

CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C)
Minutes of Governing Board Meeting, October 18, 2019
Hotel Med Park Conference Room, Sacramento

The meeting was called to order at 1:00 pm by President Harriette Stevens.

Attendance: Governing Board Members: President Harriette Stevens (San Francisco), Vice President Benny Benavidez (Imperial), Secretary/Treasurer Mae Sherman (Lassen), Jerry Harris (Ventura), Kristine Haataja (Napa). Supervisor Stacy Corless (Mono) and Stacy Dalglish (L.A.) joined the meeting by conference call.

Staff: Theresa Comstock (Executive Director), Olivia Kite (Executive Assistant)

Open Comment: Comstock commented on the 2019 Data Notebook noting that it was due to the CA Behavioral Health Planning Council on October 15th. It appears that many counties will need an extension.

Minutes: The minutes from the September 20, 2019 Governing Board meeting were presented for approval. A motion to approve the minutes was made by Jerry Harris with a second by Kristine Haataja. Supervisor Stacy Corless abstained. The motion carried.

Finances: A “Statement of Financial Position” and “Statement of Activity” were presented by Executive Director Theresa Comstock. Total equity as of October 11, 2019 was \$133,960.14. A suggestion was made for the Statement of Financial Position to have a footnote to explain that any deficit is covered by the savings. A copy of the budget was included in the meeting packet.

We received a new deliverables-based contract from the MHSOAC for \$55,500. This one-year contract is through October 31, 2020. The contract was less than our proposal. Comstock will sign and return so that we can once again invoice for deliverables.

It was suggested to reach out directly to DHCS regarding funding Mental Health Board training.

A tiered structure of dues based on population will remain the same as last year, but we may raise dues next year. Dues invoices are anticipated to go out soon.

A motion to accept the financial reports as presented was made by Benny Benavidez with a second by Stacy Dalglish. The motion carried unanimously.

The Minutes and Financial Report were sent electronically to Governing Board members prior to the meeting.

California Behavioral Health Planning Council (CBHPC) Update: Executive Officer, Jane Adcock provided updates on the work of the Planning Council’s various committees, including:

1. Systems and Medicaid – Along with CA’s Department of Health Care Services (DHCS), the Planning Council has sought input regarding improving the quality of life and health outcomes for those served through Medi-Cal, including payment reform.
2. Patients’ Rights Committee – AB 333 providing whistle-blower protection to Patients’ Rights Advocates was signed into law.
3. Workforce and Employment Committee – Emphasis on advocating for adequate funding for the Workforce Education and Training (WET) 5-year Plan
4. Housing and Homelessness Committee – Mention of “No Place Like Home” funding, “Building

Homes and Jobs Act” funding, and the Adult Residential Facilities (ARF) Workgroup. ARFs (aka “Board and Cares”) are closing at an alarming rate. ARF Workgroup members include CALBHB/C Executive Director Theresa Comstock, the Steinberg Institute and representatives from Los Angeles County.

5. Performance Outcomes Committee – The 2019 “Data Notebook” survey includes information and questions regarding “Trauma-Informed Care”. The Planning Council has hired a consultant who is researching sources of data that can be included in future “Data Notebook” surveys for comment by MHBs.

MHSOAC Update: Tom Orrock, Chief, Commission Operations and Grants, gave an update on operations and grants, mentioning:

1. A “Request for Proposal” (RFP) related to the [Mental Health Student Services Act \(MHSSA\)](#) funding from CA 2019 Budget Bill, Senate Bill 75, with one-time funding of \$40 Million and on-going funding of \$10 Million. Implementation must include school-county partnerships. Local Assistance Funding should address three tiers:
 - Stress Reduction/Anti-Bullying
 - Linkage to Services
 - On-going On-Campus Counseling Services
2. Strategically located Drop-in Centers for Youth integrating Health and Mental Health - Listening sessions will begin in January in Sonoma and Napa Counties.
3. [EPI Plus](#) (early psychosis identification) for community-level early psychosis and mood disorder detection and intervention programs for adolescents and young adults.
4. The MHSOAC has \$12M for [six Stakeholder Advocacy Contracts](#), and is seeking input prior to releasing the “Requests for Proposals”(RFPs). Categories include:
 - Clients/Consumers
 - Diverse Racial and Ethnic Communities
 - Families of Clients/Consumers
 - LGBTQ Communities
 - Parents/Caregivers of Children and Youth
 - Veterans
5. [SB1004: \(MHSA\) Prevention and Early Intervention](#): The MHSOAC is working to establish priorities for the use of MHSA prevention and early intervention funds and developing a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved.
6. The Fiscal Transparency Suite is on the MHSOAC’s web site. www.mhsoac.com

Performance Outcome Data Discussion:

The CA BH Planning Council's 2018 and 2019 Data Notebooks did not ask for comment regarding performance outcome data (WIC 5604.2 Mental Health Board Duty #7.)

Currently every county/jurisdiction is collecting and reporting on different performance outcome data, with some jurisdictions providing meaningful data, and some providing very little performance outcome data. Members reviewed a draft summary (attached) of performance outcome data points in MHSA 3-Year Plans and Updates. Olivia is compiling MHSA performance information from each jurisdiction – [LINK](#).

There was discussion regarding recommending specific performance outcome data related to wellness, such as reduced hospitalization, sustained housing, increased employment, and self-reported wellness. Performance outcome data is vitally relevant to evaluating the effectiveness of programs. Adopting standard measures would be beneficial locally and statewide.

Criminal Justice Issue: The Governing Board discussed the [Criminal Justice Issue Brief](#) and talked about next steps. Comstock mentioned the [Council on Criminal Justice and Behavioral Health](#) (CCJBH) is tasked with preventing adults and juveniles with substance use disorders and co-occurring mental health and substance use disorders from entering and reentering the California justice system. CALBHB/C news/updates will continue to provide information on stakeholder forums throughout California, and Comstock will be in communication with CCJBH regarding the intersection of “[Employment](#)” and “[Board and Care](#)” issues.

Meeting Evaluation: The hotel was good but parking was undesirable. The content of the meeting was good. Some felt secluded from the Planning Council and thought it would be good to stay in the same hotel as Planning Council members. However, the Planning Council sometimes chooses hotels that are at a higher cost than CALBHB/C can afford.

Employment Issue: There was brief discussion regarding the Employment Issue Brief.

Next meeting is scheduled for January 17, 2020 in San Diego at the Holiday Inn Bayside. Registration is on the CALBHB/C website: www.calbhbc.com

The meeting adjourned at 4:18pm.

Performance Outcome Data found in MHSA Plans and Updates (work in progress)

Spreadsheet by county: [LINK](#)

- I. MHSA – Supportive Employment Program for TAY (17-24), Adult (25-59) and Older Adult (60+)
 1. Placed in work experience positions at various job sites
 2. Direct placement in part-time or full-time positions

- II. MHSA – Homeless/Housing
 1. In-Patient Psychiatric Hospitalizations
 2. In-Patient Psychiatric Hospitalization Days
 3. Primary Care Linkage within 12 months of program enrollment
 4. Income through public benefits or wages increased within 12 months of enrollment

- III. MHSA – Prevention & Early Intervention
 1. Reduced Truancy Rate
 2. Reduced Chronic Absenteeism
 3. Reduced Office Referrals
 4. Reduced Suspensions
 5. Self-reported Positive Mental Health Changes
 - a.Children:
 1. Improved Child and Adolescent Needs and Strengths (CANS) scores
 2. Learned coping skills
 3. Increased ability to cope
 4. Increased skills to reduce stress
 5. Have one or more positive goals
 6. Increase in teacher-preferred, peer-preferred and classroom adjustment behaviors

 - b.Children, TAY, Adults, Older Adults
 1. Having a better understanding of their cultural identity
 2. Have more skills to help them solve problems
 3. Having plans for the future
 4. Engage in fewer risky behaviors
 5. Engage in more healthy behaviors
 6. More positive relationships with their family
 7. Volunteering their time for their community

- IV. MHSa – Full Service Partnership (FSP) For TAY (17-24), Adult (25-59) and Older Adult (60+)
 - 1. Homelessness
 - 2. Housing Stability
 - i. More Stable Settings
 - ii. SRO with Lease
 - iii. Board and Care
 - iv. Transitional Facility
 - v. Live with Family
 - 3. Days in Emergency Shelters
 - 4. Detention or Incarceration
 - 5. Arrests
 - 6. Mental Health Emergencies
 - 7. Mental Health Substance Abuse Emergencies
 - 8. Physical Health Emergencies
 - 9. Physical Health Insurance
 - 10. School Suspensions
 - 11. School Expulsions
 - 12. Attendance Ratings
 - 13. Grade Ratings
 - 14. Employment
 - 15. Psychiatric Emergency Services (PES) Episodes
 - 16. In-Patient Psychiatric Hospitalizations
 - 17. In-Patient Psychiatric Hospitalization Days

- V. Small County
 - a. Decreased missed appointments.