



Meeting Minutes  
April 24, 2009

California Institute for Mental Health  
Sequoia Room  
2125 19<sup>th</sup> Street, 2<sup>nd</sup> Floor  
Sacramento California

1. **Call to Order**

Chair Poat called the meeting to order at 9:01 a.m.

2. **Roll Call**

Commissioners in attendance: Andrew Poat, Chair, Larry Poaster, Vice Chair. Richard Bray, Lou Correa, Linford Gayle, Beth Gould, Tom Greene, Howard Kahn, David Pating, Darlene Prettyman, Larry Trujillo, Richard Van Horn and Eduardo Vega.

Not in Attendance: Mary Hayashi, Patrick Henning, Bill Kolender.

Thirteen members were present and a quorum was established.

3. **Closed Session**

The Commission moved into Closed Session to discuss personnel issues, per Government Code Section 11126(a).

The public session resumed at 11:20 a.m. Chair Poat announced that there had been no reportable action taken during the closed session.

4. **Adoption of March 2009 Meeting Minutes**

**Motion:** *Upon motion by Commission Kahn, seconded by Commissioner Greene, the Commission unanimously adopted the March 2009 minutes.*

5. **Mental Health Funding Committee Report**

Commissioner Greene presented a draft MHSA financial framework diagram for community mental health funding. The draft was presented in an arc format and had four parts:

- Part One-Money In: Examines community mental health revenues both from the Mental Health Services Act (MHSA, the Act) and other major funding sources within the

system. The committee proposed using an annualized spreadsheet with total expenditures projected out over a 5 year period. Pie charts would clarify the different funding sources.

- Part Two-Money Out: The website will be used to connect and inform the public of planning estimates; i.e., the commitment of funds to the counties. A table within the website will clarify how the monies were dedicated to the counties. It will track, on a quarterly basis, the movement of funds from the state to the individual county accounts.
- Part Three-Money Utilized: A bar chart within the website will visually represent the tracking of the money as it moves through the process. The people served will be tracked using 2 main sources of data -- Full Service Partnerships (FSP) and non FSP services. The charts will also show that state administration fees are lower than the 5% allocated.
- Part Four-MHSA Special Issues: Due to their complexity, PEI state level projects will require separate reports. A table will display the funding committed to the counties, the state approved county plan amount, the monies transferred to the county and the remaining monies.
- Workforce Education and Training (WET) programs are designed to be funded early in the process and then built upon. Tables will show funds set aside for the fiscal year, the contractual commitments and the actual expenditures.
- The MHSA Housing Program table will show funding committed to the counties, the state-approved county plan amount, the funds requested for specific projects, and the funding approved for those projects.

**Commissioner Trujillo** asked if reports could be produced more frequently than annually.

**Commissioner Greene** responded that they would run the reports as often as the data sources would provide meaningful information, but some of the reports that data is drawn from are only produced annually.

**Commissioner Kahn** remarked that this was a wonderful start. He asked if the charts would reflect the full level of effort of the State of California with regard to mental health services, all the way to the county level. **Commissioner Greene** responded that there will be charts to reflect the various aspects of funding; but information on actual services coming from Medi-Cal and etc. is not currently available. It may be obtainable in the future.

**Commissioner Vega** expressed a desire for a “dashboard” visual that would allow someone to take all the information in “at a glance.” **Commissioner Greene** said he would see if that were possible.

**Chair Poat** expressed his appreciation for the work provided and asked for the motion.

**Motion:** *Upon motion by Commissioner Kahn, seconded by Commissioner Trujillo, the Commission unanimously adopted the fiscal reporting template as presented in the financial framework diagram.*

**Commissioner Gould** reported on a tour event held the previous night at a facility that receives MHSA funds -- the Sierra Elder Wellness Program in Sacramento. The facility hosted a dinner, and the attending Commissioners and staff were able to interact with consumers. She stated that it was heartening to see what had been done with the MHSA funding they received.

**Commissioners Correa and Prettyman** echoed her comments.

## 6. PEI Consent Calendar

**Ms. Ann Collentine**, MHSOAC staff, presented five county PEI plans that staff were recommending for approval, with total expenditures of approximately 9.2 million dollars.

Plan highlights included:

- **San Francisco County:** The TAY multi-service project is a multi-service center offering true prevention. Recommended approval of \$6.4 million.
- **Yolo County:** Wellness projects that emphasize resiliency and recovery; divided into urban and rural children's resiliency centers, both including home visitations. Recommended approval of \$1.5 million.
- **Calaveras County:** The grandparents' project helps to utilize grandparents or other relative caretakers who are frequently underutilized when helping to support at-risk youth. Recommended approval of \$291,000.
- **City of Berkeley:** Recommended approval of \$1 million.
- **Lassen County:** Projects targeted to strengthen and support the family structure. Recommended approval of \$1.5 million.

## Public Comment

- **Mr. George Fry**, California Mental Health Planning Council, Calaveras County Mental Health Board and California Network of Mental Health Alliance, expressed his appreciation for Christa Thompson, the Calaveras County MHSA coordinator.
- **Ms. Christa Thompson**, PEI, MHSA, and WET Coordinator, Calaveras County, thanked the Commission for their approval letter. In response to two suggestions in the approval letter: 1. regarding the grandparents project, the accounting department will clarify the breakdown of the funding; and 2. the drug and alcohol components have been incorporated as part of their prevention efforts.

- **Mr. Mickey Shipley**, San Francisco County, consumer of the public mental health system and employed by the Community Behavioral Health System as a client counselor peer intern, expressed appreciation for the Commission's vote of confidence for their plan. He noted that 9 of the 12 projects relate to trauma and violence to their at-risk youth.

**Motion:** *Upon motion by Commission Kahn, seconded by Commissioner Gayle, the Commission unanimously approved the PEI Consent Calendar as proposed.*

## 7. Adopt Memorandum Of Understanding (MOU)

**Chair Poat** began discussion by noting that one of the chief conclusions reached by the state auditor was that the group needed a stronger method of coordination between the various agencies that are implementing the Act.

**Vice Chair Poaster** explained two minor changes to the MOU that he will ask be incorporated. The first was simply an oversight -- the MOU statute was repeatedly referenced as the basis for some of the points in the document; the oversight was that regulation should have been noted also. There was no intent for the MOU to not comply either way-with regulation or with statute. The second was that page three, section A3, the word "*may*" as it relates to stakeholder input should be the word "*shall*." He concluded by stating that the MOU represents the mutual agreement of the four parties represented. It does not represent the mutual disagreements. It only lists those particular areas that the four parties believe will make implementation more effective. It is not intended to list all the aspirations of each of the parties. It is simply a baseline document consistent with statute and regulation that will help to smooth out some of the areas that OSAE reported on.

**Executive Director Sheri Whitt** recommended no discussion on the areas where there is already consensus -- on the role of the California Mental Health Planning Council, the role of the Department of Mental Health, and the role of the California Mental Health Director's Association.

Instead, there seems to be a need to discuss the role of the stakeholder, both with the content of the role, and whether stakeholders should have been a party to the MOU. Further:

- In terms of the role of the stakeholders, what is already stated in the MOU is that it is the intent that community input is considered in the program development, implementation and evaluation processes that are referenced in the Act.
- A portion of the planning funds should include funds to pay for the cost of consumers, family members, and other stakeholders to participate in the planning process.
- Regarding stakeholders being a party to the MOU, the Commission wants to emphasize that clients, family members, and persons from various racial, ethnic and cultural

backgrounds are members of the parties to the MOU, and were present during the meetings and participated during the vetting process at the meetings.

- In acknowledging the stakeholders, the Commission wants to point out that the stakeholders are diverse, they have local and state perspectives, they come to us as individuals and as members of various bodies, and each of the stakeholder perspectives is equally important.
- To re-emphasize, during the discussions and the vetting process of the MOU, there were people in the room who had lived experiences with mental health issues, who had family members with mental health issues, who had lived experiences with being members of various racial, ethnic, and cultural backgrounds. There might not have been particular individuals or groups there, but those perspectives were present.

One other area of potential conflict is the role of the MHSOAC. The MOU states that the Commission:

- Approves plan expenditures for PEI and Innovation.
- Provides input to the department as it establishes criteria for plans.
- Has the authority to increase the state allocation of funds for prevention and early intervention.
- Also, the MOU clearly delineates roles for oversight, evaluation, and technical assistance functions for the Commission.

**Stephen Mayberg**, Director, Department of Mental Health Services, recognized the work and effort that went into the process of developing the MOU. The MOU represents a building of trust between the four entities that was lacking before this process. Acknowledgment of that trust stemmed from three principles:

- Every one of the groups that was there believed that this was about the mental health system as a whole.
- The parties never wanted to deviate from what the law and the values were.
- It really was about better outcomes, not personal or power agendas.

**Director Mayberg** stated that the proposed changes will help create better, more efficient outcomes and expedite the funding of projects. Also, with the clarifications of the role of the stakeholder, there is a defined place where input will be obtained. The MOU is a dynamic document that will change over time and it needs to get started. Director Mayberg hoped that the MHSOAC can endorse this and the Planning Council will endorse it at their next meeting.

### Public Comment

- **Mr. Peter Castle**, California Association of Social Rehabilitation Agencies (CASRA), expressed his appreciation that the process was slowed down for more input. He felt that if the stakeholders are involved in the beginning it will make for a more efficient process.
- **Dr. Ann Arneill-Py**, California Mental Health Planning Council, explained that the Council used two levels of review for the MOU. The first review was when it was in draft form, and later a set of comments from the Council were incorporated. At the Council meeting of a week ago they did delay action, to allow time to assess the outcome of this meeting. They will take the MOU vote up again at their June meeting. She was glad to see that stakeholder participation was being clarified.
- **Ms. Stacie Hiramoto**, REMHDCO, took issue with the representation that the stakeholders were involved in the initial process and that people of color who were there were representing their agencies, and not as representative members of the community. Her group does not support the MOU. She was encouraged that there was trust among the government agencies, but felt that there was not trust among the stakeholders and the community.
- **Ms. Dede Ranahan**, NAMI California, expressed her strong feeling that the stakeholders were only represented symbolically and that the process was not transparent and occurred behind closed doors. She stated that the MOU content felt like “business as usual,” was not transformative, and reduced stakeholders to mere “tokens.” In fact, this process has created a huge wedge between government and community partners. She felt that not passing the MOU at this point shouldn’t impact funding, and because it was not done with the correct involvement, the MOU should not be passed.
- **Ms. Tish Harris**, community member, stated that she was not there representing an organization; she was representing herself and others like her. She read a letter she wrote: *“The MHSOAC asks that government representatives embrace a different and challenging approach to implementing a statute. It asks us all to embrace a system of care that is driven by people who have a lived experience. The draft MOU excludes this constituency as a named partner in this process and relegates their contribution to a subservient contributor who is not seated at the table of decision making. If we are to improve understanding and implementation of the provisions of MHSOAC then you must admit that organizational representatives place their opinions, experiences and understandings in the back seat of their advocacy in favor of their group. MHSOAC asks us to do something different. It asks us not only to hear the voice of the individual but to put that voice at the center of our deliberations. It acknowledges our organizational limitations and invites the ragged and refined voices of those who have a lived experience. It asks us to do this not because we want expedient outcomes but because we*

*have previously failed and we want to do better for the people of California.” She concluded by asking for a No vote today and a reconsideration of how to help the people of California.*

- **Mr. Jim Gilmer**, Cyrus Urban Network, Ventura County, articulated that Prop 63 gave a new lens, a new voice to people on the fringe. MHSA places people on the fringes on an equal playing field with government partners. Passing this MOU as it is written now is a huge step backward.
- **Ms. Gwen Slattery** stated that it was a conflict of interest to have government employees act as stakeholders. Ms. Slattery stated that she understands the need for expediency, but if you do it right you don't have to do it over.
- **Ms. Diane Shively**, United Advocate for Children and Families (UACF), and Jason's Mom, contended that the stakeholders only have an advisory role according to the MOU and that the role of the stakeholder should be more than just advisory. She had never heard of a service provider who didn't want the genuine input of those they serve. It was critical that the stakeholder input be listened to more closely.
- **Ms. Allison Homewood**, California Primary Care Association, representing community clinics and health centers, asked that the Commission carefully consider their opinions and comments -- expressed in the letter that is part of the Commissioner's materials today -- before adopting a revised version of the MOU.
- **Ms. Dephine Brody**, California Network of Mental Health Clients, CARE Coalition, MHSA community partners, stated that stakeholder input was not gathered. She concurred with previous speakers that stakeholder participation did not take place in a meaningful way and asked that the vote be put off until stakeholder participation has occurred. She asked that the Commission revisit the recent CARE Coalition letter that outlines some of the needed changes. She concluded by stating that they were very concerned about this situation.
- **Mr. Arnulfo Medina**, California Youth Empowerment Network, Mental Health Association of California, agreed with what had been said previously. "If the MOU was not meant to be about the stakeholders then they should not have been included. The way it is written definitely does not give stakeholders more power. You will lose the community's trust if you pass this.
- **Mr. Steve Leoni**, Client Implementation Team, the Network, stated his feeling that there is no trust anymore and that the process was rushed. This MOU came out to the broader community and it was supposed to be voted on within a couple of weeks. There is a big issue of trust around the state. This MOU must not pull further back from that trust.

**Vice Chair Poaster** reviewed the voting process -- that the MOU would go back to each of the four parties for a vote, and that party would either adopt the MOU or reject it. He also reiterated

that there was not one thing in the MOU that is in conflict with statute; it is almost word for word.

**Motion:** *Upon motion by Vice Chair Poaster, seconded by Commissioner Trujillo, the Commission moved, for purposes of discussion, adoption of the MOU with the changes from today.*

After the motion, discussion continued.

**Ms. Whitt** stated that one of the first areas to be considered was the role of the stakeholders and that the conversation should center around whether the essential elements of that role are sufficiently described in the MOU. The MOU says the following: *community input shall be considered in program development, implementation and evaluation processes as they are referenced in the Act, and that funding shall be made available to support that input.*

This is the essential element, so the question is: Is that sufficient?

**Commissioner Vega** stated that the Client and Family Leadership Committee (CFLC) looked at this particular issue and he was glad to see this language reiterated in the MOU, because stakeholder participation is a priority. He felt that, although there were concerns about trust; it was not in the Committee's realm to speak specifically to that. The Committee felt that the solution to this issue was to remove the reference to stakeholder participation. He did not feel that they could define what the "correct" stakeholder participation was in the time allotted today. If this language was removed, then the MOU could proceed as an agreement between the functional organizations, and the committee -- along with other partners and with governmental organizations -- can get together and craft language that really is "about us, with us" and then add that, as an addendum or in some other fashion, to the MOU for approval.

**Commissioner Van Horn** asked if section 3A would be pulled out. **Commissioner Vega** responded yes, and all other language regarding stakeholder input as well.

Commissioners discussed this option as an amendment to the existing motion, and by roll call vote it was defeated. The vote was 3 *Yes* (Greene, Prettyman, Vega), 8 *No* (Poat, Poaster, Gould, Bray, Van Horn, Trujillo, Kahn, Correa) and 2 *Abstain* (Gayle, Pating).

**Commissioner Kahn** remarked that he was troubled, because the issue raised by the stakeholders is a good one and he didn't feel there was resolution at this point. However, at the same time he was worried about the logistics of this process. He suggested that the Commission look at adopting the Motion but having a sunset on it, say a six month period of time, which would provide enough time to examine the issue of whether or not and how to formally incorporate the stakeholders in the process. In addition, he expressed his concern that, if something is not done soon and it takes another 3-4 months to proceed, the Commission will be at a point where it still hasn't incorporated some modes of operation.

**Chair Poat** appreciated the spirit of that proposal, and added that the other issue impacting this is AB5XXX.

**Commissioner Van Horn** agreed that a sunset clause would be very helpful and he would support such an amendment. During the six month timeframe the Commission could sit down and craft language that fully included stakeholder input.

**Commissioner Correa** noted that an important step was taken today to appease the stakeholders -- the addition of the word shall in the amendment. He also acknowledged the other concerns addressed today and recommended the motion be delayed again until a time that the stakeholders are comfortable with the MOU.

**Commissioner Prettyman** expressed the duality of her thoughts -- the many hours already spent in getting Prop 63 put through and the importance of recognizing the feelings of the stakeholders, and yet the feeling that it is critical to move forward so that services are not delayed.

**Chair Poat** reminded the Commissioners about the OSAE report of June 2008, which referenced the need for improved working relationships among the governmental organizations involved with the Act. It has been almost a year since they were told these changes needed to be made and they need to move forward today.

**Commissioner Gould** noted that the inclusion of the stakeholder language in the Act was unprecedented, and they are now seeing how much they are enriched by that stakeholder process. She also stated that, as a Commissioner, she has a fiduciary responsibility to implement the Act, and that the MOU does not diminish the stakeholder rights in any way. Thus, it is important to move forward with the MOU.

**Commissioner Greene** commented that, after having read the OSAE Report, he felt that the MOU is really a third tier recommendation. The more important recommendations dealt with the need to simplify the planning process and to speed up funding. He added that, because not one statewide group has supported this MOU today, for the Commission to move forward today is, frankly, "nuts." Either delay or a six month review -- these options should be considered. The MOU process thus far has "poisoned the well" and until he receives clear answers about why the MOU is not okay, he cannot support it at this point.

**Commissioner Van Horn** felt that there should either be a sunset clause or a vote. The level of discussion necessary cannot be done in a month or two; it can be done in six months. Thus, either vote it down and bring it back up in six months, or set it in play for six months with a firm, absolute sunset.

**Vice Chair Poaster** stated that thousands of stakeholders have been involved in this process from all across the state. Saying that stakeholders have not had an impact or that the spirit of the MHSA has been violated is not correct. Also, there are many narratives on what the MHSA means; however, if one reads the statute, they see that the voters voted on expanding services, on making more services available. He expressed embarrassment that here they are, five years after

passage of the Act, with the money in serious jeopardy, and they have not met the expectations of the public, in terms of providing services voted on. That is an outrage. The spirit of this MOU is to try to make things more efficient so that can happen.

**Commissioner Gayle** also agreed with the six month sunset clause. He noted the intense struggle that occurred to get the government agencies to work together, as well as the continuing struggle with the stakeholders. If it is possible to do a real sunset in six months, and in the meantime work out the language we need, then he would support that.

**Commissioner Vega** questioned whether or not they could implement a six month sunset clause because it would impact the other agencies as well. The big thing: unless you've been an adult and you've been in a program and you see five people around you with power over you, and you're sitting with them in a room and they are talking about you and making decisions about what's going to happen in your life; then you have a very different perspective on what it means to be involved in meaningful mental health systems change. That is what the Act is supposed to do. Without a commitment, in stakeholder language, that addresses the situation where family members are constantly taken out of the decision making process regarding their loved ones, he cannot support the MOU.

**Chair Poat** summarized the two sides of the issue:

1. The process could have been run differently;
2. If something is not adopted then the Commission is not addressing the auditor's recommendations and runs the risk of further jeopardizing the support of the voters.

**Vice Chair Poaster** asked Commissioner Kahn if the 6 month time frame would also include discussion regarding AB5XXX. **Commissioner Kahn** responded that yes, the discussion would include both the question of the inclusion of the stakeholders and AB5XXX, and any subsequent legislature as well.

**Chair Poat**, iterated the motion and called for a roll call vote.

***Motion:** Upon motion by Commissioner Poaster, seconded by Commissioner Trujillo, the Commission adopted the Memorandum of Understanding (MOU) between the Department of Mental Health, Mental Health Services Oversight and Accountability Commission, California Mental Health Planning Council, and the Mental Health Directors Association, with the understanding that the MOU will sunset in six months -- in October 2009 -- with the purpose of rewriting the MOU, informed by and with the participation of stakeholders, and considering the consequences of AB5XXX. The motion passed, by roll call vote, with ten "Yes" votes (Poat, Poaster, Gayle, Gould, Greene, Pating, Bray, Van Horn, Prettyman, Kahn), two "No" votes (Trujillo, Vega) and no abstentions.*

(**Commissioner Correa** was absent during the formal vote but indicated before he left that he was opposing the motion.)

**Chair Poat** asked staff to come back with a specific strategy at the next Commission Meeting as to how the Commission will accomplish the objectives within the timeframe.

## **8. Delegate approval authority to MHSOAC Staff Regarding Specific PEI Funds**

**Ms. Collentine** gave a brief presentation, which concluded with the staff recommendation to delegate approval authority from the Commission to the staff to approve PEI training, technical assistance and capacity building funding requests from counties.

She stated the two stipulations from the MHSOAC for the counties to receive this assistance:

1. The counties must have the ability to develop and provide statewide training, technical assistance, and capacity building programs.
2. The counties must have the ability to partner with local and community partners via subcontracts.

***Motion:** Upon motion by Commissioner Van Horn, seconded by Commissioner Gayle, the Commission voted unanimously, with one abstention (Prettyman), to delegate to the Executive Director the authority, through July 2012, to approve county requests for PEI technical training, technical assistance, and capacity building funds, pursuant to DMH Information Notice 8.37, as informed by Commission comment and the position adopted in July 2008.*

***Motion:** Upon motion by Commissioner Van Horn, seconded by Commissioner Gould, the Commission voted unanimously to delegate authority to the Executive Director to provide additional funds to counties with already-approved PEI and/or Innovation Plans that are in conformity with existing approved Commission Plans, to allow those counties to continue with their program implementation.*

## **9. Adopt MHSOAC Meeting Schedule for 2009**

Commissioners discussed the pros and cons of scheduling all the 2009 meetings in Sacramento. For budgetary reasons, as well as enhancing the ability of sitting legislative members to participate, meeting in Sacramento has many advantages. However, it is highly disadvantageous for some of the stakeholders who live in southern California.

It was decided that the Commission would meet in Sacramento on the 4<sup>th</sup> Thursday for the months of May, June, July and August. Possible meetings outside of Sacramento will be considered for September, October and November.

**10. Adopt Proposed OP-Ed piece to the San Jose Mercury New regarding the “Psycho Donuts” Donut Shop**

**Commissioner Gayle** reported that the city of Campbell opened a new eatery called “Psycho Donuts.” Waitresses wear white uniforms and serve products such as “the bi-polar,” “massive head trauma,” “split personality,” “manic malt,” and “cracker attacker.” He asked that the Commission send a letter to Psycho Donuts and others that voices its concern that this type of marketing promotes the perpetuation of stigma and discrimination. Staff has already drafted such a letter.

After discussion, **Chair Poat** stated that he and Vice Chair Poaster would move forward with sending out the letter to Psycho Donuts and to other appropriate recipients.

**11. Report on the MHSOAC Goals for 2009**

**Chair Poat** reviewed the progress that has been made with the 2009 goals:

- Accountability has been enhanced, especially with the adoption of the draft fiscal template financial framework earlier in today’s meeting. He thanked Commissioner Greene, Vice Chair Poaster and the others involved in that process.

Huge progress has also been made with the larger evaluation study of the Act to date. He thanked Vice Chair Poaster and Commissioner Van Horn for their efforts. Because of their work, the Commission is now ready to move forward on the design of the review tool so that the Commission can evaluate the strengths and opportunities for improvement discovered in the first five years of the Act’s existence. The roadmap that the study provides will be an indispensable part of the Commission’s existence for the next several years.

- Implementation continues to need improvement, especially regarding the delays in development of regulations. Because not all programs are implemented, the Commission has missed some of the funding deadlines. **Chair Poat** recommended taking some time with the staff and the department to perform a GAAP analysis to determine the causes of the delays, and how the Commission can get the program back on track.
- Transformation still needs more work, and he asked the Commission to continue to think about how they are going to frame those issues as the year moves forward.
- Dealing with the instability of the state budget really depends on the voters and the upcoming May vote.

**12. Adoption of the MHSOAC Strategic Plan**

**Ms. Whitt** provided an overview of the draft Strategic Plan:

- Goals, Objectives and Strategies in the document come from content that was either developed at the most recent strategic planning meeting, the past strategic planning meeting, or from the Chair Poat's PowerPoint presentation that was delivered in January.
- Statements of Intent clarify the goals but do not add additional content, and the majority of the Action Steps that are described as "Action Steps for 2009" come from committee charters or committee work that is currently underway, or from MHSA-mandated activities that the Commission is currently carrying out.

**Ms. Whitt** added that it is called a multi- year document because the intent is that the goals will stand for several years and that Goals, Objectives, Strategies and Action Plans will be refined and updated on an annual basis as needed. She concluded with the staff recommendation of approval of the Plan.

**Chair Poat** asked the committee chairs to review the Plan during the next month, ask the partners for their feedback on the timeframes, and have the chairs, in conjunction with their MHSOAC staff, ensure that the goals and timelines are appropriate and that the deadlines can be met. He requested that feedback be sent via email.

### **Public Comment**

- **Ms. Khatera Aslami**, Peers Envisioning and Engaging in Recovery Services, Oakland and Client and Family Leadership Committee member, wanted to make sure that public opinion and comment were heard before the vote. Ms. Whitt assured her that this was always the case. Ms. Aslami also felt that there should be further defining of the roles and responsibilities of the committees regarding the stakeholder input process; specifically, where they go for advocacy, which perhaps will require a longer meeting to allow more time to hear all of the stakeholder concerns.
- **Ms. Stephanie Welch**, California Mental Health Director's Association (CMHDA), suggested that the plan be a three year strategic plan, because of its size and scope. In the short term, there are critical issues that the counties will want Commission support for. In addition, the fiscal crisis has impacted the MHSA and she did not see this as being an issue at the forefront of the strategic plan. She encouraged the Commission to look at some of the work done around the 5 year fiscal planning when creating the white paper for transformation, to align Commission and CMHDA goals. She also wanted to explore ways to elicit information from local committees and commissions for more feedback from the counties, which was missing from the proposed Plan.

**Chair Poat** asked Commissioners to study the draft Strategic Plan, as well as the committee charters, and be prepared to participate in a conference call which will be scheduled prior to the next Commission meeting -- between MHSOAC staff, Chair Poat, Vice Chair Poaster, and each committee chair to discuss their feedback on the plan. The goal is to be able to adopt this document at the next meeting.

### **13. Adopt Communications Plan**

**Mr. Matt Lieberman**, MHSOAC Staff, gave a short presentation on the communication plan, which was developed by staff -- with input from Commissioners and the public -- over the past several months. The intention is to develop a plan based on the principles of the Act and to have those principles drive the goals and activities. He stated that he was looking forward to having increased formal involvement from the Commissioners in the form of a communications advisory group.

**Chair Poat** commented that the plan seemed to fall into several different categories and he felt that the most effective way to be successful would be to choose some specific priorities and focus on those. One priority should be stigma reduction. **Mr. Lieberman** responded that promoting and developing the website, the newsletter, and the other publications would be a great way to share transformative success stories.

**Commissioner Vega** reminded the group that, while there is some value to broad-based media campaigns, they are usually the least effective method to change people's opinions about stigma. He recommended connecting with people one-on-one, maybe through video presentations.

**Commissioner Gould** requested that the plan include some language delineating the communication the Commission is involved in with their partners, including the stakeholders. **Mr. Lieberman** said that the plan could definitely specify collaboration with other government agencies as well as the stakeholders.

**Chair Poat** stated that the communication plan should highlight the life experiences of the Commission and its key experiences. He recommended a calendar with the deliverables listed out in a timeline.

### **General Comment**

- **Mr. Leoni** requested that, if the Commission was going to address stigma and discrimination, it look at the occurrences happening within the Mental Health Service system. Much of the discrimination occurs in the system itself, which then trickles out to the media and the general public. One of the goals of the MHSA is to transform how the services are delivered and the spirit in which they are delivered.
- **Mr. Fry** reinforced the idea that stakeholders include the family members and consumers, not just the organizations that attend these meetings, and when working on the definition be sure to take that into account.
- **Ms. Sandra Marley** reminded the Commission about the movie "The Soloist" that was opening today.
- **Mr. Scott Hamilton**, Counselor, Learning Disabilities Specialist and Coordinator of Disability Services at Consumnes River College, and current president of the statewide

organization for people who serve students with disabilities at colleges, informed the Commission that his group was told, over a year ago, that they would be receiving funding, but hasn't as yet. **Ms. Whitt** responded that the MHSOAC Services Committee was looking at the status of the statewide projects and county reassignment process and would be bringing a report back to the Commission with a recommendation of a forward path in July.

- **Ms. Abygail Medina**, Chancellor's Office at the California Community Colleges, echoed Mr. Hamilton's concerns and also inquired as to the status of the campus-wide grants under the Student Mental Health Initiative. She looks forward to hearing it addressed in July.

#### **14. Adjournment**

**Chair Poat** then adjourned the meeting at 4:18 p.m.