



Client and Family Leadership Committee Meeting Minutes
Date: Wednesday, July 12, 2017 | Time: 9:30am-12:00pm

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

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Commissioner Aslami-Tamplen	Kristal Antonicelli	Chair Wooton*
Andrea Crook	Angela Brand	John Aguirre
Carmen Diaz*	Kai LeMasson	Teresa Comstock*
Richard Krzyzanowski	Ashley Mills	Maureen Njamfa
Pete LaFollette	Tom Orrock	Beth Woolf*
Laysha Ostrow*	Brain Sala	Steve Leoni*
Darlene Prettyman*	Cody Scott	
Min Suh		
Julia Sweeney		
Sandy Villano*		
Jairo Wilches		
Emily Wu Truong		
Sharon Yates*		

*Participation by phone

Committee members absent: Commissioner Gladys Mitchell, Michael Beebe, Jeff Decker, Yvette McShan, Sam Woolf

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.

MHSOAC Manager Tom Orrock reminded Committee members that in order to vote on Committee business, all members must either be present in the room or provide a physical address for posting on the meeting agenda if the Committee member elects to participate by phone.

Agenda Item 1: Adoption of the Meeting Minutes

A vote on the minutes was suspended until the September 2017 meeting as there was not a quorum present for the meeting. Committee members were asked to review the minutes for any errors or suggested amendments. The Committee took a moment to review the minutes.

Members noted a few edits to be made:

- Periods were needed at the end of sentences on the bulleted items on page 2.
- The meeting end time was not correct; meeting ended at noon.
- Spelling error; should be charter, not chatter.

Minutes will be brought back for approval at the September meeting.

Agenda Item 2: Commission Policy Project Update

Fiscal Transparency Tool

Dr. Brain Sala, MHSOAC Deputy Director, provided an update to the Committee on the status of the Fiscal Transparency Tool that was initially presented to the Committee at the May CFLC Meeting.

Dr. Sala reviewed the recently passed trailer bill language from Assembly Bill (AB) 114 that would address the approximately \$120M in unspent MHSA funds, largely assigned to Innovation. Previously, there was no specific mechanism to determine how to address unspent funds. Of the \$120M, nearly \$100M is Innovation funding; bill sets out a way for counties to access and spend funds. Among the notable provisions:

- Counties must submit a plan for expending unallocated funds by July 2018 and will have until July 2020 to spend funds.
- Extend the reversion period from three to five years for small counties (this is for pop less than 200,000).
- Restart the reversion clock upon approval of a county Innovation plan.
- Funds subject to reversion in 2017-18 will be reallocated to other counties based on the original purpose of the funds.

Fiscal Transparency Tool to be adjusted to clarify the meaning of this policy for better communication of unspent funds and will include changes as needed to Annual Revenue and Expenditure Reports (ARER). Dr. Sala reported that the MHSOAC is looking to complete minor changes to the tool for release by the upcoming July Commission meeting.

The Committee requested clarification on the following areas:

- Clarification on what reversion is; for those who may be new.
 - MHSA funds are currently distributed on a monthly basis with the provision that funds have to be spent within 3 years; funds can be transferred to other components for 10 year reversion (or to a prudent reserve account with no limitation). Unspent funds will return to state fund for redistribution back to the counties. The reverted funds cannot be used for state administration use.
- Is there a provision for the Commission to extend deadline to the counties beyond the three years?
 - While the language does not specifically address this issue, the MHSOAC will address nuance as this issue moves ahead; At this time, the authority is with DHCS until fiscal regulations are in place.
- With regard to 100M of Innovation funds, will counties have to return the finds or only develop a plan for use within the 3 year period; and how will the interest accrued be addressed?
 - The MHSOAC is working with DHCS to clarify interest use through regulations. As interest accrued is first and foremost MHSA funds and should be treated as revenue. Historically, interest has been treated as allocated to component under which earned; however, 15/16 ARER consolidated the interest accrued and it has been challenging to determine specifically which program component the accrued interest belongs to; Counties have often put accrued interest into separate accounts. Currently, the law requires MHSA funds to be placed in interest bearing accounts; by the county at the county level.
- Plan for testing and feedback of the tool?
 - The goal will be to ensure that data reported is consistent with county ARER reports.
- Plan for testing to ensure intuitive design and mobile optimization?
 - Tool is currently being reviewed to “work out any bugs” and staff anticipates that this will be an ongoing process; Committee members are welcome to provide feedback during this process.
- Plan for how to market/communicate awareness of this tool to/for the public?
 - There is an internal communications plan to address this as well as initial, informal conversations with other agencies and entities, including the Steinberg Institute.
- What is maximum allowance on prudent reserve?
- Previously, under the direction of the former Department of Mental Health (DMH), the intent was a maximum of 50% of CSS funding. Additionally, the law

provides that in any one year, a county can transfer 20% of the average of 5 years of available resources.

Criminal Justice Project

Ashley Mills, MHSOAC Senior Researcher provided an overview and update on the Criminal Justice in Mental Health project.

In early 2016 the Commission prioritized a policy research project in reaction to concerns that persons with mental health needs were being inappropriately overserved in the criminal justice system. A subcommittee lead by Commissioner and Santa Barbara County Sheriff Bill Brown was formed to guide this project and explore ways to reduce the number of persons with mental health needs who become involved in the justice system and improve outcomes for those in custody.

Members of the subcommittee and Commission staff have been meeting with national and local leaders, holding meetings and forums where consumers and family member perspectives were highlighted, reviewing the literature for best practices and community driven practices, and touring sites in California and in other states.

In addition to the larger subcommittee meetings, MHSOAC staff have been engaging small group conversations with members of the African American, Latino, Native American, and Transgender communities to specifically discuss issues specific to these diverse communities.

For reference, interested individuals were directed to the MHSOAC website for a complete listing of all project meeting summaries and other information. Ms. Mills noted that the initial project framework document that is available online is an initial guiding document and many of the current activities and discussions that have occurred are because the project framework has evolved because of changes and discoveries made through the course of the project.

Ms. Mills shared the following key findings from the project work:

- Data and information on persons moving through multiple public systems are not being consistently shared among providers.
- Community-based treatment providers do not consistently share information with correctional health care providers, and vice versa.
- Program costs and outcomes are not being tracked.
- Community consultation processes often do not include data to track the quality of services and monitor outcomes.
- In general, programs and services are not meeting the needs of person with behavioral health conditions, especially in diverse communities.
- Programs and services do not address the “systems” in which people live; such as, neighborhood violence, intergenerational incarceration, and homelessness and poverty.

- The availability of and access to a continuum of services is inconsistent across counties depending on funding levels and community priorities.
- Housing remains one of the biggest challenges facing both those with behavioral health needs who become involved in the justice system and administrators struggling to meet needs.

Staff is currently working on a final report and recommendations and will be planning a meeting of the subcommittee to review the draft document and hear public comment. The final report and recommendations will be presented before the full Commission in the fall.

Committee members discussed the following:

- The Committee was directed to an article in the Santa Barbara Independent; article makes reference to a lack of beds in Santa Barbara County.
- How to address the issue with housing, how to provide financial support for housing specifically for individuals and families with substance abuse and addiction issues.
- Given the comprehensive nature of the project, it is likely that the forthcoming paper is the beginning of a dialogue; staff should consider a presentation to the California Mental Health Planning Council.
 - The paper will address structural needs of system and should not be viewed as the answer to the issue at hand but rather a mechanism to continue the conversation in a way that is building on efforts underway.
- Praise for the engagement of wider conversation; noted work taking place in Los Angeles County addressing poverty and homelessness and recognition of high rates of incarceration of homeless individuals; arrest is not often related to mental health or criminal activity but often because of status as a homeless person; may individuals are experiencing compounding offenses; should consider how to connect dots with the intersection of poverty.

Schools in Mental Health Project

Kai LeMasson, MHSOAC Senior Researcher, provided an overview on the Schools in Mental Health Project. Materials and handouts were made available to Committee members. Dr. LeMasson reviewed all materials and noted a special thank you to United Advocates for Children and Families (UACF) for their work in support of this project.

Dr. LeMasson stated the intent of the project is to move from a fail first paradigm where kids have to get worse, i.e. get expelled or suspended before help can be provided. One of the goals for the update was to solicit feedback from Committee members, including those who would like to be a part of the advisory committee to inform the project moving forward.

Committee members discussed the following:

- How to add integrated education strategies to prevent needs from becoming pretext for child being separated and placed unnecessarily in special education classes.
- An existing program in Ventura where there are institutional advocates called “Friends in the Lobby” – provides an available, onsite advocate to help families in need.
- Clarification is schools in pilot program will be public or charter schools.
 - The goal of the project is to include both.
- How to address inappropriate use of medication; historically, pharmaceutical interventions have been seen as “easier”; project should look at what are the diagnoses and how are schools and families using medications.
 - Project staff have received feedback regarding medications and misdiagnosis as well as medical providers prescribing meds without communication with school psychologist or teaching staff. Goal is to break down the silos and bring all partners to the table for communication regarding the child.
- How to address lack of parent engagement and county differences in available programs and supports. Because of variance in counties and resources, it is likely that schools will be different. Committee members also expressed need to close communication loop with parents as it is key to have their buy-in first before working with their child.
- Ensure all income areas and ranges are addressed with regard to types of schools chosen for pilot programs.
- Consider use of peer counseling as a required course for and development of support groups in the schools.
 - Though the current focus is younger children (0-7 years), this will be taken into consideration as project moves forward.
- How to address communications when school based providers are outside contractors; school staff may not be able to share diagnosis.
- Consider use of a multidisciplinary team to include school social worker; work with schools that have social work programs to ensure education on all topics and needs;; also think about challenge of end of year referrals not being addressed in a timely manner.
- Consider areas of intersection with MHSOAC Criminal Justice project.
 - Though not fully addressed at this time, there is recognition of concern about the school to prison pipeline issues; while the project is focused on a very young subset of children, this is not a primary focus but acknowledgement that it can eventually happen as a result of untreated issues will ensure it will not be ignored or discounted.

****Due to time constraints, Agenda Item 3 was postponed to later in the meeting.***

Agenda Item 4: Updates on the Transition Age Youth (TAY) Request for Application (RFA) design process and the SB 82 Mental Health Crisis Triage RFA

SB82 Triage Program RFA

Kristal Antonicelli, MHSOAC Triage Staff, provided the Committee with an update on the forthcoming SB 82 Triage Program RFA. Materials were provided to all participants. Ms. Antonicelli asked for the Committee to consider if funds should be carved out for use specifically with children/youth crisis serves. In current program funding, there are only 3 programs with a specific focus on children and youth.

Committee discussion included:

- How to address treatment; what is the working definition of treatment specifically with children and youth as most options are related to use of medications.
 - Triage Program funds are specifically for personnel and not for direct service provision; linkage to service may include access points and diversion and liaisons, etc.
- How to address active crisis and linkage to services and supports; may link to treatment but this if for personnel specifically.
- Is there an opportunity for intersection with Schools Project and the upcoming pilot study? There may be overlapping work taking place.
- Consider use of recovery personnel and how to expand crisis stabilization services.
- What to do for counties without any active triage programs – example provided regarding difficulty in accessing Orange County MHSA programs?
 - While Orange County does have a Triage Program, it was not fully implemented until 2016.

Transition Age Youth RFA

Tom Orrock MHSOAC Manager provided an update to the Committee regarding the forthcoming TAY RFA. MHSOAC staff are looking to gather feedback from TAY to inform the development of the RFA. Mr. Orrock provided an overview on funding and funding gap for TAY; current TAY contract with CYC is for \$500K per year. In the interim of the original stakeholder RFP process, the state increased funding amounts for advocacy to \$670K per year for all stakeholder contracts. As CYC's contract had already been awarded at the time of the increase, the MHSOAC has an additional \$170K per year to administer for TAY focused activities and the Commission would like to work with TAY on developing the scope of the RFA for these activities.

The first information session was a focus group held in Alameda on July 7th to identify needs to help inform the initial stages of the project. The goal was to hear from youth and not just from adults, on behalf of TAY. Topics discussed included:

- 1 in 5 youth with a mental health diagnosis.
- How to address/support youth that “fall through the cracks” in transition from the children’s system of care to the adult system of care.
- How to support/ change experience with difficulty in locating services.
- Development and use of online community needs.
- How to connect more youth, hear more, plan and be informed bigger broader conversation.

Committee members discussed:

- Clarification of the age of TAY as 16-25 or 18-25; efforts should be made to include youth ages 16/17 to support authentic youth engagement and not just representative engagement.
- What efforts were/are underway to communicate this project and related events?
 - Current activities include a small contract with Art with Impact to outreach to youth communities and identify participants.
- Overview of demographic of participants and focus groups including geographic breakdown.
 - While the first focus group was largely representative of the Bay Area, continued plans include multiple regions, rural and urban.
- Consideration of specific groups within the populations; is the goal to intersect with stakeholder contractors.
- BS: Art with Impact with great ties and abilities to connect.
- Consider activities in places such as Imperial County; often overlooked due to the location and distance, but would be ideal to ensure engagement and representation of un/underserved communities, specifically Latino.

Agenda Item 3: Los Angeles Community Forum Update

Tom Orrock, MHSOAC Manager provided a brief update to the Committee that a date and location will be forthcoming and that more information will be available in the next week. He encouraged interested individuals to participate in the upcoming planning meeting scheduled for July 19th.

The topics to be discussed at the upcoming meeting will include recommendations for breakout groups including a specific focus and topics for discussion within breakout groups.

The Committee discussion included:

- Clarification of a theme or purpose for the Forum.
 - While there is no specific theme for the large group, planning workgroup is considering themes/special topics for the breakout groups.
- Clarification if the forum will only be for residents in the LA region only or are individuals from other counties and regions able to attend; some might feel more comfortable sharing their experiences in their counties without fear of retribution.
- Are there plans for additional forums in other regions/areas?
- Consider the growth of the forums over time; the forums have steadily brought in more stakeholders.
- How to highlight work underway with other projects.

At this time a participant asked for an update on the Innovation subcommittee. Dr. Sala, MHSOAC Deputy Director, provided a quick update on the activities of the subcommittee. The first meeting was held on July 10. Purpose of meeting was to explore mechanics of the process before approval by the Commission, staff roles, considerations to support the counties during the process, 30 day review process, the definition of innovation, clarification of requirements and transparency of expectations.

Agenda Item 5: Charter Work

Using the Committee Charter, Commissioner Aslami-Tamplen asked for the Committee to consider how to prioritize activities. The goal, as previously discussed by the Committee was to take each activity, one at a time, complete and move on to the next activity. If the Committee successfully completes the activities, considerations for new projects will take place at that time.

The Committee discussed the three activities as outlined in the Charter:

1. CFLC members will participate with and actively support selected Commission projects. The Committee will be informed by MHSOAC Commissioners as well as MHSOAC staff members of the projects and priorities of the MHSOAC so that the Committee may lend its knowledge and expertise to the process.
 - a. Provide active involvement with the Issues Resolution Process (IRP) project.
 - b. Provide active involvement with the Schools and Mental Health project.
 - c. Provide feedback on the Fiscal Transparency Tool to ensure usability by families and clients.
 - d. Provide assistance to the MHSOAC on other projects as they arise.

2. The CFLC will produce a policy document which outlines best practices for client and family member engagement in local mental health programs.
3. Create a “Tell Your Story” video project highlighting committee members who will share the importance of hearing from consumers and family members on how to improve the mental health services delivery system and/or their stories about the impact of the MHSA on them and their family members.

With regard to activity #1:

The Committee expressed consensus that the first activity is a fluid and ongoing process and that members would like to increase involvement with the Commission’s work, specifically around the policy project, the IRP process, and other opportunities as they arise.

With regard to activity #2:

A policy document would be incredibly helpful for clients and families. Document can look at

- Unmet needs and cracks in the system.
- Lack of systems.
- Acknowledge fear and mistrust; address systems distress and process of people not going to the county and coming to state with little ability to change or consequence.
- Develop guidelines for what communities need.
- Consider the best practices needed including how to help families with insurance limitations, identification of safe places to go, what questions to ask.
- How to determine where to gather info on best practices? Where will research come from? Who will be doing the work to complete the document?

With regard to activity #3:

Tell Your Story activities should be done and used at the local level for greatest impact:

- Consideration that video should be true to contact model that’s interactive and is complementary to what is already being done.
- Caution that this kind of activity can be used as a default; clients feel that they have been utilized as “a parrot on display” and that they have been used as the token client/family member.
- Encourage a better definition for interaction and contribution so it’s clear and all participants are on the same page.
- Use this tool to create value and impact.
- Look at Empathy versus Sympathy video; can this type of model be replicated.

- What are the available resources for this project? Who would make the video, how would it be used, marketed, distributed?
- Who would be in the video? Would it include Committee members?
- What are the goals for the video? Be mindful of unique experiences and stories.

The Committee chose to prioritize the development of the policy document as the next activity.

Overall discussion on prioritizing the activities included:

- Consider having longer meetings for Committee members to be able to spend more time working on the projects. To be able to thoroughly complete this project, Committee members felt that more time would be needed. Consider options including previous meetings that were 10am-3pm with lunch or 9am-1pm with a working brown bag lunch.
- How to educate new Committee members to make sure they understand all of these activities and projects underway, including education on the MHSA.
- Possible strategy would be to have teleconference calls in-between regular Committee meetings to identify work and support for the project etc.
- Consider activities to gather additional research and information;
- What resources would be available to gather information and identify literature etc?
- How to integrate and use the Community Forum to gather info.
- How to engage stakeholders and others outside of the Committee.
- Consider work completed by CAMHPRO and the requirements for the community based stakeholder processes/the Client Stakeholder Project.
- Consider framing document not as a “how to” but rather a reminder to the systems about what is effective and what should be available.

Adjournment

Meeting adjourned at 12:15pm