



Commission Meeting Minutes
Thursday, April 24, 2008

Doubletree Hotel
3100 Camino Del Rio Court
Bakersfield, CA 93308

I. Call to Order

9:08 a.m. Chair Gayle called the meeting to order and welcomed everyone.

II. Roll Call

Commissioners in attendance: Gayle, Gould, Henning, Poaster, Poat, Trujillo, and Vega

Not in attendance: Commissioners Chesbro, Feldman, Greene, Hayashi, Kolender, Pating, Prettyman, Ridley-Thomas,

A quorum was not present.

III. Minutes Approval

Lacking a quorum the minutes could not be approved.

Commissioner Henning asked to correct minutes from January 24 meeting to remove the roll call votes on pages 4 & 5 and reflect the unanimous votes for both Chairman and Vice Chairman.

Commissioner Gould asked to correct the minutes from January 24 meeting, page 1, to reflect that Commissioner Poat was nominated by Commissioner Gould.

Commissioner Gould asked to correct the minutes from January 25, page 7, to reflect that government partners, and not DMH, is taking lead in organizing stakeholder meetings for the program and request that they check the record

Commissioner Henning asked the executive director to clarify if the motion from the February 21st meeting regarding the reissue of the WET paper to the counties had occurred.

Commissioner Poat moved to adopt the minutes as amended and requested that the vote be suspended until a quorum was established; seconded by Commissioner Trujillo.

It was proposed that the Commission go through full agenda and waive presentation at time of vote until full roll call action on the previous action. That would mean that everything would not need to be re-presented after they take a vote so that when a quorum they do not need to go thorough full agenda for consensus so it would not be consent agenda but would waive presentation at time of vote.

III. Introduction of Jim Waterman, Kern County Interim Director

Mr. Waterman provided background information for Kern County and then introduced Sylvia Petitt, Supervisor of Ault Transition Team.

Ms. Petitt said her program identifies incarcerated individuals, chronically mentally ill and homeless, or at risk of homelessness, and currently not receiving mental health services. They meet with a case manager before release from jail. They have seen 9 graduates from the program – 3 attending school, 3 working and 3 have regained custody of children. They have received collaboration with sheriff's department who are now asking the county to increase services because they see the benefits. Another outcome they are proud of is that in last 18 months they provided services to 131 individuals and only 9 have been re-incarcerated since leaving program. Collaboration with sheriff and probation departments and they meet monthly to problem solve and clients all assigned to one probation officer to make communication easier.

Mr. Waterman introduced Jamy Garcia, Client Administrator, for Recovery Support Administration. Recovery support teaches people to advocate for themselves and self-directed plans of care.

Commissioner Questions/Comments

Commissioner Poat asked how counties similar to Kern find best practices. Mr. Waterman said this program has identified methods based practice used in their plan. He mentioned the availability of outcome measures, particularly for full service partnership programs. They still do not have access to the data which leaves them with half-gathered or anecdotal data to fall back on as opposed to real good data.

Commissioner Henning asked if there were any programs geared toward transition age youth or children. Mr. Waterman said the program has a thriving transition age youth team and multi-agency programs dealing with youth involved in all of the different social service agencies in town.

IV. Executive Director Report

Ms. Whitt said she and staff have spent an incredible amount of time reviewing all the great information that surfaced at the strategic planning session and have worked hard to come up with practical changes that will reflect what the Commission has asked for.

Originally she had hoped to take action on four items:

- 1) Adopting proposed meeting agenda template
- 2) Adopting proposed protocols, process and timeline for setting meeting agendas
- 3) Adopting proposed meeting agendas for next 12 months
- 4) Adopt proposed next steps as described for strategic planning.

Due to the lack of a quorum this will not be an action item, however the following information was provided:

- Process and timelines for setting agendas. The proposed process is to provide Commissioners with 12 months of meeting agendas as an opportunity to have a general idea about what topics are on the agenda for the year. Also, at the end of each OAC meeting the next month's agenda will be reviewed as another opportunity to provide input for the agenda for the following month. Immediately following a meeting, edits will be made and a new draft will be sent to Commissioners. The final agenda will be posted a minimum of ten (10) calendar days in advance of the next meeting. The public may request to be on the agenda via written procedure and those requests are forwarded to the chair and vice chair for discussion and may also be brought to the Commission's attention for consideration on the agenda.
- The new agenda template will follow-up to items from the previous Commission meeting will be on the agenda.
- Tools are available to Commissioners and they should and will have phones, computers, faxes, copy machines and other general materials available in the office. They will also have access to staff resources via the executive director.
- Staff and assignments – The Commission's desire is to have more detail on staff and assignments. She referred to the handout that was prepared for Commissioners and that was in their packet. Commissioner Gould requested that more detail related to assignments be added to the staff assignment list.
- Specific follow-up to the strategic plan meeting – She had an executive staff consultation with Alan Goldstein on April 9 and another session is scheduled for May. A plan is being developed for follow-up for many of the ideas that came up during the retreat related to strategic planning.
- The Commission requested reports, including reports from community based organizations, that could be made available to the Commissioners in advance rather than have them presented at the meeting. The current meeting packet has a wide variety of reports that were made available to Commissioners in advance. If the Commission has requests for other reports please advise Ms. Whitt.
- Legal counsel – this is an agenda item on both the May and June agenda.

- A communication plan as well as an accountability discussion and update on the integrated plan are all on June agenda
- Technical resource group charters and Agenda templates for next 12 months will be discussed today.

Technical Resource Group Charters (TRG):

This is an opportunity to look at TRGs in general and to review whether they will meet the Commission's needs in the future or if they should be re-structured. Ms. Whitt asked the Commission to look at the 12 months of agendas as placeholders in order to provide an idea of the flow of the decision making over the year. The other item for May is to have a good look at what the reconvened Innovation Group has to say about focus areas and whether it would be helpful to have them in the guidelines. These are two items that will need immediate attention.

- The June agenda has two important tasks: (1) continue to have more accountability discussion and refine what the Commission wants to embrace in terms of oversight and accountability. (2) The Mental Health Funding TRG is interested in bringing preliminary thinking about that group to that meeting.
- July agenda continues discussion around the budget and staffing plan. There are two TRGs: the Cultural Linguistic Competence and the Co-Occurring Disorders Workgroup that have information to bring forward.
- August agenda: depending what is occurring at the state level, the Commission is likely to be adopting a budget and staffing plan that would then be proposed for the Fall Budget Change proposal process.
- September agenda: information regarding an updated strategic plan will be discussed. It is also possible that Innovation Guidelines will be ready for discussion and comment. The next step would be to develop a review tool based on those guidelines.
- October agenda: a business work plan will be presented for discussion and possible adoption of an Innovation review tool. The Commission's calendar and agendas will be updated.
- November agenda: If the Integrated Plan Guidelines are ready they will be reviewed. A couple of other activities will be to approve global and statewide funding amounts for PEI and Innovation. Discussion of a proposed recognition plan will occur and recommended strategies for another TRG will be discussed.
- 2009: At the beginning of next year the Commission will look at the integrated plan and hear more feedback from TRGs.

Commissioner Question & Answer

Commissioner Henning had several questions.

1. The Friday meeting agendas have a Q&A period. He asked if the organizations would be available to answer questions. Ms. Whitt said there is a strong commitment on the part of the people who prepared reports this month to be here and available. She feels certain that they will take questions and respond after the meeting if that would be helpful.
2. He asked if the Commission will be discussing the budget with the Department of Finance or will the discussions be with Ms. Whitt. Ms. Whitt said initially the OAC budget will be discussed as part of the Commission's internal process for developing it and therefore the Department of Finance will not be involved.

Commissioners discussed the format of the multiple months of agendas and proposed that the format be changed to a 12-18 month list or work plan that contains the main topics.

Commissioners discussed the desire to read reports in advance. Ms. Whitt said the guidelines reflect that the reports will be distributed 10 days prior to the meeting. It is not always possible for MHSOAC partners to meet that deadline given their meeting schedules. She feels confident that the partners will bring any updated materials to the meetings.

Commissioner Gould said some of the written reports were very informative and easy to read and others brought up some fairly major policy issues. He asked if the Commission should respond and/or address everything that is provided to it. Ms. Whitt said it would be helpful for partners to hear back from Commission about what they found compelling in the reports. There may also be items for which the Commission needs more information on and it can go onto a future agenda.

Stakeholder Communication

Ms. Whitt said another item for follow up is the Commission's communication with stakeholders. She referred to a map in a handout titled "Proposed Communication Strategies with Stakeholders".

Community partners are a variety of agencies in the community that provide mental health services and staff and the Commission talk with them regularly about issues of common interest.

Commissioners discussed adding the OAC as a box on the Proposed Communication Strategies with Stakeholders map to include content that describes appropriate communication that would be consistent with the Bagley-Keene Act. It was agreed that the document will be modified to add OAC as an additional box.

Public Comment

Susan Medlin, consumer employee of Kern County Mental Health Department and member of both CA Network of Mental Health Clients and Kern County chapter of National Alliance of Mental Illness, spoke on communication strategies with the stakeholders, particularly with consumers and family members. It is evident that consumer and family involvement is a priority. The OAC communication plan and OAC guiding principles to guide DMH and the implementation of community services and supports both clearly reflect a focus on collaboration with stakeholders. How do we make sure we are building alliances with the diverse and representative number of consumers and family members? I suggest we ask the hard questions about why consumers and family members might not step up to participate in discussions and meetings and committees. Are we inviting the same consumers and family members to everything? Are we committing resources to training service providers and organizations about how to teach and support consumers and family members on, how to prepare for, and truly participate in, committees and forums? Are we identifying common barriers to true collaboration? Do we expect consumers and family members to intuitively know about Roberts Rules of Order and mental health jargon? Currently there is not sufficient support to insure that the consumers and family members are as well trained and educated to provide the type of participation and involvement that is described in the guiding principles. Local stakeholders need to be educated about MHSAs processes, programs and the delivery oversight of MHSAs services as well as information on the local mental health system of care in order to understand and communicate their viewpoints on a deeper level. It is not enough to just look for representatives from groups of experts. There is a strong need to increase the level of involvement from the local stakeholders from each county plan in all aspects of the mental health system including but not limited to planning, policy development, service delivery and evaluation. I am urging you to require and provide funding for this purpose either through individual contract or by contracting with specific organizations such as a consumer led organization and a family led organization to provide training to consumers and family members on these issues. Thank you.

Commissioner Gould requested a copy of the written presentation for the Commission members.

Delphine Brody, Mental Health Services Act, CA Network of Mental Health Clients (CMHC), addressed some of the communications issues. The Network is very pleased with many of the ideas that the Commission came up with at the March strategic planning related to communications and including our monthly policy reports that you have asked for. As the OAC becomes organized and develops more capacity, please keep in mind that stakeholders have much less capacity. The design processes that are accessible are less available to us. The CMHC, for instance, has one staff person to respond to 15 Commissioners, 17 staff, and all of the DMH and community partners.

V. State Administered Projects

Ms. Whitt updated the Commission regarding the statewide projects. The original proposal for the state administered and early intervention projects was thought to be:

- \$14 million for four years for suicide prevention for four years,
- \$20 million stigma and discrimination reduction for four years;
- \$12 million training, technical assistance and capacity building for four years;
- \$15 million ethnically and culturally specific programs for four years
- \$15 million for student mental health initiative for four years – with funds coming from:
 - \$6 million/year from training/TA
 - \$5 million/year from stigma/discrimination reduction
 - \$4 million/year from suicide prevention

There is also an evaluation component funded from 5% admin funds. It was thought that it would be funded at the 5-8% level of the MHSA PEI fund.

The lessons learned about the MHSA and state administered PEI projects is that:

- (1) While the counties do have the ability to assign MHSA funds back to the state, the Act does not specifically provide for the state to retain Prevention and Early Intervention funds for state-administered programs without county assignment and transfer of their local funds back to the state.
- (2) In addition, county reassignment of PEI funds from their allocation back to the state in order to use it for a statewide project would be based on local needs, priorities, and analysis of whether the state level project would meet their local needs. DMH would need specific expenditure authority through the state budget process to spend MHSA PEI dollars.

Goals for projects – The consensus was that options explored must achieve the following shared goals if possible:

- Timely distribution of funds
- Sustainable program development
- Development of local partnerships
- Program element consistency throughout as much of the state as possible while flexible enough to respond to locally identified needs
- Accountability that the funds support achieving objectives within the proposed statewide programs' scope

Alternative strategies – County Mental Health Directors Association (CMHDA) has developed two funding options and developed a brief summary regarding the main advantages and disadvantages of each. Commissioners will want to be thinking about which of these options better meets the intent for these statewide projects.

Stephanie Welch, CA Mental Health Directors Association, reminded everyone that the five areas that were identified for statewide PEI projects were commitments that both OAC and stakeholders made. They wanted a big impact in these areas. They are important topics and she asked that everyone think about these alternative strategies not as short-term solutions but the beginning of addressing these problems. This will not solve the problems, it will not be the only way we should address things such as suicide prevention or stigma discrimination but it simply is what we need to do now to get moving. Think about this as a beginning rather than a means to an end. .

CMHDA alternative long-term strategy – develop a Joint Powers Authority (JPA) that could function to pull and collect resources from various counties after they have gotten their continuous appropriation and then they could come together and do a statewide program. This option was looked at and it was felt that it is too time consuming and was not feasible as a short term strategy for this situation.

CMHDA shorter term alternative strategy has been developed. The PEI Committee consists of individuals from around the state who participate in our systems of care committees as a small county liaison and they have worked with OAC staff and staff from the PEI division of the state DMH to think through ideas.

- Funding for statewide programs would be made available to counties through planning estimates similar to how PEI is done.
- DMH would develop plan guidelines consistent with the principles and priorities established by the MHSOAC which have been stakeholder driven
- Counties would apply for these funds by submitting a plan update and for those counties who have not submitted their early intervention plans so far, there would be a way to submit them all at once.
- DMH would review these as well the OAC and would approve these plan updates.

One of the critical pieces to identify as an important next step is that when the principles and priorities for the guidelines are developed there needs to be a stakeholder driven process with OAC leadership. This would identify the critical and core program components that each county would have to comply with in order to be approved to draw those funds.

CMHDA Option 1 – would be that a planning estimate is developed for each county for each specific statewide project within the statewide funding level for that project. Example: If we looked at stigma and discrimination, basically each county would get their share of that \$15 million over four years to be spent specifically on a stigma and discrimination project.

Option 1 – Advantages and Disadvantages:

- Main advantage – results in establishment of a discrete project which can be “tracked” in terms of expenditures and essential elements and has more potential for linking funds to specific activities
- Main disadvantage – some counties would receive allocations too small to allow for meaningful project development. The administrative complexity and burden on counties makes it cost prohibitive.

Option 2 – Aggregate total for statewide

- A single planning estimate is developed for each county for the statewide projects consistent with the aggregate statewide funding level for that project.
- Guidelines would be developed to ensure that counties meet the critical elements of each project in order to be eligible for these funds.
 - Flexibility would be needed for small counties
 - Counties could supplement these funds with other local PEI funding
 - This approach would not hold counties to exact dollar amounts for reach project even in larger county.

Option 2 – Advantage and Disadvantages

- Main advantage – more local flexibility. Counties could make large enough investment in a project to do something meaningful; could potentially leverage funds to use in combination with augmentation, builds local partnerships and cross-system coordination.
- Main disadvantage – might be harder to maintain a statewide approach and could pose tracking challenges by project. There would be more variability in the local approaches.

CMHDA Recommendation – CMHDA recommends Option Two as the option that best supports shared goals for implementation in the short-term. More counties would be able to participate and address statewide project aims as embedded in their PEI plans.

Commissioner Vega said functionally under the description as it stands under Option 1, there would be a clear cut category, i.e., these are the dollars we are providing to this county for suicide prevention, this is for student mental health initiative, etc., and they would have to develop their projects in line with those funding items. Whereas under Option 2, it would be pooled together and they can submit a plan based on any mix of those.

Ms. Welch said that is correct. She clarified Option 1 by saying in many cases it probably will not be very feasible and we would have to allow many smaller counties to either opt out or elect not to do something. For example they may receive \$12,000 per year and what could they potentially accomplish with such a small amount of money.

They may choose to just focus on a student mental initiative because that is all they would have capacity and ability to do.

Mr. Souza asked if it would be possible for the OAC guidelines to specify that the larger amount of money a county has that they would then have to address one, two, three, four or all five of the components without holding them to a specific dollar amount so they still would have to address all the statewide projects.

Commissioner Henning said that would be a clear cut way to do it. He said if LA county wanted to do suicide prevention I and they have a program why wouldn't they want to just supplement that; why would they want to be part of a multiple county approach? Mr. Souza said that by having one large plan they may meet the guidelines of what is going to be developed and they could all augment that and increase their suicide prevention activities. In this way they combine their local PEI monies and the statewide projects into something that meets the state project guidelines

Commissioner Poat said he thinks that OAC started with some notions of some actual consolidated programs to which everyone contributes some funds. However, now it sounds like it is about distributing responsibility for the implementation of common goals. Is that a fair assessment? Ms. Welch said the OAC, DMH, and the stakeholders are going to develop core principles and they have to comply with those principles to draw down and use these resources. The Commission puts together a plan update and develops a program, but that plan will not get funded unless it complies with the recommendations and core principles that the Commission develops. It works like the housing program where an application is submitted that reflects compliance with the guidelines and requirements.

Commissioner Poat said, for example, 58 counties all agree that some sort of radio outreach to high school youth is a good idea, how does that happen under this strategy?

Ms. Welch said it would be more challenging through this process, but unfortunately there must be a continuous appropriation to the counties. What could be done in the future around stigma and discrimination, especially when we have a JPA people will be able to pool their resources together and purchase something that would be statewide. For example, a place where they could purchase all sorts of language specific materials and there would be some statewideness to it because the same material would go out to 58 counties.

Commissioner Poat said there should be a clear path for those that wish to collaborate. He supports the counties having flexibility to do the right thing for their particular population but he wants to make sure there is an equally clear path for the collaboration. It sounds like we are creating additional categories of expenditures and setting out guidelines and he does not want to lose the collaboration piece.

Ms. Welch said that is a good segue to the next steps piece. Staff thought about the work that needs to be done and how to get to the next stage if the Commission agrees that option 2 is viable. There is a lot of work to do with stakeholders in order to have a more collaborative effort.

Funding Decision – Counties could combine these strategies and funds with their local planning for PEI.

Options to funding decision – two choices

1. Have a specific project with a specific amount; or
2. Adopt the aggregate total idea where there is an aggregate total of funds that are combined with a description about essential elements that go down to the counties.

Are the funding options clear based on the language?

Commissioner Henning said what the Commission would be doing in option 2 is saying that a certain amount of money that was given to the counties would need to be spent on statewide projects. Ms. Whit said that rather than sending down several silos of money in the form of a specific project with a specific budget, all of the money that was going to be used for statewide projects would be as an augmentation for prevention and early intervention. The counties would then make the decision about which pieces of the money they want to use for which parts of the statewide projects they feel they can do at the local level.

Ms. Welch said the Commission, in participation with DMH and stakeholders decide what the pieces are. It is not a free for all – there are guidelines and the counties need to submit a plan and be approved for a plan under the Commission's direction.

Ms. Hood with the California Department of Mental Health said she is in a position that is difficult for her to engage in a discussion because the Department is in the middle of the state budget process. The Department submitted the budget through the spring finance letter, which is an interim process for the state budget. The request for funding was based on agreements from January and the best recommendations at that point. The Department has participated in the discussions with the Governor and has provided technical assistance. The Department's proposal remains the one that is in the spring finance letter that was submitted by the Governor.

Commissioner Poat said that there are no guarantees that what MHSOAC adopts today will be what the legislature and everyone else agrees to. He thinks the Commission should give its best judgment as to the best way to structure this and then work with the administration and the legislature to implement that framework.

Commissioner Henning said he is supportive of moving forward but he would like to see what the Governor's proposal is next to these two option proposals. He does not have a clear picture of where they are similar and where they differ.

Carol Hood, DMH, introduced Emily Nahat, DMH, to provide detail.

- Suicide prevention: It was anticipated in the budget that the counties would reassign the funding back to the state to do the state projects. The request is for local assistance funding approval to go through the state budget for DMH to administer a statewide project.
- Student mental health initiatives: there was anticipation that counties would reassign funds to the state DMH to do an RFP for higher education institutions to do the statewide project. There were discussions about K-12 and this seemed the direction to go. Counties would use the funding that had been determined for the student mental health initiative for the K-12 portion of that initiative.
- The Department felt there was still some work to be done on stigma and discrimination so the local assistance portion does not appear in the spring finance letter request.
- Training and technical assistance: similarly, the Department did not include the full amount of what was going to be a statewide project in to the spring finance letter. Instead a request was made for a lower amount to come straight out of state admin funding for the state to support counties through training and technical assistance.
- For reducing disparities Ethnic and Cultural specific projects: the Department had discussions about doing a strategic planning process to further develop those recommendations and also hold the local assistance funding until those recommendations were available through a strategic planning process. The Department did not request the local assistance funding for the ethnic specific projects.

Commissioner Henning asked if the department has a strong stance on the Governor's proposed budget as it stands. Would the things that the Commission is looking at today be forward as ideas and not necessarily try to change what the Governor has already stated? Ms. Hood said that there would need to be a change. These are mutually exclusive. The Department's proposal that went through the administration and was submitted to the legislature remains the Department's proposal. If, through the budget process this changes and the Department gets approval through the administration, then the Department would have a new proposal.

Commissioner Poat asked for an explanation of the role that the legislature plays in this. Ms. Hood said this is the request for state budget authority. In order for the state to expend funds, which is the proposal on some of these for higher education for the student

mental health initiative, what the department is proposing is for the counties to give back or assign back funds to the Department in the amount of \$8 million. The Department can neither accept nor expend those funds without budget authority, so it is asking the legislature for authority for the Department to do that expenditure.

Commissioner Poat asked why other proposals have to go to the legislature. Ms. Hood said they do not have to go to the legislature if it is direct from the Department to the locals. The state budget process is only involved when the state is going to be the one doing the administration of the project. Some of these were proposed for state administration in the Department's spring finance letter.

Commissioner Poat asked if it is more of a communication notification process rather than an approval process of a different model. Ms. Hood said the approval process would only be if the Department would have the expenditure. It would eliminate the Department's authority if, for instance, we are not going to do higher education student mental health initiative, then we do not need that authority to make that expenditure. It is correct that the Legislature does not need to approve Option 1 or Option 2.

Pat Ryan, with CMHDA, wanted to make is clear that this issue could be an issue during the state budget discussions during the May revise. If CMHDA, or some other entity, brought it forward and said we are not sure we agree with the Governor's proposal and we have been talking about doing this alternative, it does not mean the legislature has to approve that, but they might be informed that other discussions are taking place.

Commissioner Poat proposed to have conversations, make a motion, and suspend the vote so the Commission is at least prepared. .

Ms. Whitt said n terms of next steps, if the local implementation of PEI statewide projects is what gets decided,

- Guidelines for those statewide projects would be written based on the funding decision and how it impacts implementation
- DMH will return to the May MHSOAC meeting with an activity summary and timeline for completing the guideline supplement with appropriate transparency and stakeholder input that is consistent with the decision made today
- There is a concern that there be lots of opportunity for stakeholder input and that would definitely happen in terms of the development of the guideline.
- In terms of Suicide Prevention the parameters of that project are well defined. There was a broad stakeholder process involved in the development of the plan.
 - The next step is for the DMH to move immediately into the development of guidelines

- Stigma Discrimination: there is a white paper that is very well developed. The implementation of those recommendations would need to be reviewed one more time since it is not being done, conceivably, as a state-administered project. She proposed chartering a short-term work group to look at those recommendations and fine tune them based on the implementation.
- For Training, Technical Assistance and Capacity Building:
 - Next step is for DMH to develop guidelines
 - Anticipate a great degree of local decision-making and general tracking at the state level
- In terms of Reducing Disparities through Ethnically and Culturally Specific Programs
 - In terms of next steps it could be, for example, that the OAC's Cultural and Linguistic Competence Committee could partner with the DMH and come up with some essential elements that could be used to begin to develop guidelines. It would then go through extensive stakeholder input in collaboration with racial, ethnic and cultural communities.
- For the Student Mental Health Initiative: proposed that OAC staff reconvene the original workgroup for the purpose of providing them background regarding the statewide project funding issue.
- Evaluation would not be affected and we would proceed as specified in the PEI guidelines.
- That is how the work would move forward once a decision was made.

Commissioner Poaster asked why the Commission is having these discussions today. Is it because the original decisions do not work? Ms. Whitt said the original proposal was going to be very arduous for counties to be able to get the money back to the state and for the state to be able to secure the kind of authority they needed to spend those monies in order to administer from the state level a statewide project. Once staff realized this it then became necessary to develop other options.

Commissioner Poaster asked if the JPA idea still be pursued. Ms. Whitt confirmed that it would.

Ms. Hood clarified that in the workforce there is no requirement at the state level to contract with counties. There is, however, a requirement in the statute for the state to contract with counties for all the other components. That is the difference with workforce. This is the difference between the housing and some of the PEI projects being set up. For housing, when a county assigns the dollars back to the state, they remain in an account for that county to access for their own particular local needs, so it is a different mechanism for the county to get at their own local dollars.

Commissioner Henning said the difference in how the money is funded is very important because these are direct statewide programs - direct state funding.

Ms. Hood provided the final piece of here presentation as follows:

Next steps of Local Implementation of PEI Statewide Projects:

- Statutory provisions regarding WET are different than for other components. Statewide projects without local assignment of funds back to the state are allowed
 - No requirement for the department to contract with counties for this component (although it is being done).
- Five year strategic plan for workforce was approved by the California Mental Health Planning Council which was a major milestone

State administered WET projects recommendation to implement as proposed are moving forward:

- Client and family technical assistance center – the Department has done an RFP and is scoring the projects. The Department soon will be able to announce the selected bidder
- Distance Learning – the Department continues to look at the best strategy for funding
- Stipend Programs – the Department has included in its request budget authority for the Stipend Programs and Psychiatric Residency Programs
- Physician assistant programs are in the budget for another department with the same type of process so again being proposed at the state budget process
- Loan Assumption is also is also through the Office of Statewide Health Planning and Development (OSHPD) budget – to be implemented at the state level.

Statewide WET Projects revised recommendations:

- Locally administered by lead counties – pursuant to agreement among counties
 - Regional partnerships – the Department believes the best way is to contract with counties – the current proposal is to have a modified bid process to select the lead counties to run these regional partnerships
- Encourage counties to include the following in their local plans
 - Client employment preparation
 - Mental health career pathway programs
 - Developing leaders
 - Developing trainers

- All proposed state administered WET projects are in the process of development
- Budget authority has been requested for the state administered projects, either directly by DMH or through partner department, such as Office of Statewide Health Planning and Development
 - Exception is distance learning

Public Comment

Laurel Mildred, California Network of Mental Health Clients, suggested that the word accountability is very important in this conversation. She has been deeply involved in the statewide projects and the Network advocated for \$15 million for reducing disparities. The student mental health initiative came on the first day that she became a consultant and we were dealing with aftermath of Virginia Tech. Stigma and Discrimination was a huge stakeholder process in which OAC engaged people and asked them to confront their most difficult issues and they came up with preliminary recommendations which have never been revisited. It is important to say we have suffered a huge loss here. Compromises have been forged that are not being carried forward into the new work.

Stacie Hiramoto, Mental Health Association of California and Racial and Ethnic Mental Health Disparities Coalition (MHAC/REMHDCO) said it is the first time she realized this was going to be taken for a vote. She did not realize what was at stake. REMHDCO is, of course, going to be concerned about the statewide project for reducing disparities. In that regard we are concerned that there is some state and OAC oversight on that particular project. She understands the problem of counties getting slight amounts, but is concerned that reducing disparities would get short shrift. The groups, for example, like Native Americans or Asian pacific islanders may have a proportion in the county but a lot of times can not vote so our communities always lose out. She will put her comments in writing.

Ms. Welch said the purpose of today's meeting was to provide a progress report get feedback from everybody.

Carmen Diaz said she is disappointed. The bottom line is when hears jargon she does not understand, or only partially understands, then there is a problem. Acronyms – I have not said this in a while – you are using them and some people are new here and they do not understand – I don't even understand some of them. From her prospective the statewide projects are dead. That is the way she heard it and it is upsetting that there is a conflict and nobody has come to the stakeholders or the family members and said this might not work and we need to brainstorm on something else. We all fought for this proposition and this law to pass, so please bring it down to language we can understand.

Michael Smith, CSHC, said he applauds the work and thinking that has gone into the process thus far because there is discussion happening. He asked about the evaluation in this process, particularly around the critical elements. Can evaluation tools and criteria be used when developing what the critical elements are that the counties would have to use in aggregate to get their money. Is there a way to design evaluation criteria that could help further collaboration between counties and inform future planning and implementations around some of these projects? If the OAC is going to be reducing the statewide projects to critical elements, particularly on the Student Mental Health Initiative, it is imperative that more youth are involved in distilling some of those critical elements.

Kathleen C. Gutierrez, California School Health Centers Association (CSHC) suggested that if the Commissioners would like to seek true transparency and true stakeholder input, that youth need to be included in the project. They are by far priority stakeholders in all PEI process planning. She was appalled, frightened, scared and angry that very time she comes to these meetings there may be only one or two youth present including her. She asked the Commission to take this into consideration.

A summary of the Commissioners comments are as follows:

The Commission recognizes that other long term statewide projects may best be accomplished through a Joint Powers Authority which will require a certain number of months to implement.

- For the projects discussed today the short term answer is either:
 - One, to save money and wait for the JPA to become available and then implement these projects in that manner; or
 - Two, choose to direct the money to counties in one of three ways:
 - A. In the form of specific projects with specific money attached to them which is option 1 as it was described in the power point – keeping in mind that a potential risk is this might tend to create more categorical programs
 - B. In the form of combining all of the funding for statewide projects into a lump sum PEI augmentation of which a percentage goes to each county
 - C. There may be some other wonderful idea that could present itself for how to do this.
 - To access this money counties would need use the money in ways that are consistent with the essential elements of the original statewide projects as will be developed in the guidelines as approved by the OAC and represented in their plan
 - The third option is not to do statewide projects

Next steps –

- Solicit stakeholder input on which option is best
- Fully develop the roadmap to the JPA with a timeline
- Engage stakeholders with staff in how 2A and 2B could be implemented in the short term

VI. Technical Resource Group Charters

Ms. Whitt said one TRG model looked at had to do with considering the various and assorted roles for the Commission and try to figure out if there were a way to create expert policy bodies. The other idea was to have TRGs organized around each of the outcomes bringing forward recommendations to the Commission to make policy to begin to impact those negative outcomes. Finally, during the course of discussion, what seemed to be the best model for now is to organize TRGs around the OAC statutory requirements of the review and comment and budget approval requirements. She presented the proposal and briefly described each of the TRGs as follows:

In terms of the TRGs themselves it was proposed that there would be seven groups and possibly two more.

- Fiscal Accountability TRG. This came out of some discussion that she had with Alan Goldstein based on discussions at the strategic meeting. One of the things he suggested is that when the Commission begins to think about oversight and accountability there are three questions to look at.
 - One has to do with the expenditures the Commission approved being funded in the manner that was approved.
 - Second are those funds actually being disbursed in the way that they were supposed to be disbursed and being spent in the way they were intended
 - Third is the Commission getting the kinds of outcomes that it wants from the money?
 - In that way the thought is that there is an intimate connection between the work currently being done and the measurement and outcome TRG and in the mental health and funding TRG. His thought was there may be something complimentary about combining the work of those two TRGs.
- Prevention and Early Intervention. What is being proposed for that TRG is it basically would take on oversight for all the activities the Commission is currently engaged in with respect to prevention and early intervention.
- The third TRG that being proposed is an Innovation TRG.
- Same with Community Services and Support, Education and Training, Capital Facilities and Information and Integrated Plans. All of these have, as a starting point, a description of where in the Act the Commission's duties are in relation to those particular plan components.

The Commission needs to look at:

- First, a composition of groups that would meet your needs as a Commission
- Second, does chartering the work in the way it has been presented to you look like something that would be useful
- Third, do you want to have standing cultural and linguistic competence and standing client and family TRGs in addition to those on this menu

From this point forward every time the Commission wants to get a piece of work done it would complete a charter. It might charter a workgroup for itself and give it a very specific task and timeline. It would designate its lead Commissioners and staff would be assigned. That is the way the work would be done.

What is being proposed is that the measurement and outcome and mental health funding TRGs would combine forces and exist as one fiscal accountability TRG. There would actually be three Commissioners who would lead this and two staff that would be assigned to it. The thought is that there might, in fact come a point in the future, where this Commission might want to consider delegating some of its authority around budget approval to that fiscal accountability TRG.

Chair Gayle said regarding committee leadership and assignments, it is a collaboration agreement and not just how it reads black and white assigned to it. He is in agreement that it should be a collaboration agreement. The struggle for him is that he has some Commissioners who won't do any and few who do three, four five. The workload has been very unevenly distributed and he feels uncomfortable assigning even though the volunteers are zealous and happy to take it on. He asked the Vice Chair to help him come up with some ideas regarding this issue.

Ms. Whitt said although the Commission cannot take any action today she is hearing that the Commission prefers these be called committees rather than TRGs and client and family would like to call themselves client and family leadership committee. The Commission likes the idea of charters so staff should continue to add more detail to this and bring it back in May. Staff will put together more information for the Commission, including a list of the TRGs/committees, with responsibilities and staffing assignments.

Commissioners discussed at length the process of Technical Resource Group charters. Due to the fact that there is not a quorum present at the meeting, the Commissioners would like to use the time until the May meeting to more thoroughly review the issue.

Stigma and Discrimination

Ms. Whitt suggested reconvening the Stigma and Discrimination group in order to have them review their original recommendations in the context of the new information that on statewide projects. A draft of the charter is in the Commission materials. Because the Commission cannot vote on this draft today she asked them to review it and provide her with comments between now and the May meeting.

Public Comments

Philip Traynor, Radio Bilingue, said the radio's strength is in California and it serves primarily first and second generation Latinos, although it also serves Hmong, Mixtec, and Triqui populations here in California. It is in Imperial County, Kern County, Tulare County, Kings County, Fresno, Madera, Stanislaus, Merced, Salinas, and Napa –almost all the counties from Napa down to Imperial. For the last 25 years it has been the voice of the underserved communities in California. When MHSA emerged the station was approached by the county of Fresno to get involved and give the Latinos in Fresno County a voice. From there he contacted 15 other counties asking them what would his role should be. They all told him to look at the Cultural and Linguistic Competence Committee. They say the goal of that committee is to improve access to mental health services for historically underserved communities and reduce mental health disparities across racial, cultural and ethnic groups. Their objective is to ensure underserved, un-served and inappropriately served communities are involved in the process and they are to provide a forum and process where stakeholders can communicate issues and concerns. What they are saying as I read that plan is they want the stakeholders, those who are underserved, to be agents of change, not objects of change. That is a radical position that media does not generally introduce. They like to put an expert on stage to say this is what the problems are and this is how they are resolved. Radio Bilingue turns that around and we make our listeners agents of change – we bring them into the studio with service providers. They tell the service providers what their needs are and how they can be resolved and that is how this goes on. So when I spoke to 15 county MHSA folks they said they want us to be involved in those counties, but you have to go to the state, too, because the state is trying to develop a state plan. That is why I am here today, just to bring that to the forefront, that there is a national Latino public radio program - and we are here to present ourselves as a tool that if you can use in any way, we are willing to serve you.

Delphine Brody, California Network of Mental Health Clients, said on the topic of the TRG charter template she is glad to see the four criteria at the bottom of each one. That will definitely help remind each working group or committee that they have those charters. She personally has not had a chance to check with her members about the term TRG, but she knows that a lot of people are confused by the term – maybe committee and workgroup are better names for them. Maybe workgroup would be a name for something that has time limits to it, such as the COD, and a committee would be something more of a permanent fixture. She wanted to be sure that some issues do not get lost in the shuffle as we are redesigning the committees because there are a number of urgent issues that she is hoping will be addressed in the committees where most of the work is done and brought before the full Commission. Among these issues that are most pressing are issues of mental health clients in the criminal and juvenile justice system, issues that affect veterans, issues around homelessness and housing, issues around trauma and education issues, youth issues and also issues of sub-plantation. There are committees that are tasked with these issues currently but not all of them are doing enough. These should be adequately addressed in the redesign of the committees.

Stacie Hiramoto, MHAC/REMHDCO, said he votes to keep both a TRG for cultural and linguistic competence as well as keeping in a focus on the groups. Again, REMHDCO stands for Racial and Ethnic Mental Health Disparities Coalition. People of color are over 50% of the population in California and he does not believe it comes close to that in representation on these committees. It is one of those things that is pushed to the side or often to the bottom. Cultural competence is often listed last. That should not mean it is the least important but that is the way it is. His suggestion is not to let the work of this group suffer due to the lack of a chair. Frankly if you have committees but there are not enough Commissioners he would recommend making a provision where someone could be appointed to chair the group at the Commission's discretion. Do not let his group suffer by not performing the work due to the lack of a chair. Cultural confidence and diversity is an issue that is nationally known. Disparities and cultural competence is an area that is weak in the mental health system at the national and local levels.

Susan Medlin, Kern County Mental Health and a member of the California Network of Mental Health Clients and Kern County NAMI asked about the template for the TRGs. She asked if there were consumers and family members on each TRG group. (There was an affirmative response.) She said the Commission may not hear enough even from the local stakeholders when they come to meetings. She said if the Commission chooses to invite people who are heavily involved in oversight at the Mental Health Services Act program at each program, that it will get people who will give more information.

Richard Van Horn, volunteer staff, said he would like to make three quick points. The combination of the measured outcomes and funding group – he would term it the accountability committee both fiscal and programmatic. The DMH wants a dashboard approach area-by-area. This in a sense is the global dashboard. Second, on the legislative issue, one thing that has happened at his national organization Mental Health America is one staff person is assigned to distribute various legislative proposals that are coming through to the committees which have the most interest in them. In this way the committee, staff, and committee chairs get a sense immediately of what is in their area of concern. That is an easy way to handle some of this that may otherwise go unnoticed. Third item; he applauds the concept of special project or issue-based ad-hoc committees which can form up quickly and dissolve just as quickly. That gives you a great opportunity to tackle things which also otherwise might get ignored.

Carmen Diaz asked the Commission to consider when it has a committee that is ongoing. Sometimes Commissioners are phased out so some consideration needs to be given to this. When a Commissioner volunteer it is a big commitment and she thanked those who work so hard.

Chairman Gayle adjourned the meeting at 4:53 p.m.