

MHSOAC
Mental Health Services Oversight and Accountability Commission
Commission Meeting Minutes
Thursday, June 26, 2008 (*Day One*)

California Ballroom
Wyndham Hotel, San Jose
1350 North First Street
San Jose, CA 95112

I. Call to Order

Chair Gayle called the meeting to order at 9:09 a.m.

II. Roll Call

Commissioners in attendance: Linford Gayle, Chair; Andrew Poat, Vice Chair. Darlene Prettyman, Saul Feldman, Bill Kolender, Eduardo Vega, David Pating, Larry Poaster, Larry Trujillo, Tom Greene (arrived at 2:50 p.m.).

Not in attendance: Patrick Henning, Mark Ridley-Thomas, Mary Hayashi, Beth Gould, Wesley Chesbro.

Ten members were present and a quorum was established.

III. Minutes Approval of May 29th, 2008

Member Prettyman noted that page 3, second paragraph, of the May 29th Minutes (section IV) states “Commissioner *Gould* noted;” and should say “Commissioner *Prettyman* noted.” Also, page 4, 4th paragraph, references “*supplementation;*” and should be “*supplantation.*” She also noted that the “parking lot” items, or, items to be addressed in the future, listed should be at the end of the Minutes rather than interspersed throughout.

(Commissioner Greene was not at the meeting at this time. He subsequently noted -- at Friday’s Meeting, 7-27-08 -- two conceptual changes that needed to be made to the May 29, 2008 Minutes. Starting on page 25, bottom of the page, there was a discussion concerning the importance of the Commission’s outreach to the law enforcement community.

The conceptual changes are: 1. When Mr. Rusty Selix spoke, he actually advocated for a staff position to provide a liaison function to the law enforcement community; and

2. Sheriff Kolender’s subsequent comments may have been misconstrued. The Minutes may have suggested that the mental health professionals and the officers in various lockup facilities don’t know how to help the mentally ill; in actuality,

the law enforcement community does a great deal for the mentally ill and with great skill.

Commissioner Greene stated that he could suggest specific language for the changes upon his return to Sacramento. Commissioner Trujillo remarked that he actually had the verbatim quote, which differed from the quote in the Minutes, and would provide that if needed. Chair Gayle and the rest of the Commission agreed with the conceptual changes suggested.)

Motion: Chairman Gayle asked for a motion to approve the minutes for May 29th, 2008, as amended above. Upon motion by Vice Chair Poat, seconded by Commissioner Prettyman, the motion was unanimously approved (including the additional changes from Friday 7-27).

IV. Welcome from Santa Clara County Mental Health Director

Mental Health Director Nancy Pena, PhD, welcomed the Commission. She showed a home movie that focused on the transformation of Santa Clara's mental health system during the past three years.

She noted that the County wanted to inspire the Commission and make sure they understood the importance of the work that they do. She then gave a snapshot presentation, "Snapshots of Transformation, June 2008" which delineated some of changes occurring in the County, and highlighted several areas, including the Mekong Community Center, the Criminal Justice Full Service Partnership, the nine Ethnic and Cultural Community Advisory Committees.

Other highlights included:

- The County is moving toward a peer-supported, recovery-oriented system that employs consumers and family members. They are developing 38 specific peer-support positions for consumer members.
- A total of four million dollars has been committed to housing and many options are being developed.
- A new Urgent Care Center opened on April 1, 2007.
- A retired police chief was retained to support the development and utilization of urgent care centers by law enforcement agencies.
- A new treatment court for cases involving infants and toddlers called the Family Wellness Court has been established; the Court has committed to a five year process to develop a broad-based system of care for young children and their families who are involved in the foster care system.

Several Commissioners praised Director Peña for her efforts.

The Commission then honored Emily Nahat, who is retiring, for her exceptional service.

V. ACTION ITEM: Adopt letter to Governor and Legislature regarding MHPA funds

Executive Director Whitt asked for comments on the draft letter.

Commissioner Trujillo suggested that a thank you letter should simply be a thank you letter; it sounds to him as though the approach of this particular letter is condescending in tone.

Commissioner Poaster also expressed concerns, and asked if anyone has proposed actual cuts to MHPA funds? Executive Director Whitt responded that it was their understanding that many discussions had occurred concerning the possibility of borrowing from the MHPA funding. These conversations are ongoing and reflect the current difficulty with the budget for the coming year. Vice Chair Poat stated that the wording of the letter takes into account many discussions they had had with legislators regarding the potential for budget cuts.

Commissioner Vega asked about the signature line; and suggested that potentially all the Commissioners should be on the signature line, not just the Chair and Vice Chair.

Commissioner Feldman stated that he thought the letter was fine and he would be happy to sign it as is.

Commissioner Trujillo stated he would not sign the letter as presented.

Commissioner Prettyman said she would be happy to have the Chair and Vice Chair only sign the letter, as the other Commissioners had elected them to those positions and therefore they had been given votes of confidence by them. Commissioner Kolender concurred, stating that the Chair/Vice Chair signatures represent all of them.

Commissioner Poaster expressed concerns about the letter -- he had no difficulty with thanking the Legislature but thought the additional wording represented a "shot across the bow" for some pre-emptive action when they are not sure if it is needed. However, he would go along with the Chair and Vice Chair, whom he acknowledged had spent time researching the content. He concluded that there is a "lecturing" quality to the letter that makes him uncomfortable.

Vice Chair Poat expressed his appreciation for other Commissioner's concerns. He noted that the wording is always difficult for these letters. He further stated that they had spent a fair amount of time talking with some of their friends in the Legislature and there is very little agreement regarding the budget. He stated that their job is to advocate and

protect the MHSA funding and the Commission needs to perform that job; which includes ensuring that the importance of the funds is understood, as well as laying out the protection of the funds that has been established by the voters with respect to ensuring the funds are used for mental health purposes. For these reasons he is going to vote to support the letter. Commissioner Pating agreed with those comments and thought the letter was perfectly fine as is.

Public Comment

- Victor Ojakian commended the Commission for writing the letter and asked that all the Commissioners adopt and sign it. He stated the necessity of constant vigilance to ensure that the funding is there for the work that needs to be done.
- Delphine Brody, California Network of Mental Health Clients, stated their strong support for the letter and the intent behind it to preserve the MHSA funds for their intended purpose. They would like more language added to further emphasize the important client-centered and wellness recovery-oriented aspects of the Act if time permits.
- Jose Rangel agreed with Ms. Brody and emphasized the importance of appropriate housing.
- Carmen Diaz, UACF, expressed approval for the letter and requested that the mailing be expanded to the counties and board of supervisors also.

Commissioner Poaster noted that his comments were of a tactical nature, and were not expressed as a showing of non-support for the letter's contents.

Commissioner Vega asked about the timing of the letter, which has been discussed for some time. Why should it be sent at this time? Vice Chair Poat responded that they did their homework before putting this letter together and talked with various legislators about whether or not and when to send the letter. They feel that it's time for the Commission to weigh in and ensure that they provide a definite rationale for why the MHSA funds need to be protected. This letter is a reasonable expression of the Commission's desire to protect the Act's funds.

Commissioner Trujillo reiterated that he agrees that it's the Commission's responsibility to retain the integrity of the funding; his contention is with the wording of the letter.

Motion: Upon motion by Commissioner Kolender, seconded by Commissioner Prettyman, the draft letter was adopted by a vote of 9-1, with Commissioner Trujillo declaring in the negative.

Chair Gayle stated that he and the Vice Chair will have the only signatures on the letter; and that the CC: column will show that copies have been sent to the county mental health directors.

Commissioner Poaster suggested that, in the future, press releases not be prepared prior to agreements by the Commission. Executive Director Whitt stated they will be more sensitive to that in future.

**VI. ACTION ITEM: Adopt Revised PEI/Innovation Plan Review Process;
Adopt Revised CSS/WET/Cap/IT Plan Review Process**

Beverly Whitcomb, staff, explained that the revised review process would clarify that if more than two MSHOAC Commissioners choose to review a plan, the lead Commissioners in that area will determine which two will participate in the plan review meeting. Other interested Commissioners can submit their comments in writing in advance of the review meeting, using the approved review tool. This revision is needed to ensure conformity with the Bagley-Keene Open Meeting Act.

Commissioner Trujillo stated that, if the Commissioners have commented, then a public notice should go out; public notice is required when three or more Commissioners have comment.

Vice Chair Poat commented that they are still working on acquiring specificity with the Attorney General's Office regarding Bagley-Keene. He will support this motion in the interim, until more specificity is acquired. Commissioners Prettyman and Feldman echoed the comments.

Commissioner Feldman asked to what extent the county mental health directors have signed off on the revised process, since it probably will affect them? Ms. Whitcomb said that information can be acquired.

Commissioner Pating thanked the staff for doing a good job on this process and stated that it is an essential process that the Commission should not delegate responsibility for. Also, there needs to be a cohesive review team in place during the process to ensure a valid public response. He strongly encouraged that at least one Commissioner be part of the review process for each individual plan.

Public Comment

- Delphine Brody, California Network, recommended the following revisions to the proposed plan review process:
 - In step number one: they would like to see the word "*may*" in the second sentence changed to "*must*;" i.e. "expert consultants, including members of the DMH expert pools . . . *must* be retained by the

MHSOAC to provide input regarding a plan.” They also would like stakeholder input on who gets selected from that pool.

- In step number two: they support broader outreach and engagement throughout the process.

- In step number three: they would like 30 days notice for the approval of criteria in the review tool by which the funding requests will be approved. The stakeholders need 30 days to provide their input.

- Yvette McSham, speaking as a consumer, expressed her appreciation for PEERS and the Mental Health Network for helping her acquire education and employment.
- Jose Rangel spoke in support of Delphine and Yvette and expressed the need for a self-management movement; they want prevention and early intervention and information technology.
- Delores Lloyd, patient advocate and coordinator, stated that the Commission’s decisions affect her and potentially millions of others.
- Andrew Phelps, former Chair of the Berkeley Mental Health Commission, expressed his concern for the truth of representing the community and the importance of a community-based advocacy rather than only a mental health advocacy. The Commission’s policies need to bring in not just the mental health advocates’ positions but an increasingly strong community perspective as well.
- Stephanie Welch, County Mental Health Director’s Association, supported the proposed changes and recognized the timeliness of getting through the process.

Motion: Upon motion by Vice Chair Poat, seconded by Commissioner Feldman, the Commission unanimously adopted a Commission policy that:

- 1) If more than two Commissioners choose to review a plan, the lead Commissioners for that area will determine which two Commissioners participate in the plan review meeting; other interested Commissioners will submit their comments in writing in advance of the plan review meeting, using the approved review tool; and
- 2) By the September ’08 meeting the Executive Director will present a motion that will specifically address the Bagley-Keene Act with respect to the threshold of the number of Commissioners required to prompt a public notice.

Commissioner Prettyman suggested that somehow the Commission train the Commissioners on how to read and review the plans. It is not an easy process and training may be needed. Vice Chair Poat stated that this problem will be addressed later today.

VII. Panel Presentation on MHSA Housing

Overview of Supportive Housing

Jonathan Hunter, Managing Director, Western Region, Corporation for Supportive Housing, presented an overview and framework of supportive housing. Key elements of supportive housing include:

- The housing is affordable, and affordable to people with very low incomes.
- It is connected on-site to services that tenants need to achieve and maintain stability in their housing.
- The services are voluntary; i.e., they are not a condition of tenancy.
- When people move in to supportive housing they are tenants who have clear legal rights and responsibilities.
- Typically, people with many different issues are housed.
- It is an appropriate intervention for adults and for families with children.
- It can fit any community in the state of California.

They are developing a tool which includes Dimensions of Quality, seven items that form integrated training models to help develop housing that works well. The seven items are:

1. What is the quality of the administrative and management organizations that are operating the housing?
2. Look at the physical environment. Affordable does not mean it looks cheap. Does it fit into the neighborhood? Can tenants be part of the neighborhood?
3. Access to the housing and services. The housing must be designed in such a way that there are not unnecessary barriers to accessing services.
4. Tenants' rights must be respected and tenants are actively engaged in issues related to housing. What are appropriate rules, expectations and so forth?

5. Supportive services are designed to be responsive to the needs and desires of the tenants; i.e. it responds to the needs of the tenants.
6. Property management has the same approach, ensuring maximum independence for the people that live in the building. Whoever owns the building needs to maintain it.
7. Data collection. It is critical to know what is really happening. Are tenants staying there? Are they able to pursue their recovery? Does the housing function in the way it is intended?

San Francisco Polk Senior Housing Program

Alice Gleghorn, PhD, Deputy Director, Community Behavioral Health Services, San Francisco Department of Public Health, first gave an overview of the San Francisco Housing Initiative. She stressed some important elements of the situation:

- About 25% of the homeless are estimated to have serious mental illness; and 50% of that population has alcohol and drug issues.
- Probably about 50% of the homeless would qualify for disability benefits but less than 11% receive those benefits.
- San Francisco is one of the most densely populated areas of the country and has the fifth highest number of homeless in the U.S., the majority of which are male. About 10,000 people cycle through the streets during the course of a single year. About 3,000 are chronically homeless individuals.
- In the 1990's San Francisco focused on the homeless problem in the city. They developed Direct Access to Housing (DAH), supportive housing that helps to stabilize the individual and keep them housed. It has proven to be an efficient way to take the chronically homeless off the streets and keep them off. Core goals are to enable a better life for the chronically homeless, end the phenomenon of people sleeping on the streets, and end the over-utilization of emergency services.
- When DAH housing is designed, it is designed for everyone who is homeless, with or without mental illness. There are minimum barriers to entering the housing. There are willing and experienced medical personnel on staff to assist the homeless and encourage them to enter the housing facility.
- There is only a 12 percent move-out rate per year; and only five percent are evicted for non-compliance to housing rules.
- They estimate a savings of about \$1.5 million in reduced medical costs per year.

She then described the new Polk senior housing project, which is scheduled for completion very soon. It is a nine-story building with 81 studio apartments and 29 one-bedroom apartments. The ground floor includes residential, lobby and waiting areas and private conference and meeting rooms for larger groups. There is a nursing health station on the first floor. Each unit has its own kitchen. There is a solarium, outdoor courtyard, laundry room on each floor, and a community garden on the 8th floor. All units are wheelchair adaptable. It is targeted for adults and senior citizens.

The average cost per month is about \$1,500 per resident; residents typically pay about 50% of their income towards the rent; the average rent paid is about \$300.

It is estimated that each homeless person costs the City of San Francisco about \$61,000 yearly in terms of emergency services and incarceration. If this population is housed the cost goes down to about \$16,000.

A model called Project Homeless Connect operates roughly every other month throughout San Francisco. It is helpful to the homeless, provides many volunteers, and has been replicated across the country and around the world. It is highly recommended for use in other cities as well.

As of 2007, HUD requires that areas that receive HUD/McKinney money do bi-annual homeless counts. They also request an annual accounting for monies used. The HUD/McKinney requirements have standardized the process. Numbers reported must be accurate and reported by reliable methods. This has more meaningfully defined and categorized the relative numbers of homeless people.

MHSA Housing Review Process; Review of Available Technical Assistance

Dee Lemonds, Chief, Adult Program Unit, DMH, began by echoing the importance of the supportive services in the units and then described the review process, which includes:

- Establishing first that the project is consistent with the county's plan.
- Obtaining an in-depth description of the target population. How will the population be found? What criteria determine tenant eligibility?
- How will the project meet fair housing laws? What is the appeal process for someone who is denied tenancy? How is MHSA certification done? How is the wait list established for those persons successfully certified?
- What is the approach to services -- where and how delivered, what frequency, description of the primary service provider, do providers understand the population they will be serving, how will the assessment of needs be conducted? What other community services will be available? Specifically, what services

will be provided by peers? How frequently will service staff be engaging with tenants?

- How will service providers engage with property managers? How often will they meet? Who is the single point of contact?
- What are the design considerations for the project? Are they designed for the physically handicapped?
- Has staff been identified who will be responsible for collecting and submitting outcome data?
- Project partners must delineate all of their experience working with this type of population. Similar information is also required of service providers.
- How did project partners acquire and insert stakeholder input?

There is almost unlimited technical training and assistance for counties who want to invest in these projects. A housing consultant is also available to work with counties. CSH also provides training for the county housing coordinators.

Commissioner Prettyman commented on the importance of a good management team and a board that is willing to work with that team.

Commissioner Feldman discussed the critical nature of the housing review process. He also reminded the Commission that monies put aside for mental health services can easily be diverted unless constant attention is paid to the issue.

He asked what criteria would be used for distributing funds to counties (i.e. what is the allocation formula).

Also, it was earlier mentioned that services would be voluntary. Would people be opting out who really should have services if those services are of a voluntary nature? Mr. Hunter replied that this issue has been looked at very closely and very good research exists showing that tenants do take advantage of services as long as they are available and are appropriate for the tenants' needs. The level of engagement in services, even when voluntary, is quite high. In addition, when the voluntary services are no longer used by a tenant it provides a clear warning signal that something is wrong.

Commissioner Pating expressed his appreciation for the housing presentation. He asked Mr. Hunter what are the best outcomes, small and large, that should be targeted so the OAC can pinpoint the benefits of the MSHA? Mr. Hunter responded that the outcome data that the department will collect will provide the key things they want to know. One key is to capture specifically, information about who gets in to the housing. Measuring the extent of the people who are actually homeless and entering the housing will be a critical issue.

He then asked how the program enables people to move on to independent living. Dr. Gleghorn responded that there are two ways:

1. The full service partnership Whatever It Takes can help with first and last rent qualifications.
2. With general systems development funds they have developed a program called Supportive Services For Housing which also provides a very flexible financing mechanism that is designed specifically for their clients.

Vice Chair Poat commented favorably on the documentation presented. He asked what is the optimal size of projects. Mr. Hunter stated that there really is no optimal project size, it depends on the needs of the community. However, it is extremely difficult to make a project work with less than 40 units, so they are beginning to ask developers to set aside 10-15 units for the housing program in the developers' new projects; and this is beginning to happen.

On financing, he asked what innovations the Commission needs to move toward as the housing programs continue to be put together? Mr. Hunter responded that the subsidy for capital is sized in such a way that it will cover up to 30 percent or \$100,000 per unit of the development cost. That is a huge chunk and dramatically reduces the number of equity layers (the number of financing sources) that need to be brought in to do a deal. This is especially helpful to the smaller communities. The one thing that is needed is for the funding to be predictive over time, as developing housing is a 5-10 year process. It's not only what funding is available now but what will be available in a few years.

Is there any opportunity created by the current decline in value of multi-housing units? Mr. Hunter responded yes, but the thing to keep in mind is whether or not that housing is available. The key thing is, as the housing crisis extends it will moderate the value of the land, which is the single highest cost component in a lot of the projects, which will make it possible to do more units.

VIII. ACTION ITEM: Adopt MHSOAC CSS Housing Review Tool

Ann Collentine and Wanda Kato, MHSOAC staff, presented the housing review tool, which has been slightly revised from last month's meeting based on Commissioner comments at that meeting.

Commissioner Prettyman strongly suggested that Executive Order S-07-06, which presently states "supportive housing combines permanent, affordable . . ." be changed to "supportive housing combines permanent, *quality* affordable . . ." Staff member Jose Oseguera noted that, since it is an executive order, the wording cannot be modified. However, the changes can be incorporated and noted. Commissioner Prettyman said this

would be fine, and the word *quality* should be inserted elsewhere within the document.

Mr. Oseguera stated this would occur.

Commissioner Pating noted that engagement strategies and getting the homeless to connect with the system is the all-important “mantra,” closely followed by the need to be client-friendly and to promote independence. He felt that the four questions of the review tool specifically speak to these strategies. He encouraged the Commissioners and other people to take a look at the tool.

Commissioner Vega thought it was a great tool, although he suggested that criteria three, second sentence be stricken. Executive Director Whitt noted that the sentence could potentially be confusing. The Commission agreed that the sentence should be stricken.

Commissioner Feldman asked how appropriate it would be for this review tool to include a reference to parents without mental health issues who have a child with mental health issues? Commissioner Prettyman echoed this comment as an appropriate concern.

Chair Gayle noted that the tool needed to be ratified so the Commission can move on and begin their work. The way that the tools are written, which was part of the stakeholder process, needs to remain as is.

Commissioner Prettyman clarified that she was not discussing changes to the current tool; rather, that an additional tool should be created specifically for families in the situation described by Commissioner Feldman. Chair Gayle responded that he was in favor of that.

Commissioner Feldman noted that it seems to him that the Commission has a responsibility to attempt to influence the counties in terms of formulating their plans, rather than waiting until the plans are already formed and then commenting “after the fact.”

Richard Van Horn suggested that the Commission approve the housing review tool now and then set aside a special time and ask staff to develop a possible policy on support housing for families with these needs, especially for parents of SED children.

Executive Director Whitt stated that periodic summary reports will be brought back to the Commission and the Commission can clarify or make changes to the review process based on those reports.

Public Comment

- Gwen Slattery, UACF, stated that she thought the housing report was pretty wonderful, except that she would have loved to hear more about housing for children with mental health issues whose parents do not have mental health issues.

- Chair Gayle suggested that a panel or presentation from parents who experience this problem personally would be extremely helpful; Ms. Slattery responded that she is trying to put one together but it is difficult for people in that position to truthfully respond for fear of losing what housing they have.
- Carmen Diaz, UACF, began by making the statement that the Commission has not been listening to or addressing the issue of families with SED children. She said it was disheartening to her to discover that the new Commissioners are stating the same thing that the old ones did, that “they would be looking into that,” but nothing has happened. She asked that the Commission stop putting this issue “on the back burner” and telling people it will be addressed when it so far has not been.
- Dede Ranahan, NAMI California, discussed her concerns about the tool, specifically:
 - Section 4.2.5 -- the feedback they get is that in many counties, in spite of the stakeholder process, when the CSS plans are approved they don’t reflect any of the stakeholder process.
 - The tenant selection plan says make sure that the county mental health department, the primary service providers, the property managers and the borrowers have been consulted. She sees nothing that mentions family and client stakeholders as being part of that consulting process.
 - The thousands of NAMI families, who helped get the legislation passed, are not being represented in this document. She doesn’t know if another review tool is needed but there are significant gaps in this current tool.
- Delphine Brody, speaking on her own behalf, stated that families with children need to be specifically included in the tool.
 - Speaking on behalf of the Network, they strongly support and are glad to see the changes that have recently been made. They feel that many of their concerns are now in the document and they feel that omission of criteria three, second sentence is appropriate. They would like to ensure that clients can retain their housing in any possible situation and there are many barriers to this that are not necessarily acknowledged in the review tool; thus, they would like that strengthened. In addition, there should be more reaching out to clients in the housing program. They would like social networking to be one of the criteria for reducing stigma and discrimination in the process.
- Madlynn Johnson, representing Alameda County Network of Mental Health Clients, Pool of Consumer Champions, PEERS Envisioning and Engaging Resource Services, and California Network of Mental Health Clients stated how encouraged and impressed she was with San Francisco’s housing presentation.

She did, however, wonder if residents in the program are involved in any of the services and activities provided, which often helps to maintain stable housing.

- Jose Rangel commented on the need for public education. He received housing in 1986 and has been moving from place to place because the housing programs shut down or move. He appreciates the human face and wants to see the program work.
- Vickie Mendoza noted that had her family not had jobs that were flexible (in terms of working hours) and stable housing they would have had many additional difficulties. If they were in a rental she feels they would have been kicked out.
- Lois Cunningham, parent of a Transitional Age Youth (TAY), discussed the risk of homelessness for young people with mental illness. Although they are of legal age they are still mentally and emotionally like teenagers; thus, they need help remembering to pay the rent, to clean up after themselves, etc.
- Stephanie Welch, CMHDA, first commended the OAC for having this panel presentation. They want to make the housing programs work and providing multiple choices for communities will help with that process. Housing should be a priority and she appreciates that the Commission is making it a priority.

- However, do not limit the options to housing programs only under CSS. Retain flexibility and opportunities at the local level to develop the kinds of housing that individual communities need.

- Also, Jonathan Hunter discussed the need for creating predictability mechanisms for developers under the MHSA program; their concern regarding predictability is that that would project a level of funding and commitment to funding for the long range; they would want to explore that further to ensure that they can keep their options open so, as the program is assessed and the need for changes in some areas became obvious, they would not be hampered in trying to make those changes.

- The term *quality* that will be added to the review tool seems subjective; is it possible to more objectively define *quality*?

- Renee Harris commented on supportive housing. It will be a good thing. It's a struggle for some people and she is having a difficult time with some of her clients. Her idea is to have supportive housing with security, as her tenants are very vulnerable to outside influences. Safe supportive housing is very important.
- Sandra Duval, United Advocates for Children and Family, thanked the Commission for their invitation to bring family members before the Commission and provide some real-life experiences and possible solutions. They will be happy to set up a time with the Commission to do that.

- She added that there are families who are homeless because of their children's diagnoses, not the parents. This can be devastating for a family as it negatively affects many areas of their life. Stable housing is desperately needed for families with children who have a mental health diagnosis.

- Carol Hood, CDMH Assistant Deputy Director, clarified for the Commission that one of the questions on the review tool is not part of what CDMH asks the county to address. Thus, they cannot make a response to that question a part of the approval process.

Motion: Upon motion by Commissioner Pating, seconded by Commissioner Feldman, the Commission unanimously adopted the MHSOAC CSS Housing Review Tool with the following amendment: criteria three, second sentence --*“no person shall be denied access based solely on his/her voluntary or involuntary status”* will be stricken.

Commissioner Prettyman thanked the commentators, particularly the parents of children, for having the courage to come before the Commission and speak.

Executive Director Whitt summarized the “parking lot” issues touched upon thus far that require follow-up:

- Train Commissioners on reading plans for those Commissioners who are interested.
- Look at the allocation formula that's used by the counties for housing and see if there is a way to include a homeless estimate.
- Re-visit the issue of “at-risk” homeless and what that really means.
- A panel presentation will be scheduled with families who have children of a mental illness diagnosis who are living with them; i.e., the housing issues that those families face.
- Look at the possibility of developing a separate housing review tool for families with children of a mental illness diagnosis and perhaps develop an overall housing policy for these particular families.
- It has also been suggested that the Commission consult with children who have these issues and consider another panel presentation with them.

Executive Director Whitt stated that those issues will be woven into future agendas; Chair Gayle noted that these issues represent what was discussed today only and that, overall, the “parking lot” is getting full.

(Chair Gayle acknowledged the arrival of Commissioner Greene.)

IX. ACTION ITEM: Proposed MHSOAC Committee Structure

Ms. Whitcomb discussed the revised Committee structure, which would include the following (the first two are new committees):

1. Strategic Planning and Organizational Development Committee
2. MHSA Plan Committee
3. Measurements and Outcomes Committee
4. Mental Health Funding Committee
5. Client and Family Leadership Committee
6. Cultural and Linguistic Competence Committee

Commissioner Vega clarified that Client and Family Leadership and Cultural and Linguistic Competence Committees will now be two separate Committees. Regarding the Client and Family Leadership Committee, they see themselves as informing other Committees; i.e., integrating the work of their Committee into the other Committees.

Commissioner Pating endorsed the new Committees. He commented that Commission thinking may need to shift to the problems of particular populations (the homeless, families, etc.).

Executive Director Whitt stated that staff has been seeking a way to simplify Commission functions and it made sense to them to have one committee that would really be looking at a particular plan environment as a holistic venture rather than having segmented groups/committees. The goal is to link everything together, especially since the integrated plan is forthcoming later this year and that will ostensibly link everything together.

She stated that most of the committees already function together, and there really are two major changes in the new structure -- the first change is to take all the plan review committees and move them into one; and secondly to propose a brand new strategic planning and organizational development committee that will guide the new processes the committee will be embarking on.

As Commissioners come up with ideas of what they want done, those ideas will be disseminated to the appropriate committee. If for some reason a project does not have a logical home in one of the existing committee groups it could be done as a work group, in much the same way as the co-occurring work group was done.

Commissioner Feldman asked if co-occurring is still the right term for overlapping issues? Commissioner Pating suggested that behavior health integration may be another term.

Commissioner Feldman further commented that communications is a major responsibility of the Commission. He sees it as having a “bully pulpit” regarding mental health issues. He doesn’t see that function explicitly in any of the committees and wondered where it would fit? Also, how can it be given greater priority than it has had in the past? Executive Director Whitt responded that communications, along with stakeholder relationships, are two strategic initiatives that will be in the strategic planning arena; thus, they would be topics in the Strategic Planning and Organizational Development Committee.

Commissioner Vega expressed his attachment to the idea of a work group, which tends to be involved with a very specific thing. He also supported the idea of moving away from cloudy, nebulous terms.

Commissioner Poaster expressed support for the new structure and asked how the administrative functions of the Commission fit in? Executive Director Whitt commented that this would primarily be handled in the Strategic Planning and Organizational Development Committee first, and then be scheduled for a whole Commission function, which would be a much more efficient method than is currently employed.

Public Comment

- Stacie Hiramoto, REMHDCO and MAHC, first thanked the Commissioners for their attendance at the recent REMHDCO event. Regarding the new Committees, it should be specified that there be more than one expert on multicultural communities, including racial and ethnic communities, on every committee; and not be limited to the cultural and linguistic committee only.
- Dede Ranahan, NAMI California, asked for clarification on the housing review tool and re-emphasized the importance of the housing issue. Executive Director Whitt stated that Ann Collentine is the staff contact person regarding housing issues.

Motion: Upon motion by Commissioner Feldman, seconded by Commissioner Prettyman, the Commission unanimously adopted the proposed MHSOAC Committee Structure.

X. ACTION ITEM: Approve MHSA Funding for PEI; and Discussion on Statewide Training and Technical Assistance to Counties

- 1. Expand PEI Community Program Planning Funding to Counties (an additional \$25 million, raising the program planning funding total to \$50 million)**
- 2. Expand PEI Plan Funding from Accrued Resources (\$40 million)**

(The first two Items are a response to pressure from the budget crisis; i.e., they provide a method for moving the MHSA funding out to the counties as quickly as possible). The recommendation is to send the monies to the counties, to be used at the county's discretion, consistent with the guidelines already adopted by the Commission.

A lengthy question and answer/discussion period clarified the source and use of the funding for the two specific Items above, and initiated discussion on the broader question of how much direction should come from the Commission regarding the way future monies are utilized.

Executive Director Whitt commented that the Commission will need to have additional conversations of this nature; i.e. discussing how prescriptive the Commission should be as they approve monies and their uses under the MHSA allocation guidelines. She noted that there is a movement underfoot to move more and more of the decision-making around the use of money to the local level, and the Commissioners will need to reflect on that movement.

- 3. Make Available Statewide Training and Technical Assistance to Counties (\$6 million/year for 4 years)**

Ms. Whitcomb clarified that there are two options for this funding -- either make the funds available to the county for local administration or keep the monies at the state level for state administration.

If the funding is administered through the state the earliest use of the monies would be fiscal year '09-'10 and likely would begin in January of '10.

Stephanie Welch, CMHDA, noted that there is real need for these resources to build the capacity of departments to meet the growing PEI services needs. She stated that creating a statewide approach makes sense, both in terms of cost-efficiency and overall effectiveness. The counties will still be "at the table" as trainers and/or trainees. Their recommendation is for the Commission to move forward and get the funds out as quickly as possible. She also stated that a Joint Powers Authority agreement may be forthcoming but they do not want to wait until it is available.

Ms. Hood, CDMH, noted that they have taken \$175,000 out of state admin funds for this year to do regional roundtables, to assist the counties, and to begin work on a clearinghouse. They expect approval of \$700,000 in ongoing funds to specifically support PEI when the state budget is signed. In addition, they are proposing that \$500,000 be taken from the student mental health initiative to be used for training and that \$1-2 million from suicide prevention may also be used to support local efforts.

Commissioner Pating suggested that more study is needed before a vote is taken on the training fund Item. One possible recommendation from the continuing study that is ongoing in the Co-Occurring Group, for example, is a system-wide Best Practices Training and dissemination of Best Practices throughout the state. In addition, it is very hard to understand what particular innovations are needed; and this lack of clarity will hinder counties as they attempt to implement the innovations.

He suggested, in concert with Commission Poaster, that there is a need within the Commission to have a place where technical assistance and a training center can be used to help them communicate their vision through the pipeline that has been created of resource paper, guideline, technical advisement and training, and plan review. However, because they have not given coordinated technical assistance and training, the more comprehensive outcomes of the wrap-around approach envisioned by the MHSA will not be possible. The four regional roundtables currently envisioned, which will certainly provide great training, will not build the competency that is needed to get prevention plans at the level of detail that the Commission wants. In addition, they will not produce the information dissemination needed.

Commissioner Pating then proposed that the Commission take a one month period and instead of looking at the issue of PEI monies exclusively, rather take a global look at MHSA training. A MHSA training and technical advisory center needs to be created to do four things:

1. To help translate vertically the Commission's vision, from the research paper to the guidelines to the counties, in the implementation of the grant process.
2. To be a clearinghouse so that counties that have good ideas can share them with other counties in a community-like forum.
3. To create an internal method of collecting the quality improvement information that the Commission gets from the plans as they learn from the evidence-based reviews and outcome studies. The information can be collected and then turned around into a process that reflects what has been learned from the projects and plans.
4. To be an external component for training the other systems -- the jails, the schools, child welfare, etc. on how to become competent on mental health.

He stated that he felt that he and Commissioner Poaster could put together for the Commission a reasonable framework on the “what and the why” of the training funding in the next month; that will then inform them on the “how” (i.e. should the monies go to the state or the counties?). He suggested that the \$24 million mentioned in Item 3 be “glued” to this larger vision.

Commissioner Trujillo noted that the idea of a training and technical advisory center has been discussed before; at that time it was referred to as a repository of information. He stated that, from a global vision perspective, this is exactly what the Commission needs to do. It creates infrastructure; it creates templates; they are not reinventing a process or budgets every time. It would allow everyone to be on the same page at the same time.

Commissioner Poaster noted that it is important to realize that the money is also for capacity building for community organizations. It is not just a center for a repository; a good portion of the money has to be used for working with community groups in order to provide services and help with development through technical advising and training. He asked if a month’s delay would be a problem?

Ms. Hood stated that they could accommodate that. If the Commission decides to proceed with Items 1 and 2 would they want the DMH to proceed with that or wait and put it all together in one package?

Commissioner Poaster suggested that the monies discussed in Items 1 and 2 above (the total of \$65 million) be disseminated; the \$6 million over four years in Item 3 would wait until the Commission took formal action next month.

Chair Gayle asked what would be accomplished during this one month delay?

Commissioner Pating responded that in one month they felt they could create one or two pages of policy regarding typical training that would provide a framework so that as the funding is guided through the process they could see where the components would link together. He noted that there is much agreement on the need for a larger MHSA technical advisory process. The framework will tell them what the best mechanism for achieving the policy would be.

Commissioner Poaster commented that what the time will allow them to do is take the particular issue of PEI funding and “wraparound” that the overall issue of funding from a policy perspective. This would allow them to move ahead with the PEI funding and also provide the larger perspective needed.

(Prior to the Public Comment period the Commission further discussed the specific wording of the Motion.)

Public Comment

- Jose Rangel expressed approval for the first two Items and was not thrilled with the third Item. Instead of giving the training and technical center monies to the DMH, consider giving it to him, as he is developing a foundation for global ethics, or to Martin Luther King's Dream initiative.
- Rocco Cheng, Pacific Clinics, observed that his experience has shown him that none of the counties understand the PEI issues well and he sees that there is a need for technical assistance, especially concerning outreach of underserved populations. He expressed confusion regarding the technical services monies -- is it going to DMH or to technical partners?

He also stated that they are not only looking at mental health services but also at other partners who have been doing prevention for many years, such as the public health or substance abuse fields. Can they be considered when looking at the formation of this center? Should stakeholders go to their usual partners and form partnerships or can the contracting process be more transparent and more partners invited into the process?

- Molly Brassil, California Primary Care Association, made the point that the expansion of monies would go towards improving the stakeholder process. Any agency not part of the traditional mental health system finds it very challenging to remain "in the loop" regarding meeting times and locations and thus to have meaningful participation. She hopes that the funding will go towards giving counties resources to truly make the process inclusive and transparent.

They do recognize the need to get the funding out and welcome the dissemination of funds (Items 1 and 2). However, they have significant concerns regarding the statewide training and technical assistance project discussion that occurred earlier today. Once again they feel that they are reacting rather than being given the opportunity to be proactive.

The goal is to improve the capacity of partners outside the mental health system; however, if those community partners are not included from the beginning to drive the development of that, it is difficult to see how that can improve the capacity of those partners. Specifically, one of the partners mentioned is primary health care; however, in the list given, health care is nowhere to be seen.

- Sandra Naylor Goodwin, Executive Director, California Institute for Mental Health (CIMH), informed the Commission that CIMH is currently the statewide organization conducting the largest effort at training and technical assistance. In her opinion, training in TA is one of the most powerful levers available in changing a system.

She asked if CIMH can return in the future and discuss specifically what they do. They are a mission-driven, not-for-profit organization that uses enterprise methods to support their mission. They were established in 1993 for the purpose of promoting excellence and innovation in public mental health services in support of people with serious mental health issues and children and youth with serious mental health disturbances. CMHDA focuses on the driving issues of the day; CIMH was set up to achieve excellence in their services. They have been at the forefront in training in TA. CIMH is not independent organization acting in a vacuum; rather, they are an entity that works in partnership with multiple organizations. They are a hub in a network of experts and organizations.

- Richard Van Horn, MHA Los Angeles, agreed with the first two Items. Regarding the third Item -- if the Commission wants to think about a total plan, there is a lot of money available for doing the right thing in training and technical assistance. People don't really understand yet what PEI is about and they will need help with that. He hopes that the funding will get out no later than next month.
- Stacie Hiramoto, REMHDCO, stated that they approve of the first two Items, and asked that the Commission not vote on the third Item. Many of their stakeholders are unfamiliar with the project and did not receive information about it until very late in the process. She reiterated what was said earlier, that they want to be involved in the process from the onset so they can proactively respond to proposed projects. They feel left out and want things to change. They are glad for the month's delay to allow the various stakeholders involved to give their input.
- Sally Zinman, Alameda County Consumer Relations and Pool of Consumer Champions, discussed the proliferation of involvement caused by the MHSA. She spoke as an individual in support of Items 1 and 2; and had no comment on Item 3. She expressed her hope that all counties would eventually have stigma and discrimination programs, as stigma and discrimination are so pervasive and must be addressed.
- Khatera Aslami, PEERS, expressed her approval of Items 1 and 2. She noted that Alameda County has focused on stigma and discrimination programs and hoped that the additional funding will allow counties to better serve those who have been inappropriately or poorly served up to this point.
- Sandra Duval, UACF, echoed earlier comments about being left out of the process. They do not fully understand what is being proposed; she wishes they had more knowledge and time prior to making a policy decision regarding the issues -- i.e., making policy "on the fly" is never the best way. She hopes that during this month they will be included, along with the other community groups,

and their opinions and input will be sought, so that they can return next month and support the project. Also, they have no problems with Items 1 and 2.

- Becky Perelli, California Community College Chancellor's Systems Office, echoed that they felt left out of the discussion about the funding discussed in Items 1 and 2. She reminded the Commission of the difficulties their Office has with implementing the county process because of the existing system, as was expressed in Chancellor Woodruff's recent letter to the Commission.
- Andrew Phelps discussed his concern that the grass roots perspective hasn't really been heard. Are you managing "Animal Farm" or are we really starting from the bottom up? Transformation is what has to happen, yet the proposals do not really make that happen. He wants to ensure that people are helped rather than being bullied and dominated; we are not really speaking to transformation yet.
- Carmen Diaz, UACF, expressed her confusion about the funding elements of the Items discussed earlier. She hopes the PEI funding is disseminated quickly.
- Shirley Posey, Alameda County Behavioral Health Care Services Ongoing Planning Council, PEERS Pool of Consumer Champions, expressed her gratitude for being given the opportunity to observe the Commission process during the last two days. Her county is moving forward on stigma and discrimination programming.
- Tina Mata, UACF, expressed her thanks that the Commission is keeping the families in mind with the housing review tool.
- Vickie Mendoza, UACF, AspiraNet, thanked the Commission for hearing their public comment. UACF has a regional network of family representatives that meet monthly via conference call. The problem with the stakeholder orientation held just prior to the meeting is that it does not provide enough time for her members to process the information received and then receive feedback from other members; thus, the grass roots input is not provided because of the lack of time.
- Pat Ryan, Executive Director, CMHDA, clarified Item 3. They have developed, over the period of many months, what they perceive to be the needs of counties in a variety of areas, and have developed a position paper identifying what those needs are and whether the needs should be administered by the counties or by the state. However, no planning has been done about what the training and technical assistance center should work on and what it should involve; that comes later. What they are talking about today is how it's going to be administered and who it might be administered by.

Vice Chair Poat stated that the OAC staff is going to come back with a proposal on how to approach this process and they will subsequently be in consultation with everyone about the proposal. Public participation will be sought. Vice Chair Poat then solicited further Commissioner comment.

Commissioner Poaster commented that, in supporting the third Item, it is his understanding that OAC will take an action with regard to the methodology of the \$24 million, in terms of how it is disbursed. The establishment of the five statewide projects occurred long before he came onto the Commission. He agrees with some of the comments made about how important it is that the services get out, so they don't become irrelevant with regard to the PEI plans.

Commissioner Pating reiterated that his hope, his expectation is that there will be enough of a policy ready for the next meeting, with a plan on the back of it, that they may be able to take a vote. Vice Chair Poat added that Commissioners Poaster and Pating will continue to be intimately involved with that project, not only over the course of the next few weeks.

Commissioner Vega stated that the OAC had set some direction, with regard to particular elements of PEI that they believed will make a transformative difference in California. They recognize that an important element of these programs happens on the local level -- for example, suicide prevention, stigma and discrimination should happen on the local level. He is hopeful that, going forward, the Commission can continue to keep themselves at the leadership level shown earlier with the statewide intervention efforts.

Chair Gayle then called the question:

Motion: Upon motion by Commissioner Greene, seconded by Commissioner Kolender, the Commission unanimously approved Item 1, the Expansion of the PEI Community Program Planning Funding to Counties by \$25 million (thus raising the total funding to \$50 million).

Motion: Upon motion by Commissioner Greene, seconded by Commissioner Kolender, the Commission unanimously approved Item 2, the Expansion of the PEI Plan Funding by \$40 million from Accrued Resources.

Motion: Upon motion by Commissioner Pating, seconded by Commissioner Greene, the Commission unanimously approved the delay of voting on Item 3, the making available to counties of \$6 million per year for four years for statewide training and technical assistance, to the July '08 Commission meeting.

X1. Adjournment

Chair Gayle adjourned the meeting at 6:05 p.m.

MHSOAC
Mental Health Services Oversight and Accountability Commission
Commission Meeting Minutes
Friday, June 27, 2008 (*Day Two*)

California Ballroom
Wyndham Hotel, San Jose
1350 North First Street
San Jose, CA 95112

I. Call to Order

Chair Gayle called the meeting to order at 9:08 a.m.

II. Roll Call

Commissioners in attendance: Linford Gayle, Chair; Andrew Poat, Vice Chair. Darlene Prettyman, Saul Feldman, Bill Kolender, Eduardo Vega, David Pating, Larry Poaster, Larry Trujillo, Tom Greene, Wesley Chesbro, Mary Hayashi.

Not in attendance: Patrick Henning, Mark Ridley-Thomas, Beth Gould.

Twelve members were present and a quorum was established.

III. ACTION ITEM: Adopt MHSOAC Annual Calendar for FY 2009-10; and Summary Report on MHSOAC Budget and Staffing Plan for FY 2009-10.

Executive Director Whitt reviewed the proposed Annual Calendar for FY 2009-10 and explained the various activity maps within the Calendar, parts of a comprehensive package distributed to the Commissioners. She expressed staff's intent as providing the Commissioners the ability to look at "the big picture down to the smallest intent."

Commissioner Feldman asked about the level of flexibility in the process. Executive Director Whitt responded that it is very flexible in terms of activities and meetings; however, in terms of the state budget it is not flexible (as the budget process is not flexible). Also, there will be a section for "communications" that will be incorporated as events are scheduled.

Chair Gayle noted that all the materials are in draft form and nothing is "written in stone" as yet.

Vice Chair Poat asked that a "roll-up sheet" be added that will denote Commission accomplishments. Executive Director Whitt stated this would be added. He congratulated the staff on their efforts.

Chair Gayle also commented on the high quality of the work.

Executive Director Whitt stated that there is no need for a vote on the Calendar today. Her expectation is that Commissioners would have a chance to look at it and perhaps vote on it in July. What they are trying to define is all of the elements that should be included. The document presented today is intended to be a sample.

Vice Chair Poat clarified that what the Commission would be potentially adopting today is the overall structure of the Calendar; that it is a working document.

Commissioner Hayashi commented on the difficulty of attending meetings in the Thursday-Friday timeframe for those who are legislative appointees, as the Legislature schedules their legislative appointee meetings for Thursdays. She asked if the Commission would consider accommodating the varying schedules of the members. Chair Gayle asked that a discussion of meeting schedules be tabled until they have a chance to talk specifics.

Vice Chair Poat noted that the motion is to adopt the annual calendar as a working document to guide future OAC meetings. The dates currently used in the document may change. Secondly, the Executive Director will return at the July meeting with a presentation on OAC budget options for Fiscal Year 2009-10. Third, by the July meeting a summary of what the calendar accomplishes will be prepared. Also, the Chair and Vice Chair will work with the Commission's legislative members to understand the challenges of attendance.

Commissioner Trujillo suggested that the word "draft" be added to the documents to further clarify their meaning.

Motion: Upon motion by Vice Chair Poat, seconded by Commissioner Vega, the Commission Adopted the Annual Calendar for FY 2009-10 as proposed, as a working document to guide future OAC meetings with additional revisions to be decided by the next Commission meeting. The vote was 10-1-1, with one no vote (Hayashi) and one abstention (Trujillo).

Motion: Upon motion by Vice Chair Poat, seconded by Commissioner Vega, the Commission adopted and agreed to the following -- that by the July meeting the Executive Officer will return with the following items: a list of options for the 2009-10 OAC budget; meeting date options that might better accommodate the Commission's legislative members; i.e., what are we trying to accomplish next year and what would the staffing options be to accomplish those goals; the summary of everything the rolling calendar will accomplish (a delivery list of outcomes resulting from the three year time period). The vote was 11-0-1, with one abstention (Trujillo).

Commissioner Greene commented that the strategic planning document just approved as a working document has been championed by Vice Chair Andrew Poat, and it is well worth recognizing that it is his vision and leadership that has resulted in today's activity and the Commission is far better as an entity and a Commission for his leadership in this regard.

IV. Commissioner Question and Answer Period on Various Reports

Commissioner Vega asked for clarification under point one of the Work Plan Adopted, first page of the OAC Communications Unit June 2008 Monthly Report, which says "internal communications between commission members" -- he stated that this refers to internal communications between and among commissioners and OAC staff, but currently sounds like it's only intended to refer to commissioners. The internal communications part is intended to reference the entire group, including OAC staff and individual commissioners. Chair Gayle said the clarification will be added.

Commissioner Prettyman referenced the report from the California Council of Community Health Agencies. She didn't understand the second paragraph of the letter, which states "*we are encouraged by the new effort of OAC and county supervisors to work together . . . however, the state decided to create completely paralyzing reporting requirements for counties and providers, despite the fact that it was not a new program.*"

Rusty Selix responded that the single greatest frustration, from the providers' perspective, is that they wrote the act on the adult full services partners side. All they thought they were doing was expanding the funding of the AB 2034 program; they expected no new requirements, the counties expected no new requirements. They thought all the counties would have to do was take their 2034 programs and increase the numbers of people served and the providers would simply have to do the same.

But, for whatever reason, the Department threw out the AB 2034 outcomes, threw out the AB2034 plan submittal and review process, and started from scratch with something that is paralyzing the counties and providers and drowning them both in paperwork and dropping the substantive stuff that was so valuable. Now they are starting from scratch and putting it all together the right way but they have to get rid of a whole bunch of junk that never should have been there in the first place.

Commissioner Greene commented that the point Mr. Selix raised is significant. It is arguably the case that it has slowed down the movement of dollars to the counties and the Commission will be talking about this further in the near future.

Commissioner Feldman commented on AB 1887 that would, hopefully, if enacted, eliminate the discrimination in the health plans throughout California against mental health factors. In an enlightened state like California, to still not have mental health benefits covered to the same extent as medical benefits are covered is just outrageous. Study after study has demonstrated very clearly that including such benefits has the most

minimal effects on increases in health care costs -- less than one half of one percent. There are several other states that have full parity with mental health benefits. Former President Bill Clinton directed that all health insurance covering federal employees have no discrimination whatever against substance use benefits and mental health benefits. The economics of that program have been studied extensively and the cost increases are minimal. He would hope that the Commission members, individually and as a group, would do what they can to support the bill.

Commissioner Feldman then asked to what extent it would be appropriate for this Commission to take a position on a piece of legislation that may be pending in the Senate or Assembly?

Commissioner Pating echoed Commissioner Feldman's thoughts on AB 1887. He also thanked Assemblyman Bell for championing 1887. Seventeen other states have moved forward with mental health parity and hopefully California will soon join them. He believes that part of the MHSOAC mission on oversight is to look at both public and private access of mental health care in the state. He would be interested in considering whether or not the Commission should weigh in on this process. Chair Gayle agreed that the Commission should be able to look at how that is impacting California mental health. Perhaps working with other state-mandated organizations, like the Mental Health Planning Council, would be a positive tactic to pursue.

Executive Director Whitt suggested that another piece of the work that the Strategic Planning and Organizational Development Committee could take on is to look at the question of OAC's legislative role and perhaps bring back some recommendations to the Commission as a whole for what might be the appropriate way for the Commission to think about its role regarding legislation.

Commissioner Chesbro commented that many agencies, boards and commissions provide input on these type of legislative issues without actually endorsing them by providing information and technical resources, and sending information to appropriate parties. Commissioner Trujillo agreed that a factual, unbiased position, presented to educate on the issue, makes a lot of sense.

Commissioner Hayashi discussed a bill that she is authoring on behalf of Rusty Selix and Pay Ryan's group, AB 1951, which will expedite funding for some capital facilities programs.

Another bill she is carrying, AB 286, is legislation to create mental health parity language within the emergency services. Currently the state definition of emergency medical conditions doesn't take into account when someone is admitted to an emergency room and if they are still a danger to themselves they should still be under the emergency services. Commissioner Feldman commended her for introducing the legislation.

Vice Chair Poat commented that the place to evaluate this would be as part of the discussion of their budget activities for next year. Getting into a review of legislation is a black hole for time and thus he is very cautious about getting into this area. However, the Commission could potentially sponsor legislation of their own. Chair Gayle suggested that this issue could be agendaized for consideration in the future.

Commissioner Prettyman asked about the second page of Stephanie's report, which talks about CMHA training -- does anyone else do training, the regional training for stakeholders? Do they have consumers and family members who go along and help with that training? Ms. Hood, CDMH, said she did not know and would find out and get back to the Commission.

Commissioner Prettyman also asked about Stacie Hiramoto's letter, number two, which states "*we don't support combining these two different activities into one RFP*" -- what was meant by that? Ms. Hiramoto responded that it is their understanding that the Department will be putting out an RFP that combines stakeholder improvement and advocacy along with the statewide project under PEI for disparities, and would like the same coalition to plan how to use the \$15 million funds to also handle that task. They consider those two different tasks. They wanted to go on record saying those are two very different functions.

Commissioner Vega asked that, for the record, reports be referred to by the organization rather than the person. Also, the minutes submitted from the client family technical resource group -- he would like those removed and struck because they were not approved minutes, and they now have new, approved minutes.

Commissioner Poaster thanked OAC staff for the newly adopted format.

Public Comment

- Stephanie Welch commented on the role of counties and communities to evaluate the administrative funds and how they are used. Although she has not seen projections from MHSOAC on what they will be using their funds for, she would like to note that whatever funds are not used from DMH's MSHA admin funds revert to the MSHA funds and go back out for services. She therefore asked that the Commission be mindful that, for whatever investment they make by seeking additional admin funds, that that investment be as rich as the possible investment of those cash resources getting back out into communities. She looks forward to taking a look at what some of the budget requests are.
- Carmen Diaz thanked the Commission and again stressed the importance of putting children's issues on the same level as adults, TAY's and others.

- Stacie Hiramoto, National Association of Social Workers, California Chapter, discussed a basic training they will be conducting to inform their members about the Mental Health Services Act.

Commissioner Pating recommended that, as a long-term strategy (a parking lot item), they consider how to staff their training group.

V. Review Agenda for Next Meeting (and parking lot items)

Executive Director Whitt provided updates on future agenda items from the Proposed Agenda for July 24, including:

9:30 a.m. Adopt MHSOAC Rules of Procedure has been moved to September and being replaced with the continuing of the discussion regarding training and TA.

10:00 a.m. Discussion from Dr. Mayberg on the MHSA Integrated Plan.

11:15 a.m. Update on PEI Statewide Projects.

1:30 p.m. Discussion on Annual Calendar, budget and staffing plan.

2:45 p.m. Discussion on Department of Finance OSAE Report.

She asked if there were other potential items on the July agenda? If changes are desired, please let her know.

Commissioner Trujillo commented on how full the agenda is and asked if the Commission can realistically tackle an agenda this full. Chair Gayle acknowledged the challenge before them.

Parking Lot Items, to be addressed: (referenced and documented earlier, page 15)

- Train Commissioners on reading plans for those Commissioners who are interested.
- Look at the allocation formula that's used by the counties for housing and see if there is a way to include a homeless estimate.
- Re-visit the issue of "at-risk" homeless and what that really means.
- A panel presentation will be scheduled with families who have children with a mental illness diagnosis who are living with them; i.e., the housing issues that those families face.

- Look at the possibility of developing a separate housing review tool for families with children with a mental illness diagnosis and perhaps develop an overall housing policy for these particular families.
- It has also been suggested that the Commission consult with children who have these issues and consider another panel presentation with them.

V1. Adjournment

Chair Gayle adjourned the meeting at 10:58 a.m.