.e., the County libraries) and for people that serve individuals and families experiencing mental illness that do not work in the mental health field (i.e. collaborative agency meetings and coalition meetings).

c. Client-Driven

The clients that attend the Hope House Wellness Center were given two meeting opportunities at the center to give recommendations for implementing this project. There were clients that attended the community meetings as well. In addition, there were a few individuals that identified as a client that completed the online survey. All of these individuals completed the same survey, so that their responses could be included with all of the other stakeholders.

Clients will be involved in the peer support services that will be developed. They will have opportunities to give feedback to staff about what is working and not working to achieve the project's goals. In addition, they will be given opportunities to provide information to improve the service.

d. Family-Driven

The family members that attended the Hope House Wellness Center were given two meeting opportunities at the center to give recommendations for implementing this project. There were family members that also attended the community meetings. In addition, there were a few individuals that identified as a family member that completed the online survey. All of these individuals completed the same survey, so that their responses could be included with all of the other stakeholder responses.

Family members will be involved in the peer support services that will be developed. They will have opportunities to give feedback to staff about what is working and not working to achieve the project's goals. In addition, they will be given opportunities to provide information to improve the service.

e. Wellness, Recovery, and Resilience-Focused

Reducing social isolation through increasing positive social support has been shown to improve physical and mental health. The important aspect of this is that the person receiving the services has developed a positive emotional bond with the individuals providing the service and that these individuals provide unconditional positive regard for the individual. People with “lived mental illness experience” tend to have higher expectation and patience for others with mental illness.

f. *Integrated Service Experience for Clients and Families*

One of the main purposes of the project is to integrate outpatient treatment services, peer support services and acute mental illness treatment services that are provided outside of Madera County. In addition, it is hoped that peer support will also facilitate access to outpatient and other basic needs services.

7. Continuity of Care for Individuals with Serious Mental Illness

The focus of this project is to create a new process or modality of services that will promote wellness and recovery for clients and families. Once we learn how to provide this type of service through Tele-Social Support, it will be spread to other modalities. Existing programs and funding will be used to sustain the service beyond the end of the pilot project funded by MHSA Innovation funding. Clients will remain with their providers after the pilot project is completed.

8. INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

Ensuring Project Evaluation will be Culturally Competent. Clients, family members, significant others and mental health staff will be involved in the development of this project. Some of the feedback that will be requested (survey or in person) are whether or not the services are effective, equitable, understandable, respectful of cultural norms, provided in a preferred language, provided at a literacy level that recipients can understand, and at a time and place that reasonably met their needs. In addition, feedback will be requested about how the leadership of the project promoted resource access equity, workforce responsiveness and culturally informed services. In addition, community stakeholders will be involved in developing goals, implementing services and evaluating the services provided. This will be done through brief surveys, meetings and interviews with key informants.

Ensuring Meaningful Stakeholder Participation in the Evaluation. Clients, family members, significant others, program staff (including peer support) and members of partner agencies will contribute to the evaluation of the project’s development and success through one of the following methods (based on their availability and communication need), an evaluation advisory group, survey, and/or key informant interviews. The questions asked /items involved in the evaluation feedback will be decided by the stakeholders that will be supported by evaluation staff.

9. Deciding Whether and How to Continue the Project Without INN Funds

It is hoped that the project will continue after the 5 year pilot project. If the project achieves its goals (reduction in recidivism, shorter length of stay, improved positive social support, and improved mental health status) then the project will likely continue. However, there may be unforeseen circumstances that may compromise the project's ability to continue after the pilot period. Some of the reasons might be that the out-of-county sites were not amenable to the video conferencing process or lack of peers that were interested in the project or other foreseen reasons. However, in the preliminary work for this project, the out-of-county placements were asked if they would be able to support such a project, the response was extremely enthusiastic and they were anxious to have the service provided.

10. Communication and Dissemination Plan

Communicating Results, Newly Demonstrated Successful Practices, and Lessons Learned the INN Project. The information will be communicated during the annual MHA planning process, and disseminated to all participating organizations. Copies of the reports will be posted on the county website, and available upon request. The information will be shared with several of the ongoing collaborative groups that include multiple private and government organizations.

Stakeholders, including participants, will be provided a summary of the project's results and will be able to download a full copy from our department's website. They will also be able to request a printed copy.

KEYWORDS for Search:

1. Peer support
2. Social isolation
3. Mental health services
4. Video conferencing
5. Inpatient

11. Timeline

- a. **Total Timeframe (duration) of the INN Project: 5 Years**
- b. **Expected Start Date** September 2016 **and End Date** June 2021
- c. **Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for**
 1. **Development and refinement of the new or changed approach**

The initial project development should take about two years – September 2016 to June 2018

2. Evaluation of the INN Project

Once the variables and measure have been refined the evaluation process would take another two to three years to determine the effectiveness of the service (July 2019 to June 2020 or 2021)

3. Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project

It is hoped that the project will continue after the 5 year pilot project. If the project achieves its goals (reduction in recidivism, shorter length of stay, improved positive social support, and improved mental health status) then the project will likely continue. However, there may be unforeseen circumstances that may compromise the project's ability to continue after the pilot period. Some of the reasons might be that the out of county sites were not amenable to the video conferencing process or lack of peers that were interested in the project or other foreseen reasons or some Tele-Social Support systems' lack of compatibility between outpatient sites and inpatient sites. However, in the preliminary work for this project, the out-of-county placements were asked if they would be able to support such a project, the response was extremely enthusiastic and they were anxious to have the service provided.

4. Communication of results and lessons learned.

The information will be communicated during the annual MHSA planning process, and disseminated to all participating organizations. Copies of the reports will be posted on the county website, and available upon request. The information will be shared with several of the ongoing collaborative groups that include multiple private and government organizations.

Stakeholders, including participants, will be provided a summary of the project's results and will be able to download a full copy from our department's website. They will also be able to request a printed copy.

**Madera County Behavioral Health Services
INN Budget FY 2016-17**

			FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	Total
Peer Support Worker	1.00	27,321.00	27,321	28,687	30,053	31,419	32,785	150,265.00
License MH Clinician	0.05	82,315.00	4,116	4,116	4,322	4,322	4,322	21,198.00
MH Case Worker II	0.05	45,584.00	2,279	2,393	2,507	2,621	2,735	12,535.00
Clinical Supervisor	0.05	91,773.00	4,589	4,589	4,703	4,818	4,818	23,517.00
MHSA Coordinator	0.05	63,587.00	3,179	3,338	3,497	3,656	3,815	17,485.00
MHSA MHP Division Manager	0.05	98,476.00	4,924	5,170	5,170	5,170	5,170	25,604.00
MHSA MHP Clerical	0.05	47,211.00	2,361	2,479	2,597	2,715	2,833	12,985.00
Total Salary	1.30	456,267.00	48,769	50,772	52,849	54,721	56,478	263,589
	32.17%		15,689	16,333	17,002	17,604	18,169	84,797.00
		11,937.00	15,518	15,518	15,518	15,518	15,518	77,590.00
Total Benefits			31,207	31,851	32,520	33,122	33,687	162,387
Total Wages			79,976	82,623	85,369	87,843	90,165	425,976.00
Phones			5,511	5,540	5,569	5,599	5,630	27,849.00
Office Supplies & Equipment			22,067	1,772	1,772	1,772	1,772	29,155.00
Professional Svc			6,865	6,918	6,972	7,028	7,086	34,869.00
Evaluator			8,000	8,000	8,000	8,000	8,000	40,000.00
Software			1,889	106	108	110	112	2,325.00
Lease Equipment			821	821	821	821	821	4,105.00
Training & Travel			5,180	5,296	5,411	5,526	5,641	27,054.00
Utilities			910	938	966	995	1,025	4,834.00
Services & Supplies			51,243	29,391	29,619	29,851	30,087	170,191
Admin			19,683	16,802	17,248	17,654	18,038	89,425.00
Total Budget			150,902	128,816	132,236	135,348	138,290	685,592

Request Fiscal Year 2016 - 2017 through Fiscal Year 2020 - 2021

Innovation (INN) Funding

Budget Narrative

In this plan request, Madera County is requesting INN funding for a five year project for the Fiscal Year (FY) 2016-2017 through 2020-2021 for one new project and administration:

Tele-Support Services

* Administration

PEI Request MHSA Workplans:

Madera County is requesting INN funding for one (1) Project. The amount of funding is \$150,902 for this MHSA INN 2016-17 Plan update.

The following outline budget summarizes the Madera County MHSA INN Project:

Program: Tele-Social Support Services:

Description: This program will serve 20-50 children, TAY, adults, older adults and family members who are placed in out of County facilities for mental health treatment. This project will assist in reducing the social isolation by encouraging contact through Tele-Support Services of the family and others who play a significant role in the lives of the client, peer support services, and the continuation of local clinical interaction while the client is receiving out of county services. The primary goal of the project is to reduce social isolation and promote wellness by maintaining local relationships through Tele-Support Services.

Description: This program will implement the INN plan by providing Tele-Support Services to clientele who are placed in out of county facilities. The program was identified by Madera's stakeholders as a needed program which will help individuals remain connected to their county of origin. The program will target clients who have been placed in contracted out of county facilities such as IMD's or group homes.

Approved Staffing: A 0.05 FTE Clinical Supervisor, a 0.05 FTE Mental Health Clinicians, a 0.05 MHSA Coordinator, 0.05 FTE Case Worker, a 0.05 FTE, a 1.00 FTE Peer Support Worker, and a 0.05 FTE MHSA MHP Clerical Support. Salaries are based on current Madera County salaries approved by the Board of Supervisors **Total FTE: 1.30.**

Employee Benefits: Benefits for the 1.30 FTE are based on the current Madera County benefits package that includes the following: FICA 0.0608, Medicare 0.0142, PERS 0.2467, and health insurance coverage of \$995 per month based on full time equivalency.

The total personnel expenditures will be \$79,976.

Operating Expenditures: The actual estimated expenditures are \$51,243. This includes professional services of translation and interpreter services, site connectivity including Application Service Provider (ASP), site security, and evaluator (\$8,000). For travel and transportation, staff will use a County van or will be reimbursed at 54 cents per mile if they use their own vehicle. Operating expenditures also include building maintenance lease and utilities. General Office includes the estimated costs for office supplies, phone and cell phones, educational materials, program flyers and computer software. One time Purchase of tele-social equipment including laptop, webcam, and speaker.

The **Total Revenues** of \$0 is estimated for this work plan.

The net program cost estimated for county operation is \$131,219.

Table:

The table on below reflects a summary of the total planning request for FY 2016-17 and includes funding type, number of clients to be served, and cost per client.

Type Clients	Program	Funds Requested	# of
# 1 INN	Tele - Social Support Services	\$150,902	20-50

*Please note that the \$150,902 is for year one budget of the five years INN project.

Administration:

Madera County is requesting \$19,683 in INN funding to sustain the costs associated with the concerted amount of administration support required for ensuring ongoing community planning, implementation and monitoring of our MHSAs programs and activities.

Five Year INN Program Budget

Description	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	Total
Project Year	Year 1	Year 2	Year 3	Year 4	Year 5	
Total Wages	79,976	82,623	85,369	87,843	90,165	425,976
Operating Expense	43,243	21,391	21,619	21,851	22,087	130,191
Evaluator	8,000	8,000	8,000	8,000	8,000	40,000
Admin	19,683	16,802	17,248	17,654	18,038	89,425
Total INN Proposed Budget	150,902	128,816	132,236	135,348	138,290	685,592
Total Revenue	0	0	0	0	0	0
Net MHSAs INN	150,902	128,816	132,236	135,348	138,290	685,592

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AGENDA ITEM 9

Information

November 17, 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