

COMMISSION MEETING MINUTES
Thursday, June 14, 2007

I. Call to Order

Chair Steinberg called the meeting to order and welcomed everyone. The meeting was called to order as a subcommittee because there was not a quorum.

II. Information Item

Cynthia Rodriguez, Chief Legal Counsel of the Department of Mental Health, explained the Bagley-Keene Open Meeting Act as follows:

- The Act codifies a rule that public business should be conducted in public. The spirit of the Act is for the public to have the right to present and to contribute whenever decision maker's thoughts are being shaped about the subject matter that the Commission is concerned with and making decisions about.
- A handout of the Open Meeting Act was provided to the Commissioners. Mr. Rodriguez read from page 5: "The extent that a body receives information under circumstances where the public is deprived of the opportunity to monitor the information provided and either agree with it, or challenge it, the open process is deficient."
- The Act is meant to prevent inappropriate behaviors where individual public members have private sessions and collective consensus that the public does not know about. The Act is also meant to prevent the appearance of impropriety, which would destroy the confidence of the public in its Commissioners.
- What is a meeting?
 1. A meeting is a gathering of a quorum of a body, in this case a Commission.
 2. For each meeting, an agenda must be set in writing explaining what is going to be covered at the meeting. A meeting cannot cover topics that are not on the agenda.
 3. The agenda must be distributed at least 10 days in advance of the meeting. No one can attend by phone from a private location.
 4. The public is entitled to speak at all meetings within a reasonable timeframe set by the Commission.

Chair Steinberg asked if there are urgent matters that cannot wait until the next formal meeting would the Act prohibit the Commission from having a publicly noticed telephone conference call that would allow the Commission to take limited action on an item. Ms. Rodriguez said it would depend on the urgency and whether it is truly an emergency. The availability of public locations is required within the Act. The public can be present at teleconference locations and the Commissioners can be present and vote at those teleconference locations but notice must be made as a part of the agenda.

- It was suggested that staff research the availability of State Agency offices/meeting rooms in order to have a standing request for meetings and/or teleconferences.

Commissioner Chesbro said the Commission is operating on the concept that more than two commissioners cannot be in the same place at the same meeting together. This interpretation is quite constraining on the ability of Commissioners to participate in Commission related activities. He believes this is an extreme interpretation and asked Ms. Rodriguez if this was her

interpretation of Bagley-Keene. Ms. Rodriguez said the understanding of the Act that make people feel it is not appropriate to have more than two Commissioners at the same place is based on the idea that if you meet and discuss Commission business they could be acting as a sub-group which would have a different quorum level. The concern is that one meeting of this nature leads to serial meetings.

Commissioner Chesbro said he is speaking about the idea that perhaps three Commissioners would happen to participate in a discussion that would relate to the Commission's business. Ms. Rodriguez said if Commissioners are discussing the business of the Commission and the public is deprived of the opportunity to monitor the information then this would not be appropriate. Commissioner Chesbro said he does not agree with the idea that Commissioners can only gather information through the formal meeting process and be devoid of any contact.

Commissioner Doyle asked, for example, if someone talked to him about something and as long as he didn't talk to another Commissioner about it then he has not violated the Act. Ms. Rodriguez said that if this is the public's input then it is proper, i.e. "Mr. Public" calls three Commissioners then it would be appropriate. But if the Commissioners then call each other and work up a consensus then it is not appropriate because it is the action of a Commissioner and the body is governed by the Bagley-Keene rules. The business of the Commission must provide the public with the ability to monitor the meetings. The Commissioners cannot deliberate outside of the public.

Commissioner Poat said Commissioners can receive information but cannot make a decision solely on that information because it is not information to which everyone has access to. Commissioner Poat said he does not understand how if less than a quorum of Commissioners who are at a conference and participating in discussion can be in violation of the Open Meeting Law. Ms. Rodriguez said presuming that they do not ever discuss it with anyone else, except at a public meeting, and then perhaps it would not be a problem. Unfortunately, the problem would be when the business of the Commission is being discussed.

Commissioner Poat said he accepts the fact that convenience is sacrificed by the ability of the Commission to act efficiently, but to tie the hands of normal communication well beyond what the Act requires seems excessive. Commissioner Dobson said the concern would be with the Advisory Committees created by the Commission. If two or more Commissioners sit on the Advisory Committee then it would be in violation of the Act.

Chair Steinberg said if three commissioner's meet as a part of a duly appointed Commission Advisory Committee then it should be publicly noticed. However, he does not believe there is anything wrong with three Commissioners participating in a mental health forum sponsored by one of the stakeholder organizations where Commission discussion occurs because they would not constitute a majority of the Commission and they would not be meeting as an official advisory committee. Ms. Rodriguez said that an analysis of the statute is open to everyone. There is nothing definitive in the statute that stipulates two, three, or four people cannot sit together. Her advisement is to avoid the appearance of impropriety and allow the public to feel that the Commission is not making decisions in small groups and at meetings that they were not told about.

Public Comment

Sandra Marley said she likes what the Commission is doing. In her mind Commissioners meeting for lunch with an Association is a way that private interest will come into the process. She is skeptical about private interests because they are not Government. She believes government relations must be dealt with first.

IV. Executive Director's Report: Overview of MHSOAC Role and Updates

Ms. Clancy provided the following presentation:

- MHSOAC Budget, FY 07-08
 - For fiscal year 06/07 there was a total of 8 staff, and the total budget was \$1,447,000
 - For fiscal year 07/08, through the Budget Change Proposal process, there was a request for an addition of 6 staff in January, and another request in March for another additional 6 staff. Total staff for next year will be 20 with a total budget of \$3,226,008
 - The OAC office will move to 17th and Capitol at the end of September.
 - The OAC will have additional contract support as follows: (1) Dept of Justice (legal support); (2) California State University, Sacramento (logistics around plan review and facilitation); (3) UC Davis, Center for Reducing Health Disparities (Surveillance System for Reduction of Health Disparities); (4) Communications & Outreach (independent contractor to oversee communication strategy for MHSA); (5) Statewide Client and Family Advocacy Organizations (Client and Family Member involvement in MHSOAC policy deliberations; and (6) Prevention and Early Intervention Experts (individual experts to assist staff with County PEI Plan Review).
 - The challenge for the next fiscal year is that the Commission will be going through a leadership transition because she (Ms. Clancy) will be leaving at the end of September. The 12 new positions to fill within a civil service environment will be a challenge and the staffing infrastructure continues to be one of the greatest challenges the Commission faces.
- MHSA Program Components Update
 - It was projected that in fiscal years 05-06 the revenues would be at \$1.4 billion; in 06-07 it went to \$1.6 billion and in 07-08 \$1.8 billion.
 - There are five components: (1) Community Services and Supports; (2) Education and Training; (3) Capitol and Information Technology; (4) Prevention and Early Intervention; and (5) Innovation.
 - Community Services and Supports: 57 County plans have been submitted; DMH has the review and approval authority; the Oversight and Accountability Commission has review and comment.
 - A total of \$315 million has been encumbered
 - The Mental Health Services Act Housing Program is to be part of CSS and has been funded at \$115 million per year for new permanent supportive housing.
 - The initial investment made was for \$400 million.
 - At this point the focus for the Commission within Community Services and Supports would be the Mental Health Services Act Housing Program. The Legislature is currently reviewing MHSA Housing program application.

Ms. Carol Hood provided the following information regarding housing options for children:

- Housing for children and their families is very challenging. In continuing to research the requirements there are conflicting statutes with regards to services to children. She is proposing that the regulations will allow it as local options so that counties can choose to house children and their families as a part of the MHSA Housing Program.

Commissioner Diaz asked if the Department will advise the Directors at the County level that they can do this. Ms. Hood said it will be included in the guidelines and the trainings that the Department provides. There are federal laws that would make it very challenging for counties to select this option but it will be a local option. Commissioner Chesbro suggested seeing if this statute can be changed.

The total amount of money that is out into counties is in the range of one half billion dollars. Chair Steinberg asked if this information could get out to the public. Ms. Hood said there will be a revenue and expenditure report that is due December 31, 2007 that will be provided to the public.

- Education and Training
 - There are county and statewide strategies
 - There is dedicated funding only during the first cycle
 - DMH has review and approval; the OAC has review and comments
 - There is a total of \$100 million available for County Plans through FY 08/09; \$15 million for Early Implementation and Planning
 - The County Plan Guidelines is to be completed by June 07
 - Funding for State Administered E & T strategies is \$100 million
 - State strategies are now being developed
 - The five year plan is currently in development

Vice Chair Gayle asked if it will be up to the counties to come up with the cultural plan of finding people of color who would be interested in working in the mental health field. Will there be a statewide strategy as well as local strategies? Commissioner Doyle said he believes there is both. The counties on a broader level will be in charge of minority recruitment and there is also a statewide plan.

Chair Steinberg asked what the timelines are for implementation. Ms. Clancy said the guidelines for the county strategies will be completed this month and all of the components, with the exception of innovation, are in process.

- Capital
 1. Funding for Capital facilities (hospitals, treatment centers, etc.)
 2. DMH: Review and Approval; MHSOAC: Review and Comment
 3. County Planning Guidelines: July 2007
 4. Total Funding Projected July 2008.

Commissioner Jaeger asked if the capital funds will be available for the seismic retrofit that the state is currently struggling with. Ms. Hood stated that there is no prohibition to this but it needs to be focused on treatment or administrative facilities. If there are restrictive services, for instance hospitals, then there are additional criteria that must be met. Commissioner Jaeger asked if anyone has outreached for this particular use. Ms. Hood said there has not been input on this particular issue.

- Information and Technology

Ms. Skarr, with the Department of Mental Health, provided the following information:

 - There is currently no law, either federally or state that mandates electronic records.
 - Both the President and Governor have issued Executive Orders that reference the vision of using electronic health records to improve and transform health care.
 - There is no requirement, funding, or mandate to use electronic health records.
 - The OAC asked to see a clear statement of purpose which follows: “Ensure that the right data is at the right place at the right time to support the individual client’s wellness, recovery, and resiliency.

The question came up at the last meeting of how is this system going to support a client who goes to a new provider in having the information from the previous provider there and available for the new provider. The above statement of purpose facilitates this need.

Ms. Hood provided the following information:

- There was discussion at the last OAC meeting regarding the non-supplant requirements. The question was asked whether or not the Department agreed that non-supplant also applies to the technology. Ms. Hood said yes, the Department does agree that there is also non-supplant that applies to this and more guidance will be provided to counties in the final proposed guidelines and ultimately in the regulations.
- There was a question at the last OAC meeting regarding monitoring and oversight. The Department does have a process where it is connecting with counties to determine their readiness and the Department is making sure that the money that it is investing from this precious resource is used well.
- When will the regulation process develop and how should Commission and others participate?
 - Regulations are currently being drafted by a team of staff and will follow the standard protocols for notification, public hearing, and stakeholder comment.
 - Insight and guidance by OAC will be sought once the drafts are available.
- Cultural and linguistic sensitivity should be addressed and in the approval of this process there should be defined outcomes and measures.
 - The Standards section of the guidelines document states “User friendly interface standard ... Provideability to communicate with the clinician and service provider by the consumer and the family, especially in the multi-lingual environment.
 - The draft proposed guidelines should be finalized in July.
- How and when will families and consumers learn to access information and obtain the necessary education that goes along with this technology?
 - There is a section in the proposed guidelines on access to computing and resources projects. Stakeholders have provided input about what it will take to make this successful, which includes not just providing the computer resources, but also providing the initial training and the ongoing support.
- Will service providers accept a common record system?
 - DMH IT proposes that the counties select systems that serve their local goals and needs but also meet the national standards for interoperability

Chair Steinberg asked what the Department’s plan is in deciding what piece of this electronic health record would or should be funded by the MHSA. Ms. Hood said the proposal is that it be specifically be limited to mental health. The Department does not believe that the funding can be used for the substance abuse piece, therefore, counties will have to see how to meet this challenge. The draft is very clear on physical health because it stipulates that funding is exclusively for mental health. There are national efforts to set standards for the electronic health records in order to have inter-operability. The Act will pay for the mental health software county-by-county.

Ms. Skarr said the MHSA IT Stakeholder Workgroup is made up of 75 people, which includes client and family members. Ms. Hood said the Department also has participation in the national committees, as well as working with the Department of Managed Healthcare which has the lead for the state in moving this forward.

Vice Chair Gayle said many counties are in the process of beginning behavioral health and he is concerned about transformation and the fact that when you are treating someone you are treating the person. It is important to support and encourage the behavioral approach which includes mental health and substance abuse.

Commissioner Diaz she is concerned about medication prescriptions because if an M.D. prescribes medication and the clinician also prescribes how will there be assurances that the interaction of the drugs are compatible. Ms. Skarr said the interoperability is not available currently, but once that is achieved there will not be a problem.

Chair Steinberg said the Commission has to struggle with the Department to find the right balance to make sure we are engaging in transformation.

Ms. Clancy continued with her presentation as follows:

- Innovation
 1. The Innovation Committee will be presenting their Policy Direction Paper in July which will establish innovation guidelines.
 2. The goal for completion of the Local Plan Guidelines is set for March 2008.
- Summary of MHSA Program Components
 - All are moving forward. The fact that all of the guidelines are being completed and counties will be able to access the money is incredible.
 - Legislature recommends OSAE audit of MHSA implementation; to occur in FY 07/08. The Act itself is increasing work and the audit will look into seeing if things can be streamlined in a more effective way.
 - Government partners continue to shape roles in terms of governance

Chair Steinberg said the goal of an integrated system is absolutely correct. The danger of a two tier system is a real one, however there is a caveat to the integrated system which is it needs to be an integrated system with more funding. If it is an integrated system that maintains funding at 2004-2005 levels then it may be more effective but we will not be able to serve more people. With regard to the state and the counties, as an example with maintenance of effort, what did the county do the day before the Act passed? If the county change that per their budget then it cannot be disproportionate to other cuts across the county.

Ms. Hood said the Department has not made any determination about what to do with the non-supplant. There are three primary issues that have come up in the regulation comments, one being the non-supplant issue. The Department is summarizing all the input and alternatives are being discussed.

Commissioner Doyle announced that because of the legal opinions generated by the advocacy groups the Santa Clara County Account Executive added \$1,750,000 back to the Mental Health Budget to be sure that they would be at the level they were at in 2004.

- Stakeholder processes to ensure voice continue to develop
- Ongoing challenges at local level to build despite erosion of core mental health program funding
- Supplantation remains key issue for MHSOAC
- Percentage per Component
 - CSS – 52.25%
 - Education and Training – 10%
 - Capital and IT – 10%
 - PEI – 19%
 - Innovation – 3.75%
 - State Administration – 5%
- MHSA Expenditure

- The expectation is that by the end of next fiscal year (June 30, 2008) there will be \$1.5 billion disseminated. This amount includes reserves so both expenditures and reserves will have been accomplished by June 30, 2008.

A Commissioner asked if the reserve is taken out of the figures and expenditures are added in how much money would be left over. Ms. Hood said for CSS there will nothing left over and for some of the others there will be money left over.

- Mental Health Policy and Outcomes
 - MHSOAC Public Mental Health Financing Technical Resource Group – staff recommends initiating the Technical Resource Group once all 07/08 MHSOAC staff are hired.
 - Evaluation Coordination Committee – Richard Van Horn presented the following:
 1. The goal is to establish an Evaluation Coordination Workgroup comprised of the Department of Mental Health, the California Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission.
 2. Having a unified system of study, measurement, and outcomes is critical to promoting accountability and quality improvement of programs funded by the MHSA and of the entire public mental health system.
 - This becomes a difficult process because there is a lot of overlapping responsibility which cause duplication of effort.
 3. The DMH is developing a framework that can be used to provide clarity and focus for the system for developing outcomes and accountability for the MHSA and the public mental health system. They are proposing an accountability framework which is in draft and under review.
 4. The framework should be applicable to Community Services and Supports, Prevention and Early Intervention, Education and Training, Capital Facilities, and Information Technology, and Innovation. Each component will be further elaborated with its own evaluation but they will roll up into one master system that provides a unified set of measurements and outcomes.
 5. The tri-level paradigm for performance measurement is: the individual level, the mental health system accountability level, and the public/community-impact level.
 6. On January 24, 2007, the Government Partners Group met to discuss the joint responsibilities for measurement program quality and outcomes in the public mental health system.
 7. On April 25, 2007, representatives from the government partners met to further develop the proposal. The group achieved consensus on five goals:
 - To use MHSA funding to transform the entire public mental health system
 - To achieve integration of performance measurement for the MHSA with performance measurement for the entire public mental health system
 - To measure outcomes, to promote quality improvement, and to communicate the results to the multiple audiences to which the public mental health system is accountable.
 - To decrease duplication and overlap among the DMH, the CMHPC, and the MHSOAC in performance measurement accountability
 - To simplify reporting requirements for county mental health departments and community-based agencies.
 - Proposal: The DMH, CHMPC, and MHSOAC are proposing an Evaluation Coordination Work Group to accomplish the goals that they share in addressing the problem of duplication of responsibilities for outcomes and accountability. They have chosen a “Meet and Recommend Model” as the operating approach

for this work group. The work group will have only advisory authority. The government partners would retain their statutory authority and independence in decision-making. The work group must reach consensus before making recommendations back to their organizations. The work group will not be performing detailed tasks, such as developing performance outcome measures. Rather, it would be responsible for recommending assignment of tasks and responsibilities to government partners and other groups.

- Responsibilities:
 1. Beginning with the Accountability Framework and the tri-level paradigm, determine what tasks are already being performed and how best to coordinate those tasks among government partners and other groups and how to ensure collaboration.
 2. Identify duplication of effort among government partners and make recommendations to minimize it.
 3. Determine what gaps exist in the work needed to assure quality improvement and accountability of the MHSA and the public mental health system and make recommendations for how to ensure that necessary tasks are performed by the appropriate government partner or other group.
 4. Work to reduce paperwork and simplify reporting requirements.
 - Since none of the government partners are surrendering or subordinating their statutory authority, nothing in this proposal prohibits or suggests limits on each government partner's ability to initiate accountability activities.
- Membership: The DMH Director, the CMHPC, and the MHSOAC would each name a maximum of three persons to the Evaluation Coordination Workgroup. Four other organizations are recommended to be involved in the process as ex officio members: The California Mental Health Directors Association, the California Council of Community Mental Health Agencies, the California Association of Psychosocial Rehabilitation Agencies, and the California Alliance of Children and Family Services. The counties, as represented by CMHDA are responsible for implementation of all community-based programs at a local level. Counties and community based agencies are at risk for both successful implementation of measurement systems, as well as for actual results. Without their input and cooperation the state's measurement systems will not provide good information for quality improvement and transformation of the mental health programs. The four ex-officio groups are providing about half of all the services in the state and so they need to be involved with direct representations. Consultants will be providing the perspective individuals, family members, and family of youth, etc. as it would be needed for expertise on cultural competence and diverse communities.
- Process: The workgroup will meet on an as needed basis with the expectation that the meeting schedule will be more frequent during the early stages. A consultant will be needed to provide staff support for this process. In addition, a lead staff person from each government partner will be appointed as a liaison with the consultant for this project.
- Next Steps: (1) The completed proposal will be provided for review and decision to the Director of the Department of Mental Health, the CMHPC, and MHSOAC; (2) If the proposal is approved, then the amount of resources needed and the source of funds will be determined. A consultant will be sought. Lead staff from each organization to serve as liaison to the consultant will be determined.

Chair Steinberg said as this model is developed, one which will most likely be a national model for outcomes and evaluations, there is an obligation to report systemic outcomes twice a year or once a year.

Ms. Clancy said Commissioner Feldman also is interested in who will be doing the evaluation for MHSA; how it is that different roles will be defined around accountability; and when will the Commission begin to get information about impact of the MHSA on individual outcomes. Commissioner Feldman wants to clearly understand the OAC's role in this area.

Commissioner Henning said he would like to have clinicians be a part of the workgroup and offered his assistance. Commissioner Henning asked why there is a need for a consultant for this workgroup. Mr. Van Horn said it is a non-permanent job with a time limited task. Ms. Clancy said that the Commission could dedicate one of the new positions to this group but then there are issues around is that staff would actually be accountable to all the organizations. Chair Steinberg said this issue should be built into the overall work plan over time, but in the meantime a consultant will be needed to start the process.

This action item will be tabled until a quorum is present.

Commissioner Chesbro said that Sally Zinman is stepping down from the Network and he asked to have her honored at the next meeting.

Public Comment

Leticia Alejandrez, with the California Family Resource Association, said that her organization focuses on strengthening families throughout California. Her organization represents over 1,000 family strengthening organizations in California that serve millions of children and their families located in underserved communities that are rich with children and families and cultural and ethnic diversity populations. A wide variety of services are provided including mental health. The services are cost-effective, comprehensive, and they are integrated. She believes the family resource centers are essential partners in all of the Commission's work. She asked that the Commission not miss the area of reducing disparities with ethnic cultural linguistic diverse communities. Vice Chair Gayle asked for the Association's participation on the OAC's Cultural Competence Committee.

Patricia Gainer, a client from Sacramento County, read a list of recommendations by the National Coalition of Mental Health Consumer Survivor Organizations focusing on young adults, the media and the academic community: (1) Every college campus should offer a wide array of voluntary services and supports, especially peer run services; (2) Students should be educated about the traditional and peer run mental health services and supports available to them on and off campus; (3) School personnel, that is, administrators, teachers, support staff should be particularly supportive after a tragedy to meet the emotional needs of the student community. Ms. Gainer then introduced Michael Wilkins.

Michael Wilkins, a client from Sacramento County, continued with the above recommendations: (4) public education involving college age youth telling their stories of recovery would provide hope and help counter the stigma and discrimination directed towards people labeled with mental illness; (5) college teachers, administrators, counselors and peer counselors should come together in a dialogue with people that are diagnosed with a mental illness who have recovered to learn from them about recovery and peer support; (6) the media and public need to be informed that people with mental illnesses are no more violent than the general population; (7) the media needs to stop misinforming in revealing private information without consent; (8) consumer survivors

should work with youth, like the project “Active Minds” in New Mexico; (9) youth groups should participate in (?) 2007 National Coalition of Mental Health Consumer Survivor Conference, recognized by and for people who are recovering from severe emotional distress.

Ms. Gainer said that the National Coalition of Mental Health Consumer Survivor is a fairly new organization of which the California Network of Mental Health Clients is a charter member.

Daniel Rhosas said he is an advocate for the Latino movement in the communities (Tehama County). Where he comes from there are 600 white supremists and 200 Latino gangs which runs the majority of drugs in the State of California bringing much trauma. People on the streets are dealing with PTSD which filters on to mental illness which plagues the community. He believes that there is still a resistance in the mental health field in letting people be a voice or part of the movement in the Mental Health Act. (Tape stops and begins here). He is out of case management. He is reaching out and asking for help.

Sally Zinman said the draft regulations of the Department of Mental on Capital Facilities, specifically allowing restrictive facilities unless less restrictive alternatives are available said it is an anomaly. The Act itself is to reduce hospitalization and inpatient facilities to allow counties to build them with capital facilities money seems against the intent and purpose of the Act itself. The MHSA is a vehicle to establish alternatives throughout the state. There are models of crisis residential facilities that are voluntary but feel that small counties may not be aware of these models.

The Network has recommended to the Department to add to their requirements that any county that seeks to use MHSA funds for restrictive facilities should have these kinds of alternatives in place already and have proven that they did not work. She asked the Commission to look at this issue in the same way that it looked at the issue of using MHSA funds for short-term hospitalization.

Sandra Marley, private client advocate, said she thought she heard Ms. Hood say that the Mental Health will not support the substance abuse. Sacramento County has been doing much with co-occurring disorders. Of the people who have mental health problems, 50 percent of those also have substance abuse problems and it is higher in adolescence. The recovery models that are coming out are good and she feels some funds should go into co-occurring disorders.

Tina Mata asked who would have access to the technology and records. She asked if it would be the same as having the physical records and mental health records for providers and would it include the pharmacy technicians as well. Ms. Hack said the concept that is being worked on through the MHSA technology would be in the county clinic. All of the paper that makes up the client record would be put in electronic form so that both the client and the clinician would have common access to it based on the authorization of the client. For medication information the pharmacies would make that available electronically as well.

Sharon Clausen what she is seeing in Mendocino County is that the heads of non-profit organizations are happy to talk to you, foundations come in, governmental entities come in, and there is a lot of talk and people are put on committees but the clients are still dropped off at the bottom. She cannot see that the client involvement has been improved. The counties have figured out more efficiently how to exclude clients. She is not coming to the OAC meetings less often because she is not interested, but because it is such a hard fight for her to get any reimbursement from her county to do any of these types of things. The only improvement in Mendocino County is 30 forensic beds in the jail.

Chair Steinberg said the issue of reimbursement in order to be able to participate comes up again and again. He said it might be appropriate for staff to agendize this issue so the best practices can

be pushed forward in order that clients can participate. Ms. Clausen said what needs to happen is that each entity of MHSA needs to understand that they need to take care of inclusion in their area.

Ruth Gravitt, a mental health consumer, mental health advocate and retired RN said she is highly educated in psychology and self-help. The National Coalition of Mental Health Consumer Survivor Organization's position paper is a good formulation and everyone should look at it closely. The root source of stigma and discrimination is the universal fear of madness as a result of being a highly intelligent species. People should be taught early on what the nature of the mind is and why it goes haywire and what can be done to balance it. This should be included in the peer support groups for the college age youth. Children should be taught to value the introverts, the odd balls, and individuals labeled as eccentric or schizo-effective by the mental health care providers because these people may turn out to be the leaders and visionaries of the future and this way the fear will be decreased of insanity and therefore the tolerance and acceptance of those so labeled.

Margene McGee said what stands out in her mind from today's meeting is that the Commission or MHSA will have to show results of their efforts. She asked how this will be done. She comes from a county that is not very responsive to needs that have been put forth in the proposition itself. She believed that the MHSA could work for people but then she discovered at the first stakeholders meeting that it leaves out the native people, as well as other people. The natives remain unserved and underserved. MHSA has given the Native Americans the opportunity to speak out, but she is not sure they will ever move up.

The Native American community has developed the Talking Circle of the Invisible People in order to redefine mental health in its community. They have no funds and it is all volunteer, but it allows her to do something for her people. Chair Steinberg thanked Ms. McGee for not losing faith in the Commission or the Act. He said the Commission would like another report back from the Department and the counties regarding the progress that is being made in addressing the issues that are raised by the Native American communities.

Susan Bowen, a consumer, said mental health services can be grounded on compassion, love and care. Education is important as well. Involuntary treatment can drive mental health patients away. She comes from an Asian community where many of the Asian clients' parents threaten calling the police and having them locked up in a mental facility.

Refujio Rodriguez, Program Manager for MHSA for the County of Santa Barbara, a family member of someone with mental illness, and a member of the Latino community, asked the Commission to look at ensuring that the state strategies, specifically the training and education, be coordinated with the local strategies. In response to some of the written comments to the stigma and discrimination paper he pointed out that good efforts and strides have been made, but from the perspective of communities of color it is much of the same. They were not included before MHSA and not represented appropriately during this process either; certainly not in the proportion of the demographics of the State of California. He does not believe there is a strategic plan to address the issue of ethnic disparities.

V. Mental Health Stigma and Discrimination: Recommendations for Statewide Funding (First Read)

Laurel Mildred, Mental Health Policy Consultant, presented the following information:

- Inclusion and integration can be achieved only if the law recognizes that people with mental disabilities are fundamentally like other people, and hence entitled to equality, as well as fairness and respect.

- Theory is ideal, some of which are, a social justice, client-youth-and-family oriented model, such as:
 - “Whole Person” Theory – Ecological Systems Model
 - Strengths Perspective
 - Wellness Perspective
 - Family Theory
 - Culture Theory
 - The Recovery Model
 - The Resilience Model
 - Empowerment Theory
- Areas of Stigma and Discrimination
 - People
 - Systems
 - Community
- Everyone is an expert in their own experience and they bring that truth to the table. Sometimes people’s opinions contradicted each other, and so in those cases, where there were strong differences of opinion they were acknowledged in the paper.
 - One of the differences of opinions came up around the idea of what stigma is and what are the right interventions to solve it.
 - A report by the California Network of Mental Health Clients surveyed 249 Bay Area Clients, found that participants felt the most stigma and discrimination came from: (1) the Mental Health System; (2) members of their families; and (3) law enforcement. For these clients the key affects of stigma and discrimination were prejudice, labeling, intolerance, segregation, exclusion, the problematic concept of normal, the harmful affects of the medical model, and the loss of personal freedom.
- People: Internalized Stigma
 - Children and adults who experience mental illness are at high risk of diminished self-esteem, feelings of loss of confidence and mastery in their own abilities.
 - This is often experienced as a sense of shame.
 - It can interfere with a persons life goals, their quality of life and creates a constant feeling of being devalued and a failure.
 - It is undoubtedly threatening and personally disheartening to believe that one has developed an illness that others are afraid of.
- The Group noted that internalized stigma relates to people’s willingness to engage in treatment. It is important to keep internalized stigma and its affects in mind because people often do not want to be subject to these negative impacts so they disassociate themselves from the services that they should be engaged in.
- Fear of stigma and rejection can lead children and adults to act less confidently, more defensively, or to avoid social contact altogether.
- Some of the key impacts of internalized stigma are:
 - Isolation
 - Substance Abuse
 - Suicide
- Effective strategies to combat internalized stigma:
 - Empowerment, including self-help, advocacy, economic development projects, protest, and participation in the system.
 - Recovery, the individual journey of personal growth that supports managing symptoms, healthy life choices and improved quality of life.
- “Neither of these strategies make the world fairer, but they strengthen people’s ability to withstand stigmatizing attitudes, to fight against discrimination and to stand up for their rights.”

- Many people face multiple oppressions, so while they are dealing with stigma and discrimination associated with mental illness, they are also dealing with other stigmas and discrimination. Chief among these are racial and ethnic minorities who face racism, increased risk of poverty, language barriers, clinician bias and inappropriate services.
- Unequal social conditions put racial and ethnic minorities at high risk of mental illness, including, discrimination in housing, discriminatory hiring practices, financial stress due to racial bias and daily grind of coping with racism.
- Language barriers deny access to services.
- Racial and ethnic minorities receive poorer quality of care and differential treatment in the mental health system
- There are five essential elements to cultural competence:
 - Values diversity
 - Requires cultural self-assessment
 - Honors dynamics of difference
 - Formalizes and disseminates cultural knowledge
 - Adapts to diversity
- Another group of people who face multiple oppressions are lesbian, Gay, bisexual, transgender or questioning people (LGBTQ).
- Multiple stigmas result in violent outcomes for LGBTQ people, such as hate crimes and suicide.
- Foster youth was one of the groups the advisory committee called out as having a unique set of needs among the impacts of stigma and discrimination. Each year 40,000 children in California are removed from their homes because of abuse or neglect. Sixty percent of these children and youth have moderate to severe mental health problems and 50 percent of these children do not receive appropriate mental health services.
- Medi-Cal policies also contribute to stigma and discrimination in the foster care system because parents, in order to qualify their children for services, must relinquish custody in order to receive Medi-Cal.
- Approximately one third of children aging out of foster care fail to complete high school; few enter college. Fifty percent experience unemployment and 25 percent become homeless.
- Family members and caregivers are affected by discrimination, often times subjected to stigma by association.
- Stress, anxiety and financial worries put family members and caregivers at risk of clinical depression themselves. Thirty to fifty nine percent of caregivers report depressive disorders or symptoms.
- Stigma can result in disrespect, sometimes from mental health professionals themselves. One social worker told a parent, “You’ve done your job, now we’ll clean up the mess”.
- Some of the key issues identified in the mental health system were:
 - Institutional abuses, including injuries and deaths from seclusion and restraints
 - U.S. Department of Justice investigations into California state hospitals documented many deficiencies in the standard of care.
 - Stigmatizing and devaluing statements by some mental health professionals.
- Key issues identified by the Committee around educational systems are:
 - Lack of access to services impedes educational opportunities
 - Lack of coordination between schools and mental health system
 - Children’s System of care not funded
 - Suicide risks.
- Community: key issues for violence myths and abuse prevention:

- MacArthur Community Violence Study demonstrated that there is no significant correlation between mental illness and violence
- People with mental illnesses are frequently victims of abuse and violence (particularly the homeless and elders)
- Unnecessary violence by law enforcement
- Being bullied as a serious risk for children with mental illness
- Community: key issues for discrimination in housing:
 - Poor living conditions in board and care homes
 - Discrimination by landlords
 - Siting problems and NIMBYism (Not In My Backyard)
- Community: key issues for discrimination in employment:
 - Unemployment rates are 80-90 percent for those with mental illness
 - Adults who have children with serious emotional disorder also face employment difficulties
 - Difficulty accessing the protections of the Americans with Disabilities Act
 - Social Security policies discourage employment
- Community: key issues for discrimination in the media:
 - “Mentally ill” are portrayed on television as the single most violent group
 - Seventy percent of characters with mental illness are portrayed as violent
 - Newspaper reporting disproportionately emphasizes crimes involving mental illness
 - Constant medial reinforcement of all of these significantly contributes to the problems of internalized stigma
- Strategies and recommendations
 - A next step is needed to do comprehensive strategic planning and process
 - The Committee did make a rationale and recommendations for the initial funding but this project is much bigger than the initial funding.
 - The Committee made specific recommendations so that the public could easily comment on which recommendations they did or did not favor.
- Appendix A of the report lists the strategies that the group would like to explore in the future.
- Appendix B lists potential topics for a public policy agenda that would support systemic changes
- Through the strategic planning process these need to be subjected to critical analysis, the logic model, and integrated into current MHSA activities
- Rationale and detail for initial funding recommendations: through a process of agreement between the Government Partners, funding in the amount of \$20 million annually for a total of \$80 million over the first four years has been designated for activities to reduce stigma and discrimination association with mental illness in California. (see detail in Report on pages 38-41)
- Five key issues are recommended for the communications strategy, with the expectation of having only one of these topic areas to involve an initial large public media campaign. In the other four issue areas it is expected to utilize much more focused communications techniques to reach specialized decision makers to impact system change through making an impact on key leaders.
- Five sample themes for external influence campaign are:
 1. Employing people with mental health disabilities
 2. Accessing quality mental health care through primary care
 3. Education
 4. Law enforcement
 5. Media
- Specific recommendations:

1. The Commission should generate a special report on the impacts of stigma and discrimination on racial and ethnic communities modeled on the Surgeon General's 2001 break-out report on Culture, Race and Ethnicity.
2. The Commission should develop a comprehensive ten-year Strategic Plan to guide MHSA activities to reduce stigma and discrimination
3. The Commission should develop a public policy agenda that addresses stigma and discrimination through Legislative and regulatory policies
4. The Commission should take ongoing steps to ensure that messages utilized in MHSA stigma and discrimination campaigns do not increase stigma.
5. The Commission should fund K-12 Violence and Bullying Prevention Strategies at \$2.5 million annually over the first four years of the MHSA.
6. The Commission should fund peer-to-peer support on higher education campuses at \$2.5 million annually over the first four years of the MHSA

Vice Chair Gayle said he is having a hard time with the word "bullying" because bullying does not intensify what he went through. Ms. Mildred said she will re-language this and bring it back in July.

7. The Commission should fund Consumer Empowerment and Personal Contact Strategies at \$5 million annually over the first four years of the MHSA.
8. The Commission should fund and oversee a contract with an expert communications firm for a Strategic Communications Campaign to develop and manage external influence strategies at \$10 million annually over the first four years of the MHSA.
9. The Commission should be guided by stakeholder input to finalize a list of 5 focus areas for the Strategic Communications Campaign, selected from the 11 core issues that have been identified by the Stigma and Discrimination Advisory Committee.

Commissioner Questions/Comments

Chair Steinberg asked what the relationship between the outcome development work and the development of the comprehensive ten-year strategic plan. Ms. Mildred said the empowerment strategies will lend themselves well to outcomes. In the area of communication campaigns it is Ms. Mildred's belief that this will have to be crafted with people of expertise. All of the programs are prevention funds so they will have a 5-8 percent evaluation of the funding reserved for evaluation. Whatever is decided for the framework, outcomes will be measured.

Commissioner Hayashi said her concern is that some of the data being used to drive the funding opportunity is from 1989 and she asked if there is more recent information that can be used. Ms. Mildred said as specific strategies are developed more research will be done in getting updated information.

Commissioner Hayashi asked what needs to be done to correct the issue of parents having to give up their children in order to receive Medi-Cal services. Ms. Mildred said SB1911 is a strategy to get a home and community base waiver to allow these children to be served in their homes, unfortunately SB1911 has not been implemented.

Commissioner Doyle commended Ms. Mildred and the Committee for this report. He noted that this Commission is in a transition period where it is losing its leadership of the Executive Director and the Communications person and he is hesitant about the media campaign because there is no one to give guidance. Ms. Mildred said her recommendation is to set the money aside and begin getting expertise and addressing the infrastructure issues that will make this effective.

Commissioner Chesbro said Ms. Mildred stated that \$10 million for a media campaign is a lot of money, however the State of California is huge with massive media markets. He said the Commission needs to be sure to get an assessment from someone with media expertise but who will not have a stake in what the decision is in order to decide how to effectively spend what money can be put into the campaign.

Vice Chair Gayle commended Ms. Mildred and the consumers and family members who worked so diligently together to draft this report.

Commissioner Poat thanked Ms. Mildred for providing a good report. He noted that the negative things have been addressed but there needs to be positive expression as well. He is interested in turning, what is an excellent and comprehensive list of concerns, into building a group of young people that value differences and appreciate and understand, etc. Ms. Mildred said the paper did get to be a litany of problems but the first step is honoring that there are problems. This is a long term challenge and we must build strength on the elements of the community.

Commissioner Poat expressed his concerned about the funding level for the media portion not being enough. He said the Commission may have to think of a pilot program where the concept can be tested. Ms. Mildred said there is concern on both sides; there is concern that this is not enough money and there is concern that the money is being spent on things that do not have clear outcomes.

Commissioner Jaeger said that within the Commission there are representatives of the Superintendent of Education, a Sheriff, the Attorney General, as well as the Legislature. He said their expertise should be used as well.

Commissioner Dobson said he was thinking of the Department of Health Services Proposition 99 campaign against smoking which has been very effective. He noted that the public Legislators like to hear from public agencies but it gets awkward when taxpayers' dollars are used to do a campaign. Ms. Mildred said she was thinking more of a public education campaign that would cause specific outcomes of many kinds.

VI. Comment from Mental Health Statewide Provider Association, Statewide Primary Care Association and Statewide Client and Family Associations

California Network of Mental Health Clients: Delphine Brody, MHSA Coordinator provided the following comments:

- The Network is very positive about the consumer empowerment and personal contact strategies recommendation. She strongly agrees that peer run services, mutual support, self-help, self-advocacy are extremely important in both personal empowerment and combating stigma through the contact and education models. The Network believes that peer run and self-help support services are increasingly racially, ethnically, and culturally diverse and many clients who are leaders in peer and self-helps are at the forefront of the statewide cultural competency efforts.
- The Network also supports the anti-stigma activities targeting children and youth. The majority of recommendations in the student anti-violence initiative are favorable to the Network. The Network would like to see the dollar amounts increased on these two strategies.
- The Network is concerned about the third recommended strategy, external influence, because it does not specify that it would be client led. These campaigns should not be “about us without us”. Messages for these campaigns have been written by PR firms and experts who are not clients and who do not have direct experience with

discrimination and stigma from the client and family point of view. These types of messages are more stigmatizing than helpful.

- There are many strong ideas to be found in Appendix A and B.

Vice Chair Gayle clarified that the PR firm was mentioned because they have the expertise in knowing how to saturate into certain populations and it was an oversight not to stipulate “in collaboration with consumers and family members”.

National Alliance on Mental Illness - California: Dede Ranahan, MHSA Coordinator provided the following comments:

- Since January the Alliance has been working on a NAMI California expert pool. There are 100 members, including family members, leaders, and client members providing feedback. The paper she is presenting today has been modified based on feedback and has been approved by the members.
- There are several references in the Paper stating “client-driven”. The Alliance wants to be sure that client-driven ALWAYS includes “family and caregiver-driven”.
- An overall guiding vision statement is needed for the State of California and the MHSA process. She suggested the following paragraph should be rewritten to serve as part of an MHSOAC Vision Statement: “As leaders together in this effort, we can only strive to honor the courage of those who struggle to speak their truth under difficult circumstances, to be kind to one another, and to hope that our efforts will transform California’s mental health system into an integrated system of care that serves all stakeholders with intelligence and compassion.”
- Under recommendations, number 8, specified hiring communication professionals. She believes this should be moved up in the timeframe because she believes it should be one of the very next steps to help the Commission.
- She asked the Commission to make sure we have an integrated system, such as, come up with Legislation for tax credits for the \$257 billion worth of unpaid care that family and caregivers provide.

United Advocates for Children and Families: Cindi Bither Bradley, MHSA Coordinator, provided the following comments:

- The piece of the family section in the Paper does not talk about the loss family members feel when their child has mental illness. She understands the concept of stigma by association, but when someone is in the process of losing their job, losing their mate, and unable to date, and losing hobbies it doesn’t feel like association because it is happening to them too.
- One of the things missing from the Paper is the many grandparents who are raising their children, which is a completely different dynamic that happens in stigma and discrimination because they do not have the added support.
- Bullying and violence needs to be expanded to not only peer-to-peer but to the adults in the school systems that need to have education around mental illness.
- One of the biggest problems for families having to relinquish their children is because they do not have Medi-Cal. It is not always about being able to afford services, but there is no access unless the child goes into one of the systems, either juvenile justice or foster care, where they then become Medi-Cal eligible. It is important to look at all the dynamics of relinquishment. In addition, siblings talk about fear of being removed into the foster care system because of the behavior of their sibling.
- Look at the media to do positive stories. Often times the media does not want to look at the successes. There are current family and consumer programs that promote education. UACF is currently working on curriculum for the community to understand children’s mental health. The families need support to parent their children.

Chair Steinberg suggested, in terms of media, to get in touch with the Carter Center in Atlanta, Georgia because they have a specific program focused on stigma and discrimination reduction. They provide one-year internships to establish professional members of the media to learn about mental illness and health and their obligation is to do at least on major story that sheds a positive light on what is being done to address mental illness and recovery.

Commissioner Doyle said he and Dr. Feldman presented the program called “Navigator Program” that helps not only people suffering from mental illness but also their families through the process of disability insurance, family temporary leave, unemployment, re-employment and training. He hopes to see some traction on budget for this next year.

Alliance for Child and Family Service Agencies: Nicette Short, Senior Policy Advocate, provided the following comments:

- The Alliance is pleased that the Paper focuses on foster youth because this group has a very high incidence of serious emotional disturbance and they also experience stigma related to both their mental illness and their foster care status.
- She agrees with Vice Chair Gayle about adding “trauma” to the Paper because often these children have experienced trauma in their lives.
- Strategic communication is important and the Alliance suggests moving forward with this.
- The Alliance supports recommendation 2, regarding creating a 10-year strategic plan and recommendation 3. The Alliance want to be sure that these two recommendations are in sync and constantly moving in the same direction.
- In recommendation 5 the bullying language is good but there needs to be language about trauma, reduction of trauma, etc. In addition, expand recommendation 5 to focus on the K-12 grades now so we do not have to focus on them as adults.
- Recommendation 7, the consumer empowerment projects, is a critical component and the Alliance supports them, but would like focus on curriculum strategies and tool kits.
- Recommendation 8, the strategic communications campaign, should also have some language that talks about focusing some of these communication campaigns on children and youth in order that some of these campaigns are targeted at the children in the schools

At this point roll was called in order to establish a quorum:

Present were Commissioners Wesley Chesbro, Carmen Diaz, Paul Dobson, F. Jerome Doyle, Linford Gayle, Mary Hayashi, Patrick Henning, Karen Henry, Andrew Poat, Darrell Steinberg.

Absent at roll call were: Commissioners Saul Feldman, Gary Jaeger, William Kolender, Kelvin Lee, and Darlene Prettyman,

Mental Health Association of California: Richard Van Horn, member Board of Directors, provided the following comments:

- The Association is very much in favor of the \$40 million to fund a full-scale media campaign which would include ethnic media adaptations.
- The Association agrees that guidance is needed, but guidance and advice on who are the real experts needed for this endeavor. This advice should be from someone who will not make a profit from MHSA because MHSA needs to be able to trust the judgment given.
- Mental Health American has a program called “Empower” which recruits youth from age 15 to 20 from all over the country. These youth have themselves faced a mental

illness and are willing to speak out and share their experience. There must be a combination of mass media and personal contact strategies.

- The Unity Council is designed to take people beyond all forms of discrimination and teaches how to embrace the diversity of our society in California. This is the type of thing that moves us towards creating a new reality. Mr. Van Horn encouraged the Commission to provide support to the Unity Council to ensure that mental illness is a significant focus of the component that looks at discrimination based on disability.
- The Commission should take lessons from the cancer and smoking cessation campaigns.
- In terms of Ms. Mildred's specific recommendation he votes as follows:
Recommendation 1: Yes; Recommendation 2: Yes; Recommendation 3: Yes;
Recommendation 4: Yes; Recommendation 5: Yes; Recommendation 6: Yes;
Recommendation 7: Take out consumer empowerment; Recommendation: 8: Leave the personal contact and this is what needs to be done with an integrated program with Recommendation 8.

California Council of Community Mental Health Agencies: Rusty Selix, Executive Director, provided the following comments:

- Nothing that has ever been tried has had any meaningful impact in reducing stigma and discrimination.
- There is no evidence that any media campaign has ever worked but there is the opportunity to go out at a level, just as Prop 63 went at funding the mental health system the way has never been done before.
- Outcomes in stigma and discrimination will take a long time and should be measured in four ways: (1) does it change the number or percentage of people that seek care; (2) some way of measuring reductions in NIMBY; (3) some way of measuring reductions in discrimination as it shows up in education; and (4) some way of measuring reductions in discrimination as it shows up in employments.

Stephanie Welsh provided the following comments:

- One key recommendation to the Paper is that it be clarified that part of the purpose is to take a comprehensive look at the impact of stigma and discrimination so it will be clear to counties and others that there is an understanding that in order to address this issue it will take an enormous amount of collaboration to do things on the front end that will have a greater impact on the kinds of services that are provided.
- A strategic plan will be an opportunity to have experts in the room who can identify promising and best practices. She is concerned that there is no funding attached to this process.
- She noted that it is not clear in the peer-to-peer programs that they would also be doing stigma reduction activities.
- Empowerment strategies are good but contact strategies are important too and should not necessarily be limited to the SOS model.

California Primary Care Association: Carmela Castellano-Garcia, Chief Executive Officer, provided the following comments:

- Recommendation 1: This is an excellent recommendation and one she hopes is adopted.
- The Association supports the ten-year strategic plan and would be happy to provide any input necessary for the development of this plan.
- Recommendation 3: The Association supports this recommendation.
- According the National Assembly on School Based Health Care school based health centers offer a variety of on-site mental health and counseling services and the Association would support that these dollars be used to actually provide mental health services in the school

- Recommendation 8: The Association supports the concept of accessing quality care through primary care but it believes that this particular agenda should include support for the actual programs that integrate mental health and primary care.

Commissioner Diaz reminded the Commission that the anti-stigma should address many different languages.

This Paper will come back in July for a second reading and action. The input that has been provided today will be integrated into some revised recommendations that will be noticed and voted on in July.

VII. MHSA Student Mental Health Initiative

Laurel Mildred proposed the MSHA Student Mental Health Initiative as follows:

- This is the second reading on this Initiative. The first reading was presented at a teleconference meeting on May 9. This meeting was agendized and posted on the website. Mr. Victor Ojakian, Santa Clara County Mental Health Board Member will co-present with her.
- Facts:
 - According to a 2006 report conducted by the University of California, university students are presenting mental health issues with greater frequency and complexity.
 - The issues have been reported to be equally urgent for the California State University System and for students attending California community colleges.
 - System-wide, diminished funding has resulted in longer student wait-times, difficulty retaining staff, huge student-to-counselor ratios and decreased services and supports.
 - These factors have resulted in a lack of appropriate supports for students who are faced with significant developmental challenges, emotional stressors and mental health risks.
 - It puts students at high risk of suicide and mental health issues.
 - This is another example of how system problems leave those who are at great risk to cope without preventive supports until they are in crisis.
 - UC system has seen rises in completed and attempted suicide. At UC San Diego, suicidal behaviors have doubled. According to a survey, over 9% of students have considered suicide and of those, only 20 % were receiving mental health services.
 - While MHSA cannot fund direct services in this system because the money goes to counties, collaboration with this system can occur.

Recommendations

- Develop recommendations to the Legislature that resources for direct mental health services are essential and need to be given a higher priority in the state higher education budget.
- Launch an MHSA Student Mental Health Initiative to collaborate with educational systems and fund strategic mental health projects that are consistent with the goals, objectives and values of the MHSA.
- Recommending an MHSA Prevention Grant Program to assist students in higher education. This would be designed and administered as a matching grant program with three key components: (1) training; (2) peer support activities; and (3) suicide prevention.
- The criteria for successful grants would be based on demonstrated need and would emphasize ethnic and cultural diversity, linkages to local community MHSA prevention and early intervention plans, and collaboration with mental health and substance abuse prevention partners.

- Successful campus applicants would be awarded grants of \$200,000 annually to fund these activities. Administrative costs associated with these campus grants would be limited to 15%. Total annual funding is at \$8.5 million with a four-year funding total of \$34 million.
- The recommendations for the K-12 strategies to be included are:
Fund training and technical assistance activities and staff capacity to prevent school failure, utilize prevention curricula and programs, referral and care management, and system enhancement to improve mental health programs in schools.
The three key components of the proposed K-12 MHSA Prevention Program would be: (1) Violence and bullying prevention (this will be re-languaged out of respect for Vice Chair Gayle’s comments); (2) age-appropriate suicide prevention; and (3) mental health education.
- Funding for all of these recommendations will come from resources in a blended way and the annual funding recommended is \$6.5 million.
- Total proposed funding for four-year MHSA student mental health initiative is \$60 million.

Chair Steinberg reiterated that this is not a substitute for what is expected to be an intensive collaboration between the counties and school district to make, as a priority of this Act, the delivery of school based services. In fact, the PEI guidelines say that 51 percent of the prevention money has to be used for ages 0-25 which encompasses K-12. Ms. Mildred said this does change or interfere with the guidelines that have been developed. This is meant as an enhancement to make sure that suicide prevention and stigma reduction are part of the work that is being done.

Mr. Victor Ojakian offered some background information on his experience. In 2004 he lost his son to suicide and he has been on a mission ever since to make sure this State makes sure that young people are not at risk.

- The work he has focused on has been in the area of working with TAYS, young people between the ages of 15 and 24, in the area of awareness.
- Studies indicate that the median age of onset for anxiety is 11 years old; impulsive control is 11 years old; age 20 for substance abuse; and age 30 for mood disorders. Half of all life time cases start by age 14.
- The Youth Risk Behavior Survey of 2003 noted that 28.6 percent of students nationwide (high school students) felt sad or hopeless every day for two weeks in a row and stopped doing some of their usual activities. The California Healthy Kids Survey came up with similar results.
- What he has seen in recent studies is a rising caseload in college students using mental health services. A quote from 2003 states: “I’ve seen a dramatic change in the stress level of students. They are going through the motions and not enjoying what they are doing. The perfection machine, or treadmill, has created a situation where they do not feel they have a choice to get off.” There is a worry that the characteristics of students include perfectionism and super sensitivity and puts them at risk of suicide. This comes from a woman who has worked with gifted children all of her life.
- In one of the UC studies it was noted that the caseload overall in the 8 campuses that were looked at is increasing by 23 percent. It was also noted that it takes between three and six weeks for a person “not in crisis” to be seen.
- In a study that came out in 2005 from Smart Money Magazine where 52 colleges were surveyed two California schools ranked 12 and 13th in terms of services provided.
- Each year 520,000 in this country need medical care after attempting to kill themselves. Nearly 5,000 youths, ages 15 to 19 have attempted suicide.

- California's data in the age group of 15 to 19 over the last six years shows 100 children dying each year in this state. The age groups of 19 to 24 is showing a gradual increase of suicides in this state. Overall, in the age group 15 to 24, 419 lives were lost in the year 2004.
- Attempted suicide is roughly at 4,500 attempted suicides in the State of California.

Why use MHSA funds:

- The college system has not funded mental health at a level that he feels is good. Over the last several years the UC's have decreased their funding. The UCs has done a great job of coming up with a list of action items. The health, safety, and welfare is a key criterion that elected officials must base their decision making upon.
- Funding is needed, and perhaps a press conference could be a beginning. He would like the following things either added now, or looked at in the future: (1) look at a joint grant proposal situation; and (2) the need for a document repository to draw upon.

There are two things he wants: (1) to save lives; and (2) to make sure the quality of peoples' lives are at a high level and regardless of the physical ailment or disease someone may have they should not be treated any different from anybody else.

Chair Steinberg said people ask: "Why this initiative and why now?" This initiative is now because we know it is going to take a long time to transform the mental health system. As we go about this very important work, it is also important that we be cognizant of our obligation to look for opportunities and to focus on big Initiatives that can not only make a difference, but also inform the public that we are about real change.

In California, we are going to be on the forefront, in ensuring that we have better mental health services in our colleges and universities.

VIII. Comment from Mental Health Statewide Provider Association, Statewide Primary Care Association & Statewide Client and Family Associations

California Network of Mental Health Clients: Sally Zinman, Executive Director provided the following comments:

- She thanked the Commission and the people that thought about this Initiative in terms of a response to the Virginia Tech shootings. She said consumers have been concerned about backlash against them because of this one incident. The Commission has taken the MHSA and the AB2034 model noting that it is the gap in services that is the issue; it is the lack of an array of voluntary client-friendly/family-friendly services that is the problem.
- The failure is not on the people but on the system and she applauded the Commission in moving in this direction. She asked the Commission to continue this kind of advocacy in the future because it sets the lead.

National Alliance on Mental Illness – California: Dede Ranahan, MHSA Coordinator provided the following comments:

- The Alliance supports this Initiative. She has received a few questionable comments. A few people thought that this was too broad. The University of California report identifies graduate students, international students, LGBT students, racially and ethnically under-represented students as having some of the highest suicide rates. Another focus could be what the University of California Mental Health Committee identified, which are the three markers by which to gauge the capacity of a university student mental health service to fully serve its students. Those are: the ratio of

- mental health specialists to the number of students; the length of wait time for the first and subsequent appointments; and the access to psychologists and psychiatrists.
- We need to listen to teachers because they are on the front lines.
- There is some question as to if this is supplantation and are we going to be backfilling educational cuts in the educational system. Someone else was worried about this being mission creep.
- The Alliance supports the mission as long as it is weighed against the need to use MHSA funds within the mental health system and requires matching funds, develops coordinated criteria for avoiding grants, and asks for proposals that do the following: (1) identify and build upon current educational capabilities; (2) focus on direct student services for children and/or students who are SED or have a serious mental illness; (3) set goals, measure outcomes, and provide evaluative reports.

United Advocates for Children and Families, Cindi Bither Bradley, MHSA Coordinator, provided the following comments:

- UACF wholeheartedly supports wanting to work with the schools. There is no carry over from high school to college with the IEP's and special services that young adults receive. The Commission should look at how these services can be carried on and that we can support what was already in their educational plans at a younger age.
- The young people should be included, not only in the design, but as partners in the process.
- There should be support for students who have to leave college for a short time because of a first break or mental health challenge.
- The UACF appreciates the fact that this is a focus change and not focused on the actual person.

Alliance for Child and Family Service Agencies: Nicette Short, Senior Policy Advocate, provided the following comments:

- The Alliance supports the proposal and the Commission's interest in moving forward quickly while there is attention on this issue. The Alliance looks forward to working with the Commission on the more specific grant proposal guidelines as we move forward.

Mental Health Association of California: Richard Van Horn, Member, Board of Directors, provided the following comments:

- He is pleased with the idea of sequestering some cash to set aside and to make sure it will go for these purposes.
- One suggestion he had was for consultants and staff to engage in youth development organizations around the nation. There is a central clearinghouse, Youth Policy Action Center in Washington, D.C. and a forum for youth development which would give us a much broader outside, by both school systems and mental health systems. This would be a way into the youth culture (16-25 year olds). He would be happy to provide the names and addresses.

California Council of Community Mental Health Agencies: Rusty Selix, Executive Director, provided the following comments:

- It is important for people to realize that this shouldn't just stop here with this money. What is missing is in the guidance to the counties of this issue. It is not highlighted the way it should be for the guidance to the counties. This should be part of the follow-up that comes from this, is that it should be clear to every county that has a college campus within it, that this should be an important area that they should build around this.
- Funding some things to get ahead of the problem is a great idea. He will be speaking tomorrow morning to a group called the Pupil Services Coalition, which is all the

people in the K-12 that do this type of work. This will motivate them to get involved. Hopefully what will come out of this, besides grants, will be some strategic planning that engages all these interests.

- Over 50 percent of our young people are Latino and they need to be a central part of whatever is being done with this age group.

California Primary Care Association, Nora O'Brien, Senior Program Analyst, provided the following comments:

- The Association believes the Student Health Initiative is a good idea. She brought up the issue of school-based or school-links health services that are being provided by community clinics and health centers in the State.
- The Association let their members know about the Student Mental Health Initiative to get their feedback. They noted that the higher education program was specifically for University Health Centers, but a number of the Association's community clinics and health centers have communications, or work with community colleges, so not all mental health services are provided at the University level.
- She brought to the Commission's attention that at the K-12 level there are 146 school health centers, of which 116 are located on school campuses; 27 are off-campus but linked to one or more schools, and 6 are mobile vans. Over 80 percent of them are providing mental health services.

Public Comment

Judy Sakaki, Vice President for Student Affairs for the UC System said she served as a member of the UC Student Mental Health Committee. She was also a Vice Chancellor of Student Affairs at UC Davis. She said she would like to voice her strong support for this Initiative. The University of California recognizes student mental health as one of its top priorities and is committed to exploring all options to achieving its goal of working towards healthier learning communities on each of its 10 campuses.

The Student Mental Health Initiative, through the prevention matching grant program, will allow UC, CSU, and community colleges to provide for grants to improve, and in some cases to implement for the very first time focused training programs, peer-to-peer support, and suicide prevention programs.

The UC system feels that it must implement the report's recommendations for the sake of the students and the well-being of the campus communities. Students are presenting mental health issues with much greater complexity and frequency than ever before. One in three students per week at UCLA are voluntarily or involuntarily being hospitalized.

The student registration fees have been increased and \$4 million new dollars will be directed to mental health needs this coming year.

Becky Perelli, RN, MS, Coordinator of Student Health Services at West Valley College, said she is here to represent the California community colleges. She hopes that the proposal, once the details are put together, provide some flexibility based on the huge range of differences among the 109 campuses throughout the state. She looks forward to collaborating with her UC partners and CSU partners, as well as the mental health consumers and service organizations in the area. The California community colleges are in a strategic place to be able to impact some of the students and needs support to build resources to serve them.

Licensed providers are available in many of the community colleges and there is a mental health consortium that is building its infrastructure to better serve students in the community colleges, many of whom are funded by the health service fee.

Rose King, said she is a member of the public, and for the record she would like to ask the Commission to explain the rationale for some implementation policies that she believes is basic to many of its future decisions: (1) Why are counties directed to find new consumers for MHSA System of Care Programs, when clinic waiting rooms are crowded with people deprived of services? Who wants this two tiered policy and why? (2) What is the point of a similar restriction in prevention planning? Does this language in priority populations mean people will be denied services if they seek them? Who is going to interpret this language about “unlikely to seek help”. When someone is hospitalized with a first break, does the doctor decide if they are unlikely to seek services; does the consumer declare themselves among that population and thus qualify for prevention programs? This seems both discriminatory and unworkable.

The language in the priority populations for prevention programs excludes people who seek services. This is more than academic to her, for instance, her two young grandsons, 19 and 22 are in the public mental health system today receiving inadequate, inappropriate services in an incompetent system and they would not qualify to enter the system of care program or be served in a prevention program.

She believes that excluding current clients from systems of care seems inconsistent with the Prop 63 promise to voters.

SAMHSA and the AD Council are now testing PSAs in 8 states specifically aimed at students. She asked why the Commission does not take advantage of all the research and marketing data that they have.

Ms. Clancy noted that Chair Steinberg is also the President for the Board for Unity Council and has recused himself from her public comment.

Stephanie Francis, Assistant Director of the Capital Unity Council and the project to establish the Capital Unity Center. The Capital Unity Center will be a statewide institution dedicated to eliminating discrimination and hate violence. There is a need to engage underserved communities, to increase initiatives, to reach K-12 and college students, the empowerment of people who are targets of stigma and discrimination, and especially the need for collaboration between organizations within and outside of the mental health community. This Initiative is an opportunity to not only ensure the inclusion of the mental health community in the centers, missions, and programs, but also to ensure that those voices are heard throughout the state.

Within the Commission’s recommendation, an important goal should be emphasized: sustainability. How do we turn our campaign into a movement and our movement into a changed society? The Council sought to do this through the establishment of the Capital Unity Center. This institution is architecturally and programmatically designed to be a dynamic learning center that will facilitate personal interactions and exchanges between people. The design is part of the Center’s effort to build a center that will serve all the communities and increase the capacity of local organizations to implement and sustain their efforts to fight against discrimination and stigma for as long as these social illsexist.

Stacy Harpol said she is speaking as a parent. Her daughter has been diagnosed with bipolar, PTSD, and ADHD and does not have a lot of friends because people are cautious about letting their children associate with her because of her behaviors. Her behaviors keep her in trouble, and as a punishment she is not allowed to attend functions and school activities.

There have been occasions where she has to call the police because of her daughter’s behavior. The police officer told her “she just needs a good spanking and she needs to start disciplining her

child appropriately”. This is offensive to her because she is a good mom and she does what she can for her.

Parents and family members go through a lot and it is very difficult on relationships.

Dina Redman, Assistant Professor at the School of Social Work at San Francisco State and Co-Chair of the Education and Training Subcommittee for San Francisco County’s Mental Health Services Act process, thanked everyone for their wonderful work. She strongly urged the Commission to pass this Initiative because there is a tremendous need for it. There is a need for both short-term and long-term interventions at the post secondary institutions. Educational institutions are the front line of community mental health at this point and they need to be characterized as such. People are desperate for an enhancement of services and the need is enormous. There is a need not just for traditional counseling services but for services that are aligned with the Act and that they are holistic, ongoing, and are provided as needed.

Best practice models do exist and should be looked at in order not to re-invent the wheel. She again urged the Commission to pass both the short-term initiative and then to look at prevention, early intervention, and other ways of leveraging funding for what she believes is a very important problem.

Vickie Mendoza, a parent family member, said she was a foster parent for 14 years and adopted 6 of the 10 children. She did not know at the time that she took on the children that she would have to advocate and deal with the issues that came into their lives. She said as family members we are all judged the same: in the court systems, mental health systems, and the school systems for special education. Family members are looked upon as they have failed in some way.

When her son was 8 she took him to his physician and told him about his pre-natal drug and alcohol exposure and asked if there was something more that could be done for him because she felt there was something else wrong with him. She was told by the physician, “You need to go home and be a better mother.”

After one year she took him to another doctor who started medication for him. When she tried to access mental health services for her son, the mental health providers at the emergency services, told her husband, “If we see you back here again with your son we are going to call the Child Welfare Services on you and we will have the rest of your children removed from your home”.

After three years she was finally able to access mental health services for her three children who have problems. She said her story is hard to tell in a brief three minutes for 18 years of what she has put in and it is her hope that the Commission will consider passing both initiatives. She and her husband have lost work and many times there is so much more that happens to them and they are placed in a box and told to take parenting classes and told that they have to go before accountability boards, pay fines, and no one reimburses them for these things.

Tina Mata said she hopes the Commission can address the issue of language because there is other languages besides Spanish and English in California. She would like to see stigma and discrimination against homeless, immigrant and immigrant families and the Native American families added into the recommendation. The Student Mental Health Initiative has been a long time coming and we all need to get behind it and fund it because the students need some help.

Leticia Alejandre said the California Family Resource Association will be submitting its recommendations to the Paper within the next couple of weeks. The Association was especially pleased to see that there would be enormous collaboration with community based organizations. She asked the Commission to see how outcomes will be integrated. It is important to increase and update the data used. Overall, the document can be strengthened and enhanced with

language that is more specific and calls out issues related to culturally, ethnically, and linguistically diverse communities. The Association will support the Commission in any way that it can.

Patty Gainer said that before this policy writing group began there was an advisory group which was a predecessor that had only one client participating. This is a difficult situation to put someone in but she remained very strong through the process. Her name was Delphine Brody and she thanked her and the group for working together.

“You cannot legislate morality”. This comes to her mind when stigma and discrimination are talked about. She has enough self-esteem now where people’s stigma about her is not bothersome. “We are a social movement.” She does not believe that stigma should be legislated. She would like the Commission to focus on voting rights, equal access to schools, etc. Clients should be hired as designers and implementers of the media campaign.

Sharon Clausen said there is a lot of money spent on media and communications that many times results in nothing. She does not see what is being proposed is different than what has been feebly tried again and again with little affect. She reminded the Commission of the hundreds of millions of dollars a person can spend on media and communication to become President of the United States and still lose. She believes the Commission would get more from hiring lawyers than from communication specialists.

Sandra Marley, a private client advocate, caregiver and family member, said she is coming out of the closet by saying she has been a consumer for 11 years. Through these meetings and through NAMI she has come out of the closet. NAMI, in the Sacramento area, has started “In Our Own Voices”. This is where consumers are trained to speak about their treatment and successes and speak to rotary clubs, schools, and into the public.

Ruth Gravitt said she would like to encourage the passing of the Initiative and in relationship to the Virginia Tech incident she drew the Commission’s attention to an article that appeared in Newsweek, profiling the mind of a killer. They tend to be clinically depressed, socially isolated, and above all, paranoid. They believe the world is against them. As a result of stigma and discrimination many people experience that the world does seem to be against them.

The article comes to the conclusion that these individuals that are being profiled have become so estranged from society that there is nothing that can be done short of involuntary hospitalization. She disagrees with this and she recommends that anyone involved with the Student Mental Health Initiative should read a book entitled: “The Seduction of Madness”.

Zula Reeves said she is with the Client Network and spoke to discrimination. She believes it is important to hold the counties accountable. She believes that a grievance process should be developed and used. She said currently, just to change doctors, it is a process that takes forever. The 20 new people being hired should be more “colorful”. The funds being used should go for new innovative services/processes.

She said if we want this to be thought of as a Civil Rights Issues than we need to start calling it that.

Vice Chair Gayle noted that of the 20 new people being hired, three are African-American.

Vice Chair Gayle said that the public comment cards that were received after public comments began can be utilized at the next public comment session.

Chair Steinberg suggested that the Commission recess until tomorrow morning, at which time there will be deliberation and vote on the Student Mental Health Initiative, and the presentation of Sergio Aguilar-Gaxiola.

Meeting recesses at 5:10 p.m.