



Mental Health Services Oversight and Accountability Commission
Commission Meeting Minutes
Thursday, November 20, 2008

Ballroom
Courtyard by Marriott Midtown
4422 Y Street
Sacramento, CA 95817

(NOTE: Minutes for Day Two of this Meeting begin on page 17)

I. Call to Order

Vice Chair Poat called the meeting to order at 9:12 a.m.

II. Roll Call

Commissioners in attendance: Linford Gayle, Chair; Andrew Poat, Vice Chair. Richard Bray, Wesley Chesbro, Beth Gould, Tom Greene, Mary Hayashi (arrived late morning), Patrick Henning, Howard Kahn, Bill Kolender, David Pating, Larry Poaster, Darlene Prettyman, Larry Trujillo, Eduardo Vega.

Not in attendance: Mark Ridley-Thomas.

Fifteen members were present and a quorum was established.

III. Minutes Approval and Motions Summary Approval of July 2008 and September 2008 Meetings

Motion: Upon motion by Commissioner Poaster, seconded by Commissioner Kolender, the July 2008 Minutes and September 2008 Minutes and Motions Summary were unanimously adopted.

Executive Director Whitt reminded the Commission that all Commission Motions are summarized on a separate document called the Motions Summary, which enables Members to clearly see what business was conducted throughout the year. The Motions Summary stands as a record of Commission decisionmaking. Minutes and Motions Summaries are adopted simultaneously.

The Commission then honored former Commissioner Saul Feldman. Several Commissioners, as well as Executive Director Whitt, expressed their gratitude,

appreciation and enjoyment at having the opportunity to work with Commissioner Feldman. Chair Gayle presented a certificate to him.

Mr. Cory Jaspersen, incoming Chief of Staff for Commissioner (and Assemblywoman) Hayashi, presented to Commissioner Feldman a joint resolution from Commissioner Hayashi and incoming Pro Tem Elect Senator Steinberg, which commended him for his leadership, service and commitment to the field of behavioral health.

Commissioner Feldman gave his thanks to the Members and stated that it was his privilege to work on the Commission. He cited the extraordinary event of November 2004; i.e., the passage of the Mental Health Services Act. His parting suggestion was that the Commission focus in a significant way on defining the primary responsibility of the Commission -- its oversight and accountability function. What does that mean, what should they be doing about it, how should those functions be manifested and made omnipresent in everything the Commission does?

Commissioner Vega reported on the death of Maria Maceira-Lessley to leukemia. Ms. Maceira-Lessley was a grass roots advocate in mental health. The Commission took a moment of silence in recognition of her passing.

Chair Gayle then asked Carol Hood to come to the podium; Ms. Hood is retiring from DMH. She gave a short, humorous presentation on her work at DMH through the years and on some of the changes in the field that have occurred during that time. Chair Gayle complimented her on her consistently pleasant temperament and her insights on and advocacy for mental health services. Several other Commissioners commented on how much Ms. Hood will be missed, and on the legacy she leaves behind. Further, they expressed their gratitude and appreciation for her service. Executive Director Whitt talked about the deep positive impact Ms. Hood had on her.

Chair Gayle then presented a Certificate of Appreciation to Ms. Hood on behalf of the Commission. Ms. Hood thanked the Commission and added that she felt truly blessed to have had the opportunity to work with the Commission.

Chair Gayle welcomed new Commissioner Richard Bray, who stated it was an honor to serve on the Commission and thanked the Members for their welcome of him.

IV. Consideration of Draft Innovation Guidelines, MHSOAC Innovation Review Tool

Commissioner Pating introduced the Guidelines. He stated that innovation was viewed as both a noun and a verb. It is being used as a noun, as something new that leads to learning; it is also a process that needs to involve the community and stakeholders throughout the innovation design; i.e. it is a process that needs to be sustainable.

Executive Director Whitt remarked that the Review Tool will be voted on in January, after the Department completes their final draft outline and staff has a chance to make any necessary minor edits.

Ms. Ann Collentine, MHSOAC staff, presented a brief slideshow detailing some of the history of the guidelines and the key concepts, as well as an overview of the Innovation plan Review Tool.

She noted that the MHSOAC is charged by the Mental Health Services Act (MHSA) to review and approve county plans to receive innovation component funds. The Department of Mental Health (DMH) is charged to write guidelines for MHSOAC review and approval. The MHSOAC and DMH collaborated on guideline development and this paper is a result of that collaboration. MHSOAC, along with California Mental Health Directors Association (CMHDA) staff, met numerous times with DMH to assist in draft guideline development. The guidelines were issued in October '08.

One key concept is that innovations are community born and community informed; thus, they recognize the importance of involving communities in the actual design of the innovations.

The Innovation Review Tool is consistent with the guidelines. The guidelines are now in the public comment period and the timeline is that DMH will issue the final guideline in mid-to-late December. A review period will follow, and a draft Review Tool for voting will be made available in January.

Ms. Jane Laciste, DMH, noted that about \$71 million in funds is available for a single year.

Commissioner Green asked if incorporating ideas from other cities/counties throughout the country can be adopted according to the guidelines and secondly, what kind of innovations do you expect to get through the process? Will the innovation need to be fairly developed? In essence, what type of innovations will get through the guideline criteria? Commissioner Pating responded that there is really no limit on the kind of innovation that can be done as long as it is something that can be identified as new and leads to learning. So, innovations from other locations could be used and there would be no reason it couldn't come from any source, as long as MHSOAC believes that the community has significant participation in designing, supporting and encouraging the innovation. Commissioner Henning further clarified that the innovation needs to be new to the county.

Ms. Collentine added that the concept with the innovation is that other counties can learn from the practice. The idea is to encourage new ideas and to acknowledge the possibility of failure, as failures are often learning tools as well.

Commissioner Greene stated that it was still unclear as to how the local entity gets through the process, and how does that ultimately culminate in funding?

Commissioner Pating discussed some of the history of the Innovation guidelines. Program planning occurs in many different ways in many different counties and there is no one method across the state. What they have realized, in reviewing the intervention plans, is that program planning is where it all starts and more work needs to be put in to explore the best practices around program planning, not only in community involvement but also in building strategic partnerships with schools, jails and other parts of the diverse communities at the county level.

Ms. Collentine added that, if a stakeholder anywhere in the state has a great idea, hopefully they would already be a part of the MHSA process, which is throughout the system currently. The counties would work with the stakeholder on the local level to maximize the potential innovation of the ideas and maximize potential funding.

Commissioner Poaster denoted a clarification regarding the term “grant program.” It is really not a grant program; it is monies allocated to the counties that can only be used by those counties, unless it is reverted back to the overall funding.

Commissioner Vega asked for clarification regarding innovations -- does it mean something new to the county or something that already exists that is being redeveloped?

Ms. Laciste responded that there is agreement that these funds are not to be made available to programs that “didn’t make the cut” otherwise. This is a special pot of monies for counties to try out something new. The focus is on will it contribute to learning? Will it address a problem that hasn’t been addressed before, or represents a new way of addressing an old problem?

Commissioner Vega followed up by asking about the definition of “community” Ms. Collentine commented that the money first comes to the county as a planning estimate. The actual program or innovation can vary significantly and should go to a specific community within the county -- it is not an amount large enough for any specific county that they can simply spread it around to all the communities within the county. Also, communities can be defined as a pocket of population.

Commissioner Pating reiterated that the key words in the innovation guidelines are “new” and “leads to learning.” It is expected that these words will lead to interpretation that will ultimately require some judgment calls.

Public Comment

- Ms. Cheryl Maxson, Modoc County, commented that her concern with the program is transportation. If people can’t get to the program to utilize the system

or learn how to maneuver within the system, it doesn't matter what's being done. This is especially difficult in outlying rural areas, and no one is considering that.

- Ms. Delphine Brody, California Network of Mental Health Clients, stated that they stand by the MHSOAC resource paper. They agree that it is important to stick with what the MHSA says -- increasing access to underserved groups; increasing quality of services, including better outcomes; promoting interagency collaboration; increasing access to services, etc.

Also, client involvement needs to happen throughout the process, including in progress assessments, annual and final reports, and implementation and evaluation.

In terms of the learning process discussed, they are concerned that all MHSA processes are learning processes; thus, this definition is vague and could lead to exclusion of important programs. They are especially concerned about placement restrictions. If a program has been implemented in San Francisco County, does that adversely affect similar programs getting off the ground elsewhere in the state or around the country?

- Mr. Arnulfo Medina, California Youth Empowerment Network, and Racial and Ethnic Mental Health Disparities Coalition (REMHDC), stated that they primarily support the guidelines and have two issues described in the guidelines.

The first, on the last paragraph of page three, talks about innovation but is very vague. It refers to community planning processes without clarifying which processes. Also, who has the power to make the decision agreeing to do the planning process? Secondly, a prescription should be in place describing what programs worked and why.

- Mr. Richard Krzyzanowski, Orange County Bureau of Health Services, urged the Commission to support funding for and place emphasis on the self-help and client-run component portions of the innovation process. He encouraged the Commission to integrate those into the process as much as possible.
- Ms. Khatera Aslami, PEERS, Alameda County, stated that the language presented in the tool may preclude self-directed care programs, as other states have already started these types of programs.
- Ms. Stacie Hiramoto, Mental Health Association - California, and REMHDCO, and a participant in some of the innovation guideline work groups, thanked the Commission and its staff for the good work they have performed on the tool thus far. She stated that she felt truly enriched by the experience.

She reiterated that the innovation monies are for learning, for seeing if new things work.

- Ms. Stephanie Welch, CMHDA, cited the importance of getting the funding into the counties as quickly as possible, given the economic uncertainties of the present. In addition, the day's conversation about the community planning process is very valuable and its improvement would be extremely valuable. CMHDA does feel the guidelines can go forth as written. She also asked that the Commission take a step back following initial implementation of monies and remain open to any potential changes needed for project improvement.
- Ms. Paula Comunelli, Santa Cruz County resident, commended the Commission's work thus far. The idea of "leading to learning" is brilliant as it is ongoing and never stops. She cautioned that, therefore, it must be tracked. Also, discussions with youth should be ongoing and seem to be missing thus far. Other perspectives are also needed.

She stressed the need to look at the question "What's working?" rather than being bogged down with "How, how, how?" She suggested that communities be asked what is working and to bring that narrative to the table as stories that need to be told. Doing this will eventually answer the question of what is working; i.e., who is coming forth with narratives and who is not?

Ms. Deborah Lee stated that most of what is in the draft is reflected in the guidelines. They wanted innovation in a variety of ways. The decision was made not to focus on particular content; rather, let the communities decide on that. The issue of learning -- if there is a good idea that has been done somewhere else, that could and should be funded under CSS or PEI. This particular funding provides the opportunity to take something that hasn't been established enough to be funded in those sources and have it tested to see if it works. It could then move into CSS, PEI or other appropriate funding sources.

Community development is perhaps not adequately reflected. The committee felt it was too complicated to require that as a value. At this stage all that is required is the regular community planning process that is in current regulation.

Finally, the review and approval process will be very simple and efficient. Thus, a major recommendation is that a simple one-page form be used that is consistent with the guidelines.

Commissioner Pating noted that, under the Integrated Plan, it is still not fully settled as to what the program planning process will look like in the future. This is a future issue and he is confident that that issue can be resolved.

Vice Chair Poat thanked Commissioner Pating for the generosity of his time in leading the effort towards completion of the draft innovation guidelines and stated his readiness to support the guidelines.

Commissioner Vega echoed that support and asked for further clarification of the community program planning process and whether a study of that process would be eligible for funding under the guidelines. Ms. Lee responded that she did not believe it would be eligible; however, if people in the community stated they wanted to study the process in a different way, then it might. In essence, the Innovation guidelines are interested in ideas coming from some kind of community effort, not a big study from elsewhere.

Commissioner Pating reiterated that they did not want to stimulate a focus and thus narrow the potential for innovation. Opening the doors wider to various ideas is a key element.

Ms. Lee followed that by noting that the intention is to promote a broad scope that is not limited to a specific area. It is an open content. However, it does have to address one of the four key purposes specified in the legislation -- increasing access in general, increasing access for underserved communities, improving the quality and outcome of services, or increasing collaboration and integration of services delivered. Thus, as an overarching, organizing principle, it must address one of those four goals.

Commissioner Kahn commented on the nature of innovation. Sometimes the best innovations don't survive a process. Is that kind of innovation, that doesn't necessarily go through a community process but is nonetheless worth trying, possible under the guidelines? Commissioner Pating responded that many options are available; there is much to learn about how counties currently generate ideas and how can the Commission optimize that idea generation?

Commissioner Green asked about the "no replication rule." If a promising program were introduced in Cleveland, for example, would it be excluded from funding in California? Commissioner Pating responded that, if something about it could be justified as new or leading to learning, it could potentially be funded. Ms. Lee added that, if something great is being utilized in Cleveland in mental health or elsewhere, it should be funded in California with CSS or PEI. If bringing it to California means you're changing it, then it would be funded under the innovation guidelines. If the focus is "what are we trying to learn" and "how would it work in California" then that's innovation and meets the guidelines. If the focus is "we already know it works, and we just want to do it here in California" then it could be funded by CSS or PEI.

Commissioner Green asked for further clarification of the "newness" idea. Ms. Lee responded that the idea is you are trying to establish a practice, a program, that can feed the system with innovation. This is the testing ground. Ms. Lee added that most of what will be submitted for funding will probably not be new. What will be new, however, is

that it is being tried in a new place with a new group, and then learning from that will potentially lead to making that part of the county's standard practice.

Commissioner Prettyman asked about increased access to underserved groups. Many individuals have been underserved but some have received some service up to this point. Also, if a program is listed as successful and in need of stable funding, shouldn't that stable funding be made available ahead of time? Commissioner Pating responded that if a program is listed as successful then money should be forthcoming from CSS or PEI in a timely manner.

Vice Chair Poat cautioned the Commission to remember that this is a relatively limited funding source and there could be more ideas that come out of the process than there is funding available.

Commissioner Poaster thanked all the participants and stated his delight that the money will finally get "on the street." His major concern relates to the recommendation that Innovation funding should not be tied to CSS or PEI; i.e. that it should operate outside of that. As far as he is aware, there has not been a resolution thus far that stipulates that. Given the "financial meltdown" occurring in state government, he would feel more comfortable if the legality of that were checked.

Ms. Laciste clarified that CSS Innovation monies can be used for non-CSS purposes. The money is funneled into its own component, the Innovation component, and is separate from the policies and restrictions of CSS and PEI. The funding -- 5 percent from CSS and five percent from PEI -- goes into its own pot that has its own set of rules that are independent of CSS and PEI. Executive Director Whitt noted that the guidelines make it very clear that Innovations is its own pot of money and can be spent as the counties see fit, within the broader MHSA guidelines.

Commissioner Chesbro noted that the Commission needs to think more about developing a mechanism that allows communities to learn from each other regarding innovations that are proven to work.

Vice Chair Poat reiterated that in January the Commission will adopt the Innovation guidelines. Clearly, a key issue is that the guidelines remain consistent with the MHSOAC White Paper. There remains the question of a definition for "community involvement."

Commissioner Pating asked if the Commissioners were willing to rely on the Act to define the various elements of community involvement. Vice Chair Poat stated that this would not be his preference and asked how others felt? Commissioner Poaster responded that he felt it important to ensure that the Review Tool does not offer anything beyond what the guidelines say.

Commissioner Green noted that potential approval from an innovation be decoupled from the notion that any innovation has to hit every portion of the statutory set of values. Innovation frequently takes place in only one space and a particular innovation need not do everything for all people. Secondly, some further clarification may be appropriate for the word “innovation.”

Commissioner Pating suggested that he could give a report back to the Commission down the road as these details are ironed out.

Vice Chair Poat noted that iterations are inevitable and part of the process. During this initial go-round they will learn much that will guide them in the future.

V. Consideration of Co-Occurring Disorders (COD) Workgroup Report

Commissioner Pating gave a Powerpoint presentation that reviewed the Report and the revisions made that incorporate additional stakeholder input and public comment. Some key findings include:

- 50 percent of persons with mental health issues also have substance abuse problems.
- This group is generally underserved.
- Their problems are pervasive and disabling.
- A hodgepodge of networks exists for treating persons with co-occurring disorders yet no one specializes or takes full responsibility for treatment.

Thus, how to make services across multiple systems have the widest possible net for the most seriously ill individuals to prevent the social consequences that are seen on a daily basis?

The overarching recommendation is that the MHSOAC should promote “Co-occurring Disorders Competency” (i.e. the ability to handle two things at once -- mental health and substance abuse issues), as a core value in implementation of the MHSA and this value should be reflected in the Commission’s Annual Strategic Plan.

Adoption of this core value provides policy direction that facilitates the achievement of 10 key goals:

1. Create a comprehensive, culturally competent integrated system;
2. Establish systemic partnerships;
3. Encourage DMH and ADP collaboration;
4. Provide ample training and technical assistance;
5. Close gaps in the continuum of care;
6. Expand peer-based wellness and recovery services;
7. Support families to enhance recovery;
8. Effectively recognize and treat trauma;

9. Use outcomes to measure progress;
10. Provide incentives to promote transformation.

Eventually the entire system will be involved in facilitating the core value of co-occurring disorders competency.

Revisions presented (revision 5.1) include additions to address cultural competency and issues for seniors over 65.

MHSOAC met with the Co-Occurring Joint Action Committee (COJAC) to explore elements that they can work together on and have developed a working relationship that they hope will culminate in specific recommendations in the next six months or so.

Commissioner Pating closed by asking the Commissioners to adopt the revisions.

Motion: Upon motion by Commissioner Vega, seconded by Commissioner Trujillo, the Commission unanimously adopted the Revision 5.1 Report on Co-Occurring Disorders.

Public Comment

- Mr. Rocco Cheng, Pacific Clinics and Asian Pacific Policy and Planning Council, expressed his appreciation to Commissioner Pating and MHSOAC staff for addressing their concerns regarding cultural competence issues, which resulted in a much stronger document. He also stated that they feel the Report is a very important document that will guide the future direction of COD issues.
- Ms. Stacie Hiramoto, MHA-CA and REMHDCO, expressed their appreciation for entertaining their association's comments.

Vice Chair Poat expressed his thanks to Commissioners Pating and Gould and MHSOAC staff for the production of "an excellent document" that represents the type of thinking and type of process that MHSOAC is striving to achieve.

VI. Presentation - Nancy Foster, Family Member

Commissioner Gould introduced Ms. Foster, wife of Long Beach Mayor Foster, who detailed some of her experiences living as a person with bi-polar disorder. She was initially diagnosed with an overactive thyroid at age 24 and over the next 11 years attempted to specify what made her feel depressed. One doctor suggested she read a book, From Sad to Glad by Nathan Klein, which helped her understand her situation better. Eventually she was put on lithium, which proved to be effective in lowering feelings of depression and anxiety.

She is now able to share her condition with others. She thanked Charter Communications, which has made videotapes of her interviews available to the public.

She also expressed her gratitude at now being able to speak with others about her condition.

Chair Gayle, who is also bi-polar, thanked Ms. Foster and expressed his happiness and appreciation to her for telling her story, which by its nature is so intensely personal.

VII. Election of 2009 MHSOAC Chair and Vice-Chair

(**note:** This Item was originally agendized for Friday, the 21st; however, to ensure that a quorum would be present, the Item was rescheduled to today.)

Commissioner Green asked for nominations of candidates for Chair and Vice Chair. Commissioner Hayashi nominated Andrew Poat for Chair, seconded by Commissioner Trujillo. No other nominations were forthcoming. Nominations were then closed.

Chair Gayle acknowledged how much he has learned working with Vice Chair Poat. He expressed his high comfort level at having him as the next Chair.

Vice Chair Poat thanked the Commissioners for their nomination. He suggested three challenges for the year ahead:

1. All the programs of the Act need to be operational;
2. The current economy will require adjustments that will need to be addressed;
3. As we move into the five year anniversary of the Mental Health Services Act, it is important that voters clearly understand that the dollars they are spending are making a positive difference in people's lives.

An additional focus for this year will be on the transformation of the mental health system in order to eliminate the barriers to a truly client-centered system of care.

Executive Director Whitt asked if there was any Public Comment; there was none.

Commissioner Hayashi thanked current Chair Gayle for all his hard work and great leadership.

Commissioner Chesbro echoed her comments and also thanked Chair Gayle for serving as a great role model for other Consumers. He added that part of the Commission's role is to continue to serve as a model that demonstrates openness to Consumer participation and leadership.

Commissioner Prettyman expressed her gratitude and pride at the leadership Chair Gayle displayed.

Motion: By roll call vote, the Commission unanimously elected Andrew Poat as the new Chair.

Commissioner Vega nominated Commissioner Poaster as Vice Chair; seconded by Commissioner Prettyman. No other nominations were forthcoming.

Commissioner Poaster expressed his appreciation for the nomination and stated that he felt new Chair Poat cited the challenges facing the Commission very succinctly.

Motion: By roll call vote, the Commission unanimously elected Larry Poaster as the new Vice Chair.

VIII. Consent Agenda

Merced County PEI Plan

Alameda County PEI Plan

Ann Collentine provided a quick overview of the plans and recommended approval.

Public Comment

- Ms. Sandra Duval, United Advocates for Children and Families, stated how pleased she was to see the integration of schools and mental health in the Alameda County plan.
- Ms. Khatera Aslami, PEERS, Alameda County, expressed her support for the Alameda County plan.

Commissioner Pating noted that the Merced plan was really excellent in the diversity and language aspects of their community planning, and the Alameda media plan is especially well-thought-out. He concluded by stating his support for both plans.

Commissioner Chesbro commented that he was particularly pleased that both plans appear to build on the Innovation guidelines discussed earlier today.

Commissioner Henning asked that some of the counties discuss where they might need further assistance; i.e., what their concerns for the future are. Commissioner Pating responded that this type of information will be forthcoming in the January '09 meeting.

Ms. Collentine noted that nine plans are in the pipeline and will be up for consent over the next 60 days.

Motion: Upon motion by Commissioner Hayashi, seconded by Commissioner Kahn, the Commission unanimously approved both plans.

IX. Commissioner Question and Answer Period on Various Reports

Commissioner Henning expressed concerns about some of the reversion tracking funds and other funds referenced in various reports; Ms. Collentine will research and get back to him at a later date after confirming the numbers.

Commissioner Green asked about some of the monies listed in reserves in various counties; there is a large variation in some of the amounts listed for different counties. Ms. Welch, CMHDA, stated that there is a requirement in place for the prudent reserve to equal 50% of the total CSS funding by July 1, 2010. The reserves listed are probably this 50% amount, which is a community planning process decision. It is then up to DMH to determine when a county can access their prudent reserve to address needs.

Commissioner Poaster asked about training assistance funds -- when will they be released? Ms. Welch responded that CMHDA has been advocating for release of the funds, which is now in final review. Commissioner Poaster asked Executive Director Whitt to make an inquiry as to the delay and when the money will be released; Ms. Whitt stated she would do so.

Commissioner Chesbro suggested that appropriate DMH staff be present for this portion of the meeting to get direct answers to the various funding questions that arise; Ms. Whitt stated that, as Ms. Hood is now retiring, she is in the process of communicating with DMH to determine the appropriate person to appear before the Commission for this purpose.

X. Mental Health Funding and Policy Committee Reports

Commissioner Green asked the Commission to formally confirm the ongoing work of the Mental Health Funding and Policy Committee. Three meetings have been held thus far and a major presentation will be made by the Committee in the near future, probably during the January '09 meeting.

The Committee will focus on fiscal issues and fiscal problems, as distinct from policy problems. It will look at the most cost-effective manner of delivering the services that are required and provide accountability for the funds that are to be dispensed. The primary objective is to get the money "out the door" in as timely a manner as possible.

In addition, they would pick up on the major policy points of the Act -- to provide ongoing and continuing education regarding fiscal issues; to make fiscal recommendations focusing on MHS services throughout the public mental health system; to solicit and distribute information that would assist the Commission and stakeholders in doing their jobs and becoming more efficient in their work; and to provide a first review of Commission expenditures.

Commissioner Kahn asked about the distinction between accountability and the evaluation committee. Commissioner Poaster responded that the Committee's focus will be primarily fiscal; however, there is so much overlap between committees that a structure needs to be developed to allow the Commission to "get into the weeds" as it relates to financing. As financing issues develop from program initiatives, joint work will be necessary.

Commissioner Henning commented that the Members seem to be talking about integration, and suggested that it is urgent that the Commission as a whole start having discussions on this subject; about how all the parts are going to mesh.

Executive Director Whitt noted that Commission and staff are intimately involved in the integration planning guidelines and the goal is to have the guidelines developed by June '09.

Commissioner Pating echoed Commissioner Hennings' call for increasing discussion about integration planning and said that discussions have begun, and it looks like a pretty good roadmap will be developed in January that will then be opened to the Commission as a whole for further discussion.

Motion: Upon motion by Vice Chair Poat, seconded by Commissioner Kahn, the Commission formally approved adoption of the Revised Committee Charter that formalizes the Mental Health Funding and Policy Committee.

Public Comment

- Ms. Dede Ranahan, NAMI California, suggested that a brief phrase be included under Item C, which currently states "to expand the kinds of successful innovative service programs for children, adults and seniors begun in California" and then add "*as described in the systems of care models outlined in the California Welfare and Institution Codes, including culturally and linguistically competent approaches for underserved populations.*" She also asked the Commissioners to take the time to read the 19 pages of comments, the narratives of the people, included in their packets.
- Ms. Welch, CMHDA, echoed Ms. Ranahan's comments. She also expressed her excitement at the initiation of this Committee and hopes that it will be able to use the MHSA as a tool to create transformation in the mental health arena. Also, there are opportunities currently available at the federal level and she hopes they will pursue them, especially in welfare and Medicaid.

XI. Presentation of Consumer Art

Mr. Eric Zuniga, Wellness and Recovery Center, presented a collaborative consumer painting, entitled *Happiness*, to the Commission. The painting was created by members of the Art Expression Group at the Center (as well as some Commission members).

XII. Open Public Comment Period

- Ms. Nicki Mehta, California Youth Crisis Line Program Coordinator, stated that her organization is looking to become one of the leading youth advocacy organizations for the state. She hopes that the Commission can assist them in suicide crime prevention work. She noted the major topics of the Crisis Line -- family problems, depression, runaway/homelessness, and parents calling about out-of-control teens.
- Ms. Patty Gainer, client advocate in Sacramento, talked about client inclusion and leadership in the MHSA stakeholder process. She expressed the desire to improve the quality assurance process by including that with process review, as well as improving the goals of MHSA. They feel that the guidelines should have higher standards to improve the overall quality of the process.
- Ms. Paula Comunelli, speaking as a member of the community and as CEO and founder of Listening Well, also asked the Commissioners to read the narratives included in their packets. She stated that it has been four years since the Act has passed, and it's a shame that many major issues remain. The issues pertaining to youth are especially large and she is committed to working with youth, and to develop story tellers and facilitators of stories. Mechanisms must be developed to provide much needed support at the grass roots level.

Commissioner Prettyman noted that the narratives are actual commentaries and also encouraged the other Commissioners to read them. Vice Chair Poat added that these kinds of narratives need to be collected and can be utilized in their five year accountability report. He hopes that the Commission will develop a work group at a later time to accommodate this purpose.

- Mr. Steve Leoni spoke about the Innovation guidelines. On page seven, referring to time lines, he noted that there is currently nothing in the guidelines about what happens to people after the programs end. What happens during the interim period, when timelines end and the Commission determines whether or not to continue specific programs? This time period needs to be addressed.
- Ms. Donna Barry, peer counselor advocate, Wellness and Recovery Center, expressed concerns about stakeholder responsibilities. If possible, extra support should be given to consumer family members, as they have ongoing difficulties,

transportation and otherwise, that they need help with. She would like to see prescribed, specific outcomes that the MHSOAC wants to achieve. For example, achieving cultural competency -- what does that translate to? How is that achievement assessed? In addition, systems of care, the two-tiered systems, all the acronyms mentioned in the guidelines -- what do they really mean? Outcomes need to be explicit -- what do we want as a Commission, and what do we want from the consumers?

- Mr. Rocco Cheng explained that PUMA, Public Use Microdata Area, is similar to a census tract for communities.

X111. Adjournment

Chair Gayle adjourned the meeting at 4:21 p.m.

DAY TWO

MHSOAC
Mental Health Services Oversight and Accountability Commission
Commission Meeting Minutes
Friday, November 21, 2008

Ballroom
Courtyard by Marriott Midtown
4422 Y Street
Sacramento, CA 95817

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. Richard Bray, Beth Gould, Tom Greene, Howard Kahn, Bill Kolender, Larry Poaster, Darlene Prettyman, Larry Trujillo, Eduardo Vega.

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

Eleven members were present and a quorum was established.

III. Adopt MHSOAC Meeting Calendar for 2009

Executive Director Whitt discussed the various scheduling options proposed by Commissioners. She reiterated that the Commission's workload is the main driver of the meetings and the options presented reflect that.

Vice Chair Poat concurred that the meetings need to be workload driven. Committing to two-day meetings every month is difficult for everyone's schedule; two-day meetings every other month allow too much lag time between meetings. Is there a way to design their workload around one full day meeting per month?

Commissioner Bray stated that the one full day per month meeting works best for him and he feels confident that this could be done. He also offered that the people not present today need a one day meeting, as they are unable to be present for both days.

Commissioner Kahn cautioned that time should be taken to survey the members not present today -- it is important to get their input. He also endorsed one full day meeting per month.

Vice Chair Poat noted that the 3rd or 4th Friday has historically been the Commission's choice, and generally the 4th Friday of the month is first choice. Committee members who are in the legislature are usually unavailable on Thursdays and thus prefer Fridays.

Commissioner Vega spoke in favor of the one and a half day meeting. Is it possible to have committee meetings, separate from the full Commission meeting, each month before the full meeting? Is there a way to get some business done in smaller committees on Thursday?

Commissioner Gould noted that, for members also working in small committees that meet outside of the full Commission meeting, the total of three days per month is simply too much (one small meeting day plus two full Commission meeting days).

Commissioner Green remarked that one of the symptoms of really long meetings is the absence of more delegation on the part of the Commissioners. He felt that one long meeting day is the way to go.

Commissioner Prettyman remarked that many consumers find it difficult to come on Fridays; it is also very difficult for her to come on Fridays.

Chair Gayle stated that, if the people of California generally can't come on Fridays, then the Commission needs to accommodate that reality and schedule meetings on a different day.

Vice Chair Poat noted that the legislators are elected to serve the people of California also and therefore can't do their jobs and also attend on Fridays. Thus, it is not an easy choice.

Vice Chair Poat summarized that there is an accord to move to one full day meetings. In addition, the calendar provides a year in advance notice that Friday will be the day. Thus, there would be meetings once a month, on the fourth Friday, with the exception of November, when the third Friday will be scheduled to accommodate the Thanksgiving break. December will continue, as before, with no meeting scheduled.

Chair Gayle stated his agreement on Friday, with the caveat that if the legislative members still do not attend regularly then the meeting day discussion should be revisited.

Executive Director Whitt provided two options: a vote on the meeting calendar could be scheduled today; if so, then time would need to be provided today for public comment. A second option, suggested by Commissioner Kahn, would be to defer to the Chair, Vice Chair and/or the ad hoc group the responsibility to continue this discussion and bring

back to the full Commission the options resulting from that discussion in January. In addition, she reminded the Commissioners that the strategic planning meeting, scheduled for March '09, will be a two day meeting.

Vice Chair Poat commented that the key is to choose something and stick to it. There is no optimum solution. He motioned that the Commission adopt the following meeting dates (all in 2009):

January 30
February 27
March 26-27 (strategic planning)
April 24
May 29
June 26
July 24
August 28
September 25
October 23
November 20

The schedule will be reviewed in six months.

Motion: Upon motion by Vice Chair Poat, seconded by Commissioner Kahn, the Commission unanimously adopted the 2009 Meeting Calendar.

Public Comment

- Ms. Stacie Hiramoto, REMHDCO, Mental Health Coalition, noted that the legislators regularly have sessions on Thursday. She was pleased that the Commission is willing to try Friday meetings.
- Ms. Sandra Marley stated that she felt the Members were going too far to accommodate the legislators, a minority in the Commission.

IV. Update on Memorandum of Understanding (MOU) between MHSOAC and DMH

Executive Director Whitt provided some background on the MOU. The Commission made a decision to enter into a formal agreement with DMH to delineate their roles with respect to their basic practices together. No comments regarding the proposed MOU have been received from DMH as yet, although discussions are ongoing. She has been engaged in consultation with Alan Goldstein, the strategic planning consultant, and others. Today she is asking for feedback from Commissioners on the current draft proposal.

She presented a slideshow on the proposal, and noted that as yet it does not include specifics on the oversight and accountability functions of the two groups as it relates to implementation of the MHSA. It does include the following specific areas:

- Budget;
- Contracts and other administrative support;
- Evaluation;
- Local three-year program and expenditure plan and annual update principles, guidelines, process and review tools;
- Technical assistance to counties on plan requirements;
- Grievances and complaints;
- Training and other supports;
- MHSOAC committees and meetings - participation and role;
- MHSOAC Executive Director hiring process; and
- Media engagement.

With respect to the budget, the intent of the MOU is to establish that the MHSOAC develops, promotes and supports its own process and content for budget change proposals (BCP); with the Health and Human Services Agency (HHFA), Department of Finance (DOF) and the Legislature. The MHSOAC will determine priorities for the use of funds consistent with the approved budget and consistent with the MHSA.

Vice Chair Poat expressed his thanks to Director Steve Mayberg, who has been an advocate for MHSOAC and has helped them to gain access to the various departments involved in the process, thus enhancing their independence and authority.

Commissioner Gould asked if MHSOAC goes through HHFA; Executive Director Whitt responded that they do.

Executive Director Whitt reiterated that the intent of the MOU proposal language is to allow MHSOAC to have the autonomy to identify their own contract needs and to then decide how best to run their own selection process and administer their own contracts.

Commissioner Green stated that the current language is written as a “who” as opposed to a “what,” and that the language should include both the “who” and the “what.” As MHSOAC evolves into a more independent body the ability to contract will become more and more important.

Commissioner Kahn asked how the conclusion was reached that MHSOAC cannot contract on their own? Was this MHSOAC’s legal counsels’ conclusion? Executive Director Whitt stated that this is still being worked out, although the most current legal position is that the MHSOAC was not intended to be its own separate state entity, according to the Act. This current legal position was the conclusion of DMH counsel and is now being reviewed by MHSOAC counsel.

Vice Chair Poat added that the real question is whether the Department's role is ministerial; i.e. do they tell MHSOAC "no," or are they a compliance check? He guaranteed that MHSOAC does not want to be its own compliance check because of the encumbrances associated with that.

Commissioner Kahn asked if MHSOAC is subject to all the regulations of other state agencies. Executive Director Whitt stated that she anticipates this question will be a part of the further discussions regarding clarification of the MHSOAC's role.

Commissioner Green asked what the shared principles and priorities might be? Executive Director Whitt stated that what MHSOAC is attempting to do is minimize duplication, particularly during these fiscal times. In the current review process both DMH and MHSOAC convene review teams for plan. The proposal is that one review team will be convened that retains the roles that are prescribed to each, depending on the proposal being reviewed. The hope will be that the review team will come to consensus about whether or not a proposal/plan should be approved and funded. The formal budget approval will still occur with whomever the Act states is the entity needed to make that decision. Thus, instead of having two separate meetings, only one would be required, with everyone present from each side.

The goal is to move beyond the period in history where large debates occurred over intent language, which slowed down the process as guidelines were attempted to be produced and subsequently when plan language was being worked out and reviewed. The thought is, if a shared vision can be achieved at the beginning, and then is worked on by one team, then what needs to be accomplished may occur in a more timely fashion.

Commissioner Green asked if the joint team gives the okay on a plan, then that plan comes to MHSOAC in their normal role and MHSOAC says yes or no?

Commissioner Poaster asked if an attorney would review the MOU to ensure that it does not ascribe anything other than what the statute requires, and does everything in the proposal remain consistent with that goal? Executive Director Whitt replied that it does. Also, a continuous struggle occurs with definitions of the explicit and implicit intent of the Act -- especially with the implicit intent, as it opens the door to subjective judgment. They are trying to use as little implicit intent as possible.

Commissioner Kahn asked that counsel be present in the future when the MOU is further discussed, as this is clearly a foundational document. Executive Director Whitt stated that this is their intent and counsel has made the commitment to be present. Commissioner Green echoed this request and further stated that this may be done best in closed session.

Executive Director Whitt stated that the next level of the process is intended to get at the heart of these various matters. She also noted that what they are doing will ultimately be reflected in MHSOAC policies and procedures.

Suggested next steps include:

- Complete edits based on feedback;
- Meet with DMH Administration;
- DMH legal review;
- MHSOAC legal review;
- Final draft of MOU presented in January '09 Meeting for Commission vote.

Commissioner Kahn commented that several issues that have come up during this draft proposal review will need to be resolved before the Commission vote, and this may extend the timeframes involved.

V. Panel Presentation: Parents of Children/Youth with SED - Housing

Ms. Sandra Duval, United Advocates for Children of California, began her presentation with a story about her daughter's extremely loud screaming (her daughter was later diagnosed as SED) that led to the possibility of losing her housing as a result of the disruption. She stated that this problem is not well-documented, and the tragedy is sometimes compounded by families losing their children as well as their housing.

Ms. Gwen Slattery told the story of a young man, seven years old and as yet un-medicated, and his mother, who has been trying for years to get services for him. She had a job working with youths who had abused drugs. She was evicted from her apartment because she had to take off from work several times weekly to tend to her child at school and her subsequent paycheck was not sufficient to pay the rent each month.

When she was evicted she had nowhere to live. Wraparound Services put her up in a motel. The mother eventually found a lodge to live in, a small place with small monthly rental amounts. Mother and son were there for only two weeks, as the child kept disturbing the neighbors and sneaking out onto the premises. She is now staying in another motel but has already had the police come in response to complaints from neighbors, so the mother is afraid she will be kicked out again. Children's Services became involved and a serious situation still exists today.

The point of her story is that many families are faced with similar circumstances. They will not disclose their children's issues because, if they do, they cannot get into shelters -- thus creating a real dilemma for the parents. Most families with SED children are not looking for a free ride but they are looking for help. The emotional stress placed on these families is overwhelming and eventually can become unbearable.

She asked the Commission to remain aware of these situations and not place these families "on the back burner." She is now gathering statistical information to better show the extent of this problem.

Commissioner Trujillo thanked Ms. Slattery for speaking out. Commissioner Prettyman asked how can they help.

Ms. Beverly Whitcomb, MHSOAC staff, noted that DMH has convened a group to look at this issue more closely.

Commissioner Vega commented that, as MHSOAC moves forward, it's extremely important that these types of issues be looked at. In the big picture of the MHSA, are they really doing what they need to do to help people with this kind of problem?

Ms. Slattery also commented that older children with these problems, 13-14 years old and older, have the right to refuse services that are offered (medication, counseling, etc.). Thus, the burden is on the parents to deal with the problem and often they fail because the child refuses services.

Ms. Vickie Mendoza noted that families who have children with mental illnesses live with high levels of stress on a daily basis. In her personal situation she lives like a warden. All the kitchen knives are locked in the bedroom, as are the medications. She has also been threatened by CPS that she may lose her children. If she did not own her house she knows she would be one of the people worrying about getting kicked out of their domicile.

Ms. Duval noted that children like routines, and the nature of children with mental health issues is that their routine is constantly at risk. Nearly one in three homeless children have at least one mental health disorder that interferes with daily activities, compared to nearly one in five school-age children who are not homeless. Almost half of homeless children have anxiety, depression or withdrawal, compared to less than one in five other school-age children. More than one in three homeless children manifest delinquent and aggressive behavior, compared to less than one in five school-age children.

Compared with other children, homeless children are four times as likely to have developmental delays; twice as likely to have learning disabilities; and twice as likely to repeat a grade, most often due to frequent absences or moves. 28% of homeless children go to three or more schools in a single year.

Families lose their houses when their children are destructive to property, when their children are threatening to other tenants; and when other tenants are afraid sometimes it's not a matter of the child actually doing anything, it's simply the perception, the stigma.

Ms. Diane Shively, Placer County family advocate, discussed a family situation where the family's daughter suffered from PTSD after an attack by a neighbor boy. She raged at times and was incarcerated at juvenile hall for a time; she was described by the probation officer as frightful. Her parents were both afraid of her and for her. The father had been laid off from his job because he missed so much time looking after his daughter. The daughter was placed in a wraparound program. Later she was kidnapped and then

escaped from her assailant. Eventually she received therapy and now is a happily married adult.

Ms. Shively also told a more personal story about her son, who is now incarcerated. Because of his behavior prior to incarceration she was forced to move herself and her daughters, or face eviction.

Ms. Duval spoke about grandparents who are raising grandchildren with disruptive behaviors -- an especially difficult housing situation, as many of the grandparents are on fixed incomes.

Families with children who suffer from disruptive behavior have great difficulty finding stable homes. Sometimes it's not a matter of money; it's a matter of working with landlords who are assured that any property damage will be fixed. Sometimes it is about money. Families may be underemployed but face a security deposit double or triple the norm. Some families need supportive housing -- a place to go where they will receive services and interact with peers who will help them.

Chair Gayle thanked UCF for their presentation, and for bringing the housing issue to the forefront for the Commission.

VI. Overview of the California Mental Health Planning Council

Ann Arneill-Py, PhD, California Mental Health Planning Council (CMHPC), gave the presentation.

The CMHPC envisions a public mental health system that offers excellent, effective, and affordable consumer and family-driven mental health services that are timely, accessible, and appropriate for all of California's diverse populations.

The CMHPC mission statement is to provide oversight of the DMH regarding accessibility, availability and accountability of the State's mental health system. They are advocates for accessible, timely, appropriate, and effective services, which are culturally competent and gender appropriate, strengths-based, and recovery-oriented. They educate the public and the mental health constituency about the current needs for public mental health services and ways to meet those needs.

Arneill-Py discussed the CMHPC's state and federal mandates and duties.

CMHPC also reviews the community services and supports systems, which overlaps responsibilities with MHSOAC in some areas. They provide a number of major reports: the California Mental Health Master Plan; a paper on Partnerships for Quality; a commissioned study on Foster Care; a paper on Veterans Mental Health Issues; and a paper that discusses the trends in the Use of Seclusion and Restraints.

A number of committees facilitate the work of the CMHPC:

- Cultural Competence
- Quality Improvement
- Human Resources
- Policy and System Development
- System of Care Committees -- which includes children and youth, transition age youth, adults and older adults.

Opportunities for collaboration between CMHPC and MHSOAC: MHSOAC Commissioners are *ex officio* members of the CMHPC and may attend CMHPC meetings and participate on CMHPC Committees; MHSOAC can tap the expertise of the CMHPC staff and members for MHSOAC Committees and projects; MHSOAC and the CMHPC can develop joint policy initiatives; and they can collaborate on oversight projects.

Commissioner Prettyman asked if another Master Plan (California Mental Health Master Plan, prepared by the CMHPC) will be done soon. Dr. Arneill-Py stated that there is talk about doing another one. Copies of the Master Plan will be forwarded to the Commissioners and copies of CMHPC agendas will also be sent.

Vice Chair Poat suggested that the Commissioners spend time thinking about how MHSOAC and the CMHPC might best collaborate in the future. Everyone agrees that there are many things needing to be done and it is apparent that the CMHPC has already spent considerable time sequencing the appropriate next steps.

Chair Gayle thanked Dr. Arneill-Py for her presentation and stated that he looked forward to working with the CMHPC in the future.

VII. Presentation on Network of Care

Mr. Richard Van Horn introduced Bruce Bronzan. Mr. Bronzan, a former Assemblyman, chaired the Assembly's Mental Health Select Committee in 1983 and wrote the first parity bill, starting 20 years ago. After his Assembly career he became Associate Dean of the UCSF Medical School at their Fresno campus. In 1997 he established Trilogy, Inc., which has become an incredible resource to the mental health world. He also wrote AB 3777, which started the Village Integrated Service Agency, which led to AB 34, which led to Proposition 63.

Mr. Bronzan began his talk by providing some of the history of funding for mental health programs.

Network of Care started with the idea of creating a system that incorporates all of the funding streams and funding recipients throughout the various mental health systems; an overarching system that all the providers can go to get all the information that was

needed; i.e. a place where comprehensive information on mental health systems was available.

Subsequently, Mr. Bronzan met Afshin Khosravi, an Iranian emigrant and now an American citizen, who is brilliant in information technology and created the system. It was piloted in San Diego County. When it was finished, Prop 63 had finally passed. CMHDA and the MHSOAC approved its use and since then the Network of Care has averaged about two million users per year. Thus, it has been an enormous success story.

Mr. Bronzan and Chris Raschke then showed the Commission, via overhead computer desktop display, how the system works. Some of the highlights:

- The Network resides on a single server; it is a shared resource and others can put their ideas on the site for the perusal of other interested parties; thus, a constantly improving “best practices” of ideas and programs is always readily available.

- Translation software for the seeing and hearing impaired, as well as translation to many other languages, is utilized to increase the number of people able to communicate on the system.

- A community calendar shows details of daily activities occurring at the various sites connected to the Network.

- The top articles in the field are posted and updated daily.

- A comprehensive, up-to-date directory of all services offered in a particular county is available for view.

- A person can create a personal health record in the system, which can be added to as needed. Items and articles pertaining to that person’s individual situation can be stored on the site, which utilizes Verisign and other high levels of encryption for security.

- Possibly the most extensive medical health library in the world is available to anyone, free. Dozens of organizations around the world continually update the information. Currently there are about 4,000 topics and over 35,000 separate articles available for view and/or printout. The library articles are pre-qualified by experts in the field and written to the 7th grade level.

- The Network contains a support and advocacy tool that shows every bill in the California legislature in real time, and everything about the bill, including its current status. Any committee or legislative member in the system can be contacted and lobbied instantaneously.

- The site is now about 250,000 pages deep and in 27 states and over 450 counties.

- An effort has been launched to develop two national models for Network of Care to cover the veterans groups. It will be a “one stop shop” for veterans and service members where everything the federal government offers can be found.

Mr. Raschke, former U.S. Marine, discussed the veteran’s social network of care, which provides a network of services for fellow veterans; a place where veterans of like mind can discuss the medical and psychological issues pertaining to their military service, and do so in complete privacy. The site contains information sources for veterans, a discussion forum, a method to hold group sessions, and many other services. It is also a free site.

Mr. Bronzan added that they are working with Walter Reed Hospital and many other service organizations to develop private groups that link veterans at their point of deployment with members of their families. Housing, urgent care, educational and employment opportunities, and many other services will also be available on the site.

In partnership with Abledata, an arrangement has been made to contact every disabled veteran about updates in prosthetic devices and other medical aids available to them.

Commissioner Gould asked how to learn about the various services presented. Mr. Bronzan responded that there are personal tour guides available on the site; as well as automatic demos. In addition, webcasts are delivered daily with updated information on subjects of importance to veterans and others.

Eventually, every single network of mental health care will be able to use the Network, veterans and otherwise, and it will be free. Tutorials on the social networking platform will instruct people on how to use it.

Commissioner Trujillo noted that this is going to continue to grow. How will all the information continue to be provided? Where does the revenue come from? Mr. Bronzan responded that each county pays a maintenance fee for use of the site.

Mr. Bronzan reiterated that the uses of the Network are wide open, and he would be happy to sit down with the Commission and discuss specific uses and possibilities. It is the Commission’s resource and it is waiting to be used. The Network is a huge success story and the Commission should take full credit for it and promote that for the public good.

VIII. Open Public Comment Period

- Ms. Sandra Marley discussed the MOU and suggested that, in terms of the media, perhaps a public information officer could be used who would ensure minimum mixed signals go out to the public. The media could also be used to bring down the walls associated with stigma. She reiterated how important it is that the Commission read the comments from clients referenced earlier.

IX. Adjournment

Chair Gayle adjourned the meeting at 12:50 p.m.