

**Mental Health Services Act
Steering Committee Meeting**

Monday, December 5, 2016

1:00 p.m. to 4:00 p.m.

Delhi Community Center

505 E. Central Ave.

Santa Ana, 92707

MINUTES

Item I Call to Order/Welcome

- At 1:07 p.m. by Sharon Browning
- Sharon announced that at the conclusion of the presentations, the steering committee will be voting to approve the budget for FY 17/18, FY 18/19, and FY 19/20.

Item II State/Local Update

Dr. Jeff Nagel, BHS Director of Operations

- Dr. Nagel discussed “*Stepping Up*,” a national initiative to divert people with mental illness in jails to mental health programs and reduce recidivism. Orange County has representation in all of the different 10 workgroups. He also discussed the state’s *Continuum of Care Reform*, which provides additional resources for services to foster care children in California, using foster family agencies as Medicaid providers. Marcy Garfias, HCA’s Division Manager of Children and Youth Behavioral Health is chairing the statewide workgroup. He also briefly mentioned the “*No Place like Home*” initiative targeting homelessness, which will provide \$1.8 billion of MHSA dollars for counties to competitively bid for. HCA plans to participate and write grants, receive funding, and develop programs.
- Dr. Nagel also discussed the countywide strategic priority for the BHS Co-located Services facility, providing integrated care for mental health and substance use disorders, which he has written the initial plans for under the direction of BHS Director, Mary Hale. However, he shared that it is still too early to provide further information for the committee.

Item III MHSA Update

Dr. Sharon Ishikawa, MHSA Coordinator

- Dr. Ishikawa shared that the Mental Health Services Oversight and Accountability Commission (MHSOAC) recently did not approve three employment focused Innovation programs that were presented to the commission

in Sacramento. The programs were not deemed innovative and the MHSA office and Innovations Office are working with County Behavioral Health Director's Association (CBHDA) to find better solutions going forward. CBHDA is assisting the implementation of new PEI and INN regulations. She also mentioned that statewide standardization of outcomes for non-FSP programs are being developed. She briefly mentioned the cost benefits analysis project which is under negotiations and slated to start in March of 2017, and will involve 220 focus groups, finding gaps, providing a countywide systems review, looking not just at MHSA but at other county and county contracted programs.

- Dr. Ishikawa conducted a review of the October Public Forum where the public comments gathered were compared to existing or planned services. She went over the needs identified by the public comments in these areas: Housing (Housing for homeless, Transitional housing, Peer-run housing), Workforce/Training (Expanded peer involvement, Expanded peer/family training, Peer scholarships, Peer certification), PEI Services (Stigma reduction, Outreach & Engagement efforts for the underserved, Intervention for children, Curriculum training), Child Services (Student–mental health linkage, Increase access and services at younger age, Psychiatry access line), Older Adult Services (In home services, Early intervention), Crisis (Add psychiatric inpatient beds, Expand CAT to target Vietnamese speaking population), Population Specific FSPs (Adult API FSP/Trauma-focused services, AOT FSP expansion), Dual Diagnosis (Dual diagnosis residential program), Deaf/Hard of Hearing (More direct access to services), MHSA System (Community outreach, Efficiency of MHSA system), and Other (Transportation, Caregiver support, respite care, Domestic violence inter-agency collaboration).
- A comment was made by a Steering Committee member regarding lack of support given to families, which he considers the largest group of providers and encouraged the use of MHSA funds to support Family to Family programs.
- Dr. Ishikawa provided an introduction to the budget process, have begun several months ago with a true-up in order to find true amounts of funds spent which will free up money more easily. She also stated that across the components, there will be no reduction in services.

Item IV

MHSA Co-chairs Updates

Linda Smith and Kelly Tran, CSS Children and TAY

- Linda and Kelly reviewed the recommended CSS Children/TAY program budgets, going over every program and explaining any increases/decreases in the budget.

Helen Cameron and Patti Pettit, CSS Adults and Older Adults

- Helen and Patti reviewed the recommended CSS Adults/Older Adults program budgets, going over every program and explaining any increases/decreases in the budget.

Dianna Daly, PEI

- Dianna reviewed the recommended PEI program budget, going over every program and explaining any increases/decreases in the budget.

(For a complete listing of all increases/decreases please use the budget charts on the website)

Item V Innovation Programs Update

Flor Yousefian Tehrani, Innovations Office

- Flor provided a brief background on Innovations, and shared that a report of Round 1 projects for the MHSOAC is being worked on. She shared that MHSOAC approved five Round 2 projects, three of them have already started and the fourth one will begin around July of 2017. For the fifth project involving mobile devices, there were no responses to the RFP and therefore it will not be going forward. For Round 3 projects, while the employment related projects were not approved, we will be trying to move on to gain approval for the remaining four programs that the Steering Committee previously approved.

Item VI WET & CFTN Update

Dr. Sharon Ishikawa, MHSA Coordinator

- Dr. Ishikawa reviewed the recommended WET and CFTN program budgets, going over every program and explaining any increases/decreases in the budget.

Item VII Steering Committee Comments/Questions

Dr. Jeff Nagel, Director of Operations

- A question was asked regarding interoperability of EHR, to which a response was provided that the primary focus is to meet federal guidelines for meaningful use, and interoperability is not easy to implement due to consents and privacy laws, but it is something that we are looking at it.
- A question was asked regarding Mental Health trainings for non-Mental Health audience (what the training looks like, what is the curriculum, etc.), to which the response was provided that the provider selected by the RFP process will develop the appropriate curriculum.
- A question was asked about whether the Steering Committee will have access to all of the public comments in the form they were submitted (not a summary), to which an answer of “yes” was provided.

- A comment was made regarding concerns about whether INN/WET sub-committee was meeting at all like the other committees, in the light of recent difficulties getting Innovation programs approved. An explanation was provided that while the Steering Committee and the Board of Supervisors approved funding for programs, Innovations programs have to go to the MHSOAC for approval, which adds another level of complexity.
- A question was asked regarding the percentage of administrative costs, to which the response of 18% straight across all programs was provided.
- A question was asked seeking clarification on the different PEI vs. CSS Outreach & Engagement programs, to which a response of target population's illness severity (severe and persistent mental illness) was provided.
- A question was asked regarding what happens to proposed money that has not been spent, to which an answer was provided that the money is contained in the 3 year plan and a budget true-up process done at the end of every year will identify any unspent money and allow for its reallocation.
- A question was asked regarding the recruitment of psychiatrists and the loan assumption program, to which a response was provided that 8 of the 16 psychiatrist positions are in the process of getting offers. The same member asked for the consideration to incentivize the privatized psychiatrists to help out at the county.
- A question was asked regarding what the current level of prudent reserve was and where unspent dollars will go to which a response was provided that the current prudent reserve is at \$70 million and any unspent dollars will be moved to be spent in year 2-3 of the 3 year period.
- A comment was made regarding concerns on staff support to speed up the start of new programs, to which an explanation was made that it is a difficult and complicated process of an agency or organization to work with the government and that it is costly for small agencies to compete with bigger ones.
- A comment was made regarding concerns on peer/unlicensed mental health workforce pay and on the possibility of a survey of salaries, to which a response was provided that BHS would move forward with a survey of the pay range and classification for these positions. Another member commented requesting that other low-paid positions be included as well.
- Dr. Nagel briefly reviewed the plan approval process – outcomes presented to the sub-committees, 30-day public posting followed by public commenting, voting by the Mental Health Board then the Board of Supervisors. Only Innovation programs need the additional step of approvals by the MHSOAC.

Item VII

Action item: Approve the MHSA Budget to be included into the MHSA 3-Year Plan

- Consensus approval of budgets at 3:25pm

Item VIII Public Comments

- A public comment was made by a representative from CHOC on the importance of being able to see public comments from the Public Forum. She also commented on looking beyond just the schools (school-based PEI programs) for programs targeting early childhood populations and praised FSP wraparound programs for their effectiveness with this population.
- A public comment was made seeking better tracking of funds (total unspent, unallocated, operational, etc.) and this would better inform committees and the public when going to speak to the different Boards. He also commented on the issue of high caseloads for those serving individuals with severe mental illness, where some have close to a caseload of 100 clients when there are more appropriate programs such as PACT where caseloads are closer to 15. He also commented regarding the homeless problem, encouraging Steering Committee members to ask important questions and push for better integration of different entities and systems.

3:40 p.m.

Adjourned