

MHSOAC
Mental Health Services Oversight and Accountability Commission
Meeting Minutes
January 27, 2011

California Institute for Mental Health
Sequoia Room
2125 19th Street, 2nd Floor
Sacramento, California
866-817-6550; Code 3190377

1. Call to Order

Chair Poaster called the meeting to order at 9:07 a.m.

2. Roll Call

Commissioners in attendance: Larry Poaster, Chair; Richard Van Horn, Vice Chair; Sheriff Bill Brown, Senator Lou Correa, Howard Kahn, Ralph Nelson, Jr., David Pating, Andrew Poat, Don Pressley, Eduardo Vega, and Tina Wooton.

Not in attendance: Richard Bray, Assembly Member Mary Hayashi, Patrick Henning.

Eleven members were present and a quorum was established.

Chair Poaster informed those present that agenda item number eight, the Client and Family Leadership Committee presentation of the Draft Report, "Client and Family Driven Transformation of the Mental Health System", was pulled from today's agenda at the request of Commissioner Vega, the Chair of the Client and Family Leadership Committee.

Chair Poaster welcomed three new Commissioners and asked them to provide information about their backgrounds.

Bill Brown is the Sheriff and Coroner for the County of Santa Barbara, having just begun his second term. He was a police officer for 29 of his 33 years in law enforcement, and is a former President of the California Police Chiefs Association. As the Mental Health Services Oversight and Accountability Commission (MHSOAC) representative for state sheriffs, he noted that they are familiar with California's mental health issues: many of the jails in the state have become the de facto mental institutions for the counties. Sheriffs are very desirous of finding alternatives for mentally ill prisoners.

Ralph Nelson, Jr., MD, of Visalia in Tulare County, is a retired radiologist. He became interested in mental health from having a son that is diagnosed with a mental health disorder who has been unable to accept treatment from the present mental health system. Dr. Nelson is a Past President of National Alliance on Mental Illness (NAMI) California, was Chair of the President's Council for NAMI National, and is now on the NAMI National Board. He is excited to be on

the Commission, and will advocate for those who cannot accept services for whatever reason, and end up having difficulty in society.

Tina Wooton is the Consumer Empowerment Manager for Alcohol, Drug, and Mental Health Services of Santa Barbara County. Prior to this she worked with the State Department of Mental Health (DMH) and sat on the Mental Health Services Act (MHSA) Implementation Team. Ms. Wooton has worked with the Mental Health Association (MHA) of Sacramento County, where she was the Consumer and Family Member Liaison. She comes to the MHSOAC with a consumer's perspective and will continue to advocate for clients.

3. Adoption of November 18, 2010 Meeting Minutes

Commissioner Poat had two changes in wording to the November 18, 2010 minutes, which he explained. Commissioner Pating also had a change to the November minutes and supplied edited text.

Motion: *Upon motion by Commissioner Poat, seconded by Vice Chair Van Horn, the Commission voted unanimously to adopt the November 18, 2010 Meeting Minutes as corrected.*

Motion: *Upon motion by Vice Chair Van Horn, seconded by Commissioner Poat, the Commission voted unanimously to adopt the December 16, 2010 Teleconference Meeting Minutes.*

4. Honor Andrew Poat, Outgoing MHSOAC Chair

Chair Poaster noted that Commissioner Poat was one of the original appointees to the MHSOAC; he has served as a Commissioner since 2005. He has just completed two consecutive terms as Chair. Chair Poaster noted that he personally had learned a tremendous amount from Commissioner Poat as it relates to this Commission.

Chair Poaster believed that the Commission was in a very different position since having the leadership of Commissioner Poat. Commissioner Poat helped the MHSOAC develop a structure and a business model; and he did all that during a very tumultuous time. In addition to putting together staff leadership, the MHSOAC was redesigning itself to conduct business in the most efficient way possible.

Commissioner Poat served at great personal sacrifice: he is very busy with many, many obligations. Chair Poaster spoke on behalf of all the Commissioners in saying that Commissioner Poat's leadership has been exemplary. Chair Poaster presented a Joint Resolution from the Legislature.

Vice Chair Van Horn, Commissioner Pating, and Commissioner Kahn also expressed their appreciation.

5. Adopt 2011 Committee Charters

Chair Poaster stated that the Committee Charters flow from the Commission Work Plan adopted in November 2010. The charters themselves were

developed by staff and the leadership of each Committee, and reflect the issues enumerated in the Commission Work Plan.

Chair Poaster asked each Committee Chair to give a brief description of the Committee charters.

- **Cultural and Linguistic Competence Committee (CLCC).** Committee Chair Van Horn noted that the most important part of the 2011 charter is to collaborate with the Client and Family Leadership Committee to convene the four quarterly community forums; the intent is to ensure that good, solid, comprehensive input is coming from the grass roots. The CLCC will also identify documents that need to be translated and provided for various target groups in the State. The CLCC will hold another annual cultural competence training for Commissioners and staff. The intent of the Committee is to ensure that the cultural and linguistic communities in California have a real seat at the table.
- **Funding and Policy Committee.** Committee Chair Poat noted that the committee has held two conference calls to date with the intent to carry forward its excellent framework. The Committee's job is to implement and to apply some processes to two crucial issues:
 - The multi-year revenue projections for community mental health networks – not only the Act, but also the role of the Act within the larger funding stream of community mental health services.
 - Policy questions such as prudent use of reserves, timely use of funds, and supplantation issues.
- **Services Committee.** Committee Chair Pating said that the goal of the Committee is to deal with everything programmatic and service-related from the bottom up. The Committee has three major goals this year:
 - To begin conversations for integrated plan guideline development.
 - To look at training and technical assistance as a continued process toward building competency.
 - To oversee the roll-out of Statewide Prevention and Early Intervention (PEI) funds.

At this point Chair Poaster stated that although it was a lot of work for staff to recruit for all the committees, they have been very successful in terms of the diversity and the new faces. He congratulated the Chairs for working to make the committees representative of stakeholders in California.

Chair Poaster also complimented Vice Chair Van Horn and Commissioner Pating in beginning to implement the new committee structure, including workgroups that are very task-specific.

- **Client and Family Leadership Committee (CFLC).** Committee Chair Vega first expressed his satisfaction with the appointment of the new Commissioners, particularly Commissioners Nelson and Wooton.
 - CFLC will be very engaged in the community forum process, taking the pilot efforts of last year to the next level and helping the Commission connect with and hear from communities across California.
 - CFLC will make sure that the MHSA is connecting to communities as it is implemented.
 - CFLC has a great slate of new committee members in addition to the continuing members. Committee Chair Vega emphasized that the Committee is a thinking workgroup; that members do not represent the platforms of its members' organizations.
 - CFLC will be working in active partnership with the CLCC.
 - CFLC will be working on Client and Family Transformation Paper.
 - On a programmatic level, CFLC will continue having the Public Participation Assistants to provide orientation and assistance to members of the public at the Commission meetings.
- **Evaluation Committee.** Committee Chair Van Horn stated that the Committee has gotten to the position of getting outcomes with MHSA programs. Activity 1 is to develop an overall framework for the role of MHSA evaluations – an integrated plan – to be ready by the summer. The Committee is wide-ranging and large in size, and includes a technical advisor. There are data experts, county managers, and representatives from community agencies. The committee is well-balanced to push toward a comprehensive evaluative process.

Chair Poaster commented that over the last two months, the Commission has been overwhelmed with data requests. The Legislature and the press have contacted the MHSOAC. Any discussion with regard to the budget has to start and end with performance outcomes and accountability.

Motion: *Upon motion by Vice Chair Van Horn, seconded by Commissioner Poat, the Commission voted unanimously to adopt the 2011 Committee Charters for the Client and Family Leadership Committee, Cultural and Linguistic Competence Committee, Funding and Policy Committee, Evaluation Committee, and Services Committee.*

6. **PEI and INN Plan Approval/Status Update**

Ms. Collentine, Supervisor for Plan Review, presented a number of Innovation Plans, as well as the California Mental Health Services Authority (CalMHSA) Statewide PEI Plan.

- Marin County has put together a Plan for both Innovation (INN) and PEI that integrates and blends funding in a unique way. The goal of the project is to

reduce hospitalization by using peers and consumers to come up with crisis intervention plans before a crisis occurs. The program is entirely voluntary.

Recommend approval of PEI funding of \$33,335 and INN funding of \$1,481,800.

- Amador County has an INN Plan whose primary purpose is to increase access to the underserved. The program uses community volunteer resources to work with trauma, to prevent serious mental illness, and to work with clients and volunteer family members. The Plan is innovative because it uses a highly diverse group of volunteers.

Recommend approval of \$350,628.

- Ms. Collentine provided a status update for San Luis Obispo County. Staff had requested additional information on this ambitious Plan with 11 programs. Staff anticipates that the plan will be ready in February.

Motion: *Upon motion by Commissioner Vega, seconded by Commissioner Kahn, the Commission voted unanimously to approve:*

- *Marin County's Fiscal Year 2010/11 PEI Update New Program and funding request;*
- *Marin County's INN Plan and funding request; and*
- *Amador County's INN Plan and funding request.*

7. PEI Statewide Program Plan Approval: CalMHSA

Chair Poaster noted that after five years of talking, planning, and writing guidelines, the Commission had the opportunity before them to make a decision on whether to launch the three statewide projects. Considering the current economic state, this is an important time to consider the decision.

Commissioner Pating explained that the Commissioners would be taking a vote on approval of the CalMHSA plan for statewide PEI projects. This novel program began in 2008 when the MHSOAC approved \$160 million for statewide efforts to deal with three areas: suicide prevention, student mental health, and stigma and discrimination reduction. Another \$60 million was set aside for reducing disparities.

This was one-time money intended to seed these efforts, and to build toward capacity and competency with a four year grant that would create statewide efforts to deal with the three areas.

The money was supposed to go out, but it hit a snag: it belonged in the counties. Thirty-one counties stepped forward and took up the effort to work together to create a statewide effort, by creating a joint powers authority, the CalMHSA. They did an excellent job.

Today, this statewide plan is ready for approval. Commissioner Pating noted that the plan was complex and thorough, and was still a work in progress.

Ms. Collentine explained the CalMHSA plan. It consists of the three PEI statewide programs for suicide prevention, stigma and discrimination reduction, and student mental health. The CalMHSA plan is ambitious but meets MHSOAC guidelines. It seeks to implement 14 programs, to issue 15 Request for Proposals (RFPs), and to track 75-80 outcomes.

- The Suicide Prevention programs proposal is for \$26,884,529 (25 percent of the total program budget). The program will create a suicide prevention network, expand the number of suicide prevention lines, begin a social marketing suicide prevention campaign, and have a training program targeted to a wide variety of personnel. Part of the money is going to be dedicated to improving data collection. CalMHSA has been talking with the Department of Mental Health's (DMH's) Office of Suicide Prevention to ensure that there's no duplication of efforts.

Ms. Collentine pointed out that CalMHSA recognizes that there is crossover between all three initiatives. With all the RFPs, CalMHSA will be asking the proposers to address all three initiatives in their proposals.

- The Stigma and Discrimination Reduction programs proposal is for \$40,326,792 (37.5 percent of the total program budget). It is largely for public awareness and public campaign programs, and for increasing knowledge of effective and promising programs and practices that reduce stigma and discrimination. Many ideas and programs are out there; this is an effort to take promising practices, quantify them, and make them replicable in the future.

The initiative will also review existing policies, laws, and regulations. A number of different laws are on the books, but are implemented differently in different places. This initiative will look at all systems and how they respond to individuals; critique them; and make recommendations and changes as necessary.

- The Student Mental Health programs proposal is for \$40,326,791 (37.5 percent of the total program budget). The program will implement training, peer-to-peer support, and suicide prevention within each of the three California higher education systems: University of California, California State University, and California Community Colleges. Each system will have an equal share of the funding, and will work together to share ideas through a consortium.

The initiative will also establish projects in the K-12 age group. The long-term goal is that programs established in the 11 Superintendent Regions will develop policies and practices to ensure effective/non-duplicative referral of students between districts, foster care systems, and county mental health departments. The K-12 Statewide Policy Coordination Program will go to the Department of Education to coordinate and oversee.

Ms. Collentine provided an overview of CalMHSA's response to critical issues identified by the MHSOAC review team.

- The Implementation Ad Hoc Committee revised its scope of responsibilities to include stakeholder input throughout implementation of the work plan. They will be involved in a Coordination Workgroup as well.
- CalMHSA will serve as a centralized administrative body to oversee the ongoing delivery of statewide programs, and identify and coordinate with existing local mental health prevention efforts.
- CalMHSA will establish a Statewide Evaluation Expert Team to develop measurable performance standards, promote quality, and improve statewide data collection activities.

In response to a question from Commissioner Wooton about including clients and family members on the CalMHSA Board of Directors, Mr. Allan Rawland, CalMHSA President, explained that CalMHSA, as a government entity is the representative of its respective Boards of Supervisors. As representatives of the respective Boards of Supervisors, the Board of Directors is made up of the delegates from those individual counties who have the authority and the responsibility as the voting members.

He went on to say that meetings are governed by the Brown Act, and there is input from the various stakeholders of the community through the course of business.

Ms. Collentine concluded by stating that the total amount requested for the PEI plan was \$129,399,879. She broke out the total program budget, indirect administrative costs, and operating reserve.

The total available assigned funds as of January 27, 2011, are \$123,838,710. Ms. Collentine explained how the funding gap could be made up with additional counties assigning their funds in the near future. The contingency plan would be to draw down the operating reserve fund.

In response to a comment from Commissioner Kahn, who was concerned about making sure the funds are being used effectively, Commissioner Pating stated that there is still work to be done and there is need for some checks and balances as well as oversight.

Commissioner Vega asked about the program budgets: what are the assumptions about the amount of dollars that would go to programs rather than administrative costs? Ms. Collentine responded that the contract with DMH holds them to seven point five percent for administrative costs, even at the program level.

Commissioner Vega then asked about a separate budget description for the seven point five percent administrative costs. Mr. Rawland replied that there is a budget approved by the Board of Directors for the operation of CalMHSA. It is a

line item type of budget that spells out the exact administrative costs. It is a public document.

Commissioner Poat asked about the nine percent operating reserves. Because \$11.5 million is a substantial amount of money, when would the reserves be let go? Mr. Rawland responded that the contractual agreement with the DMH requires the operating reserve percentage. He and the CalMHSA Board interpret this provision similar to a Prudent Reserve.

Commissioner Poat then asked that CalMHSA make that information routinely available, so the MHSOAC knows that the money is sitting out there. It is an asset the MHSOAC would want to manage.

Commissioner Brown commented on the nationwide spate of violent acts in the last few months. This sharp increase in violence comes at a time when law enforcement resources are diminishing. Last week across the country, 15 law enforcement officers were shot by individuals with mental illness. Commissioner Brown's concern was with another element for school-based and community-based training that needs to be integrated: violence prevention and behavioral intervention. Are these funds broad enough to be integrated into such training?

Ms. Collentine's reply was that they certainly were. Dr. Wayne Clark, CalMHSA Implementation Ad Hoc Committee Chair, replied that in the Suicide Prevention RFP, there were specific requests for training for gatekeepers, law enforcement, health workers, schoolteachers, etc. to recognize signs and symptoms in order to prevent those unfortunate incidents. It is a robust opportunity to spread such training throughout the state of California.

In response to a question from Chair Poaster, Dr. Clark stated that the 32 counties represented in the CalMHSA account for about 90 percent of the \$160 million funding; Commissioner Poat stated that they represent about 80 percent of the population of California.

(The Commission postponed the discussion of this agenda item to accommodate the next scheduled presentation.)

8. Overview of Governor's Proposed Budget for 2011/12

Chair Poaster introduced Mr. Cliff Allenby, DMH Acting Director. Mr. Allenby stated that the DMH and MHSOAC are looking at significant changes. Realignment has been a key concept since 1991; this Budget Proposal is to complete what was started at that point.

Mr. Allenby felt that the proposal on the table for DMH and local mental health entities will in fact occur before the March deadline – but not without controversy. The budget assumes that the Assembly Bill (AB) 3632 program will be realigned to local government.

For the Department of Education, the issue revolves around the authority to determine what kinds of special education needs are necessary for children who qualify for AB 3632 services. What would happen next to the counties – they are

required to provide the kind of psychological services that are not part of Special Education. What is the line between Special Education and county services?

Mr. Allenby felt that it is fairly clear that there will be a transfer of responsibility and funding for local mental health from the State to counties. The prescriptive nature of many of the relationships between the State and local government will be significantly reduced. The issue of whether the MHSOAC should have more oversight of what is occurring at the local level needs to be discussed. There is a bifurcation between the State and MHSOAC.

There must be a clear requirement for oversight to make sure that the provisions of local mental health are in fact being carried out, albeit differently from one county to the next. Outcomes should be measureable and the effectiveness of the programs known, whether the oversight is from DMH or from MHSOAC.

Mr. Allenby was open to suggestions from the Commissioners on how best to carry out oversight. The budget, as presented, assumed that realignment will occur in 2012/13. It's clear today that the attempt will be to make realignment occur in 2011/12, with a number of issues to be dealt with regarding how the administration at the State level will be carried out. That will probably take a good portion of the budget year.

Realignment dollars will start to flow: DMH assumes that the Administration will be successful with the ballot; that the tax source to replace the General Fund will be in place; and that taxes will continue for five years. Those taxes are the fundamental funding source for local government to carry out mental health activities.

Chair Poaster requested that Mr. Allenby speak for a moment on the MHSA dollars and potential transfer. Mr. Allenby stated that the budget calls for a reduction of \$861 million in the budget year that would normally go to programs. The mental health directors will basically be the lead in how best to accomplish that with the least negative impact on programs.

The argument is that the \$861 million reduction can be done by the Legislature with a two-thirds vote: the activity of establishing a long-term revenue source will be sufficient for the Legislature to have the authority to act in furtherance of the MHSA.

Commissioner Vega asked about the AB 3632 program being on the budget for realignment; Mr. Allenby clarified that the total state involvement in the program is on the line to be moved down to local government. This will necessitate a continuation of the structure of federal funding participation from the State level to the local level.

Commissioner Poat commented that he appreciated the novel thinking of the issues Mr. Allenby had raised: how does California start doing things differently? Thinking about restructuring programs and getting to outcomes will be the measure of success when the recession is finally over. The MHSOAC is looking

for outcomes and changes in process that will help real people, and get us past the number crunching and process discussion.

Mr. Allenby responded that one of the plusses that will occur as a result of realignment is that the State, by its very nature, will be less prescriptive. Local government will have more options and be able to handle programs differently. California is not a monolith; things that work well in Los Angeles do not work well in Shasta.

Vice Chair Van Horn noted that his major concern is getting to outcomes and getting the information to evaluate what is going on, county by county and program by program. This has been a difficulty in MHSOAC's relationship with the DMH in the past few years, because DMH has been so short-staffed, particularly around evaluative processes. He asked if Mr. Allenby has a particular vision about the collaboration between the MHSOAC and the DMH. We have not been producing the outcomes that Senator Steinberg is looking for.

Mr. Allenby responded that it will have to be a joint effort on the part of MHSOAC, DMH, and the Legislature. The Legislature must establish some structure so that the counties will be charged with providing the kind of information that MHSOAC and DMH need to get outcomes.

Commissioner Kahn focused on the question of changing responsibilities. We need to have some philosophical discussions around governance. The DMH is an established organization and has maturity in its roles, which MHSOAC lacks; but with maturity comes the burden of bureaucracy. MHSOAC may have the responsiveness of a young organization but not a lot of maturity and capability in any increased oversight role. It is an interesting balance that we need to establish.

Mr. Allenby remarked that he had come to the conclusion that organizations like MHSOAC, deal in an open manner. Government departments have a tendency to spring decisions after a back-room session -- then the stakeholders are puzzled at the result. Organizations like the MHSOAC get a chance to know what its constituency really thinks.

Commissioner Poat re-emphasized that what is emerging is the value-added role for the Commission moving forward. Commissioners need to anticipate how the MHSOAC will have to change its operations in order to play the very substantial role of system evaluation, so that it can look the Governor, the Legislature, voters, and consumers in the eye and say that good things are happening.

Chair Poaster agreed and said that when the MHSOAC adopted its Evaluation Framework Policy Paper, which essentially said that it was going to focus on outcomes and indicators to see if things work, it seemed to fit perfectly within the context of the program changes that are part of the Governor's proposal.

Mr. Allenby added that "inputs" and "prescribing" are the same and we need to move beyond that, to look at what outcomes are. Counties need to follow this concept.

Vice Chair Van Horn asked about the capability of the Department, at this point, to produce outcomes that would be available to MHSOAC and the counties. Mr. Stan Bajorin, DMH Chief Deputy Director, responded that the unit of DMH that analyzes and publishes outcomes still exists; but based on retirements, attrition, and downsizing, it is in the process of being rebuilt. Basically, it is half of what it used to be. DMH is keenly aware it has to increase its analysis and provide additional outcomes as required by the Act.

Commissioner Vega inquired about consumer and family participation. In the past, DMH had an advisory group. Are there plans regarding how that can be revived? How can consumers empower DMH with their experience? Mr. Allenby responded that MHSOAC has the right mix, and it may have a stronger role tomorrow than it does today.

Commissioner Vega went on to ask how DMH may evolve in the face of structural changes and healthcare integration in the next few years. Mr. Allenby's reply was that he had recently told his staff that tomorrow is going to be different than today, and that was all he knew at this point.

Commissioner Pating asked about the scope of MHSOAC's oversight and would it increase due to Assembly Bill (AB) 5XXX? And with MHSOAC's larger evaluative role, what opportunities were there to work together with DMH? Mr. Allenby responded that this is something we really have to work through in collaboration. Having multiple views of oversight brings significant risk of fractured results. Further, the scope of MHSOAC's AB 5XXX oversight will have to be reviewed.

Mr. Allenby added that he will do his level best in helping the new Administration shape things.

Commissioner Wooton commented on Commissioner Vega's question: she also hoped Mr. Allenby would consider a mechanism for consumer and family members to have a voice directly to his office.

Commissioner Poat stated that the California Transportation Commission (CTC) plays a very similar role as the MHSOAC and is a good model. The CTC accepts money from a variety of sources, gets commitments to build certain types of projects, and manages them through to completion. This model deserves to be looked at in terms of how the MHSOAC funds services and tracks progress. It is an interesting policy opportunity for ideas.

Chair Poaster thanked Mr. Allenby for coming. The Commission, stakeholders, and constituents were fortunate to have him here right now because of his work, experience, and results in the field of mental health.

9. PEI Statewide Program Plan Approval: CalMHSA, con't.

Public Comment: PEI Statewide Program Plan Approval: CalMHSA

- Ms. Kathleen Derby, MHSA Policy Coordinator for NAMI California, shared that NAMI California (NAMI) supports the PEI Statewide Program Plan

submitted by CalMHSA. Community stakeholders have made continuous efforts to be involved in the process and CalMHSA has accommodated those efforts. She clarified that clients and family members have been involved in the Implementation Ad Hoc Committee discussions, but they are not committee members. NAMI also urged that programs move forward with continuing client and family member involvement, and the continuing oversight of the MHSOAC.

- Ms. Stephanie Welch, California Mental Health Directors Association (CMHDA), voiced concern about the Administration's proposal to use MHSOAC funds to backfill or take care of State obligations for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and AB 3632 (mental health services for Special Education students). CMHDA has been working very hard in exploring options to ensure that programs will continue with the least amount of harm to people needing the services. CMHDA is very hopeful that using some administrative practices and fiscal approaches will allow it to mitigate impact to communities, and not require looking at certain pots of funds to make it through these hard times. CMHDA hopes to have a position that it can share and discuss with the Commission soon.
- Ms. Viviana Criado, Executive Director, California Elder, Mental Health and Aging Coalition, expressed the support of her organization for the approval of the Statewide Plan. She recommended that the Commission monitor carefully and consistently, particularly at the beginning stages of the program.
- Ms. Patty Gainer, California Network of Mental Health Clients (CNMHC), stated that there is no better way to empower people with lived experience of severe emotional trauma and mental health challenges, than to employ them. In talking about outcomes, Ms. Gainer requested that MHSOAC track outcomes of employing clients in these huge programs. Also, research shows that people with mental health challenges are much more likely to be victims of violence than perpetrators of violence. Much of the current public dialogue has been increasing the stigma they bear. A wide array of services, gun control, and training for law enforcement, is what's needed for a safer society.
- Mr. Rusty Selix, Executive Director of the Mental Health Association in California and the California Council of Community Mental Health Agencies, described two minor concerns he had raised during the stakeholder process and received no answers: 1) The California Association of Public Radio Stations was having difficulty submitting an RFP for a program on stigma. Important to get a draft of the RFP so can better understand the scope. 2) K-12 School Health Centers need a district-wide system for getting children into available mental healthcare programs.
- Ms. Peggy Lopez, CNMHC member, felt that a stakeholder should be on CalMHSA. Also, Ms. Lopez stated that the Implementation Ad Hoc Committee meetings are not within the scope of and thus do not meet the

Brown Act, so it is harder for stakeholders to hear about them. It is very important for stakeholders to be involved.

- Ms. Stacy Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that this organization supports the approval of the Statewide Plan, largely due to the work of the MHSOAC. She was delighted at the emphasis MHSOAC placed on consumer/family and racial/ethnic community involvement when working with CalMHSA.

CalMHSA Response

Mr. Rawland said that he appreciated the support expressed by the various organizations and individuals. In response to the comments on continuous stakeholder involvement, he stated that stakeholder involvement is one of the values established as part of CalMHSA's Values Statement. CalMHSA is a work in progress. It will continue to develop the mechanism to have stakeholder involvement within the authority that it has as a joint powers authority (JPA) under the Government Code.

Regarding employment opportunities: one of the intents of the MHSOAC is to hire consumers and family members. Many of the county plans have new positions. Hiring consumers and family members would be an expectation and part of the evaluation of the RFP in regard to employment opportunities.

Regarding Mr. Selix's comments, he stated that an RFP has certain legal issues attached for procurement, and CalMHSA must follow the procurement policy as a government entity. Draft RFPs cannot be sent out to potential bidders; that would violate the Government Code.

Dr. Clark noted that CalMHSA has been involved with stakeholders for the last six months trying to ensure that any further iteration has deeper involvement. The MHSOAC staff and review panel were of assistance in helping CalMHSA articulate the continued involvement of stakeholders.

Regarding evaluation and accountability, Dr Clark stated that there is an investment here that is going to be significant, that CalMHSA can make robust with the input of the MHSOAC Evaluation Committee and the DMH. CalMHSA has put in place the Center for Disease Control's evaluation structure. Dr. Clark appreciated the idea of CalMHSA coming back to the MHSOAC on a biannual basis to make sure the processes are in play.

Commissioner Vega requested an explanation of the role of the DMH in the assignment of money from the counties. Dr. Clark replied that CalMHSA has a contractual relationship with the DMH, in which they monitor the contract, and CalMHSA has the responsibility to monitor and evaluate the distribution of the resources through the RFP process. Mr. Rawland explained that the JPA was "the 59th county" and it must submit all of the same reports as the counties.

Chair Poaster added that counties were given the option to contract directly with a JPA or to contract with the DMH first to fund the contract with CalMHSA.

Commissioner Vega sought assurance that the ten million dollars associated with the administrative cost of the PEI Statewide Program Plan was something that Commissioner Pating was comfortable with. Commissioner Pating responded that his personal standard had been to look at the percentages for reasonableness in what is in practice with regard to the MHSA.

Chair Poaster added that staff reviewed the budget in considerable detail. He himself had reviewed the percentages, which actually seemed a bit low in terms of direct administrative overhead.

The Commissioners discussed MHSOAC oversight of the program and control of the funding. Commissioner Poaster clarified that a friendly amendment would be added to the motion to require CalMHSA to report to the MHSOAC every six months on implementation progress and outcomes.

Commissioner Kahn stated that at the beginning of the discussion, he had an overarching question regarding the Commission's ability to review expenditures at period points to make course corrections, if need be. Commissioner Poat suggested that Commissioner Kahn is asking for a "reauthorization" provision, to be able to determine if these programs are performing as intended, or, if they need to be revised.

Commissioner Kahn acknowledged that the Commission cannot expect outcomes in such a short period of time; rather, the reports should be tied to some type of funding reauthorization.

Commissioner Pating reminded the Commission that this is one-time funding with the overall goal of capacity-building and formation of competency, so you may not actually see outcomes, but rather, processes.

Chair Poaster stated that there is every incentive for this to succeed and continuing to collaborate to make that happen. As the project rolls out and there are opportunities to make course corrections, it would be in everyone's mutual interest to do that. These funds are county money and if these programs do not work out, they money will revert to the counties.

Motion: *Upon motion by Vice Chair Van Horn, seconded by Commissioner Poat, the Commission voted unanimously to do the following:*

- 1) Approve CalMHSA's PEI Statewide Implementation Work Plan and funding request up to \$123,838,710, the funds available as of January 27, 2011;*
- 2) Delegate to the MHSOAC Executive Director authority to approve the additional PEI Statewide Program funds to fully fund the approved CalMHSA PEI Statewide Implementation Work Plan from subsequent county assignments to address the funding gap between the approved Work Plan budget and the funds assigned as of January 27, 2011;*
- 3) Require CalMHSA to report to the MHSOAC every six months on implementation progress and outcomes.*

10. General Public Comment

- Mr. Steven McCormick of CNMHC stated that the Network and the consumers are troubled about the ease with which the State can remove MHSA funds to supplant the money for other purposes. Prop 63 says that this cannot be done. Mr. McCormick would like to see an amendment or clause to assure that stakeholders and consumers will only have to endure this one time. Also, consumers have shown themselves to be excellent employees who can provide unique services. They should receive a living wage.

11. Adopt 2011 Financial Report

Commissioner Poat stated that his goal is to present a Funding and Policy Committee Report that would give Commissioners relevant long-term and short-term projections relative to funding, so the Commission could keep ahead of the curve in thinking about policy questions that relate to mental health services.

Commissioner Poat stated that in 2009 the Commission directed the Funding and Policy Committee to develop a financial framework for regular financial reports. Today's report is a result of that process.

Commissioner Poat went through the PowerPoint presentation and explained the charts.

- The long timelines shown relate to the fact that the Act itself has a long timeframe to give absolute certainty that revenues dedicated to a particular use are confirmed and in hand.
- A policy question worthy of the Commission's review is to determine whether dollars are sitting somewhere for an extended period of time in order to have 100% certainty of exactly how much money, to the penny, is available. Could the money be leveraged by getting it out the door earlier?
- Commissioner Poat offered the following conclusions from the Financial Report:
 1. Revenues are expected to decline from FY 2009/10 levels for each of the next few years.
 2. Some trends observed: the Realignment funding continues at FY 2008/09 levels; and federal financial participation (FFP) is expected to decrease from its high in FY 2010/11.
 3. Counties are expected to receive the same funding, in constant dollars, in FY 2011/12 as they did in FY 2006/07.
- A very important policy question is how will the MHSOAC use its resources to smooth the reductions in MHSA funding?
- What are the essential activities that must be maintained through state administrative funding during FY 2011/12?

Rusty Selix in response to a request to provide comment on the Governor's Budget, stated that the Governor's Budget Proposal can be divided into two parts:

1. The first half is \$861 million taken out of the MHSA, and in return, the Realignment from 1991 is fixed and Mental Health gets vehicle license fee growth. In 5-10 years, the MHSA comes out ahead.
2. The second half is realignment of three entitlement programs: EPSDT (children's Medi-Cal), AB 3632 (school mental health), and Medi-Cal Mental Health Managed Care. The problem is that the programs are caseload-driven, and, like all healthcare, their costs tend to go up faster than government revenues.

Public Comment

- Ms. Welch stated that CMHDA's job is to try to find every possible mechanism to make sure that those individuals currently receiving services will not be quite as impacted. This will vary by county. Flexibility is crucial – for example, being able to work with prudent reserves. Ms. Welch wanted to be clear that the MHSA was meant to expand services, and that will not happen with this Budget Proposal.

Motion: *Upon motion by Vice Chair Van Horn, the Commission voted unanimously to accept the January 2011 Financial Report as presented by the Mental Health Funding and Policy Committee.*

12. California Department of Aging (CDA) Report on Prevention and Early Intervention Plans

Commissioner Pating provided an overview of the presentation. He stated that he hoped the Commissioners would gain three perspectives:

1. These partnerships and programs would not have occurred without specific administrative liaison monies which came from the MHSA.
2. These partnerships need constant growing.
3. There are a host of successes happening in these programs.

Ms. Lora Connolly, Acting Director, California Department of Aging (CDA), began the presentation. Highlights are below.

- CDA is the federally required state unit on aging. It administers the federal Older Americans Act and the state Older Californians Act programs.
- California has 33 local Area Agencies on Aging.
- CDA supplies meals, transportation, senior employment, information and assistance, and more.

- The federal Older Americans Act gives CDA targeting guidance, many of which coincide with the MHSA. Much of the target population is at high risk for having or developing mental illness.
- CDA has established a Memorandum of Understanding with DMH, which specifies that it will participate in various activities.
- CDA has a long list of collaborative partners.

Ms. Lin Benjamin, MSW, MHA, talked about CDA's review, requested by DMH, of the MHSA PEI plans.

- She listed the primary objectives. The goal was to prevent elder suicides, depression, trauma/abuse, disparities in access, and stigma.
- Graphs showed data on suicide rates.
- A review of MHSA PEI plans showed that some counties have plans targeted specifically to older adults and some have multi-age programs which include older adults. The Department of Aging supports older adult-specific program development.
- Key findings showed that older adult-specific programs targeted a variety of community needs and priority populations. The least targeted were underserved cultural populations.
- Even some small counties had older adult-specific programs.
- Regarding allocation of funding, in the nine counties where zero percent was allocated for older adult suicide prevention, suicide rates were high.
- Older adult PEI program models were listed.
- Recommendations for the older adult PEI program models were listed.

Ms. Denise Hunt, RN, Co-Chair of the Older Adult System of Care (OASOC) Committee for CMHDA, spoke about OASOC.

- The committee is long-standing and robust, with many members who are practice-level providers and advocates, and many partners who are always at the table.
- The OASOC Framework Document is very much aligned with MHSA principles, and reflects the long-term commitment in the older adult system of care to collaboration with consumers, families, and community services and supports.
- Another product that OASOC has developed came about directly because of the collaboration with the Department of Aging, funded by MHSA. It is an Education & Training Issue Paper that recommends that training needs to be collaborative and focus on diversity and inclusion of system partners.

- Regarding MHSA planning in Stanislaus County: because of the history of collaborative relationships, older adult providers and advocates came and participated in the planning processes.
- MHSA planning brought an opportunity to balance mental health service systems in the county with stakeholders providing input.
- A project in the County's PEI Plan is Older Adult Resiliency & Social Connectedness. The Plan focuses on reducing disparities, reducing stigma, and emphasizing community-based services; building protective factors and resiliency, and leveraging natural supports.

Ms. Jill Erickson, RD, spoke about specific programs.

- The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) is the most structured program and focuses on problem-solving treatment and encouraging more social activity.
- Senior Peer Counseling uses a model from the city of Santa Monica. The program works closely with San Joaquin County which also has a program.
- Senior Center, "Without Walls," is a senior citizen's center where activities are done over the phone on a party line, e.g., bingo, bird watching, and quilting.
- The Area Agency on Aging creates new partnerships with Meals on Wheels, legal services, ombudsman programs, and so on. The Agency subcontracts with the Family Resource Centers.
- The goal is to break down the barriers to seniors getting services: cost, transportation, insurance, etc.
- A lesson learned is that services need to be offered in such a way that older adults are comfortable accepting them.
- Another lesson learned is to find gaps in services, and uncover other needs and co-occurring issues.

Commissioner Poat commented that the key time for the employment of this information is at the conceptualization of the county plans. Also, there should be money pursuing the issues that are specific to each county.

Commissioner Pating commented that there are some deliverables: as a result of working with Ms. Benjamin, in the service policies we have been putting forward, we have been adding markers across the lifespan. In addition, there are many wonderful programs for older adults and there is a need for a clearinghouse of MHSA activities. Best practices and learning are accumulating.

Commissioner Pating added that MHSOAC's data system includes contextualized stories that will inform the evaluation process, particularly as we look at different perspectives for how we measure the data. Moving forward to integrated plans, we want to make sure we have the key words to get these operative elements in.

Commissioner Pating asked that as MHSOAC goes through budget realignment, that administrative liaison funds be supported.

Ms. Benjamin stated that there needs to be ways for this information to get to the local level for evaluation and collaborative learning.

Commissioner Brown asked about the suicide rate analysis: did it take into account the total number of people of age in the county, or was it strictly a raw number of those who had committed suicide? Ms. Benjamin replied that it was relative to the total census in the counties and the data was collected over a range of years to make it statistically significant.

Commissioner Brown suggested that the data be taken one step further: the percentage of suicides needed to be based on the number of older adults per county, rather than the total population per county. Some counties have many more retirees than others.

13. Co-Occurring Joint Action Council (COJAC) Panel Overview

Commissioner Pating introduced the panelists providing an overview of the Co-Occurring Joint Action Council (COJAC). COJAC was put together by DMH and the California Department of Alcohol and Drug Programs (ADP) to coordinate the mental health and substance abuse prevention activities in the State.

He asked the panelists to inform the Commission how they see the co-occurring activities from a programmatic and county level. The panel would also explain the financial systems that need to be integrated to provide co-occurring disorders (COD) services.

Ms. Cheryl Trenwith, President, County Alcohol & Drug Program Administrators Association of California, gave a brief background of how COJAC came to be. About six years ago federal funding was provided to work on a state action plan to address the issues of Californians with co-occurring mental health and substance use disorders.

Highlights of the panel discussion follow.

- COJAC operates under two principles.
 - There is no wrong door: clients do not have to come through the mental health door, and then go back out to the alcohol and drug door.
 - There is one plan for one person: treatment for the *whole person*.
- Policy, regulatory, and fiscal barriers can make it difficult for people to get access to the services they need.
- COJAC has formed a variety of workgroups:
 - A Housing Subcommittee did an excellent study on housing for people with COD.

- A Screening Committee has worked on developing a screening instrument for COD. Sufficient data is still needed to show the scope of the problem.
- A Youth Committee is looking at what the priorities for youth should be. A recent study gave data on the very large number of youth who had a serious mental health issue when they started getting involved with drugs and alcohol.
- A Partnership Committee: the COJAC Policy Institute and the California Institute for Mental Health meet together and in collaboration, they work on technical assistance, membership, and education.
- With healthcare reform around the corner, there is a lot of motivation for departments to band together to develop integrated care.
- Hearing statistics about deaths of those with co-occurring disorders is sad: they die 25+ years younger than everyone else. They sometimes die violent deaths and they sometimes die of disease.
- This spurs COJAC to work toward healthcare reform preparedness. We need to treat people as whole people and address their physical, mental health, and substance use disorders more concurrently and effectively.
- Confidentiality requirements are different among counties. Reconciling Health Insurance Portability and Accountability Act (HIPAA) and 42 Code of Federal Regulations (CFR) on the two sides of the service system needs to be done to get counties ready to exchange electronic healthcare information.
- Membership is growing. The upcoming implementation of the Affordable Care Act is causing groups to want to prepare.
- Dr. Pating has given a tremendous amount of support.

Ms. Mary Hale, Chief of Operations, Orange County Behavioral Health, spoke about the Funding Committee.

- The Co-Occurring Disorders Workgroup noticed that there seem to be many groups working on the same issue. Dr. Pating has been trying to determine what is going on across the state to maximize work being done and avoid duplication.
- The Funding Committee has two strategies:
 - Apply current and upcoming funding opportunities and publish them in a form available to the COD providers. Ms. Hale explained the spreadsheet she distributed to Commissioners.
 - Continue to identify venues to provide technical assistance to counties. Ms. Hale explained the EPSDT Fact Sheet she distributed to Commissioners.

- One of the next projects is to look at the barriers to having Medi-Cal provide COD services. Regulatory barriers are minimal but are interpreted as major. Technical assistance and training is needed.

The presenters spoke about how counties have been able to advance COD competency as well as COD treatment.

- Orange County has used MHSA dollars very successfully across all age groups. All of the mental health staff and all of the alcohol/drug staff, as well as Orange County partners (for example, criminal justice), have received training on COD – from motivational interviewing to using the COJAC screener.
- The biggest impact comes with Community Services and Supports dollars, which can be used for an individual who needs multiple treatments.
- Faith-based organizations have become interested in COD; pastoral staffs are requesting training.
- Examples of PEI and INN money at work were given from Placer, Shasta, and San Diego Counties.

Ms. Trenwith shared COJAC's concern that with the Realignment proposals, it is possible that MHSA funds that went from DMH to the Department of Alcohol and Drug Programs to pay for COJAC staff will be eliminated. The Staff is indispensable to COJAC, and a small number of them can keep COJAC running. Ms. Trenwith hoped the MHSOAC would continue to support COJAC by encouraging the Directors to see the importance of its work.

Ms. Hale commented that as we move toward integrated plans, MHSOAC can advance COD competency in the counties by requiring it as it requires cultural competency. The Commission can make the counties define what they are doing, rather than just say they are doing it.

Commissioner Pating pointed out the level of vitality going on in the counties, and the level of vitality among the mental health and drug/alcohol policy directors. MHSA is having a huge impact. The Commission can support the staff through this transition. Flexible funding needs to be built in.

Commissioner Poat commented that looking at the integration of programs, there is nothing that beats program design. The long-term value for the Commission in this lesson is to start thinking about program integration and how we will prepare for it, so that we have good program design, and then measurements for that design to show performance.

14. MHSOAC Executive Director Report

Chair Poaster stated that a new category will be on every agenda: the Executive Director Report.

Executive Director Sherri Gauger highlighted Commission activities that took place during the month of January.

- Two new members have been added to the Executive Management Team: Kevin Hoffman and Aaron Carruthers.
- MHSOAC has had a lot of media attention in January. Commissioners had written Opinion Editorials (Op Ed) and sent them to major newspapers, celebrating the success of the PEI programs.
 - The Modesto Bee picked up the Op Ed authored by Chair Poaster. National PBS then contacted the MHSOAC and interviewed Chair Poaster and Executive Director Gauger and now PBS is filming a Bay Area resident who has benefited from PEI programs, and they plan to do an eight minute story.
 - Cable News Network (CNN) Sonoma contacted MHSOAC, and Chair Poaster and Consulting Psychologist Dr. Deborah Lee conducted a ten minute live radio segment.
 - Commissioner Vega authored an Op Ed, "Challenge the Stigma that Deters Mentally Ill from Seeking Services," that the San Francisco Chronicle ran.
 - The Sacramento Bee contacted Chair Poaster and will run a story on Sunday, January 30.
- We disseminated our first report to the Legislature. It highlights the work of the Commission in its first five years. Next year's report will be on MHSOAC outcomes.
- Commission staff has resumed full plan reviews.
- The website is up and running at www.mhsoac.ca.gov and we have our own email address.
- Commissioners Hayashi and Correa will hold a joint Legislative hearing on February 15 regarding healthcare reform.

15. General Public Comment

- Ms. Hiramoto complimented the Commission on getting off to a great start, with the news items and website that Executive Director Gauger spoke about. She also bid farewell to Ms. Bev Whitcomb, Staff, who will be retiring.
- Ms. Vicki Mendoza, United Advocates for Children and Families, commented on COD. Two of her three children have COD, and Ms. Mendoza appreciated the COJAC presentation. So many children going in and out of the Juvenile Justice System have a dual diagnosis. We need to make sure that children get the screening.
- Ms. Carmen Diaz, former MHSOAC Commissioner, commented that many acronyms were used during today's meeting. If speakers are going to use acronyms, a list would be helpful for those that do not understand them and feel lost.

- Ms. Sandra Marley referred to the Department of Aging and suicide rates. She stated that she is working on a Special Task Force with Sacramento County. With the difficulties in the economy, the “Job Problems” and “Financial Problems” categories should be added together. Also, the baby boomers are aging. We do not have any idea of what is really happening out there.
- Ms. Peggy Lopez spoke regarding dual diagnosis. In 1991 she had sat in a Board meeting with a Mental Health Director in Alameda County, where they had talked about this problem. Ms. Lopez asked about minimizing the damage of \$861 million coming out of the budget. For small peer support programs that only have MHSA money, will they be shut down for that year?
Chair Poaster replied that no one knows, but he did not think that Peer Support programs would close.
- Ms. Erika Contreras acknowledged all the family members present at the meeting. They wanted to express their concern about the budget cuts to AB 3632 and EPSDT. We need to find other ways to fund them other than using Proposition 63 funding, which was not written to be supplanted.

16. Adjournment

Chair Poaster adjourned the meeting at 3:40 p.m.