



State of California

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Teleconference Meeting
May 26, 2016

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

866-817-6550; Code 3190377

Additional Public Locations:

Clovis City Hall
1033 Fifth Street
Clovis, California 93612

3050 Motor Avenue
Los Angeles, California 90064

4434 Calle Real
Santa Barbara, California 93110

8730 Beverly Blvd., Suite E-137
Los Angeles, California 90048

3440 Viking Drive, #114
Sacramento, California 95827

2800 S Ocean Blvd.
Palm Beach, Florida 33480

Holiday Inn 300 J Street
Sacramento, California 95814 (Lobby)

2000 Embarcadero Cove, Suite 400
Oakland, California 94621

3712 Apple Hill Road
Modesto, California 95355

401 Quarry Road, Room 3212
Stanford, California 94305

Members Participating

Victor Carrion, M.D., Chair
Tina Wooton, Vice Chair
Lynne Ashbeck
Khatera Aslami-Tamplen
Sheriff Bill Brown
John Boyd, Psy.D.
John Buck
Itai Danovitch, M.D.
David Gordon
Larry Poaster, Ph.D.
Richard Van Horn

Members Absent:

Senator Jim Beall
Assembly Member Tony Thurmond

Staff Present

Brian Sala, Ph.D., Deputy Director,
Evaluation and Program Operations
Norma Pate, Deputy Director,
Program, Legislation, and Technology
Filomena Yeroshek,
Chief Counsel

Peter Best,
Staff Services Manager
Ashley Mills,
Research Program Specialist
Cody Scott,
Staff Services Analyst
Moshe Swearingen,
Office Technician

CONVENE

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:32 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that there was a quorum.

Chair Carrion stated that Executive Director Ewing is not in attendance today because he is presenting his report to the Little Hoover Commission.

ACTION

1A: Approve April 28, 2016, MHSOAC Meeting Minutes

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

The Commission approves the April 28, 2016, Meeting Minutes.

Motion carried 6 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Vice Chair Wooton, and Commissioners Ashbeck, Aslami-Tamplen, Danovitch, and Poaster.

The following Commissioners abstained: Commissioners Gordon and Van Horn.

INFORMATION

1B: April 28, 2016, Motions Summary

1C: Evaluation Dashboard

1D: Calendar

INFORMATION

2: Governor's May Revise Fiscal Year 2016-17

Presenter: Carla Castañeda, Principal Program Budget Analyst, California Department of Finance

Carla Castañeda, Principal Program Budget Analyst, California Department of Finance (DOF), presented the following information about the Governor's May Revise budget:

MHSA Revenues

The reconciliation in March yielded total revenues of \$1.8 billion, down approximately \$20 million from the Governor's Budget estimate.

- For the current year, 2015-16, the May Revision revenues are down approximately \$211 million, largely in the Annual Adjustment that will be reconciled next year.
- For the budget year, 2016-17, the May Revision estimates are down from \$2.1 billion in January to approximately \$1.9 billion at May Revision.

The Administrative Cap

These revenues resulted in reductions to the Administrative Cap.

- For the current year, 2015-16, the Administrative Cap is down from \$101 million at Governor's Budget to approximately \$91 million at May Revision.
- For the budget year, 2016-17, the Administrative Cap is down from approximately \$103 million at Governor's Budget to approximately \$93 million at May Revision.

State Appropriations

State Appropriations include carryovers from prior year Administrative Caps.

- For the current year, 2015-16, the State Appropriations are \$135.4 million.
- For the budget year, 2016-17, the State Appropriations are \$87 million. This includes additional funds for advocacy contracts funded by the Commission, reappropriations from prior year appropriations, and a research project through the California Department of Corrections and Rehabilitation.

Additional Legislative Proposals

The Senate and Assembly have adopted additional funds for the Commission to support additional advocacy contract funding. Because the Senate and Assembly have taken different actions to fully appropriate the remaining funds within the five percent Administrative Cap conversations will continue through conference.

Commissioner Questions and Discussion

Commissioner Poaster asked if the anticipated revenues for 2016-17 include legislative actions like “No Place Like Home”.

Ms. Castañeda stated that the Senate approved that action recently, but her reported revenue estimates are not affected by that proposal. She approximated the amount mentioned in the hearing as \$267 million in bond funds, which will be repaid.

ACTION

3: Review and Adopt Revised MHSA 2016 Financial Report

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

Deputy Director Sala referenced the Revised 2016 MHSA Financial Report included in the meeting packet and stated that the Financial Oversight Committee met on Monday, reviewed the draft Revised Report, and provided feedback. He stated that the May 2016 Financial Report contains minor changes from the January 2016 Report. The projected MHSA revenue is down two percent for 2015-16 and 1.75 percent for 2016-17 from the January projections. Most monthly distributions to the counties have been up this year over last, but there were big drops in August and May. In addition, the projected distributions for the full 2015-16 are down 0.56 percent from January based on actuals through May plus unchanged projections for June and July. The MHSA State Administration fund has been revised slightly from January, including \$1.2 million for the Commission’s stakeholder contracts and \$1.95 million for the Department of Health Care Services.

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

The MHSOAC accepts the May 2016 Financial Report as presented by the MHSOAC Financial Oversight Committee.

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

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

ACTION

4: Orange County Innovation Plan

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

County Presenters: Brett O’Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency; Gerry Aguirre, Administrative Manager, MHSA Innovations, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency

Deputy Director Sala stated that the MHSOAC approved five multi-year Innovative (INN) Project plans for Orange County on April 24, 2014. In presenting the plans in 2014, Commission staff erroneously indicated that the amount sought for approval was \$2,354,414. The correct total requested should have been \$6,932,589, as specified in county documents submitted on April 9, 2014. Orange County seeks approval for the balance of the requested funds: \$4,578,175.

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the budget summary for and background of the five Orange County INN projects and summary of materials submitted during the April 24, 2014, MHSOAC teleconference meeting. Start-up delays have affected all five INN projects and none of the projects has yet exceeded the dollar amounts approved by the Commission in 2014. In fact, two projects, Access to Mobile Devices and Developing Skill Sets for Independent Living, have not yet started.

Commissioner Questions

Commissioner Danovitch asked if the delay in funding has impacted the limitation of the county spending the funds.

Brett O'Brien, Director, Children, Youth, and Prevention Behavioral Health Services, Orange County Health Care Agency, stated that it is a nine-month process, once the funding is approved, to procure services for a project. Two of the five projects began on July 1, 2015, a third project began on December 1, 2015, and no bidders submitted applications on the Request for Proposal (RFP) sent out for the fourth project. That RFP is currently in revision and will be sent out soon. The last RFP will be released after county board of supervisors' approval.

Public Comment

Steve McNally, resident of Costa Mesa and family member, stated his concern of the nine-month RFP process, particularly since these are three-year plans. He asked how much of the funding is at risk to be reverted back to the state if it goes unspent, since it is budgeted but not yet implemented.

Commissioner Van Horn stated that INN projects are allowed five years.

Deputy Director Sala agreed and stated that the law mandates that the funds be spent within three years, so multiple-year projects will likely draw from multiple years of allocations. The Department of Health Care Services (DHCS) continues to work on regulations and implementation of the fiscal reversion policy. He asked Mr. McNally to provide him with his contact information or to contact the county representatives to talk at greater length offline.

Commissioner Poaster stated that Mr. McNally raises an important point around reversion policy. The Commission has a subcommittee that will be looking at fiscal reversion. He questioned whether this error put any of the funds at risk and stated that

the subcommittee will hopefully come out with clear recommendations on reversion policy because clarity is required at the county level.

Mr. O'Brien stated that no funds are spent until the contract goes into effect.

Hector Ramirez, from Los Angeles County, stated that he is glad that the Commission is working hard to address this because other counties must also experience the same procurement timeline issue.

Commissioner Van Horn stated that this is something the task force on reversion policy will be dealing with. The procurement processes in large counties are long and arduous. Almost every three-year project does not get started until the second year. The reversion issue needs to be rectified, and as long as counties are proceeding in good faith, it will become rectified.

Commissioner Discussion

Commissioner Ashbeck asked if the Commission has discussed its role in requiring accelerated procurement processes for INN funds because, after two years, it may not be that innovative anymore. Accelerating the process in counties would be a huge service to families and consumers.

Commissioner Van Horn stated that this is a great question. County processes are slow – getting through all the hurdles past county counsel and the board takes time. It would be great if there were an expedited procurement process for INN projects, but that is a county-by-county issue. The state has no control over that.

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

The MHSOAC approves the balance of requested funding for Orange County's multi-year Innovative Projects originally approved on April 24, 2014, as follows:

- *Name: Proactive On-site Engagement in the Collaborative Courts.*
 - *Additional Amount: \$1,067,087.*
- *Name: Religious Leaders Behavioral Health Training.*
 - *Additional Amount: \$658,083.*
- *Name: Access to Mobile/Cellular/Internet Devices in Improving Quality of Life.*
 - *Additional Amount: \$610,632.*
- *Name: Veteran Services for Military Families.*
 - *Additional Amount: \$1,388,861.*
- *Name: Developing Skill Sets for Independent Living.*
 - *Additional Amount: \$853,512.*

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

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

ACTION

5: Sacramento County Innovation Plan

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

County Presenter: Uma K. Zykofsky, LCSW, Director, Division of Behavioral Health Services, Sacramento County Department of Health and Human 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, of the summary of the INN project, regulatory criteria, what OAC staff look for, and materials included in the meeting packet for the Sacramento County Innovation Plan. He introduced Uma Zykofsky, Director, Division of Behavioral Health Services, Sacramento County Department of Health and Human Services (HHS).

Ms. Zykofsky provided an overview, accompanied by a slide presentation, of the project, the four key areas of adaptation, how the project is innovative, the proposed clinic design, background and system considerations, the plan for crisis services, the community planning process, significant learning objectives, project evaluation, and learning considerations including the questions for each of the key areas of the Mental Health Crisis/Urgent Care Clinic INN project. She stated that the learning objective is connectivity.

Commissioner Questions and Discussion

Commissioner Danovitch asked how Sacramento County HHS will retain the expected responsiveness of an urgent care. Ms. Zykofsky stated that the urgent care clinic will be available to see what is not working for the client in the moment that they were requesting services and figure out where they can best be served. There will be a warm linkage between urgent care and the rest of the system.

Commissioner Boyd asked what the after-hours will be and where clients will go during the day for this after-hours clinic.

Ms. Zykofsky stated that the clinic will be open during business hours but have after-hours capacity to include evening hours, weekends, and holidays.

Commissioner Boyd asked if walk-ins will be welcome at the clinic and if there will be ongoing input and collaboration with peer consumer support.

Ms. Zykofsky stated that consumers will be on the multidisciplinary team and on the service team at the urgent care clinic. All peer and community organizations and providers will also interface with them.

Vice Chair Wooton asked how many peer staff are anticipated to be in the crisis unit.

Ms. Zykofsky stated that there will be at least two to three peer and family member staff available at all times at the clinic.

Commissioner Van Horn asked how this project will influence other outpatient centers around the county.

Ms. Zykofsky stated that the learning will be great with this project. It will influence all Sacramento County clinics because the INN project will teach what is not working for clients. Linked individuals who come to urgent care will inform what needs to be improved in the outpatient system and what needs adaptations and improvements in the rest of the system based on the data collected and studied. This INN project is a test to learn what can be done better across the whole community.

Commissioners Van Horn and Boyd asked Ms. Zykofsky to encourage the UC Davis Department of Psychiatry and the evaluation team to collaborate with UCLA to collect strong data, make it publicly available, and to spread the practices as rapidly as possible. Tapping into the statewide infrastructure can make that happen more quickly. This collaboration will be important as the total reach potential of this project is realized.

Commissioner Ashbeck asked if the clinic will accept ambulance-transported patients.

Ms. Zykofsky stated that ambulance delivery is not an area of focus; the focus is on giving direct access to community members seeking urgent care services.

Commissioner Ashbeck asked if “care coordination across the system” means mental health system or that some technology, data service, or health exchange could track patients from the urgent care to the emergency room (ER) and to the full-service partnerships (FSPs).

Ms. Zykofsky stated that it is coordination across the mental health system – all of the mental health services delivered – but that there are external partners who refer into the system. That information will be necessary to obtain from health plans and hospitals in order to make a good match, screening, and optimal connection to where the person would best be served. She stated that the team’s focus was more inside the mental health system. She thanked Commissioner Ashbeck for the challenge to look beyond that to the external partners. She stated that she will take that input back to her team.

Chair Carrion asked about the integration approach of all the services. There are a number of integration models out there, but it is not known which will lead to better integration. He asked that this be added to the evaluation process to show the integration approaches used that lead to more effective outcomes.

Vice Chair Wooton asked for more information to be sent to the OAC staff about the peer staff. It is important to include individuals with the perspective of consumers and family as staff members at the crisis center.

Ms. Zykofsky stated that peer, family, and cultural brokers will be part of the team. She stated that she will send additional information to staff.

Public Comment

Rosemary Younts, of Dignity Health, stated that Dignity Health and the other health systems in the region strongly support this INN project and encourage approval of this model of care for Sacramento County to fill the gaps in care and relieve the overcrowding of ERs. All of the health systems in the region have been meeting with the county throughout the development of this project.

Deputy Kim Mojica, full-time Regional Crisis Intervention Training (CIT) Coordinator and part-time night shift patrol deputy, Sacramento County Sheriff's Department, spoke in support of this INN project as it builds additional crisis capacity and allows for learning and real-time adjustments to improve service delivery. Deputy Mojica stated that she represented the law enforcement perspective on the INN Work Group for this project. An after-hours alternative in the mental health urgent care clinic is an invaluable tool and an incredible asset for all the system partners and community members experiencing the crisis. Through their partnership with the Sacramento Behavioral Health Services, the Sacramento County Sheriff's Department has developed the Mobile Crisis Support Team and the Law Enforcement Mental Health Consultation Phone Line pilot projects.

Roy Alexander, of the Sacramento Children's Home, speaking on behalf of the Sacramento Association of Behavioral Health Contractors (SABHC), stated that the SABHC confirms that there is a gap in the county's system of care. Consumers are unnecessarily hospitalized or incarcerated, utilizing inappropriate and more expensive resources than necessary. Given the influx of demands on the local emergency departments, an innovative alternative is needed. He spoke in support of this INN project.

Sayuri Sion, a retired peer-provider, spoke in support of this INN project. She stated that she served on the Mental Health Services Act (MHSA) Steering Committee and the Cultural Competency Committee, which contributed to the planning of this INN project model. She shared her story of experiencing many hospitalizations during her recovery process from mental illness and highlighted the experience of being restrained in the ER and tied to a gurney for hours before she was assessed and transferred to a psychiatric facility. She stated that, if a mental health crisis/urgent care clinic model was available during her times of crisis, she and her neighbor would have been compassionately cared for. This model provides greater accessibility during a time when other outpatient clinics are closed, timely access, a welcoming environment with peers working as part

of the service delivery team, and a safe place that is less threatening for consumers in crisis.

Robert E. Hales, M.D., Medical Director, Behavioral Health Division, County of Sacramento and Chair, Department of Psychiatry, UC Davis School of Medicine, spoke in support of the INN project. He stated that the uniqueness of this plan is assigning duly-trained physicians to provide the care at this clinic. There is a close relationship between UC Davis and the county. He stated that this is an exciting opportunity and that he is glad to work with the county on this project.

Frank Topping, Member, Sacramento County MHSA Steering Committee and a member of the California Network of Mental Health Clients, spoke in support of this INN project. He stated that he served on the work group for this project. He cited examples of individuals in mental health crisis who have waited on gurneys in ERs for up to three days. He asked for help to improve these kinds of situations.

Action: Commissioner Boyd made a motion, seconded by Commissioner Ashbeck, that: *The MHSOAC approves Sacramento County's INN Project.*

Name: Mental Health Crisis/Urgent Care Clinic

Amount: \$12,500,000

Project Duration: 5 Years

Motion carried 10 yes, 0 no, 0 abstain, and 1 recusal per roll call vote as follows:

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

ACTION

6: City of Berkeley Innovation Plan

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

County Presenter: Steven Grolnic-McClurg, LCSW, Mental Health Manager, Mental Health Division, City of Berkeley Department of Health, Housing and Community Services

Deputy Director Sala provided an overview, accompanied by a slide presentation, of the summary of the INN project, regulatory criteria, what OAC staff look for, and materials included in the meeting packet for the City of Berkeley Innovation Plan. He introduced Steven Grolnic-McClurg, Mental Health Manager, Mental Health Division, City of Berkeley Department of Health, Housing and Community Services. He stated that this INN project will use the Train-the-Trainer model.

Mr. Grolnic-McClurg introduced Karen Klatt, MHSA Coordinator for the City of Berkeley. He stated that Berkeley's INN project is relatively small. It comes out of two different streams that came together for the city. The City of Berkeley's Mental Health Division

has been working closely with the school district on how to better support students who are exhibiting an achievement gap – one of the largest in the state. A large amount of trauma was identified for the children within the City of Berkeley, particularly children of color. The City of Berkeley has been collaborating with the City of San Francisco and their model of a trauma-informed system of care approach and partnering with 2020 Vision for Berkeley’s Children and Youth.

Mr. Grolnic-McClurg stated that the INN project will test whether the Train-the-Trainer model and the follow-up, Coaching Circles, create a change in the way that educators view and handle problematic student behaviors, whether that also increases access to mental health services, and whether those referrals are appropriate.

Commissioner Questions and Discussion

Commissioner Gordon asked to whom the children will be referred for services.

Mr. Grolnic-McClurg stated that it depends on who is providing the mental health services in each school. In some schools, it is school personnel, and in others, it is a variety of contract providers who provide the mental health services within the schools.

In response to a question from Commissioner Aslami-Tamplen Mr. Grolnic-McClurg stated that this INN project goes through the City of Berkeley and not through Alameda County.

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

The MHSOAC approves the City of Berkeley’s Innovation Project.

Name: Trauma-Informed Care for Educators

Amount: \$180,000

Project Duration: 3 Years

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

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

INFORMATIONAL

7: MHSOAC Mental Health/Criminal Justice Project Report

Presenter: Ashley Mills, Staff

Ashley Mills, MHSOAC staff, stated that staff has developed a Project Framework on Exploring the Mental Health/Criminal Justice Intersection that helps to organize goals, objectives, tasks, and activities. Staff has also developed a draft timeline through July of 2017. These documents have been included in the meeting packet.

Ms. Mills reviewed the goals, objectives, project structure, public engagement, research and policy development, communications and drafting, project schedule, and additional engagement opportunities of this project. She stated that all dates are subject to change.

Commissioner Questions and Discussion:

Chair Carrion asked about the next steps and how the Commission can help.

Commissioner Brown stated that the next step is to begin gathering input, visiting the sites, and accumulating information that can be put out to stakeholders and used to identify systems shown to be promising.

Commissioner Ashbeck encouraged Commissioner Brown to reach out to Margaret Mims, Sheriff, Fresno County, who took a trip to San Antonio in July of 2012 to observe and discuss work on this issue being done there. Much of what is being done in Fresno was based on that site visit.

GENERAL PUBLIC COMMENT

No members of the public addressed the Commission.

ADJOURN

There being no further business, the meeting was adjourned at 12:00 p.m.