Client and Family Leadership Committee Meeting Minutes
Date: Friday, September 14, 2018 | Time: 10:00am-3:00pm

MHSOAC Office
1325 J Street, Suite 1700, Sacramento, CA 95814
Darrell Steinberg Conference Room
DRAFT

Committee Members:	Staff:	Other Attendees:
Commissioner Aslami-Tamplen	Angela Brand	Chris Barton
Pete LaFollette	Matt Lieberman	Michael Cortez
Yvette McShan	Tom Orrock	Steve Leoni
Min Suh	Norma Pate	Mitzi Meriwether
Sam Woolf*	Lester Robancho	Maureen Njamfa
Sharon Yates	Brian Sala	Mandy Taylor
	Filomena Yeroshek	Ruth Tiscareno*
		Kat Wantz

*Participation by phone

Committee members absent: Andrea Crook, Jeff Decker, Carmen Diaz, Richard Krzyzanowski, Laysha Ostrow, Darlene Prettyman, Julia Sweeney, Sandy Villano, Jairo Wilches, Emily Wu Truong

Welcome/Introductions

Commissioner Aslami Tamplen, Committee Chair, called the meeting to order and welcomed everyone. Introductions were provided by all present in the room as well as on the phone. Chair Aslami-Tamplen asked for a moment of silence in recognition of Suicide Prevention Week.

Agenda Item 1: Adoption of the Meeting Minutes (postponed)

Committee members were asked to review the minutes from the June 21, 2018 meeting for any errors or suggested amendments. An edit was noted to reflect a participant's attendance in person and not via the conference line. The vote for approval was tabled for the next Committee meeting as there was not a quorum present.

Agenda Item 2: Update on the Issue Resolution Process Project

MHSOAC Deputy Director Brian Sala provided an introduction and review of the project to solicit feedback on key questions for the report with the goal of bringing an outline to the Commission by the end of the year.

The report and discussion focused two points:

- Client dispute resolution: How should an IRP supplement the Medi-Cal Beneficiary Problem Resolution Processes? When and how is the IRP necessary and valuable? Staff discussed the history; previously issues have arisen around appropriate use of MHSA funds and the appropriate design and implementation of programs – these are typically policy questions but it is important to acknowledge individual client grievances when they establish a pattern that can then be differentiated between policy and quality improvement.
- Systems-level oversight and Quality Improvement: How should an IRP supplement the Community Program Planning Process and Consumer Perception Survey? When/how is the IRP necessary/valuable?

Staff reviewed the beneficiary problem resolution processes with specific focus on the report published by DHCS that includes a statewide summary report of beneficiary grievances, with county detail. In the report, Counties are permitted to incorporate MHSA-specific concerns into this process. The report includes the following key categories: Access; Quality of Care; Change of Provider; Confidentiality violations; "Other." Staff also reviewed the known grievance data as collected and reported.

Staff reported a lack of systematic data of number of grievances by data that are strictly MHSA. Discussion also included exploration on the revision on definition of grievance and the potential value of how grievance cases are tracked and followed as counties claim very few grievances. Committee members noted the importance of removing stigma as a barrier to filing and reporting a grievance.

Discussion included:

- How to serve the needs of the system and not to point fingers but to develop a process for continuous quality improvement and individual level service.
- Use of the State's ombudsmen and family advocacy supports.
- The need to address the historical treatment of consumers and how they often feel discounted, unheard, and neglected.
- Develop a process to have clients embedded in the system to help individuals understand and know their rights and navigate the system.
- Considerations for consumers re: lack of empowerment or understanding of system and rights; how to support consumers and family members to receive education as well as knowing that program staff have been educated and informed on process and needs.
- How to consider and support those who cannot read or write; account for SES, background, race/ethnicity, etc.
- Consider fear of retribution and folks afraid of complaining about a provider or program and helping people understand that this isn't; finger pointing but this to support quality improvement.
- Original structure of MHSA was to have a whistleblower option; the IRP can be utilized to draw attention to poor practices.

Staff asked the Committee to consider:

- What is important to know about county IRPs?
- How would we know that an IRP is successful?
- Should the MHSOAC seek to display data on county IRPs? What data and how?
- What recommendations should the project emphasize to DHCS? To the counties?

Discussion included:

- How to differentiate between MHSA and Medi-cal programs and how to disentangle grievances from one of the other.
- Does the current process include grievances regarding the Community Program Planning process; The Counties maintain a log and description of the issues filed, but there is a lack of systematic knowledge of issue topics specifically the "categorical/"other."
- How to support consumers and the common perception that issues are equated with "whining."
- Development of an online process to help support individuals; Often, the in-person process is vetted and then subject to an approval and some grievances may not be considered and as a result, some clients are lost in the shuffle of the approval process. The development of an online process that is anonymous (if needed) and can be completed remotely will support individuals where they are at and ensure client grievances are heard.
- Can the Committee hear from a patient's right advocate to better understand their work and their process; what is daily work load like; what is their ratio of activities; challenges, etc.
- Clarification that the statute allows for the Commission to recommend issues to DHCS; DHCS is the enforcement agency and responsible for compliance issues.
- Address the "loose" standards that are seemingly difficult to violate.
- How to collect information from counties that log complaints that are resolved immediately; some issues may be handled at the time and closed without additional escalation; this can lead to skewed reporting because immediately resolved issues are not known systemically.
- How to address prejudice and discrimination to avoid being dismissed.
- How to support individuals during process and they are "in between" providers as a result.
- Explore those with lived experience serving as case managers to ensure knowledge is captured.
- Participants noted that during the discussion, they were searching online for resources and after two hours, were still unable to find form and process. Additionally, if someone is in crises or without resources it may also be increasingly difficult to do this.

- How to fortify Medi-Cal customer service; private insurance administers surveys to track satisfaction and support whereas Medi-Cal does not; Often there is a perception and stigma that those who are lower socioeconomic status have to accept limited or inappropriate care because of that status.
- Consider that many in public care do not know of available services and supports.
- How to better use advocates for support for system navigation including support for clients and family members throughout the process.
- Reconsider HIPPA requirements and how to provide permission as this issue will continue as technology advances through telecare, online/applications.

Agenda Item 3: California Behavioral Health Boards and Commissions (CalBHBC) Contract

Staff reviewed the role of CalBHBC as a statewide body that was established to support the training and technical assistance needs of the local mental health boards and commissions. Their primary role is to:

- Review and evaluate the community's mental health needs, services, facilities, and special problems.
- Review county agreements.
- Advise the governing body and the director on any aspect of the local mental health program.
- Review and approve procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- Review and make recommendations on applicants for the appointment of a local director .
- Review and comment on the county's performance outcome data and communicate its findings to the CBHPC.
- Conduct a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update Improve the client experience.

The MHSOAC provides funding to support the work of the CALBHB/C through a small contract that supports ongoing training and technical assistance, five regional trainings, the development of a quarterly newsletter, and Annual Report, and an online Directory of Chairs. The Committee was asked to consider how could the CFLC and the CALBHB/C collaborate to increase the impact of the local mental health boards and commissions?

Discussion included:

- Survey all counties to see how many have clients/consumers as well as county staff on their board/commission to address power differentials.
- Recognition of efforts by CalBHBC to fortify infrastructure through the support of the OAC and the Planning Council to strengthen efforts around training and efforts to redirect funding to develop and maintain a new website. Additionally, staff

reviewed efforts to work in a number of areas in addition to their support role including their newsletter and web based info as well as provision of handbooks and manuals for best practices and the delivery of online training.

- Clarification of the membership and information about how they are helping to inform members of local boards and commissions to better understand what they do as well as requirements of board membership, i.e. can county staff serve on boards?
- Committee asked for clarity on local responsibilities; if they work with providers, etc. and do they give referrals for placements? Staff reviewed their goals are to provide training and support new members of boards and commissions – they are a support body; not a provider body.
- Possibility of creating a survey to know if the local boards and commissions are meeting the requirements that mandate 51% of membership be client/consumers;
- What are the rules around the Brown Act; do the local boards leverage resources in the county to know what is required?
- Noted challenges of a state agency supporting this work; including which counties actually pay dues – currently only 40 of 59.
- Clarifications that county employees be on the mental health board; there is a specific limitation to prevent county employees to be the dominant representation; this is also supported through federal regulations. Also, in order to get state and federal money, a board has to exist and there has to be at least one county staff member on the board;
- There is a need for research on IMDs and locked facilities; anecdotally, there is a need is for more respite support and limited use of locked facilities.
- How to look broadly at all groups doing similar work and creating opportunities to connect and share training and resources (i.e. ACCESS MHSA training).
- Clarification that current regulations require 20% within the 50% requirement must be client and 20% must be family members.

Caution was also noted on the politics in some counties; there is a perception that many individuals are invited and approved to sit on the board because they know someone; educate on role and voice of the client/consumers; it can be difficult to navigate membership on a board/commission as the process is lengthy and confusing.

Agenda Item 4: 2019/2020 Committee Membership

The Committee discussed the upcoming cycle for Committee membership. The current membership will end in December 2018. Staff noted that the Commission is currently in the middle of a strategic planning process and part of the discussion will include direction on the Committees.

Discussion included:

- Possible extension of the Committee term due to the fact that the Committee did not meet as often in the second year; Chair Aslami-Tamplen explained that elongated meetings were held to make up for the missed time.
- Clarification on compensation for committee members. The state pays for travel and per diem costs. Staff in the office can assist with travel arrangements as needed. Members must file a reimbursement form in order to have per diem covered; all travel expenses and compensation are paid out consistent with state travel guidelines and policy.
- Development of applications in additional languages; translation and interpretation support for members and interested parties.
- Ensure follow up that applications were received and a follow up letter info to be sent for those who were and were not selected.
- Will the Commission allow people to serve on only one committee at a time or allow memberships on multiple committees?
- Also consider how to support members to have a better understanding of the committee and functions etc.
- Keep communication open and provide clarity on process as Commission makes decisions about Committee structure.
- Explore role of the Committees as they are connected to the role to commission; Use of committee report-outs to the Commission to support and provide knowledge of Committee activity (buy-in) and support engagement of the Committees with the Commission.

Agenda Item 5: Future Agenda Items

The next meeting will take place on November 7, 2018 from 10:00am-3:00pm. The Committee suggested the following topics for future agenda items:

- Commission policy project updates
- Peer Respite/Second Story
- Issues of race and trauma and how to respond to violence and officer involved shootings; how to discuss topics of racism and discrimination and how to provide support for those affected; recognition that disparities are real and that incarceration rates for certain groups are disproportionate.

Adjourn

Meeting adjourned at 3:00pm