

**MHSOAC**  
**Mental Health Services Oversight and Accountability Commission**  
**Meeting Minutes**  
**May 24, 2012**

**California Institute for Mental Health**  
**Sequoia Room**  
**2125 19th Street, 2<sup>nd</sup> Floor**  
**Sacramento, California 95818**  
**866-817-6550; Code 3190377**

**1. Call to Order**

Chair Poaster called the meeting to order at 9:04 a.m. He summarized the upcoming agenda topics.

**2. Roll Call**

Commissioners in attendance: Larry Poaster, PhD., Chair; Richard Van Horn, Vice Chair; Sheriff Bill Brown; Victor Carrion, M.S.; Senator Lou Correa; Ralph Nelson, Jr., M.D.; David Pating, M.D.; Andrew Poat; Eduardo Vega; and Tina Wooton.

Not in attendance: Assembly Member Mary Hayashi

A quorum was established.

Commissioner Poat suggested that in the future, it may behoove the Commission to avoid scheduling Commission Meetings in May so as to avoid scheduling conflicts with the various legislative meetings that occur at this time of the year.

**3. Adopt Minutes of the March 22 and 23, 2012, MHSOAC Meeting and the May 10, 2012, Teleconference**

Commissioner Poat stated he gave staff three technical clarification corrections to be made to the March 23<sup>rd</sup> minutes.

**Motion:** *Upon motion by Vice Chair Van Horn, seconded by Commissioner Brown, the Commission voted unanimously to adopt the March 22 and 23, 2012, Meeting Minutes as amended and the May 10, 2012, Teleconference Minutes as presented.*

**4. Financial Update**

**A. Overview of Governor's Revised Budget for Fiscal Year (FY) 2012/13**

Kiyomi Burchill, Assistant Secretary of the California Health and Human Services (CHHS) briefly outlined what she would be discussing in her presentation. She stated that in terms of the reorganizations for the Department of Mental Health (DMH) and the Department of Alcohol and Drug Programs (ADP) in the Governor's budget, the proposals made at the May

revision are being maintained. CHHS continues to envision a Deputy Director who would be a policy leader for both mental health and substance use disorder services at the Department of Health Care Services (DHCS). This Deputy Director would be appointed by the Governor and confirmed by the Senate.

Ms. Burchill then went on to discuss the two technical adjustments to statewide projects under the Mental Health Services Act (MHSA) from the May revision to the Governor's budget. First, since the trust fund for the Workforce Education and Training (WET) Program was never created, the CHHS proposes that the Office of Statewide Health Planning and Development (OSHPD) appropriate the remaining \$444 million through budget bill language.

Second, the CHHS proposal that the California Reducing Disparities Project (CRDP) go to the Office of Health Equity (OHE) at the Department of Public Health (CDPH) remains unchanged; however, rather than amending the MHSA to appropriate \$60 million in trailer bill language (TBL), the CHHS will appropriate this amount out of the statewide administrative funds of \$15 million per year over the course of four years.

John Doyle, Assistant Program Budget Manager of the Department of Finance (DOF) gave an update of where things are in the May revision. The general fund deficit is currently \$15.7 billion, which is up from the \$9.2 billion that was projected in the Governor's budget. The \$6.5 billion increase is largely attributable to three factors: the prior revenue forecasts were overstated by approximately \$4.3 billion; Prop 98 spending is increasing in the budget year by \$2.4 billion; and there are approximately \$1.7 billion in cuts that have either been rejected by the federal government or by courts. This totals \$8.4 billion, which is offset by reductions of \$1.9 billion, primarily from lower caseloads.

The May revision continues the tax increase proposal from the Governor's budget. The initiative would raise taxes for seven years on high income earners and would increase the sales tax by a quarter of a percent for four years. In the event the tax initiative does not pass, the Governor's budget contains a revenue trigger similar to the revenue trigger that was contained in the 2011/2012 budget, which totals approximately \$6.1 billion in the event it has to be pulled.

Mr. Doyle discussed the Mental Health Services Fund. The top one percent of income earners is down from the Governor's budget, as well as the personal income tax numbers. Revenues in the current year are \$1.1 billion, a drop of 6.3 percent from the expected \$1.2 billion in the Governor's budget. For 2013, the May revision now projects revenues of \$1.3 billion, down eight point nine percent from the \$1.5 billion previously projected.

There are only minor changes to statewide operations costs: the \$15 million for the CRDP and the \$122,000 for additional positions in the OSHPD to administer the additional grant fund. For 2013, there will be changes in the funding structure due to realignment. The realignment superstructure, the funding mechanism set up to account for public safety funding, contains a growth account for mental

health of five percent per year. In addition to the projected \$1.1 billion from the 1991 realignment revenues, it is estimated there will also be \$7.2 million in growth.

Mr. Doyle concluded his remarks by stating that for 2013, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) has a projected expenditure of \$584.2 million, up from the current year total of \$579 million, and Mental Health Managed Care has a projected expenditure of \$197 million, up from the current year total of \$184 million.

### **Commissioner Questions and Discussion**

Commissioner Poat asked what the DOF forecasts for the economy in the next twelve months. Mr. Doyle stated they are projecting a modest recovery and slow growth.

Vice Chair Van Horn referred to the \$15 million per year for CRDP out of the administrative funds and asked Ms. Burchill if any remaining balances would still slide over into the next year during that four year period. Ms. Burchill stated the budget bill language is "without regard to fiscal year" in terms of its expenditure, even if that does not correspond to each FY.

Chair Poaster asked, regarding federal audit exceptions in the realignment TBL, if repayments would tap into MHSA funds. He stated his concern that the TBL might provide "back door access" to MHSA funds to be used for repayment. Ms. Burchill stated the TBL names fund accounts from 1991 realignment, 2011 realignment, and the MHSA, listing all available county mental health resources. Mr. Doyle added that this was intended to include all fund sources, but the issue of Mental Health Services Fund is still under discussion. Commissioner Pating asked Chair Poaster if the concern was in regards to shifting funds to get around supplantation. Chair Poaster stated that he does not want MHSA funds to be used in ways they were not intended. Vice Chair Van Horn clarified that, if community support services are audited, any incorrect billing of MHSA funds matched by federal financial participation will be returned to the source. Commissioner Poat stated he supports the money from the Commission being used for OSHPD and some of the other agencies to leverage their expertise when it comes to understanding Workforce and how the disparities work. He went on to suggest that the Commission review progress reports for clear understanding of expenditures from integrated funds.

Vice Chair Van Horn asked why the EPSDT ten percent match is prohibited from coming out of the 2011 realignment. Mr. Doyle answered that the ten percent EPSDT match for new growth should come from the 1991 realignment fund because the EPSDT and Managed Care programs will receive funds from the 2011 realignment for the programs themselves, but the county share should be covered by the 1991 realignment fund. Ms. Burchill clarified that the 2011 realignment does not take into account that the counties provide the funds for their Maintenance of Effort (MOE) while the 1991 realignment does. If the funds

were taken from the 2011 realignment, then there would be fewer funds for EPSDT. Taking the funds from the 1991 realignment ensures that the total funding for EPSDT remains consistent.

#### **Adopt 2012 Financial Report**

Chair Poaster stated, at the request of the Chair and Vice Chair of the Funding and Policy Committee, the financial report will be discussed at the next meeting instead of today. He then asked Executive Director Sherri Gauger if she would like to add any comments regarding the Governor's budget. Executive Director Gauger added that although some of the funding sources have fluctuated in the May revision, overall support for the mental health system remains intact.

#### **Public Comment**

No public comments received.

### **5. Presentation and Approval of Proposition 63 Logo**

Chair Poaster moved up the Presentation and Approval of Proposition 63 Logo to accommodate some time constraints and conflicting commitments of some of the presenters later in the day.

Jennifer Whitney, the Chief of Public Information of the MHSOAC, discussed the new Proposition 63 Logo. The MHSOAC media workgroup as part of continuing effort under Welfare and Institutions Code 5845 to develop strategies to reduce stigma, determined there was a need for a logo and website specific to Proposition 63. Stakeholders voted by survey on three logos developed by the Department of General Services and the Office of State Publishing. The third logo received 64 percent of the vote.

#### **Commissioner Questions and Discussion**

Commissioner Brown noted a redundancy in logo 3: Proposition 63 is indicated twice, but there is no identification with California. The Commission agreed California should be acknowledged.

Commissioner Wooton agreed with Commissioner Brown's suggestion to include some connection with California. She added that she felt the Sun in the middle of the logo was a good symbolic representation for the words, "Wellness, Recovery, and Resiliency" contained within the logo's border.

Commissioner Pating echoed Commissioner Brown's and Commissioner Wooton's observations and suggestions.

#### **Public Comment**

No public comment received.

**Motion:** *Upon motion by Commissioner Poat, seconded by Commissioner Correa, the MHSOAC approves logo option number three to identify Proposition 63, modified to replaced the words, "Prop Sixty-three" with the word, "California" on the bottom of the circle. Staff is instructed to disseminate the logo for use on materials and products funded by Proposition 63.*

**6. California Social Work Education Center (CalSWEC) Update on Accomplishments, Expenditures, and a Continuous Quality Improvement Study**

John Ryan, Mental Health Program Consultant of CalSWEC, discussed the purpose of the study, funded by the Zellerbach Family Foundation. At least \$10 million of MHSA money is being spent on student stipends in California at the state level, including psychiatrists, psychologists, social workers, masters of social work (MSW), and nurse practitioners. That does not include the amount of money counties are using from their WET account to fund student stipends. This study only considers the MSW stipend students that are part of this overall \$10 million current expenditure. The purpose of the stipend program was to address the shortfall of the public mental health workforce which has been well-documented for the last ten years by the Human Resources Committee (HRC) of the California Mental Health Planning Council (CMHPC).

The workforce that this stipend program envisions represents the people of California and is trained to provide effective services to the target populations of the Public Mental Health System (PMHS). Once a student in the MSW program gets a stipend for their second year of education, they have an obligation to work one year in either the PMHS or a nonprofit contract agency for the PMHS. The study asked past stipend students, after they have worked in the PMHS for at least one year, how well the workforce vision is being accomplished and how it can be improved. The same question was also asked of a sample of line supervisors who hired graduate stipend students and had worked in the system for at least one year.

CalSWEC developed a survey on the knowledge, skills, and abilities (KSAs) that are identified by the 2006 "Mental Health Competencies for the Public Mental Health System" – wherein abilities are defined as theories and behaviors, and skills are defined as technical aptitude and competence – as necessary for stipend students to learn to prepare for work in the PMHS.

The survey had three parts: (1) ask stipend graduates, on a scale 0 to 4, how important the surveyed KSAs are for work in the PMHS; (2) ask, also on a scale 0 to 4, to what degree the KSAs were taught in the classroom and field placement; and (3) what else graduates wished they had been taught to prepare them for work in the PMHS. The study also asked the sample of line supervisors how important, on a scale of 0 to 4, the KSAs are for workers in the PMHS, and whether or not student graduates were prepared in these KSAs when they were hired.

Jan Black, Mental Health Program Consultant of CalSWEC, discussed some of the curriculum implementation activities over the past seven years since the stipend program began. CalSWEC was the first group to receive stipends through the MHS fund in 2005. The current contract runs until 2014. More information can be found on the CalSWEC website: <http://calswec.berkeley.edu/>. The development of curriculum modules was one of the first efforts CalSWEC undertook with support from the Zellerbach Family Foundation. These modules deal with recovery, stigma, discrimination, co-occurring disorders, specialized interventions, and collaboration between mental health and child welfare services. Each of the modules has nine hours of course content. A second area of focus for curriculum implementation development is specialized training seminars. There have been three statewide mental health symposiums in 2004, 2008, and 2009. There have also been a number of surveys and research activities.

Dr. Beverly Buckles, Chair of the CalSWEC Mental Health Committee and Dean of the School of Behavioral Health at Loma Linda University, discussed the results of the study.

Phase one of the continual quality improvement (CQI) process encompassed curriculum implementation to track supporting activities of seventeen social work schools and programs, synthesis and identification of strengths and needs, and recommendations for ways to support implementation activities.

In 2005, the CMHPC granted CalSWEC permission for the MSW programs in California, under that consortium, to be the first to go forth with one of the stipend programs. As a result, these programs had a stipend one year in advance of all the other professions in California. This has been an ongoing development with schools and counties in growth and improvement.

Phase two of the CQI process involved assessment of graduates' perceptions of mental health curriculum as preparing them for employment. The first group of graduates surveyed rated their experiences positively. However, as a result of a Spellman report regarding regulation of university education, studies must utilize data triangulation; therefore, graduates' perceptions alone are inadequate basis for an evaluation.

Phase three of the CQI process establishes a methodology to assess the educational effectiveness of the CalSWEC Mental Health Program, involving the data triangulation necessary for a valid conclusion. The data includes large sample sets and independent samples. After the graduates' surveyed, supervisors, program coordinators, and faculty were also surveyed as additional data points to ensure good data strength.

As part of the CQI process, a syllabi content analysis was conducted to better understand the reasons for the divergence in perception between the data points. For this study, 115 syllabi from the involved schools were provided to Cal State East Bay, the contracted research team. One of the things recognized from the

syllabi content analysis is that wording used in professionally-accredited programs did not adhere to the wording of the KSA competencies used in practice.

Regarding perceived importance, there were strong and consistent data relationships identified by the triangulation of the three data sets, as well as a strong construct validity, enabling a well built and compelling conclusion of the importance of KSAs in providing an educational framework for the mental health stipend program.

Regarding perceived provision, overall data from graduates shows a very high level of satisfaction on the curricular content in their classroom and field experiences; however, the detail data from the supervisors, program coordinators, and faculty demonstrate variability in perceptions regarding the provision of select KSAs. Content analysis of program syllabi as compared to graduates' overall view of classroom content suggests that what occurs in the classroom may not be thoroughly represented in course syllabi. Further, the triangulation of data supports the need to review the content of select curricular areas, including theory, practice evaluation, co-occurring disorders, ethics, professional behaviors, advocacy, teamwork, and interpersonal interactions.

Ms. Buckles informed the Commission that CalSWEC recommends examining rival explanations for data variability. Additional attention should be given to study the variations in the perceptions of the provision of select KSAs, including modifying the methodology so that comparisons include the faculty teaching mental health courses. Increased attention should also be given to closer adherence to the language of KSAs in program syllabi.

Ms. Buckles concluded by outlining the next steps in the CQI process in demonstrating educational effectiveness. She mentioned three methodological issues that need improvement: sample size of all groups, sample of faculty teaching mental health courses, and instrument consistency. Improved consistencies between the measures that are used with competencies and how students understand those competencies, improved rubrics that can anchor all responses to the equivalent responses, and applied assessment tools both before and after graduation are also necessary.

### **Commissioner Questions and Discussion**

Vice Chair Van Horn emphasized the importance of the social worker's role in mental health in California. For twenty-five years, he gave an annual lecture on the social worker as lobbyist at the University of Southern California School of Social Work. Mr. Van Horn's polls, regarding the numbers of social workers going into private therapy versus the public sector, showed that macro-concentrations were more useful in terms of a recovery and wellness resilience model, whereas micro-concentrations tended to focus on pathologies. He asked the presenters if they had noticed any differences in these two concentrations and their opinions on each. Dr. Buckles answered that a transition from micro to macro is definitely needed in order to fully embrace recovery and wellness. She shared a personal experience in

witnessing what recovery looks like during a presentation she had attended giving a brief synopsis of the event. Commissioner Poat asked if CalSWEC's findings are tracked by the CMHPC. Mr. Ryan stated, as chair-elect and HRC member of the CMHPC, the issue is indeed tracked, but there currently is a lack of coordination between schools and county mental health that will take some time to resolve.

Commissioner Pating asked three questions: 1) How much of the total grant funding is spent on curriculum? 2) Are there enough practicums and placements that are community-based? 3) Are there any efforts going toward the future workforce shortage that is expected under the healthcare reform? Mr. Ryan answered that the CalSWEC program is \$5.8 million per year, which funds 200 stipends at \$18,000 per year, a half-time coordinator in each of the twenty-two schools, and support staff at Berkeley who subcontract to and monitor the schools and report back to CalSWEC. He stated that in all professional mental health professions there is a field requirement- the length of which varies with each different mental health occupation. There is field placement assistance for each student who is then supervised under a professional who works in the student's chosen field of study. He concluded by stating that he was not aware of any efforts to address the workforce shortage expected under healthcare reform at this time.

Commissioner Vega asked why the study did not cover all stipend students. Dr. Buckles responded that, although students' contracts suggest they will participate in research and evaluation, students are not obligated to remain in contact for future studies. For this reason, CalSWEC will be looking into different types of research. Commissioner Vega then asked how many of the programs include clients speaking to and interacting with trainees. Dr. Buckles estimated that it's about 75 percent.

### **Public Comment**

Stacie Hiramoto, Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended CalSWEC for including people of color in the student sample. She believes that social work education emphasizes cultural competence, and that social workers provide mental health services, more than most other professions. Since recent state studies in stigma and discrimination have shown that consumers and family members often feel the most stigma from those providers, Ms. Hiramoto expressed appreciation that social work education is striving to remedy that. She also agreed with Vice Chair Van Horn's comments about macro- and micro-concentrations. The former involves advocacy and policy work that is important to social work, but does not have the clinical focus of the latter. Unfortunately, macro-concentration graduate students are unable to join the stipend program at this time. Ms. Hiramoto hopes the program will award placements to macro-concentration students in the future.

Commissioner Wooton thanked the presenters for their discourse stating that they did a wonderful job.

## **7. Client and Family Leadership Committee Report on Recommendations on Accessibility**

Commissioner Vega presented a PowerPoint on the Client and Family Leadership Committee's recommendations for accessibility at MHSOAC meetings.

Commissioner Vega stated that the purpose of the MHSOAC is to provide accountability and to include the voices of consumers and their family members and other community-based stakeholders; the value of the MHSOAC is best measured by the impact it has on clients. In the last few years, the MHSOAC has noticed a sharp drop in the attendance of consumers and stakeholders at MHSOAC Commission meetings. The Client and Family Leadership Committee (CFLC) has discussed how to foster client participation in MHSOAC events. Such criteria as wheelchair access, good sound systems, access to affordable eateries, close proximity to bus stops and/or train stations, and low- to no-cost parking must be considered. In order to promote attendance in MHSOAC meetings, Commissioner Vega recommended expanding the reimbursement stipends for child/dependent care, making meeting audio archives publicly available, streaming meetings on the Internet, making interpreters available, support for consumers and family members with sensory and physical disabilities, and providing consumer outreach.

#### **Commissioner Questions and Discussion**

Commissioner Poat thanked Commissioner Vega for his presentation. He stated that he was under the impression that the MHSOAC Committee process was the principal means for participation in the activities of the Commission and asked Commissioner Vega if that process had been reviewed. Commissioner Vega answered that part of the role for the Commission has been as a public hearing point. What happens in Committee meetings, in Commissioner Vega's experience, is that usually only the people who are paid to go are the ones who show up and while they do provide valuable stakeholder input, the focus of this presentation is specifically on Commission meetings and accessibility for stakeholders, consumers, and family members at these meetings. Commissioner Poat argued that the public process is and should be at the Committee level. He cited the legislature as an example, stating that by the time an issue has arrived on the legislative floor, the public process has already taken place in their various Committees. Commissioner Poat reiterated that as such, public discussion should take place at the Committee level, and then be up for final consideration at the Commission meeting level. He added that he is not suggesting that the general interested public should not show up to provide appropriate input at Commission meetings, but in his opinion the goal is and always has been to have a strong Committee system that can provide a pulpit for stakeholders, consumers, and family members to discuss their various topics of interest. Commissioner Vega conceded that it does make sense to look at the accessibility at Committee meetings as well.

Commissioner Wooton asked if stipends for child/dependant care were currently written into the contracts with the California Network of Mental Health Clients (CNMHC) and United Advocates for Children and Families (UACF).

Commissioner Vega stated that previous contracts do have some provision for reimbursement stipends. He stated that he wanted to make sure that people were aware that they were offered and knew how to access them. He added that the Commission will look into the utilization of the stipends further. Commissioner Wooton asked for clarification in what was being proposed with regards to stipends. Commissioner Vega clarified that the proposal merely suggested that people utilize the stipends available to them in order to take a more active role in the Commission process. Executive Director Gauger added that the stipends will continue if possible when the contracts are transferred to the Commission.

Commissioner Wooton asked if the Commission had considered having the meetings at the Citizen Hotel again. Executive Director Sherri Gauger answered that the possibility had been entertained, but there were some minor structural issues that needed to be considered before a decision could be made, among other things.

Commissioner Wooton restated the importance of public participation and recommended an annual report on public comments made during Commission meetings and the resulting successes. Chair Poaster suggested bringing the CFLC recommendations, with the addition of the comments made today, before the Commission in the next meeting.

#### **Public Comment**

Gregory Wright, who is on the Orange County Mental Health Board and a member of CFLC, asked the Commission to consider scholarships to assist members of the public so as to reach out to the client community. Mr. Wright stated that he is a videographer and would be willing to do a test run with streaming the meetings over the internet.

Kathleen Derby, the MHSA Policy Coordinator of the National Alliance on Mental Illness (NAMI), agreed with Commissioners Vega and Wooton on the importance of the involvement and interest of clients and family members, and of ensuring that information is accessible and relevant to them. She commended efforts to improve the website for the public. She affirmed NAMI will work together with the MHSOAC to increase the attendance in the essential stakeholder preparation seminars that are held prior to the meetings. She suggested developing the CFLC recommendations to embrace the accessibility of information in addition to the physical accessibility recommended today.

#### **General Public Comment**

Stacie Hiramoto, Director of the Racial & Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Commission for the earlier presentation on the CalSWEC. She also raised a previously stated concern for what happened to the original \$60 million that was supposed to go to counties to assist in reducing disparities and expressed hope that the issue would not be forgotten and that the money would actually go to its original intended purpose. She also expressed a desire and a willingness to work with counties in trying to reduce disparities. She

raised concern with the \$15 million per year for four years plan that was presented to the Commission earlier stating that it was a “drop in the bucket” and if that number could be doubled, it might actually make a significant difference to the underserved communities.

Bettie Reinhardt, acting Executive Director of NAMI California, shared a copy of a recent press release, which was a report that NAMI created, listing all of the MHSA programs statewide. To her knowledge, this is the only report that lists all of the programs in one document and in one format. It is in a 244-page Excel spreadsheet that will allow information to be sorted. She cautioned that this is an organic document and NAMI is already looking at making some changes. It is available on the NAMI and MHSOAC websites.

Commissioner Pating asked Ms. Reinhardt how NAMI was able to gather all the data. She answered that they went to the counties, checked websites, contacted various county persons, and did a lot of legwork. Ms. Reinhardt did say that there is a possibility that some programs might have been missed and so they are hoping that if a county notices one of their programs is missing, they will call so as to make sure it is added. Commissioner Pating thanked NAMI for all of their work and expressed a desire to use and work with the document in the future.

Vice Chair Van Horn stated that he looked up the programs in Los Angeles (LA) using the website, and noticed that the LA portion of the report seems to show a series of links or description, but does not seem to reflect the program names. Kathleen Derby explained that the program names and information is echoed in the report in exactly the way the county provided it, so while some program names may seem a little generic or more of a description than a name, that is what the county itself calls that particular program.

Chair Poaster commended NAMI for all of the work that went into putting this comprehensive list together.

## **8. CMHDA Response to May Revision – Update and Perspective on Realignment**

Don Kingdon, the Deputy Director of California Mental Health Directors Association (CMHDA), stated he will discuss the significant changes to the financial structure for realignment in the May revision, the updated baseline allocations for each realignment program, and the issues associated with the account “fiscal superstructure” Trailer Bill 1009.

The structure of the 2011 realignment, adopted last year under Assembly Bill (AB) 118, had to be rewritten for this year. Trailer Bill 1009 has the changes necessary to move realignment forward through FY 2014/2015 or 2015/2016. However, mental health was not realigned this year. Instead, \$860 million from the MHSA fund was redirected to the state general fund for Special Education Managed Care and EPSDT programs, so FY 2012/2013 will technically be the base year that mental health is realigned under this new structure, whereas last year was the base year for most other programs.

Realignment will be structured on a rolling base: each year's allocation level plus growth will be the new base for the following year. The May revision figures are critical because, as this is mental health's base year, they establish the initial base.

The changes that have been proposed in the May revision are developed by DMH/DHCS. An additional \$7.9 million for Mental Health Managed Care and \$40 million more for EPSDT were necessary to meet the realignment obligations. Mental Health Managed Care covers all the obligations for inpatient/outpatient care. That number has been reduced historically and those reductions continue to be applied, so the \$196.7 million is \$71 million less than in past budgets for state general fund purposes. It is still being applied to the base; Patricia Ryan is attending the Senate Budget Committee hearing about this issue.

The same is applied to EPSDT. The counties have a share-of-cost on EPSDT. The actual dollar amount necessary for EPSDT in the coming year will be closer to \$634 to \$650 million, but based on historical contribution, mental health has a \$100 million share-of-cost transfer from the state to the counties, which that number reflects.

Commissioner Poat requested clarification regarding the budgeted amount asking if that amount is budgeted with the knowledge that the amount will not actually reflect what the true cost will be. Mr. Kingdon stated the budget is based upon estimated cost, which is reduced by factors that have been applied either in past budgets or by a county-required share-of-cost. For EPSDT, this is \$100 million, and for Managed Care, \$71 million. That money will be spent, but the county will need to find sources of funding other than the 2011 realignment to cover that.

Mr. Kingdon continued with his presentation stating that there are two very large cost-related uncertainties for the counties in terms of funding. The first and greatest uncertainty is Healthy Families. If the Legislature adopts the Governor's proposal, 800,000 new Medi-Cal Healthy Families beneficiaries will be transferred into the EPSDT program in October. While the impacts of this transfer are hard to understand, there will probably be a great mental health demand.

The second greatest uncertainty for counties is the state's implementation of the Key Developmental Assets (KDA) settlement for EPSDT, which will have a significant impact on foster care children. This settlement is focused on treatment planning and delivery. The state has estimated a \$53.5 million annual cost.

As of May 23, 2012, alternative language has been proposed for Trailer Bill 1009, which will remove the restrictive specifications for the applications of county maintenance-of-effort and share-in-cost, and anchor these expenditures to FY 2011/2012.

A deal was made last year, in AB 118, by the CalWORKs swap that was supposed to benefit the mental health system through stable funding and the state general fund through cost reduction and transfer of cost to counties. The administration proposed that the counties absorb a larger share-of-cost for the CalWORKs program under the provisions of the new realignment, and the 1991 mental health

realignment revenues (sales tax and vehicle license fees) were transferred to the counties for that purpose.

To compensate for the MHSA redirection, about \$900 million per month for counties was fixed in statute. This provided community mental health with some growth in the 1991 mental health realignment, provided stability, and assisted the counties in absorbing many of the changes, including redirection. The way it was originally specified in AB 118, the funding would be ongoing and would stabilize community mental health.

However, it was proposed in Trailer Bill Language (TBL) to use the fixed amount of new 2011 tax revenues, \$93.3 million per month, to pass through community mental health accounts and fund the CalWORKs state general fund obligation. CalWORKs will be stably funded and the county mental health departments are back to the vagaries of sales tax and vehicle licensing fees of the past.

The estimated reduction of available funding to counties is uncertain but could be a negative swing as much as five to nine percent (\$50 million to \$100 million) lost in 1991 community mental health funding to counties. This significantly impacts planning and has significant policy implications.

Chair Poaster asked if the proposal was made by the administration. Mr. Kingdon answered that CMHDA was not privy to the meetings that went on leading up to the proposal, but the assumption is that the proposal was designed by the administration.

Commissioner Vega asked what CMHDA sees, given the current proposal, as a presumably total loss from the Mental Health Services Fund adding that Healthy Families is but a small part of the projected mental health budget. Mr. Kingdon answered that originally, the 2011 CalWORKs swap deal was intended to benefit both the mental health system, and the State general fund. The tenets of that swap were such that the county mental health funds would gain and become more stable in its funding, and the State would be able to reduce their State general fund obligations and transfer them to the counties for CalWORKs. Now, CalWORKs will be stably funded, and the county mental health fund will revert back to being funded by vehicle licensing fees and sales tax. This reversion could lead to an estimated loss of five to nine percent in funding which amounts to \$50 to \$100 million.

In the CHHS realignment, substance abuse treatment will receive a \$3.9 million increase with all match obligations being met out of the same account as mental health services. CHHS realignment also prioritizes foster care caseload growth, implying that \$200 million in growth will be prioritized to foster care for the next three or four years, which will reduce the amount of growth available to mental health until that obligation is met. After the obligation is met, mental health services will be eligible for 55 percent of the total growth available.

There is an important initiative on the November ballot containing Constitutional protections for counties against additional obligations by the state, either through

lawsuit or through change in federal requirements beyond the base year without increased funding. The Amendment will make sure that neither the state, nor the counties will be at risk for increased obligations without increased funding. As specified in the Constitution, if there is a new obligation, either through legal settlement or through federal change, the state will participate in half of the match obligation necessary for that program. So the state and the county would each pay 25 percent, which would be the 50 percent match necessary to draw down the federal funds.

### **Commissioner Questions and Discussion**

Chair Poaster inquired what the likely scenario would be if the Governor's tax increase does not pass. Mr. Kingdon stated there are Constitutional provisions in the trailer bill; if this passes by law, the provisions will be statute and subject to changes by the Legislation. If this is instead added as a Constitutional amendment, it cannot be changed, which creates stronger protections for the state and counties. Commissioner Pating asked Mr. Kingdon to frame the important issues based on the changes to the MHSA funds. Mr. Kingdon stated the MHSA is \$1 billion in new money with a guaranteed taxpayer contribution to the mental health system. AB 100 created a cash benefit to the counties to prevent the need to borrow from the county general fund. The Commission can support the counties and programs during this time by achieving the outcomes for consumers and moving funds quickly and efficiently to where they will be most useful. Commissioner Pating asked if there were any known risks at the county level that the Commission needs to know about that could essentially put MHSA funds "up for grabs." Mr. Kingdon stated that the biggest risk he was aware of was that there is a perception that EPSDT for children is the entitlement, and everything else is discretionary. What that does is put the adult systems at risk. The MHSA establishes a base equal priority for both children and adults.

Commissioner Vega asked if the matching ratio for the Federal Government is up for a change. Mr. Kingdon stated that the matching ratio will remain 50-50.

### **9. Overview of Senate Bill 1136 (Steinberg) Mental Health Services Act**

Executive Director Sherri Gauger stated Senate Bill (SB) 1136 was held on suspense, but went out of the Appropriations Committee this morning with a 7-0 unanimous vote. SB 1136 is written to clarify some of the provisions in the MHSA in light of the changes that are taking place such as the elimination of the DMH, the passage of AB 100, and Medical specialty mental health being moved to DHCS. Executive Director Gauger pointed out the Amendments to the Act are limited to those that simply clarify procedures and terms. The bill provides that expenditure plans, which are to be based on unspent funds and revenue allocations, be adopted by County Boards of Supervisors and submitted to the MHSOAC. These plans must be in accordance with established stakeholder planning requirements. The bill adds alcohol and drug service providers and health care operators to the list of stakeholders involved in the planning process. The County Mental Health Director and County Auditor-Controller of each county must certify the plans.

Performance outcomes will be established jointly by the DHCS and MHSOAC, and in collaboration with CMHDA. The bill also proposes to eliminate DMH's authority to issue guidelines for the integrated plans. It shifts the functions for WET from DMH to OSHPD; requires OSHPD, in coordination with the CMHPC, to develop the five-year WET plans; and maintains the requirements that the CMHPC has to approve the five-year WET plans, with the next five-year plan being due April 1, 2014.

The bill also includes provisions that the DHCS, in coordination with counties, establish Prevention and Early Intervention (PEI) programs, instead of DMH. It requires DHCS, instead of DMH, to revise program elements for county PEI programs to be consistent with MHSOAC PEI guidelines. It keeps the requirement for stakeholder consultation and adds a provision that PEI funds may be used to broaden provision of Community Services and Support (CSS) services by allowing them to add PEI to those programs. The bill reinstates MHSOAC's approval of Innovation plans. Counties will receive their innovation funds, but cannot expend those funds until MHSOAC approves their plan. The bill also codifies some key provisions of MHSOAC Innovation guidelines. SB 1136 deletes the component allocation process, and instead tasks DHCS with creating the methodology for how the money is to go to counties; then, DHCS is to inform MHSOAC and CMHDA of the methodology that they developed.

SB 1136 is going to codify some provisions of the annual revenue and expenditure reports. These reports will include MHSA expenditures, unexpended funds and interest earned, and information about reversion amounts. The components of the report are to be developed by DHCS, in consultation with MHSOAC and CMHDA. DHCS will administer the process and then counties will submit copies of those reports to DHCS and MHSOAC. This is intended to provide the Commission with information for evaluations.

The bill creates the deputy director position that is to be over Mental Health and Substance Use Disorder Services within DHCS and requires that candidate to be confirmed by the Senate.

The bill adds the words "training and technical assistance" and "accountability" to MHSOAC responsibilities and authorizes MHSOAC to develop strategies to overcome "discrimination" in addition to "stigma." The MHSOAC, in collaboration with DHCS and consultation with CMHDA, is to assist in providing technical assistance for CSS. The Commission is also to include those "at risk" of severe mental illness in its decision-making processes.

SB 1136 codifies the effort that the Commission already has started to design a comprehensive Evaluation Master Plan. The Commission is to work in collaboration with DHCS, CMHPC, and CHHS, and in consultation with CMHDA, on this effort. The CHHS is expected to take a lead role in this effort as well.

SB 1136 requires that DHCS develop regulations in consultation with the Commission and it continues to provide the Commission the ability to write

guidelines for PEI and Innovation programs. The bill deletes language that stated the Commission had authority to increase statewide allocations of PEI if and when MHSOAC had determined that all counties were receiving necessary funds for services and have established prudent reserves.

In the March MHSOAC meeting, Commissioners asked about the process for determining how the money goes to the counties. Executive Director Gauger stated that SB 1136 requires DHCS to establish that methodology. Commissioners asked if counties would still submit the Annual Update in addition to their three year plan. SB 1136 addresses this issue and affirmatively states that the counties would be required to submit both the three year plan and the annual update. Commissioners also asked whether Continuous Quality Improvement (CQI) should be accomplished by ensuring that PEI program design was based on outcomes obtained from MHSOAC evaluations. SB 1136 deals with this issue by keeping the state involved in designing PEI programs. Revisions to the programs are to be consistent with the Commission's guidelines.

The administration's Trailer Bill Language (TBL) had deleted performance contracts; SB 1136 retains them. The TBL had also deleted the state's ability to request corrective action plans from counties that were not in compliance with the contract. SB 1136 retains the state's ability to request a corrective action plan.

The administration's TBL had eliminated the Commission's authority to issue PEI guidelines, including those for CRDP and also Innovation guidelines. SB 1136 continues the Commission's authority to issue guidelines.

Both the TBL and SB 1136 had reinforced the Commission's evaluation role. SB 1136 does this by adding language that says DHCS and OSHPD also need to provide the Commission information needed for evaluation purposes.

SB 1136 is consistent with the AB 100 Workgroup in clarifying which department is responsible for establishing a methodology for revenue allocation, retaining county performance contracts, retaining the state's ability to request a corrective action, and reinforcing the stakeholder process.

Executive Director Gauger asked Commissioners to consider revising the review tool previously adopted if MHSOAC will be charged with reviewing and approving Innovation plans. She also asked Commissioners to consider the role the Commission should play in ensuring a robust local stakeholder process.

Executive Director Gauger suggested that staff look at the regulations, guidelines, and review tools and identify what might need to be updated given a realigned environment. She suggested bringing in subject matter experts to help with Innovation plan reviews. Staff will research what to look for when monitoring, tracking, and evaluating review criteria. She suggested engaging CHHS, if the bill becomes law, in the role they want to play in developing the Evaluation Master Plan, and meeting with the leadership of DHCS to discuss the joint responsibilities with MHSOAC.

Chair Poaster asked if the Reducing Disparities Project information contained within the PowerPoint presentation was still accurate – given the revisions that have occurred in the TBL. Executive Director Sherri Gauger stated that no conclusions have been made in determining what the next steps will be in that regard. MHSOAC still has the authority to issue PEI guidelines, but since Reducing Disparities is not considered to be PEI, conversations need to be had with DPH before the MHSOAC can go forward. If Reducing Disparities is in fact administration money, whether there is still a role for the Commission in issuing guidelines needs to be determined.

Commissioner Pating asked if the MHSOAC will get the money back that was taken from the Administration fund. Executive Director Gauger answered that the \$60 million dollars was never set aside, but it will be paid back in the form of \$15 million dollars a year for four years.

Commissioner Vega asked how often the MHSOAC was expecting to receive the PEI and Innovation plans that the counties are required to submit. Executive Director Gauger answered that there is no certainty as to the amount expected to be received, but the plans tend to trickle in, so there are no expectations of a deluge of plans which will keep the workload to a minimum.

### **Public Comment**

Steve Leoni, of the Mental Health Association in California (MHAC), stated he would like to see a provision under the DHCS regulations for maximizing the possibility of public input in the regulatory process beyond the Office of Administrative Law. Mr. Leoni also referred to section 8 of the bill, in Code section 5846(c). He stated there are words added that say “or at risk for severe mental illness.” This phrase could be misconstrued to include the entire population and dilutes the provision. He requested the language be removed or at least refined. Chair Poaster stated that he was under the impression that the language Mr. Leoni referenced was the same language in the statute relating to the definition of the population of CSS. He requested that Staff look up this language.

Sandra Marley, an advocate and consumer, noted the May 20, 2012, article in the Sacramento Bee entitled, “The Public Eye: Oversight of Mental Health Spending in Question,” which discussed Sacramento County’s audit being dropped by the DMH. The article questioned where \$10 million went and the safety of leaving the audit up to county auditors and boards of supervisors. Ms. Marley also discussed the provision in SB 1136 that adds “alcohol and drug service providers and health care operators” to the list of stakeholders involved in the planning process. She expressed concern over getting away from the “real” stakeholder and into organization-type stakeholders. She also questioned the State’s ability to perform “corrective action” stating that any information that would result in corrective action needing to take place would come after the fact- meaning the money will have already been spent by the time the State got involved. She also recommended that CHHS be a part of the development of an Evaluation Master Plan only if the bill becomes law. She asked what the DHCS methodology for allocation will be and

when it will occur. She concluded by asking what happened to the money for last year.

### **Commissioner Questions and Discussion**

Commissioner Poat agreed with Executive Director Gauger's next steps for staff, but would prioritize them differently. He suggested top priority be given to engaging CHHS in the development of the Evaluation Master Plan. He agrees with the second and third priority ranking: to bring in subject matter experts to help with innovation plan reviews; and to identify monitoring, tracking, and evaluating review criteria to CSS and PEI plans and annual updates. He suggested the fourth priority be to revisit regulations, guidelines, and review tools and identify what might need to be updated given a realigned environment. He agreed with Executive Director Gauger that meeting with the leadership of DHCS to discuss the joint responsibilities with MHSOAC is of least priority of the five next steps for staff, because staff has already been recognized for bringing people together within the state to implement changes.

Commissioner Vega asked if the preceding analysis was based on the language from May 21, 2012. Executive Director Sherri Gauger stated that the analysis was based on the most recent amendment, but was not entirely sure of the exact date. Commissioner Vega then commented the issue of the "at risk for" language that Mr. Leoni brought up and agreed with Mr. Leoni's remarks. He then postulated that the Commission revisit the language with the intent of devising an amendment. Commissioner Pating added that there are some fine gradations that the Commission needs to be careful about when rewriting the language. He asked that Staff address the wording issue.

Chair Poaster stated that he supported SB 1136 and the goals that it aims to achieve. He also stated that he has reservations about getting into Innovation plan review again, but if the Commission has to review and approve expenditure plans, Executive Director Gauger's recommendation of researching review tools in order to expedite the process is right on target. He expressed a desire to find out why it was decided that the Commission should review this one thing and postulated that the reason might come to light sometime in the future. He raised concern with the dropping of a concept in regards to both the integrated three year plans and the annual expenditure revenue reports related to the Commission requiring counties to submit the plans within 30 days. According to his recollection of the process, there was also a description of why there was this 30 day deadline which stated that the plan submission timeline was in place in order to facilitate the Commission's ability to conduct evaluations by using the qualitative and quantitative data. SB 1136 lacks this description, nor does it have any explanation as to what to do with the plan once it has been reviewed. Chair Poaster declared that he would like to see a logic model pertaining to this oversight. Vice Chair Van Horn hypothesized that the plans might be used in conjunction with an Evaluation framework and be used to see if the counties did what they said they were going to do and if they produced the outcomes they said they would get.

Vice Chair Van Horn reviewed the 84-page DMH transition plan as it relates to reversion. The issue of reversion became more complicated with the passage of AB 100. The original reversion stipulated that county money not spent within three years goes back to the pool. Since county money is now going to be distributed by the State Controller's Office on a monthly basis, he questioned whether it will have the ability to be tracked. Also, it seems DMH has no means of implementing reversion. There needs to be a new definition of what reversion is and is not, because originally it was intended to prevent the counties from hoarding the money, but historically, the counties have been far too anxious to spend it and even tend to have trouble putting their required reserves away. Whether it is up to the Commission to recommend something to the legislature or to raise the issue with DHCS remains to be seen, but it definitely needs to be addressed.

Commissioner Poat observed that the focus of the Commission at this time is on the details, rather than the big picture. He recommended two options: 1) Put some big pictures out there and see if anyone responds; or 2) Continue to put the big picture together making tweaks along the way in an evolutionary process. Both options would present their own challenges, but having watched legislative and administrative processes, Commissioner Poat put forward that these were the only two options available to the Commission.

Commissioner Vega asked, if the MHSOAC received plans, whether the Commission would have accountability with no authority to alter or refuse those plans. Chair Poaster responded that it would be a disservice to the Commission for its findings to be disregarded, and asked that the policy adopted by the Commission in 2010, regarding the oversight role through evaluation, be reviewed again. Commissioner Poat agreed with Chair Poaster's statement and added that SB 1136 will essentially evolve over time and if the Commission is able to have a hand in its evolution, then the bill can be guided in the right direction.

Commissioner Pating stated the inclusion of plan evaluations in SB 1136 will create desirable dialogue between the Commission and counties. Vice Chair Van Horn added that counties' ability to exercise Innovation plans would benefit from the Commission's approval; Commissioner Vega stated the Commission has the appropriate skill for this role.

Chair Poaster asked staff to further clarify the bill's intent for reinstating the MHSOAC's approval of Innovation plans. Commissioner Poat asked Executive Director Gauger to expound on the Evaluation Master Plan at a later time to better understand the MHSOAC's role and recommended making sure SB 1136 heads in the right direction so the MHSOAC will be in a position to influence its refinements.

#### **10. Presentation on Participatory Research Evaluation Deliverables**

Vice Chair Van Horn introduced the presenter and stated that, regarding evaluation contracts, clients and their families greatly support participatory research, wherein the subjects of the research are involved in the design of that research, ensuring it meets their needs.

Jane Yoo, Ph.D., MSW, UCLA, is part of the UCLA evaluation team working on the statewide MHSA evaluation, per the contract with the Commission. The team is charged with two deliverables: 1) to identify or select one service under General System Development (GSD) and to select at least one outcome indicator for the impact of those services; and 2) to identify strategies for the increase of involvement of clients and family members in the public mental health system and to select at least one outcome indicator for the impact of those strategies.

Participatory evaluation (PE), generally defined, is an approach that engages stakeholders, collaborators, or partners in the evaluation process. PE is not a traditional approach in the evaluation world, in that evaluators play more of a facilitative role. PE enhances uses of evaluation findings, credibility, and meaning, and promotes transparency. PE tends to add complexity, such as the factors of time, cost, and group decision-making. It is an intensive process, incorporating different views into decisions.

The team has engaged in the planning process, looking for at least two strategies or services as specified in the contract deliverables. They conducted eight regional meetings statewide involving consumers and family members as part of this process. The 91 participants identified the priority service areas of crisis intervention, employment support, and peer support. Their preferred method of study was by surveys and interviews, which data experts also recommend. The team is conducting both a survey with a target of 750 respondents and in-depth qualitative interviews with a target of 40 participants. These participants represent diverse populations and regions. The team has chosen seven outcome indicators, since the survey is the primary data collector.

The clients and family members involved in this evaluation are called Participatory Evaluation Partners (PEPs). The team has ten PEPs, representing all age groups, regions, and various unserved and underserved groups, who have been instrumental in the design of the evaluation and are actively implementing it. Since January 2012, the team has conducted team orientations, trainings, tutorials, and webinars.

Delphine Brody, MHSA and Public Policy Director for the California Network of Mental Health Clients (CNMHC) and one of the PEPs, identified two critical activities in this study: survey development and interview guide development. In terms of developing the survey instrument, the PEPs team selected the standardized scale used to measure wellbeing in individual recovery processes, including the recovery process inventory measure and the strength and difficulties questionnaire (SDQ), which is designed for youths' wellbeing and resiliency measures.

The team also selected the standardized scale to measure resiliency orientation of services: the Recovery Oriented Services Indicators (ROSI). They reviewed and advised all the service-specific sections, the survey instructions, and the survey recruitment flyer, and then pilot-tested the survey. They developed an interview guide that assisted with interviews and recruitment of the key informants. These

were qualitative interviews of people who met specific criteria. The team also helped to develop the protocol for recruitment and interviewing for clients and family members, and reviewed and revised the interview guide and consent form.

Dr. Yoo stated, as of this week, 385 survey responses have been received and 22 interviews conducted.

Dr. Yoo concluded by thanking Ms. Brody for co-presenting and to all of the PEPs. She stated that they will continue to be involved in this evaluation process.

### **Commissioner Questions and Discussion**

Commissioner Poat thanked Dr. Yoo for all the work she has done and will do on this evaluation. He asked that she ensure any future conclusions will be shared with the Commission. Dr. Yoo stated that she has been in contact with Sandy Lyon, Staff Mental Health Specialist, MHSOAC, and will continue to report any findings through her.

Commissioner Vega expressed his appreciation of the fact that stakeholders are involved and empowered through the process. Commissioner Poat stressed the importance of the Commission learning how to integrate multiple sets of experiences into streamlined strategies. He asked if there was a need to recruit any more interview targets. Dr. Yoo answered that help would be very much appreciated and suggested that a meeting be set up to discuss this further.

Commissioner Nelson asked if the survey or interviews reached locked residential facilities. Dr. Yoo answered that the surveys did, depending on the level of involvement and commitment of the counties, advocacy organizations, and service providers to distribute those surveys. However, the interviews have not.

Commissioner Pating stated that the Commission is looking for an evaluation matrix. He asked if PE has a place in these four perspectives on outcomes: whether investments result in outcomes; whether investments result in transformation; whether transformation improves outcomes; whether stakeholders agree with the results. Dr. Yoo stated PE can play a critical role in all four perspectives, particularly the last three.

Vice Chair Van Horn asked Dr. Yoo if she has been contacted by Dr. Joan Meisel who is in charge of building the Evaluation Master Plan framework. Dr. Yoo stated that she has not. Executive Director Gauger offered to help the two of them connect.

### **Public Comment**

No public comment received.

## **11. MHSOAC Executive Director Report**

Executive Director Gauger stated the Commission will be doing reference checks on a research scientist candidate from Athens, Georgia and the Commission has entered into a contract with Joan Meissel, Ph.D., of Telecare Corporation, who has started the Evaluation Master Plan. Dr. Meissel presented her approach yesterday

and got input and feedback from members of the Evaluation Committee. Her approach includes five phases – phases 1 and 2 are underway – involving review of the relevant documents to better understand the current evaluations. She is also conducting numerous key informant interviews to better learn stakeholders' areas of interest. Phase 3 will consider these options. Dr. Meissel intends to work with the Evaluation Committee to draft an Evaluation Master Plan in September, for presentation to the Commission for adoption no later than December; she will give an update at the September Evaluation Workshop. Executive Director Gauger added that staff had reached out to Kiyomi Burchill in terms of the role that CHHS will have and it was determined that it would be best to wait and see if the bill became law before moving forward on that.

Executive Director Gauger reported what the staff has learned since the May 10, 2012, Teleconference. Commissioner Poat had asked staff to investigate the poor response to the last two RFPs: Reducing disparities and early intervention. Vendors who expressed interest in these proposals, but ultimately did not apply, citing competing issues, lack of time, and insufficient expertise as reasons.

The RFPs were sent to over 2,000 entities through BidSync and 1,500 addresses through LISTSERV. Staff followed up with entities that had applied, and learned that, when proposals reach a university, they go through the medical department first and are ignored if they are less than \$1 million. The Commission will develop its own list of past participants with mental health expertise, in order to personally inform them when there is a \$300,000 to \$400,000 proposal.

Executive Director Gauger thanked Jennifer Whitney, Chief of Communications Officer, MHSOAC, for her work in the Commission's communication efforts. She stated that Staff have a radio show in five or six regions throughout the state and have entered into a second 13-week contract; they have added an extra 30-minute show in Sacramento each week to run interviews and another 30-minute show in San Francisco, in June, currently airing at 5am on Saturdays, but shortly to be 5pm. The June San Francisco segment will feature interviews with Dr. Pating and Dr. Carrion. The goal is to eventually engage every Commissioner in an interview.

For the Mental Health Month of May, there are English and Spanish radio commercials running 1,884 times and reaching an estimated four million people. Subscribers to the Prop 63 Facebook page have increased 28% since the commercials began running, with a resulting 2,500,000 impressions. Twitter outreach has gone out to 282,000 users as of May 15. Ms. Whitney clarified that, in Twitter outreach, a post is "re-tweeted" by followers and by their followers and so on; a Facebook impression is one visit to the page.

In June, the Commission will be starting a pilot project, a film festival with students from the DeAnza College in South Bay San Francisco. This is an educational engagement event, designed and managed by a nonprofit called Art With Impact that connects student films designed with action. In the past, 50 to 200 students have attended these events. Local mental health service providers will be onsite to

link students who might need services or to ask for volunteers in this field. There will be a call to action regarding the effects of Proposition 63 on students. The responses will be shared with Legislators as a part of the ongoing education. Ms. Whitney is also exploring the possibility of doing TV and radio PSAs free of charge.

Executive Director Gauger concluded by thanking Kathleen Derby for all of the work that has been accomplished by NAMI in compiling the county plans in one cohesive document, stating that the information gathered has been needed for a really long time.

### **Commissioner Questions and Discussion**

Vice Chair Van Horn expressed the need for clarification of several items in the DMH transition plan that may affect the Commission's responsibilities and the concern that many of them will be concluded before the July meeting. Executive Director Gauger stated that input from the DMH has been provided to the Legislature, but agreed that there is a need for communication regarding roles in some of these areas.

### **12. Commissioner Comments – reserved for Commissioners to identify matters for future Commission business**

Chair Poaster asked Executive Director Gauger to include an agenda item for the next meeting amending the rules of procedure to designate September as the month that the Commission would hold elections, rather than the last quarter as it currently is.

Commissioner Poat encouraged the Commission to think creatively about how to use the end of the year between evaluations and meetings in order to stay on track. Vice Chair Van Horn suggested sending Committee membership notification early.

### **13. General Public Comment**

Ms. Marley requested direction on where to report pertinent information and where she could find some sort of interface between all the various agencies; Commissioner Poat suggested she speak with Staff about this.

Andrew Phelps stated he has been an activist in the Mental Patients' Movement since the 1960's. He is the organizer for the Mental Health Client Association at San Jose City College. He discussed New Social Roles, a project of Psychologists for Social Responsibility where psychologists and mental health client activists work to develop a more caring and human relationship between clinicians and mental health clients.

### **14. Adjourn**

Chair Poaster adjourned the meeting at 3:46 p.m.