



**State of California**

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION**

Minutes of Meeting  
September 24, 2015

San Francisco LGBT Community Center  
Spencer Andrew Ceremonial Room  
1800 Market Street  
San Francisco, California 94102

866-817-6550; Code 3190377

**Members Participating**

Victor Carrion, M.D., Chair  
John Buck, Vice Chair  
Khatera Aslami-Tamplen  
John Boyd, Psy.D.  
Sheriff Bill Brown  
Ralph Nelson, Jr., M.D.  
Richard Van Horn

**Members Absent**

Senator John Beall  
David Gordon  
Paul Keith, M.D.  
Larry Poaster, Ph.D.  
Assemblymember Tony Thurmond  
Tina Wooton

**Staff Present**

Toby Ewing, Ph.D., Executive Director  
Brian Sala, Ph.D, Deputy Director,  
Evaluation and Program Operations  
Norma Pate, Deputy Director,  
Program, Legislation, and Technology  
Pete Best, Staff Services Manager  
Filomena Yeroshek, Chief Counsel  
Deborah Lee, Ph.D., Consulting Psychologist  
Sheridan Merritt, Research Program Specialist  
Cody Scott, Staff Services Analyst  
Moshe Swearingen, Office Technician

**CONVENE**

Chairman Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSAOC or Commission) to order at 9:45 a.m. and welcomed everyone. Filomena Yeroshek, the MHSAOC Chief Counsel, called the roll and announced a quorum was present.

Commissioners and members of the public joined Chair Carrion in wishing Commissioner Van Horn a happy birthday.

Chair Carrion announced that Commissioner Miller-Cole is taking a leave of absence from the Commission.

**ACTION**

**1A: Approve August 27, 2015, MHSOAC Teleconference Meeting Minutes**

Action: Vice Chair Buck made a motion, seconded by Commissioner Van Horn, that:

*The Commission approves August 27, 2015, Teleconference Meeting Minutes.*

Motion carried 6 yes, 0 no, and 1 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Commissioner Poaster	<input 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"/>

**INFORMATION**

**1B: August 27, 2015, Motions Summary**

**1C: Evaluation Dashboard**

**1D: Plan Review Dashboard**

**1E: Calendar**

**INFORMATION**

**2A: Improving Crisis Services for California’s Children and Youth – Panel Presentations**

**Facilitator: Toby Ewing, Ph.D., Executive Director**

**Panel 1: Family Members, Caregivers, and Consumers**

- **Consumers and Family members with lived experience in accessing crisis services:**
  - Beth Peterson, parent of consumer**
  - Susanna, parent of consumer and advocate**
  - Lorraine Hanks, foster parent**
  - Joshua, consumer and advocate**
  - Shanay Anderson, consumer and advocate**
- **Marika Collins, Special Projects and Policy Officer, Casa Pacifica Centers for Children and Families**

- **Matthew Gallagher, Policy Chair, California Youth Empowerment Network (CAYEN)**

Marika Collins, Special Projects and Policy Officer, Casa Pacifica Centers for Children and Families, shared stories from crises teams in the field working with children and the challenge of the lack of crises services beds, which cause long waits and distant placements. She stated the solution is not necessarily increased bed space; instead, the term crisis and the threshold of crisis need to be defined along with a renewed, focused attention on children and their families, specifically on prevention and earlier intervention services.

One case Ms. Collins spoke of was that of a girl who, after 72 hours of waiting in a hospital, was sent, without her parents, in an ambulance from Santa Barbara to San Francisco because of a lack of local beds available for delivering behavioral health services to children.

Family members with lived experience also shared their stories of the difficulty of accessing crisis stabilization services and stated the following:

Beth Peterson stated that teachers at general education schools have no training on how to work with special needs kids. All teachers need some training on the educational needs of special needs kids. It's too hard to get kids into services and the existing behavioral health services for children are insufficient.

Susanna stated that it took a year and a half to get her son into the Edgewood Center for Children and Families.

Lorraine Hanks stated that the turnover with mental health staff is disruptive. We need to start over with trust-building with each new therapist. She stated that her kids didn't qualify for WRAP, so she had to do her own WRAP and it's not fair to the kids. They don't get to enjoy life like other kids. It is easier and more helpful to get services from one place, instead of needing to go from place to place and change counselors every time.

Ms. Hanks stated that kids in foster care get an array of services, but that when she became a legal guardian, her kids were eligible only for therapy. She stated that she had to put those other services together, like taking her kids rock climbing, which was really helpful for her kids. Respite is critical for parents. Ms. Hanks asked, "What type of kid do you need to be to get services?"

Joshua stated that he never had a voice in his own treatment. He stated that he works downstairs at the LGBT Community Center, the only drop-in center in the area for youth dealing with queer and transgender issues. He stated that shelter staff are abusing these youth and hospital staff are misguiding them and misguided him. Queer and transgender youth come to the center and talk with us. Youth, aged eight to 18, are in adult hospitals and that shouldn't be.

Ms. Peterson stated that, in preschool, her children started to show symptoms of mental illness, but it took two years to get a diagnosis, and it wasn't until kindergarten age, that they got a correct diagnosis. She stated that there is a need for more services like Edgewood so that more families have access to care. She stated that she had just moved to San Francisco and lived in a shelter. Services did not know how to help children and wanted to put them on meds for schizophrenia and depression, but it actually was ADHD. She stated that services through the shelter were not helpful; the shelter would not allow her kids to go into services with others their age. Without the support from other parents she would have lost her kids.

Shanay Anderson stated that she was in crisis, on Medi-Cal, and called for services, but was never called back. She stated that she found a provider, went there, but waited until it closed

without receiving services. She stated that when she finally did get in, she told her story in five minutes, then was given a prescription for Lithium and Zoloz. She stated that the service provider said that they would follow-up, but they did not.

Ms. Anderson stated that she went to another center, Eastmont Wellness Center, where she was prescribed more Lithium, then given more meds, with a bipolar diagnosis. Most of the treatment offered is medication. She stated that the problem is not necessarily that consumers can't access services, but accessing the right services. Too often people are sent to the emergency room instead of to the right place. She stated that services are not really preventative and are only available after the crisis has occurred. These services are really stressful on the client. She stated that what has helped her is peer-run services, working toward wellness, and not being heavily reliant upon medications. Eastmont did follow-up with psychiatry and psychology, and the follow-up really helped.

Matthew Gallagher stated that, as a 16-year-old in an outpatient facility, the staff there told his parents to talk to the police and to say that he was dangerous to his self or others. He stated that he had incredible stress from school and hadn't slept for a week and that his mom took him to Sierra Vista Home, which was at full capacity. He stated that his mom got him into an outpatient facility where he was told that he had to take meds. He stated that he refused and was told that he was out of compliance, so was put into Art Therapy. He stated that he colored 75 pages of coloring books, then was discharged without support or a discharge plan.

Mr. Gallagher stated that his mom put together her own discharge plan for him: sleep, food, peer support, and mentoring. He stated that he was able to survive because he had the support of a family, health insurance, and political support. He stated that he was at Stage IV, but the system didn't work for him.

### **Commissioner Questions and Discussion:**

Commissioner Van Horn addressed the panelists and stated that he agreed with the need to encourage education for teachers in dealing with children with special needs, that there are too many rules and regulations, and that there is a need for advocates with specialized knowledge.

In response to a question from Commissioner Van Horn, Ms. Peterson stated that the crisis line at Edgewood Center for Children and Families is open 24 hours per day.

In response to a question from Commissioner Van Horn, Ms. Anderson stated that the peer-run services that she mentioned earlier is run by Youth in Mind (YIM), a non-profit that provides peer-run respite services.

Chair Carrion stated that the stories shared detailed the needs across the state and, based on these presentations, the Commission is making a wish list of areas that need attention. He shared what was on the wish list at this point:

- Programs that focus not only on the child but the whole family
- More expertise in all aspects of treatment – in evaluation, diagnosis, and treatment
- Training and resources for school professionals to enable them to consider context and history when observing a child's behavior
- Continuity of care
- In-home services

- Importance of equipping everyone to be their own agents of change
- Peer-run programs
- The importance of approaching the right services at the right time
- Alternatives to emergency rooms
- One-stop programs, such as drop-in centers with wellness navigators to help individuals navigate available resources

Mr. Gallagher stated that there is a need for more than one drop-in center, Youth in Crisis, in the Sacramento area. He stated that drop-in centers can be an alternative for individuals being taken to jails and emergency rooms because of the lack of bed space. He highlighted a drop-in center in Stanislaus County that provides eight case managers, a dentist, a psychiatrist, a psychologist, and youth peer mentors. Both physical and mental health needs are addressed in one location, stigma and discrimination are reduced, resources are saved, and gaps to other service providers are closed because of the increased awareness of the center. More of these types of centers are needed statewide.

Chair Carrion thanked the panel for their contribution and for creating a foundation upon which the next panel can build.

Commissioner Aslami-Tamplen stated that the system is still a fail-first system. She stressed the importance of prevention, parent partners, and peer support. She stated the importance of teaching cultural competency for individuals involved in crisis intervention.

Commissioner Boyd stated that he would like to include the Federally Qualified Health Care Centers (FQHCC) in the discussion, but that they are not on today’s provider panel. He stated the need to hear more on LGBT children and youth.

Joshua stated that the transgender, disabled community is often called “too much” for service providers to adequately address their needs, and members of the community often end up homeless or commit suicide. Joshua stated that he was lucky to have never experienced homelessness and to have success today; youth deserve more than luck.

**Panel 2: State and Local Advocacy Representatives**

- **Patrick Gardner, Esq., President, Young Minds Advocacy Project**
- **Melinda Bird, Esq., Disability Rights California**
- **Carroll Schroeder, Executive Director, California Alliance of Children and Family Services**

Patrick Gardner, Esq., President, Young Minds Advocacy Project (YMAP), stated that YMAP advocates for improved access to individualized, high-quality mental health services and improved performance and accountability of mental health care programs and providers.

Mr. Gardner presented two handouts to Commissioners that were intended to be a baseline for thinking about services, to give a sense of the kind of data necessary to understand and manage the system for improved outcomes.

Key Crisis Service Principles the Commission should be concerned about:

- To provide adequate, individualized mental health services to all children
  - What crisis services are required by the state of California versus what is actually delivered sets the baseline for what services need to be filled in, which is consistent with the Commission’s charge

- To provide the support that is necessary for children and youth who are capable of living in a home or home-like setting
  - To avoid the additional stress of being separated from their families and aggravating their mental health challenges and needs
  - To lower costs dramatically when providing home- and community-based services, rather than waiting until a child reaches crisis
  - To move toward prevention and meeting children’s needs without additional harm
- To identify workable home- and community-based models that can be scaled up to meet demand
- To focus on a system of care beyond crisis services
- To leverage resources

Mr. Gardner explained the last key principle: under federal law, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is a broad entitlement for Medi-Cal children to receive medically-necessary services that can be covered by Medicaid. Crisis services in the home can be covered by Medicaid. They have not received those services historically due to lack of funding, but this year California will receive \$200 million of new money for counties under the EPSDT program because of Realignment. It is a matching fund, so there will actually be \$400 million for the EPSDT program. The barrier will be that counties will be allotted funds based on what they spent last year. Any one-time funding the Commission can provide to counties this year or next year will increase the amount of money that will be allocated in the subsequent year.

Melinda Bird, Esq., Director of Litigation, Los Angeles Region, Disability Rights California (DRC), stated that DRC is federally mandated to look into the health and welfare of individuals with disabilities in California, including supporting patient rights advocates in all counties. A couple of years ago, DRC began receiving calls from patient rights advocates about youth remaining for days in emergency rooms. The response was to increase the number of beds or to ask if emergency room doctors can be free from liability so they will lift the holds, but those are downstream solutions.

Ms. Bird stated the DRC began to look for upstream solutions by asking why children and youth end up in emergency rooms. Crisis principles embedded in a child’s treatment plan can often resolve crises at a lower level. She suggested the state of Massachusetts as a model for crisis stabilization and mobile crisis. In 2001, Massachusetts engaged in a process of transformation of their mental health services that focused on three things: (1) typology – accurately identifying mental health services by processes such as the Katie A. process; (2) capacity, and (3) quality. They created the community services review to evaluate the services provided.

Carroll Schroeder, Executive Director, California Alliance of Children and Family Services, a statewide association of 120 private, nonprofit child and family serving organizations, stated that the Commission is uniquely positioned to focus on crisis services for children and youth. He encouraged the Commission to take its leadership role and responsibilities seriously.

Commissioner Boyd asked for more information to help the Commission make recommendations to the Legislature, including what is currently mandated from the federal to the state level and the state to the county level, and guidance about financial, capacity, and quality data to help inform Commission advisory groups.

Mr. Gardner stated the most fundamental mandate is the Medi-Cal service mandate, which is broad. It requires the delivery of competent, quality, and individualized services in the home and

community. It is the state's responsibility to ensure the counties do what they are required to under federal law. The challenge is the lack of compliance.

With regard to data, Mr. Gardner stated the Department of Social Services (DSS) is working to understand the services that they provide and the outcomes that they achieve. The federal and state programs give important data, but quality is not one of them, nor do they tell much about how to improve the system.

On the Department of Health Care Services (DHCS) side, there is a program called Performance Outcome Systems that does a better job of identifying the comprehensive array of information needed, where it can be obtained, how to assess it, and how to make it usable for providers. There was a requirement in the Katie A. lawsuit that the DSS and the DHCS work together on building a more robust capacity to understand what it is they are doing, how well they are doing it, and what the outcomes are.

### **Panel 3: State and Local Mental Health Care Agencies**

- **Brenda Grealish, Assistant Deputy Director, DHCS Mental Health Services Division**
- **Alison Lustbader, LCSW, San Francisco County, Community Behavioral Health Services**
- **Margaret Ledesma, Children's Crisis Services and Katie A. Program Manager, Santa Clara County Mental Health Department**
- **Ken Berrick, President/CEO, Seneca Family of Agencies**
- **Alicia Hooton, Executive Director of Crisis Services, Seneca Family of Agencies**

Brenda Grealish, Assistant Deputy Director, DHCS Mental Health Services Division, stated that the DHCS has actively begun focusing on crisis stabilization.

Commissioner Boyd asked Ms. Grealish to discuss the state's mandate to provide crisis services, and to clarify how the DHCS oversees what those services look like in each county.

Ms. Grealish stated that the 1915B Waiver operationalizes what is in the state plan, so counties can provide and bill for these services. It will vary from county to county based on needs. The 1915B Waiver provides the specialty mental health services system. The DHCS is required to provide oversight for that system.

The DHCS gets claims data from the data coming into the state. There are two pieces:

- Prevention and early intervention, which is the Mental Health Services Act (MHSA). Counties are working to develop available services. This is part of the quality-improvement piece of the MHSA.
- Emergency response – the current data coming from the counties to the DHCS shows what is happening, but does not show how it is happening or whether it is appropriate.

The DHCS is developing a survey that will go out to counties this week. In response to Commissioner Boyd's request, Ms. Grealish stated that the DHCS would share a copy of the survey and the resulting data that comes from the survey with the Commission.

Margaret Ledesma, Children's Crisis Services and Katie A. Program Manager, Santa Clara County Mental Health Department, provided an overview, by way of a PowerPoint presentation, of the history of that county's goal of decreasing the crisis continuum of services, highlighted the three programs developed to meet that goal – stabilization unit, community transition team, and mobile crisis – and outlined the challenges to the current service delivery. Ms. Ledesma stated Santa Clara County is exploring opening a psychiatric hospital within the county, expanding the

mobile crisis team, increasing the capacity of the crisis stabilization unit, and integrating behavioral and physical health.

Commissioner Boyd asked what the barrier is for adopting the Washington or Massachusetts models statewide. Ms. Ledesma encouraged the continued study of other states as models, but stated the uniqueness of California is a barrier.

Commissioner Boyd stated the previous two panels mentioned consistently that community-based response and mobile crises teams are essential, life-changing, and effective. He asked what the barrier is for rolling those two programs out statewide.

Ms. Grealish stated how to bring good crisis services to children and families in the state is a big problem. Current practice does not work. There is a statewide shortage of psychiatric hospitals for children and adolescents, especially for children twelve and under. There are many barriers to creating programs to fill that need, cost in particular.

Commissioner Boyd asked Ms. Ledesma how Santa Clara County has been able to do what they do with the same barriers just referenced. Ms. Ledesma stated Santa Clara's crisis team has been in existence for twenty years. It began with an extensive stakeholder process that continues today. Santa Clara is still learning, but it is a good model that they would like to expand. It comes back to buy-in from the leadership and their commitment to it. The greatest struggle has been capacity.

Ken Berrick, President and CEO, Seneca Family of Agencies, stated that the Commission faces interesting issues because of the different systems of delivering crisis services. He reviewed a chart showing what it would take to solve this problem titled "Creating a Coordinated System for Youth and Families Experiencing Crisis." Alicia Hooton, Executive Director, Crisis Services, Seneca Family of Agencies, explained what may happen at each of the points on the chart.

Chair Carrion stated that his understanding from the panels is that the Commission should concentrate on the programs that assist with the transitional periods – program to program, program to home, or home to program – because there are still gaps during difficult times and it can take a long time to stabilize. A full stabilization requires support from programs for the necessary length of time.

Commissioner Boyd stated that, if money were redirected in a coordinated way, there would be more than enough funding to go around throughout the state. It is not a resource issue but a leadership issue.

Alison Lustbader, LCSW, San Francisco County Community Behavioral Health Services, stated that she will present later this afternoon on what San Francisco has done to respond to this. She emphasized the need for 45- to 60-day beds, especially for children that are dependents of the courts.

Ms. Lustbader also stated the need for advocacy in passing legislation to have crisis stabilization units for children that can bill the way that adults do, such as CBUs and CSUs. The adult services have crisis residential programs that adults can go to in order to avoid hospitalization. The agencies that run those programs have a billing mechanism that is currently not available to children.

#### **GENERAL PUBLIC COMMENT**

Raja Mitry, of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated that the impact of acculturation gaps affects many families from ethnic and immigrant groups and has exacerbated family conflict. Children and youth acculturate easier than adults, who want their children to uphold the values of their native culture. Preventing crisis and associated stigma is important for families. A traumatic situation could be avoided through reciprocal

education and respectful dialogue between families and service providers, including community cultural resources and connection with spiritual congregation leaders.

Joseph Robinson, of Each Mind Matters, invited Commissioners to join Each Mind Matters for an event being held the first week of October. He stated his appreciation for the discussion on crisis stabilization. He stated that the focus on community education and support decreases the need for crisis services.

Stacie Hiramoto, Director, REMHDCO, spoke in support of the comments made by Mr. Mityr. She encouraged the Commission to focus on prevention as a way to deal with the issue of crisis intervention. She agreed with Mr. Schroeder's comments about the Commission taking its leadership role and responsibilities seriously, because that is what stakeholders on the ground level want the Commission to do.

Steve Leoni, consumer and advocate, agreed with the panelists that the Commission should look into crafting a new evaluation system and indicators, but also suggested finding a temporary solution until the new system is put together.

Camille Schraeder, of Redwood Community Services, encouraged the Commission to consider that rural California has neither the funding nor the resources for crisis intervention services.

Beth Peterson, consumer parent, stated that there is a restriction through Medi-Cal of what will be provided for children with disabilities. She stated that, as children grow, their bodies outgrow the medication. Medi-Cal also puts restrictions on what will be provided for dental and vision. She stated the need for a panel that will hold Medi-Cal accountable for these restrictions.

Mickey Shipley, consumer and advocate, spoke about the importance of acceptance.

## **ACTION**

### **3A: San Francisco County Innovation Plan**

#### **Presenter:**

#### **Deborah Lee, Ph.D., MHSOAC Consulting Psychologist**

Deborah Lee, Ph.D., Consulting Psychologist, introduced the following San Francisco Behavioral Health staff members: Melanie Brandt, Peer Counselor; Tracy Kelvin, Program Director; Marlo Simmons, Deputy Director; Diane Prentiss, MHSA Evaluator; Lisa Reyes, MHSA Innovation Coordinator. Dr. Lee provided an overview, by way of a PowerPoint presentation, of the proposed four-year, \$2,001,600 San Francisco County Innovative Project titled "Hummingbird Peer Respite."

Dr. Lee reviewed the MHSA requirements for county Innovation plans. She reviewed the notable aspects of the program and what it can teach about innovation in the state of California.

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

*The MHSOAC approves San Francisco County's Innovative Project Contingent on Board of Supervisor approval and receipt of the executed Fiscal Certification:*

➤ *Name: FSP Hummingbird Peer Respite*

- *Amount: \$2,001,600*
- *Program Length: Four Years*

Motion carried 4 yes, 0 no, and 0 abstain, per roll call vote as follows:

Name	Yes	No	Abstain
Chair Carrion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice-Chair Buck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Aslami-Tamplen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Beall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Boyd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Gordon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Keith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Miller-Cole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Nelson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Poaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Thurmond	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Van Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commissioner Wooton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INFORMATION

### 4A: MHSA in San Francisco – Program and Service Overview

#### Presenters:

**Jo Robinson, Director, San Francisco Behavioral Health Services**

**Marlo Simmons, Deputy Director, San Francisco Behavioral Health Services**

**Alison Lustbader, LCSW, San Francisco County, Community Behavioral Health Services**

Jo Robinson, Director, San Francisco Behavioral Health Services (SFBHS), spoke about how SFBHS prevention programs fit into the Department of Public Health to prevent mental illness and reduce stigma. She stated that SFBHS has benefited most since the inception of the MHSA by including individuals with lived experience in all clinics, providing services to clients, and integrating them in the system of care. She stated that the peers are making better clinicians, better managers, and better people. She stated she will continue to support using peers in every aspect of the work that is being done and to promote wellness and recovery as the lens through which the work is done.

Ms. Lustbader stated that she oversees the Community Triage Response Initiative, funded by the MHSA approximately one and half years ago through a crisis triage personnel grant. She provided an overview, by way of a PowerPoint presentation, of the current system and identified gaps, investment in staffing, and target four-year outcomes of the Community Triage Response Initiative.

Richie provided an overview, by way of a PowerPoint presentation, of the current outcomes and client impact of the Community Triage Response Initiative.

Ms. Simmons, Deputy Director, San Francisco Behavioral Health Services, provided an overview, by way of a PowerPoint presentation, of the San Francisco MHSA service categories.

Greg Jarasitis provided an overview, by way of a PowerPoint presentation, of the history and goals, outcomes, and metrics of the First Impressions construction program, with photographs and descriptions of the seven construction and remodeling project sites completed to date.

Dr. Prentiss spoke on ways that San Francisco is using quality improvement to expand wellness and recovery throughout the system. She provided an overview, by way of a PowerPoint presentation, of the Wellness and Recovery Learning Collaborative.

Tammy Cheatham, Peer Professional, Wellness and Recovery Learning Collaborative team, and Peer Therapist, Behavioral Health Services, stated that she works with adults and older adults with severe mental health challenges and substance use issues. She provided an overview, by way of a PowerPoint presentation, of creating a system-wide wellness and recovery definition. She stated the definition is currently being reviewed and the collaborative hopes to have the final version by the end of the year.

Ms. Reyes announced the 5<sup>th</sup> Annual MHSA Awards Ceremony in San Francisco on October 15, 2015, acknowledging and celebrating every step on the road to wellness and recovery.

## **INFORMATION**

### **5A: Executive Director Report Out**

#### **Presenter:**

**Toby Ewing, Ph.D., Executive Director**

#### Staff Changes/Vacancies:

##### New Personnel

There are two new staff members who have joined the Commission, one in the program unit and one in the research unit.

#### Projects:

Staff continues to work on the Little Hoover Task Force Project, the Crisis Stabilization Services Project, and the Implementation of the Regulations.

#### Community Forums:

The next Community Forum will be in Fresno. The date is still to be determined. Staff is putting together a luncheon with Commissioners and community leaders from Fresno County.

#### Communications Strategic Plan

Commissioners should expect a call from a strategic communication consultant. The communications strategic plan is half done and will soon be presented to the Commission for consideration.

#### Annual Challenge Award

The California State Association of Counties has an Annual Challenge Award, where they solicit ideas from around the state for excellence. This year they selected an MHSA-funded program in Amador County. San Joaquin County will also be recognized.

#### Calendar:

The October meeting will be held in Santa Barbara.

The adopted calendar indicates there will be a standard meeting in November and a teleconference in December. Those meetings may be swapped, or the November meeting may be cancelled, with a regular meeting in Sacramento in January 2016.

## **GENERAL PUBLIC COMMENT**

Mr. Mitry asked San Francisco Behavioral Health staff about outreach to the refugee and immigrant populations in the area. San Francisco will contact Mr. Mitry offline.

Sally Zinman, Executive Director, CAMHPRO, stated that she was excited that San Francisco is doing peer respite, joining Los Angeles, Santa Cruz, and other counties in California. There are pros and cons to different models. In the future, as peer respite models are being developed, the least preferred place for a peer respite is in a hospital setting.

## **ADJOURN**

There being no further business, the meeting was adjourned at 3:31 p.m.