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Services Committee Meeting
Minutes
April 9, 2013
9:30 AM – 12:30 PM
Department of Alcohol and Drug Programs
1700 K Street
First Floor Conference Room
Sacramento, CA 95811

Committee Members:	Staff:	Other Attendees:
Philip Hanger Ken White Pete LaFollette Autumn Valerio Karen Todoroff Rocco Cheng	Wendy Desormeaux Kevin Hoffman Jose Oseguera Deborah Lee Filomena Yeroshek Keely Connelly	Michelle Violet Marina Augusto Suzanne Tamado Steve Leoni Monika Grass John Leslie

*Participation by phone

Chair Wooton, Kathleen Casela, Jim Gilmer, Vice Chair Brown, Commissioner David Pating, Hector Ramirez, Stacie Hiramoto, Wendy Nguyen

Absent: Rick Crispino, Harvey Grody, Mary Hale, Kristina Kaufman, Maria Salinas

Welcome/Introductions

Commissioner Wooton called the meeting to order and welcomed everyone in attendance in the room and on the phone. All meeting participants introduced themselves.

Review /Approve Minutes from February 20, 2013 Meeting

Autumn Valerio made the motion to pass the minutes as written, and Philip Hanger seconded the motion. Sheriff Brown abstained from voting, as he was not in attendance at the February meeting. Minutes were approved as written.

Public Comment

There was no public comment on the minutes.

Committee Report-Out on MHSA Program Implementation

The following are the highlights of the Services Committee discussion on program implementation:

- Rocco Cheng shared that the Asian Pacific Islander Population Report is complete and printed. The report has been broken down into three sections for publication: the Executive Summary, the Population Report and the Appendices of 56 Promising Practices. Pacific Clinics will be mailing 100 copies to Department of Public Health (DPH) for distribution. The report will also be available online at Pacific Clinics website <http://www.pacificclinics.org/>. Rocco thanked Commissioner Pating for his help, guidance and input with the report.
- Pete LaFollette reported that he attended a Behavioral Health meeting where the discussion focused on the state directive to provide MHSA funding to children with persistent mental illness. Pete emphasized the strides that have been made with addressing many issues seriously mentally ill persons face utilizing the recovery model.
- Ken White provided information on the Stigma Discrimination Reduction (SDR) conference in San Francisco that he attended, the Family and the Lobby program in Orange County, and the Conference entitled “Vietnamese Americans, Resilience and Recovery from the History of Trauma.”
- Deborah Lee reported that Ventura County has an early intervention program, funded with PEI funds, for youth experiencing a first break. The program is showing results of reaching youth before any signs or indications of a first break.
- Rocco Cheng reported on Stigma and Discrimination Reductions (SDR) Projects that he is working on, one with NAMI and another with the Mental Health Association of California.
- Chair Wooton was pleased that many members were working with statewide organizations and mentioned that PEERS in Alameda just got a contract to outreach to clients.
- Wendy Desormeaux, OAC staff, gave an update on the Gap Analysis referred to in the last meeting. The information that was provided to DMH by the counties was submitted in early CSS plans that were submitted by disc and not posted on the DMH website.
- Commissioner David Pating commented on the impact the MHSA is having and emphasized that the Service Committee should continue to tell the story and understand the context of the MHSA.
- Vice Chair Brown commented that he was reappointed to the Commission and is excited to represent the State Sheriff’s office.

Public Comment:

Nevada County report out:

- Integration is occurring, with CSS dollars providing internships and with WET dollars funding supervision and stipends for interns. They hired a Spanish speaking intern, who has worked her way up in the system and obtained additional education and her license. Working full time she is doing assessments, and has collaborated with the Promotores on PEI projects, allowing Nevada County to increase their penetration in the Latino community significantly. She was able to get some of her school loan paid off through the Loan Assumption Program.
- Nevada's INN project, Integrated Health Care program, is staffed by two federally qualified health clinics, two substance use providers, the county and Turning Point. They provide by-directional care for individuals with mental health, substance abuse and/or physical health problems. Receipt of a Health Resources and Services Administration grant and one-year grant from Blue Shield has allowed the county to expand the program to include two hospitals. With INN funds they have hired additional staff. They hired staff that had been trained in Wellness Recovery Action Plan utilizing WET funds. This employee was hired on the Healthy Outcomes Innovation Team (HOIT) and that program is now seeing people at the county site. A lesson learned – it takes two years to get certified as a Federally Qualified Health Center. Nancy Callahan, with Ideal Solutions, is consulting regarding their evaluation efforts.
- A member expressed an opinion that MHPA CSS funds should be directed to services for existing clients and the demonstrated system rather than new clients and new programs of care, so as not to further the “two tier” system.
- A member commented that multi-system barriers are experienced by unserved and underserved communities. Setting up a new way for underserved people to come in to they system, is a good investment for California.

Update to the MHSOAC Paper: Prevention/Early Intervention Action Plan for the First Three Years

Consulting Psychiatrist, Deborah Lee, spoke about the April 2009 paper co-written by Dr. Saul Feldman on Prevention and Early Intervention, entitled “Prevention/Early Intervention Action Plan for the First Three Years.”

The paper now contains a brief summary on long/short term affects of bullying behavior. The new material starts on page 16.

Update on the Office of Health Equity (OHE), California Department of Public Health California Reducing Disparities Project (CRDP)

Marina Augusto provided the membership with a brief history regarding the Office of Multicultural Services and how it was transitioned to Department of Health Care Services, including a discussion on the California Reducing Disparities Project (CRDP) being launched as a statewide initiative.

- The goal of CRDP is to raise the level of community defined evidence for 5 different population groups.
- There are seven contracts under the CRDP umbrella. The CDRP contracts were scheduled to end December 2012, however, some of the contractors were given no cost extensions to allow additional time for deliverable completion. There have been many requests to sustain the strategic planning workgroups (SPW'S).
- The third draft of the Strategic Plan went to Agency at the beginning of April. The Office of Health Equity will be briefing Kiyome Burchill at Agency, providing her with an overview of entire project, walking through 24 recommendations in the Strategic Plan and answering any questions. The OHE will then make suggested revisions. After Agency's review, the draft will go out for 30 day public review, and California Pan Ethnic Health Network (CPEHN) will gather all of the community input.
- OHE anticipates releasing the next draft for 30 day public review within three weeks.
- Draft address's four themes:
 1. Cultural and linguistic competence at all levels
 2. Implement capacity building at all levels
 3. Improve data collection standards
 4. Address the social and cultural determinants of health
- CPEHN and OHE websites will be posting dates on their website of the 30 day public comment period and OHE will also contact the MHSOAC directly to advise them of the dates of the posting.

Phase II: Will focus on taking the recommendations and guidelines from the reports and determining how that translates into funding at the local level.

- There is a 60 million dollar price tag attached to Phase II (15 million a year for four years).
- The main goal is to fund some of these community-based organizations.
- There is a framework that has been developed; however, it cannot be solidified until the vetting process has been completed.
- A majority of the funding is slated to go to the Community Based Organizations (CBO's). The CBO's will be required to do participatory evaluations.

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Rocco will be sharing the Asian Pacific Islander (API) Report with the Obama Administration.

OHE looking at how the CRDP report can align with the work of Secretary Dooley's "Lets Get Healthy California" task force.

Update on the Office of Health Equity Advisory Committee:

- 108 applications were received and are being reviewed.
- Advisory Committee will be created by October 2013 at the latest.
- OHE is charged with addressing the needs of vulnerable populations, which go beyond racial and ethnic populations. OHE is looking at funding sources to see where they can leverage and work across disciplines.
- Will be submitting 25-30 recommendations to Leadership for final selection.
- The Advisory Committee will consist of 25-30 members and will have mental health and consumer/family member representation.

Update on Deputy Director for OHE:

- DHCS did a national search which resulted in a few candidates.
- Announcement went out in August 2012.
- 32 applications were received.
- Stakeholders requested a two-pronged interview process. As a result, a stakeholder panel was formed that is comprised of 9 former chairs of advisory bodies to DHCS.
- The candidate will be appointed by the Governor or the State Medical Officer and confirmed by the Senate.
- They anticipate having someone hired within the next month.

Public Comment:

- Comment was made that for new stakeholders process barriers need to be removed so their voices can be heard.
- Suggestion was made that, for rural counties, it would be good to have baseline data on the LGBTQ population.

Discussion on Accomplishing Service Committee Work Plan Tasks

- See attached document.

Adjournment

Meeting adjourned