



Services Committee Meeting Minutes  
 February 11, 2015  
 1:00 PM – 4:00 PM  
 1325 J Street, Suite 1700  
 Sacramento, CA 95814

<b>Committee Members:</b>	<b>Staff:</b>	<b>Other Attendees:</b>
Commission Miller-Cole Commissioner Gordon Commissioner Wooton Jacques Alexander Stephen Anyaka Matthew Gallager Jim Gilmer Maria Perez Jill Phillips Jenny Qian Hector Ramirez Kenneth White Hector Ramirez Corby Tushla Patricia Wentzel Sam Woolf	Kevin Hoffman Jose Oseguera Wendy Desormeaux Carrie Masten Angela Brand	Stacie Hiramoto, REMHDCO Erin Reynoso, REDMHCO Rusty Selix, MHA

**\*Participation by Phone**

Erynne Jones Karen Todoroff, Chaise Rasheed, Gwendolyn Wilson, Raja Mitri, Pete LaFollette

Absent: NA

**Agenda Item 1: Welcome/Introductions and Adoption of October 14, 2014 Meeting Minutes**

The Chair called the meeting to order at 1:03 PM. Commissioner Miller Cole, Commissioner Gordon and Commissioner Wooton thanked everyone who volunteered to be on the committee.

All meeting participants introduced themselves and talked briefly about why they chose to serve on this committee.

**Approval of the October 14, 2014 minutes:**

The following edits need to be made:

On page six on top Native American Mental Health conference, it coincided with the end of the Native American History month, not Mental Health Awareness month.

On page six change 23,000 people to 2,300.

Kenneth White needs to be added to the list of attendees.

The spelling of Tina Wooton's name needs corrected.

**Motion #: 1**

**Date: February 11, 2015**

**Text of Motion: Accept the minutes as amended**

**Committee member making motion: Hector Ramirez**

**Committee member seconding motion: Sam Woolf**

Roll Call Vote

Motion Passed

6 Yes, 0 No, 13 Abstain

Name	Yes	No	Abstain
1. Co-Chair Commissioner Miller Cole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Co-Chair Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Vice Chair Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Jacques Alexander	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Stephen Anyaka	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Matthew Gallager	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. James Gilmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Erynne Jones	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Maria Perez	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. Jill Phillips	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Jenny Qian	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Hector Ramirez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Chaise Rasheed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Karen Todoroff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Corby Tushla	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Patricia Wentzel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Kenneth White	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Gwendolyn Wilson	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Sam Woolf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Agenda Item 2: Review Services Committee 2015 Charter and Draft of Charter Activities Planning Document**

(See attached Draft of Charter Activities Planning Document)

The Charter Activities Planning Document lists all of the activities in the charter but groups them by main activities or areas of focus:

1. Resource Center
2. Training in a Technical Assistance
3. Prevention and early intervention
4. Integration
5. Stakeholder Outreach
6. DHCS Behavioral Health Forums
7. Coordination with Evaluation
8. Student Mental Health Task Force on Integrations of Schools, Services and Behavioral Health

**Planning Document Discussion:**

Feedback was provided that the Charter activities from the 2015 Work plan do not include recent events and reports that have an impact on services. The Charter activities should be updated.

Commissioner Wooton remarked that she hoped that the Services Committee would be able to make comments and recommendations on the Little Hoover Report.

The observation was made that the current document does not reflect the various committees of the MHSOAC Commission that are working together, as the previous Service Committees suggested.

The importance of integrating the language of the CRDP documents into our documents was stressed.

The committee was informed that the Commission is meeting on the 26<sup>th</sup> of this month and will have on its agenda the Little Hoover Report. The Commission will also have a presentation regarding perceived inequities in the Hispanic community, the League of United Latin American Citizens (LULAC) report.

Members expressed appreciation regarding the work that went into the document and supported the idea of having programs give presentations so the committee can see examples and how programs are being implemented.

Additional Suggestions by Committee members for inclusion or modification of the document:

Commissioner Gordon would like a truncated presentation on the plan for the integrated data base across the health systems.

Commissioner Wooten would like to hear from a county that is working with peers and the Affordable Care Act.

A presentation on how immigration is impacting all of the disadvantaged populations.

In addition to information on how integration is being implemented in the Counties information about general efforts by Blue Shield and other consultants throughout the state should be mined for additional context.

Members stressed the need to include input from the deaf and blind communities.

Counsel reminded members that the workgroups are advisory bodies to the Committee. So any workgroup products and recommendations are taken to the Commission to take action.

A presentation was requested so that committee members have a better understanding of what the specific requirements are for outreach for counties.

Members requested presentations from Public Health and the Office of Health Equity on whole health and the broadening definition of mental health and trauma.

Lengthy discussion was had about the criminal justice realignment populations that are being released into the community. The suggestion was made that they should have programs to receive services on the inside before they are released. It was suggested

that we should specifically call out incarcerated persons as a group to outreach in our charter activities.

Commissioner Gordon suggested the service committee ask Sherriff Brown to give us an update or contact information on anyone who could present to us.

The importance of collaboration and building partnerships is the key to providing AB109 services. It was mentioned that AB109 is not an MHSA funded program. But it is good for us to know how it will fit in with our goals.

It was suggested that the best way to fit in the conversation about the incarcerated or recently released population would be through training and technical assistance process.

The need to get specific on what we want to accomplish in workgroups and look at our expectations was stressed.

### **Public Comment**

The committee should be more involved in the design of the charter activities.

Members suggested linkages to other OAC committees and better access to the Commission.

For Prevention and Early Intervention (PEI) it is important to hear from underserved and unserved groups to hear about their perceptions and how to engage them in stakeholder outreach.

### **Agenda Item 3: Presentation on Paper “Four Priority Core Programs for Prevention and Early Intervention (PEI); Health Plans, Schools, Workplaces, Internet”**

(See attached Paper)

The following is a brief summary of information provided by Rusty Selix and Commissioner Dave Gordon.

When PEI programs were implemented roughly 5 years ago, the sense was that all of the money went out to identifying high risk populations, figuring out where they go for help and then trying to link them to that help. The feeling now is that there are better approaches in the following four special settings that will ultimately reach almost everybody:

1. Mental Health Care System
2. Schools
3. Internet
4. Workplace (Similar to what is needed for schools, but will have a lot further to go.)

#### Comments from Committee Members: On the Health Plan Section

Make sure racial and ethnic populations are represented in the convening of the task force.

Faith Based organizations are a resource that should be looked at. The focus in this paper were segments where the proposed services end up paying for themselves by providing an earlier intervention. Faith Based groups and ethnic based community based organizations are groups that are important but it is difficult to see how they fit in with this strategy.

Concern about the barriers for provider payment for providing integrated care in rural counties was mentioned. It was explained that in order for this to work exist county mental health is paying for the mental health services and managed care health plans are paying for medical services.

The question was asked “How will this be effected by Health Insurance Portability and Accountability Act (HIPPA)?” The agencies involved often need to have memorandum of understandings but otherwise (HIPPA) requirements are generally not a barrier.

The need to include primary care or clinics in ethnic communities was stressed.

#### Comments from Committee Members: Schools

Concern about the qualifications of teachers to diagnose mental health problems was expressed. It was explained that the teacher’s job is to say something is going on, it doesn’t have to be a mental health condition or something diagnosable. The focus becomes is there anything we can do to help them.

You have to have parental consent at the point when evaluation takes place.

This focuses on kids in grades K-12. Community Colleges are not included as the teachers generally don’t have that level of relationship with students.

There are other efforts going on in colleges. Those efforts should continue and are not ruled out by the concepts in this paper.

Concern was mentioned that all children with behavioral problems might be labeled as having mental health problems. The focus of the programs is to try and figure out how to keep the kids in the classroom and getting them support, not on labeling kids.

A good point to keep in mind as this program is broadened to more schools is how can fidelity to the model be ensured?

The questions was asked “How will anti- bullying be implemented in the three tiered process.” The assumption is that both the person who is being bullied and the one bullying will be exhibiting some behavioral problems. The issues would be identified quickly and thus avoid the problem becoming more severe.

The practice of training teachers in mental health first aid was suggested.

Persons who cannot depend on family members to be supportive also need services. This particular program will not be able to address this due to parental consent requirements.

The program would need to be marketed so that parents in minority communities do not feel threatened. There should also be pathways for parents or students to ask for help independent of their teachers.

Commissioner Gordon remarked that it was good place to start with kindergarten classes because that is when teachers “are teaching the child” versus in higher grades where teachers are primarily focused on teaching a subject.

It was suggested that considering cultural brokers and ambassadors as additional pathways in this project would meet the need to encompass faith based and other organizations.

Entire communities are traumatized so it can’t just include the kid it has to include the families.

The training should be made available in the communities and to people who work with youth in a variety of settings. The vision should be expanded beyond just the school.

Suggestions that go beyond the scope of the paper are important and perhaps are issues that should be taken up by the committee.

Having a peer component in this project would be very helpful.

#### Comments from Committee members on Workplace

No comments.

### Comments from Committee members on the Internet

No comments

Call to action request: Bring workgroups outlined in paper before the commission. Perhaps others areas that have been brought up but are not included in the paper are areas that the services Committee can focus on further developing.

### General comments from Committee members:

It was asked if the proposed workgroups would allow for public comment. Reports would be brought back to the Commission and then, there would be opportunities for public comment on the reports.

Concern was raised about stigma and confidentiality issues.

Concern about counties being required to put their limited PEI funds into the schools might end up being detrimental in rural communities where the schools are geographically diverse.

The School portion could be covered by Early and Periodic Screening, Diagnostic and Treatment (EPSDT) dollars.

### General Public Comment

Service committee is an ideal place for a first read on the Little Hoover Committee Report. The Commission is not an ideal place for the initial discussion.

### Adjournment

Meeting adjourned at 4:08 PM.