



## COMMISSION MEETING MINUTES

Friday, January 25, 2008

### I. Roll Call - Call to Order

Present were Commissioners Chesbro, Gayle, Gould, Kolender, Poaster, Prettyman, Trujillo, Vega. It was determined that only 8 Commissioners were present, quorum not established, Chair Gayle interjected during Ms. Whitt's report and said quorum had been established, Commissioners Greene and Pating showed up late.

Absent at roll call were: Commissioners Feldman, Greene, Hayashi, Henning, Pating, Poat, Ridley-Thomas

### II. Executive Director Report

Sheri Whitt said that they are continuing to make edits to the format of the Executive Directors Report. She said that much of the financial information in the report will be coming through the DMH Report presented by Carol Hood. She reported the following:

- MHSO Programs – creates 7 programs that operate on a 3-year cycle
  - 4 Permanent Programs
    1. Community Services and Support
    2. Prevention and Early Intervention
    3. Innovation Program
    4. State Administration
  - 3 Temporary Programs
    1. Local Planning
    2. Education and Training
    3. Capital Facilities and Information Technology
- Community Services and Supports
  - Purpose is to provide services to children, TAY, adults and older adults with the expectation that the services are provided in a way that is culturally competent, developed in partnership with youth and their families, individualized to the strengths and needs of each child and their family, and be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.
  - The funding formula established by CMHDA and DMH, for local amounts:
    - 52.25% years 1-4 ('07-08), 71.25% years 5 and later.
    - \$64 million in one-time expansion funds were released with information forthcoming in the DMH report.
  - Funds to Date – Statewide Programs:
    1. Housing – Initial investment \$400 million; people are hopeful this will continue for many years.
  - Funds to Date – County Programs:

1. County CSS Plans are coming in, the CSS Contract Amendments are arriving and the CSS Implementation Progress report will be coming in shortly.
  - CSS Plans – CSS contract amendments also known as expansion funding – have been receiving copies of the contract amendment requests and participating in reviews.
    - As a point of clarification for the 07/08 expansion request; also for 07/08 augmentation funding.
  - CSS Implementation Progress reports – DMH has received all required reports; OAC has also received copies.
  - CSS Housing –
    - No guidelines; application only
    - Applications were released in August 2007; funds released “over-the-counter” whenever counties were ready to apply with no application deadlines.
    - The first housing application was received from Sacramento County.
    - Review – DMH has proposed a review process which includes comments from MHSOAC; CNMHC has provided recommendations to MHSOAC regarding areas in which to focus the review of housing applications.
    - Evaluation for Effectiveness – For tenants enrolled in a full service partnership, outcomes reporting requirements are consistent with those established by DMH for individuals enrolled in the CSS category of the FSP; DMH and CMHDA are working on finalizing outcomes reporting requirements for non-FSP tenants; there may be a need for MHSOAC to consider additional outcome/evaluation/oversight role.
    - Project Oversight – CAL-HFA will have ongoing oversight, “housing aspects”; DMH, County Mental Health Department provides oversight and monitoring for quality control purposes.
    - On-going Implementation Workgroup – to ensure the application process is accessible and effective, to support existing projects as issues emerge; more details will be coming.
    - Regulations – MHSOAC Housing Program emergency regulations are expected to be in effect on 03/24/08.
- Innovation
  - Purpose is to increase access to underserved groups; increase the quality of services and outcomes; to promote interagency collaboration; and to increase access to services.
  - Funding formula established by CMHDA and DMH; for local distribution amounts.
    - 5% of total funding for each county mental health program for CSS and PEI.
  - Programs (100% County administered programs) – County submits plans, OAC reviews; DMH provides comments; OAC has budget approval.
  - Proposed Guidelines are in the process of being developed
  - Regulations are vehicles for translating statute into specific requirements.
- Prevention and Early Intervention
  - Purpose is to prevent mental illnesses from becoming severe and disabling; to emphasize improving timely access to services for underserved populations; to outreach and recognize early signs; to access and linkage; to reduce stigma and discrimination.
  - Funding formula established by CMHDA and DMH; for local distribution amounts.
    - 19% each year

- State Administered Programs –
  - Suicide Prevention - \$14 million for each of the 4 years
  - Suicide Prevention strategic plan - \$500,000 for 2 years
  - Stigma and Discrimination Reduction - \$20 million for 4 years
  - Training/Capacity Building - \$12 million for 4 years
  - Ethnic and Cultural specific programs - \$15 million for 4 years
- County administered programs – Guidelines, review and comment by DMH and Budget Approval by OAC.
- State Administration
  - Purpose is to cover state costs of program administration
  - Funding formula
    - No funding formula for state-administered funds
    - Maximum amount allowed is 5% of MHSA budget by statute
    - Requests must be submitted through the state budget process (Budget Change Proposals and Spring Finance Letters)
    - The State budget sets the limits within the total amount available
    - The surplus returns to the general MHSA fund to be redistributed to components when no longer available for state expenditure
    - Unbudgeted funds are returned at the end of the fiscal year
    - Budgeted but unexpended funds are returned two years later.
- Local Planning
  - Purpose of funding is to cover annual planning costs and include funds to assist consumers, family members and other stakeholders to participate in the planning process.
  - Funding – formula same as State Administration and shall not exceed 5% of the total of annual revenues received for the Fund.
  - Programs – county administered plan development with intensive stakeholder process.
- Capital Facilities and Information Technology
  - Purpose is for the first cycle only funding to build capital capacity, treatment/service facilities and program administration; funding for technology projects also provided.
  - Funding formula same as previously described (CMHDA principles/DMH proposal; for local distribution amounts).
    - 45% for 6 months, 10% for the next three years
  - Programs – facilities and technology needs identified to support CSS and PEI plans; could include Electronic Health Records.
  - Proposed Guidelines – to be released soon.
  - Regulations – vehicles for translating statute into specific requirements; update to be provided by DMH.
- Workforce Education and Training
  - Purpose is that first cycle funding to increase mental health workforce capacity for MHSA-related program expansion and for the total public community mental health workforce.
  - Funding formula same as previously described.
    - 45% for 6 months, 10% for the next 3 years.
  - Programs – projects will support CSS and PEI plans.
  - Proposed Guidelines – have been out since July 2007
  - County Requests for Planning Funding – reported earlier.
  - Regulations – same process as previously described.
- MHSOAC Technical Resource Groups

- Measure and Outcomes Technical Resource Group
  - Evaluation Coordination Workgroup meeting took place January 22, 2008
  - A report about the outcome of that meeting and next steps for the Measurements and Outcomes Technical Resource Group to be provided at the February MHSOAC meeting.
- Cultural and Linguistic Competency Technical Resource Group – report provided on prior days agenda.
- Client and Family Technical Resource Group
  - Will begin meeting with the hire of the second Mental Health Program Supervisor.
- Mental Health Financing Technical Resource Group
  - Was adopted at the June 2007 MHSOAC meeting
  - Will begin meeting when staff have been hired to staff the meeting
- MHSOAC staff Introductions were made.
- Status of Staff Hiring
  - Interviews completed for the remaining Mental Health Program Supervisor Position
  - Four Staff Mental Health Specialist vacancies – two in plan review, two in policy and outcomes.
  - One Office Technician vacancy
  - One Staff Services Analyst vacancy in Communications Unit
- MHSOAC Staff Projects
  - MHSOAC calendar for upcoming MHSOAC meetings – completed and discussion planned for at March Strategic Planning Meeting
  - Draft Rules of Procedure for Commission Consideration
    - MHSOAC does not have its own independent legal counsel to date
    - Staff has begun work on the Draft Rules of Procedure
  - Communication Plan for Commission Consideration
    - Completed joint project with all interested government partners and stakeholders and all interested MHSOAC Commissioners.
    - MHSOAC Staff include Cynthia Craft, Matthew Lieberman, Gaogia Vang, and Christina Call.
    - Commissioner Vega and Commissioner Henning have agreed to be lead commissioners on the project.
  - New Commissioner Orientation
    - Joint project with DMH, CIMH, local commission staff advisors, and any interested MHSOAC commissioners.
    - Orientation took place January 23, 2008
  - MHSOAC Annual Calendar – aligns MHSOAC meetings with MHSOAC review and comment and budget approval duties.
    - Preparation of budget and legislative materials
    - Annual reviews of the Commission’s Workplan, Rules of Procedure and other Commission activities which take place yearly
    - The first draft of this document has been completed and will be used to discuss the Commission’s meeting schedule, as well as at the upcoming MHSOAC Strategic Planning Meeting.

**Commissioner Questions/Comments**

Commissioner Pating asked for a budget report at a later time to discuss administrative costs. Chair Gayle thanked Ms. Whitt for her report. He noted that he will be contacting commissioners to obtain their interest in sitting on committees.

### III. Department of Mental Health Report

Carol Hood reported the following:

- Funding – (report handout) basic information about how much has been received and how much left to be invested. As of December 31, 2007, the amount of revenue that had been received exceeded \$3 billion dollars (cumulative).
- She stated that DMH translates the Governor’s budget into “cash”.
- The revenue is typically not wages; it is stocks and capital gains and this could drive the revenue. She said counties have been directed to have a prudent reserve of 50% by 2010.
- She said the prudent reserve is only for CSS, there is no prudent reserve in the Act for PEI.
- In July 2008 there will be a large accrual shown from the 2006 tax year.
- Significant direction has been made available to counties in terms of fiscal policy and provides much more ability for counties to do longer term planning.
- The Governor is proposing some reductions that would affect the core services that are being provided by counties.
- Implementation (as of January 11, 2008)
  - Community Services & Supports
    - Community Program Planning – 58 plans submitted, 59 plans approved
    - Initial Plan – 57 plans submitted, 56 plans approved
    - FY 07/08 Initial Expansion \$115 million – 33 plans submitted, 23 plans approved
    - FY 07/08 One-Time Augmentation – 5 plans submitted, 4 plans approved
    - MHSA Housing Program – 1 plans submitted, 0 plans approved
  - Workforce Education & Training
    - Community Program Planning – 40 plans submitted, 39 plans approved
    - Component Plan – 2 plans submitted, 0 plans approved
  - Prevention & Early Intervention
    - Community Program Planning – 31 plans submitted, 31 plans approved
    - Component Plan – 0 plans submitted, 0 plans approved
- Regulations
  - MHSA II – Addresses overall issues, planning and CSS; submitted to Office of Administrative Law
  - MHSA Housing Program – Emergency regulations going through internal review
  - Other Regulation Packages – Develop permanent regulations; opportunities for input prior to becoming effective
- Data
  - Summary of Planning Estimates provided – maximum funding level available to counties
  - “Hip Pocket Report” – County specific demographic and service.
- MHSA Funded Reports
  - MHSA Stakeholder Process – shared at the last meeting
  - CSS Early Implementation Study
    - All counties hope MHSA funds will act as catalyst for system change.
    - County planning processes were unique.
    - Counties lacked infrastructure.
  - Implementation Progress Report Summary

- Infrastructure challenges are most significant
- Highlights on transformational activities
- Suggestions for areas of policy clarification/support.
- o CSS Summary by County
  - Demographics and county budget perspective
  - Specific CSS plans
- State Administered Projects
  - o MHSA Housing Program – DMH Administered
    - Agreement to develop project in concept
    - DMH must get budget authority – legislature/governor
    - Each county must authorize their funding to be used for this purpose.
  - o Discussing range of mechanisms as potential options for implementing multi-county projects
    - DMH administered
    - Joint Powers Authority among counties
    - Lead county/counties
  - o Client and Family Member Expert Pool – established master services agreement more than 10 years ago as mechanism to contract with clients and family members to participate in state activities
    - Compliance reviews, licensing visits, review of plans, staff interviews, etc.
    - Training is provided
    - Currently 133 individuals under contract
    - Policy/practice recommendations from Client and Family Member Task Force
    - New contract for FY 08/09 – application will include request for ethnicity information; Reimbursement will be increased from \$10 per hour to \$14 per hour; and targeted recruitment
    - The pool is available to MHSOAC
    - A database has been established that includes skills and interests (for example bilingual)

#### **Commissioner Questions/Comments**

Commissioners discussed possible affects of economy on projected budgets.

Carol Hood said that for the local assistance, they can flow that money to the counties and it does not have to go through the state budget. She said that anything that goes through the DMH has to go through the regular process.

#### **IV. Government Partners Report**

Commissioner Chesbro said the Government Partners is a meeting that takes place monthly to coordinate implementation of the Act. The Government Partners is comprised of representatives of the MHSOAC, the DMH, the State Mental Health Planning Council and the CMHDA. He reported as follows:

- Complaints and Investigation Process – Mike Borrunda (DMH) leads the development of a draft complaints and investigations process for DMH with input from partners and stakeholders.
- Clarification of Section 10, Part 3.7, 5845 (d)(7) of MHSA – “If the Commission identifies a critical issue related to the performance of a county mental health program, it

may refer the issue to the Department of Mental Health pursuant to Section 5655.” Rules of procedure regarding this mandate will be developed with Commissioners in March 2008.

- Stakeholder Participation Issues – Commissioner Vega provided:
  - Even though the purpose of the Government Partners is coordination and not policy making, in response to continuing concerns on the part of the stakeholders, consumers and families, there is now a widespread agreement that the Government Partners process needs to be more transparent and inclusive.
  - DMH is taking the lead on organizing stakeholder meeting(s) for the public for the purpose of discussing public participation, outcomes for stakeholder meetings.
  - Discussion regarding stakeholder participation at Government Partner meetings is occurring.
  - Try to include Commissioners in client and family seats as representatives to Government Partners meetings.

### **Commissioner Questions/Comments**

Chair Gayle suggested that more thought and research be put into this topic and then agendize it for the next meeting.

- County and State Administered Projects
  - CMHDA proposed alternative strategies to administer statewide programs (provided handout)
  - Overarching goal – identify method for administering statewide projects which will increase cost effectiveness, facilitate the dissemination of best practices, and result in timely implementation of the statewide project.
  - Student Mental Health Initiative is now caught up in discussion as to how to administer the program statewide
  - Carol Hood said there is a two part discussion which is: 1) how are decisions made when they want to proceed with a state administered or statewide project 2) once those decisions are made, what is the best process and/or who should implement those decisions.
    - She said that the current time frame to complete an identified project is about a two year process. (referred to handout)
  - Pat Ryan said the reason they developed the chart was to ensure that they comply with the Act.

### **Commissioner Questions/Comments**

Commissioner Chesbro reported:

- Evaluation Coordination Workgroup
  - First meeting scheduled for January 22, 2008
  - DMH, CMHPC, MHSOAC proposing Evaluation Coordination Workgroup to accomplish the goals they share in addressing the problem of duplication of responsibilities for outcomes and accountability.
  - That workgroup would recommend would meet and report back to the MHSOAC.

**Public Comment**

**Sandra Marley** said the first two reports were fabulous and commended the MHSOAC. She said the last report on Government Partners has left her puzzled with what is happening.

**Stacy Hiramoto**, with the Mental Health Association, said that she facilitates the MHSA Community Partners which consists of statewide mental health advocates and stakeholders and members of the Racial and Ethnic Mental Health Disparities Coalition. The MHSA Community Partners was formed in response to finding out about the existence of the Government Partners at the OAC meeting in Riverside. She said they are continuing to meet and communication is improving. They are setting up a tentative monthly (in person) meeting and tentative a monthly conference call. She said the Government Partners have shown willingness.

**Dede Ranahan**, on behalf of NAMI, thanked the MHSOAC for the reports presented. In regards to the Government Partners issue, she suggested using the term “MHSA Partners” and under that umbrella could come Government Partners, Community Partners, etc. She said that this may be more complex than it initially appeared and one of the promises of Proposition 63 was transformation and transparency. She expressed concern that calling one group Community Partners and one group Government Partners may perpetuate divisions.

**Rusty Selix** said there are private providers in between the government and community who seem to be forgotten. He said there are at least 8 associations of private providers that have felt that they are hugely impacted by all of the decisions made yet they are not being heard. He said that it is important to recognize that every piece of paper, whether sent electronically or hard copy, that goes out to commissioners or between agencies should be public record through the listserv process. He suggested there are decisions that are being made without any stakeholder knowledge

**V. MHSOAC Meetings, Locations, Frequency of Meetings**

Ms. Whitt reported that there are four different documents in the handout materials. They are:

- The Draft MHSOAC Annual Calendar – along the right hand column is a list of all the activities that the commission engages in.
- The actual meeting dates for 2008 had been drafted with the understanding that there would be some conversation about the dates. There is a change in the 2 day meeting dates that is reflected in May where it will rotate from a 2 day meeting to a one day meeting and so on.
- There is a proposed agenda for February included in the handouts as well as for the Strategic Planning meeting scheduled for March. She suggested that these items, as listed, could be handled in an email.

**Commissioner Questions/Comments**

Commissioner Gould said that she would like to see a structure that would allow the MHSOAC to get plans reviewed and still meet every other month. Now that the commission is staffed, she suggested the Commission look at their role as a fiduciary role in setting policies and let staff do their work. Ms. Whitt stated that staff does not have a position one way or another and she would support whatever the Commission’s decision might be.

Commissioner Ridley-Thomas said the commission should set aggressive goals to get plans reviewed. He further echoed Commissioner Gould’s suggestions

Ms. Whitt said an e-mail was received from the Attorney General's office that clarified it would be in the best interest of the MHSOAC to become a party to the interagency agreement that currently exists between their office and the DMH. Ms. Rodriguez is currently working on this issue.

Commissioner Vega said that the issue of monthly meetings has been discussed a couple of times. He believes that monthly meetings are important because of the urgency of the PEI process. He suggested the Commission adopt a tentative schedule knowing they are open to ad hoc changes. He said that going from a 2 day meeting to the alternating 2 day, 1 day is a good option.

Chair Gayle said Vice Chair has a conflict around the regularly scheduled dates accommodating the Planning Council. He recommended that he work to with the commissioners to ensure the dates are reasonable.

Ms. Whitt said there is a timing aspect to how the meetings are scheduled in terms of the ability to access appropriate accommodations. She said that pushing staff to find a venue in a short amount of time limits the options. She requested that if there are going to be changes after the March meeting that the staff be informed.

Commissioner Trujillo said that the dates have been out for awhile and suggested that for the next six meetings they should accommodate the standing dates and then entertain the possibility of new dates for the second half of the year. He also suggested that meetings be held in a hub, or downtown area that has public transportation to accommodate the public.

Chair Gayle reminded members that the Commission has budget limits that sometimes prevent having a meeting at a hub or downtown area.

Commissioner Pating suggested they review the effectiveness of Commission meetings. He suggested the meetings be more action oriented. He further suggested that the reports be sent to the Commissioners via email prior to the meetings.

Commissioner Vega agreed they need to think about how to restructure their meetings to be more effective.

Commissioner Chesbro said the Commission needs to be more selective in their discussions. He requested the Chair and Vice Chair work with the Executive Director to focus on what needs to be reported.

Chair Gayle said that he, the Vice Chair, and the Executive Director will come up with a draft to be presented at the March retreat.

#### **VI. March Strategic Planning Meeting – Proposed Agenda Items**

Ms. Whitt provided proposed agenda items for the March Strategic Planning meeting and asked the commissioners to provide feedback.

#### **VII. Proposed Agenda Items for Next MHSOAC Meeting**

Ms. Whitt provided proposed agenda items for the next MHSOAC meeting and asked the Commission to review and provide feedback.

**Public Comment**

**Delphine Brody** said that the California Network of Mental Health Clients will be having a 25<sup>th</sup> anniversary client forum to be held February 8 – 10 in Sacramento, CA at the Holiday Inn in the Capitol Plaza. She invited the Commission. She said the theme for the forum is celebrating the past and building the future.

Meeting adjourned at 1:25pm.