



State of California

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting
January 22, 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
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.
Richard Van Horn
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
Jose Oseguera, Chief of Plan Review and Committee Operations
Jennifer Whitney, Director of Communications
Norma Pate, Chief of Administrative Services
Kristal Carter, Staff Services Analyst
Cody Scott, Office Technician

Members Absent

Paul Keith, M.D.
LeeAnne Mallel
Christopher Miller-Cole, Psy.D.
David Pating, M.D.

1. CALL TO ORDER AND ROLL CALL

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:35 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

ACTION

1A: Approve December 18, 2014, MHSOAC Meeting Minutes

Action: Commissioner Van Horn made a motion, seconded by Commissioner Nelson, that:
The MHSOAC approves the December 18, 2014, Meeting Minutes.

Motion carried 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 Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION

1B: December 18, 2014, Motion Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Plan Review Dashboard

1E: MHSOAC Calendar

1F: 2015 MHSOAC Meeting Calendar

INFORMATION

2A: Overview of Governor's Proposed Budget for FY 2015/16

Presenters:

Kiyomi Burchill, Assistant Secretary, California Health and Human Services Agency
Carla Castañeda, Principal Program Budget Analyst, California Department of Finance

Kyomi Burchill, Assistant Secretary, California Health and Human Services Agency (CHHS), provided an overview of the Governor's proposed budget for fiscal year (FY) 2015-16 as it relates to community mental health.

Federal Health Care Reform (FHCR)

Federal Health Care Reform (FHCR) enabled millions of Californians to obtain health care coverage. The Governor's proposed budget assumes that caseloads will increase approximately 2.1 percent as a result of implementation of FHCR. Ms. Burchill approximated that 32 percent of the state's population will be on Medi-Cal.

Medi-Cal Enrollment

The Governor's proposed budget reflects the cost of expanded mental health benefits to be provided through Medi-Cal Managed Care Plans or Medi-Cal Fee-for Service. The Department of Health Care Services (DHCS), which administers the Medi-Cal program, will partner with Medi-Cal Managed Care Plans and coordinate with county mental health plans, which still administer Medi-Cal Specialty Mental Health services, to implement these expanded benefits.

Realignment Growth

The Governor's proposed budget includes \$60 million for the growth in the 2011 Realignment account, through which Specialty Mental Health Early and Periodic Screening Diagnosis and Treatment (EPSDT) and Drug Medi-Cal are funded.

Performance Outcomes System (POS)

Current law requires DHCS to create a Performance Outcomes System (POS) for Medi-Cal Specialty Mental Health for children and youth. DHCS has been coordinating with Commission staff and stakeholders to identify the key components of this system and to finalize the outcome measures that will be prioritized for data collection. The Governor's proposed budget includes additional staff resources for DHCS to implement the POS.

Continuum of Care

DHCS was tasked with developing recommendations to improve the foster care system. The Continuum of Care report, available online, contains nineteen interdependent recommendations, two of which require action in the budget year relating to the increasing availability of home-based family care through recruitment and retention efforts, and also bolstering social worker capacity to foster family agencies to provide services for home-based placements.

Carla Castañeda, Principal Program Budget Analyst, California Department of Finance (DOF), stated that the mental health services fund revenues in the Governor's budget increased from FY 2013-14 through FY 2015-16, with minor decreases from year to year. In FY 2013-14, the revenues decreased \$17 million from the May Revision to \$1.4 billion. For FY 2014-15, the revenues increased from \$1.7 to \$1.8 billion, and in FY 2015-16 the forecast is approximately \$1.8 billion.

The administrative cap was increased to five percent in FY 2013-14 with the Investment in the Mental Health Wellness Act for \$71.8 million for FY 2013-14, \$90.1 million for FY 2014-15, and \$88.8 million for FY 2015-16. Funds were available within the cap through the FY 2014-15 Budget Act for the University of California Behavioral Health Centers of Excellence and the triage personnel grants.

The state continues to monitor the monthly balances in the Mental Health Services Act (MHSA) funds. In FY 2013-14, \$1.2 billion was allocated to mental health plans and \$1.3 billion is forecasted for FY 2014-15 and FY 2015-16.

Commissioner Questions and Discussion:

Commissioner Van Horn stated the need for outcomes for the continuum of care for the whole system, not just for children and youth. Ms. Burchill stated that she will relay the Commission's interest in similar improvements in outcomes to DHCS.

ACKNOWLEDGEMENT

Former Senate Pro-Tempore Darrell Steinberg

Presenter: Jennifer Whitney, Director of Communications

Chair Carrion introduced and welcomed former Senate Pro-Tempore Darrell Steinberg, the author of Proposition 63, and stated that Jennifer Whitney, MHSOAC Director of Communications, will represent the Commission in offering an acknowledgment and a gift to Senator Steinberg.

Ms. Whitney provided an overview of Senator Steinberg's efforts in mental health care during his time in the Senate and stated that he will continue to make a difference in the lives of Californians. The MHSOAC honored Senator Steinberg's visionary leadership by asking those whose lives have been touched by Proposition 63 to send the Commission their stories of what Proposition 63 has meant to them along with a photo of themselves. The Commission received over 200 stories, enough to fill two books, as a tribute to Senator Steinberg.

Senator Steinberg reflected on the progress that has been made during the last ten years in mental health care in California, with the focus on recovery, cultural competency, integration, and prevention and early intervention. He stated that his inspiration is always the people. It is good to reflect on achievements, but is just as important to reinforce the commitment to do even more.

Senator Steinberg stated that he plans to continue his work. He has started an institute to increase and improve public leadership. He stated the need for more State Assembly Members and Senators who will do the right thing for the quality of life of the people in California by making mental and behavioral health at least one of their key priorities.

There are three indisputable facts: (1) these issues are pervasive, they know no artificial boundaries, and they affect every community; (2) they affect most of the major public policy issues that members are tasked with working on in the State Capitol; and (3) despite one and two, there are few members who decide to make these issues a priority - and that is what must change. Senator Steinberg stated that he wanted to build a broader array of people who will champion this cause, working toward the goal of mental health being included in the state budget and the state's top three priorities.

Senator Steinberg stated that he looks forward to working with the Commission, counties, and stakeholders to fill the gaps, to continue the work, and to fulfill that promise. He thanked the Commission for their recognition, friendship, hard work, and dedicated public service in helping to implement the MHSA and to change lives for the better.

Commissioner Van Horn reminded everyone that this started with a \$10 million budget item. The plan in 1998 was to have \$50 million per year for seven years to complete the adult system of care, but those increases did not happen. This led to Proposition 63, in the hope of producing \$700 million per year. This year, that \$10 million will be \$1.8 billion in this special fund to complete this system of care. He stated that Senator Steinberg's success story is beyond measure.

ACTION

3A: Review and Adopt 2015 MHSA Financial Report

Presenters:

John Boyd, Psy.D., Chair, Financial Oversight Committee

John Buck, Vice Chair, Financial Oversight Committee

Kevin Hoffman, MHSOAC Deputy Director

Kevin Hoffman, MHSOAC Deputy Director, stated that the Financial Oversight Committee prepares a report twice a year on mental health funding. He showed a graph of the multiple mental health funding streams and noted an upward trend in revenue and funding for the last three years.

Mr. Hoffman reviewed graphs of the revenue that comes into the state, distributions to the county, the MHSA housing program, and the MHSA administrative funds by department. He noted that \$32 million of the Commission's funds is for the triage grants and that \$45 million of the Department of Public Health's funds is for the California Reducing Disparities Project (CRDP) program.

Commissioner Questions and Discussion:

Commissioner Nelson asked if there are estimates for individual counties. Mr. Hoffman directed him to the State Controller's Office website for that information by county and by month.

Commissioner Van Horn asked when the annual adjustment occurs. Mr. Hoffman stated that it happens in July and is posted in August.

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

The MHSOAC accepts the January 2015 Financial Report as presented by the MHSOAC Financial Oversight Committee.

Motion carried 9 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 Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION

4A: Proposed Prevention and Early Intervention (PEI) Regulations: Commission Responses to Public Comments from the 15-Day Notice Published on December 18, 2014

Presenters:

Filomena Yeroshek, MHSOAC Chief Counsel
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Filomena Yeroshek, MHSOAC Chief Counsel, summarized the action taken since the December Commission meeting. The purpose of today's agenda item is for the Commission to decide on how to respond to the comments received from the public comments received during the last 15-day notice. Ms. Yeroshek stated that assuming the Commission makes no further changes to the proposed regulations, the rulemaking file will be submitted to the Office of Administrative Law (OAL) by the 30th of January. She stated that she anticipated bringing the OAL recommendations to the Commission at the March 2015 meeting; the regulations will come into effect in July of 2015.

Deborah Lee, Ph.D., MHSOAC Consulting Psychologist, stated that staff is recommending the Commission reject all the changes suggested during the public comment period to the proposed Prevention and Early Intervention (PEI) Regulations.

Dr. Lee gave advance notice that at the March meeting staff will recommend incorporating three public comments received during the last 15-day Notice relating to demographics to both the PEI and INN Regulations. Dr. Lee stated the suggested changes are not sufficiently critical to require the Commission to make the changes at this time and trigger a new 15-day comment period and potentially delay final approval of the regulations. However, because staff anticipates coming back to the Commission in March staff would make the recommendations for the change at that time.

Public Comment:

Michael Helmick, of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated his disappointment at the rejection of the suggestions. He asked the Commission to revisit the racial, ethnic, and cultural disaggregation.

Commissioner Discussion:

Commissioner Poaster stated his intent to vote against this action related entirely to the process of the development of the disaggregation of the data. It is not an issue of technical assistance and training but of capacity.

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

The Commission adopts Staff’s responses to public comments to the Proposed Prevention and Early Intervention Regulations as set forth in the, “Matrix of Public Comments with Staff’s Recommended Responses” and directs the Executive Director to submit the Rulemaking file to the Office of Administrative Law.

Motion carried 9 yes, 1 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 Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTION

5A: Proposed Innovation (INN) Regulations: Commission Reponses to Public Comments from the 15-Day Notice Published on December 18, 2014

Presenter:

**Filomena Yeroshek, MHSOAC Chief Counsel
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist**

Ms. Yeroshek stated that the process and staff’s recommendation is identical to that in the Proposed PEI Regulation item.

Public Comment:

Patricia Wentzel stated her appreciation for staff’s consideration of her comments about the disaggregation of the disability communication section. She stated her support of putting off making the demographic changes until the OAL returns the rulemaking file.

Action: Commissioner Van Horn made a motion, seconded by Commissioner Aslami-Tamplen, that: *The Commission adopts Staff’s responses to public comments to the Innovative Project Regulations as set forth in the, “Matrix of Public Comments with Staff’s Recommended Responses” and directs the Executive Director to submit the Rulemaking file to the Office of Administrative Law..*

Motion carried 9 yes, 1 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 Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Commissioner Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Commissioner Gordon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION

6A: Overview of MHSOAC Efforts to Transform Relevant Statewide Data Collection and Reporting

Presenter:

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

Dr. Bradley stated that the availability, consistency, and relevancy of statewide data affects the Commission’s statutory role to evaluate the public community-based mental health system. DHCS is the owner of the data; the Commission will facilitate the transformation process to build a new comprehensive statewide behavioral health data collection and reporting system. She provided a summary of the data-strengthening efforts of the Commission, the long-term goal of supporting DHCS in providing the Commission with data to use for evaluation purposes, and the Commission’s efforts aimed at achieving that goal.

Dr. Bradley provided an overview of the Planning - Advanced Planning Document (P-APD), the Implementation - Advanced Planning Document (I-APD), and the Design, Development, and Implementation (DDI) phases and timeline of the project. The Commission previously approved a contract with Stewards of Change to do the P-APD.

Dr. Bradley stated that the contractor has in-depth knowledge of DHCS and has worked on systems like the Data Collection and Reporting (DCR), Client and Service Information (CSI), and others. The Commission also has information technology (IT) consultants to corroborate the contractor’s suggestions.

Commissioner Questions and Discussion:

Commissioner Van Horn asked about the P-APD. Dr. Bradley stated that the Commission will give DHCS the resources to complete the initial process, which will create the resources for them to do the rest of it.

Chair Carrion stated that the timeline indicates the system will begin to be implemented in 2021. Dr. Bradley stated that she put together a realistic timeline, but there are ways to truncate it.

Commissioner Gordon stated the need for the architecture of the new system to allow for the integration of existing systems, which must be foreseen and planned for.

Chair Carrion cautioned that whatever system gets implemented, at every step of the system, the Commission should oversee that it has enough flexibility so that it can be molded and not have to be recreated.

Commissioner Poaster asked when the counties will be involved in the process. He stated the concern that the MHSA funds spent on the development of the electronic health records (EHR) will become obsolete. Dr. Bradley stated that counties will be involved in the I-APD phase to help figure out how their EHR will link up with the new system.

Commissioner Poaster asked if this will be funded with Proposition 63 funds, because spending MHSA funds for the entire system would raise issues. Dr. Bradley stated that it is to be determined, because behavioral health and substance use disorders fall beyond the purview of the MHSA.

Commissioner Van Horn stated the need for physical health outcomes and systems as well as mental health and behavioral health outcomes and systems.

Public Comment:

Steve Leoni stated that the amount of data required to delve down to the level needed costs a lot of money to collect. He suggested including registries that store the data entered into fields in a data warehouse.

INFORMATIONAL

7A: Present and Adopt 2015 Committee Charters

- **Client and Family Leadership Committee (CLFC)**
Ralph Nelson, M.D., Chair
- **Cultural and Linguistic Competence Committee (CLCC)**
Khatera Aslami-Tamplen, Chair; Tina Wooton, Vice Chair
- **Evaluation Committee (EC)**
Richard Van Horn, Chair; Paul Keith, M.D., Vice Chair
- **Financial Oversight Committee (FOC)**
John Boyd, Psy.D., Chair; John Buck, Vice Chair
- **Services Committee**
David Gordon, Co-Chair; Christopher Miller-Cole, Psy.D., Co-Chair; Tina Wooton, Co-Chair

The chairs of the Committees reviewed the purpose, objectives, guiding principles, and activities of their Committees' 2015 Charters.

Public Comment:

Erin Reynoso, of REMHDCO, suggested adding "to ensure that providing culturally competent services and reducing disparities are significant factors in all MHSOAC decisions and recommendations and for objectives to review and recommend how MHSOAC policies, programs, and contracts can be more culturally competent and address the reduction of mental health disparities" to the CLCC Charter.

Commissioner Discussion:

Commissioner Aslami-Tamplen stated her support of adding Ms. Reynoso's language to the CLCC's purpose.

Action: Commissioner Wooton made a motion, seconded by Commissioner Nelson, that:

The Commission adopts the 2015 MHSOAC Charters for the following committees with amended language for the Cultural and Linguistic Competency Committee in the following sections: 1) Under “Purpose” add “To ensure that providing culturally competent services and reducing disparities are significant factors in all MHSOAC decisions and recommendations.” 2) Under “Objectives” add “Review and recommend how MHSOAC policies, programs, and contracts can be more culturally competent and address the reduction of mental health disparities.”

- Client and Family Leadership Committee
- Cultural and Linguistic Competence Committee
- Evaluation Committee
- Financial Oversight Committee
- Services Committee

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 Boyd	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Pating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Commissioner Wooton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PUBLIC COMMENT

Jan McGourty, from Mendocino County, shared the needs of her small county. She thanked Commission staff for visiting her county to help them define a goal and create an innovative project. She suggested that counties with economic and cultural experience assist the smaller counties in implementing their programs.

CLOSED SESSION - GOVERNMENT CODE SECTION 11126(a) RELATED TO PERSONNEL

Chair Carrion reconvened the meeting after the closed session and stated that that the Commission met in closed session as permitted by law to interview two candidates for the Executive Director position. As required by the Bagley-Keene Open Meeting Act, he stated that the Commission voted to make a conditional job offer, pending the completion of a reference check.

ADJOURN

There being no further business, the meeting was adjourned at 2:17 p.m.