



State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting
September 30, 2014

MHSOAC
1325 J Street, Suite 1700
Sacramento, California 95814

866-817-6550; Code 3190377

Members Participating

Richard Van Horn, Chair
David Pating, M.D., Vice Chair
Khatera Aslami-Tamplen
John Boyd, Psy.D.
John Buck
Senator Lou Correa
Paul Keith, M.D.
Assemblymember Bonnie Lowenthal
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.

Members Absent

Sheriff William Brown
Victor Carrion, M.D.
David Gordon
Christopher Miller-Cole, Psy.D.
Tina Wooton

Staff Present

Sherri Gauger, Interim Executive Director
Kevin Hoffman, Deputy Executive Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Ashley Mills, Research Program Specialist
Jose Oseguera, Chief of Plan Review and Committee Operations
Norma Pate, Chief of Administrative Services
Jennifer Whitney, Director of Communications
Kristal Carter, Staff Services Analyst
Cody Scott, Office Technician

1. CALL TO ORDER AND ROLL CALL

Chairman Richard Van Horn called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:34 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

Opening Remarks

Chair Van Horn announced that Commissioner LeeAnne Mallel is taking a formal leave of absence until after January and she will not count in the quorum.

Commissioner Poaster stated Commissioner Carrion is representing the Commission at a conference in San Diego today. He will be speaking on the Commission's behalf to the six children's hospitals of California.

Vice Chair Pating stated he recently had the honor of being appointed as a Commissioner at the county level to the San Francisco Health Commission. He stated he will not submit his name for the position of chair of the MHSOAC, due to the work constraints of being on two Commissions.

Chair Van Horn stated Vice Chair Pating has been a valuable member of the Commission for many years. Commissioner Poaster agreed and stated the mayor of San Francisco made a wise choice in the appointment of Dr. Pating.

Interim Executive Director Gauger announced that it was recently Chair Van Horn's birthday. Staff brought in a cake to celebrate and everyone sang "Happy Birthday."

ACTION

1A: Approve August 28, 2014, MHSOAC Meeting Minutes

Action: Vice Chair Pating made a motion, seconded by Commissioner Lowenthal, that:

The MHSOAC approves the August 28, 2014, Meeting Minutes as presented.

- Motion carried, 9-0

INFORMATIONAL

1B: August 28, 2014, Motion Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Calendar

ACTION

2A: Elect Chair and Vice Chair for 2015

Presenter:

Filomena Yeroshek, MHSOAC Chief Counsel

Filomena Yeroshek, MHSOAC Chief Counsel, briefly outlined the election process and asked for nominations for chair of the MHSOAC for 2015.

Action: Chair Van Horn made a motion, seconded by Commissioner Aslami-Tamplen, that:

The Commission elects Dr. Victor Carrion as Chair for 2015.

- Motion carried, 9-0

Ms. Yeroshek asked for nominations for vice chair of the MHSOAC for 2015.

Action: Vice Chair Pating made a motion, seconded by Commissioner Boyd, that:

The Commission elects Commissioner John Buck as Vice Chair for 2015.

- Motion carried, 9-0

ACTION

3A: Proposed Prevention and Early Intervention (PEI) Regulations: Response to Public Comment on Selected Sections

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel

Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Ms. Yeroshek stated today's focus will be on staff's twenty-two suggested changes to Sections 3510.010, 3745, 3755, 3755.010, and new Sections 3703, 3704, and 3706 of the proposed PEI Regulations, and staff's suggested rejections of changes to Sections 3200.245, 3200.246, 3510.010, 3745, 3755, and 3755.010.

She stated Commissioners will review the public comments that were received on the general definitions, the PEI part of the Annual Revenue and Expenditure Report, the PEI part of the Three-Year plan, the Annual Update, the changed PEI program, and the request received from public comments that fifty-one percent of the PEI funds be used for services for children and youth.

She stated the remainder of the sections, the evaluation requirements and the one-year and three-year tracking and evaluation reporting, will be presented at the October meeting. Public comments that were provided during the fifteen-day public comment period from the August meeting and public comments made due to changes proposed today will be presented at the November meeting.

Ms. Yeroshek explained the structure for today's discussion. Commissioners will vote on two separate motions: staff's suggested changes to the proposed PEI Regulations, and staff's suggested rejections to the public comments. She stated Dr. Lee will go page-by-page through a document titled "Prevention and Early Intervention Regulations Proposed Changes ...," and asked that the ten-page document be referenced during discussion and public comment.

Staff's Suggested Changes

Dr. Deborah Lee, Consulting Psychologist, reviewed the ten-page document, which outlined staff's twenty-two suggested changes.

In Section 3510.010, staff recommended deleting "strategy" from the reporting requirements for the Annual Revenue and Expenditure Report requiring that counties only report on the expenditures for each "program."

In Section 3510.010(a)(1)(A)(i), staff recommended deleting "approach" to be consistent with the definition of "program" and to be consistent with the decision in the August meeting not to have a separate term for "program" and "program approach."

Also, staff recommended adding "access to treatment program" and "timely access to services for underserved populations" to the list of programs for which counties would report in their Revenue and Expenditure Reports, if they are offered as standalone programs. This change is to be consistent with the Mental Health Services Act (MHSA) and the Commission's decision to require counties to report expenditures at the level of "programs."

Commissioner Poaster asked about the utility of this additional information.

Dr. Lee stated the proposed PEI Regulations mark a fundamental shift to align everything to the MHSA. One of the Commission's University of California, Los Angeles, (UCLA) studies found it is difficult to break down how PEI money is used because programs are not categorized consistent with the MHSA. Currently, counties are trying to fit their programs into categories that do not fit. This will allow counties to report program expenditures in categories that are consistent with the MHSA.

Commissioner Poaster asked if strategies would be estimates, since the reporting is for standalone programs only.

Dr. Lee stated staff recommendations do not ask counties to do estimates for strategies, but only to report for the standalone programs, which have strategies embedded within them.

Commissioner Poaster asked how PEI funds expended on stigma and discrimination would be captured when embedded in a variety of standalone programs.

Dr. Lee agreed that the downside of this proposal is that strategies would be underestimated in the financial total because they are not reported as separate categories. It would require a footnote that the strategies are underestimated because they are embedded into other programs.

Staff recommended adding Section 3703 in response to public comment, to include a definition of “mental illness” in the PEI Regulations. This definition is from the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V).

Staff recommended adding Section 3704 to include the definition of “serious mental illness” in the PEI Regulations. This definition is from the Welfare and Institutions Code Section 5600.3.

A lot of public comments recommended adding a section requiring that all ages to be served, and that fifty-one percent of PEI funds be used to serve children and youth. Section 3706 proposes changes in (a) and (b). Sub (c) clarifies that programs for children and youth can include services for members of their family, and (d) excludes “small” counties from the requirements of (a) and (b). Dr. Lee reviewed the advantages and disadvantages of this section.

In Section 3745, staff recommended moving the current definition of “substantial change” in a changed program from subdivision (a) to a new and separate subdivision (b) and clarified the language.

Also, staff recommended adding stakeholder involvement language to more fully comply with the provision in the MHSA that stakeholders must contribute meaningfully to all phases of MHSA planning and implementation, including the decision to change a program.

In Section 3755(c)(2)(A), staff recommended requiring the name of the program and removing specific demographic categories to allow counties to designate their intended target population in a way that makes sense for each program in the Three-Year Program and Expenditure Plan and Annual Update.

Commissioner Boyd asked for clarification why staff replaced Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) with “sexual orientation.”

Dr. Lee stated reporting requirements must have consistent categories, but, Section 3755 does not require reporting, it just defines the focus of a program. Staff wanted to give counties flexibility in their programs, not to box them into using the predefined categories in the reporting requirements, because the programs may not fit into those categories.

In Section 3755(c)(4)(A), staff recommended adding “mental health” to emphasize that the indicators are mental health indicators.

In Section 3755(c)(5), staff recommended adding two “the’s” for clarification. Also, staff recommended deleting “evidence-based,” as the reference to “ensure the fidelity to the practice” refers to both evidence-based and promising practices. This is to correct proofreading error.

In Section 3755(c)(5)(B), staff recommended adding the requirement that counties ensure fidelity to community- and/or practice-based standards to be consistent with the same requirement to ensure fidelity to evidence-based and promising practice standards. If the evidence of effectiveness is based on a community saying it is the essential way that works for them, it is equally important to show fidelity to that practice regardless of the evidence that has demonstrated the effectiveness.

In Section 3755(d)(2)(A), staff recommended adding an explanation identifying what a greater than average risk of a serious mental illness is in a prevention program.

In Section 3755(d)(2)(B), staff recommended adding an explanation of the process of determining the risk in Section 3755(d)(2)(A).

In Sections 3755(d)(4), (5), and 3755(e) through (n), staff recommended similar changes as above: adding the program name, adding “mental health” indicators, adding clarification, correcting proofreading and grammatical errors, ensuring fidelity, and cleaning up the language.

Commissioner Questions:

Commissioner Lowenthal asked if gender identity needed clarification in Section 3755(c)(2)(A).

Dr. Lee stated staff felt it was important for counties to identify their target populations and define their programs in terms of what they are trying to accomplish. She stated staff could add the categories back in if Commissioners would like to.

Commissioner Lowenthal stated gender identity is not sexual orientation, and transgender is a unique compilation with unique psychological issues.

Commissioner Buck agreed and suggested changing “gender” to “gender or gender identity.”

Commissioner Boyd stated his concern about leaving out the LGBTQ categories.

Dr. Lee agreed with including the LGBTQ categories as long as it is clear that counties are given the flexibility to define their program in a way that makes sense to them. She stated “gender or gender identity” would be a great addition.

Commissioner Boyd asked how many counties have a population of fewer than two hundred thousand.

Dr. Lee stated it is thirty-four counties.

Commissioner Poaster added it is about ten percent of the population. There are twenty-three counties under one hundred thousand and then seven more that are under two hundred thousand.

Chair Van Horn stated almost all counties have at least one prevention program, even though it is optional for small counties.

Public Comment:

Poshi Mikalson, of Mental Health America of Northern California and Project Manager of the California LGBTQ Reducing Disparities Project, agreed with Commissioner Buck’s suggestion to change “gender” to “gender and gender identity” in Section 3755(c)(2)(A). She agreed to the term “sexual orientation” versus listing the categories. A person’s perceived or assigned sex does not always match a person’s gender identity. Misgendering someone by only serving their assigned or perceived gender and not their gender identity is not only insensitive, but can be harmful to a client’s mental health. Therefore, a client’s gender identity is always relevant.

She stated her concern about the small county exemption. LGBTQ people in small counties have limited access to services, face discrimination, and have disparities. She suggested Commissioners read the California Reducing Disparities Project (CRDP) report for more information on their findings.

Carroll Schroeder, of the California Alliance of Child and Family Services, agreed with the addition of paragraphs (a), (b), and (c) of the new Section 3706, but disagreed with paragraph (d). It is widely accepted that half of all lifetime cases of diagnosable mental illness begin before the age of fourteen, and seventy-five to eighty percent by the age of twenty-four. The majority of PEI funds should be spent on these ages. As many as three million California children and youth can be expected to experience mental health problems in any given year. PEI approaches have demonstrated effectiveness, and identifying and addressing mental illness early is more likely to prove successful in important areas of life functioning, such as education, employment, and social relationships.

Mr. Schroeder agreed with Ms. Mikalson's comment in opposition to the inclusion of paragraph (d). The proposed benefit to the children of California is great, but the inclusion of paragraph (d) would exempt a large number of them from this benefit.

Raja Mitry, of Mental Health America of California (MHAC), the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and the California MHSA Multicultural Coalition (CMMC), stated his support of changing "gender" to "gender and gender identity" and including the term "sexual orientation" without listing the categories in Section 3755(c)(2)(A). He suggested including faith or spiritual beliefs, because that is an important factor in the identification of demographics.

Angela Brand, the Director of Public Policy and Information of United Advocates for Children and Families, stated her support of 3706(b), requiring that fifty-one percent of PEI funds be used to serve children and youth. She stated her concern about subsection (d), the small county exemption. Although some counties may not have the infrastructure or capacity to carry out these requirements, it would be remiss to assume that this is the case for all counties.

Two of the smallest counties in the state, Alpine and Sierra County, have PEI programs and, if two of the smallest counties can uphold and implement these programs, it is worthwhile to encourage all counties, with the proper support and technical assistance, to follow suit. Requiring counties to participate will encourage consistency and solidarity across the state. The small county exemption will affect nearly two million people, some of the state's most vulnerable residents. Small county residents should not be disproportionately excluded from access to programs and services when a clear need for them has already been established.

Stacie Hiramoto, the Director of the REMHDCO, thanked Commission staff for taking the time to meet with stakeholders and help them understand the way public comments will be conducted. The REMHDCO supports staff's recommendation to add "access to treatment program, or program to include timely access to services for underserved communities" in Section 3510.010. It adds clarity and will improve reporting accuracy.

Ms. Hiramoto stated the REMHDCO's opposition to Section 3706(d), the small county exception. She also stated her support of Section 3745, which ensures "stakeholders contributed meaningfully to the process that resulted in decisions to make the change," because stakeholder input is important as an MHSA principle and in carrying out the Act, and of Sections 3755(h), (i), and (l)(2), which add clarity to what is going on at the local level.

Rocco Cheng, Ph.D., the Corporate Director of Prevention and Early Intervention Services of Pacific Clinics, stated his support of collecting information on stigma and discrimination reduction programs, access to treatment programs, and programs to improve timely access for underserved populations in Section 3510.010. These programs are important and in the spirit of the MHSA. He stated it is important that even small counties include PEI programs. He noted that, in Section 3755, stakeholders' meaningful input is very important. That is the fundamental spirit of the MHSA. He stated his support of changing "gender" to "gender and gender identity" and including the term "sexual orientation" without listing the categories in Section 3755(c)(2)(A).

Jim Gilmer, of the CMMC, the REMHDCO, and president-elect of MHAC, stated his support of Ms. Hiramoto's comments relative to Section 3706(d) and the small county exemption. He stated he does not support adding a small county exemption.

Adrienne Shilton, the Program Director of the California Institute for Behavioral Health Solutions (CIBHS) and the County Behavioral Health Directors Association (CBHDA), stated the CBHDA wants to ensure that the Commission is working with the Department of Health Care Services (DHCS) on the PEI Annual Revenue and Expenditure Reports in Section 3510.010, because they are the entity that issues the reports and instructions to counties. The CBHDA agrees with the additional categories that have been added, but, currently, the language that is in the regulations is inconsistent with the instructions from DHCS.

The CBHDA suggested making the requirement for counties to track sexual orientation in their early intervention programs optional in Section 3755(c)(2)(A), because most counties and

providers do not currently have the data fields in their electronic health records to track this. Counties should only be required to report this if they have the ability to do so.

The CBHDA suggested changing the timeframe of when counties are required to comply with the new PEI Regulations for their annual updates in Section 3755(a) from fiscal year (FY) 2015-16 to FY 2016-17. The language currently reads that counties begin reporting in FY 2015-16; however, the PEI Regulations will not be finalized until then, and most, if not all, counties will have already submitted or completed their annual updates.

David Czarnecki, the Advocacy Coordinator of the National Alliance on Mental Illness (NAMI), California, echoed Ms. Hiramoto's comments about staff and their willingness to work with stakeholders on how to present public comment in a coherent manner. He stated the exemption to small counties in Section 3706(d) would impact thirty-four of the fifty-eight counties, or fifty-nine percent of the counties, in the state of California. Current estimated population is 2,046,120. This population is greater than eleven states, including Idaho, Nebraska, and West Virginia. There is no time limit for this, no path to transition, and no technical assistance to develop these programs at some future date.

Anquett Fazil, of Christian Partnerships, Inc. (CPI), stated Section 3755(c)(5)(B) requires counties to do something that even the Commission cannot do in the mental health field – to ensure fidelity to “community and/or practice-based standards” and expect that of the counties, when the mental health community is still struggling with outreach that is dedicated toward that goal. She asked who will be guarding the guardians in this. To ensure the fidelity of promising practice standards to those communities, there must be culture and humility in outreach to stakeholders and culturally- and linguistically-appropriate and religious-based involvements with these populations.

Jeannine Farrelly, the Director of the California Youth Empowerment Network (CAYEN) and MHAC, stated her support for Section 3706, specifically the recommendation that fifty-one percent of PEI funds go to children and youth. She stated her concern for subsection (d), the small county exemption, for reasons already stated in the previous public comments. Transition-age youth and children are highly underserved populations and should be prioritized. She recognized that small counties often need more flexibility and supported the recommendation that counties not be excluded from serving those with the greatest need for PEI services.

Commissioner Discussion:

Vice Chair Pating asked if Commissioner Boyd would consider a friendly amendment to change “gender” to “gender and gender identity” in Section 3755(c)(2)(a), and to leave the term “sexual orientation” without listing the categories.

Commissioners Boyd and Keith agreed to friendly amendment number one.

Commissioner Aslami-Tamplen asked to change the definition of “very small counties” from a population of two hundred thousand or less to a population of one hundred thousand or less. She stated the understanding that the difference is only seven counties, but prevention is critical.

Commissioner Boyd stated he would accept a friendly amendment like this. He stated he would rather stand on the side of ensuring that prevention and early intervention is a requirement of communities despite the difficulty. Small counties should understand that PEI is a core value.

Commissioner Buck stated the question is not about using PEI funds in smaller counties. The question is whether the smaller counties will be given latitude because they face issues that larger counties may not, such as significantly smaller infrastructures and large distances between cities, towns, and clients' residences. He stated his support of the small county exemption at two hundred thousand or less. Small counties should be given latitude until and unless it is demonstrated that a county is not working within the philosophy and values established by the Commission. Small counties should be allowed flexibility in the programs that are best for their population, and the Commission should honor and support that.

Commissioner Poaster agreed and asked if there are any counties that are not providing PEI services.

Dr. Lee stated there are not.

Commissioner Boyd asked why the Commission is doing this if all counties already provide PEI services.

Commissioner Poaster stated he takes the opposite approach of asking what the Commission is trying to fix, and why PEI programs need to be mandated when all counties voluntarily have PEI programs anyway.

Commissioner Boyd agreed that counties are resourceful in figuring out how to do this, but there are many things that work for a period of time and then no longer work. He cautioned against leaving specifics out of law or policy that historically may lead to things that are not admirable. PEI is a core value. He asked why an exception is required when all counties are already doing it. They found out how to do it despite the best logic of stating how they might not be able to do it. He stated he would still agree to Commissioner Aslami-Tamplen's friendly amendment.

Ms. Yeroshek clarified that, because of the proposed changes that were made in August, there is the small county exemption, for counties with populations of two hundred thousand or less, for a required prevention program, but there is no early intervention exemption. The proposal before Commissioners today includes two exemptions: that fifty-one percent of the funds are to be used for children and youth, and that all ages are to be served with PEI.

Dr. Lee added there cannot be an exemption for the requirement for all counties to provide early intervention programs, because that is required by the MHSA. All counties are providing prevention and early intervention programs, and, based on the initial Trends Report, approximately ninety-eight percent are serving children and youth, but how many small counties are doing the required fifty-one percent is unknown.

Vice Chair Pating stated the issue is in terms of the amount of funds. Smaller counties receive few dollars to be divided between adult and youth programs. He stated his interest to remain consistent between one section and another section and between previous Commission decisions and this decision. He stated his support of the small county exemptions and asked what the funding is for the smallest counties.

Chair Van Horn asked Ms. Shilton if she knew the answer to that.

Ms. Shilton reported that, as an example, Amador County has thirty-eight thousand people and, last year, received just under two hundred thousand dollars in PEI funding.

Commissioner Aslami-Tamplen stated PEI is what stakeholders come together to advocate for. To intervene early and prevent serious mental illness is a critical component. PEI is the one thing that is transformative. It instills hope and makes communities want to do better and try harder. The MHSA and Prop 63 did not say to exempt small counties from having PEI programs. Prevention saves money to the system and better serves individuals.

Commissioner Nelson stated, when counties receive an inadequate amount of funds to do prevention and early intervention, and then the regulations require them to split that in half into other programs, the programs are even more ineffective. Small counties may do something for one population in one three-year period and then go on to the next population the next three-year period, but to split the already inadequate funding in half by taking away the small county exemption leaves no funding to accomplish anything.

Commissioner Lowenthal asked if it was possible for small counties to apply for a waiver if they are not able to adhere to Section 3706(a) and (b). She suggested giving all counties the same rules at the start and, if they are unable to do it, giving them the option of applying for a waiver.

Commissioner Keith agreed. He suggested that a compromise might be to continue to require Section 3706(a), but not (b) – to ensure that counties have PEI programs, but to give them latitude

on the percentage of their funds that goes toward it. It gives them latitude with the limited funds they may have, but still requires that such a program exists in each county.

Chair Van Horn stated Section 3706(a) would require counties to serve all four age clusters, and the smallest counties may not be able to do that.

Ms. Yeroshek stated the procedure for incorporating Commissioner Lowenthal's waiver suggestion. The small county exemption, subsection (d), would be removed and a new subsection would be added stipulating that small counties could apply for a waiver for either of the requirements in subsections (a) and (b). It is an easy fix where both sides win.

Commissioner Poaster asked who would grant the waiver. He stated his assumption that they will be approved by boards of supervisors because it is a local community-driven process.

Ms. Yeroshek suggested possibly requesting documentation that a waiver is required from the board of supervisors. She suggested using the term "necessary documentation" in place of "waiver." A small county, in order to not comply with 3706(a) and (b), would have to document to the board of supervisors during the local program planning process its rationale for not complying. The type of documentation will not be specified so boards of supervisors will have flexibility, but there will be a mechanism for small counties to do it.

Ms. Yeroshek stated she will work on the language. The friendly amendment to the motion would allow some flexibility for staff to write this knowing the intent. It will go out for a fifteen-day notice, the public comments will be presented in the November meeting, and Commissioners will vote on it.

Commissioner Aslami-Tamplen asked if the Commission will know the counties that apply for exemption.

Ms. Yeroshek stated the Commission receives a copy of the Three-Year Program and Expenditure Plan and Annual Updates. By the time the Commission gets it, the board of supervisors has already approved it. The Commission would know after the fact, within thirty days, that it has been approved.

Commissioner Buck stated a way must be found for a county with minimal PEI funding to not feel forced to do what Darrell Steinberg suggested would be a mistake, which is going "an inch deep and a mile wide," as opposed to having a single program. He stated he would support anything that provides flexibility for the smaller counties, so that whatever they do is not just to represent, but to have an impact.

Commissioner Boyd agreed to friendly amendment number two, adding the waiver language for counties with a population of two hundred thousand or less. He stated the PEI Regulations do not ask counties to necessarily do more; they ask counties to do better. He stated children living in a small county should not have to seek services without some consideration and higher approval of some entity or board within that city or county that shows this is important.

Vice Chair Pating stated the CBHDA requested that the annual update apply to FY 2016-17 versus FY 2015-16. He asked about the timeline for that.

Ms. Yeroshek stated the PEI Regulations will be submitted to the Office of Administrative Law (OAL) in February 2015. The OAL has thirty days to respond that all processes were followed and requirements of the law were met. The PEI Regulations will go into effect in April or June 2015. The first discussion of these regulations was in August of 2013. Some counties have already begun their process for the 2015-16 FY. She recommended changing the due date for counties from FY 2015-16 to "the next Annual Update or Three-Year plan, whichever comes first, that is after the effective date of the PEI Regulations." In order for counties to submit their 2015-16 Annual Update, they would submit it any time past July 1, 2015.

Interim Executive Director Gauger clarified that the next planning process immediately following the effective date of the PEI Regulations going into effect would have to include these new requirements.

Ms. Yeroshek stated there are several counties that have used the proposed PEI Regulations as a template in preparing their upcoming programs.

Vice Chair Pating asked if Commissioners Boyd and Keith would accept as a friendly amendment changing Section 3755(a) to “shall apply to the next annual update or three-year plan, whichever comes first, that is after the effective date of the PEI Regulations.”

Commissioners Boyd and Keith agreed to friendly amendment number three.

Action: Commissioner Boyd made a motion, seconded by Commissioner Keith, that:

The Commission adopts staff’s suggested changes to proposed Prevention and Early Intervention Regulations and the following additional changes:

- (1) Subdivision (a) of Section 3755: replace the words, “for fiscal year 2015/16” with the words, “ immediately following the effective date of this section”*
- (2) Subdivision (c)(2) of Section 3755: add, “or gender identity” after “gender”*
- (3) Subdivision (d) of Section 3706: rewrite the subdivision so that a small county may opt out of the requirements and document in the Annual Update and/or Three-Year Expenditure and Program Plan the decision and the rationale for the decision.*

- Motion carried, 10-0

Staff’s Suggested Rejections to Public Comment

Action: Vice Chair Pating made a motion, seconded by Commissioner Keith, that:

The Commission adopts Staff’s rejections of public comments to Proposed Prevention and Early Intervention Sections as set forth in the “Matrix of Public Comment with Staff’s Suggested Responses.”

- Motion carried, 10-0

ACTION

4A: Approve Calaveras County Innovation Plan

Presenters:

Jose Oseguera, MHSOAC Chief of Plan Review and Committee Operations
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Jose Oseguera, Plan Review and Committee Operations Chief, stated that Calaveras County is requesting \$1,036,625 for a five-year Innovation Plan titled “Integrated Dual-Diagnosis Project,” for the purpose of increasing access to services for underserved populations by testing a new consumer-driven recovery and wellness approach for this rural community. It will use an innovative approach to facilitate dual recovery anonymous support groups combined with an integrated dual-diagnosis treatment team.

The project will be evaluated by assessing whether the integrated and facilitated peer support approach is an integrated dual-diagnosis treatment service that will reduce relapse of substance abuse and mental health disorders, arrests, incarcerations, and hospitalizations, and increase medication adherence.

Mr. Oseguera stated that staff has reviewed the Innovation Plan for consistency with MHSA requirements and recommends approval.

Dr. Lee stated this is a real development in a peer support element of a dual-diagnosis program in partnership with the county. It is an approach for people with serious mental illness who also have a substance use disorder, but it also is a foundational way of creating more partnerships with peers. While there will be dual-diagnosis support groups, a key element of this is a comprehensive training and support program for facilitators. Dr. Lee stated it is one of the most thoughtful developments of how to train and partner with peers that she has seen.

Commissioner Questions and Discussion:

Commissioner Keith asked for further description of the project, as the presentation did not deliver a clear concept of what this project consists of and how it will operate.

Dr. Lee stated the main novel part is a series of dual-diagnosis support groups with individuals with serious mental illness who also have a substance abuse disorder, to be facilitated by peers. It is an adaptation of a twelve-step model that focuses on dual-diagnosis.

Commissioner Keith asked how the participants of the support groups are identified and if they are currently in treatment and are being pulled into the support groups.

Dr. Lee stated the majority of the participants will already be in some treatment, but others will be untreated.

Commissioner Keith asked how untreated individuals will be reached to participate in the project.

Dr. Lee stated the project is an outgrowth of a community planning process. Those people will continue to be involved in an extensive outreach program.

Commissioner Keith asked who will provide the training for the peers.

Dr. Lee stated the county will provide the part of the training that they will foster themselves, which is how to facilitate the groups, and will contract the part that is more evidence-based, like motivational interviewing or already-known approaches.

Commissioner Aslami-Tamplen asked about the training that will be offered to the peer specialists.

Dr. Lee stated it is a combination of teaching what already exists and creation of a new element of it. It blends the best of what is out there, and then moves the field in a new direction.

Commissioner Nelson asked what the certification in substance abuse issues is.

Commissioner Poaster stated it is the California Association of Alcohol and Drug Abuse Counselors (CAADAC.) He asked where the funds are being expended in this project. He stated the hope that they would be hiring more peer counselors.

Dr. Lee stated there are the costs associated with the running of the program, staff, peer facilitators, the integrated treatment team, training, and evaluation.

Dr. Lee was unable to answer several questions from the information she had and Calaveras County was not in attendance.

- The kind of training the peer counselors will receive
- The number of clients they expect to serve
- The percentage of the budget designated for peer specialists
- The specifics about where the money is going
- The wage earned per hour for peer counselors

Chair Van Horn suggested including an addendum to the motion asking Calaveras County to provide the salary levels and classifications for peer facilitators.

Public Comment:

No public comment.

Action: Commissioner Aslami-Tamplen made a motion, seconded by Commissioner Keith, that:

The MHSOAC approves the Calaveras County Innovation Plan for the amount of \$1,036,625 for a five-year period.

- Motion carried, 10-0

INFORMATIONAL**5A: Client and Family Leadership Committee (CFLC): 2014 Annual Community Forum Report****Presenters:**

Ralph E. Nelson, Jr., M.D. MHSOAC Commissioner, CFLC Chair
Khatera Aslami-Tamplen, MHSOAC Commissioner, CFLC Vice Chair

Commissioner Nelson stated forums have been held this year in Emeryville, Redding, and Mammoth Lakes, with more than four hundred participants in attendance, and a fourth forum will be held in Ventura in November. By holding community forums in a primary county and inviting the contiguous counties, all counties have been covered except Solano and Yolo. The quality continues to improve; in the near future, one of the refinements will be that the written questionnaire will yield important quantitative results. Commissioner Nelson thanked the work group and staff for their diligent work, and the host counties for welcoming and accommodating them.

Commissioner Nelson stated he has repeatedly heard county stakeholders express their appreciation that the Commission would take the time and effort to come to their region and to listen to their concerns.

Commissioner Aslami-Tamplen reviewed the service challenges brought out in the community forums: cultural competence, housing, and education about services and mental health. She stated the issue resolution processes (IRP) was a concern of the Community Forum, both at the local and state levels.

Commissioner Aslami-Tamplen reviewed the four recommendations from the Community Forum Work Group: to share information directly with county mental health departments, to share the findings of their report with the evaluation team, to collaborate with the DHCS to improve the IRP, and to consider these recommendations in the prioritization of activities for the 2015 Work Plan.

Commissioner Questions and Discussion:

Chair Van Horn stated the first few forums were disappointing in that there were only about twelve or less participants, but once the counties began encouraging involvement, the attendance has been remarkable. What began as a complaint forum quickly evolved into a positive time of learning and sharing how the MHSA and its programs have helped effect change in the mental health community. Chair Van Horn stated he loved the four recommendations.

Commissioner Poaster asked if the IRP exists.

Commissioner Nelson stated he noticed two recurring themes in terms of the IRP during the question and answer period at the end of the forums. Consumers were concerned about going to their local mental health department for an IRP, because they were afraid of retaliation and/or fewer services being given. Consumers would prefer some type of neutral body that was not related to the mental health services.

Also, very few consumers even knew there was a state resolution process, much less how to do it. It is important that the Commission work with counties and the DHCS to ensure that information is broadcast about the state resolution process. Commissioner Nelson suggested a letter of instruction to counties on how to provide this information.

Chair Van Horn agreed and stated the IRP was brought up well before Proposition 63 and has never been adequately handled. He suggested implementing the four recommendations in the 2014 Annual Community Forum Report.

Commissioner Poaster stated the report contained important information that should be broadcast in a very wide scope.

Public Comment:

Mr. Gilmer agreed with the need to improve the IRP process. He stated tensions had built over the years, since the implementation of Proposition 63, because people had been marginalized and left out. There was no opportunity to give feedback, to make changes, or to give input. People were frustrated and complaining. He thanked the Commission for continuing the community forums.

Mr. Gilmer stated he planned to attend the November 6th community forum in Ventura and encouraged the Commission to get as many representatives from across Ventura County from racial and ethnic groups and organizations that are not part of mainstream mental health to attend that forum. He stated that REMHDCO is planning to hold a reception beforehand. The work of the REMHDCO and the CMMC is critical to further reducing racial and ethnic disparities.

Ms. Mikalson referenced the bullet point under the themes to be shared with counties resulting from the forums, which stated “the need to increase and improve services that are culturally competent and relevant for persons from unserved and underserved racial, ethnic, and cultural groups.” She suggested adding “inappropriately served” to “unserved and underserved,” and adding “LGBTQ” to the list of groups – “racial, ethnic, LGBTQ, and cultural groups.”

Ms. Mikalson stated LGBTQ needs become invisible during community forums because of the fear of coming out and speaking out due to safety and stigma. She stated the community forum reports do not include much about sexual orientation and gender identity needs. The CRDP report from the project, First, Do No Harm, contains information about the problems and issues with mental health services for LGBTQ communities.

Commissioner Boyd stated his sensitivity to LGBTQ issues as a member of that community.

Jane Adcock, the Executive Officer of the California Mental Health Planning Council (CMHPC), stated statute requires a council to have a patient rights committee. The IRP is an area the committee has been looking into. A couple of years ago, an intern at the REMHDCO researched every county department’s website and found that each of the departments called it something different, if it was addressed at all – a complaint, patient rights, a grievance, an issue resolution.

She stated the CMHPC is interested in working with the Commission, the DHCS, the CBHDA, and the counties to achieve consistency in terminology and access.

Action: Commissioner Lowenthal made a motion, seconded by Commissioner Keith, that:

The Commission adopts the 2014 Annual Community Forum Report, including its recommendations.

- Motion carried, 10-0

GENERAL PUBLIC COMMENT

No public comment.

ACTION

6A: Award Contract for Recovery Orientation of Programs Evaluation

Presenter:

Renay Bradley, Ph.D., MHSOAC Director of Research and Evaluation

Renay Bradley, Ph.D., Director of Research and Evaluation, stated the Commission put out a Request for Proposal (RFP) in June for an evaluation to begin this year. The highest scoring proposal will be announced and the motion to enter into that contract will be voted on later today. She asked Commissioners to consider approving the Notice of Intent to Award the contract to the highest-scoring proposer.

In 2013, the Commission adopted an Evaluation Master Plan that outlined evaluation activities to be done over a five-year period. The Recovery Orientation of Programs Evaluation was included in the Evaluation Master Plan as "Work Effort 8."

The scope of work includes three phases: The contractor will identify, describe, and assess existing measures of recovery orientation; utilize identified measures of recovery orientation; and develop policy and practice recommendations. She reviewed the six deliverables produced through the scope of work.

She reviewed the proposal selection and scoring processes and announced that the highest scoring proposer was Dr. Todd Gilmer, of the University of California San Diego, who has done an abundance of work associated with MHSA evaluation, focusing on Full Service Partnerships (FSPs) and transition-age youth (TAY).

Bidders who were not selected through the scoring process may protest the award, if they can prove that they would have been awarded the contract if staff had not applied the prescribed rating standards or followed the scoring methods provided within the RFP.

She stated a Notice of Intent to Award will be posted in the downstairs lobby and on the website. The protest period ends in five working days from today. Then, the contract will be negotiated and implemented with the selected bidder, and work will begin as soon as the contract is in place.

Commissioner Questions:

Vice Chair Pating asked what the dollar amount of the award is.

Dr. Bradley stated it is five hundred thousand dollars.

Commissioner Keith asked how confident the contractor is that data can be found to support the deliverables. UCLA reported to the Commission on the data problems, the use of different platforms, inconsistencies, and missing information that made it almost impossible to get useful information.

Dr. Bradley stated part of this will be identification of new measures that would be implemented in the volunteer counties. The contractor will identify strong measures to use for the purposes of this evaluation.

Commissioner Nelson asked, for the counties that are using measures that seem to be valid, if the Commission will require other counties to adopt similar measures.

Dr. Bradley stated the goal of identifying measures and processes for counties to adopt to ensure all counties are using a recovery orientation that promotes the outcomes instilled in the MHSA. There is a training and technical assistance piece later in the process.

Public Comment:

Steve Leoni, consumer and advocate, stated he was among those on the Evaluation Committee and the work group who recommended measuring recovery orientation of programs. He stated his concerns were greatly improved after learning that Dr. Todd Gilmer was awarded the contract.

Although much of the work group's rich discussion was not included in the RFP, Mr. Leoni stated he was assured that in carrying out this contract there would be robust local community input with emphasis in the client community.

The RFP mentions learning about measures out of state and out of the country. Mr. Leoni stated the hope that the contractor consults not only experts out of state and out of the country, but local consumers, as well. Measuring recovery is new. It is not an easy thing, but there is nuance discussions within the client community as to what it is, and Mr. Leoni encouraged the Commission to ensure robust local stakeholder input.

Commissioner Discussion:

Commissioner Keith asked about the date the deliverables are to be presented to the Committee.

Dr. Bradley stated she did not have the specific dates, but the project will be completed by the end of three fiscal years from now.

Commissioner Aslami-Tamplen agreed with Mr. Leoni. She asked if the report will include the consumer experts that were included in this process.

Dr. Bradley stated it will.

Commissioner Aslami-Tamplen stated the importance of emphasizing the lived experience and knowledge of the research around recovery of the consumer experts involved in the process.

Dr. Bradley agreed and stated that is the intention.

Action: Commissioner Keith made a motion, seconded by Vice Chair Pating, to:

1. *Authorize the Interim Executive Director to issue a "Notice of Intent to Award Contract" to the Regents of the University of California, University of California, San Diego, the proposer receiving the highest overall score.*
2. *Establish October 7, 2014, as the deadline for unsuccessful bidders to file an "Intent to Protest Letter" consistent with the five working day standard set forth in the RFP.*
3. *Direct the Interim Executive Director to notify the Commission Chair and Vice Chair of any protests within two working days of the filing and adjudicate protests consistent with the procedures provided in the RFP.*
4. *Authorize the Interim Executive Director to execute the contract upon expiration of the protest period or consideration of protests, whichever comes first.*

- Motion carried, 9-0

GENERAL PUBLIC COMMENT

Mr. Mity recommended inviting the California Reducing Disparities Project (CRDP) partners present to the Commission as soon as possible, especially around the time that the strategic plan will be released.

Ms. Hiramoto agreed. She stated the REMHDCO has suggested to the Commission in the past to ask the CRDP partners to present as a roundtable or a panel discussion to hear what went into their report before the report comes out. She stated her plan to send a letter from the REMHDCO on this subject.

Ms. Hiramoto stated the Commission, along with the REMHDCO and NAMI presented at the Little Hoover Commission hearing last week, and she noted that similar themes were discussed in this Commission meeting.

Mr. Czarnecki noted that the documents for this meeting were not posted until Friday, which gave little time to review the regulations before today. He also noted that the Commission's meeting

documents on the website have been moved and asked staff to look into that. He stated he attended the Little Hoover Commission hearing and enjoyed hearing about the challenges of the process. He stated one of the themes he heard from the Commission was the lack of “teeth” – the current regulations before this body gives the opportunity to keep them.

Masa Nacama, of the CMMC, stated, through his interpreter, he appreciated the opportunity to speak and the opportunity to work with the reducing disparity movement. He referenced the PEI Regulations Proposed Changes to Sections document, Section 3755(c)(2)(A), and stated he wanted to share something related to “primary language spoken.”

There are two million deaf people in the state of California, and most of them use a form of sign language, or “sign language users” as they are classified. He stated he is a primary language American Sign Language (ASL) user, as his parents were deaf and that was the language he was exposed to growing up. He asked to put in for the Commission’s consideration changing “primary language spoken” to “primary language used for communication.”

Chair Van Horn stated Mr. Nacama’s comment was the most artistic comment heard today. He stated watching someone do ASL is fascinating.

Commissioner Buck agreed.

Mr. Gilmer stated he spoke in support of the comments from Mr. Mityr and Ms. Hiramoto about asking all seven CRDP partners to present to the Commission in tandem with phase two of the CRDP and the strategic plan.

Mr. Gilmer stated he attended the Congressional Black Caucus last week in Washington, D.C., and shared the statistic from Nielsen Essex, that eighty-seven percent of African Americans and people of African descent value the statement “my cultural and ethnic heritage is an important part of who I am.” Culture, race, and heritage supersede everything.

He stated that is how African Americans and people of African descent view their world, help-seeking services, and patterns of social activities, and faith and spirituality are integrated into that. It is through those lens that they develop policy and advise the Commission how to serve their community more effectively.

Having the CRDP partners present will help the Commission get in line and intersect with the community, which will help services more rapidly become culturally congruent.

Perry TwoFeathers Tripp, of the CMMC, stated he is Pomo and Tolowa and a member of the Smith River Rancheria, a federally-recognized tribe in California. He stated he has been a part of the CMMC since its inception and thanked the Commission for receiving the CMMC’s comments, suggestions, and recommendations.

Mr. Tripp stated he is a former mental health board member in Mendocino County and suggested they read the 2014 Grand Jury Report, issued August 2014. He stated he comes from the “bottom bucket” of that unserved, underserved, or inappropriately served population. There are one hundred and eleven federally-recognized reservations in California with a population of approximately eight hundred thousand. He stated these people are underserved or not served at all.

Mr. Tripp stated, as a Native American and a two-spirit person, the acronym “LGBTQ” is stigmatizing and offensive. In the 256 native languages, there is not a word for gay and there is no understanding of what gay is. Labeling a group or a community as LGBTQ ignores California’s first people that are still here today that are two-spirit.

ACTION

7A: Policy and Procedures Paper – How Evaluation Efforts Can Contribute to MHSOAC-Adopted Oversight and Accountability Strategies: Encouraging Positive Outcomes Across the State

Presenter:

Renay Bradley, Ph.D., MHSOAC Director of Research and Evaluation

Dr. Bradley stated no changes have been made to the paper since the first read. Staff did a minor update to the Logic Model per Commissioner recommendation.

Public Comment:

Ms. Mikalson referenced the bullet point, “reduce mental health disparities related to race, ethnicity, culture...” in the Community/Statewide Outcomes section of the Logic Model. She suggested adding “sexual orientation, gender identity,” after “ethnicity” and before “culture.”

Commissioners Poaster and Buck agreed to accept this as a friendly amendment.

Action: Commissioner Poaster made a motion, seconded by Commissioner Buck, that:

- 1. The MHSOAC adopts the Policy and Procedures Paper, “How Evaluation Efforts Can Contribute to MHSOAC-Adopted Oversight and Accountability Strategies: Encouraging Positive Outcomes Across the State.”*
 - 2. The MHSOAC adopts changes to the MHSOAC Logic Model.*
- Motion carried, 7-0

ACTION

8A: Consider Recommendation for a Contract to Develop a Feasibility Study Report (FSR) or Advanced Planning Document (APD) to Evaluate the Department of Health Care Services Behavioral Health Data Systems

Presenter:

Renay Bradley, MHSOAC Director of Research and Evaluation

Chair Van Horn announced Item 8A was pulled from today’s agenda.

ACTION

9A: Resource Development Associates Contract Deliverable: Final Report Identifying Promising Community Program Planning (CPP) Process Practices

Presenter:

Roberta Chambers, Psy.D., Senior Associate, Resource Development Associates (RDA)
Ashley Mills, MHSOAC Research Program Specialist

Dr Chambers stated the Commission contracted with RDA to conduct an evaluation of Community Program Planning (CPP) processes across the state in collaboration with the Client Stakeholder Project (CSP). They also contracted with Peers Envisioning and Engaging in Recovery Services (PEERS) in collaboration with the California Mental Health Association of Peer-Run Organizations (CAMHPRO).

The MHSA CPP Evaluation is a participatory research project to measure and evaluate the impact and effectiveness of CPP processes implemented throughout the state for quality improvement purposes, and to identify promising practices.

RDA held an Evaluation Planning Summit, which included the Commission, PEERS, CAMHPRO, and others, to design an evaluation plan, conducted a literature review of community planning in other fields and disciplines, collected data from counties and stakeholders throughout the state, analyzed and reported that evaluation data, and convened a Promising Practices Summit to validate and refine the identified data-driven promising practices.

She stated RDA used both descriptive and outcome evaluation methods. The mixed methods allowed the integration of quantitative and qualitative data into a unified set of finds and promising practices. RDA was limited by inconsistent time periods within the counties and inconsistent data.

Dr. Chambers highlighted the findings of the Descriptive Evaluation. She reported on staffing and resources, outreach, input-gathering activities, and training.

Commissioner Poaster asked how RDA defined the term “stakeholder.”

Dr. Chambers stated RDA defined it as the legislation does, involving people with lived experience, family members, service providers, and their collaboratives.

Commissioner Aslami-Tamplen asked how much time was given to data collection.

Dr. Chambers stated four months.

Commissioner Aslami-Tamplen asked Dr. Chambers to clarify the effective input-gathering activities.

Dr. Chambers stated counties and stakeholders reported that town hall community meetings and focus groups were the most popular needs assessments, public hearings were the least effective activity to gather participant input.

Commissioner Nelson asked if counties required training to be participants.

Dr. Chambers stated they did not ask if counties required training to participate; they asked if they provided training.

Dr. Chambers highlighted the findings of the Outcome Evaluation on CPP participants. She reported on participant satisfaction, participant wellness, and trust in the public mental health system.

Dr. Chambers highlighted the findings of the Outcome Evaluation on the mental health system. She reported on the impact of CPP on the mental health system, and the impact of CPP on the broader community.

Dr. Chambers reviewed the process taken to arrive at the promising practices. She stated the resulting promising practices are promising principles. Stakeholders requested, during the Promising Practices Summit, not to have a set of prescribed practices that may not be applicable across counties. She stated RDA learned from the literature review and from the evaluation that it is many times the intentionality or the planning behind the planning that informs the approach taken. The CPP or any community engagement may be less about the specific task or action that is taken and more about the way in which it is conducted. The fifteen promising principles identified are intended to support at that level as opposed to prescribing a specific set of CPP practices that could be dropped into any county. They are intended to support a community engagement process by which counties and stakeholders can work together and share ownership, communication, and responsibility for that planning process in a way that meets the intentions of the MHSA.

Commissioner Questions:

Commissioner Aslami-Tamplen asked the meaning of the finding “counties conducted less outreach and engagement to seek stakeholder input during plan finalization,” under input-gathering activities in the Description Evaluation results.

Dr. Chambers stated the volume of outreach and engagement for stakeholders is lowest during the plan finalization phase during public hearings and boards of supervisors meetings.

Commissioner Nelson asked if the participants felt the results of the surveys were skewed by the questions that were asked and if they were political lead surveys rather than true surveys to learn what stakeholders really wanted.

Dr. Chambers stated she did not have data related to that.

Commissioner Buck asked what the limitation of gathering consistent data was.

Dr. Chambers stated RDA asked counties to complete a standardized tool to provide data about the previous FY's, 2012-13, CPP process. Counties worked hard to provide what information they had, but, if they had not collected the requests data during the process, they were unable to collect it now. Counties responded with what they had, but they did not have the same things or they were not reported in a way that was standard enough. Even though counties had collected a vast amount of data, the challenge was standardizing that in a way that allows for quantitative analysis.

Commissioner Buck asked if counties will now be collecting that data more consistently to attain a degree of reliability.

Research Program Specialist Mills introduced Kevin Wu, a Program Associate of RDA. She stated she will present the staff analysis of the CPP evaluation to summarize RDA's findings, provide context, and highlight issues and limitations. She reviewed the fifteen promising principles identified by RDA. There were seven identified via literature review, such as being strategic, developing partnerships, and building capacity, and eight identified via evaluation, such as leveraging existing resources, being transparent, and using multiple methods of outreach.

This study was the first of its kind and there were a number of issues and limitations identified:

1. Limited data is available on local CPP processes. Staff recommended strengthening it.
2. Evaluation resulted in broad principles that are not data driven. Staff recommended conducting a more rigorous evaluation.
3. Dissemination activities are geared toward a broad stakeholder audience. Staff recommended developing actionable support and recommendations.
4. Underrepresentation of unserved and underserved groups. Staff recommended identifying ways to promote opportunities to participate.
5. Limitations and findings may highlight policy implications. Staff recommended considering the implications to develop policy recommendations.

Public Comment:

Ms. Mikalson stated her concern about Issue #2. Further analyzing RDA's collected data will not uncover data on sexual orientation and gender identity because most counties do not collect that data.

She also stated her concern about Issue #4. Page eight of the report states that RDA attempted to engage members of the CRDP, but she was never contacted, and she has led a project that was strongly based in community engagement and community participatory research. She asked, although she supported this project and was glad the Commission did it, that, in the next phase, individuals and organizations that have done community engagement research be included in the process.

Ms. Hiramoto echoed Ms. Mikalson's comments. She stated the REMHDCO, very early on, raised concerns about the initial design of this project that included no significant agency serving or representing people of color or other cultural, ethnic, or LGBTQ groups.

She stated, at the Evaluation Summit, she was assured that the project included people of color. She emphasized the need for the Commission to move beyond just having a person of color on

the Committee. Just because a person is of color does not mean that they represent and bring forth those issues on how to reach the community or that they prioritize reducing disparities.

Ms. Hiramoto shared her frustration of weighing in several times, but, when REMHDCO was contacted about this project, only REMHDCO's list of contacts was requested. Making cold calls from a list of contacts will not work.

She stated she supported this project and wanted it to work. The stakeholder process is the cornerstone of the MHSA. People of color and other cultural, linguistic, and LGBTQ communities are often not at those public forums. Public forums are not the way to engage them. She stated the need to not only center on individuals who are already involved in the community, but to talk to individuals who are not at the forums and find out why they not involved.

Ms. Hiramoto stated her concern about the contract that is based on this, where counties will be trained on information in this report and on how to do outreach. She stated the communities will not be reached by basing that training on what is in this study. It was a wonderful study for the consumer and family movement and groups, but not for the communities of color and others.

Mr. Gilmer stated this study did not give the Commission a better profile of situational factors in community planning, structural issues that promote effectiveness and collaborative relationships, or reducing disparities. He stated his concern that the grass-roots, on-the-streets stakeholders were not included in this study. He stated it does not make sense that the REMHDCO and the CRDP were not contacted, when they have done three years' of research that did much of the groundwork.

Mr. Gilmer stated the need to look at structural factors when engaging in community planning, such as the relationships of the people that participated in the surveys, if they were contractor or non-contractor, formal or informal, faith-based, or cultural groups. He stated the need to get down to the basics in order to find solutions.

Community planning is about communication: how to communicate with stakeholders, if it was a one-time survey process versus ongoing communication, and if relationships were created.

Mr. Gilmer stated everyone is concerned about changing services and being culturally congruent. He asked if the decision-making process led to new decisions or new services. He asked what some of the outcomes were, if those outcomes led to more resources in the community and the CPP, if the outcomes changed the workforce development, or if the outcomes increased community partnerships from ethnic-based organizations. He asked if services are different from the first MHSA funds in 2006.

He stated his hope that the CPP process would answer those questions.

Nicki King, Ph.D., of the University of California, Davis, CRDP, stated she is an evaluator by profession at UC Davis, and has been the project lead for the African American section of the California Reducing Disparities Program for the last couple of years. She shared her disappointment that she was not contacted for her input about this project. She stated looking at a list of who the contractor spoke with does not inform about community participation.

Dr. King stated, even though counties may not list the race, ethnicity, or culture, some counties must have provided data for the number of individuals that are consumers or family members. She asked, for the counties that provided those numbers, how close those numbers were when compared to the number of individuals those counties served.

She stated there has to be a way to break this analysis down. There is a lot of literature out there on case studies, and, even of fifty-eight case studies, there are some commonalities between counties. There are ways to look at these things and come to a conclusion that gives a better feel for what things are like in the state.

Dr. King asked how many counties the RDA engaged as the contractor for the CPP process. She stated she saw RDA in her county.

Commissioner Poaster suggested giving the data from her county to RDA.

Mr. Czarnecki echoed the remarks of all those who provided public comment before him. He stated NAMI California is also disappointed in this report and the limited data. He stated it is disturbing when one of the results is that stakeholders reported town hall community meetings and focus groups were the most popular. He stated it shows a lack of introspection on the subject matter.

Mr. Czarnecki asked if the limited data was a function of the short time frame and why the time frame was compressed. He asked what was learned from this study that was not already known. The study identified broad principles. He asked how a curriculum and training can be created when the principles are broad and how the effectiveness of the training will be measured.

Mr. Leoni stated the study is a good beginning, but it is not done. He stated by asking what the counties are doing; the contractor did not think about what they might not be doing. One of the concerns of the California Stakeholder Process Coalition is about quality in the process, rather than simply quantity.

The Assembly Bill 100 work group concluded the regulations were vague but permitted many things. Counties were asked to fill out forms listing how many people and how many times with an emphasis on quantity, not quality. Qualitative methods, such as having back-and-forth discussions with counties, negotiation, creativity, learning between the two groups, bridging the gap between the client and family members, takes a process to make that happen.

The scope of the various efforts was not addressed. The study looked at stakeholder processes, but one of the issues is the question of what they were or were not covering. Mr. Leoni suggested that RDA review the Scottish Model or the Ryan White Aids Model for stakeholder models. The CSP used these models extensively.

Richard Krzyzanowski, the Southern California Regional Coordinator for the CSP, and of the CFLC, stated he had the responsibility for doing interviews with MHSA staff and coordinators, holding focus groups with stakeholders, and distributing and gathering surveys for seventeen counties, from Fresno to Los Angeles. The process was similar to what is seen and heard at community forums across the state, but with much more consistency.

Mr. Krzyzanowski stated counties were gracious in giving time, resources, and access during the busy holiday time of year. He stated he saw everything from counties that needed improvement to counties that were innovative and inspiring. Counties' effectiveness was variable, and he thought much of it had to do with the attitude of the county administration and staff. For counties that felt that working with communities was a hoop they had to jump through, some of the quality of that conversation was compromised. Counties that saw access and interaction with their communities as an asset and a way to get resources and good ideas were the ones that tended to do the best.

Mr. Krzyzanowski found that stakeholders remained extremely committed to the process, sometimes in spite of the fact that they feel the process does not respect or truly honor them or incorporate them in a meaningful way. People felt they were not really being listened to, and they still participated. He stated that is an amazing energy that speaks to the core hope value that the MHSA is based on.

Mr. Krzyzanowski stated this project is not the end-all; it is an open door. It is a snapshot with all the limitations of perspective and time that any snapshot has. It does not mean it is not a good picture. Many counties are excited about next steps possibly coming along and about TA and sharing of best practices the study found. It is not a bad start, but, obviously, there is room for improvement.

Mr. Mitry stated he values the intent of this evaluation project. He stated his concern that the CSP survey was not disseminated in San Mateo County, a medium-sized county with numerous

diverse groups of different racial, ethnic, and distinct backgrounds. The citizens of San Mateo County lost out because the project was not disseminated there.

Mr. Mitry stated he continues to be troubled by that, because the local CPP lacks meaningful participation from unserved and underserved groups. This is a situation that cries out for utilizing the state IRP, which is incomplete and non-accessible. There was no recourse for San Mateo County stakeholders to address this lack of broad reach to participate. He stated his hope that gaps such as this will be identified to ensure stakeholders across all groups and all ages are always reached and involved.

Commissioner Poaster stated his understanding that the IRP was at the DHCS and is operational and would be an appropriate voice with regard to issues regarding CPP under Prop 63. He stated there must be a disconnect somewhere. The Commission will look into it.

GENERAL PUBLIC COMMENT

Ms. Mikalson encouraged the Commission to invite the CRDP partners to present to the Commission because they have rich information to share. She invited Commissioners to an upcoming community forum for a ninety-minute presentation about the report. She stated she will send a letter to the Commission with the details and a link to staff to the CRDP report.

Mr. Mitry stated he was moved by public comment made this morning by Masa Nacama, who addressed spoken language. Mr. Mitry highlighted the importance of being sensitive and respectful to people who do not have that capacity to speak loudly but have the voice, like Mr. Nacama did this morning. Mr. Mitry recommended using Mr. Nacama's wise and respectful words, "primary language used for communication" in place of "language spoken." This is one step closer to cultural humility.

Ms. Adcock echoed Mr. Krzyzanowski's and Mr. Leoni's words regarding the CPP project. She stated, while this report is not necessarily what was hoped for, there are many things that can be learned from it. She stated one of the biggest lessons learned was it is not one-size-fits-all, and, as counties and stakeholders begin to talk to each other, they learn more and there is more of a sense of community. There were many partners that spoke today that can bring expertise to bear on this and help with this very large project. She urged the Commission to use the CPP project as a launch pad to continue this effort and to delve deeper, because the Commission is in a position to come out with groundbreaking innovation.

ADJOURN

There being no further business, the meeting was adjourned at 3:15 p.m.