



Meeting Minutes  
September 24, 2009

Embassy Suites Hotel  
1325 East Dyer Road  
Santa Ana, California 92705

**1. Call to Order**

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

**2. Roll Call**

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair. Richard Bray, Lou Correa, Linford Gayle, Patrick Henning, Howard Kahn, David Pating, Darlene Prettyman, Richard Van Horn, and Eduardo Vega.

Eleven members were present and a quorum was established.

**Chair Poat** reported that a group of Commissioners met yesterday (9-23-09) in Closed Session for the purpose of interviewing potential candidates for the position of Executive Director of the Commission. Closed Session will occur during lunch today to continue this process.

**3. Adoption of August 2009 Meeting Minutes**

**MOTION:** *Upon motion by Commissioner Pating, seconded by Commissioner Correa, the Commission unanimously adopted the August 2009 Meeting Minutes, with two abstentions (Poaster, Prettyman).*

**4. MHSOAC Performance Dashboard, September 2009**

**Chair Poat** suggested that the Dashboard be updated to include the Statewide Project funding timelines; the status of relevant guideline development and rulemaking; the principle components of Goal Two; the adoption and implementation components of the communications plan; and, for Goal Three, the addition of the critical juncture dates.

He noted that the progress reports on PEI and Housing that are in the current MHSOAC newsletter should also be in the Performance Dashboard. They are exactly the sort of thing that should be memorialized in the Dashboard.

**5. Recommendation from Mental Health Services Committee; Adopt Principles for Prevention and Early Intervention (PEI) Statewide Program Guidelines**

**Commissioner Pating**, Co-Chair of the Mental Health Services Committee (Committee), presented the recommendations.

He began by noting that the Committee was given the task of developing the principles which will be used to develop the guidelines for presentation to the full Commission today for all three statewide project areas (also sometimes referred to as the three “initiatives”):

1. Stigma and discrimination
2. Suicide prevention
3. K-12 and higher education (“Student Mental Health Initiative”)

The MHSOAC previously agreed that the principles would be clarified in time for today’s meeting; a first read of the draft guidelines would be ready in October; a second read and finalization in November; and guideline issuance hopefully in December.

During development of the guidelines, it was decided that they would be framed in three parts: values, principles, and guidelines (a combination of values and principles).

The Committee wanted its expression of values to reflect the input of all of the previous stakeholder processes.

The Committee reached unanimous support that MHSOAC should move forward with the statewide guidelines. It defined the term “statewide” as being the incentives to be used to implement the guidelines on a statewide basis. Further, the Committee recognized that funding, which is available one time only, needs to emphasize building capacity and infrastructure rather than encouraging direct delivery of services.

Seven values and principles form the basis of the Guidelines:

*1. Continuous stakeholder input.*

Continuous stakeholder input is probably the most important element. Regulations and MHSA policy strongly support the idea of continuous input.

*2. Conformity with strategic direction.*

The plans for stigma discrimination and suicide prevention are very complete and strategic direction can readily conform to them. The Student Mental Health Initiative is less so, however, and the strategic direction will need to move towards conformity with it as it becomes more fully clarified.

*3. Preserve state-wideness.*

We will build infrastructure to accomplish this and ensure that the statewide efforts have impact. Impact means a state-level activity specified in the strategic plan is implemented and is consistent with the overall goals. In addition, a county (or counties working together) might institute a pilot project that could be widened out to the state as its efficacy is revealed.

*4. Collaboration.*

Joint funding would be required to meet this standard; although, in addition, the sharing of staff, infrastructure, operations, etc. could also meet it. Collaboration would also be encouraged with non-mental health entities where financial arrangements might make sense.

*5. Move forward with all three projects.*

There was continuous support for all three projects. "Move forward" means all three projects should be funded at each county's level, with the exception of some small counties that perhaps should be allowed to fund only two of the three, as it may not be financially feasible for them to fund all three.

*6. Evaluate impacts.*

Counties will be required to participate in statewide evaluations (which have not yet been designed). The Commission may also wish to have separate Joint Powers Authority (JPA) evaluations.

*7. Consider incentives that would make it all possible.*

Initial annual approvals could be provided for jointly-funded projects based on a simplified process (which is not yet defined).

**Public Comment**

- **Ms. Stacie Hiramoto**, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that their primary concern was the statewide PEI Reducing Disparities Project. She reiterated her hope that the Commission agrees that the three statewide projects referenced here do not set a precedent for that Project and process.
- **Ms. Stephanie Welch**, California Mental Health Directors Association (CMHDA), noted that one element that may be a good value -- and that is not directly reflected in the seven values listed -- is that there should be equity for all counties. CMHDA hopes that a Joint Powers Authority (JPA) will be the appropriate vehicle to roll out the majority of statewide funds, but the state

continues to be in a situation where there are 19 counties who have assigned their funds and it is unclear whether or not those 19 counties will have the opportunity to respond to the proposed guidelines or if those funds will move forward with the state-administered project.

CMHDA is hopeful that there is a possibility that the JPA could, in a more timely way, roll the projects out -- maybe even potentially starting later this fall. She asked if an additional value could be added that states that the Commission also believes that all counties should be treated equally in the process of being involved in the statewide projects.

In terms of the actual principles she suggested three changes:

1. Using the terminology of “*requiring joint funding with other counties*” is somewhat limiting in terms of what counties will actually do together. She requested that the language be changed to “*require shared or pooled resources among counties for the purpose of achieving one or more shared outcome.*” Sharing outcomes is how we will achieve state-wideness.

2. Regarding number five, “*Move forward with all three projects,*” the language is unclear and CMHDA has suggested some additional language to further clarify that a county would not actually be required to have three separate projects achieving potentially the same goals.

Instead, the following language could be substituted: “*Proposed projects must address goals identified in the three projects. Some proposed goals may be consistent in one or more of the three projects. If there are situations in which project goals overlap with each other they can be addressed by a similar strategy or strategies that build upon existing efforts.*” This language attempts to clarify that funding could be used to do one project in a highly effective way or to build on, for example, an existing PEI project.

3. She concluded by noting that community members have talked to CMHDA about having the resources so they could build things that work for their particular communities and large amounts of criteria and requirements sometimes makes it very hard to get resources that are needed. She encouraged the Commission to stay on the current timeline and to consider some sort of form for counties that do want to use the JPA, rather than an arduous guideline process.

**Commissioner Vega** applauded **Ms. Welch’s** ongoing contributions, especially in the area of reducing mental health stigma.

**Commissioner Gayle** asked about the 19 counties referenced – have they reassigned their funding back to the state? **Ms. Welch** clarified that those 19 counties have

reassigned their funds back to the state and the other counties have not, as they are awaiting the new guidelines on how to reassign.

**Ms. Welch** also suggested that, in October, when the draft guidelines will be presented, a document could be approved at that time that the JPAs could use to begin the process. In addition, counties could use other agreements, like an MOU, to begin the process.

- **Ms. Cheryl Maxson**, Client and Family Leadership Committee (CFLC), Modoc County, stated that it was a pleasant surprise to discover that there was a Commission addressing how small counties can participate and receive funding. This is the only time she has heard the recognition that small counties have different needs than large counties.

**Commissioner Poaster** remarked that one of his major concerns is that this not be made too complicated. The Commission wants the programs to reflect and be implemented as closely as possible to the work that has been going on for the last 2-3 years.

**Commissioner Van Horn** stated his agreement with that and reminded the Commission that all they are trying to do is to get statewide things in place. They are trying to fix the funding mechanism. There should be every conceivable incentive for a county to have a one-page check-off that says “we’re putting our money into the JPA” and then they’re done, it’s posted, the Board votes, and that’s it. Then these programs can move forward as has been planned for the last two years.

**Chair Poat** expressed his full agreement with those comments. Getting the statewide projects moving is a key goal for this year. It’s time for money to be out on the streets in an effective way.

Commissioners discussed and clarified that the Reducing Disparities Project monies have been reserved and will remain so. The implementation of the guidelines currently under discussion is a separate issue.

**Commissioner Vega** asked what the mechanism will be for tying in existing projects; will the MHSOAC continue to be involved in some advisory capacity with those?

**Commissioner Poaster** responded that the Commission needs to look into some sort of collaborative agreement, an MOU or something like that, that will bring these various programs together.

**Ms. Ann Collentine**, MHSOAC Plan Review Supervisor, remarked that the intent of the continuous stakeholder review process is not to revisit the strategic direction that was developed through an extensive statewide process. However, as a county moves forward, the statute requires that there be a stakeholder involvement and a 30-day review process.

Any dollars that are requested under the MHSOAC requires a public posting and review period. In addition, the intent here is that, on a local level, stakeholders would use that required process but it would not derail the strategic direction.

**Chair Poat** recommended that if the Commission is referencing things into the state law it would write the state law into the guidelines. **Ms. Collentine** stated that this is what would happen.

**MOTION:** *Upon motion by Commissioner Bray, seconded by Commissioner Gayle, Principles 1 and 2 (“Continue Stakeholder Involvement” and “Conform with Strategic Direction”) were unanimously adopted.*

**MOTION:** *Upon motion by Commissioner Kahn, seconded by Commissioner Poaster, Principle 3 (“Preserve State-wideness”) was unanimously adopted.*

The Commission discussed whether additional language should be proposed and/or added to Principle 4 prior to a motion.

The first bullet of Principle 4 was changed to the following: *“Require joint funding or other documented resources with other counties.”*

**MOTION:** *Upon motion by Commissioner Kahn, seconded by Commissioner Gayle, Principle 4 (“Collaboration”) was unanimously adopted with the revised language above.*

**Commissioner Pating** noted that the term “Project” in Principle 5 is defined differently in different parts of the current wording. He suggested that the three statewide PEI Projects be termed “Initiatives” or something along those lines.

The Commissioners discussed the issue of counties needing to move forward simultaneously on all three statewide initiatives. Smaller counties may not receive sufficient funding to do all three. In addition, some counties have received monies earmarked for a particular initiative area and should not be penalized in some way for having done so.

**Ms. Welch** repeated her earlier suggestion: *“Proposed projects must address goals identified in the three projects. Some proposed goals may be consistent with one or more of the three projects.”*

After further discussion, the first bullet of Principle 5 was changed to: *“Proposed programs must address goals identified in each of the three statewide projects.”*

**MOTION:** *Upon motion by Commissioner Bray, seconded by Commissioner Kahn, Principle 5 (“Move Forward All Three Projects”) was unanimously adopted with the revised language above.*

**MOTION:** *Upon motion by Commissioner Bray, seconded by Commissioner Poaster, Principle 6 (“Evaluate Impact”) was unanimously adopted (the language in the handout version was adopted).*

**MOTION:** *Upon motion by Commissioner Bray, seconded by Commissioner Poaster, Principle 7 (“Consider Incentives”) was unanimously adopted.*

Commissioner Van Horn suggested that the six previously adopted MHSA core principles be reaffirmed and added as Principle 8, and be woven into the guidelines. Commissioners discussed appropriate language for this reaffirmation and decided on the following six core principles: (1) client and family driven; (2) wellness, recovery and resilience focused; (3) cultural competency; (4) community collaboration; (5) co-occurring disorder services competency; and (6) integrated services.

**MOTION:** *Upon motion by Commissioner Van Horn, seconded by Commissioner Gayle, Principle 8 was added (see paragraph above) and unanimously adopted.*

Commissioners discussed the role of a JPA in catalyzing partnerships. A JPA member will be invited to the next Commission meeting to initiate discussion on how a partnership may be formed.

**6. Recommendations from Commission Workgroup regarding Issue Resolution Process – First Read**

**Commissioner Vega** introduced the topic and noted that the first recommendations on the Issue Resolution Process (IRP) were put forward in June '09 and it was then decided to form the workgroup and explore the process further. Thus, this is technically a second read, despite the wording in the agenda item, and he recommended that the Commission move forward with action on the item today. Another reason for action today is that the Department of Mental Health (DMH) will finalize their IRP in the near future.

In early 2008 DMH convened a work group to develop a process for complaints made by stakeholders on issues related to the development and implementation of county MHSA components. The Client and Family Leadership Committee (CFLC) represented the MHSOAC in that work group.

**Commissioner Prettyman** read the series of recommendations developed by CFLC:

1. DMH should designate and publicly identify a specific office and/or individual at DMH who will receive unresolved issues/complaints and provide IRP resolution information to the public.
2. The DMH IRP plan should clarify how an individual can file a complaint anonymously.
3. DMH should initiate a toll-free number to provide instructions, clarification and assistance or referral as necessary on how to file an issue at the state level.
4. DMH should provide specific timeframes for responses in the IRP process.
5. DMH should post procedures relevant to the IRP on the DMH website.
6. DMH should include a commitment to client and family member involvement in the statewide IRP process.
7. The first sentence of #3 in the proposed IRP language should be amended to read *"DMH will ask you to describe the steps you took to resolve your issue at the local level."*
8. Regarding the IRP at the local level, the MHSOAC agrees with DMH that issues regarding the MHSA should be addressed at the local level first; and the local IRP should mirror the state process.
9. In addition, the Commission suggests the following two additional principles be added: DMH will ensure the inclusion of client and family members at the decision making level; and each county should make available, in a printed format, information and assistance regarding the local IRP process to an Issue Filer.

**Commissioner Vega** concluded by noting that, if the Commission decides to act today, it would adopt the recommendations and the draft letter detailing those recommendations would be finalized and sent to DMH.

### **Public Comment**

- **Mr. Steve Leoni**, consumer advocate, noted that this is actually not the Commission's last chance to provide input on the IRP, as the state must put this process into regulations, and the Commission will have the opportunity to provide comment on those regulations. The ongoing discussion at the local level will continue.

Also, the protections against retaliation need further review. He suggested that DMH provide technical assistance to the local level as needed to ensure the local level that their complaint actually went somewhere and is being investigated.

- **Ms. Hiramoto** commended Commissioners Vega and Prettyman for their very open and transparent CFLC process. She would also like DMH to include a commitment to people who are knowledgeable in cultural competence and diversity in developing the statewide IRP process.
- **Ms. Maria Oshheimer**, Orange County, stated that the issue of retaliation is a big problem. She has worked with different counties and groups and has heard and seen the retaliation. She asked that the Commission make available a place where people's voices can be heard.
- **Mr. Troy Konarski**, DMH, commented that the Commission should delete the word "individual" from the first recommendation; leave it at the specific office.

Also, a menu should be placed on any incoming phone line to help with routing calls. Having a calling line is always a staff and resource issue. The one week acknowledgment would be difficult to achieve. Instead, get an initial response out to people to let them know their complaint is being looked at, and then subsequently having a full resolution within 30 days, may be more realistic.

- **Ms. Welch** noted that part of CMHDA's work plan is to help DMH and MHSOAC with this process and she encouraged continual dialogue on this issue.
- **Ms. Maxson**, speaking on behalf of the general population of consumers, noted that the "whistleblower" idea needs to be enforced. In small counties everybody knows everybody. In Modoc County a main employer is mental health. Trying to get anything done without repercussions is not going to happen. Asking people in those environments to go through the local process first won't work. People need to be able to go directly above the heads of the local leaders to protect themselves.

**Commissioner Bray** stated his complete agreement with the majority of the recommendations and took exception to number two, as a state level complaint should not be anonymous. It may be at the local level but is not appropriate at the state level. Regarding retaliation, it's important to set up, at the local level, that retribution will not be allowed. On the other hand, trust needs to be built that it will not be allowed.

**Chair Poat** remarked that for him the key question is independence rather than anonymity.

**Commissioner Henning** commented that the ability to be anonymous at all levels is important; and a level of additional proof and burden of proof has to come with it, rather than a baseless allegation.

**Commissioner Kahn** suggested that what the Commission is trying to get at is protecting the identity of the whistleblower. Maybe what is needed is to tell DMH to figure out a way to protect the confidentiality of the complainer.

**Commissioner Van Horn** suggested that possibly the word “anonymous” needs to be changed to “confidential.”

**Commissioner Pating** noted that promulgation of the draft regulations will be the key. When the Commission sees those it will know how to proceed further.

**MOTION:** *Upon motion by Commissioner Poaster seconded by Commissioner Kahn, the Commission unanimously waived the “Second Read” element of the recommendations and directed MHSOAC staff to adopt the recommendations; with the amendment that the word “confidentiality” be substituted for the word “anonymous” in Recommendation 2.*

**7. Recommendation from Client and Family Leadership Committee on the Public Comment Process – First Read**

**Co-Chair Vega** noted that the Commission had previously identified the need to improve its public comment process to better serve the values that public comment embraces. The Client and Family Leadership Committee (CFLC or Committee) first met in June of '09 to discuss how to improve the process. He also reiterated that today is a “first read,” designed to elicit Commissioner and public feedback. No vote will be taken on any item today.

**Co-Chair Prettyman** read the Committee’s proposed values:

- Establish a welcoming atmosphere.
- Establish transparency and clarity of expectations.
- Equality (an equal amount of time be allotted for each speaker).
- Respect -- Commissioners are requested to be present during public comment. Also, repetitive presentations of views and ideas are important for individual perspectives and may sometimes occur.

**Co-Chairs Vega and Prettyman** read the proposed CFLC Guidelines for Public Comment. Highlights follow:

- Include a general public comment section at the end of the morning and afternoon sessions, in addition to agenda comments.

- Include public comment before any vote on any action item.
- Develop a separate structure for government and stakeholder leadership organizations (CMHDA, REMHDCO, etc.) to provide public comment.
- Provide a maximum of two minutes per speaker. If ten or more Public Comment Cards are received for a specific action item the facilitators (at their discretion) can reduce the individual public comment to one minute.
- To better facilitate public comment, auditory and visual warnings, to aid with timeliness, should be utilized.
- Make an announcement at the beginning of each meeting regarding the use of Public Comment Cards.
- Provide translation services, including sign language, as needed.
- Provide training and mentoring to new public commenters, as needed.
- Make copies of the MHSOAC Protocol for Meetings available at the public comment table.
- Provide real-time captioning with projection, using a professional captioning service.
- Develop an evaluation/clarification form; provide a suggestion/feedback box and designate a staff person to log responses submitted and forward those responses to the CFLC for follow-up.

### **Public Comment**

- **Ms. Maxson** stated her agreement with most of the ideas presented. She added that the issue of making Commission meetings more open to consumers so they can actually attend also needs to be addressed. Getting people to the meeting site is an ongoing issue.
- **Mr. Richard Krzyzanowski**, CFLC member and Orange County Stigma Elimination Task Force, noted that managing and securing public comment is always a challenging task. However, it's the "raw material of democracy" and it's important that there be access for the voices that are beyond "the usual suspects;" i.e. the more sophisticated stakeholder entities. This is a significant obligation and burden on the Commission and its staff. The Committee's recommendations provide a good starting point and strategy.

He also urged that, in subsequent implementation, the Commission find ways that actively accommodate and enfranchise the widest possible range of voices from stakeholders and the community.

- **Ms. Carmen Diaz**, CFLC member and former Commissioner, stated her agreement with much that had been said. She echoed Ms. Maxson's concerns about getting people to the meeting site. Why are Commission meetings usually held at a hotel? Why not hold the meetings in a school auditorium or Board Of Supervisors meeting room or at the local Park and Rec?
- **Ms. Hiramoto** first thanked the CFLC for their hard work. She expressed support for the 15 minute Public Comment period at the end of the morning and afternoon session. She asked that the allotted time for a speaker be three minutes rather than two.

**Commissioner Kahn** wondered how the flavor of comments in the various Committees can be expressed in the full Commission meeting. **Commissioner Vega** stated they have begun discussion along these lines and will have specific recommendations on that issue at a later date.

**Commissioner Vega** also responded to comments about the lack of consumer and family member participation in the Commission meetings. He noted that most of the recent meetings have been held in Sacramento; thus precluding participation from communities far away.

**Commissioner Van Horn** added that the Commission meets on weekdays, when most people are working. He suggested that at least a couple of meetings each year should be scheduled for a Saturday. Also, other venues that may be more user-friendly should be considered.

**Commissioner Bray** noted that the Commission needs to keep in mind that this is a meeting of the Commission that is held in public. Its' purpose is to allow the Commission to conduct its business. The Commission has an agenda. It has work to do and things to accomplish and it also wants public input, but the Commission needs to ensure that these public business meetings are not turned into town hall meetings.

Commissioners discussed how best to receive input from the professional organization stakeholders, as well as how to address the need for general public comment on issues not on that day's meeting agenda.

**Commissioner Henning** remarked that he especially liked the e-mail suggestion. People not in attendance at the meeting itself could send e-mail comments. Also, having meetings in the evening may be a better option than weekends because of cost issues and budget constraints.

**Commissioner Correa** concurred that the balance between the public meeting and town hall atmosphere needs to be clear. Also, the importance of keeping costs down will remain a major issue.

**Commissioner Pating** expressed his general support for public input and stated that he would be interested in hearing from the staff on the feasibility of some of the recommendations. He proposed that the Commission adopt a policy of general support initially, as probably some of the recommendations will need to be tried as pilot ideas to see if they are actually feasible.

**Commissioner Bray** stated that he liked the idea of mentoring and training stakeholders. He noted that there is a pre-meeting stakeholder orientation that may be a perfect place for that training. Also, the real-time captioning is expensive and he is not in favor of it.

**Chair Poat** reiterated that balancing the two different objectives; distinguishing a town hall from a business meeting, is really at the heart of this. The Commission needs to stick to its business. What can be done to help the Committee process? By necessity, it has to front-load the citizen participation part of this process. Changing proposals, by the time it gets to the Commission, is very difficult. We need to be sure we are directing people to the right place to make their case.

[**Chair Poat** announced the break for lunch and noted that, as mentioned earlier, the Commission would be going into Closed Session, per Government Code Section 11126(a), to further discuss the interviews for the open Executive Director position.]

**8. Discussion: Vision/Framework for 2010-2013 - Postponed**

**9. Report on Activities in Preparation for 5-year Anniversary of MHSA**

**Mr. Jose Oseguera**, Commission staff, provided the update. He clarified that the latest iteration of the group moving forward is now called the Five Year Anniversary Group.

The purpose of the 5-year anniversary is to inform Californians about the impact and effectiveness of their investment in the Mental Health Services Act. The primary goal is to demonstrate that the MHSA is making progress towards its original intent of reduced incarceration, reduced hospitalization; reduced school failure, etc., and the expansion of services. It uses local and state data, personal success stories and program descriptions.

The target audience is a wide variety of different groups and individuals: the California voters; local mental health stakeholders; state administration; state legislature; local government; specific sector partners, such as education and law enforcement; and congressional Senators and Representatives.

**Mr. Matthew Lieberman**, Commission staff, addressed the Commission regarding the upcoming events and activities related to the 5 year anniversary. The idea is to get the message out that MHSA is changing lives and changing communities.

**Commissioner Kahn** commented that the plan looks good overall, although he has some concerns about raising the Commission's profile media-wise if the Commission doesn't have a lot of quantifiable outcomes as yet.

**Commissioner Van Horn** remarked that the data committee is working on identifying specific outcomes and that is ongoing. Also, some extrapolation of data gleaned from the local level will need to happen in order to present a more statewide picture, but they will be careful not to overstate what is happening.

**Ms. Welch** reiterated that this type of evaluation is critical and needs to remain a number one priority.

**Commissioner Kahn** also noted that this is an interim report and, even though the Commission is not yet where it wants to be, it makes sense to – in a cautious way – celebrate what has happened thus far, especially given the dangerous fiscal environment everyone is in.

[ A short break was taken to celebrate the 70<sup>th</sup> birthday of esteemed Commissioner Richard Van Horn]

#### **10. PEI and Innovation (INN) Plan Approval/Status Update**

**Ms. Collentine** discussed four county plans -- three PEI and one INN -- that met plan guidelines and were submitted for Commission approval:

Kern County (PEI): recommended approval amount is \$3,859,069.

Riverside (PEI): recommended approval amount is \$31,853,700.

Santa Clara (PEI): recommended approval amount is \$12,429,997.

Riverside (INN): recommended approval amount is \$224,949.

**Mr. Ky Le**, Santa Clara County, expressed his county's thanks to the Commission and to Commission and DMH staff for approval of the plan.

**Ms. Collentine** noted that the funding approvals increase the overall amount of Commission-approved PEI funds to approximately \$330,300,000.

The status update included three plans that are currently under review: Ventura (PEI), Lake (PEI) and Monterey (INN) Counties.

She also referenced the new newsletter, which is now coming out regularly and truly gives a flavor of the MHSOAC.

**MOTION:** *Upon motion by Commissioner Kahn, seconded by Commissioner Poaster, the Commission unanimously approved the four county plans referenced above (Commissioner Henning recused himself from voting on the Riverside plans).*

**11. The Artworks Performance Troupe Presentation: “Scrambled Eggs”**

The group watched an original performance piece by the Performance Troupe, a group of primarily mental health clients that was formed, with MHSA monies, by the Artworks Program of Riverside County, under the leadership of Michelle Ebert Freire, Associate Professor of Theatre Arts at Cal State San Bernardino.

**12. General Public Comment**

- **Ms. Melanie Diaz** encouraged the counties and the Commission to remember the transition-age foster youth, who have a higher mental health rate than their peers and do not have the familial safety net. In addition, this group has not fallen into homelessness or incarceration or chronic unemployment, so it presents the counties with a unique opportunity to put into place programs that will address these issues before these young people fail, as the statistics often show.

Also, more broadly, the counties should longitudinally assess the outcomes that they see after the transition-age youth take part in these programs so it can see where they are five years or so down the road. It is our responsibility to ensure that they are properly prepared to transition to a healthy and productive adult life.

- **Ms. Carmen Diaz** commented on whistleblowing. People in business do not understand sometimes that whistleblowing – as executives, you may not see the ramifications, the subtle way they get back to people. It’s not so much that it doesn’t happen, it’s the manner of who gets told that it happens.

She also commented on town hall versus Commission business meetings: it seems that the purpose of the Commission has changed. She expressed her belief that the purpose of the Commission was to do what the MHSA is all about – consumers, family members, caregivers and the response to the needs and expertise of overall stakeholders. How does the Commission plan to do that while putting more emphasis on their business? This Commission is supposed to do what the stakeholders want, not what they think is needed. We need to be careful about how far we make this distinction.

- **Ms. Lisa St. George**, Recovery Innovations of California, stated that her organization has had five programs funded through the MHSA. Their goals are to employ people and to help people in their community. She thanked the Commission for their funding and noted that they do keep detailed outcomes on their services.
- **Ms. Maxson** cited Tab 4, the IRP recommendations, and asked that the wording be changed from “*all three projects*” to “*all three project areas.*” Small counties may be able to do bits and pieces from all three areas but not be able to do it all. In addition, the town hall forum is what we need. Business as usual is not what the MHSA is about; it’s about people telling their voice and being heard and then that translating into programs that will transform a broken system.

Also, if you can find a way where people report to the agency and do the whistleblowing without notification back to the counties, that would be ideal. Confidentiality does not work in small counties because everybody knows everybody.

- **Ms. Khatera Aslami** remarked on her attendance of the recent Remembrance Day, which honored the thousands of patients buried in California state institutions. She attended an event at Napa Hospital and was shocked to learn that over 4,000 people are buried there in an area that had no sign that it was a graveyard; an area that was unkempt and forgotten. Those buried were forgotten while alive, because of stigma, and forgotten after their death as well. She expressed her fear that, because these graveyards are out of sight, they will be out of mind. She asked each Commissioner to help honor those who have died and, if interested in supporting the restoration of the burial sites, please come see her.

### 13. Adjournment

**Chair Poat** adjourned the meeting at 4:40 p.m.