



COMMISSION MEETING MINUTES
Thursday, February 21, 2008

I. Call to Order

Chair Gayle called the meeting to order and welcomed everyone. He addressed the labor issue that had presented itself at the hotel chosen for the meeting. Vice Chair Poat acknowledged Commissioner Henning for putting forth a process of having advanced knowledge of any issues that may exist in the future.

II. Roll Call

Roll call was taken. Present were Commissioners Linford Gayle, Beth Gould, Derrick Green, David Pating, Larry Poaster, Andrew Poat, Darlene Prettyman, Larry Trujillo, Edwardo Vega, Patrick Henning, Saul Feldman. Quorum established.

Absent were Commissioners Wesley Chesbro, Mary Hayashi, William Kolender, Mark Ridley-Thomas.

III. Introduction of Marvin Southard, Mental Health Director of Los Angeles County

Marvin Southard welcomed the Commissioners to Los Angeles. He spoke of the skid row tour he and several Commissioners took and highlighted the following:

- Skid row looks vastly different than it did 2 ½ years ago. It is better due to a variety of reasons, one of which is that everyone has worked together to make the change occur;
- There are a lot of dedicated people that are working very hard to make the lives of the homeless people with mental illness and addictions better.

Even though there are enormous changes being rolled out in Los Angeles County, and the implementation for their Community Services and Supports is going very well, there is a parallel because funding in realignment is flat and vehicle license fees are down, the basic programs for serving people with mental illness in California have less resources available this year than last. They will have fewer resources next year as they do this year and at the same time new services are being built and expanded in MHSA.

He said from the public, client and family perception that the OAC will start to hear 2 things:

- Wonderful new things are being implemented and;
- The basic services are slowly eroding.

He suggested that OAC keep in mind that the mission, whether it is providing services or doing oversight and accountability, is always for the goal of creating hope, wellness and recovery. He said one of the things that he is most proud of is the way in Los Angeles County has been able to employ clients, parent advocates, and family members as providers within their system.

Commissioner Questions/Comments

Commissioner Pating thanked Mr. Southard for his warm welcome and for his involvement in the many workgroups, and being a vital member of the Co-Occurring Disorders Workgroup. He said that the tour of skid row was a perfect example of the many novel ways that he has applied MHSOAC funds to address issues, including co-occurring issues and working collaboration with the various agencies in the district.

Commissioner Prettyman commended Mr. Southard for his vision and courage in trying new ways to benefit the people that he serves.

IV. Appreciation of Former Commissioner Kelvin Lee

Chair Gayle said Kelvin Lee was one of the first commissioners to sit on OAC. He said he is very happy that Mr. Lee is continuing to be supportive of the Cultural Competency and Linguistic Committee and that he is still very involved in the OAC as well. He presented a plaque to Mr. Lee that read “the mental health services oversight and accountability commission wishes to recognize and express appreciation to Kelvin Lee for his outstanding commitment in service as a Mental Health Services Oversight and Accountability Commissioner, member of the Innovation Committee and Vice Chair of the Cultural and Linguistic Competency Technical Resource Group”. Chair Gayle thanked Kelvin Lee for all of his hard work.

Mr. Lee reflected on the journey towards transformation. He said he saw a judicial system, a law enforcement system, a medical system and a social service system that looked beyond an incident and into the individual by providing support services rather than incarceration. He saw places where people with mental illness were given an integrated spectrum of services which include their families. He saw open acknowledgement of cultural and linguistic deficiencies in services and a commitment to improve them. He saw state and county agencies collaboratively work to improve mental health services. He saw people of the most populated and diverse state in the nation raise their voices to the need of transformation in its mental health services. He saw a committed Commission accepting the responsibility to oversee this transformation. He said this transformation has allowed people to see a future that they had not seen before. It has cast warmth in their hearts and encouraged them to grow towards a horizon that has not been seen. He thanked the Commission for allowing him to be a part of.

V. Cultural and Linguistic Competence Technical Resource Group : Presentation of Workplan

Kelvin Lee presented the Workplan as follows:

- Introduction – key of this introduction are two paragraphs last of which reads “Improving access to and quality of mental health services for historically underserved communities and the reduction of mental health disparities across racial, cultural and ethnic groups are key goals of the Mental Health Services Act.”

The primary role of CLCTRG is to ensure that MHSOAC has access to experts in the three core principles of the Act. The CLCTRG ensures that the MHSOAC has an ongoing focus on reducing and eliminating disparities in the area of access, quality, and outcomes in mental health service provisions to the unserved, underserved and inappropriately served communities.

Historical disparities are found and consistently continue to exist among California's racial-ethnic populations including African-Americans, Latinos, Asian Pacific Islanders, and Native Americans. Therefore, any other population group(s) that may be targeted by a county must be clearly defined with demonstrated evidence and supporting data to target them as having documented disparities in mental health services.

Primary Roles (and Benchmarks) of the CLTRG – some examples are:

Section 1:

- Provide information and technical assistance to the Commission to assist them in achieving their goal of reducing disparities in access to, quality of, and outcomes of mental health services.
- Provide MHSOAC Staff and Commissioners with advice and counsel to ensure MHSOAC meetings demonstrate cultural honoring, cultural responsiveness, and cultural humility.

Section 2:

- Assist Commissioners in creating accountability mechanisms for reduction of disparities.
- Assist Commissioners in developing strategies to ensure counties and the state are accountable for reduction of disparities in their quality of mental health care for historically unserved, underserved and inappropriately served cultural, racial and ethnic populations.
- County Question - What have you done?
- County Question - Why have you done it?
- County Question - What were the results?
- The integrated plan coming up in 08/09 is critical to that plan.
- Assist Commissioners to develop their capacity to implement culturally appropriate outreach and engagement models for California's historically unserved, underserved and inappropriately served communities.
- Provide data on progress towards improving cultural and linguistic competency to MHSOAC via the annual independent review.
- Provide education materials to new Commission members that may be coming aboard in this area.
- Respond to Commissioner's requests for resources related to cultural and linguistic competency within 90 days.

Section 3:

- Assist the MHSOAC in the development of mechanisms that provide historically unserved, underserved and inappropriately served populations a path to involvement in mental health policy development.

Section 4:

- Provide a Public Forum where unserved, underserved and inappropriately served in California's public mental health.
- Serve as an access point to the MHSOAC, if desired by communities, where historically unserved, underserved and inappropriately served communities can identify concerns related to MHSOAC planning or implementation. CLTRG can work as an advocate.
 - o CLTRG membership will, at a minimum, consist of individuals with knowledge and experience in the mental health field. They are looking at two year rotating terms from a number of stakeholders, agencies, community based organizations, etc.

- The meeting schedule will be fixed at the first meeting of the calendar year. The meeting schedule may be amended by the Chair and/or Committee based on unique or anticipated needs.
- Process/Resources- CLCTRG goal to do outreach in the meetings, such as putting together a list of unserved, underserved and inappropriately served of groups and organizations and ask them to be a part of the group throughout the year.
- CLCTRG Appendix provides definition for historical disparities adopted definition, cultural and linguistic competence, cultural humility and other framework.

Mr. Lee said this is the draft workplan and hoped that it meets the needs of MHSOAC .

Commissioner Question/Comments

Commissioner Poat said that this has to be embedded in everything the MHSOAC does. He suggested there be the capacity to engage with other groups such as gay/lesbian/transgender.

Commissioner Prettyman asked Mr. Lee if they could have a sentence from the CLCTRG to embed in all workplans.

Commissioner asked for a list of the people used in the CLCTRG. He said that one issue that came up with the Client and Family TRG was the issue of whether sexual minorities fall under the rubric of cultural communities. They want to make sure that representation of their group includes a wide spectrum of people including underrepresented people by virtue of sexual minority.

Commissioner Gould asked if it would make sense for the CLCTRG to consider adding “such as” to add sexual minority. Chair Gayle said that was a consideration but CLCTRG felt it would limit people.

Mr. Lee said they are looking at the definition of unserved, underserved and inappropriately served populations that are relating to the CLCTRG. They are looking for a definition in their work with the understanding that a broader discussion of definition should occur at the Commission level. One of the goals of the outreach process at the TRG meetings is to bring various groups and individuals to the meeting and share their experiences and needs about mental health services. Information received will depict other needs that may exist.

Commissioner Vega asked about page 4 of the workplan, third paragraph under D “annual independent review of county plans”. Mr. Lee said that they had felt it would be important to find a way to independently review plans to determine whether they truly are doing their work in unserved, underserved and inappropriately served areas to find baseline data.

Sherri Whitt said that the proposed actions are:

- 1) To adopt the workplan as presented;
- 2) Consider in the process of adopting the workplans, the definition that was created specifically for the TRG would not be adopted. She said that the Commission may wish to choose, at some point in time, a definition for itself of unserved, underserved and inappropriately served populations.

Mr. Lee said they are trying to establish a definition that is adopted in the workplan for the CLCTRG only, not for the entire Commission. Chair Gayle said the reason for the separation of the definition is that over time, the definition has gotten broader than cultural and linguistic issues. They wanted to be very clear that the TRG is not defining the unserved, underserved, and inappropriately served populations. Commissioner Trujillo said that maybe there should be a disclaimer at the bottom of the plan.

Commissioner Greene said that the structure as presented has a certain ethnic and cultural frame. The statute speaks of the term of underserved and inadequately served that is not necessarily consistent with that frame. He suggested that conversations be deferred to the Commission retreat.

MOTION: Commissioner Trujillo moved to adopt the CLCTRG workplan as presented with the caveat to appropriately address any concerns with definitions associated with this Committee, and make it clear that all terms are specific to this TRG only; seconded by Commissioner Greene . Roll call vote: Commissioners Feldman – Yes, Chair Gayle – Yes, Gould – Yes, Greene - Yes, Henning - Abstain, Pating - Yes, Poaster - Yes, Prettyman - Yes, Trujillo - Yes, Vega - Yes. Motion carried with one abstention.

Public Comment

Arnulfo Medina of California Family Resource Association said they are proud of being a part of CLCTRG. He said that CFRA represents a large population of ethnic and cultural people. It is a full service family provider with the “whatever it takes” mentality to help the families. He said that they believe using a comprehensive family strengths based approach has a vital role in the transformation of the public mental health system. He said that they are at the table because they believe that some of their family resource centers have some unique perspectives, ideas and information that will be useful for the public mental health system transformation and they want to ensure that racial and ethnic communities that educate and challenge the staff at the centers everyday think differently, innovatively, and in a transformative manner. He urged the Commission to consider having the difficult, but extremely necessary, conversation to develop a more concise and culturally appropriate and sensitive definition for the term underserved beginning at the OAC strategic planning meeting in March. He also requested clarification from the Commission to the timeline and process they are considering to be discussed, to define whether the final intent is to use the same definition throughout the Act, and the role the Commission sees the CLCTRG having in the process.

Stacie Hiramoto of REMHDCO said they are a member of CLCTRG and thanked the Chair and Co-Chairs of the Committee for their hard work. She asked the Commission to support the resolution and agreed with the clarification that CFRA has suggested. She said they represent racial and ethnic communities that have long had tremendous disparities in mental health. She urged for the adoption of the workplan with the understanding that the definition will be taken up at a later time.

Rev. Jim Gilmer of Cyrus Urban Network which is a faith based ethnic group out of Ventura County said some of the key questions of the workplan are the “who” is doing it. He said in his community they have struggled with ethnic and community driven involvement in MHSA and they appreciate the work of the OAC and Committee. He suggested the question be embedded in every proposal. He asked the process of carrying out cultural competency and linguistic

competency. There is a need to deal with the structural issues of power and systems that have been running for many years. He said he would like to see a TRG that addresses cultural and linguistic competency in every county suggesting that the how gets done through those groups.

Delphine Brody of CNMHC supports the motion and they also support revisiting the language that is currently in the draft around the definition of historical disparities. LGBT communities face historical disparities. She said that it is often difficult for a county to show that lesbian, gay, bisexual, and transgender people have historically faced disparities in the mental health systems because very little documentation exists to that effect, but it is well known through LGBT communities.

Zula Reeves of the Network Board restated the MHSA is in place so that they can make all of these changes to include people who have not ever been served. She commented that they have to get services to the people who are not or have not ever been getting them.

Carmen Diaz said she appreciates the hard work the Committee put into the workplan and felt it was appropriate. She understands that the definition is for the group but also feels that the definition should be carried over. She said sometimes they do need to define certain populations because when it goes back to the other counties, they define it the way they feel it is.

Zed Null thanked the Commissioners that visited skid row. He addressed the language specifically to the workplan. He represents Back-On-Track, LLP Homeless Outreach Services and specific underserved populations with co-occurring disorders, not specifically to substance abuse and mental illness, but co-occurring with regards to access one and access two disorders and also mental health challenges and physical disabilities which he felt was not specifically in the language of the workplan. He appreciates that focus is on culturally and ethnic based inclusions, however, among the populations that are underserved, because they are usually under-diagnosed or misdiagnosed, are those people that have advert lifestyle disorders such as hoarding and packrat behavior. He suggested reconsidering the language and revising it to be more inclusive of those populations.

Commissioner Pating said it is very important for the MHSOAC to recognize historical disparities in mental health services and answer the question of definition. He asked the CLCTRG to work on a framework and a process of how to resolve the question, not by defining who is underserved but to provide parameters of what is underserved, unserved, and inappropriately served, the historical context, so the Commission can have a fuller discussion.

Mr. Lee said CLCTRG will try to identify what the issues are and what populations they may address in the three major areas. It will be a broad brushed approach and not specifically identified by cultural or ethnic backgrounds.

Commissioner Green applauded the suggestion and thinks this will be helpful to provide a structure for discussion. He asked staff to provide a brief literature search presuming there is some data towards this arena.

Commissioner Vega said that CLCTRG may want to consider revising their name given its scope. He would be interested in hearing back on this issue at the next meeting.

Mr. Lee said that CLCTRG is committed to working with the historic disparities that have been defined. He said he wants to be careful to not go beyond the mission that they have been charged with. Commissioner Trujillo said that this is not an issue for Mr. Lee to work out for the

Commission but as a Commission, they could decide to change the name. He suggested it be agendized for another time.

MOTION: Commissioner Pating moved to have the CLCTRG to provide the OAC with information and concerns about underserved, unserved, and inappropriately served terms; seconded by Commissioner Greene. Motion carried unanimously.

VI. Introduction of Proposed MHSOAC Communication Plan

Commissioner Vega reported the following:

- Mission – the OAC Communications Unit will work to ensure the success of the MHSA through community outreach and stigma reduction and by spreading the word on the MHSA vision, planning and progress to all California stakeholders.
- The priority identified for this unit is to keep Commissioners informed of complex issues, keep Commissioners informed of OAC staff activities and workplans.
- Creating a history of their efforts, an archive of the efforts that is organized in a way so that they can look back and see what happened and was done.
- Keeping the public informed about outcomes of MHSA funded programs.
- Keeping the public informed about MHSOAC decisions and related news.
- Keeping the public informed about newsworthy developments regarding the OAC. For Example, Virginia Tech, the shooting at Illinois University. SMHI was significant policy action and direction that the OAC took to address a national crisis of people in higher education or young adulthood who are unable to deal with the stress or who are facing serious mental illness compromises with whom get out there who endanger themselves and their communities.

Cynthia Craft said that the Committee had the idea that they could center their messages around the public outreach with five of the key themes from the MHSA transforming California Mental Health System into one of client and family empowerment, expanding successful programs in innovative programs, serving the underserved with the cultural and linguistic competence, reducing stigma and discrimination, and ensuring oversight and accountability as called for by the Act itself.

- She said one of the most visible ways to accomplish this quickly is through the website improvement. There will be a higher profile for the help access lines from counties on the front page of the website.
- Updated links to news, useful information about mental health. Report on reduction of stigma and discrimination through successful stories.
- Have a bulletin board or comment board with a two way public discussion being monitored for appropriate comment.
- They would plan and hold press events and try to get the media in attendance.
- They plan on coordinating with community providers to highlight the impact of the MHSA funded programs.
- They are looking at producing some publications which would highlight best mental health practices.
- Timeline device as to where they are rolling out the dollars.
- She said a modest idea is to distribute a wall calendar that somebody could put up and serve as a reminder of the goals and missions of the MHSA could include important dates.
- Send out regular press releases and do make regular press contacts.

Commissioner Discussion

Commissioner Vega said that they want to make sure that they get some nuts and bolts in place to reach communities lacking technical abilities.

Commissioner Prettyman suggested that the Commissioners be supplied with resumes of one another. When Commissioners go out and do presentations it would be good to have a prepared statement from staff to stay in line with what the Commission is doing.

Commissioner Feldman said he is concerned that the Communication Plan may be too broad and bold. He expressed apprehension about the costs associated with some of the items. There will be a statewide initiative on stigma reduction and he is not sure what the OAC could add. It is important to report to the legislature and the Governor and he does not see that in the plan. He asked that the Commission be informed of other issues going on in the Country to ensure that California is providing the best and most comprehensive mental health services.

Cynthia Craft said a report is provided to the legislature and the Governor that is not part of the plan, but should be listed. Stigma reduction would occur by posting stories on the website and there are some excellent media reports that are sensitive to the conditions that people have that humanize their conditions. She said they are not trying to reinvent the wheel, but collaborate and contribute.

Public Comment

Zed Null said technology and the internet is a two edged sword. It can cut through restrictions and provide accessibility to vital information but also cuts people out of the scope of accessibility if they are unable to grasp how technology works and how to use it as a tool. He reviewed the draft plan and said it is very inclusive and well thought out but expressed concern that in addition to looking at technology as an access point, they need to continue to support traditional ink and paper delivery systems for those population groups who lack technology. The California Technological Access Plan specifically provides technological funds for adaptive housing projects to include in their specific plans rooms for access to technology, however, if the computers get a virus, they shut down the room.

Kirsten Deichert of DMH working in the external affairs and communications unit, said DMH is excited to collaborate with the OAC communications team. She said that collaborating together will allow them to give the best type of information to people.

Delphine Brody with CNMHC strongly supported efforts to increase access to low income people or those who struggle with internet access. She said in addition to stories offered on the website, she urged they show the client perspective, for example, in a tour of skid row. Consider using Project Returns, Peer Support News, ethnic and Spanish media.

Rev. Jim Gilman said that the Communication Plan is traditional, but said that coming from the faith based, grass roots side of things he asked whom is doing the communicating and how is it being done. He said he doesn't see much of his community represented in the workplan and would advocate that OAC work could best be done through word of month. He promoted community two-way communication across the state. He said they had to search very hard for MHSOAC information.

Tina Mata with the board USAF, a community member and employed by the County of Los Angeles Mental Health said that the Communication Plan is great and suggested the OAC tell the taxpayers what is being done. She said that the OAC should be touring the reservations and the inner city, urban areas. She suggested some funding go towards purchasing dog tags with an 800 number where people can call and leave comments to the OAC or suggestions or business cards with 800 numbers. She also suggested publishing the articles and newsletters in foreign languages.

Keris Myrick thanked the work on the Communications Plan and recommended that when anything is done video related on the website, to have it captioned for the hard of hearing community and when the phrase “best practices” is used in publications, could the term “best” be defined and the community it is coming from. Also, when using the term “research” to ensure the importance of qualitative data as well as quantitative data.

VII. Workforce Education and Training Review Tool; Consent Agenda

- Draft MHSOAC WET Review Tool –

Commissioner Henning said WET has gone through a difficult process. The review tool is a very basic tool with language quoted verbatim from the DMH guidelines for education and training. He encouraged any Commissioners that have concerns to become a part of the process in reviewing the county plans as early as possible. He said there is an additional item to be brought to the OAC’s attention which is outside of the guidelines set up by DMH for education and training, which is a principle that Dr. Feldman felt very strongly about:

- Did the planning process of money go out earlier this year for planning for education and training?
- Did the planning process conform to the activities funded for planning and early implementation?

The planning components require a reflection of the guidelines in the Act’s principles to refer to education and training plan components as whole and not individual activities. They also have incorporated the feedback from many, including county representatives.

Commissioner Questions/Comments

Commissioner Feldman suggested changing the word “contributes to” to “significantly contributes to”. He expressed concern about the absence of any mention of training of prevention and early intervention. Prevention and early intervention is a major and significant responsibility of the MHSOAC and is one of the most innovative aspects of the MHSA. There is no mention of training for the people who are going to have the responsibility to run these programs. He expressed concern about the absence of anything that appears to be transformative.

Commissioner Henning said that the tool is not a huge transformative document, but rather, following the guidelines about what the Act is and what the DMH has given the OAC. Some of that is reflective of the lack of responsibility that the OAC has for those funds. He said that “transformative” does not show up.

Commissioner Henning said that some counties may be struggling with having innovation within that piece of the plan but might be encapsulated in the others and he did not want to penalize a county for that.

Commissioner Greene said in looking at page 36 he was struck on the difference in the Mono County plan and the Monterey County plan. He asked whether this should be changed to talk about counties being encouraged to partner with graduate mental health and psychiatric residency programs to establish programs. Commissioner Henning agreed with Commissioner Green and said he will be asking the Commission to take a vote on the review tool but to also see it as the basic, the minimum for the counties to set a floor.

Commissioner Pating thanked Commissioner Henning for his involvement in WET. He said he had the same concerns as Commissioner Feldman.

Commissioner Feldman he said there is a sense of urgency with plans coming in and needing OAC comments, but on the other hand he feels they are not where they need to be. He said they are not asking any of the counties for evidence of inter-county collaboration. He said there should be a generic curricular that can be taught to every county. He hopes this would be a significant component of OAC review of the plans

Commissioner Henning agreed and said they are trying to bring counties together as much as possible. He urged the MHSOAC to approve the tool as is. He reminded Commissioners that this is a starting point to move forward and at least give the counties the first hurdle, not the last.

Commissioner Poaster said he thinks it is important to understand the three aspect of the tool. He said the Resource Paper provides the grand plan of what needs to be done in the field. There is not a direct relationship between the tool and the Resource Paper which is a document available to everyone. The review tool is related to the guidelines which were the intermediate step between the resource paper and requirements of applicants. He said that while he had not read the 5 year plan, the state should be commended in attempting to get the money out quickly, but some of the big ideas have been left out in terms of the 5 year plan. He has used the proposed review tool on a plan and felt comfortable with the process. He said the review tool does delve in to whether the plan reflects the basic intent and goals and understanding of MHSA.

Public Comments

Delphine Brody with CNMHC thanked the OAC for the improved process in development of the WET Review Tool. She acknowledged those items on page 3 and the top of page 4 of the draft had CNMHC input and they strongly agree that workforce education and training plans need to contribute to the development of a diverse workplace. They should promote meaningful employment in the public mental health system. Clients and family members should be able to work within community based organizations. Reducing stigma and discrimination in the existing workforce and creating a welcoming environment as well as adequate training programs for consumers and specific plans to hire consumers in a full range of positions that provide

opportunities for career ladders and providing a range of supported services from benefits planning to health benefits as well as on going supports and retention strategies for consumer employees. She said the plans should contribute to a workforce with the skills to promote wellness and recovering resilience and to practice consistency with the client and family driven mental health system. WET plans should contribute to a workforce with the skills to provide clients with an integrated service experience.

Zed Null said he is speaking as a consumer and potential hire and said he would like to address the concept of WET. He said he has engaged in the stakeholder process from the beginning. WET roundtables seen more focused on approaching teens in high schools and college freshmen

as potential employees rather than adults that have been in the workforce and have become ill. He sees nothing that specifically addresses a way to translate consumers' previous employment skills into criteria for these new positions and jobs. He said he can see why they are looking at freshmen, being they have a blank slate to where they can be trained in the area of specific focus and their willing to take entry level position and the salaries that go along with that. He said the salary base is too low compared to what people are earning in the private sector. He said if they are going to hire people, pay a wage that is compensatory with their experience and also equal to what they might earn in the private sector.

Rusty Selix of CCCMHA said WET is probably the most essential part of the Act. One of the problems is that it was never contemplated that there would be county plans in this area, but it was decided that certain pieces were appropriate to have implemented at the county level. He noted that he did not see a lot in the draft about expanding the workforce; it will attract people into the workforce but in terms of licensed professionals, that may be a concern. On the tools, there are two implicit things that should be in every part of every tool even though they are not written 1) if there were concerns raised and comments made on the counties draft plans, what happened to them, was this issue resolved or not resolved 2) there has to be a bang for buck analysis implicit in everything the comes down. He said that if the OAC does not insist on making sure that dollars are spent cost effectively and making that part of the review, then oversight and accountability would be lost.

Adrienne Shilton of CMHDA said the CMHDA education staff provided input and believes the plans that are submitted will be better as a result. Regarding the interagency collaboration that Commissioner Feldman raised, she said one of the things she is doing with the counties is providing technical assistant, organizing meetings and conference calls so the counties are sharing the models that are currently working, job descriptions, and curriculum competencies. She said the Planning Council is in the final stages of completing their 5 year education and training plan which will include some outcomes.

Richard Van Horn of MHA of Los Angeles said inter-county collaboration is critically important. New people must be added in and so far they are not adding new people. In the review tool he does not see ways in which they look at the balance of the kinds of programs that are being proposed.

Keris Myrick echoed Richard Van Horn and added a caveat; she has not seen addressed ways to look at those that are already in the pipeline who are currently taking courses in graduate and undergraduate schools that are learning things about recovery. She encouraged looking at developing a core curriculum for graduate students, undergraduate students, and practitioners in the recovery model where this was a requirement in order to move on into their program.

Commissioner Feldman thanked the staff for trying to put together a review tool that is useful. His problem is not with the review tool, but with the guidelines because the guidelines do not capture what needs to be captured.

Deborah Lee said 1) In regards to Dr. Feldman's point about strengthening the language in the review tool the words "contributes to" could be changed to "significantly contributes to" and, 2) In terms on commenting on the specific county plans, she thinks it is important, as Commissioner Poaster said, that it should not be implied that counties are being held accountable for anything other than what they are accountable for which is the guidelines. She said there are great aspirations for what this money should be. She said the OAC can comment in general about what they think is happening with education and training.

Commissioner Henning has declined to vote due to the labor dispute at the hotel issue and respect for the labor issue.

MOTION: Vice Chair Poat moved to adopt the proposed the WET Review Tool; seconded by Commissioner Poaster. Roll call vote: Commissioners Feldman – Abstain, Chair Gayle - Yes, Gould - Yes, Greene - Yes, Pating - Yes, Poaster - Yes, Poat - Yes, Prettyman - Yes, Trujillo - Yes, Vega - Yes. Motion carries with 1 abstention.

MOTION: Commissioner Poaster moved that the Commission request staff to reissue the WET position paper and ask counties to consider the content as a resource; seconded by Commissioner Pating. Motion carried with one abstention.

- Draft Revised MHSOAC Review Process

Commissioner Henning said this is one of the items that the MHSOAC does not have direct authority over. Within the OAC process there has been discussion as to what process should be used to review the WET plans. He said the focus has been on having discussions between OAC, the state, as well as the counties submitting their plans, so if there were some deficiencies, OAC could help them work through them to continue to move forward and to have plans that are transformative. He talked about the changes that the review process has gone through from inception.

Deborah Lee said they are proposing two changes to the OAC review process for the areas of the Act of which the OAC has comment authority. Education and Training, Community Services and Support and Facilities and Technologies as follows:

- The OAC would routinely adopt a review tool and criteria in these areas, despite the fact that a review tool was just adopted for E&T in the current review process, it is not part of the process that is routinely performed.
- The OAC would not approve the comments for each individual county in E&T, CSS and F&T because it would delay the process. OAC has the right to participate in any review of any plan. The Commission has talked about setting policy and have staff and the review team carry out that policy. Offering comments is a consultative role to DMH and they use them to help determine approval on plans and if there are questions that are raised they work in a consultative way with the county to try to strengthen the plan.

Ms. Whitt said these items will be an action item on the next agenda.

Ms. Lee suggested that for now she act on the items as voted on last time which is to give provisional comments to DMH for purposes of facilitation. They will not be final until OAC decides to change the review process or until they have approved comments.

VIII. Innovation Guidelines Development – status

Commissioner Pating reported:

- The three operative words for innovation are: process developed by communities that will lead to learning.

- The resource paper has been approved and Deborah Lee is working with DMH staff to get resource paper into the guidelines. There is one question that could cause delay: “If they are really looking for the communities out in the counties to be developing a process of innovation do we want to limit their focus a bit so they can focus on the process rather than getting out a grant of a novel approach.” The pros to focusing on that is it would be less overwhelming for counties to roll out as they developed an innovating process effort. If there were a statewide emphasis it could provide greater learning and foster better communities in the learning process. There would be a greater combined impact and easier evaluation.

The cons could be it does not give them the full autonomy to stretch their wings and be fully creative; it does not allow other areas for innovation. Priorities that apply to one county may not apply to a specific county, and it may allow delay in the stakeholder process to define the focus areas.

- The question is whether OAC would be willing to reconvene the OAC Innovation Workgroup to address whether to require specific innovation focus for 2008/2009 innovation grants

Commissioner Questions/Comments

Chair Gayle said he appreciated the pros and cons and is very well thought out. He suggested discussing this at the retreat.

Commissioner Poaster said he supported Commissioner Pating’s thoughts.

Commissioner Pating said one of the approaches that is evolving in community prevention is to have communities look at their needs and their highest priorities and once they target those needs and priorities, then they can bring in as many experts as they want.

Ms. Whitt said OAC had an Innovation Committee that did a lot of wonderful work but one piece of work that they did not get to complete was their discussion about would there be something useful about having focus areas for innovations and, if so, what might those areas be. She said one easy way to get an answer to that question is to go back to the group and offer them a couple of meetings to finish that thinking and make some recommendations to OAC. All they are asking is if the OAC feels comfortable allowing the Innovation Committee to come back together to answer the question.

Ms. Lee thanked DMH and Commissioner Pating for their input and work. The Committee wanted to ensure that innovation was one pool of funding that could be used in flexible ways.

Ms. Hood said the innovation money is separated out and what they are trying to do is to look at pros and cons about what the choices are. The Legal Department will have to review it and then a firm decision can be made.

Public Comment

Rev. Jim Gilmer said innovation has not been primarily a function of the county behavioral health department and so they do understand that they have been endowed with the leadership and administration of MHSA; however, there is innovation that is taking place in non-traditional settings and cultural specific settings. How do these groups employ their ideas, skills, practices

and filter that up to create transformation to be true to the Act? He encouraged the OAC to have state administration of the funding. He said they need to allow innovation across the board. He would like to see innovation expanded to include some of the non-traditional representatives, communities, groups, etc.

Arnulfo Medina of CFRA said he agrees with Jim Gilmer's comments. The references made in the paper under section 4 under scope of innovation to include promising community approaches that do not necessarily have to be within the traditional mental health setting and framework is important. He also likes the idea that it does include, and speaks to, the various types of interventions possible under innovation. He said CFRA members value the different types of intervention mentioned, specifically advocacy outreach, capacity and community building, prevention and early intervention and public education.

Stephanie Welch of CMHDA said CMHDA is very eager to work closely with what DMH and OAC is reviewing whether this be targeted or whether it be conceived to allow some people some flexibility to produce creative programs. Innovation is going the idea of going out to the community and coming up with exciting and creative programs for them to do. She said the main point about having something like regional forums is to get information directly from the community as to what they are doing that is new and unique and working towards getting good outcomes. Part 3.2 – the outcomes are to increase access to underserved groups, increase quality of services including better outcomes, promote interagency collaboration, and increase access to services. She believes more time needs to be spent on this issue. Innovation is found in communities.

Delphine Brody of CNMHC said she has high hopes for the innovation component. CNMHC was actively involved in the OAC Innovations Committee. She is happy to learn that DMH is working closely with OAC on developing guidelines. CNMHC believes that innovations can be the leading edge of transformation in which many promising community approaches can be developed, launched and made popular through effective programs. Principles in example criteria A-F need to be included in the guidelines including example criteria A on page 4 of the resource paper. It is important that innovation programs are aligned with the transformational values identified in the Act and the DMH vision statement. The guiding principles in B should be developed at the grass roots level with inclusive participation of potential and actual service users, their families, and caregivers. There should be a high potential for promoting recovery and increase resilience. Cultural competency must be demonstrated and capacity to reduce disparities. Initiate, support and expand collaboration and linkages and foster collaborative

leadership especially among service users and families and caregivers should occur. Plan for a relevant and appropriately scaled evaluation that reflects the perspective of diverse service users, is informed by recovery and prevention principles, and contributes to knowledge about transformative mental health services.

Gaines Lyons of Project Return Peer Support Network said they are actively engaged in innovations. One of the Network's projects is Peer Bridgers where a bond with people who are still in the institute and providing a continuum of support in the community is established once they are released. Members of Project Return Peer Support Network are empowered using governing counsels and the consumers. Members are taking part of the decision making process that guides their organization and for it to be real innovation, these groups should be 100% run by consumers with their staff focused on providing meaningful friendships and a sense of unconditional belonging.

Bill Slocum of Project Return Peer Support Network said that he works with a program in which consumers deliver services to other mental health consumers. He works with members who work together with other members; this is peer support at its purest and not staff providing services to clients. He would like to see the innovative component of WET include the training needs of this group in their fund allocations.

Pam Inaba, the past Chair of the LA County Client Coalition and a volunteer at BackUp which assists urban clients, noted that hoarding involves innovations. She does not see it being addressed anywhere else within MHSA. Hoarders needs to become a primary diagnosis in the DSM. Hoarding therapy/Dumpster therapy does not work to address the illness. Cognitive behavioral therapy has been proven to help the hoarder as opposed to medication. She has been given cognitive behavioral therapy and it is working for her. She said hoarders need financial support to provide temporary storage and helping hands while they go through the therapy. Educating the community with workshops and the funding to publicize would help.

Chair Gayle said that some of the workshops they do in San Francisco and throughout the Bay Area deals with hoarding.

MOTION: Commissioner Pating moved to reconvene the OAC Innovation Workgroup to address whether to require specific innovation focus for 2008/2009 innovation grants; seconded by Commissioner Prettyman. Motion carried with one abstention.

IX. State-Administered Projects: Administration Issues

Carol Hood with DMH and Stephanie Welch discussed the following:

Initially there were some decisions that there should be some state administered projects for PEI by the OAC. In addition to workforce they had some recommendations from stakeholder groups on state administered projects as well. Since then, DMH's understanding of the decision making authority and the mechanics of how to implement state and regional programs, has evolved significantly. The basis of this is an assumption that there is continued commitment to the initial PEI decisions regarding statewide projects.

Ms. Welch said since January's meeting CMHDA, DMH, OAC, and the Planning Council were dedicated in investing staff time to investigate alternatives that would be timely in terms of implementation. They are trying to be as transparent as possible in the process.

Ms. Hood said the distribution of funding typically goes through the local level; they get input from stakeholders at the Commission level or at DMH. They look at how much money is set aside for each county and establish guidelines for the content of plans so counties can request the money that has been set aside for their county. The counties have a stakeholder process to determine what they want to do within those guidelines; develop a plan and the plan is submitted. It is reviewed and approved and DMH then contracts with the county.

Definitions:

- State administered means that DMH would actually be the one who is administering the project and typically that would be done through contract or interagency agreement.
- Statewide is the intention to have a program that is available throughout the state.

- Regional means that services are available to specified counties within a geographic area. CMHDA has a long history of an effective regional structure which is being strengthened by MHSA.
- Assignment means a formal process of a county providing their money back to the state. Counties could also contract directly with each other, or jointly with another entity, but they are not calling those assignment. When they use assignment they mean specifically that the county is giving the money back to DMH.

All projects using MHSA funds are subject to the stakeholder process and the roles and responsibilities of the governmental entities are the same as specified in the Act.

In the area of CSS and PEI the expectation is for DMH to contract with counties providing more flexibility in terms of the workforce, education and training. There is also the ability for counties to act jointly.

Local plans and updates are developed with local stakeholders and are subject to the 30 day local stakeholder review.

The programs are:

- o CSS – there is a state administered program that is in the early stages of implementation. DMH and California Housing and Finance Agency partner with counties to expand permanent support of housing for people who are homeless or at risk of homelessness. The initial commitment was \$400 million. There has been talk of some counties dedicating additional funds which could bring in another \$100 million beyond that. DMH has drafted, and developed, a letter that counties could use to assign their funds back to the state. Counties now are going through the local stakeholder process to determine whether or not they want to do that. If they don't want to participate, they do not have access to those funds. If they choose not to use it, the funds would go back to the larger MHS funds and be redistributed across all components and go back to the planning estimates for all counties. They have one application from Sacramento County.

Ms. Hood said if the state is going to expend funds that are not to the county it will then be part of the state budget process. The challenge is that typically the state budget process is prepared a year in advance and trying to anticipate what people are going to need from DMH mid-year would be difficult and frowned upon.

- o PEI – SMHI, Suicide Prevention, Stigma and Discrimination, Technical Assistance and Training and Ethnic and Cultural specific programs – the amounts the OAC has approved (on handout). She said none of these can happen without the counties getting a specific planning estimate and stating that they want to give that back to the state if they are going to have a state administered program.
- o Workforce Education and Training – there are 11 statewide projects that have been proposed.

Implementation options – it can be administered through DMH through a contract. Or local programs could issue guidance and provide information as to what DMH need and counties would put that into their local plans and address their respective needs. The interim would be to have counties partner together where there is a lead county or counties. The issue is it has to be relevant to applicable counties, so if they talk about pilots or competitive grants than a county

would be agreeing to give back their money to the state to run a competitive process not knowing whether their community would directly benefit.

Ms. Hood said funding needs to come from the components, so there is some flexibility in terms of the 5 percent administration. Her belief is that the 5% administration is not intended to be for direct services so many of the statewide programs that they are talking about are not for state administration activities but they are actually to make an impact on the people they are serving. So, for CSS and PEI, the mechanics are they would have to give out planning estimates, also some of the amounts sounds like a lot of money, but it is divided among 58 counties realizing Los Angeles is one of those.

For the assignment – the counties need to obtain the Board of Supervisors approval. When there are difficult budget years there seems to be more conflict between the state and the counties.

Looking at assignments some of the local considerations – the local stakeholder planning and review process is required. If the county does not participate the question is: “Do you make the funds available to those counties for another purpose?”

Ms. Welch said that they developed various principles in conjunction with the Planning Council and DMH. In terms of their next steps, she has recruited 10 members who have different areas of expertise and they will be applying some of these criteria in an exercise to really look at the pros and cons in doing things statewide, such as being able to promote a statewide screening tool to help younger kids get access to special mental health systems.

Ms. Hood said what they have been doing is looking at what seems feasible and taking the initiatives and breaking them down into subcomponents. What is known now is:

- Student Mental Health Initiative has not been vetted through the DMH – what are the pieces and what makes sense. For SMHI, there were different pieces to it, such as a higher education piece and because there are not campuses in every community so assigning dollars back to the state in the short run seems like the best alternative. In

terms of K-12 there are a couple of options: one is having a competitive process at the state level, however, that is where the counties would be needing to assign their funds back and perhaps 20 districts would be getting funding and they would not know the impact on their community. The other option is to have a simplified process where counties can actually propose their own local k-12 interventions. The technical assistance and evaluation component of SMHI – the thought was to combine it with the larger technical assistance and evaluation as one possibility.

Ms. Hood said there are pros and cons about whether the program is sustainable. She wants to make sure the programs are moving the system in the way they want. They also need to look at evaluation. Local implementation pros and cons – not as efficient, less consistency but maybe it would work. It is unclear how a decision would be made. How to move forward and who makes the decision is an unknown.

Commissioner Vega said given the importance and priority on the statewide projects perhaps Mental Health Funding Technical Resource Group should be reconvened.

Ms. Hood said the decision making on financing is interdependent. There needs to be discussions about how to coordinate the various needs with all of the partners in this room.

Implementation timelines were suggested and there needs to be reasonable implementation times set.

Commissioner Green said this is basically a two year process. If they want to use the state budgeting process they would be looking at 09/10 already. It is very likely that a JPA would make the most sense. They will be creating a brand new collaborative structure that has never existed before and this is not going to be an easy task. He suggested working on one item at a time, for instance suicide prevention and create the model to be used for collaborative things involving a statewide perspective. He said reconvening the Resource Group for some recommendations makes sense.

Ms. Hood said there is some flexibility on the budget issue and they can still get in 07/08 and 08/09.

Commissioner Pating asked to look at the legislative process: if they are stuck in limitations of the Act, could there be a moment for some kind of clean up bill. He noted that these are major initiatives and major efforts.

Commissioner Poaster asked Ms. Welch and Ms. Hood if any progress has been made. Ms. Hood said they are making some progress on the Workforce and PEI is in its earlier stages. She said she personally is not ready to give up yet. She said they need to work together to move this forward so that there can be decisions made.

Commissioner Vega said PEI planning is occurring in the counties and some plans are close to completion. Counties think that the OAC has articulated there should be some statewide projects in areas that are relevant to early intervention. This means some people in the counties are thinking very differently based on the assumption that at the state level there is going to be some projects and some direction coming from the state on those specific avenues.

MOTION: Commissioner Poat moved to have the OAC ask Government Partners to assess which statewide programs are prepared to proceed and succeed and how. OAC staff to bring Government Partners proposals on how to move forward on all Statewide projects to April OAC meeting; seconded by Commissioner Poaster. Motion carried

Commissioner Discussion

Commissioner Pating said if there is focus given to this a solution can be found. He urged the OAC not to walk away from these initiatives. He suggested that they look at the plans and then go all out on one of them to get something through.

Commissioner Trujillo said that they need to learn when to walk away from something when there has been considerable time and effort put into it and they see that there is almost no chance of success. They must invest their time intelligently to make things happen based on the mandate that they are responsible for.

Chair Gayle said the next item on the agenda will be moved to the following day which is the Mental Health Funding and Policy Implications.

Public Comment

Stacie Hiramoto of REMHDCO said in regards to statewide projects - Client and Family Member Technical Assistance Center, this proposal seemed a little bit like business as usual and not a lot of specificity or comments regarding how to ensure client and family members from communities of color and non English speaking communities are involved with the project or that the bidder have experience with those communities. It mentions cultural competence twice but it could be taken out of context.

Arnulfo Medina with CFRA said he is excited to work on the CLCTRG framework for the definition of underserved. He commented on WET saying that CFRA has a lot of expertise in the roles of that. He would like to see included in WET that paraprofessionals and community members play a role as mentors and trainers in their communities. The other issue on workforce diversity is that workforce diversity is not just let's get more people of color into the programs that currently exists and developing programs that are culturally and linguistically appropriate. In regards to the PEI resource guide – he received feedback that the county mental health department basically stated to them at a meeting that they are going to focus on the PEI resource guide list of strategies and not look at alternative programs because they believe that the plans won't get approved if they chose alternative programs. He asked the OAC to clarify to the counties in some manner that they will not be penalized for choosing alternative programs so long as they address the four issues that are in the rationale.

Bill Slocum said he has been involved in a lot of conversation about MHSA and he hears a lot about transforming the mental health system. What is the goal to try to transform the system from and what are they trying to transform the system to. His hope is that client run services are involved with what the transformation is moving to. He said a lot of the hiring of clients and the training of clients are to train clients to work in the traditional mental health organizations not to train clients to work in client run organizations.

Bertrand Partomo of CSHC said that he is representing the youth board with CSHC located in Oakland. He said the Board is excited to work with OAC because the mental health is a very special component to them. Their goal is to bring the health services to the schools, to the students, to the children that need them. They believe that school based health centers and mental health services can be delivered through these centers.

Carmen Diaz asked for an update on the OAC putting a group together to figure out how to get housing for parents and families with children with SCD. They don't qualify under the Housing Initiative because children don't rent houses. She urged the Commission to remember parents and children's' perspective in everything including the parent support and self-help.

Richard Van Horn said that as the OAC is thinking through the idea of Government Partners to think about Joint Powers Authority because this would be the simplest, most direct, most efficient way to manage this.

Zula Reeves said she has been talking with some new hires that are college graduates and asked them how much time in their years they spent on co-occurring disorders. The answer was maybe a day. Public awareness is important and suggested that MHSA is not well known in the public. The word needs to get out to the communities they are serving.

Meeting Adjourned at 5:22pm.