



## State of California

### MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION

Minutes of Meeting  
February 25, 2016

MHSOAC  
Darrell Steinberg Conference Room  
1325 J Street, Suite 1700  
Sacramento, California 95814

866-817-6550; Code 3190377

#### **Members Participating**

Victor Carrion, M.D., Chair  
Khatera Aslami-Tamplen  
John Boyd, Psy.D.  
John Buck  
Itai Danovitch, M.D.  
Larry Poaster, Ph.D.  
Assembly member Tony Thurmond  
Richard Van Horn

#### **Members Absent:**

Lynne Ayers Ashbeck  
Senator Jim Beall  
Sheriff Bill Brown  
David Gordon  
Tina Wooton, Vice Chair

#### **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  
Filomena Yeroshek, Chief Counsel  
Peter Best, Staff Services Manager  
Kristal Antonicelli, Associate Governmental  
Program Analyst  
Angela Brand, Associate Governmental  
Program Analyst  
Nev Jones, Research Scientist II  
Cody Scott, Staff Services Analyst  
Moshe Swearingen, Office Technician  
Jennifer Whitney, Director of Communications

#### **CONVENE**

Chair Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 9:37 a.m. and welcomed everyone. Filomena Yeroshek, Chief Counsel, called the roll and announced that a quorum was not yet present. A quorum was achieved after Commissioners Boyd and Thurmond arrived.

## Announcements

Chair Carrion presented former Commissioner Ralph Nelson with a resolution recognizing Dr. Nelson's leadership and advocacy during his tenure with the Commission.

Chair Carrion announced that the Governor appointed two new Commissioners: Itai Danovitch, M.D. and Lynne Ayers Ashbeck. Commissioner Danovitch fills the seat of a physician specializing in alcohol and drug treatment and Commissioner Ashbeck fills the seat of a representative of a health care service plan or insurer. Chair Carrion welcomed Commissioner Danovitch to the meeting and stated that Commissioner Ashbeck will be in attendance at the next Commission meeting.

Chair Carrion also congratulated Larry Poaster, Khatera Aslami-Tamplen, and Tina Wooton on their reappointment to the MHSOAC for another term. Paul Keith declined reappointment and LeeAnne Mallel resigned from the Commission.

The following Commissioners were selected to the newly-created Policy Project Subcommittees:

- Issue Resolution Process (IRP) Project Subcommittee:  
Khatera Aslami-Tamplen, Chair  
Larry Poaster  
Tony Thurmond
- Reversion Project Subcommittee:  
John Buck, Chair  
John Boyd  
Larry Poaster
- Mental Health and Schools Project Subcommittee:  
David Gordon, Chair  
John Beall
- Mental Health and Criminal Justice Project Subcommittee:  
Bill Brown, Chair  
Richard Van Horn  
Tina Wooton

## **ACTION**

### **1A: Approve January 28, 2016, MHSOAC Meeting Minutes**

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

*The Commission approves the January 28, 2016, Meeting Minutes.*

Motion carried 6 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Commissioners Aslami-Tamplen, Boyd, Buck, Poaster, and Van Horn.

The following Commissioners abstained: Commissioners Danovitch, and Thurmond.

## **INFORMATION**

**1B: January 28, 2016, Motions Summary**

**1C: Evaluation Dashboard**

**1D: Calendar**

**ACTION**

**2: Siskiyou County Innovation Plan**

**Presenter: Nev Jones, Staff**

Nev Jones, Ph.D., MHSOAC staff, provided an overview, by way of a PowerPoint presentation, of the Innovation (INN) regulatory criteria, what MHSOAC staff look for, Siskiyou County context, and the proposed INN project description, learning objectives, and evaluation of the proposed five-year \$710,858 Siskiyou County INN project, titled "Health Care Coordination Project."

Dr. Jones stated that the INN plan presentations will have greater focus on not just the overarching challenge that the INN project addresses, but also the possible implementation and evaluation challenges staff see in the plan. She emphasized that this is not intended as a criticism of the counties so much as trying to have a more meaningful conversation with the Commissioners.

**Commissioner Questions and Discussion:**

Commissioner Thurmond asked how the county does school-based work or work with students who have experienced trauma and how this INN project will address needs of students to get the support outlined in this proposal.

Camy Rightmier, the Mental Health Services Act (MHSA) Coordinator for Siskiyou County, stated that this project is for adults with chronic physical and mental health issues. The county does have school programs such as youth empowerment programs that were outlined in the last MHSA plan but are not part of this INN project.

Commissioner Thurmond stated the hope for future projects to be more focused in the schools. He stated that, if it becomes clear that there are family functioning issues, that the clinician can support the needs of other family members, as well.

Commissioner Poaster asked if the statute set a limit on duration of an INN project. Ms. Yeroshek stated that the regulations provide for a maximum of five years for an INN project.

Commissioner Poaster asked if there were children's services as Commissioner Thurmond asked about in PEI programs. Ms. Rightmier stated that the PEI programs do include schools, but Siskiyou schools are beyond prevention. They need direct clinical services.

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

*The MHSOAC approves Siskiyou County's INN Project.*

*Name: Health Care Coordination Project*

*Amount: \$710,858*

*Program Length: 5 years*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Chair Carrion, Commissioners Aslami-Tamplen, Boyd, Buck, Danovitch, Poaster, Thurmond, and Van Horn.

## **ACTION**

### **3: San Luis Obispo County Innovation Plans**

**Presenter: Nev Jones, Staff**

Dr. Jones provided an overview, by way of a PowerPoint presentation, of the regulatory criteria, what MHSOAC staff look for, San Luis Obispo County context, and the four proposed INN project descriptions, learning objectives, and evaluation. The four projects are each four years in length and titled as follows: (1) “Defining Peer Support: Effective Peer Mentorship for Latino Women”; (2) “Late Life Empowerment and Affirmation Program (LLEAP)”; (3) “Transition and Relapse Prevention (TARP)”; and (4) “Not for Ourselves Alone: Trauma Informed County of SLO”.

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

Chair Carrion stated that someone with a history of domestic violence but no mental health experience gains that mental health experience as they run the group and get to know mental health services better. He asked how that is addressed in the design.

Frank Warren, the MHSA Coordinator of the San Luis Obispo County Behavioral Health Department, stated that the impetus of this project was to answer the questions “at what stage is a peer a peer?” and “how much lived experience is necessary to be qualified to be effective in peer-led mental health services?” Project 1 will help to answer whether consumers will have a better engagement dependent on the level of experience that the peer has. One of the confounding variables is that of personality bias. To address this possible variable, the county will evaluate those peers in multiple groups.

Commissioner Aslami-Tamplen stated that the training for peer specialists is important. She asked what training will be provided for peer specialists and if the support groups will be co-facilitated in a checks and balances system to ensure quality support.

Mr. Warren stated that one of the consistent marks is that the three support groups are facilitated by the same therapist. The therapist will have the advantage of watching the three peers and their reactions in working with the groups. The county will work with Transitions Mental Health Association, who does some of the best peer-led work and training in the state. Peer specialists will have a six-month training period prior to working with the support groups.

Commissioner Thurmond encouraged tracking the progress of Assembly Bill (AB) 1025, which provides more school-based mental health services and makes grants available to counties. He agreed with Commissioner Aslami-Tamplen about the importance of training and support. He asked if the peer facilitators will still be in the process of getting support for themselves or if they would be past that level.

Mr. Warren stated that the peer facilitators will be some years past their lived experience and initial treatment and will have an understanding of what the classes would look like.

Commissioner Thurmond asked why this study will be conducted when the literature has spoken on the powerful, positive effect of peer mentoring and peer influences, instead of making the investment about supporting the peer-led model.

Mr. Warren stated that the state of California supports the peer-counseling model, but peers do not necessarily self-identify alike. Literature to date has not defined the level of lived experience needed to be an effective peer specialist. He gave the example of peer specialists who realize that their group requires a higher level of support than their experience can provide. San Luis Obispo County hopes to answer this question.

Commissioner Thurmond asked what the recruitment strategies will be for finding therapists and clinicians of Latino descent, and if the county is willing to work with peer professionals who may not be master's level clinicians to play a greater role to work with the proper level of supervision, so that the county can have the cultural competency while ramping up the ranks of Latino therapists.

Mr. Warren stated that the county works hard to find new ways of inviting bilingual/bicultural staff into the community. The county offers a pay differential and there are MHSA-funded programs that allow Latino clinicians to work within their culture. The challenges are geography, remuneration, and capacity. San Luis Obispo is trying to attract licensed clinicians – it has bilingual/bicultural staff who are not required to be clinicians that work in the community.

Commissioner Thurmond stated that the agenda gives the Commission time to hear a presentation from the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), which focuses on racial disparities. He stated that their presentation may give insights to help San Luis Obispo County with this issue.

Commissioner Aslami-Tamplen asked about Mr. Warren's remark about seeing if a consumer with a certain diagnosis can be a peer in a peer-service model. She asked how the county will differentiate, because there are individuals with multiple diagnoses. She asked how a person with depression makes a better peer specialist than someone who is bipolar.

Mr. Warren stated that the county did a focus group with the Peer Advisory Advocacy Team and one of the things that came out was around some of the internal stigma that happens in peer groups. There is no definition in the peer literature as to what mental health experience means for a peer. The county wants to know whether the perception of a different level of lived experience changes the dynamic between the recipient in the group and the peer provider.

Ultimately, the county is trying to encourage more peers to share their lived experience. Even a person who only saw a counselor a couple of times has something to give. The county is hoping to attract a much wider range of peers.

Chair Carrion asked about the interconnectedness between the four projects and how they will share infrastructure, and about the mental health outcomes of these projects and how much they overlap.

Mr. Warren stated that there were eight projects in the first INN round. The county established a collaborative community around the INN providers that continues to meet on a regular basis and has one county contact, Juan Miguel Munoz, the INN Coordinator for San Luis Obispo County. The INN stakeholder group also meets regularly and is given project updates. Mr. Warren stated that there will be a mix of outcomes among the four projects that will not necessarily relate to one another.

**Public Comment:**

Stacie Hiramoto, the Director of REMHDCO, spoke in support of the Latino INN project and stated the hope that the Latino community asked for this program, not just the mental health community. She agreed with the broader definition of peer. A Latino with domestic violence and mental health lived experience who is a peer professional is often not available. They may not have a diagnosis or be a family member of someone who does, yet they are culturally competent, rooted in their community, feel they are peers, and would be an effective peer specialist.

Karin Lettau, Training and Technical Assistant at the California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that the therapist that is common to the three groups should have lived experience and should go through the training with the other peer specialists, and the training should have Substance Abuse and Mental Health Services Administration (SAMHSA) based competencies or be a nationally-recognized curriculum and should include the key component of how to use the lived experience to support others without referencing diagnoses. The main criteria is whether the therapist/peer specialists have gone through positive transformation that enables them to provide hope to someone else through their experience.

Ms. Lettau stated the hope that the groups will have peer specialists with the same experience as they are trying to help. She spoke in support of transforming the organizational culture to be more trauma-informed.

Poshi Mikalson Walker, the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Program Director at Mental Health America of Northern California (NorCal MHA), asked about differentiating the program for people who identify as LGBTQ and if the domestic violence curriculum was created with same sex couples or transgender people in mind.

Susan Gallagher, the Executive Director at NorCal MHA, agreed with Ms. Lettau in the importance of language, which can be traumatizing in and of itself. It is inappropriate to ask a peer specialist what their diagnosis is because the focus should be on the recovery experience and the ability to use recovery skills to help others.

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

*The MHSOAC approves San Luis Obispo County's INN Projects.*

*Name: Defining Peer Support: Effective Peer Mentorship for Latino Women  
Amount: \$615,708  
Program Length: 4 years*

*Name: Late Life Empowerment and Affirmation Program (LLEAP)  
Amount: \$344,311*

*Program Length: 4 years*

*Name: Transition and Relapse Prevention (TARP)*

*Amount: \$318,475*

*Program Length: 4 years*

*Name: Not for Ourselves Alone: Trauma Informed County (TIC) of SLO*

*Amount: \$641,441*

*Program Length: 4 years*

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Commissioners Aslami-Tamplen, Boyd, Buck, Danovitch, Poaster, Thurmond, and Van Horn.

## **ACTION**

### **4: San Diego County Innovation Plan**

**Presenter: Brian Sala, Deputy Director**

Dr. Sala provided an overview, by way of a PowerPoint presentation, of the San Diego County context, the proposed expansion to an INN project approved on February 26, 2015, the augmentation of \$1,009,203, and learning objectives of the proposed three-year \$2,504,778 San Diego County INN project, titled "Faith-Based Initiative."

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

Chair Carrion asked about the outcomes seen so far with this project. Dr. Sala stated that this project is still in the development phase. Implementation will begin next week.

Commissioner Boyd asked how to ensure that the ministers and others involved with this model honor and respect the LGBTQ population, and if the right distribution of ministers among the various practices who are trained to provide the necessary level of care have been recruited. Dr. Sala deferred to Dr. Garcia to address these questions.

Piedad Garcia, Ed.D., LCSW, the Assistant Deputy Director of the San Diego Department of Behavioral Health responded to Commissioner Boyd's questions, stating that the intent is to develop trusting and meaningful relationships with faith-based leaders and behavioral health providers, with a focus on the congregations and faith leaders primarily in the African American and Latino communities.

In response to Commissioner Boyd's second question about recruiting the right distribution of ministers among the various practices who are trained to provide the necessary level of care, Dr. Garcia stated that the Urban League was the selected contractor in San Diego. The contract was modified to ensure the smaller nonprofits could bid for this funding. One of the tasks is to develop the collaborations and partnerships within the central region where the African American population is. The idea is to bring to the table those congregations that are primarily African American or Latino and create leaders who will develop relationships with behavioral health providers in the community.

Commissioner Boyd stated that oftentimes faith communities reinforce prejudice and discrimination; he recommended ensuring that this project does not propagate or indirectly support that kind of negative engagement and that this project will be an opportunity to educate all populations on LGBTQ issues in a healthy and appropriate way.

Dr. Garcia agreed and stated that, when faith-based leaders and behavioral health providers are brought together to develop the curriculum to give to the congregation, there are opportunities to steer the message and focus attention to specific underserved communities such as the LGBTQ or individuals in the criminal justice system, which is also a component of this INN project.

**Public Comment:**

Ms. Mikalson Walker stated that the research for the LGBTQ Reducing Disparities Project found that a person's childhood religion was identified as the number one rejecting social support for LGBTQ individuals and a person's current religion was identified as the number five rejecting population. She suggested that MHSA funding not support organizations that openly reject the validity or affirmation of LGBTQ identities and that anyone involved in this project be educated in the research done by the Family Acceptance Project on the harm that rejecting messages creates for youth.

Ms. Lettau agreed with Dr. Garcia and Ms. Mikalson Walker's comments. She asked about the involvement of peer specialists on the crisis team.

Commissioner Aslami-Tamplen stated that the county has an anti-discriminatory practice contractor policy.

Commissioner Boyd agreed that the policy is in place, but discrimination continues to happen every day.

Commissioner Aslami-Tamplen asked how individuals will know how to resolve issues if and when they come up.

Dr. Garcia stated that the faith-based community has different ways than the secular community. There is a delicate way to maneuver and educate around the LGBTQ community. The county has a cultural competence resource team with representatives from the LGBTQ community. The way to solve the challenges is to begin a conversation.

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

*The MHSOAC approves San Diego County's request for \$1,009,203 additional funding for its Faith-Based Innovation Plan, previously approved by the Commission on February 26, 2015.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Commissioners Aslami-Tamplen, Boyd, Buck, Danovitch, Poaster, and Van Horn.

**ACTION**

## **5: Request to Authorize the MHSOAC Executive Director to Execute Contracts**

**Presenters: Toby Ewing, Ph.D., Executive Director and Angela Brand, staff**

Angela Brand, MHSOAC staff, provided an overview, by way of a PowerPoint presentation, of the background for these short term contracts, overall principles, and proposed scope of work of the two short-term stakeholder advocacy contracts.

### **Commissioner Questions:**

Commissioner Van Horn asked about the time duration of the contracts. Executive Director Ewing stated that the Request for Proposals (RFPs) will begin July 1, 2016. These short-term contracts fill the gap until then and will be no longer than twelve months.

### **Public Comment:**

Ms. Mikalson Walker spoke in support of the funding for REMHDCO and other stakeholder advocacy groups and urged inclusion of timely funding for a LGBTQ stakeholder advocacy group, as well.

Beatrice Lee, the President of REMHDCO and Executive Director for Diversity in Health Training Institute, thanked the Commission for the possible short-term contract.

Karin Lettau spoke in support of the short-term contracts for REMHDCO and California Association of Veterans Service Agencies (CAVSA), and agreed that future contracts should include the LGBTQ community.

Ms. Hiramoto thanked the Commission for the possible short-term contract.

Sandra Marley suggested the short-term contract be given to REMHDCO instead of the Mental Health Association of California (MHAC) on behalf of REMHDCO. She stated that the MHSOAC has the responsibility of oversight.

Matt Gallagher, the Director for the California Youth Empowerment Network (CAYEN), thanked the MHSOAC for the stakeholder contracts, especially REMHDCO. He stated that he agreed with Ms. Mikalson Walker's comments about the needed representation of the LGBTQ community.

Heidi Strunk, the Advocacy Coordinator for CAMHPRO, spoke in support of the short-term contracts and echoed previous speakers' comments.

### **Commissioner Discussion:**

Commissioner Poaster asked if the CRDP contract for REMHDCO has been eliminated. Executive Director Ewing stated that contract is for a different set of obligations and is coming to an end.

Commissioner Poaster asked if the contract with the California Department of Public Health (CDPH) is over. Ms. Hiramoto stated that the contract will be over on March 31<sup>st</sup>.

Commissioner Boyd asked why a short-term contract was not included for the LGBTQ community.

Executive Director Ewing stated that the \$1 million given to the MHSOAC by the Legislature can only be spent with the Department of Finance (DOF) approval. The

DOF has not done so to date. It is anticipated that the funds will be available too late in the year to spend. The \$1 million was specific to transition-age youth (TAY), veterans, and racial and ethnic disparities. The MHSOAC is not authorized to spend the funding on other groups. Staff is in conversation with the Legislature and the DOF to find resources that can be used to support advocacy on LGBTQ issues.

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

- *The MHSOAC authorizes the Executive Director to enter into a contract with Mental Health Association of California, on behalf of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), for an amount not to exceed \$200,000.*
- *The MHSOAC authorizes the Executive Director to enter into a contract with the California Association of Veterans Service Agencies (CAVSA) for an amount not to exceed \$200,000.*

Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Chair Carrion, Commissioners Aslami-Tamplen, Boyd, Buck, Danovitch, Poaster, Thurmond, and Van Horn.

## **INFORMATION**

### **6: Business Strategy**

#### **John Boyd, Psy.D., Commissioner**

Commissioner Boyd stated that his seat on the Commission is the representative of employers with over 500 employees and he would like to explore strategies to engage businesses throughout California. This is not an action item and he will bring back to the commission a more formal plan but he wanted to present his idea to do some preliminary information gathering.

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

Chair Carrion asked if there were any shortcomings with involving the business community in mental health affairs.

Commissioner Boyd stated that there are no negatives, although he anticipated challenges in the beginning in instilling a common language and the understanding of what mental health is and the role of the Commission. These challenges represent opportunities to educate, address issues, and champion causes across the industry and across communities.

## **GENERAL PUBLIC COMMENT**

Joe Partansky, a human-disability rights advocate, distributed two handouts with his contact and other suggested resource information. He suggested adding the California Council on Mentally Ill Offenders (COMIO) and disability.gov’s Guides to Information and Resources to the MHSOAC website resource list.

Ms. Gallagher stated that the contact number for county mobile crisis teams is often 9-1-1. Law enforcement should not be the point of access for mental health clients who are experiencing a crisis. She stated the concern for the lack of mental health

professionals in rural communities. She asked the Commission to recommend incentives that reside within the rural counties to help with recruitment and retention of mental health professionals.

Commissioner Boyd stated that the California Health Facilities Financing Authority (CHFFA) applications include applications for more mobile crisis work. He suggested that Ms. Gallagher give her comments and suggestions to CHFFA.

## **LUNCH BREAK**

(Closed Session – Government Code Section 11125(a) Related to Personnel)

The Commissioners adjourned into closed executive session.

## **INFORMATION**

### **Report Back from Closed Session**

Chair Carrion reconvened the meeting and stated that the Commission took no reportable action in closed session.

## **INFORMATION**

### **7: Presentation on the History of Peer Certification**

**Presenter: Karin Lettau, Training and Technical Assistant, California Association of Mental Health Peer-Run Organizations (CAMHPRO)**

Karin Lettau provided an overview, by way of a PowerPoint presentation, of the background, definition, history, research, movement, billing, benefits, and outcomes of peer certification. Ms. Lettau noted that California is one of only a few states in the U.S. that do not have a peer certification program.

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

Chair Carrion asked what the slide of the peer specialist training and certificate map would look like with the number of peer services available per capita. California may not have a certification program, but peer work is being done more than in many other states that have certification.

Ms. Lettau stated that would be a good thing to research. There are fifty-eight counties and fifty-eight ways of doing things. California does not honor the intention of the MHSA to assist consumers and family members to join the workforce and help people with the same issues by using a lower service of care.

Commissioner Aslami-Tamplen stated that peer specialist services may be included in consumer-run programs, but they are not being integrated into the larger system where the unique skills and expertise that that group brings are not being exposed to the full system so the full recovery experience is missing.

Chair Carrion asked what a good certification process looks like. It is not only the quantity of training hours but the quality that makes a good peer specialist.

Ms. Lettau stated that there are many great curricula that meet the core content areas. The idea is not to use just one because every county has different needs.

### **Public Comment:**

Carmen Diaz, of the United Advocates for Children and Families (UACF) and past MHSOAC Commissioner, stated that peer certification should have been done many years ago. She stated the need for peer job roles and duties to be defined, because they vary even within counties from service area to service area. The supervisors also require training so they understand the role of the peer professional.

Ms. Strunk asked the Commission to write a letter of support for Senate Bill (SB) 614 as it is currently written.

Steve Leoni, consumer and advocate, spoke about the grassroots origins of peer support. He stated that peer workers should be paid for their work, especially given the evidence of improved outcomes.

## **ACTION**

### **8: Senate Bill 614: Medi-Cal: Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification**

**Presenter: Adrienne Shilton, County Behavioral Health Directors Association of California (CBHDA)**

Adrienne Shilton, the Director of Intergovernmental Affairs at the CBHDA, provided an overview, by way of a PowerPoint presentation, of the structure, purpose, impacts, benefits, and support of SB 614. She stated that SB 614 is sponsored by the CBHDA and rests on the shoulders of advocates who have been volunteering for decades. This bill validates peer professionals; peer certification needs to move forward.

#### **Commissioner Questions:**

Commissioner Van Horn asked if there is an opposition list.

Ms. Shilton stated that the California Association for Licensed Professional Clinical Counselors and the American Association for Marriage and Family Therapy have voiced concern about the scope of practice. Amendments have been made to the bill to address their concerns. The CBHDA has received a letter from an alcohol and drug credentialing body with concerns about the peer exam.

#### **Public Comment:**

Susan Medlin spoke in support of SB 614 and the need for a scope of practice for peer professionals. She stated that many peers do not disclose that they are a peer for fear of discrimination.

Jennifer Churchill, for UACF, spoke in support of SB 614 and stated the need for a standard scope of practice for peer professionals because job duties and billing vary from provider to provider.

Mary Ransell, for UACF, spoke in support of SB 614.

Davina Cuellar, for UACF, spoke in support of SB 614. She stated that she supervises the family advocates and youth peer mentors in her agency and has no direction. SB 614 provides needed guidance.

Mr. Leoni stated that peers are not clinicians and do not want to be clinicians, but sometimes they are asked to do things they do not feel comfortable doing. This certification process will instill protection for peers by providing a scope of practice.

Sally Zinman, the Executive Director at CAMHPRO, encouraged the Commission to write a letter of support for SB 614. One of the roles of the MHSOAC is to advise the Legislature and Governor. This is the time to advise them to support SB 614. Peer support is being done anyway but there are no standards or quality control and it is not billable.

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

*The Commission supports Senate Bill 614 and directs staff write a letter of support to be signed the Chair.*

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Commissioners Aslami-Tamplen, Buck, Danovitch, and Van Horn.

## **ACTION**

### **9: Communications Plan for 2016**

**Presenter: Jennifer Whitney, Communications Director**

Jennifer Whitney provided an overview, by way of a PowerPoint presentation, of the background, five key themes from the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, goals, target audiences, and key strategies and tactics of the Communications Plan for 2016.

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

Commissioner Danovitch asked why individuals access the website and what main functions they visit. Ms. Whitney stated that data is currently unknown, but the new website will include analytics so these things can be tracked.

Commissioner Aslami-Tamplen stated the hope that the MHSOAC will work with the community that knows how to translate the language of recovery and mental health in that community. Ms. Whitney stated that it is a priority to produce them in as many languages as possible.

### **Public Comment:**

Mr. Portansky suggested possible resources that may assist the Communications Unit.

Mr. Leoni suggested talking about how and why Proposition 63 works, including recovery, Full Service Partnerships, trust building, and developing a speaker's bureau or experts who can be tapped for media interviews and can provide a different kind of viewpoint about the sciences and what works.

Ms. Lettau echoed Mr. Leoni's comments about focusing on the key concepts of the MHSA and how those are lived out. She asked if the website will be available in threshold languages, ADA accessible, and mobile-friendly. Ms. Whitney stated that Ms. Lettau's requests will be part of the new website.

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

*The Commission approved the Communications Plan for 2016.*

Motion carried 5 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Chair Carrion, Commissioners Aslami-Tamplen, Buck, Danovitch, and Van Horn.

## **INFORMATION**

### **10: Fiscal Transparency**

**Presenter: Brian Sala, Ph.D., Deputy Director**

Brian Sala provided an overview, by way of a PowerPoint presentation, of fiscal transparency as oversight and accountability, basic MHSA fiscal literacy goals, a vision for data transparency, fiscal transparency tool (FTT) examples from 2012 to 2014, tree maps, scatterplots, trend analyses, and next steps of a fiscal transparency tool and pilot project under development. Dr. Sala stated that fiscal transparency is consistent with the Communications Plan, especially the elements of mining the available data and sharing the findings with as many individuals as possible.

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

Commissioner Van Horn asked if Commissioners can have a copy of the data slides. Executive Director Ewing stated that the data is in draft form for example only. He was not comfortable with disseminating the slide with inaccurate data.

## **INFORMATION**

### **11: MHSOAC Executive Director Report**

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

#### **Stakeholder Contracts:**

Progress is being made on the stakeholder contracts and staff will be moving forward with the Requests for Proposal as authorized in last month's meeting. Staff is in conversation with the Administration and the Legislature to explore how to find resources to support advocacy on behalf of the LGBTQ community and to increase the opportunities available across the contracts.

The Commission has also historically held a contract with the California Association of Local Mental Health Boards and Commissions, which is on a different calendar cycle

and will come up for renewal next year. The contract supports the education and training to increase the capacity of local mental health boards and commissions.

#### Committees:

Staff has been working with the Committee chairs to work out Committee agendas, what has worked and not worked in the past, and the areas of focus.

#### Triage:

There are exciting things going on in the \$96 million triage program that the MHSOAC administers. Communications will be fortified. The focus until now has been on startup and dealing with the challenges of funding and operations. Twenty-four counties have triage funds and the focus has shifted to understanding how to learn across the twenty-four projects.

Executive Director Ewing stated that triage workers asked for access to other workers in other counties who are trying similar things to share their ideas with other counties and learn from them. Staff will begin to work with counties to learn some of the lessons on the operational level.

#### Legislation:

Staff is working with the Pro Tem's office to present their plan for the \$2 billion housing bond proposal at a future MHSOAC meeting.

California Mental Health Services Authority (CalMHSA) is proposing to receive funding through an allocation under the MHSA Allocation Formula. Staff is in conversation with DHCS, CalMHSA, and others about how that will work. Executive Director Ewing expressed the concern about how the allocation formula would be changed and who would change it and ensuring an accountability structure is in place for the funding. CalMHSA will present their proposal at a future MHSOAC meeting because it would change the way MHSA funding is allocated.

#### Policy Project:

Staff will meet with Commissioners who have been appointed to the Policy Projects about project calendars and work plans.

#### Community Forum Work Group:

Staff is working with San Mateo County to organize the next community forum but is having difficulty finding a venue and date.

The Community Forum Work Group encouraged staff to integrate community forums into the policy projects. Staff plans to organize future community forums around the Mental Health and Schools, Mental Health and Criminal Justice, and Issue Resolution Process themes, along with more generic community forums. Staff will work with the chairs to incorporate community forums into the work plans.

#### Staff Changes/Vacancies:

Staff continues to work to fill the following vacancies: Health Research Director, Health Program Specialist Manager, and Consulting Psychologist. Staff is trying to hire individuals with community mental health and lived experience.

Staff has been in conversation with the American Psychiatric Association about designing a clinician position fellowship or internship so the MHSOAC can recruit individuals who are not necessarily in the civil service system.

Commission Meeting Calendar:

The meeting calendar reflects proposed agenda themes and focus and the locations will be chosen based on the agenda.

**GENERAL PUBLIC COMMENT**

Ms. Lee stated the appreciation of the presentation on peer specialist certification and the importance of including peers in the workforce to improve the service delivery system. She stated that REMHDCO supports SB 614 and what is being proposed can help some racial/ethnic communities but the approach may not meet the needs of everyone, including immigrants and refugees. She suggested that the MHSOAC look at community health workers as another category of workforce. It is currently being used and is being funded by PEI dollars for example in Alameda County. She requested that the MHSOAC put a presentation about the community health worker as a model on a future agenda.

**ADJOURN**

There being no further business, the meeting was adjourned at 3:40 p.m.