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## Commission Packet

**Commission Meeting  
January 26, 2017**

**Sacramento County Office of Education  
David P. Meaney Education Center, Board Room  
10474 Mather Blvd., Mather, CA 95655**

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

Tina Wooton  
Chair  
John Boyd, Psy.D.  
Vice Chair

1325 J Street, Suite 1700  
Sacramento, California 95814

## Commission Meeting Agenda

January 26, 2017

9:00 A.M. – 4:40 P.M.

Sacramento County Office of Education  
David P. Meaney Education Center, Board Room  
10474 Mather Blvd., Mather, CA 95655

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

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### 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.

As a covered entity under Title II of the Americans with Disabilities Act, the Commission does not discriminate on the basis of disability and upon request will provide reasonable accommodation to ensure equal access to its meetings. Sign language interpreters, assisted listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least three business days (72 hours) prior to the meeting by contacting Cody Scott at (916) 445-8696 or email at [mhsoac@mhsoac.ca.gov](mailto:mhsoac@mhsoac.ca.gov).

**Tina Wooton**  
Chair

**AGENDA**  
**January 26, 2017**

**John Boyd, Psy.D.**  
Vice Chair

**9:00 AM Convene**  
Chair Tina Wooton will convene the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) Meeting. Roll call will be taken.

**9:05 AM Welcome**

**9:10 AM Announcements**

**9:15 AM Action**  
1A: Approve November 17, 2016, MHSOAC Meeting Minutes  
The Commission will consider approval of the minutes from the November 17, 2016, MHSOAC meeting.

- Public Comment
- Vote

**Information**

1B: November 17, 2016 Motions Summary  
A summary of the motions voted on by the Commission during the November 17, 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.

**9:20 AM Information**  
2: Schools and Mental Health Project  
**Project Chair:** Commissioner and Sacramento County Superintendent of Schools David Gordon

As part of the Commission's efforts to reduce school failure among California children, subject matter experts and stakeholders have been invited to participate in the following presentations. The presentations and panels are intended to support the Commission's understanding of school-based mental health early prevention and intervention to increase the academic success and socioemotional functioning of young children exhibiting social and emotional challenges at school.

**9:30 AM** Partnership with the California Department of Education  
**Speaker:** Commissioner and State Superintendent of Public Instruction Tom Torlakson

**9:45 AM** Panel 1: Family Members, Consumers, and Advocates Panel

- Daniela Guarnizo
- Liza Morris
- Additional panelists invited but not yet confirmed

Invited panelists will share with the Commission their experiences with the educational and mental health systems, identify mental health needs and gaps in services, and discuss how the Commission can support improved outcomes for children.

**10:30 AM** Panel 2: Teachers and School Personnel Panel

- Zenaida Agramonte, Social Worker at Bell Avenue Elementary
- Additional panelists invited but not yet confirmed

Invited panelists will discuss their roles as teachers and other school personnel, the mental health needs of children and families in racially-ethnically diverse, low-income communities, and school prevention and intervention efforts to address those needs. Invited panelists will discuss challenges and solutions from their perspective.

**11:15 AM** Highlighting the Need for School-Based Mental Health Services

**Presenters:** Ken Berrick, President/CEO of Seneca Family of Agencies and Robin Detterman, Executive Director of School Partnerships of Seneca Family of Agencies

- Public Comment on all of the speakers and panels

**12:05 PM** **General Public Comment**

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

**12:20 PM** **Lunch**

**1:20 PM** **Information**

3: Overview of Governor's Proposed Budget for 2017-18

**Presenters:** Sandra Gallardo, Assistant Secretary, Office of Program and Fiscal Affairs, Health and Human Services Agency; and Kris Cook, Budget Analyst, Department of Finance.

The presenters will provide an overview of the Governor's proposed budget for Fiscal Year 2017-18 and its impact on the community mental health system.

- Public Comment

**1:50 PM** **Action**

4: Structure of Committees and Subcommittees and Announcement of Committee Chairs for 2017

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

The Commission will discuss and possibly vote on short and long-term goals and structure of committees and subcommittees. The Chair will also announce the appointment of Chairs and Vice Chairs to several standing Committees for 2017.

- Public Comment
- Vote

- 2:20 PM Information**  
5: MHSA 2017 Financial Report  
**Presenter:** Brian R. Sala, Ph.D., Deputy Director  
The Commission will discuss the OAC Financial Report including information from the Governor's Proposed 2017-18 Budget.
- Public Comment
- 2:35 PM Action**  
6: Placer County Innovation Plan  
**Presenter:** Brian R. Sala, Ph.D., Deputy Director  
**County Presenters:** Maureen F. Bauman, LCSW, MPA, Director Adult System of Care; Robert L. Oldham, M.D., M.S.H.A., Health Officer, Public Health Division Director  
The Commission will consider approval of the Innovative Project Plan for Placer County.
- Public Comment
  - Vote
- 3:20 PM Information**  
7: Implementation Plan for the Regulations Report  
**Presenter:** Filomena Yeroshek, Chief Counsel  
The Commission will discuss the implementation plan to operationalize the Prevention and Early Intervention and Innovation Regulations Report previously adopted by the Commission.
- Public Comment
- 3:40 PM Action**  
8: Evaluation Contracts  
**Presenters:** Brian R. Sala, Ph.D., Deputy Director; Fred Molitor, Ph.D., Director of Research and Evaluation  
The Commission will consider authorizing the Executive Director to contract with Mental Health Data Alliance to: (1) support specification and user acceptance testing for the integrated web application and database of Mental Health Services Act programs, providers and services; and (2) support statewide mental health outcomes and services surveillance evaluation efforts.
- Public Comment
  - Vote
- 4:10 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.
- 4:25 PM General Public Comment**  
Members of the public may briefly address the Commission on matters not on the agenda.
- 4:40 PM Adjourn**

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# AGENDA ITEM 1A

Action

January 26, 2017 Commission Meeting

Approve November 17, 2016 MHSOAC Meeting Minutes

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will review the minutes from the November 17, 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:** November 17, 2016 Commission Meeting Minutes.

**Handouts:** None.

**Recommended Action:** Approve November 17, 2016 Meeting Minutes.

**Proposed Motion:** The Commission approves the November 17, 2016 Meeting Minutes.



## State of California

### MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting  
November 17, 2016

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

866-817-6550; Code 3190377

#### **Members Participating**

Victor Carrion, M.D., Chair  
Reneeta Anthony  
Khatera Aslami-Tamplen  
John Boyd, PsyD  
Sheriff Bill Brown  
John Buck  
Itai Danovitch, MD  
David Gordon  
Gladys Mitchell  
Larry Poaster, PhD  
Assembly Member Tony Thurmond  
Richard Van Horn

#### **Members Absent:**

Tina Wooton, Vice Chair  
Lynne Ashbeck  
Senator Jim Beall

#### **Staff Present**

Toby Ewing, PhD, Executive Director;  
Filomena Yeroshek, Chief Counsel;  
Norma Pate, Deputy Director,  
Program, Legislation, and Technology;  
Brian Sala, PhD, Deputy Director,  
Evaluation and Program Operations;  
Fred Molitor, PhD,  
Director, Research and Evaluation;

## CONVENE

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:09 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and confirmed the presence of a quorum.

### Announcement

Brian Sala, Ph.D., MHSOAC Deputy Director, introduced new staff member Urmi Patel, MHSOAC Consulting Psychologist.

Fred Molitor, Ph.D., MHSOAC Director of Research and Evaluation, introduced new staff member Maryjoyce Naguit, MHSOAC Researcher.

## ACTION

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

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

*The Commission approves the October 27, 2016, Meeting Minutes.*

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

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

## INFORMATION

### **1B: October 27, 2016, Motions Summary**

### **1C: Evaluation Dashboard**

### **1D: Calendar**

## ACTION

### **2: Research and Evaluation Update and New Contracts**

**Presenters:** Fred Molitor, Ph.D., Director of Research and Evaluation; Brian Sala, Ph.D., Deputy Director; and Ashley Mills, MHSOAC staff

Ms. Mills provided an overview, accompanied by a slide presentation, of current and upcoming policy project activities and the lessons learned that will allow future policy project activities to be implemented with greater efficiency. Ms. Mills stated that Commissioner Brown was awarded the Paradigm Award at the Words to Deeds Conference in November.

Director of Research and Evaluation Molitor continued the slide presentation and discussed three county support projects: the duration of untreated mental illness study; the community services and supports (CSS) tracking, monitoring, and evaluation system toolkit; and the triage project evaluation. He also discussed the topic of surveillance as a proposed focus area for 2017 and next steps.

Deputy Director Sala continued the slide presentation and updated the Commission on the MHSOAC transparency website including the contracted resources the Commission



is currently working with, and the planned budget and cost breakdown for the different elements of the transparency website including hosting and application maintenance.

### **Commissioner Questions and Discussion**

Commissioner Buck asked if the CSS tracking, monitoring, and evaluation system toolkit would include models for full service partnerships (FSPs) as well as other CSS funded programs. Director of Research Molitor stated that the CSS tracking project was developed to fill the gap in the data that is available for CSS programs that are not FSPs. The Data Collection and Reporting (DCR) system only has information on FSPs and currently there is little data on non-FSPs.

Commissioner Van Horn stated one of the problems is there have been no outcomes for service levels less than FSP. He asked if the tracking tool will focus on the same range of outcomes as FSPs. Deputy Director Sala stated this is proposed contract builds upon a prior contract with the UC. San Diego, which was to pilot a tracking system for non-FSP CSS programming to enhance the counties' ability to report their CSS data to the state and to do analytics locally. The intention of this proposed contract is to develop technical assistance materials to help counties assess the feasibility of adopting something like the piloted system in order to enable them to do local analysis of data. The OAC does not have regulatory authority to require counties to report data on non-FSP CSS programs.

Commissioner Poaster asked what was learned from the main study. Deputy Director Sala stated the goal of that contract was to do preliminary analysis of outcomes in programs. The technical objectives were met, but the pilots were not implemented early enough to assess changes in outcomes for clients.

Commissioner Van Horn stated it will work if the Department of Health Care Services (DHCS) updates the regulations so that data from non-FSP CSS programs is collected in the DCR. The Department needs to expand the definition of "whatever it takes". He stated Mayor-elect Darrell Steinberg is frustrated at the slowness of finding usable information to display the success of the Mental Health Services Act (MHSA). The Commission and others have pushed the DHCS, but the result has been much too slow.

Executive Director Ewing stated the right entities are not at the table to answer Commissioner questions on this issue. He suggested asking representatives from the DHCS and the California Behavioral Health Directors Association (CBHDA) to present at a future Commission meeting to discuss the challenges so the Commission can better understand the difficulty and why it is taking so long, and to figure out how to speed up the process in partnership with the Steinberg Institute, the CBHDA, the DHCS, and the Office of Statewide Health Planning and Development (OSHPD).

Commissioner Buck suggested that the presentations not only discuss the challenges but what they are actively doing, where that will lead, and the expected timeline.

Commissioner Anthony asked if there is an agreement between the Commission and the DHCS so the Commission can obtain the data. Deputy Director Sala stated that the Commission has a Data Use Agreement with the DHCS.

Commissioner Mitchell asked if the proposed data requirements are being discussed at the DHCS quarterly meetings and if the Commission attends those meetings to learn data collection elements that the DHCS already has. Executive Director Ewing stated the

Commission is at the table with the DHCS and is trying to make use of existing data and work with counties to improve their ability to utilize their own data.

Commissioner Danovitch suggested improving communication and messaging to avoid summarizing the issue each time it is discussed at a meeting. It would be helpful for the Commissioners to have a timeline on this project so Commissioners know what comes next. Executive Director Ewing agreed. He stated this was not started as a project, but as a way to report on unspent funds that evolved into a project because of the challenges. He suggested making this a formal project with a more formal project management strategy.

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

*The MHSOAC authorizes the Executive Director to enter into contracts for an amount not to exceed \$225,000 for ongoing support of a platform-as-a-service for display and visualization of data regarding MHSA-related programs, providers, and services.*

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

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

## **INFORMATION**

### **3: Exploring Topics for Potential New Policy Projects**

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

Executive Director Ewing referred to the list of potential new policy projects in the meeting packet and asked Commissioners to identify themes for staff to research and prepare brief outlines to present to the Commission to help Commissioners determine the policy research projects to undertake for 2017. He added to the list the following themes: workforce, the intersection of the health care system and mental health, and the mental health needs of law enforcement officers.

Commissioner Aslami-Tamplen suggested homelessness, suicide prevention, and peer certification. Commissioner Thurmond suggested criminal justice and mental health and the mental health needs of immigrant communities. Commissioner Danovitch stated there could be major changes to the health care system depending on what happens with the Affordable Care Act and thus there is a need to look at how to safeguard mental health parity. Commissioner Gordon suggested looking at the needs of young families with children ages 0-5. Commissioner Mitchell suggested looking at the definition of “adult” as used in the mental health system. Chair Carrion suggested needs and programs across the lifespan be added to the list.

Commissioner Brown encouraged the Commission to only do one or two projects per year and not try to do too much. Commissioner Van Horn suggested emotional wellness be removed from the list because the Surgeon General is working with researchers at UCLA on this topic. Executive Director Ewing stated that some of these topics can be learning collaboratives or handled through other activities and need not be projects. Commissioner Aslami-Tamplen mentioned that the Commission’s Cultural and Linguistic Competency Committee is very stated on the needs of immigrants and could work on it.

## **Public Comment**

Simon Vue, Program Assistant, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), suggested the following priority themes: mental health disparities among culturally diverse racial/ethnic communities, the increased bullying and harassment faced by communities of color, community health workers, and peer certification.

## **Commissioner Questions and Discussion**

Commissioner Aslami-Tamplen suggested that the Committees work on topics that are not chosen as Commission policy research projects for 2017.

Chair Carrion agreed that there are other ways to address some issues outside of policy research projects.

Commissioner Mitchell suggested combining similar themes into one.

Commissioner Poaster suggested that the brief outline/analysis on each topic cite other work that is already being done on each of these issues.

## **ACTION**

### **4: Legislative Priorities**

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

Executive Director Ewing summarized three issues for possible future legislation: (1) accessing data to enable the Commission to measure outcomes identified in the MHSA; (2) establishing a Mental Health Fellowship for Consumers and mental health professional; and (3) permitting the OAC to conduct site visits of facilities that are not public such as jail, state hospitals, etc. Executive Director Ewing also highlighted a letter from Commissioner Beall asking for support of his legislation on mental health and the schools to be introduced in the coming legislative session.

## **Public Comment**

Mr. Vue suggested including discussion topics with the Legislature on reducing disparities or accessing county information on reducing disparities, such as collecting demographic data.

Steve Leoni, consumer and advocate, suggested including the California Mental Health Planning Council (CMHPC) in legislation as a sister group to the Commission. He stated it is difficult to get data on the utilization of locked facilities and residential board and care facilities. These facilities cannot be properly managed at the state and county level without that data.

Elizabeth Oseguera, Senior Policy Analyst, California Primary Care Association, spoke in support of legislation around data collection to see who is receiving services and where more services are needed.

## **Commissioner Questions and Discussion**

Commissioner Aslami-Tamplen suggested including peer certification and SB 614 in discussions with the Legislature.

Executive Director Ewing mentioned that this discussion is regarding legislation that the OAC would sponsor. This would not preclude supporting existing bills.

Commissioner Thurmond stated there are legitimate reasons for an exception to the Bagley-Keene Open Meeting Act to enable the Commission to do its work. He asked if the Newspaper Association, advocates for protecting open government, has indicated conditions that might be important for them to support the Commission's legislation, such as allowing an observer to be present with Commissioners, and if similar efforts have been pursued for other agencies that need to have an exemption.

Executive Director Ewing stated the Newspaper Association indicated they would be willing to discuss it, but a meeting has not yet occurred. The Public Utilities Commission and other bodies have provisions that are narrowly drafted and often have requirements around immediate reporting out or recording conversations that are confidential but that are disclosable under certain situations.

Action: Commissioner Boyd made a motion, seconded by Commissioner Aslami-Tamplen, that: *The MHSOAC authorizes the Executive Director to pursue discussions with the Legislature on the following topics:*

- *Accessing data to enable the Commission to measure outcomes identified in the Mental Health Services Act.*
- *Establishing a Mental Health Fellowship for Consumers and Psychiatry.*
- *Amending the Bagley-Keene Open Meeting Act to permit the Commission to conduct oversight by visiting facilities that are not public, including but not limited to, jails, prisons, mental health facilities, and state hospitals.*

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

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

## **INFORMATION**

### **5: MHSOAC Committees**

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

Executive Director Ewing stated the Commission has five standing committees and five subcommittees for each of the Commission's policy research projects. There has been discussion about reframing the review and approval process of Innovation projects to a committee. He stated staff would work with the Chairs of the five standing committees to convene a joint meeting to discuss lessons learned and develop ideas on how to improve support for the Commission's projects and increase public awareness and access for those projects, particularly around reducing disparities. The goal is to improve the ability to hear from the public and subject matter experts, improve the committees' communication strategy, and bring a proposal for 2017 to the Commission about how to more effectively utilize those committees, and determine if the creation of a new Innovation subcommittee is necessary.

## **Commissioner Questions and Discussion**

Commissioner Aslami-Tamplen stated the two-year term for Committee members ends in December and suggested convening the Committees prior to member turnover to expedite the work of the Commission. Executive Director Ewing agreed that it is important to have the discussion with experienced members and to shape the incoming Committee membership based on current member input. He mentioned that the goal is to enhance the input and create more pathways so that people who are not selected to be on committees also have a voice. With support from the Legislature, the Commission increased the funds for stakeholder contracts to help increase the public engagement.

Commissioner Danovitch suggested including that evaluation and dissemination on Innovation projects should be folded into the projects and be part of what the counties take on, as opposed to the Commission taking on those responsibilities.

Commissioner Van Horn stated Innovation is critically important, but the Innovation projects being submitted recently are not the kinds of changes intended by Proposition 63. Adaptations of other projects do not merit new Innovation funding. Much more energy needs to go into the Commission review of Innovation projects. The bar needs to be raised and it may take the creation of a subcommittee or focusing current Committees on Innovation issues to do that. Executive Director Ewing stated staff has been working on that issue and will report their findings in a future meeting.

## **Public Comment**

Mr. Vue spoke in support of a public engagement process that includes consumers, family members, and representatives from underserved communities in the discussion on the role and membership of the Committees. He stated the need to return to more robust Committees that work in collaboration with the Commission and advise the Commission on important items prior to Commission meetings.

Mr. Leoni stated the Committees are valuable but they have struggled, especially the Services Committee. He agreed with the need for clarity of the role of Committees in relation to the Commission, and the need for data to feed into Committee discussions. He stated there needs to be a sense of ownership among the Committees and that the recommendations they bring to the Commission are respected and acted upon so the Commission does not lose Committee members and their expertise. He suggested including in the discussion how to excite new members and make them feel like family.

## **INFORMATION**

### **6: No Place Like Home Overview**

**Presenters:** Ben Metcalf, Director, California Department of Housing and Community Development (HCD) and Lisa Bates, Deputy Director, HCD

Ben Metcalf, Director, HCD, provided an overview of the recently-enacted No Place Like Home legislation, what the path forward looks like over the next year to implement that new authority, and the role the Commission may play in advising and supporting implementation of the program. He briefly summarized the background and current state of homelessness in California and nationwide, the ongoing work to address homelessness, and the general structure of the No Place Like Home program. He stated

the HCD, the agency identified in statute to implement this program, will convene an advisory committee of partners and stakeholders, including the MHSAOAC, and release a framework document by the end of the year on how to operationalize the program. After gathering input in a public stakeholder process, HCD will develop program guidelines by the end of next summer. The program is expected to roll out in the beginning of 2018 after the completion of a validation process with the courts.

### **Commissioner Questions and Discussion**

Commissioner Aslami-Tamplen stated the concern that not every city has rent caps. She gave the example of a resident in an apartment complex for seniors in Alameda County with Section 8 housing who was served notice of a \$600-per-month rent increase. She asked about statewide rent caps and discriminatory policies against the homeless population.

Mr. Metcalf stated counties are asked to think comprehensively about homelessness before No Place Like Home funding will be released to them. There is not one solution to end homelessness; it takes the engagement and coordination of many agencies and the utilization of many tools. Senate Bill (SB) 1380 creates a new state interagency coordinating council to look at all state policies that touch homelessness to standardize language and efforts. He stated HCD has been working with the Department of Housing and Urban Development on increasing the flexibility of the voucher system to rise more quickly with market-rate rents.

Commissioner Van Horn stated the concern that the commitment to provide the services individuals need is not part of No Place Like Home. He asked if counties and community agencies will provide the services needed for individuals in the program. Mr. Metcalf stated services need to be part of the package. There is an affirmative obligation to any project that receives No Place Like Home funding to match those funds with services that are commensurate to the need of the individuals in the program.

Commissioner Anthony asked if county ten-year plans to end homelessness will be used for this initiative or if another planning process will be required to incorporate any changes in the new legislation. Lisa Bates, Deputy Director, HCD, stated county plans that already incorporate permanent supportive housing in a continuum of care most likely will be relevant to the initiative.

Commissioner Poaster asked if the seven percent will come off the top of the MHSA fund, not just from the services component. Mr. Metcalf stated that was correct but it will be gradually phased in through one percent per year over a seven-year period.

### **Public Comment**

Anna Hasselblad, Steinberg Institute, spoke in support of the implementation of the No Place Like Home program and thanked the Commission and HCD for their leadership and commitment to this issue.

Mr. Leoni stated the advisory committee to be convened by HCD is made up of professionals and one consumer who must be a member in the housing project. He stated the concern that the consumer may be fairly early on in their recovery, may not have the knowledge and experience to understand the issues discussed, and may not have much policy experience. This does not serve the client community well. He stated it is difficult enough for an experienced advocate to be the sole consumer on a board. He suggested

appointing a minimum of two consumers to the advisory committee and including family members and representatives of cultural communities that would be served by the initiative. He also suggested the creation of a subcommittee that feeds into the advisory committee that includes a diverse group of stakeholders. He stated the need for the legislation to be amended because one lone consumer will not be enough, no matter how much they put their heart into it.

Heidi Strunk, Advocacy Coordinator, California Association of Mental Health Peer-Run Organizations (CAMHPRO), echoed Mr. Leoni's comments about the lone consumer spot on the advisory board. She asked that the advisory committee members be expanded to include those who the initiative is intended to serve. She asked the HCD to put forth good faith efforts to advertise meeting times and hold them in areas where stakeholders can be involved. She suggested using the MHSOAC mailing list to distribute information.

Michael Helmick, Assistant Director, REMHDCO, agreed with Mr. Leoni that the advisory committee is not representative of the community. He urged the HCD to engage with stakeholders and members of the community so that it is representative of the MHSA. He requested the HCD provide frequent updates to the MHSOAC.

## **GENERAL PUBLIC COMMENT**

There were no questions or comments from the public.

## **INFORMATION**

### **7: Farewell to MHSOAC Chair Carrion**

Commissioner Poaster stated Chair Carrion has stepped down from the Commission after five years of service to continue his work as Vice Chair of the Department of Psychiatry and Behavioral Sciences at Stanford. He presented Chair Carrion with a California Senate resolution in appreciation for his years of service with the Commission.

## **ACTION**

### **8: Madera County Innovation Plan**

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

**County Presenters:** David Weikel, PsyD, Program Supervisor, Madera County Department of Behavioral Health Services, and Debbie DiNoto, MHSA Coordinator, Madera County Behavioral Health Services

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

Deputy Director Sala provided an overview, accompanied by a slide presentation regarding the proposed five-year \$685,592 Madera County Innovation (INN) project, titled "Tele-Social Support Services."

Debbie DiNoto, MHSA Coordinator, Madera County Department of Behavioral Health Services (MCBHS), continued the slide presentation and discussed the Madera County profile and learning goals of the proposed INN project. She gave an example scenario from client and family perspectives of a situation seen on a regular basis in rural Madera County, which has no local mental health treatment facilities.

David Weikel, Psy.D., Program Supervisor, MCBHS, continued the slide presentation and discussed the instruments to be used, including the Patient-Reported Outcomes Measurement Information System, to measure and evaluate the proposed INN project.

### **Commissioner Questions and Discussion**

Chair Carrion asked if the PROMIS system will be translated into Triqui, Mixteco, and Zapoteco languages. Dr. Weikel stated the Binational Center in Fresno will translate the material.

Commissioner Boyd commended the county for bringing something new that is needed in the community.

Commissioner Brown commended the county for bringing a project that is truly innovative.

Commissioner Van Horn agreed and suggested expanding the vision without spending more money by including iPhones and Facetime out in the community rather than bringing the family into the office to contact their loved ones via the professional-level equipment. Ms. DiNoto brought up the issue of confidentiality and the secure office lines that are housed in three locations throughout the county. It is something the county will look into.

Chair Carrion stated the families may need to speak to staff or a peer after connecting with loved ones. Dr. Weikel stated the family will, at minimum, have a peer, if not a case manager, with them for support.

Commissioner Aslami-Tamplen stated her appreciation that family members also will have opportunities to connect with peer support staff. She asked if the peer support staff will be trained in WRAP, the Wellness Recovery Action Plan. Dr. Weikel stated the training will be included in step 1 to bring a holistic look at needs and benefits for clients and family members.

### **Public Comment**

Mr. Vue stated REMHDCO commends Madera County for their INN project that increases access to care. He asked if there was outreach to Latino and Native American communities in the design process. He asked if there will be a requirement or emphasis to hire individuals who represent and speak the languages of local communities and are culturally competent in order to effectively serve the population. Dr. Weikel stated there is outreach to all underserved populations. The county holds meetings in underserved communities and Rancherias so residents can attend meetings locally. Surveys have been another way to outreach. More than 50 percent of the county's staff and a larger percentage of peer support workers are of Spanish descent.

Ms. Strunk commended the county for their use of peers throughout the county. She agreed that taking cellphones to families would be helpful in cases where family members are unable to miss work to travel to the office.



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

*The MHSOAC approves Madera County's INN Project as follows:*

*Name: Tele-Social Support Services*

*Amount: \$685, 592*

*Program Length: Five Years*

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

The following Commissioners voted "Yes": Chair Carrion and Commissioners Anthony, Aslami-Tamplen, Brown, Danovitch, Gordon, Mitchell, Poaster, and Van Horn.

## **INFORMATION**

### **16: Executive Director Report Out**

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

Executive Director Ewing presented his report:

#### Staff Changes/Vacancies

New staff members were introduced earlier in the meeting.

#### Communications

- A draft of an editorial on work done on triage and criminal justice will be presented before the end of the year.
- The documentary on the mental health needs of veterans aired in approximately twenty-four municipal television markets around the country with over fifty broadcasts.
- Jennifer Whitney, MHSOAC staff, will present a Draft Biennial Report on Commission activities in the January meeting to be submitted to the Governor and Legislature.
- The Draft Regulatory Implementation Report is at the printers and staff is working with a graphic designer.

#### Behavioral Health Centers of Excellence

Mayor-elect Steinberg helped to create two Behavioral Health Centers of Excellence at UCLA and UC Davis. Staff has been working with the Centers to improve the connection between the work of the Centers and counties. The MHSOAC convened a meeting with the principals of the Centers with the behavioral health directors and the Center for Behavioral Health Solutions to discuss ways to strengthen the connection between the Centers of Excellence and the individuals in charge of the community mental health system. Staff put together proposals for everyone to think about ways to make that partnership more robust.

## Triage

Staff continues to work with subject matter experts to think about the lessons learned from the first round of grant awards. A Request For Application outline for the next round of triage grants will be presented to the Commission for approval in early 2017.

## Projects

### Regulation Implementation

Staff is working on an implementation strategy.

### Children's Crisis Services

Executive Director Ewing and Commissioner Boyd will be presenting in Southern California in three weeks on the Crisis Services project.

### Issue Resolution Process

A draft report is expected to be presented at the February meeting.

### Fiscal Reversion

Staff continues to work on fiscal reversion as part of the fiscal transparency tool and is working with the DHCS to ensure that counties have input in the draft modification of the DHCS Annual Revenue and Expenditure Report form.

### Commission Meeting Calendar

The Commission does not meet in December. The next meeting is scheduled for January 26<sup>th</sup> but the date or location will need to be moved due to a festival that weekend, which will make securing hotel rooms and parking difficult. Staff will update Commissioners soon.

## **GENERAL PUBLIC COMMENT**

There were no questions or comments from the public.

## **ADJOURN**

There being no further business, the meeting was adjourned at 2:38 p.m.



**Motions Summary**

**Commission Meeting  
 November 17, 2016**

**Motion #: 1**

**Date: November 17, 2016**

**Time: 9:10 a.m.**

**Text of Motion:**

The Commission approves the October 27, 2016 Meeting Minutes.

**Commissioner making motion: Commissioner Aslami-Tamplen**

**Commissioner seconding motion: Commissioner Mitchell**

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

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input 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 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 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 #: 2**

**Date: November 17, 2016**

**Time: 10:25 a.m.**

**Text of Motion:**

The MHSOAC authorizes the Executive Director to enter into contracts for an amount not to exceed \$225,000 for ongoing support of a platform-as-a-service for display and visualization of data regarding MHSA-related programs, providers, and services.

**Commissioner making motion: Commissioner Boyd**

**Commissioner seconding motion: Commissioner Danovitch**

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

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Wooton	<input 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 type="checkbox"/>
5. Commissioner Aslami-Tampien	<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 checked="" 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: November 17, 2016**

**Time: 11:06 a.m.**

**Text of Motion:**

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

1. Accessing data to enable the Commission to measure outcomes identified in the Mental Health Services Act.
2. Establishing a Mental Health Fellowship for Consumers and Psychiatry.
3. Amending the Bagley-Keene Open Meeting Act to permit the MHSOAC to conduct oversight by visiting facilities that are not public, including but not limited to, jails, prisons, mental health facilities, and state hospitals.

**Commissioner making motion: Commissioner Boyd**

**Commissioner seconding motion: Commissioner Aslami-Tamplen**

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

Name	Yes	No	Abstain
16. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Vice-Chair Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Commissioner Anthony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Commissioner Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Commissioner Thurmond	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Motion #: 4**

**Date: November 17, 2016**

**Time: 2:23 p.m.**

**Text of Motion:**

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

Name: Tele-Social Support Services

Amount: \$685,592

Project Length: Five (5) Years

**Commissioner making motion: Commissioner Boyd**

**Commissioner seconding motion: Commissioner Aslami-Tamplen**

Commissioner Buck recused himself.

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

Name	Yes	No	Abstain
31. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Vice-Chair Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Commissioner Anthony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Commissioner Ashbeck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Commissioner Buck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Commissioner Danovitch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Commissioner Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# AGENDA ITEM 1C

## Information

January 26, 2017 Commission Meeting

### MHSOAC Evaluation Dashboard

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**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

- **Full Service Partnership (FSP) Classification Project** *Mental Health Data Alliance (MHDATA)*  
**Update:** Deliverables have been modified per a contract amendment.
- **Recovery Orientation of Programs Evaluation** *The Regents of the Univ. of California, University of California, San Diego*  
**Update:** Deliverable 3 is complete.
- **Evaluation of Return on Investment (ROI) for Prevention and Early Intervention (PEI) Evidence-Based Practices (EBPs)** *The Regents of the Univ. of California, University of California, Los Angeles*  
**Update:** Deliverables 1 and 2 are complete.
- **Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System Toolkit** *The Regents of the Univ. of California, University of California, San Diego*  
**Update:** This is a new project that has been added to the Dashboard.

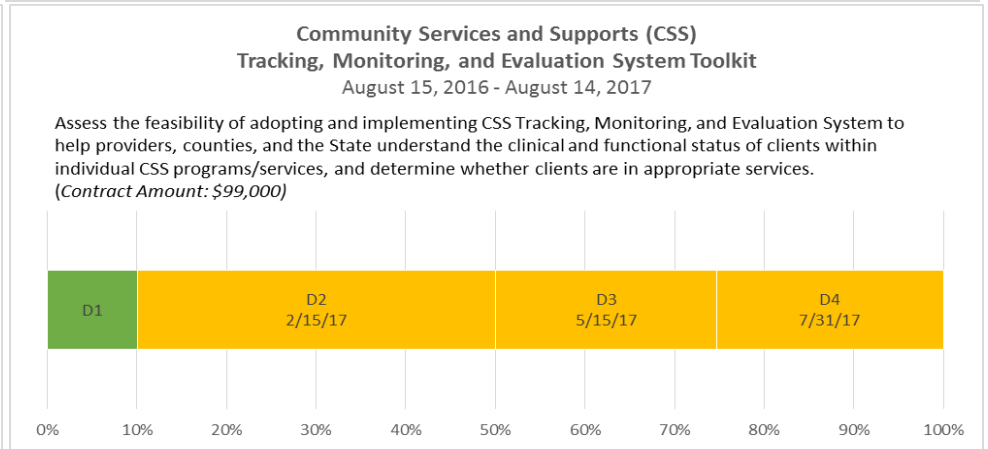
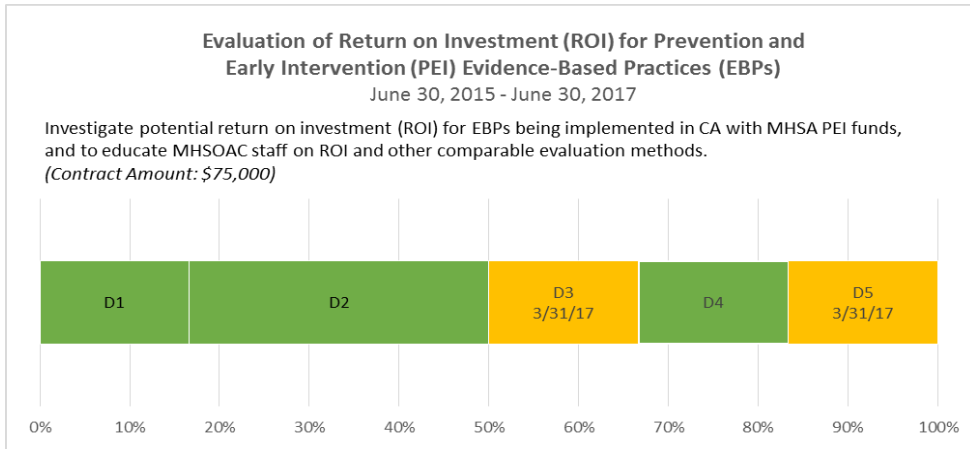
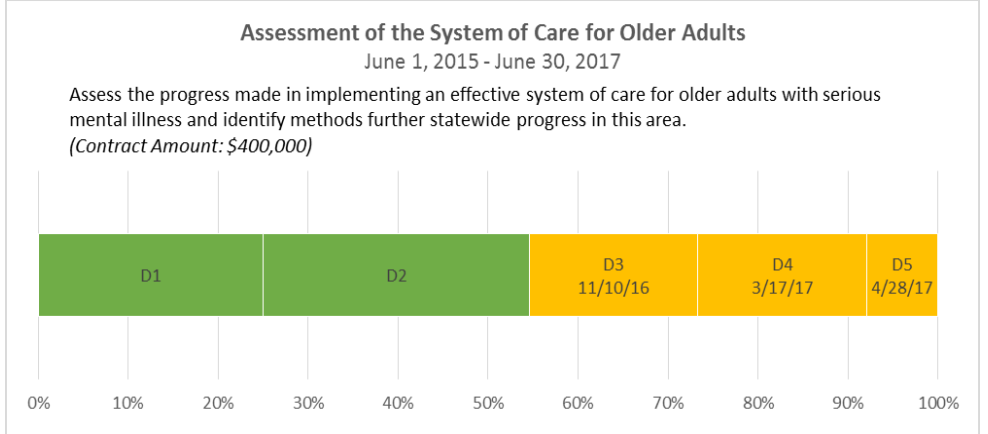
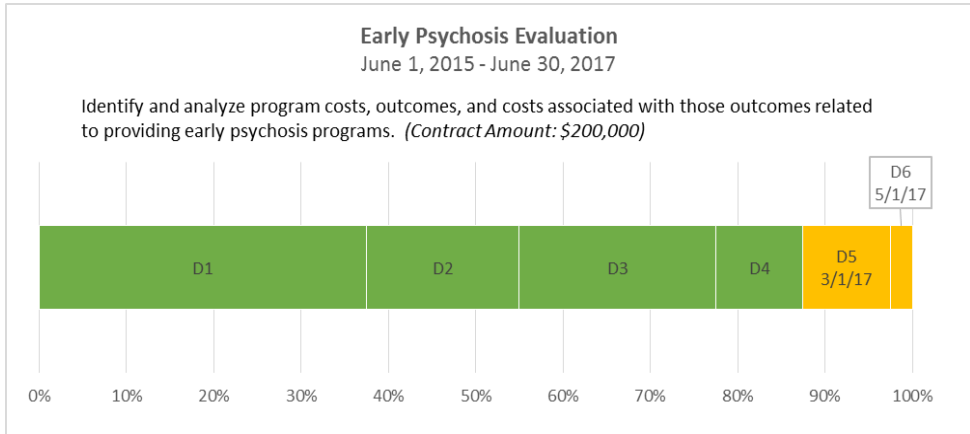
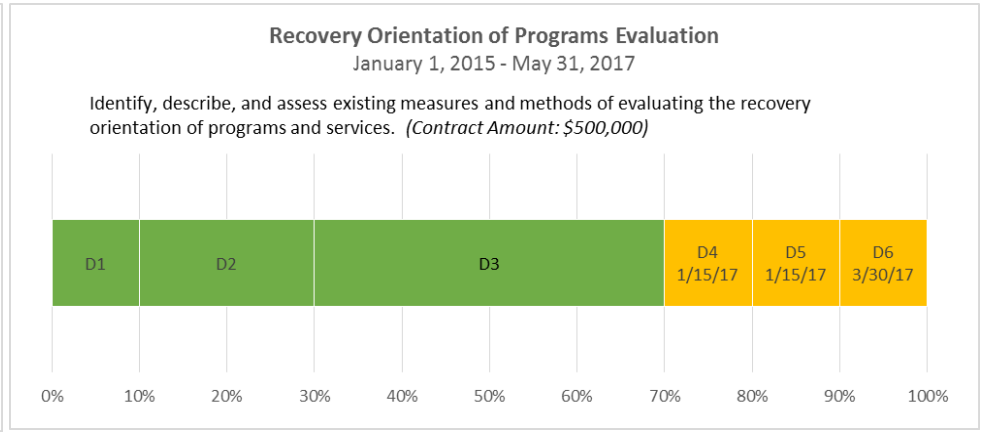
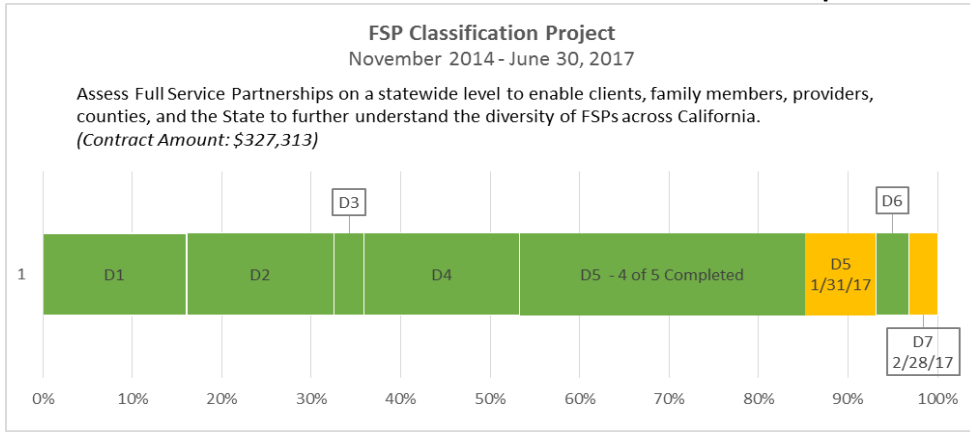
**Enclosures:** MHSOAC Evaluation Dashboard.

**Recommended Action:** None.

**Presenter:** None.

**Motion:** None.

## Snapshot of Contract Deliverables



**Legend:**  Deliverable Complete  Deliverable Pending  Deliverable Under Review

\*\*Lengths of deliverable segments are proportional to each deliverable's share of the overall contract budget.\*\*



# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



## Current MHSOAC Evaluation Contracts and Deliverables

Mental Health Data Alliance (MHDATA)				
Full Service Partnership (FSP) Classification Project (14MHSOAC008)				
<b>MHSOAC Staff:</b> Brian Sala <b>Active Dates:</b> November 2014 – June 30, 2017 <b>Objective:</b> 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	MHSOAC Website Application Configuration Support and Documentation Monthly Progress Reports (5)	From Sept. 30, 2016 to January 31, 2017	\$130,350	Completed 4 of 5
6	Fiscal Transparency Component Acceptance Support	October 31, 2016	\$12,000	Completed
7	Final Report—MHSOAC Website Application Activities and Recommendations	February 28, 2017	\$10,438	Pending
8	<del>Online Statewide FSP Classification System Website Hosting and Cost Report</del>	<del>May 1, 2017</del>	<del>\$10,438</del>	<del>Eliminated in Amendment 3</del>
<b>Total Contract Amount</b>			<b>\$327,313</b>	

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

# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



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

### Recovery Orientation of Programs Evaluation (14MHSOAC003)

**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	Completed
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 January 2017

(updated 1/17/17)



## The Regents of the University of California, University of California, Davis

### Early Psychosis Evaluation (14MHSOAC010)

**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
<b>Total Contract Amount</b>			<b>\$200,000</b>	

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

# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



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

### Assessment of System of Care for Older Adults (14MHSOAC016)

**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
<b>Total Contract Amount</b>			<b>\$400,000</b>	

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

# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



## 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) (14MHSOAC018)

**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	Completed
2	Report of Cost Savings from WSIPP-Documented EBPs: Fiscal Year (FY) 2011/2012 though FY 2014/2015	June 30, 2016	\$25,000	Completed
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
<b>Total Contract Amount</b>			<b>\$75,000</b>	

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

# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



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

### Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System Toolkit (16MHSOAC016)

**MHSOAC Staff:** Fred Molitor

**Active Dates:** August 15, 2016 – August 14, 2017

**Objective:** Assist county behavioral health departments in assessing the feasibility of adopting and implementing a Community Services and Supports (CSS) Tracking, Monitoring, and Evaluation System designed to enable providers, counties, and the State to understand the clinical and functional status of clients within individual CSS programs/services, and determine whether clients are in appropriate services. The evaluation effort seeks to improve the MHSOAC's capacity to provide ongoing technical assistance to county behavioral health departments to track, evaluate, and compare CSS program outcomes.

Deliverable		Due Date*	Deliverable Cost	Status
1	Work Plan	October 15, 2016	\$10,000	Completed
2	Draft County Toolkit	February 15, 2017	\$39,500	Pending
3	Regional Meetings Report	May 15, 2017	\$24,500	Pending
4	Final County Toolkit and Report on Recommendations for Implementation of Toolkit	July 31, 2017	\$25,000	Pending
Total Contract Amount			\$99,000	

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

# MHSOAC Evaluation Dashboard January 2017

(updated 1/17/17)



## Ongoing MHSOAC Internal Evaluation Projects

MHSOAC Evaluation Unit			
<b>Tracking and Monitoring of Mental Health Services Act (MHSA) Programs and Activities via Plans, Updates, and Expenditure Reports</b>			
<p><b>MHSOAC Staff:</b> TBD</p> <p><b>Active Dates:</b> December 2013 – TBD</p> <p><b>Objectives:</b> 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 January 2017

(updated 1/17/17)



## MHSOAC Evaluation Unit

### Mental Health Services Act (MHSA) Performance Monitoring

**MHSOAC Staff:** Brian Sala  
**Active Dates:** Ongoing  
**Objectives:** Implement a process and system for monitoring and reporting on individual- and system-level data, including the CSI and DCR, to support characterization and assessment of MHSA programs and outcomes.  
*\*This internal evaluation project is in transition to an external evaluation project.*

Work Effort or Product		Due Date	Status
1	Develop Process For Adding Additional Client, System, And Community-Level Indicators	December 31, 2014	Completed
2	Secure Health Insurance Portability And Accountability Act (HIPAA) Compliance For MHSOAC Staff And Information Systems To Allow Secure Storage And Analysis Of Client-Level Data	May 31, 2015	Completed
3	Descriptive Statistics Report of Key CSI Data Elements, by County	April 30, 2016	Pending
4	MHDA Development and Training of EPLD Templates and Protocols for Analysis of DHCS Databases	May 15, 2016	Pending
5	Develop Strategic Plan Identifying Specific Research Questions Assessing Aspects of the Mental Health System and the Impact of the MHSA	TBD	Pending
6	Web-based Dynamic Visual Analytics of Key Data Elements	TBD	Pending
7	Develop and Implement Strategic Plan for Assessing Aspects of the Mental Health System and the Impact of the MHSA	TBD	Pending

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





Mental Health Services  
Oversight & Accountability Commission  
1325 J ST STE 1700  
SACRAMENTO CA 95814  
(916) 445-8696  
[www.mhsoac.ca.gov](http://www.mhsoac.ca.gov)

## Commission Meeting Schedule 2017

Meeting Date and Location	Group / Topic
<b>Thursday, January 26, 2017</b> Mather	<b>Commission Meeting</b> Mental Health/ Schools
<b>Thursday, February 23, 2017</b> Sacramento	<b>Commission Meeting</b> Business Meeting
<b>Thursday, March 23, 2017</b> San Diego	<b>Commission Meeting</b> Mental Health/ Criminal Justice
<b>Thursday, April 27, 2017</b> Out of Town	<b>Commission Meeting</b> Business Meeting
<b>Thursday, May 25, 2017</b> Sacramento	<b>Commission Meeting</b> Mental Health /Schools
<b>Thursday, June 23, 2017</b> No Meeting	<b>Commission Meeting</b> No Meeting
<b>Thursday, July 27, 2017</b> Sacramento	<b>Commission Meeting</b> Business Meeting
<b>Thursday, August 24, 2017</b> Out of Town	<b>Commission Meeting</b> Project Meeting
<b>Thursday, September 28, 2017</b> Sacramento	<b>Commission Meeting</b> Business Meeting
<b>Thursday, October 26, 2017</b> Out of Town	<b>Commission Meeting</b> Project Meeting
<b>Thursday, November 16, 2017</b> Sacramento	<b>Commission Meeting</b> Business Meeting
<b>Thursday, December 28, 2017</b> No Meeting	<b>Commission Meeting</b> No Meeting

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# AGENDA ITEM 2

## Information

January 26, 2017 Commission Meeting

Schools and Mental Health Commission Project

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) has prioritized a policy project to examine mental health and schools. A project framework entitled, *School-Based Mental Health Services for Children* outlines a series of activities that will result in the development of action-oriented recommendations for consideration by the Commission to improve mental health assessments, services, and outcomes for preschool and elementary school students in California. Project activities include site visits, workgroup meetings, public hearings, community forums, and focus groups to: 1) Define the scope of the problem; 2) Identify practices and models that have demonstrated positive student- and school-based outcomes; and 3) Provide the foundation for a pilot study to evaluate the impacts associated with an alternative approach(es) based on a Multi-Tiered System of Supports (MTSS) framework for the assessment and treatment of children with emotional and behavioral health needs. A project site visit and workgroup meeting took place on December 6, 2016.

For the January 26, 2017, public hearing, subject matter experts, educators, parents, and stakeholders have been invited to share their knowledge and experiences to support the Commissioners' understanding of children's mental health needs and the local and state challenges and opportunities related to the project objectives.

Commissioner and Sacramento County Superintendent of Schools David Gordon will introduce the project and the need to enhance school-based mental health prevention and early intervention efforts for children.

### **Partnership with the California Department of Education**

Speaker: Commissioner and State Superintendent of Public Instruction Tom Torlakson

### **Panel 1: Family Members, Consumers, and Advocates**

- Daniela Guarnizo, *Peer Advocate and Intern, California Council of Community Mental Health Agencies*
- Liza Morris, *Parent and Legislative Associate, Association of California School Administrators*
- Jessica Tavera-Vallines, *Parent and Educator*
- Additional panelists invited but not yet confirmed

## **Panel 2: School Administrators and Faculty**

- Zenaida Agramonte, *Social Worker, Bell Avenue Elementary*
- Margaret Jones, *Licensed Educational Psychologist (LEP)*
- David Nelson, *Principal, Valley Oaks Elementary School*

### **Highlighting the Need for School-Based Mental Health Services**

Presenters: Ken Berrick, President/CEO of Seneca Family of Agencies and Robin Detterman, Executive Director of School Partnerships of Seneca Family of Agencies

**Enclosures:** Panel invitation letters.

**Handouts:** (1) Panelist biographies, (2) Any additional panel invitation letters, and (3) presentation materials from Seneca Family of Agencies.



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

RENEETA ANTHONY  
Commissioner

LYNNE ASHBECK  
Commissioner

KHATERA ASLAMI-TAMPLEN  
Commissioner

JIM BEALL  
Senator  
Commissioner

BILL BROWN  
Sheriff  
Commissioner

JOHN BUCK  
Commissioner

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

LARRY POASTER, Ph.D.  
Commissioner

TONY THURMOND  
Assembly Member  
Commissioner

RICHARD VAN HORN  
Commissioner

TOBY EWING  
Executive Director

Ms. Zenaida Agramonte, MSW  
School Social Worker  
Bell Avenue Elementary  
1900 Bell Avenue  
Sacramento, CA 95838  
*Letter sent via email*

Dear Ms. Agramonte:

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

Your panel presentation is scheduled for 10:30 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

- Your experience working with children and families with mental health needs, especially those from racially-ethnically diverse, low-income communities.
- School prevention and intervention efforts to address those needs, and barriers and challenges to providing services.
- Recommendations for how the Commission can support improved outcomes for children.

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

Should you have any questions, I can be reached at [toby.ewing@mhsaac.ca.gov](mailto:toby.ewing@mhsaac.ca.gov) or 916-445-8696. Thank you again for your willingness to participate in this important meeting.

Respectfully,

Toby Ewing, Ph.D.  
Executive Director



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Ken Berrick, CEO  
Ms. Robin Detterman  
Seneca Family of Agencies  
6925 Chabot Road  
Oakland, CA 94618  
*Letter sent via email*

RENEETA ANTHONY  
Commissioner

LYNNE ASHBECK  
Commissioner

Dear Mr. Berrick and Ms. Detterman:

KHATERA ASLAMI-TAMPLEN  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

JIM BEALL  
Senator  
Commissioner

BILL BROWN  
Sheriff  
Commissioner

Your presentation is scheduled for 11:15 a.m. Please plan on presenting for approximately 45 minutes, specifically in the areas of:

- Prevalence of mental health needs among young children.
- Emotional stressors, trauma, and other factors related to mental health needs and longer-term negative outcomes.
- Importance of schools in providing services.
- Challenges with funding for mental health services for all children.
- Explanation of a multi-tiered system of supports.

JOHN BUCK  
Commissioner

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

If possible, we ask that you please send your presentation by Monday, January 23, 2017 to Kai LeMasson ([kai.lemasson@mhsoac.ca.gov](mailto:kai.lemasson@mhsoac.ca.gov)). This will allow those Commissioners attending the meeting the opportunity to prepare questions for you after your presentation, and will be available for those Commissioners unable to attend the meeting.

GLADYS MITCHELL  
Commissioner

LARRY POASTER, Ph.D.  
Commissioner

TONY THURMOND  
Assembly Member  
Commissioner

We also ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your presentation and biography will be shared as public documents.

RICHARD VAN HORN  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsoac.ca.gov](mailto:toby.ewing@mhsoac.ca.gov) or 916.445-8696. Thank you again for your willingness to participate in this important meeting.

TOBY EWING  
Executive Director

Respectfully,

Toby Ewing, Ph.D.  
Executive Director



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Daniela Guarnizo  
Consumer Advocate  
Intern, California Council of Community Mental Health Agencies  
*Sent letter via email*

LYNNE ASHBECK  
Commissioner

Dear Ms. Daniella Guarnizo:

KHATERA ASLAMI-TAMPLEN  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

JIM BEALL  
Senator  
Commissioner

BILL BROWN  
Sheriff  
Commissioner

Your panel presentation is scheduled for 9:45 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

JOHN BUCK  
Commissioner

- Personal experience with having mental health needs as a child; how those needs impacted learning, peer relationships, etc.; and how the school responded to those needs.
- Experience of receiving mental health services at school and/or in the community, and gaps in care and services.
- Recommendations for how the Commission can support improved outcomes for children.

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

LARRY POASTER, Ph.D.  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsaac.ca.gov](mailto:toby.ewing@mhsaac.ca.gov) or 916-445-8696. Thank you again for your willingness to participate in this important meeting.

TONY THURMOND  
Assembly Member  
Commissioner

Respectfully,

RICHARD VAN HORN  
Commissioner

TOBY EWING  
Executive Director

Toby Ewing, Ph.D.  
Executive Director



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Margaret Jones  
Licensed Educational Psychologist  
*Letter sent via email*

RENEETA ANTHONY  
Commissioner

LYNNE ASHBECK  
Commissioner

Dear Ms. Margaret Jones:

KHATERA ASLAMI-TAMPLEN  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

JIM BEALL  
Senator  
Commissioner

Your panel presentation is scheduled for 10:30 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

BILL BROWN  
Sheriff  
Commissioner

- Your experience working with children and families with mental health needs, especially those from racially-ethnically diverse, low-income communities.
- School prevention and intervention efforts to address those needs, and barriers and challenges to providing services.
- Recommendations for how the Commission can support improved outcomes for children.

JOHN BUCK  
Commissioner

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

GLADYS MITCHELL  
Commissioner

LARRY POASTER, Ph.D.  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsaac.ca.gov](mailto:toby.ewing@mhsaac.ca.gov) or 916.445-8696. Thank you again for your willingness to participate in this important meeting.

TONY THURMOND  
Assembly Member  
Commissioner

Respectfully,

RICHARD VAN HORN  
Commissioner

TOBY EWING  
Executive Director

Toby Ewing, Ph.D.  
Executive Director



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Liza Morris  
Parent Advocate

RENEETA ANTHONY  
Commissioner

Legislative Associate, Association of California School Administrators  
*Letter sent via email*

LYNNE ASHBECK  
Commissioner

Dear Ms. Liza Morris:

KHATERA ASLAMI-TAMPLEN  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

JIM BEALL  
Senator  
Commissioner

BILL BROWN  
Sheriff  
Commissioner

Your panel presentation is scheduled for 9:45 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

JOHN BUCK  
Commissioner

- Being the parent of a child with mental health needs; how those needs impacted your child's learning, peer relationships, etc.; and how the school responded to your child's needs.
- Experience of your child receiving mental health services at school or in the community, and gaps in care and services.
- Recommendations for how the Commission can support improved outcomes for children.

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

LARRY POASTER, Ph.D.  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsaoc.ca.gov](mailto:toby.ewing@mhsaoc.ca.gov) or 916-445-8696. Thank you again for your willingness to participate in this important meeting.

TONY THURMOND  
Assembly Member  
Commissioner

Respectfully,

RICHARD VAN HORN  
Commissioner

TOBY EWING  
Executive Director

Toby Ewing, Ph.D.  
Executive Director





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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Principal David Nelson  
Valley Oaks (K-6)  
21 C Street [Map]  
Galt, CA 95632

RENEETA ANTHONY  
Commissioner

*Letter sent via email*

LYNNE ASHBECK  
Commissioner

KHATERA ASLAMI-TAMPLEN  
Commissioner

Dear Principal Nelson:

JIM BEALL  
Senator  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

BILL BROWN  
Sheriff  
Commissioner

Your panel presentation is scheduled for 10:30 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

JOHN BUCK  
Commissioner

- Your experience working with children and families with mental health needs, especially those from racially-ethnically diverse, low-income communities.
- School prevention and intervention efforts to address those needs, and barriers and challenges to providing services.
- Recommendations for how the Commission can support improved outcomes for children.

ITAI DANOVITCH, M.D.  
Commissioner

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

TONY THURMOND  
Assembly Member  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsaac.ca.gov](mailto:toby.ewing@mhsaac.ca.gov) or 916-445-8696. Thank you again for your willingness to participate in this important meeting.

RICHARD VAN HORN  
Commissioner

Respectfully,

TOBY EWING  
Executive Director

Toby Ewing, Ph.D.  
Executive Director



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TINA WOOTON  
Chair

January 18, 2017

JOHN BOYD, PsyD  
Vice Chair

Mr. Sean Rogers  
Consumer Advocate, NAMI  
*Letter sent via email*

RENEETA ANTHONY  
Commissioner

Dear Mr. Sean Rodgers:

LYNNE ASHBECK  
Commissioner

Thank you for agreeing to participate in the Commission's public meeting on Thursday, January 26, 2017 at the Sacramento County Office of Education (10474 Mather Blvd., Mather, CA). Your participation will assist the Commission in developing an action agenda to improve mental health assessment, services, and outcomes for preschool and elementary school students in California.

KHATERA ASLAMI-TAMPLEN  
Commissioner

JIM BEALL  
Senator  
Commissioner

Your panel presentation is scheduled for 9:45 a.m. Please plan on speaking for approximately 5-10 minutes, specifically in the areas of:

BILL BROWN  
Sheriff  
Commissioner

- Personal experience with having mental health needs as a child; how those needs impacted learning, peer relationships, etc.; and how the school responded to those needs.
- Experience of receiving mental health services at school and/or in the community, and gaps in care and services.
- Recommendations for how the Commission can support improved outcomes for children.

JOHN BUCK  
Commissioner

ITAI DANOVITCH, M.D.  
Commissioner

We ask that you send Ms. LeMasson a brief biography by Monday, January 23, 2017. Please note that your biography will be shared as a public document.

DAVID GORDON  
Commissioner

GLADYS MITCHELL  
Commissioner

Should you have any questions, I can be reached at [toby.ewing@mhsaac.ca.gov](mailto:toby.ewing@mhsaac.ca.gov) or 916-445-8696. Thank you again for your willingness to participate in this important meeting.

LARRY POASTER, Ph.D.  
Commissioner

TONY THURMOND  
Assembly Member  
Commissioner

Respectfully,

RICHARD VAN HORN  
Commissioner

TOBY EWING  
Executive Director

Toby Ewing, Ph.D.  
Executive Director

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# AGENDA ITEM 3

Information

January 26, 2017 Commission Meeting

## Overview of Governor's Proposed Budget for Fiscal Year 2017/18

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**Summary:** The presentation will review the Governor's fiscal year (FY) 2017/18 proposed budget and discuss its impact on the Mental Health Services Act and the community mental health system.

**Presenters:**

- Sandra Gallardo, Assistant Secretary, Office of Program and Fiscal Affairs, Health and Human Services Agency;
- Kris Cook, Budget Analyst, Department of Finance

**Enclosures:** None.

**Handout:** None.

**Recommended Action:** Information item only.

**Motion:** None.

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# AGENDA ITEM 4

Action

January 26, 2017 Commission Meeting

## Structure of Committees and Subcommittees and Announcement of Committee Chairs for 2017

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**Summary:** Toby Ewing, Ph.D., Executive Director, will facilitate a discussion, possibly leading to a vote of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) relating to the Commission's designation and appointment of standing committees and subcommittees. Following this discussion the Chair will announce appointments of Chairs and Vice-Chairs for 2017.

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

**Enclosures:** None.

**Handout:** None.

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# AGENDA ITEM 5

## Information

January 26, 2017 Commission Meeting

Review MHSA 2017 Financial Report

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**Summary:** Brian R. Sala, Ph.D., Deputy Director of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission), will present for review and discussion the January 2017 Financial Report, which reflects information made available through the release of the Governor's Fiscal Year 2017/18 Proposed Budget. This report will provide information on the following topics:

- Mental Health Services Act (MHSA) Revenues Received;
- Community Mental Health Funding Amounts: Role of Major Funding Sources;
- MHSA Funding Distributed;
- MHSA State Administration.

**Presenter:** Brian R. Sala, Deputy Director, Evaluation and Program Operations.

**Enclosures:** None.

**Handout:** The 2017 MHSA Financial Report and a PowerPoint will be provided at the meeting.

**Recommended Action:** Information item only.

**Proposed Motion:** None.

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# AGENDA ITEM 6

Action

January 26, 2017 Commission Meeting

Placer County Innovation Project

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**Summary:** The Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) will consider approval of Placer County's request to fund a new Innovative project: Homeless Integrated Care Coordination and Evaluation (HICCE) for a total of \$3,900,000 in Innovation component funding over five (5) years. Placer County proposes to promote interagency collaboration by hiring an outreach and engagement team to provide comprehensive care coordination for chronically homeless individuals living with a mental illness.

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 HICCE project proposes to hire an outreach and engagement team consisting of 0.5 FTE Nurse, 0.5 FTE Clinician, and 2.0 FTE Peer Advocates to help individuals who are chronically homeless and self-identified as living with mental illness exit homelessness and return to permanent housing by providing comprehensive care coordination with support from their awarded Whole Person Care Grant and interagency collaboration. The INN project complies with all MHSA requirements.

**Presenters:**

- Brian Sala, Ph.D., Deputy Director, Evaluation and Program Operations
- Maureen F. Bauman, LCSW, MPA Placer County's Director, Adult System of Care
- Robert L. Oldham, M.D., M.S.H.A., Placer County's Health Officer, Public Health Division Director

**Enclosures (2):** (1) Staff Innovation Summary, Homeless Integrated Care Coordination and Evaluation [*This document will be provided under separate cover*]; (2) County Innovation Brief.

**Handout (1):**, A PowerPoint will be presented at the meeting.

**Additional Materials (1):** A link to the County's complete Innovation Plan is available on the MHSOAC website at the following URL: <http://mhsoac.ca.gov/document/2017-01/county-placer-inn-plan-homeless-integrated-care-coordination-and-evaluation-hicce>

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

**Name:** Homeless Integrated Care Coordination and Evaluation (HICCE)

**Amount:** \$3,900,000

**Project Length:** Five (5) Years



## **STAFF INNOVATION SUMMARY—PLACER COUNTY**

**Name of Innovative (INN) Project: Homeless Integrated Care Coordination and Evaluation (HICCE)**

**Total INN Funding Requested for Project: \$3,900,000**

**Duration of Innovative Project: Five (5) Years**

### **Review History**

Approved by the County Board of Supervisors: January 10, 2017

County Submitted Innovation (INN) Project: December 20, 2016

MHSOAC Consideration of INN Project: January 26, 2017

### **Project Introduction:**

The County proposes to develop an integrated community-based collaborative to address the issues of chronic homelessness by hiring an outreach and engagement team, utilizing technology to provide real-time data exchange across multiple agencies, and identifying collaborative opportunities. The HICCE project proposes to hire an outreach and engagement team consisting of 0.5 FTE Nurse, 0.5 FTE Clinician and 2.0 FTE Peer Advocates to help chronically homeless adults, self-identified as living with mental illness, exit homelessness and return to permanent housing by providing comprehensive care coordination with support from their awarded Whole Person Care Grant and interagency collaboration. The County will adapt the “Systems Management, Advocacy, and Resource Team” (SMART) model to redesign the interagency coordination and collaboration of multiple organizations serving the chronically homeless with the intent to measure if positive system-level and improved client health outcomes are achieved. “SMART” is an internally developed model used before by Placer to improve their child welfare service system. The Innovative project has embedded many concepts from the “Coordinated Assessment Model”, an initiative set forth by the U.S. Department of Housing and Urban Development in 2014.

In the balance of this brief we address specific criteria that the OAC 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 OAC checks to see that the Innovation meets regulatory requirements that the proposed project must



align with the core MHSA principles, promote learning, fund exploration of a new and/or locally adapted mental health approach/practice, and target one of the four allowable primary purposes.

### **The Need**

Placer County states that 45% of the total number of homeless in the County were chronically living in this condition and 59% of their homeless adults self-reported having a serious and persistent mental illness. Placer County believes the issue of chronic homelessness is significant and growing. We validated this conclusion by reviewing the Point-in-time Count (PITC) for Roseville/Rocklin/Placer, Nevada Counties Continuum of Care and other neighboring counties. In 2016, Placer's PITC (which also included Nevada County data) was 1,021 total homeless and 347 chronically homeless and a 2010 census of 349,000 (for Placer) and 99,000 (for Nevada); implying a total homelessness rate of 2.3 per 1,000 County residents and a chronically homeless rate of 0.78 per 1,000. In 2016, Sacramento County's PITC was 1.8 per 1,000 and its chronically homeless rate was 0.38 per 1,000. Similarly, Yolo County's PITC was 2.6 per 1,000 and its chronically homeless rate was 0.44 per 1,000. Thus, while the overall homeless rate in Placer County is similar to rates seen in other counties in the Sacramento region, there appears to be face validity to the County's emphasis on the chronic homeless population as a high priority for the County.

These statistics led Placer hire Marbut Consulting to conduct a comprehensive needs assessment of the homeless problem to help identify areas for strengthening the service delivery system. Marbut concluded that while the County had multiple agencies provide services to the chronically homeless, the system was not connected. Also, these chronically homeless adults were not linked to services within the County's adult system of care. The lack of coordinated care was further challenged by the low participation in Placer County's Homeless Management Information System (HMIS). This system was intended to function as a coordinated computer system enabling service, shelter, and housing providers in different locations of Placer to collect and share information about homeless individuals and families seeking services. Furthermore, while in other counties chronically homeless adults living with mental illness may seek immediate care for complex needs from a local County hospital or an organized health plan, this is lacking in Placer County. Instead, Placer has multiple agencies providing case management, health care, mental health services, income support, and other essential services to the chronically homeless; yet very little coordination occurs.

### **The Response**

For over ten years, Placer has used their internal model, "SMART" to help redesign various systems, including their juvenile court and child welfare system. The model has been versatile in supporting the County to identify current conditions and strategizing a design to improve and transform service delivery systems through working collaboratively with both public and private non-profit community-based agencies and resulting in better outcomes. They want to build off of lessons learned from past use of the "SMART" model to assess the forthcoming implementation of their Whole Person Care (WPC) Grant, the

build out of permanent housing from the \$1 million one-time community benefit from Sutter Health, and this Innovative Project proposal.

Placer's Innovative Project also bears resemblance to another model, "Coordinated Assessment Model", used as a best practice to address the complex needs of the chronically homeless population. In July 2014, the U.S. Department of Housing and Urban Development Office of Community Planning and Development released a notice issuing guidance around prioritizing permanent supportive housing units for chronically homeless individuals and families with the highest service needs, including the concept of the "Coordinated Assessment Model". This systems-focused approach emphasized centralized/coordinated intake and assessment, robust homeless prevention strategies, and rapid access to permanent housing using a Housing First approach. Since 2014, several counties throughout the US implementing the "Coordinated Assessment Model" are finding more success when decision making and prioritizing activities are occurring at the community-level rather than a provider-to-provider or provider-to-system level as seen in Placer County. Similarly, like Placer County, others have used centralized technological data exchange systems such as HMIS to capture aggregate client-level data across homeless agencies to generate unduplicated client counts, service patterns of clients served, and coordinate care for the homeless. Places like Los Angeles County and Maricopa County in Arizona, who implemented supportive housing programs based on the "Coordinated Assessment Model", also see individuals never served in their current homeless care system receive services for the first time. This is accomplished through administrative data matches or other data driven technological tools. The "Coordinated Assessment Model" also recommends incorporating aggressive outreach strategies directly or through partnerships with "on-the-street" outreach teams utilizing best practices for engagement with the homeless and developing strong linkage and coordination with conventional public systems such as jails and hospitals.

It appears Placer County is seeking to adapt this best practice of the "Coordinated Assessment Model" by creating a robust interagency collaboration of multiple agencies providing the same level of service otherwise offered at a County hospital. Placer wants a collaborative process on a macro level to evaluate how bringing together multiple agencies, known for providing services to the chronically homeless, to coordinate the complex physical health, mental health, substance abuse and housing needs of this target population can improve their overall health outcome.

Placer intends to use the outreach and engagement team to coordinate the care these external providers offer to the chronically homeless as well as augment the clinical expertise by adding an additional consulting psychiatrist and pharmacist to assist with medication related needs. The team will also reduce the gap of data entry and exchange by participating in the interagency collaboration with other agencies providing services to the chronically homeless and inputting this missing data into HMIS.

The Placer County Outreach and Engagement team will utilize a "Housing First" model and establish the permanent housing financed by a \$1 million one-time community benefit from Sutter Health. Placer County indicates the HICCE Outreach and Engagement team will serve at least 40 individuals each year. The specific staffing pattern of the team

remains unclear due to the lack of a full budget summary in the County's Innovation Plan and inconsistent clarity from the County. The Whole Person Care grant will add a Medical Respite care program to the services offered to these 40 individuals. (The WPC grant expects to serve 150, this figure is inclusive of the 40 individuals to be seen by the HICCE team).

Placer also intends to leverage off the past two years' evaluation of local MHSa activities by Innovative Development and Evaluation Associates (I.D.E.A.) Consulting. I.D.E.A. has established relationships with Placer County in addition to community-based organizations, health care providers, managed care plans and other entities. The County intends to hire them to coordinate the interagency collaboration and evaluate this Innovative project.

### **The Community Planning Process**

The MHSa regulations indicate the stakeholder participation should be present at every step of the way for Innovation 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 for meeting this requirement.

Board of Supervisors approved hiring Marbut Consulting in 2014 to conduct a needs assessment of the homeless issue in Placer County. The County states they held many stakeholder meetings during the needs assessment. It is unclear who the stakeholders were and if consumers or family members were involved in the initial prioritizing of the project and during the development phase. The final report by Marbut was presented to the Mental Health Services Act Community Planning group and at the Campaign for Community Wellness meetings. It is unclear how the stakeholders were involved in the development of the County's Innovation plan, which was posted for a 30-day public review between November 12, 2016, and December 12, 2016. It appears a wider range of stakeholders were able to review the Innovation plan during the local review process given the extensive distribution of the plan.

### **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 the 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.

Placer County states their primary intent for their Innovative Project is to determine the most effective interagency collaboration and care coordination model to successfully address the complex needs of their chronically homeless population who have self-reported living with mental illness. They intend to use Innovation to assess if their

“SMART” model approach used in the past, in conjunction with a new HICCE outreach and engagement team, their Whole Person Care award, and the new permanent housing option facilitated by Sutter Health’s community benefit, all lead to the system change sought after by the County.

Like MHSA Innovation, the Whole Person Care grant has provided awarded counties guidelines on evaluations. One guideline is to utilize the “Plan-Do-Study-Act” (PDSA) model to continuously improve the interagency collaboration and coordination for ongoing learning opportunities. Placer has indicated they will be using the same model in their Innovation plan. The County should clarify how their Innovative Project evaluation is not redundant to the Whole Person Care evaluation. Facilitating the PDSA model will require Placer to obtain baseline data on their current collaboration efforts. They intend to use the Interagency Collaboration Activities Scale (IACAS) from the University of South Florida to obtain this data but have not mentioned how they will obtain ongoing data essential to determine if collaboration is improving and effective or changes need to be made to the process.

This learning objective and evaluation process is similar to other organizations who have implemented the “Community Assessment Model” (CAM). The CAM recommends tracking client and community-wide outcomes to better identify best practices and fine-tuning an entire system’s approach—what Placer intends to measure in their Innovation Project. Placer County may wish to explain how they will be adapting this recommendation by the US Department of Housing and Urban Development.

The County’s 2014 PITC counted 14 Native Americans, 8 Hispanics and 2 African Americans as homeless, however, Placer County has not discuss any specific strategies to achieve the evaluation goal of ensuring services are culturally and linguistically competent. They intend to collect basic data elements at their collaboration meetings (e.g. attendance, agency purpose, action items, etc.) in the hopes of identifying gaps or changes required to achieve a systematic change. Placer has not provided any specifics on data analysis.

If this program is effective, services will be supported with ongoing funds through MHSA CSS, Federal Financial Participation (FFP) through Medi-Cal billing for mental health and substance use disorder treatment services, Realignment dollars, and potential County General Funds. The County will also explore other potential Medi-Cal resources, such as targeted case management and Medi-Cal administrative funds. The chronically homeless who will need ongoing services will be referred to the Placer Adult System of Care upon the termination of the Innovation project.

## **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 total budget for Placer County's Innovative project is \$3,900,000 over five (5) years. The yearly budget is \$780,000, and includes: \$396,000 for personnel, \$191,655 for operating costs, \$96,246 for consultant contracts, \$96,099 for evaluation (split between internal and contract staffing).

The Innovative MHSA expenditures for program and administration functions consist of salaries and benefits for the HICCE Outreach and Engagement Team. Based on an email correspondence with Placer County, the team will include: 0.5 FTE nurse, 0.5 FTE clinician, and 2.0 FTE peer advocates and 1.0 FTE program analyst; and only the program analyst is fully funded by Innovation funds. It is unclear what percentage of the salaries and benefits for the remaining team will be funded by Innovation dollars. The program analyst will provide program and fiscal management, support and measure the collaboration efforts necessary to coordinate services, share resources, and strengthen client and system-level data. The consultant budget is to hire a consulting psychiatrist and pharmacist to assist the HICCE Outreach and Engagement team; however, no additional details have been provided on their function and key activities.

Placer County may wish to provide additional clarification on the budget summary including the reason to exclude the detailed summary in the Innovation plan made available during the local review process and for board approval. Placer may wish to provide details on what they expect to fall under the \$191,655 operating costs budget to support the Outreach and Engagement team's completion of their services and function.

### **Innovation Program History Additional Regulatory Requirements**

In September of 2010 the MHSOAC approved Placer County's INN plan, including the Innovative Community Grants Program. This project leveraged a grant to bring non-traditional partners to the table assuming a new set of relationships and networks may ultimately result in better services for those with mental health needs. This project was scheduled to end on June 30, 2013; however deliverables did not begin until 2011, and per the 2014-2017 MHSA Three-Year Plan, was altered to end on September 30, 2014. The total budget for the three-year and four-month project was \$1,340,261. The final report for this project was completed on December 31, 2014 and did not provide specific details on the individual results, making it difficult to determine if any of the collaborations targeted similar needs of the chronically homeless.

### **Additional Regulatory Requirements**

While Placer County's Innovation proposal has met the minimum regulatory requirements for Innovations; the Commission staff suggests this proposal could benefit from additional clarity as stated throughout the staff summary.

### **References**

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A Case for Change: Conditions Requiring Redesign of the Health and Human Service System. Placer County, April 2003. Little Hoover Commission

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County of Placer, Mental Health Services Act FY 2016-2017 Annual Update.

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## Placer County Innovation Project Brief

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### Background and Need

A needs assessment was conducted by Marbut Consulting in 2014/2015 to identify areas for strengthening the service delivery system. The findings indicated the need for a connected, integrated system of care to meet the needs of the chronically homeless, as well as the need for innovative approaches to engaging individuals with the highest risk. Three distinct homeless locations in the county were identified (Roseville, Auburn, North Lake Tahoe).

A Homeless Count conducted in 2015 found that 59% of the adult homeless self-reported as having a serious mental illness and 39% a substance abuse disorder. There were 38% of the homeless who were sheltered and 62% remained unsheltered. 70% of the homeless were between 25 and 59 years of age and 8% were over 60. There were 37% who reported that they were survivors of domestic violence. In addition, the Marbut Consulting study found that over 50% of the chronically homeless are over 51 years of age.

Additional data also illustrates the unmet needs of the chronically homeless in Placer County. Placer rental vacancies are less than 1.6%, while California rental vacancies are 3.4%. Placer's chronic homeless population is significant at 45%, with California's chronic homeless population at 25% and the national number at 15%.

Several programs have been developed over the past few years to help address the needs of the homeless in Placer County. These programs include utilizing MHS System Transformation/Development funding to develop additional housing programs through Advocates for Mentally Ill Housing (AMIH), The Gathering Inn, a homeless shelter in Roseville; Right Hand, a homeless shelter in Auburn; the Homeless Resource Council of the Sierras (HRCs); and other programs. While these programs have been actively involved with the homeless, there are still opportunities to strengthen services, expand the continuum to include health care organizations, improve collaboration across agencies, and evaluate outcomes for persons who have multiple needs. In addition to homelessness, many of these individuals will also have other complex problems including mental health, substance use disorders, and/or chronic health conditions.

Many stakeholder meetings were held during Marbut Consulting's analysis. Marbut also spoke directly to homeless and chronically homeless individuals to gain insight into their challenges and needs. The final Marbut Consulting report was presented to the Mental Health Services Act (MHS) Community Planning group, the Campaign for Community Wellness, which includes consumers and family members. Stakeholder input was obtained throughout the development of this Innovation project.

### Project Summary

The vision of the Placer County Homeless Integrated Care Coordination and Evaluation Innovation Plan is to:

- Build upon our existing infrastructure and organizational programs that serve the homeless;
- Learn how to strengthen collaboration, coordination, and data sharing across the system;
- Create a cohesive safety net that meets the complex needs of persons who are homeless;

- Utilize evaluation activities to share outcomes, identify barriers to success, and identify if we are making a difference; and
- Create a continuous evaluation and feedback process to modify and improve services and collaboration throughout the project.

The Placer Innovation Plan supports this goal by creating the capacity to build collaboration across organizations; develop Memorandums of Understanding and Business Associate Agreements with multiple organizations to facilitate sharing information; identify practices to identify high-need individuals and help them access the appropriate level of care; and share outcomes and identify barriers to success.

The Placer Innovation Plan will expand upon the strong collaboration practices developed over years of system of care development to help build a cohesive safety net of services across diverse organizations. This system will help identify individuals; provide outreach to engage individuals; develop strategies and tools to assess health, mental health, and substance use service needs; and provide warm handoffs to the appropriate services while continuing to coordinate services and ensure success. This development of systematic collaboration and data sharing will help identify, engage, assess, and deliver coordinated services to successfully meet the individual's needs to achieve positive outcomes, such as stable housing, management of chronic health and behavioral health needs, and positive social support networks. A Plan, Do, Study, Act (PDSA) model will be used to continuously improve collaboration, coordination, and data to help measure and learn from our results.

The HICCE Project will utilize the Systems Management, Advocacy, and Resource Team (SMART) model of interagency coordination and collaboration to study how to address both system-level issues as well as the needs of persons who are homeless, mentally ill, and may have chronic health conditions. HICCE Innovation activities will utilize the lessons learned through the development of SMART to identify opportunities to share resources, information, data, and services, to strengthen collaboration across multiple organizations, including hospitals, Emergency Departments, Federally Qualified Health Centers (FQHC), and managed care plans. This collaboration and coordination of services will expand service and housing options; increase housing placements; change the community culture of how to address homelessness; and help to address community stigma.

Placer HHS has recently been awarded funding to develop a Whole Person Care (WPC) pilot project. The WPC will strengthen and compliment the Innovation Plan to address the needs of persons who are homeless, mentally ill, use substances, and/or have chronic health conditions. The WPC pilot will target those persons who are high utilizers of health care services. The target population will be those persons who are high need who may have a mental health or substance use disorder, and are homeless, and/or who may have a chronic health condition. This WPC project matches the focus of this Innovation project and will allow efforts to be doubled through the use of federal funds.

By combining the activities of the WPC pilot project with the goals of the Innovation Plan, we will be able to strengthen both projects. A number of different organizations are committed to participating in the WPC pilot and learning how to strengthen collaboration, coordinate services, and develop data sharing protocols. With the involvement of these multiple organizations and agencies, the Innovation Project has additional funding, support, and organizational commitment to try new approaches to improve services. The Innovation Project will greatly benefit from the WPC pilot by having a larger network of organizations willing to participate. This network will strengthen the commitment to learn new strategies across all organizations.



To maximize the effects of the coordinated and collaborative approaches, the HICCE Project will be designed to help individuals who are chronically homeless with a mental illness or co-occurring mental health and substance use disorder, and/or chronic health condition, to receive outreach and engagement, as well as Comprehensive Complex Care Coordination, so that they can exit homelessness and return to permanent housing. HICCE services will be offered without preconditions (such as employment, income, absence of criminal record, chronic health or mental health conditions, or sobriety). Collaborative, multi-agency coordinated services will be tailored to the meet needs of the individual.

The HICCE Project will utilize the "Housing First" evidence-based model to help support individuals who are homeless. The Housing First model has been used to successfully address homelessness (US Interagency Council on Homelessness – USICH) by identifying housing, providing financial assistance to initially pay rent and move-in supplies, and offering intensive case management and peer support services, to help individuals find housing and remain stable in their housing while linking them to needed health services and benefits. Placer County will enhance this model to also address the significant needs of those who are chronically homeless, with mental illness, and/or who are experiencing chronic health conditions.

In addition, community partners provide services and supports to this population who will be engaged in this project. Partner agencies, such as Advocates for Mentally Ill Housing (AMIH) and MHSA Shared Housing (Timberline and Placer Street Apartments), provide important resources for this project. On a broader community scale, Placer Independent Resources Services (PIRS), county housing authorities, HUD housing, and a number of apartments and other housing resources will also provide a valuable resource to this project.

Through this project, Placer County will develop an integrated community-based collaborative to effectively address the issue of chronic homelessness; utilize technology as a tool to provide real-time data exchange across multiple agencies to help individuals access services and achieve positive outcomes; and identify collaborative efforts that help accelerate system change at both the micro and macro level. Our hope is that stigma will be reduced as a result of this Innovation Project.

This Innovation Project is innovative because it expands the scope of the project beyond the traditional behavioral health organizations that work together and includes local hospitals, Emergency Departments, FQHCs, public health, and managed care plans. This approach will create the opportunity to learn how to develop a cohesive safety net to quickly identify the high-need individuals, engage and link them to needed services, and evaluate the success of the collaboration. In addition, although the WPC pilot may not be considered "innovative" by some, it has been successfully implemented only in large metropolitan areas that benefit from comprehensive county-run services; the model has not yet been successfully implemented in a smaller county. Partnering the HICCE Project with the WPC pilot in Placer County is an opportunity to test these collaborative models within a medium-size county.

### **Evaluation Activities**

This innovative project will evaluate collaborative efforts to track the community change necessary to solve this problem. Evaluation activities will collect information on the supportive services network to understand how homeless, mentally ill individuals with chronic health conditions access and receive services across multiple agencies. There will be an exchange of real time data for persons who are enrolled in this program, across multiple organizations, so appropriate interventions can have the most impact.

The HICCE Project will evaluate the implementation of the specific evidence-based strategy by adding health workers to the Outreach and Engagement Team; enhancing collaboration and coordination across agencies; creating communication and data sharing protocols to identify, link, and support individuals to access services and achieve outcomes; and establishing linkages across agencies so individuals who are served by multiple programs are all working on the same Coordinated Treatment Plan.

The project will use the following instruments for the evaluation of the project activities:

- Interagency Collaboration Activities Scale (University of Southern Florida)
- Service level information:
  - Referrals across agencies
  - Coordinated Treatment Plan developed
  - Services Received
  - Individual outcomes
  - Client Perception of Services
- Other evaluation instruments

HICCE evaluation efforts will track and report on several goals and outcomes. The goals for improving collaboration include the engagement of diverse partner agencies; interagency collaboration and coordination of agencies; and a positive impact on client access to services. Outcomes for individuals include reduced days homeless; improved Health and Behavioral Health indicators; and the receipt of culturally- and linguistically-relevant services. Timely identification of high-need individuals, timely access to services (e.g., health, behavioral health, housing), improved outcomes, and Client Perception of Services.

Evaluation data and reports will be used to inform partner agencies of improved collaboration and coordination; communicate successes and barriers to services; inform stakeholders of any modification and changes in services to improve outcomes; and share experiences with other counties to support a learning collaborative.

The evaluation activities will be developed and implemented with guidance from an evaluation committee, oversight by the Placer County Behavioral Health Board, stakeholder groups, Campaign for Community Wellness Program Review team, the Whole Person Care Lead Entity Council, WPC Leadership Committee, and System of Care management team. Outcomes and lessons learned will be shared with the HICCE Team and systematically throughout the system, including regional and/or statewide meetings that involve other counties.

I.D.E.A. Consulting will coordinate with county staff and stakeholders to support the evaluation of the Innovation project. This organization has extensive experience in evaluating MHSA activities and numerous federal and state grants, across several counties in California, as well as in other states. In addition, this organization has been evaluating MHSA activities for Placer County for over two years. This relationship allows for information to be easily obtained from county and contract providers, health care providers, managed care plans, and other entities to measure the implementation of this project.

In addition to implementing and tracking interagency system changes, outcomes will be collected and analyzed. This data will include demographic information; housing activities; length of time/stability in housing; linkages to resources and needed services; Client Perception of Services; and other core outcomes. Collaboration activities that promote the development and enhancement of coordinated, accessible services will also be evaluated. These may include information on service linkages between the ED, hospitals, FQHCs, mental health and substance use disorder providers, homeless programs, and other community providers.



Strategies for strengthening this interagency collaboration will be identified and documented, to help learn from HICCE Project.

### **Budget**

The annual budget for the HICCE Project is estimated as follows:

- Personnel: \$396,000
- Operations: \$191,655
- Contracts: \$96,246
- Evaluation: \$96,099
- Total: \$780,000/year

The total innovations funding efforts will be \$3.9 million for the five-year project.

Additional funding sources for the entire project include: Whole Person Care Pilot funds; County contributions; Federal Medi-Cal dollars; and housing funds contributed by Sutter Foundation.

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# AGENDA ITEM 7

## Information

January 26, 2017 Commission Meeting

### Implementation Plan for the Regulations Report

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#### **Summary:**

The Commission will discuss the implementation plan to operationalize the recommendations in the Prevention and Early Intervention and Innovation Regulations Report previously adopted by the Commission.

At the October 27, 2016 meeting the Commission adopted the report titled, *"Finding Solutions, Helping Counties Comply with Regulations Governing Innovation Projects and Prevention and Early Intervention Programs under the Mental Health Services Act."* In its report, the Commission made five key recommendations.

In response to that report, Commission staff have prepared a list of major strategies for the Commission's consideration that would guide staff efforts to implement the recommendations in the recently adopted report. The enclosed document titled, *"Implementation Strategy"* lists the five key recommendations from the adopted report and high level strategies to operationalize those recommendations.

**Presenter:** Filomena Yeroshek, Chief Counsel

**Enclosures:** List of key implementation strategies to operationalize recommendations that were previously adopted by the Commission.

**Handout:** None

**Proposed Motion:** None. This agenda item is not an action item.

## IMPLEMENTATION STRATEGY

In October 2016 the Mental Health Services Oversight and Accountability Commission adopted the report titled, *“Finding Solutions, Helping Counties Comply with Regulations Governing Innovation Projects and Prevention and Early Intervention Programs under the Mental Health Services Act.”* In response to that report, Commission staff have prepared an implementation strategy to pursue the recommendations contained in that report.

In its report, the Commission made five key recommendations. Each recommendation is outlined below, with key steps, identified as an implementation strategy, for the Commission’s consideration that would guide staff efforts to implement the recommendations in the recently adopted report.

### **RECOMMENDATION FOR FINDING ONE**

The Commission should support collaborative processes with county behavioral health agencies and other subject matter experts to apply best practices to the collection and reporting of required demographic information. It also should work with other state departments to ensure the adoption of consistent standards and regulations regarding demographic data reporting. Finally, the Commission should partner with all parties, including stakeholders, on potential revisions to current regulations.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"><li>• In keeping with the law, the Commission should ensure that DHCS demographic reporting requirements are consistent with its own.</li></ul>	<ul style="list-style-type: none"><li>✓ Reach out to DHCS to understand the Department’s timeframe and strategy for developing demographic reporting requirements that are consistent with the Commission’s reporting requirements.</li></ul>
<ul style="list-style-type: none"><li>• The Commission should support counties by facilitating learning collaboratives and peer-to-peer guidance on best practices for collecting culturally and linguistically competent, and age appropriate data. Collaboratives would allow counties with experience in collecting demographic information to share lessons learned and best practices; and other subject matter experts, including those representing unserved and underserved communities, to share best practices for individual communities.</li></ul>	<ul style="list-style-type: none"><li>✓ Engage with CBHDA and other potential partners to establish learning collaboratives.</li></ul>

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> <li>• In conjunction with the learning collaboratives, the Commission should develop training and guidance materials for counties and providers. This training should include               <ul style="list-style-type: none"> <li>➤ guidance on data collection in clinical and non-clinical programs; and</li> <li>➤ toolkits and training to explain the reasons behind data collection and how it will be used to support improved service delivery.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.</li> </ul>
<ul style="list-style-type: none"> <li>• For programs serving children or youth, the Commission should amend the regulations to clarify that data on youth shall be collected and reported to the extent permissible by federal and state law, including the California Education Code. The Commission should specify an age threshold for data collection.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li> </ul>
<ul style="list-style-type: none"> <li>• The Commission should work with the DHCS and the Department of Public Health, Department of Social Services, and Department of Aging which have been directed to collect sexual orientation and gender identity data (Assembly Bill 959 Chiu, Chapter 565, Statutes of 2015), and with the Health and Human Services Agency and the Legislature, to set a statewide uniform standard for collecting this data.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Reach out to the relevant departments and Health and Human Services Agency to discuss strategies and look at existing methods, for developing a statewide uniform and consistent standard for collecting sexual orientation and gender identity data.</li> </ul>

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> <li>As the state puts in place a statewide integrated data collection system, the Commission should amend its regulations to require individual-level and non-aggregated data, allowing it to better monitor who is served by California’s mental health system and determine whether some Californians continue to face barriers to care.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li> </ul>
<ul style="list-style-type: none"> <li>In order to implement the reporting requirements, the Department of Health Care Services must develop an integrated data collection system that allows counties to submit data in a timely, reliable, and efficient manner.</li> </ul>	<ul style="list-style-type: none"> <li>✓ In the interim, hire an IT consultant to explore strategies for IT data structure and tools for the OAC to receive the data required by the regulations.</li> </ul>

**RECOMMENDATION FOR FINDING TWO**

The Commission should recognize the unique needs of very small counties working to comply with the PEI regulations.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> <li>The Commission should amend the regulations to allow very small counties to report data on a countywide level instead of by program.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li> </ul>

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> <li>• The Commission should support very small counties by facilitating learning collaboratives and peer-to-peer guidance on best practices, including the collection of culturally and linguistically competent, and age appropriate data. Collaboratives would provide an opportunity for               <ul style="list-style-type: none"> <li>➤ counties with expertise in collecting demographic information to share lessons learned and best practices; and</li> <li>➤ other subject matter experts, including those representing unserved and underserved communities, to share best practices for individual communities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Engage with CBHDA and other potential partners to establish learning collaboratives.</li> </ul>
<ul style="list-style-type: none"> <li>• Along with the learning collaboratives, the Commission should develop training and guidance materials for counties and providers. This training would include               <ul style="list-style-type: none"> <li>➤ guidance on data collection in clinical and non-clinical programs; and</li> <li>➤ toolkits and training on how to use them to explain why the data is being collected and how it will be used to support quality improvement.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.</li> </ul>
<ul style="list-style-type: none"> <li>• Recognizing the unique needs of very small counties, the Commission may want to consider a broader discussion, including possible amendments to the Act, to explore other ways in which such counties can work to achieve the transformational change envisioned by the Act.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to develop recommendations to support the needs of very small counties.</li> </ul>



**RECOMMENDATION FOR FINDING THREE**

The Commission should develop technical assistance strategies to clarify the Access and Linkage to Treatment reporting requirements, including the measurement of the duration of untreated mental illness.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"> <li>• The Commission and other statewide entities should organize learning collaboratives and develop training and guidance materials, including standardized metrics for measuring the duration of untreated mental illness.               <ul style="list-style-type: none"> <li>➤ As part of this effort, the Commission should partner with counties to identify the effectiveness of county strategies for measuring Access and Linkage to Treatment and the duration of untreated mental illness. This could include focused studies and/or pilot projects as part of a continuous effort to improve the quality of such measurement.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ Amend the existing contract with UC Davis, which is currently working with counties to develop assessment tools for early psychosis programs, to provide standards to measure duration of untreated mental illness.</li> <li>✓ Engage with CBHDA and other potential partners to establish learning collaboratives.</li> <li>✓ Work with counties and other subject matter experts to develop toolkits and other guidance materials.</li> </ul>
<ul style="list-style-type: none"> <li>• The Commission should clarify the meaning of “referral,” and specify when referrals must be documented for non-clinical and/or outreach-oriented programs and clinical programs.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li> </ul>
<ul style="list-style-type: none"> <li>• The Commission should specify that a county is only responsible for reporting referrals made to other county programs, whether such programs are operated by counties or providers.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li> </ul>

#### **RECOMMENDATION FOR FINDING FOUR**

Recommendation	Implementation Strategy
<ul style="list-style-type: none"><li>• The Commission should consider amending the PEI regulations to allow a county to pay for Access and Linkage to Treatment Program through another Mental Health Services Act funding stream, such as Community Services and Supports, as long as the other requirements in the PEI regulations are met.</li></ul>	<ul style="list-style-type: none"><li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li></ul>

#### **RECOMMENDATION FOR FINDING FIVE**

The Commission should amend the Prevention and Early Intervention regulations to align counties' annual and periodic reporting deadlines with their budget-making timetables to maximize the value of the reports to local policymakers.

Recommendation	Implementation Strategy
<ul style="list-style-type: none"><li>• The Commission should provide a waiver for the initial Annual Report, which is due no later than December 30, 2017. Under the waiver, a county would report whatever data it had collected thus far, would explain the obstacles to meeting its reporting deadline, and would provide an implementation plan and timeline for complying fully with future Annual Reports.</li><li>• For subsequent Annual Reports and the initial and subsequent Three-Year Evaluation Reports, the Commission should amend the regulations to modify due dates, aligning them with the county budgeting process. These reports would be due within 30 days of Board of Supervisor approval but no later than June 30. The initial Three-Year Evaluation Report would be due June 30, 2019 and the second Annual Report would be due June 30, 2020.</li></ul>	<ul style="list-style-type: none"><li>✓ Issue an Information Notice providing a waiver for the initial Annual Report that is due December 30, 2017.</li><li>✓ Establish a Commission Subcommittee to work on amending the regulations.</li></ul>

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# AGENDA ITEM 8

Action

January 26, 2017 Commission Meeting

Evaluation Contracts

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**Summary:** The Commission will consider authorizing the Executive Director to enter into a contract with Mental Health Data Alliance to support the development of regular, periodic reporting on clients served in Full-Service Partnerships (FSP) and non-FSP Community Supports and Services programs statewide and at the county level, including training of staff to maintain and enhance the reporting activities. Fred Molitor, Director of Research and Evaluation, will discuss a draft outline of the proposed scope of work.

The Commission will also consider authorizing the Executive Director to enter into contracts to further support the configuration specification and user acceptance testing activities associated with the MHSOAC's 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., Director of Research and Evaluation;
- Brian R. Sala, Ph.D, Deputy Director for Evaluation and Program Operations.

**Enclosures:** None.

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

**Proposed Motion:** The MHSOAC authorizes the Executive Director to enter into contracts with the Mental Health Data Alliance for an amount not to exceed \$510,000 as follows:

- Not to exceed \$225,000 to support detailed configuration specification and user acceptance testing of configured application for the Full Service Partnership component of the MHSOAC's integrated web application and database.
- Not to exceed \$135,000 for further support of data collection, detailed configuration specification, and user acceptance testing of configured application for the Programs, Providers, and Services component of the MHSOAC's integrated web application and database.
- Not to exceed \$150,000 for accessing and developing structure for FSP and non-FSP data files and training staff in procedures for accessing, formatting, cleaning, analyzing, and interpreting these data using SAS and other applicable statistical software.

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# AGENDA ITEM 9

Information

January 26, 2017 Commission Meeting

Executive Director Report

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**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.