



**MENTAL HEALTH SERVICES
 OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Teleconference
 July 23, 2015

MHSOAC
 1325 J Street, Suite 1700
 Sacramento, California 95814

866-817-6550; Code 3190377

Members Participating

Victor Carrion, M.D., Chair
 John Buck, Vice Chair
 Khatera Aslami-Tamplen
 John Boyd, Psy.D.
 Sheriff William Brown
 David Gordon
 Paul Keith, M.D.
 Christopher Miller-Cole, Psy.D.
 Larry Poaster, Ph.D.
 Richard Van Horn
 Tina Wooton

Members Not Participating

Senator John Beall
 Ralph Nelson, Jr., M.D.
 Assemblymember Tony Thurmond

Staff Present

Toby Ewing, Ph.D., Executive Director
 Filomena Yeroshek, Chief Counsel
 Deborah Lee, Ph.D., Consulting Psychologist
 Jose Oseguera, Chief of Plan Review and Committee Operations
 Pete Best, Staff Services Manager
 Kristal Carter, Associate Governmental Program Analyst

CONVENE

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:05 a.m. and welcomed everyone. Kristal Carter, Associate Governmental Program Analyst, called the roll and announced that a quorum was present.

ACTION

1A: Approve Meeting Minutes from the May 28, 2015 Commission Meeting and the June 25, 2015 Commission Teleconference

Commissioner Questions and Discussion

There was no Commissioner discussion on the meeting minutes from the May 28, 2015 Commission meeting and the June 25, 2015 Commission teleconference.

Public Comment

There was no public comment on the Meeting Minutes from the May 28, 2015 Commission Meeting and the June 25, 2015 Commission Teleconference.

Action: Commissioner Poaster made a motion, seconded by Commissioner Van Horn, that:

The Commission approves the May 28, 2015 Meeting Minutes and the June 25, 2015 Teleconference Minutes.

Motion carried 10 yes, 0 no, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Keith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Miller-Cole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Nelson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATIONAL

1B: May 28, 2015 and June 25, 2015 Motions Summaries

ACTION

2A: Kings County Innovation Plan

Presenters:

José Oseguera, Chief of Plan Review and Committee Operations

Deborah Lee, Ph.D., Consulting Psychologist

Kings County is requesting approval of one Innovative (INN) project: Youth Researching Resiliency Project.

Jose Oseguera, Chief of Plan Review and Committee Operations, introduced Kelly Baker, Marriage and Family Therapist, Deputy Director, Kings County Behavioral Health; and Ahmad Bahrami, Program Manager, Kings County Behavioral Health.

Mr. Oseguera stated that Kings County is requesting \$505,000 for a three-year INN Program titled, "Youth Researching Resiliency".

Deborah Lee, Ph.D., Consulting Psychologist, reviewed the notable aspects of the program and what it can teach about INN in California.

Commissioner Questions and Discussion:

Chair Carrion asked how adult mentors are selected for the program.

Mr. Bahrami stated that selected mentors would be county staff in the mental health field, mental health providers, and, possibly, subject matter experts from local colleges and universities to help train youth in specific subject areas.

Chair Carrion asked if there are any safeguards in place in case of poor mentor/mentee relationships, or in the event if a problem related to the mental health of adult mentor develops. In other words, what steps would be taken if a youth mentee's experience serves as a trigger that exacerbates an adult mentor's own mental health condition and adversely affects the mentor/mentee relationship?

Dr. Lee stated that this program is intended to be primarily youth-led. Training in specific areas, like evaluation, would be provided to youth leaders in order for them to become mentors to other transition age youth (TAY). She acknowledged that youth participants may experience mental health challenges

while trying to be mentors to their peers. Because of this, the program must receive the support, backup, clinical sensitivity, and attention necessary in order to be successful. She added that, despite the county's limited resources, she was of the opinion that an adequate level of support was possible.

Mr. Bahrami reiterated that the program is intended to provide youth leaders with training, subject expertise, and support so they could provide support to others with mental health challenges. He added that if any issues come up within the program, they would be addressed through the county or its providers.

Commissioner Aslami-Tamplen commented that INN programs are a great opportunity for youth to develop research skills. She asked about subject matter experts and if Kings County's proposed INN would involve collaboration with youth-led organizations that focus on mental health.

Mr. Bahrami stated that Kings County is very rural and lack those kinds of organizations, which is why the County is looking forward to being able to implement the INN program to help engage TAY.

Commissioner Poaster asked for further clarification about the INN program's evaluation methods and asked about what is being evaluated and how.

Dr. Lee stated that the goals of the program include a positive change in service delivery to TAY, providing youth-friendly and culturally appropriate services, and that TAY not currently being engaged are being engaged by the program. Based on those goals, the following items to be evaluated would be related to changes in service delivery outcomes in the near term: 1) whether there is improved provider receptiveness to TAY recommended ideas and approaches; 2) changes in providers' perceptions about the most effective way to serve underserved TAY who are at risk for or who have mental illness; 3) changes that are actually implemented in regard to service delivery; 4) whether or not services become more culturally competent; 5) whether or not there are increased numbers of underserved TAY-focused programs; 6) if there is greater access to services for TAY at risk for or who have mental illness; and 7) increased positive perceptions of services by TAY and their family members.

Dr. Lee added that outcomes of clients could be evaluated in the longer term. Evaluation measures that would be used for measuring impact upon program participants would include the following: 1) changes in leadership and decision-making capabilities; 2) perceptions of mental health services; 3) engagement in planning of mental health service delivery; 4) the ability to collaborate and create support groups; and 5) stigma reduction.

Lastly, evaluation measures that would be used to measure the impact of the program on the community as a whole would include the following: 1) whether there is a change in perception amongst community members about mental health; 2) whether there is a greater appreciation of resilience and positive wellness factors that exist in the community and the relationship of those factors to preventing and treating mental illness; and 3) whether there is an increase in community engagement regarding mental health issues and support for those at risk for or who have mental illness on the community as a whole.

Commissioner Poaster asked if there are measurements established for any or all of these.

Dr. Lee stated that measurements have been established for some, but not all of the factors mentioned. Some items for measurement are to be developed by TAY participants.

Commissioner Poaster asked where the bulk of the \$135,000.00 per year grant would be going.

Mr. Bahrami stated that most will be going to the actual implementation of the program. Ten percent would be used for administrative costs. Some funds would be used for transportation, technology support, and training for youth.

Dr. Lee added that a significant amount of funding will go to evaluation, which in the first year will be \$25,000.00 and then \$20,000.00 in each of the subsequent years.

Public Comment

Poshi Mikalson, Mental Health America of Northern California, stated that she had led a lesbian, gay, bisexual, transgender, queer (LGBTQ) awareness training in Kings County. LGBTQ youth are at higher risk for certain mental health challenges and illness because of stigma and discrimination related to their gender identity and sexual orientation issues. She asked the Commission to make sure that Kings County's INN program includes some TAY participants from the LGBTQ community and that the evaluation will include an assessment of services to help with sexual orientation and gender orientation issues.

Janet King, of the Native American Health Center and the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked Dr. Lee for her presentation. She commended Kings County's interest in reaching isolated communities, TAY, Native Americans, and diverse communities.

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

The MHSOAC approves Kings County's Innovation Project:

Name: Youth Researching Resiliency Project

Amount: \$505,000

Program Length: 3 years

Motion carried 11 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Commissioner Nelson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION

3A: Innovative Projects and Prevention and Early Intervention Regulations

Presenter:

Filomena Yeroshek, Chief Counsel

Filomena Yeroshek, Chief Counsel, provided an update on the process for the Commission's Prevention and Early Intervention (PEI) and INN program regulations.

She reported that the Office of Administrative Law (OAL) had approved the INN program regulations and the regulations will take effect October 1, 2015.

She stated that OAL had disapproved the PEI program regulations and explained that this disapproval was because the OAL is of the opinion that the regulations contained one inconsistent cross-reference in the definition of "serious emotional disturbance" for individuals under the age of 18.

Ms. Yeroshek went on to explain that the cross-reference must be changed and the implementation of the PEI regulations will be delayed. She recommended the following actions to satisfy OAL's requirements for approval of the PEI regulations: 1) the Commission would vote on the change to the

cross-reference, according to MHSOAC staff's recommendation; 2) the change would go out for a 15-day public comment period; 3) the Commission would review and respond to public comment about that change at the August 27, 2015 Commission meeting; and 4) the PEI regulations would be resubmitted to the OAL.

Commissioner Questions and Discussion:

Commissioner Van Horn asked for clarification about the need for the Commission to meet by teleconference in August in order to review and respond to public comment about the proposed regulation changes.

Toby Ewing, Ph.D., Executive Director, said that he would address Commissioner Van Horn's question during his presentation to the Commission which is scheduled as agenda item 4A.

Chair Carrion asked for confirmation that the cross-reference change was the only change necessary to the PEI regulations to satisfy OAL requirements.

Ms. Yeroshek answered affirmatively.

Public Comment

Beatrice Lee, President, REMHDCO, thanked the Commission for the opportunity to speak on the PEI regulations and for the Commission's efforts to receive input from the community on those regulations. She commented on the high value of the regulation development process, saying that there have been a lot of great programs funded under PEI and added that the Commission needs to hear how the regulations could be updated to incorporate what has been going on in the field. She stated that she is glad that the disaggregation of data is now part of the regulations and provided an example of how data disaggregation affects Alameda County's mental health programs, where funding has been provided to serve emerging populations. She stated that, beyond the "Big Four" populations (Black, Hispanic, Asian/Pacific Islander, and Native American), new communities that are being served are being missed. She put forward the example of recent immigrant communities, refugees, and asylees who are experiencing post-traumatic stress disorder (PTSD), and stated that PEI data is important in providing a way to better look at what's going on with these stakeholders and how they are being served

Commissioner Van Horn asked Chair Carrion if public comments being made about Agenda Item 3A were supposed to be only about the changes to the PEI regulations or were also to include general comment about the PEI regulations.

Ms. Yeroshek stated that these are comments on the agenda item, which includes an update and general information about the regulations themselves. Public comment on the changes and about the regulations in general were therefor permitted. She added that, in the event of a 15-day public comment period, which would follow a vote to change the PEI regulations, only comment specifically about the change would be considered.

Ms. King thanked the Commission for being transparent and inclusive during the regulations process and echoed previous statements regarding the disaggregation of data. She also thanked the Commission for including information on sexual orientation and gender identity, and for keeping the requirement to collect information on the duration of untreated mental illness in the regulations. She said that including this data is important for reducing disparities and that PEI is an important pathway to implement best practices so that diverse communities are served.

Rebecca Gonzales, REMHDCO, supported the comments already given about the open, inclusive process, and reiterated Ms. King's comments regarding the duration of mental illness, adding that underserved communities often wait longer before they get treatment.

Jim Gilmer, REMHDCO, and the California Mental Health Services Act (MHSA) Multicultural Coalition (CMMC) stated his agreement with the previous comments made by his REMHDCO colleagues and added that PEI is a very important tool for reducing racial and ethnic disparities. As a former PEI evaluator, he helped review more than 35 PEI plans and that REMHDCO and CMMC had high hopes that PEI programs would help reduce disparities in racial and ethnic communities. Even

within the demographics of African-American or African communities, there is much population diversity and crossover of ethnic and racial populations.

Najeeb Kamil, child welfare trainer and member of REMHDCO, thanked the Commission for the opportunity to speak and reiterated previous comments regarding the disaggregation of data and the Commission’s transparent regulations process.

Michelle White, REMHDCO, and Affordable Housing Services (AHS) in Los Angeles County, endorsed the comments previously given by REMHDCO members. She added that, in housing, amongst low and very low income people, there is a lot of time between the onset of mental illness and seeking help. She requested clarification with regard to the public comment permitted during the 15-day public comment period on the proposed change to the PEI regulations.

Chief Counsel Yeroshek stated that the 15-day comment period will only be for the one change that the Commission makes today.

Laurel Benhamida, Muslim American Society Social Services Foundation (MAS-SSF) and member of REMHDCO, echoes previous comments regarding the disaggregation of data and the transparent regulations process. She suggested that the Commission communicate with the Census Bureau. With specific regard to the duration of mental illness, Ms. Benhamida stated that she is very concerned. In the early 2000’s, Sacramento County had over 2,000 Bosnian refugees arrive. Of those, according to Marilyn Wong, then Executive Director of Opening Doors, 80 percent of the women in that group had been raped and are likely experiencing PTSD symptoms, which may have gone untreated. There are also several thousand Iraqi refugees who have been here for about four or five years whose duration of mental illness is long. They are likely experiencing current trauma as well. She added that the same is true of Afghan refugees who are currently settling in this area. In the San Juan School District, there are about 1200 students whose home language is Arabic and over 250 students whose home language is one of various Afghan languages. In addition to these groups, Syrian refugees, with similar experiences, are arriving now.

Commissioner Van Horn commented that it is encouraging to see how much the constituencies, particularly diverse constituencies, appreciate the disaggregation of data being retained in the regulations. He stated that it would be very helpful if they shared their comments with counties and others who do county exercises, because the Commission has received a lot of pushback about it. The Commission has stuck by it because of the concern of its constituents. He implored the public commenters to share their comments more widely.

Action: Commissioner Van Horn made a motion, seconded by Commissioner Keith, that:

The MHSOAC approves Staff’s recommended changes to the regulations.

Motion carried 10 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
1. Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Vice-Chair Buck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Keith	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Miller-Cole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Nelson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATIONAL

4A: Executive Director Report Out

Presenter:

Toby Ewing, Ph.D., Executive Director

Toby Ewing, Ph.D., Executive Director reported on projects underway and other matters relating to the ongoing work of the Commission.

Budget and Fiscal Information:

Dr. Ewing stated that the Legislature has augmented the Commission's budget by one million dollars to support and enhance stakeholder advocacy. He stated that the Commission has been asked to move toward a competitive process to allocate those advocacy dollars, which the Commission has already started taking steps to do so. He noted that when the Legislature offered those funds to the Commission, it was conditioned on the availability of sufficient funding within the administrative five percent of the MHSA fund. MHSOAC staff have been meeting with the Department of Finance (DOF) to find out if the money is available. As of now, this is still unknown and DOF staff has cautioned that the money may not be available this year. Whether or not this funding authority is ongoing or if the MHSOAC will need to seek specific budget authority for next year still needs to be determined.

Dr. Ewing went on to say that MHSOAC is working with DOF to try to clarify how the calculation for determining the five percent is done. During this year's budget conversations, there were differing perceptions on whether or not there would be growth in the administration portion of the fund; there was not as much growth as people anticipated, given what has been happening in the economy.

Dr. Ewing stated that MHSOAC staff are also in conversations with DOF, counties, and the Department of Health Care Services (DHCS) to document how much money is available in terms of INN funds. He indicated that, over the next few months, MHSOAC staff will give the Commission proposals to improve the information they have for reviewing and approving INN plans. If the Commission could know what the INN balance available to each county was, then that information could be used as context for the decisions they make with regard to state funding proposals.

Dr. Ewing stated that MHSOAC staff is beginning to talk with DOF about potential additional resources that would increase MHSOAC staff. These staff would work on an INN strategy within California. The first issue relevant to this is the Commission's ability to work with the counties to recognize strategic opportunities for INN investments. The Commission hears a lot about what is happening in specific counties, but that does not necessarily give the Commission the ability to see the broader, statewide context for that investment. More staff would enable the MHSOAC to better provide the Commission with this context. There is also a need for an enhanced ability to provide the technical assistance that Dr. Lee has been able to provide in the past.

Dr. Ewing went on to discuss the consequences of when a state agency does not spend all of the funds allocated to it by the Legislature. Normally, under the state budget process, money that is allocated to a department is either encumbered, meaning it is reserved for use, or it returns to the fund. In future years, if money has not been spent, it also returns to the fund. He explained that the fund created by the MHSA is slightly different because of the 95 percent/five percent split. MHSOAC staff is talking with DOF to determine if there is a need to put in place a change that would allow the State to capture administrative savings. The reason for this conversation is because of the gap between the amount of money that the Legislature has allocated from that fund and the amount of money that is actually available, due to the volatility of the MHSA fund. He promised to keep the Commission informed on the progress of that conversation.

Dr. Ewing asked if there were any questions on conversations with DOF or around the budget or fiscal information.

Commissioner Poaster asked if the word, "departments", included everything or, specifically, departments and entities that receive these funds.

Dr. Ewing explained that “departments” refers to state agencies which are allocated funds through the budget process, of which there are a dozen or so. Typically, the money goes to a department for a certain purpose. There are a few exceptions: one of those exceptions is the Triage dollars. Triage dollars pass through the MHSOAC budget and is allocated to the counties. What is not clear is whether or not unspent Triage dollars should stay with the counties or recycle back into the State.

Staff Changes/Vacancies

Dr. Ewing stated that there have been some challenges regarding MHSOAC staff vacancies. There is still a Deputy Director vacancy in addition to several vacancies in the research unit. MHSOAC staff has been able to work closely with a number of universities and has talked with them about recruiting from their student population. After the summer break is over, MHSOAC staff will continue these recruitment efforts.

Stakeholder Contracts:

Dr. Ewing reminded the Commission that it had previously discussed stakeholder advocacy contracts and had indicated that MHSOAC staff should make sure that lessons learned from those were being documented. In that regard, MHSOAC has entered into a contract with a third-party facilitator and meetings are being held with contract holders over the next couple of months to talk about lessons learned from prior contracts. There will be some meetings open to the public, and some of the organizations which are potentially targeted with the augmented million dollars will be invited to further discuss with the Commission the goals of these contracts. He stated that these discussions should facilitate aligning the Commission’s contract investments with the goals of the MHSA and the Commission’s underlying work.

Dr. Ewing added that MHSOAC staff will propose a contract extension for California Youth Empowerment Network (CAYEN) at the August Commission meeting. He explained that all current contracts, with the exception of the CAYEN contract, expire in June 2016. The CAYEN contract expires in September 2015. There is not enough time between now and September for MHSOAC staff to go through the lessons learned from the prior year and establish a new contract for TAY advocacy. Extending the contract for CAYEN would allow the time needed to accomplish this.

The Little Hoover Commission Task Force Project:

Dr. Ewing reported that MHSOAC staff has thus far held two very effective meetings with regard the Little Hoover Commission’s recommendations around the Commission’s authority over PEI. Staff has outlined a number of strategies that could address the concerns brought to the attention of the Commission by stakeholders. The fundamental concern was that there can be significant variation in the quality of the consultation process at the community level, which he acknowledged as understandable and potentially frustrating. He explained that, because of staffing challenges, MHSOAC staff has had difficulty in following up on this, but staff continues to work with MHSOAC partners on the project. He assured the Commission that more progress in this area would be made and that an update would be provided soon.

Crisis Services Project:

Dr. Ewing reported that Commissioner Boyd and MHSOAC staff have developed a work plan and calendar for the Crisis Services Project. The project will focus on services for children. The need to focus on children and adults was considered, but it was ultimately decided that they needed to be separate projects. The Commission’s agenda in September and October will be centered on the Crisis Services Project. Those meetings would be held outside of Sacramento - the goal being to bring together a panel of subject matter experts to outline the opportunities, strengths, and challenges to accessing crisis services in California.

Dr. Ewing asked Chair Carrion to appoint two additional Commissioners to work with Commissioner Boyd in a subcommittee in order to assist in shaping the project and to review draft reports before they are presented to the full Commission for adoption.

Chair Carrion stated a desire to have a white paper on recommendations, which could enable the Commission’s work to be disseminated for use as a guide.

Dr. Ewing agreed with Chair Carrion and added that his vision for this projects includes a Commission document that would include a number of recommendations. Depending on how the project unfolds, this document could include things the Commission has some authority over, Triage dollars, the work of Commission advocates through the advocacy contracts, the work that the Commission might do through community forums or committees, and INN dollars. He stated that his expectation is that this subcommittee would be very thorough in terms of determining potential challenges and identifying potential strategies that could include proposals for legislative change and budgetary change.

Regulations:

Dr. Ewing addressed ongoing concerns with regard to the regulations. He spoke of working with a range of stakeholders, members of the public, members of REMHDCO, the counties, providers, and others to understand how to operationalize the regulations. He informed the Commission that MHSOAC staff, along with a selection of Commissioners, will meet with county representatives in San Bernardino County, July 31st to help MHSOAC staff with setting a calendar and framing the implementation. That group would come back to the Commission and draft an agenda and timeline for a regulation implementation process at a later date.

Dr. Ewing stated that Commissioner Poaster would be taking the lead on this project and asked Chair Carrion to appoint additional Commissioners to form a subcommittee. He explained that the work of the subcommittee would be to review a work plan and participate in further meetings as they move forward. Given the amount of time the full Commission has spent on these regulations, the involvement of the full Commission would not be necessary until the subcommittee and MHSOAC staff have a better understanding of what the challenges of implementation are and where the Commission might head.

Commissioner Van Horn mentioned a meeting about data, regulations, and disaggregation issues happening in Los Angeles on July 27th. He will be attending that meeting with Renay Bradley, Director of Research and Evaluation.

Dr. Ewing stated that counties have been holding meetings around the challenges they see with implementing the regulations and added that he was happy to hear about Commissioner Van Horn's attendance at that meeting.

Dr. Ewing asked if the Commissioners had any questions about the Little Hoover Project, the Crisis Services Project, or the Regulation Implementation Project.

Commissioner Van Horn asked where the Commission is on the Little Hoover Project and what the next step is for that project.

Dr. Ewing stated that MHSOAC staff have done a draft report of the meetings that have been held. That draft will be disseminated to those who were in the room and any feedback received would be presented to the Commission for consideration.

Community Forums

Dr. Ewing reported that the Commission held a community forum in Amador County which was attended by about 200 people. Five or six counties participated. Commissioners Nelson, Wooton, and Boyd were able to attend. The next forum would be held on August 13th in Riverside County in the city of Temecula. A Community Forum in Fresno will follow on November 6th.

Dr. Ewing stated that, since there was more lead time before the Fresno forum, the option of engaging broader community leadership on some of the challenges and opportunities facing the mental health system is being considered. Traditionally, these forums bring together individuals from the mental health community, but mental health needs are broader than the service delivery system. MHSOAC staff want to partner with a broader group from the Fresno Community and engage law enforcement, the religious community, and local government officials, among others. He promised the Commission an update following that forum.

Triage Update

Dr. Ewing reported that MHSOAC staff had organized periodic meetings with the counties that receive Triage funding and those have been very well attended by county Triage coordinators. At the last meeting, MHSOAC staff spoke with the counties about opportunities to develop more peer-to-peer networks around implementing Triage programs. He reported that Pete Best, Staff Services Manager, is leading MHSOAC's efforts to work with counties to continue to make those meetings very effective.

Communications Strategy

Dr. Ewing stated that MHSOAC hired a communications consultant, Patricia Macht, last month. Ms. Macht is beginning to work with staff on a strategic communication plan. She has significant experience working with Covered California and other State agencies. He informed the Commissioners that she would eventually be asking to speak with some or all of them about their goals, interests, and concerns about the Commission's communications strategy. Dr. Ewing stated that he anticipates Ms. Macht will provide the Commission with a draft of a communications plan for consideration within the next couple of months.

Dr. Ewing went on to describe a potential joint communications project. He stated that when the Legislature gave the MHSOAC an additional million dollars, it asked MHSOAC staff to look at the needs of veterans. MHSOAC staff is exploring the opportunity to partner with others to support a documentary on the mental health needs of women veterans. This would allow the Commission to pursue the direction given by the Legislature around the mental health needs of vets, but it also provides an opportunity to begin a dialogue with the public about discrimination and stigma. He said that there is so much public support for veterans, and very little awareness about the particular needs of women vets, so this potential project for the Commission could be one way to facilitate the Commission's outreach and communication goals. He encouraged the Commissioners to approach him with any concerns or questions about this potential project. Currently MHSOAC staff is looking for potential partners to see if this is the right kind of opportunity for the Commission and how to make it successful.

Dr. Ewing asked the Commissioners if they had any other questions on the forum, Triage, or communications.

Chair Carrion asked Dr. Ewing if it is possible for Commissioners to receive an itinerary of important dates, including meetings, forums, operations calls, or any other meetings deemed relevant to the Commission, along with the locations for those events.

Dr. Ewing said that staff struggles to stay on top of these items as well. Several possibilities have been considered to remedy this, including the possibility of using tablets and going toward a more paperless operation, which would allow Commissioners to be updated electronically. He promised that MHSOAC staff will further explore improved calendaring strategies and that he would report back to the Commission about that.

Meeting Calendar:

Dr. Ewing stated that he would like to get to a point where the Commission is setting its calendar four to six months in advance. MHSOAC staff's goal is to determine Commission meeting locations based on the work that it is doing, starting with either a project or some other topic. Agendas should determine meeting locations and staff is working on getting to a point where that can happen.

With regard to the August meeting, Dr. Ewing stated that there would be a few INN plans on the agenda, one of which would be coming from Stanislaus County. Because of this, the Commission's August meeting would be conducted in that county. He described it as being a relatively brief meeting followed by a site visit or two, which would give the Commission a chance to get out in the community and see some programs.

Dr. Ewing Stated that September's meeting would be conducted in San Francisco. San Francisco will have an INN plan up for consideration by the Commission at that time. They would also like to put together an INN showcase for Commissioners. County staff recently put together an INN fair, which Dr. Lee was able to attend. Dr. Lee had very positive things to say about this fair. Along with the regular

Commission business, the September Commission meeting will also have a panel on crisis services. MHSOAC and County staff are working on the details.

The October Commission meeting will focus on Crisis Services and will be held in Santa Barbara County.

Commissioner Van Horn pointed out that the August meeting was originally scheduled as a teleconference meeting and asked if the meetings mentioned by Dr. Ewing were to all be in-person meetings.

Dr. Ewing replied that it has been proposed now that the August meeting, as well as the other meetings he mentioned are to be in-person meetings, but said that there might be a hybrid meeting option – that is there would be a teleconference business meeting and an in-person site visit.

COMMISSIONER COMMENT

Commissioner Brown asked for the date of the August meeting.

Commissioner Van Horn answered August 27th.

Commissioner Brown stated that he would not be able to attend the August meeting, and he wondered if others would have trouble attending, since August is when many people take vacation time.

Chair Carrion said that some details are still being decided, and reiterated his desire for a list or calendar of upcoming events.

Dr. Ewing acknowledged Chair Carrion's request.

Chair Carrion thanked Dr. Ewing for his report and asked if there were any Commissioner questions.

Commissioner Poaster stated that he appreciated Dr. Ewing's proactive planning and report outs, saying that they are very helpful.

Dr. Ewing thanked Commissioner Poaster for his comment, but acknowledged that there was still some work to be done in order to keep the Commission better informed of upcoming events. He stated that his goal is for the Commission to have three to four months advance notice for Commission events. Having agendas set in advance of the calendar is key to achieving that goal.

PUBLIC COMMENT

Stacie Hiramoto, Director, REMHDCO, thanked the Commission for making members of the REMHDCO steering committee feel welcomed at the meeting and for listening to their comments. She also thanked Dr. Ewing for his helpful presentation. With regard to the Crisis Services Project, she urged the Commission to give special attention to racial, ethnic, and LGBTQ communities. She emphasized the importance of a particular focus on racial and ethnic communities, since children make up 60 to 70 percent of those communities.

Ms. Hiramoto asked for clarification about the meeting in San Bernardino County on July 31st, which had been mentioned by Dr. Ewing. She wanted to know if that meeting was being sponsored by the MHSOAC, which Commissioners were attending, and whether or not it was open to the public or, at least, to stakeholders, for listening.

Dr. Ewing indicated that the MHSOAC was receptive to her concerns in the area of Crisis Services and invited her participation in an advisory committee that will address those concerns. He said that an advisory committee for regulations will also be formed. Dr. Ewing stated that the San Bernardino meeting on July 31st was hosted by San Bernardino and not by the Commission. The meeting is to be a question and answer discussion and a venue for counties to voice their concerns. It wasn't envisioned as a place for a broader discussion.

Mr. Gilmer stated that the Kings County INN plan embodies some of the recommendations he and others who participated in the Little Hoover Commission Task Force meeting had made. He thanked Dr. Carrion for asking the question about the mentor/mentee relationship, because it is very critical when trying to reach youth from racial, ethnic, and underserved populations. Typically, mentor programs have ongoing supervision, training for mentors, and background checks. There is a whole

host of objectives, strategies, and benchmarks that the National Mentoring Center certifies for organizations. He added that many of the recommendations made by the Little Hoover Commission Task Force could help in these areas. Kings County is a good example of an under capacity county with regard to community-based organizations (CPOs). In the past, CPOs have worked to assist counties on the front end, not only through procedural assistance or evaluating the plans, but also through successful implementation of their projects. He commended the Commission for its work around the Little Hoover Commission Task Force, but added that he would still like to go back to some of the recommendations from the stakeholders that were presented there. With regard to the Los Angeles meeting that Commissioner Van Horn mentioned, Mr. Gilmer stated that he, as well as others, would be interested in either calling-in or participating in that meeting, and he wanted to know if that would be possible. Mr. Gilmer also commented about the upcoming Community Forum in Fresno County and the need to engage organizations like LULAC [League of United Latin American Citizens], California Rural Legal Assistance, and the Equal Justice Society. Because of the pending lawsuit against the school districts relative to inappropriate discipline and misdiagnosis reaching out to these organizations would give another dimension to mental health, similar to what LULAC presented in its report on Ventura County.

Dr. Ewing acknowledged Mr. Gilmer's points on the Little Hoover Commission recommendations and explained that the MHSOAC is late in getting to him summaries of meetings in which his and others' recommendations were further discussed. He said that the MHSOAC will make good on those commitments.

Dr. Ewing responded to Mr. Gilmer's comments about the Los Angeles meeting by saying that a number of counties are meeting on their own to begin to explore how to meet the standards of the regulations, not just in Los Angeles. In this particular meeting, he said, the County has invited Commissioner Van Horn and Renay Bradley, Director of Research and Evaluation. He indicated that it may be possible for Mr. Gilmer to participate as a guest. Dr. Ewing added that, regarding the Commission's process on the regulations, that it will absolutely be open to public participation.

Dr. Ewing stated that he appreciated Mr. Gilmer's comments regarding the Fresno County Community Forum. He said that the organizations mentioned by Mr. Gilmer were exactly the kinds of organizations that the MHSOAC would like to engage, along with the more traditional community forums that the MHSOAC has been doing. He then thanked Mr. Gilmer for his reminder and guidance about that.

Chair Carrion stated that he was very excited and energized by how hard Dr. Ewing and MHSOAC staff have been working on all of the critical issues that Dr. Ewing discussed during his presentation. He stated this work is going to really help the MHSOAC move forward and be more effective at what it does. The work on the forums and the INN plans have become more focused and targeted, which is something that the Commission has desired for a long time.

Chair Carrion also stated that visiting the counties for upcoming Commission meetings will really help facilitate the exposure of the Commissioners to the different agencies that are out there, implementing some of the plans.

Chair Carrion commented on the importance of the Commission's communication efforts, and added that the Commission was very glad to see that moving forward.

GENERAL PUBLIC COMMENT

Laurel Benhamida, of MAS-SSF and REMHDCO, asked for confirmation of the date for the MHSOAC's upcoming Community Forum in Temecula, and whether the geographic scope of the forum will include the San Diego area.

Dr. Ewing confirmed that the Temecula Forum would be held on August 13, 2015 and that San Diego County would be included in its geographic scope.

Ms. Benhamida then spoke about the thousands of Somalis and Iraqis in San Diego County and that her organization could possibly get a group, representative of those communities, to the MHSA Community Forum in Temecula. She said that there are also many people from the Middle East, as well as a large Armenian community, in the Fresno area.

She mentioned that the MAS-SSF is very concerned about the youth and its members are very happy to hear that the Commission is going to be focusing on youth in its crisis services project. Ms. Benhamida reported that in January 2015, the MAS-SSF started an ethnic peer-run crisis line, primarily for Muslim youth. The crisis line is operated five evenings every week and can be accessed through the Web at www.amalahopeline.com or by calling the toll-free number, (855) 95AMALA. She said that one of the reasons this hotline was started is because many Muslim youth had reported to the MAS-SSF that their parents would not help them to get help or would tell them not to ask for help. She asked the Commission for help in alerting school counselors and academic health clinics throughout the State, as well as Sutter Health in the Sacramento and San Francisco Bay areas, and Turning Point in Sacramento and Alameda County, about the hotline.

Ms. Benhamida then asked about a talk scheduled at UC Davis on August 17, 2015, about a behavioral health project, part of a new center being funded with MHSOAC funds.

Dr. Ewing responded by saying that Jose Oseguera would provide Ms. Benhamida with further details about upcoming MHSA Community Forums. He thanked her for providing information about her organization's hotline and offered to help with communications resources for disseminating information about it. Regarding the UC Davis Behavioral Health Center, he would have to seek further clarification but his understanding is that the Center was funded by the Legislature last year. Dr. Ewing could not confirm specific information about the August 17th event at UC Davis; however, he said that he was aware of an upcoming, day-long series of presentations there.

Ms. Mikalson expressed appreciation and thanks to the Commission for all the work on the regulations and on including sexual orientation and gender identity. She added that she agreed with everything said by the members of REMHDCO. She inquired as to whether or not public comment by telephone would be possible at the upcoming out of town Commission meetings.

Chief Counsel Yeroshek stated that if the out of town meetings are teleconference meetings, then public comment by telephone would be possible, but if the out of town meetings are in-person meetings, then the public would be allowed to listen to the meeting, but not comment by telephone. Alternatively, she stated that comments for in-person meetings could be presented on a person's behalf by another through a written statement read aloud. Additionally, written comments may be submitted to the Commission to consider at a Commission Meeting; however, those would not be recorded in the minutes of the meeting.

Ms. Mikalson made a final comment about the collection of sexual orientation and gender identity data. She stated that she understands the challenges and difficulties of this task and suggested that subject matter experts and stakeholders who recommended additions should be part of a team that could help create strategies in deciding which questions to ask and which data to gather.

Dr. Ewing invited Ms. Mikalson to help with data collection strategy, which was welcomed by her.

ADJOURN

There being no further comments or business, the meeting was adjourned by Chair Carrion at 10:41 a.m.