MHSOAC

Mental Health Services Oversight and Accountability Commission
Meeting Minutes
January 28, 2010

Doubletree Hotel
2001 Point West Way
Sacramento, CA 95815

MORNING SESSION

1. Call to Order

Chair Poat called the morning session to order at 9:17 a.m. He noted that Commissioners Darlene Prettyman and Linford Gayle had resigned and the following two new Commissioners had been appointed:

- Don Pressley – Office of the Attorney General
- Curtis Hill -- San Benito County Sheriff's Office (State Sheriff President)

He also announced that the Governor on January 27, 2010 had reappointed the following Commissioners:

- Beth Gould
- Larry Poaster
- Andrew Poat

2. Roll Call

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair; Beth Gould, Howard Khan, Don Pressley, Mary Hayashi, Patrick Henning, David Pating, Larry Trujillo, Richard Van Horn, and Eduardo Vega.

3. Adoption of October 22, 2009 and December 17, 2009 Meeting Minutes

MOTION: *Upon motion by Commissioner Gould, seconded by Commissioner Poaster, the Commission unanimously adopted the October 22, 2009 and December 17, 2009 meeting minutes.*

4. MHSOAC Performance Dashboard, January 2010

Chair Poat thanked the staff for preparing the Dashboard.

5. Adopting Meeting Dates/Locations for 2010

Chair Poat remarked that the Commission would continue to meet January through November on the fourth Thursday of each month. The Commission was saving money by staying in town and would only travel in September, October and November.

Commissioner Vega inquired about the dates and locations.

Commissioner Henning recommended that monies be spent more effectively by finding locations with the greatest population concentrations. He also raised the possibility of having meetings late afternoon to involve more folks.

Commissioner Vega remarked that rural populations should also be taken into consideration.

Public Comment

- **Ms. Cheryl Maxson,** Modoc County, stated that there are 15 counties north of Redding that never get heard and the entire state needs to have a voice. The Commission needs to hear from farmers and other people who are receiving mental health services. Cheryl is one of the few representatives and the Commission needs to have their presence known in small counties.

- **Ms. Patty Gainer** inquired about the composition of the Commission and the need to fill the client and family member vacancies. Patty wondered if a letter to the Governor might possibly accelerate the process.

Chair Poat remarked that the Commission leadership was working with the Governor's Office to ensure the two vacancies are filled.

- **Ms. Kathleen Derby,** NAMI-California, confirmed what others were voicing and stated she supported the suggestion of having meetings throughout California and the need to avoid repeat locations.

Commissioner Vega recommended the Commission consider traveling somewhere new once a year to engage new communities. **Chair Poat** addressed the State's budget problems and solicited help finding other options from the Commissioners and staff. The Commission would be out-of-town September through November.

Commissioner Vega accepted to take the lead and work with the MHSOAC's Executive Director on travel options for September 23, 2010.

MOTION: *Upon motion by Commissioner Henning, seconded by Commissioner Poaster, the Commission adopted the meeting dates and locations for February through August 2010 – the date for September 30, 2010 was changed to September 23, 2010.*

6. Elect Officers for 2010

Commissioner Gould thanked the existing leadership for their dedication during the past year and articulated the nomination process for Chair and Vice Chair.

Vice Chair Poaster nominated **Commissioner Andrew Poat** for re-election as Chair. **Commissioner Pating** seconded the nomination.

Chair Poat remarked the Commission should use the 5 year hallmark to perform a self evaluation regarding what has succeeded and what could be done better.

MOTION: *Upon voice acclamation,* ***Commissioner Andrew Poat*** *was re-elected as Chair.*

Commissioner Gould nominated **Commissioner Larry Poaster** for re-election as Vice Chair. **Commissioner Henning** seconded the nomination.

Vice Chair Poaster thanked his fellow Commissioners for their past support and he looked forward to his service in a second term.

MOTION: *Upon voice acclamation,* ***Commissioner Larry Poaster*** *was re-elected as Vice Chair.*

7. Adopt MHSOAC 2010 Workplan

Vice Chair Poaster discussed the 2010 Work Plan and voiced his frustration with the fiscal crisis which had produced contract/funding delays and has slowed down work on the Comprehensive Evaluation. There were also concerns with the quality of mental health data and the need to gauge limited staff resources in light of the State mandated furloughs.

- Slide 3 articulated the five priorities for 2010: 1) Fund and execute all MHSA components; 2) Implement accountability framework; 3) Address period of financial volatility – 2010 through 2014; 4)

Envision opportunities for restored financial growth 2014 through 2019; and, 5) Five year review of MHSOAC processes.

- Slides 5 and 8 illustrate how limited staff resources need to be re-prioritized given the furloughs so that work can continue on plan updates – this is the place were most of the work will occur since counties have already submitted their plans.

- Slide 14 and 15 shows the need for plan review to be a priority – the Commission cannot duck the oversight responsibility and staff needs to be provided with priorities.

- Slide 16 shows the Comprehensive Evaluation as being a casualty of the fiscal contracting problems and has caused great frustration. Resource Development Associates have been hired for Phase I and Phase II is projected to commence at the end of 2010.

- Slide 17 will be addressed in greater depth through the Financial Report discussion this afternoon; however, the Commission needs to explain how effectively Mental Health Services Act dollars are being spent.

- Slide 18 explains how revenues will not rebound until 2014. Great opportunity for the Commission to be innovative and to bring costs down. Need to show the Legislature that limited resources are being well spent and to show how counties are accomplishing great results even though resources are constrained.

- Slide 19 and 20 illustrate how the Commission needs to work with stakeholders and partners to find viable solutions given declining revenues.

- Slide 22 depicts the Component Era – on account of AB 5XXX, the Integration Era will be delayed until 2012.

- Slide 25 shows the Commission's commitment to stakeholder engagement and continuous quality improvement. A Stakeholder Workshop will be held tomorrow to discuss business processes and how to better collaborate to accomplish MHSOAC priorities. The Committees have also been tasked with engagement activities and the Client and Family Leadership Committee will be make

recommendations this afternoon. There are also good candidates in the pipeline for the Executive Director position.

- Slide 26 depicts important timeframes for the Commission and the Committee Charters were also referenced. Charters are in the process of being revised with 2010 activities and projected to be completed in February.

- Slide 27-29 lists the Committee structure and the various functions. **Chair Poat** thanked **Vice Chair Larry Poaster** and staff for their hard work. Clarification was provided on the activities of the Operations Committee, which is not considered a policy forum, and is open to the public. Individuals were welcomed to call in and listen to what is going on. **Chair Poat** ended by thanking all the Commissioners for their dedication.

Commissioner Pating also thanked the Commissioners and stakeholders for their hard work. **Commissioner Pating** then made a motion to adopt and **Commissioner Larry Trujillo** seconded.

Commissioner Van Horn made an observation regarding Slide 8. The implementation of the Mental Health Services Act has been slowed down by the "training" and "retraining" of many counties. The movement towards the electronic health record has also required counties to make heavy investments in capital expenditures.

Chair Poat wondered what should be our expectation and **Commissioner Van Horn** responded that perhaps **Director Stephen Mayberg** should be asked this question in the afternoon session.

Commissioner Van Horn asserted that data systems are requiring huge investments.

Commissioner Khan remarked that the interchange of data is also an issue – how do you maintain records and safeguard privacy? Also, what are the integration points?

Commissioner Pating invited Commissioners to participate in one of the plan reviews. He also suggested that a paper on WET or CFTN would be helpful – similar to what was done for PEI. The plans can be reviewed in the aggregate to see what information is missing.

Commissioner Vega agreed with the general thinking that **Commissioner Pating** was expressing. He wondered what the Commission's role would be and pointed to housing and stigma and discrimination as examples. The Commission needs to see the big picture and what barriers exist in the implementation of the components. The dots needed to be connected so the big picture could be seen.

Commissioner Khan focused attention on the issue of integration. How does the Commission help oversee and coordinate the integration process? He suggested the Commission might want to use the Federal strategy – provide some carrots to get the counties to act.

Commissioner Van Horn re-directed attention to Slide 22. The Integrated Plan is difficult to gauge because it is not one-county, one-plan. Perhaps the evaluation could push this forward; however, it will be a huge amount of work to develop.

Chair Poat commented on the fact the Commission needs to start way in advance and that is the reason for discussing 2012. Alfredo Aquirre was thanked for working in concert with the Commission and how crucial it was for movement to begin on accomplishing goals to address the integrated period.

Commissioner Van Horn had an additional comment for Slide 22 and mentioned the WET Five-Year Plan and the need to move quickly because five years would be over soon.

Commissioner Henning remarked WET has been a huge success; however, the Planning Council had reported that some counties had not submitted requests. Need to get counties participating more – otherwise, monies are just sitting there (example: CFTN). Need to look at some of our upcoming Statewide Programs and ensure there is adequate county participation.

Vice Chair Poaster was in agreement that the Commission needed to conduct a critical business review. This was the first Commission meeting were WET and CFTN were being discussed. The priorities being considered would assist in the proper allocation of staff resources. For the Comprehensive Evaluation, he was in agreement that the Commission needed to start moving on the issue.

Chair Poat remarked that he appreciated the business review on WET and CFTN – CSS was also another area that needed to be considered. What are the Commission's priorities? Agrees with Commissioner Van Horn on the evaluation – we need to do something in regards to data. The Commission needs to use the outcome data to inform decision making. Will the plans provide information and results on how resources are being utilized and how successful the Commission

has been at fulfilling our oversight and accountability responsibility? The Commission needs to know the impacts.

Commissioner Van Horn remarked that the Commission could consider a time period to measure things (i.e., 1999 to 2005). The Evaluation Committee could take on the study.

Commissioner Pating mentioned that a WET Paper could be completed in 3 months and that a WET Summary could be produced. The Executive Director would have to consider whether a WET or CFTN Paper would be doable.

Chair Poat requested that the Executive Director describe the staff challenges in light of the mandated furloughs and then public comment would occur.

Interim Executive Director Beverly Whitcomb stated the furloughs took place last year – State employees were basically off the first three Fridays of the month and were given 15 percent reduction in pay. With the decline in staff resources, priority attention had been focused on PEI and Innovation. Work continues on PEI Statewide Projects and the MHSOAC will have its own organization code in July, 2010. The MHSOAC has also been asked to take a 10% cut.

Public Comment

- **Afredo Aquirre,** California Mental Health Directors Association, noted that in 2010, CMHDA will do something different. Each month, a CMHDA director will attend a Commission meeting. The funding and execution of the MHSA components are top policy priority for CMHDA. Every effort should be made to implement efficiencies since plans need to be approved in an efficient and timely manner. The Commission should evaluate and be informed on the facts and oversee the implementation of the MHSA components.

Chair Poat remarked that there are staff resource challenges that are impacting the Commission.

Interim Executive Director Beverly Whitcomb stated there is 22 staff positions dedicated to the MHSOAC. Out of the current 3 vacancies, 1 hire is in the works and 1 position has been lost on account of a budget cuts. Another position is in jeopardy of being lost in the near future.

Commissioner Van Horn remarked that the CLCC has developed a Work Plan that will 1) monitor the progress of disparities for Statewide Projects and 2) in

April will identify areas for cultural and linguistic competence training for Commission and staff.

Vice Chair Poster noted that all Committees are working on updating their charters and it was not necessary to delve into the specifics of each Committee.

Chair Poat discussed Slide 7 and the scarcity of resources to deal with CFTN. **Commissioner Trujillo** volunteered to assist and would work with **Commissioner Pating** through the MHSOAC Services Committee.

Commissioner Henning noted that this was his first time reviewing the slides and requested more time to review the materials.

Chair Poat noted that Committee Charters would be discussed in February and Committee Chairs would be asked to present on goals and activities for 2010. Materials pertinent to the charter discussions would be included in the Commission packet for next month. **Chair Poat** would also discuss priorities with the Executive Director and address the question of staff workload.

8. Report from the Mental Health Funding and Policy Committee

Chair Poat thanked **Vice Chair Poaster** and **Commissioner Trujillo** for their work in the Mental Health Funding and Policy Committee. In April, Tom Green had developed the groundwork for the Financial Framework that would be addressed today. **Director Stephen Mayberg** would provide the Commission with an update on the State Budget.

Vice Chair Poaster informed the Commission regarding how the Financial Report had been populated with figures from the Governor's Proposed Budget. Not only were MHSA funding streams discussed, but the Financial Report also contained other funding sources to adequately portray the financial landscape.

Ms. Janna Lowder provided the Commission with a PowerPoint detailing the salient points of the Financial Report that included:

- MHSA Revenues Received and Forecasted amounts through Fiscal Year 04/05 through 11/12

- Community Mental Health Funding Amounts
    - State General Fund
    - Realignment

    - Federal Financial Participation
    - Proposition 63 Funds Planning Estimates
    - Other funds

- Community Mental Health funding Adjusted for Constant Dollars
    - Committed
    - Distributed
    - Undistributed
    - Reverted

- MHSA State Administration
    - Five Percent Statutory Maximum for State Administration
    - Amount of State Administration Budgeted
    - Amount of State Administration Expended

Commissioner Henning inquired why the WET and CFTN amounts had been merged in slide 13. **Ms. Janna Lowder** responded that the amounts were merged to make it easier to read.

Commissioner Henning noted that he wanted more information regarding what had been accomplished and more specifics on WET.

Commissioner Trujillo remarked that he had recommended that the information be combined to simplify the charts.

Vice Chair Poaster commented that the slides would be split in the future to show components and amounts.

Ms. Carol Hood noted that in 09/10 no new dedicated funds for CFTN and WET were made available to counties. No more dollars will be allocated at the State level, but counties can take monies out of CSS dollars for each year subject to the limitations of the statute.

Commissioner Vega inquired regarding what happens to funds that have not been requested? **Ms. Carol Hood** responded that monies revert back to the fund consistent with statutory time-frames.

Chair Poat remarked that every dollar saved goes back to services – there is a trade-off.

Commissioner Khan noted that if the Commission is under-staffed, it might be counterproductive for us to move forward with priority activities – i.e., evaluation. Having State Administrative dollars revert back to the MHSA fund might not be useful when we do not have adequate staff.

Chair Gould remarked that the 5% Administrative Fund is used by other departments and maybe the Commission should look at this issue.

Commissioner Henning noted that the MHSOAC takes a small portion of the 5% Administrative Fund.

Ms. Carol Hood explained that the MHSOAC takes only 10% of the total amount generated by the 5% Administrative fund.

Vice Chair Poaster indicated the Mental Health Funding and Policy and Committee would be looking into the use of the State Administrative fund.

Chair Poat noted that a motion could be made to accept the Financial Report; however, it was best to defer action until **Director Stephen Mayberg** provided his report on the Governor's proposed Budget.

Director Stephen Mayberg remarked that the Financial Report contains lots of clarity and lends perspective to the broader mental health context. However, before his Budget Report was presented, he wanted to administer the Oath of Office to the following Commissioners:

- Andrew Poat
- Larry Poaster
- Beth Gould
- Curtis Hill

After administering the Oath of Office, **Director Stephen Mayberg** commenced his report on the Governor's proposed State Budget and the following are the salient points:

- There is a $6 billion dollar deficit – 13 billion more on top of that amount for Budget Year
- No new taxes, no borrowing -- education and public safety take priority and will be upheld
- Spending reductions are being proposed across the board
- Health and Human Services will receive a $2.9 billion reduction

- Nothing less than a "bare bones budget"
- $452 million on ballot in June for two years to fund EPSDT and managed care
- If Feds don't supply funding at anticipated levels, the state will activate a "trigger." MHSA dollars would be used to replace general fund monies that would be eliminated from mental health. Pay attention to the ballot measure that is out there. Need to move forward with planning to ensure the continuation of MHSA programs.

Public Comment

- **Patricia Ryan, CMHDA Director**, informed the Commission that the money is out to counties and there would be MHSA monies left in 2012/2013 if the proposed redirection and the additional trigger occurred. Counties would also loose FFP dollars ($250 million a year would be lost). The Commission was urged to inform the public.

Commissioner Pating inquired how counties are drawing down Federal dollars.

- **Patricia Ryan, CMHDA Director**, responded that the more we rely on MHSA to match Medic-Cal, the less flexibility there is for MHSA funds. If the proposed redirection occurs, MHSA would be a major funding source for matching FFP data.

Chair Poat asked **Director Stephen Mayberg** the following question: "What is the timeline for the proposed ballot initiative?"

- **Director Stephen Mayberg** responded that the ballot preparation period will take time. The "trigger" is scheduled to take effect in mid July 2010. A 45 day Special Session is underway.
    - No polling has taken place – just going on what we know from the last attempt – Proposition 1E
    - There is also a dispute regarding the federal formula that is being used to establish the FMAP
    - A 2/3 vote of the Legislature will be required to put the measure on the June ballot

- **Patricia Ryan, CMHDA Director**, clarified that the $452 million and the "trigger" option would both be included in the June ballot measure.

Vice Chair Poaster inquired if there was a backup plan in the event the ballot fails -- how would EPSDT be funded?

- **Director Stephen Mayberg** responded that Medi-Cal services are mandated programs– reductions would have to occur from other areas.

Chair Poat informed the Commission that he had met with the Governor's Chief of Staff and California is owed $700 million dollars from the Feds.

- **Ms. Cheryl Maxson,** Modoc County, stated that the MHSA diversion will deprive essential mental health services to the "little people" and it will cause substantial costs in the long-run. The Commission needs to focus on having the ear of the Governor and our cause needs to be explained. Small counties are counting on these dollars and nothing will be left.

MOTION: *Upon motion by Vice Chair Poaster and seconded by Commissioner Khan, the Commission through voice vote accepted the Financial Report as presented by the Mental Health Funding and Policy Committee.*

AFTERNOON SESSION

1. Call to Order

Chair Poat called the morning session to order at 9:17 a.m.

2. Roll Call

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair. Beth Gould, Mary Hayashi, Patrick Henning, Curtis Hill, Howard Kahn, David Pating, Don Pressley, Larry Trujillo, Richard Van Horn and Eduardo Vega.
Commissioners Emeritus in attendance: Darlene Prettyman and Linford Gayle.

Twelve current members were present and a quorum was established.

3. Report from Mental Health Services Committee: Adopt PEI Statewide Program Guidelines – *Second Read*

Chair Poat expressed his tremendous appreciation for the work that Commissioners Gould and Pating have done in developing the guidelines.

Commissioner Pating summarized that their Committee has been charged with developing the guidelines to streamline the process to request and receive approval of

PEI Statewide Project funds from the OAC. He stated the eight principles for PEI Statewide Project funds:

1. Continuous stakeholder input.
2. Conform with strategic direction.
3. Preserve state-wideness.
4. Collaboration.
5. Move forward all three projects.
6. Evaluate impact.
7. Consider incentives.
8. MHSOAC core principles are incorporated.

He reminded the Commission of the MHSOAC's core principles:

- Client- and Family-driven.
- Wellness, Recovery and Resilience Focused.
- Cultural Competency.
- Community Collaboration.
- Co-occurring Disorder Services Competency.
- Integrated Services.

Commissioner Gould updated the Commission on changes to the draft option Guidelines since the last Commission meeting (the *First Read*). In summary:

Option #1 – Statewide Projects through JPA (the Committee's first choice):

- DMH establishes a written agreement directly with the JPA.
- JPA receives initial year's funding (Phase 1).
- JPA submits program description/budget (Phase II).
- DMH reviews and MHSOAC approves JPA's request for Phase II funding.

Option #2 – Multi-county Collaborative for Statewide or Replicable Programs:

- Counties obtain stakeholder input and choose to implement through multi-county collaborative.
- Collaborative obtains stakeholder input on priorities and designs programs.
- County submits collaborative program description and county funding request (30 day review/public hearing).
- DMH Review/MHSOAC approval.
- Funding provided to county. County then provides resources to multi-county collaborative.

Option #3 – Statewide Programs through funds assigned to DMH:

- County obtains stakeholder input and selects to assign funds to DMH.
- DMH reviews and MHSOAC approves request.
- State budget provides DMH authority to implement programs.

Ms. Collentine briefly summarized the twelve public comments received in response to the proposed Guidelines and the recommendations the Committee made as a result of those responses.

Next Steps include:

- February 2010 - approved guidelines to be issued.
- March 2010 - Student Mental Health Initiative meeting scheduled to update the strategic plan. (Any recommended changes to the strategic plan will be brought back to MHSOAC for approval.)

Commissioner Henning discussed his concerns about the JPA and its construct. There is no end date to the JPA, which is troubling -- I don't want to create a new system of government for mental health. One suggestion would include an MOU between the OAC making it an official party to the JPA. This would be a nice step into oversight as well as making sure that we are all on the same page.

Commissioner Vega asked how will the JPA develop in line with the plans of the OAC? We want to ensure there is a collaborative process all the way through at the state level.

Commissioner Gould remarked that the three projects (Suicide Prevention, Student Mental Health, and Stigma and Discrimination Reduction) were developed with stakeholder input. When this goes to the JPA another stakeholder comment period will begin for the individual components within the projects. **Commissioner Pating** added that stakeholder input is required by regulation at all levels of plan development.

Commissioner Hayashi remarked that the program guidelines are very consistent with what the OAC is trying to do. At the same time, she is concerned that there is no sunset date for the JPA and agreed that it is important that the Commission set up an ability to have formal communication with the JPA.

Commissioner Henning stated that he felt that the Commission was rushing to get this process done. He would like to see the contract first. The vote should be put off until after the agreement between the DMH and the JPA has been put into contract form.

<u>Public Comment</u>

- **Kathleen Derby**, National Alliance of Mental Health, California (NAMI-CA), stated that they support the work of the Committee and the collaborative way their meetings have been run. However, as their letter of January 19th states, they cannot fully support the guidelines as written. The language should be amended

to protect the involvement of clients and family members and other stakeholders. Omissions and confusions can easily be remedied by clarifying specific points in the timeline where stakeholder input is necessary, and for what purpose, and the processes involved.

The introduction to the guidelines cites "client and family member driven" as its' number one guiding principle. Citing this principle without incorporating the language of clients and family members into the document rings hollow. We realize that administration of these statewide projects has become splintered and that these specific guidelines are necessary because of that.

However, stakeholder involvement is even more confusing because the timelines and reasons for stakeholder input are lost in the current structure of the guidelines. It sets up the rational fear that important stakeholder involvement will be lost at the now-multiple venues for administration of these projects – state, JPA, and now every county.

As we wrote in our letter, simple structural changes in language and format will help protect this process.

- **Alfredo Aguirre**, California Mental Health Directors Association (CMHDA), expressed their support for the guidelines. CMHDA staff provided a memo to the Commission that contains their detailed recommendations. CMHDA remains committed to achieving the statewide goals outlined in suicide prevention, stigma discrimination and reduction, student mental health training, technical assistance, capacity building, and reducing ethnic and cultural disparities. The guidelines support our principles, which are to support state-wideness and use incentives to do so; provide equal opportunities for all counties; and most importantly implementation should be efficient and timely.

  The guidelines provide additional options to the assignment of local PEI funds for statewide projects to DMH. The strength of the guidelines is the fact that there were options to providing incentives to use a singular state entity to implement. Efforts are underway to ensure that the 19 counties assigned can have their funds transferred to the JPA and others can request that funds be transferred to the JPA as an option. Counties also have the option to respond to guidelines as a collaborative for one or more counties, although we recognize there are disincentives for doing that.

  One of the recommendations that was adopted -- codifying forms -- is noted in our letter. Another is more administrative, regarding the review process, which should be efficient and controlled for subjectivities. CMHDA should be involved in review tool development and training of reviewers.

One last appeal is to move the small county exception from $100,000 or less to $200,000 or less.

- **Delphine Brody**, California Network of Mental Health Clients (CNMHC), stated that they agree with the NAMI-CA comments (above) regarding the vague language referencing clients and family members. The current language is not directive enough to ensure stakeholder involvement and transparency.

- **Stacie Hiramoto**, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked the Committee for their hard work on the guidelines. She expressed their support for DMH Center for Multi-cultural Services Chief Rachel Guerrero's comments in her letter of January 19th, particularly the statement that changed the words "diverse populations" to "racial, ethnic and cultural populations." Changing that would include sexual orientation and thus encompass everyone. She also supported NAMI's recommendations regarding stakeholder involvement, especially the need for adequate involvement at the JPA.

- **Allan Rawland**, Director, San Bernardino County DMH; and President, California Mental Health Services Authority (MHSA), acknowledged the work done to get us to where we now are.

  The JPA is a government entity and it's the counties that come together to implement the statewide projects that we all support. We have no objective to strengthening the language in the guidelines and we are supportive of the guidelines. We feel very strongly about the stakeholder process and understand its importance and value. Also, we have no objection to adding language that further clarifies what the JPA will be required (rather than "recommended") to do.

- **Hope Holland**, CNMHC, asked the Commission to consider the possibility of developing consumer and family member expert pools within each county and perhaps using that expert pool to implement evaluations through a form of an exchange-type program; i.e., exchanging one county expert pool with another county expert pool to ensure inclusiveness of consumers and family members.

- **Cheryl Maxson**, CFLC Member and small county resident, expressed her appreciation for the idea of small counties pooling their money as needed to implement their needs. She stated her misgivings about feeding another state entity (the JPA) but stressed that the very small counties need to be heard. Small counties need per diem funding in order to be present when the JPA is meeting. If the small counties are not going to be involved then she does not support the JPA.

- **Patty Gainer**, Sacramento, expressed her concern that, long ago, many counties stopped any significant outreach and engagement and minimized their stakeholder involvement, especially of family members. She is very concerned that there be

requirements for ongoing outreach and engagement, and provisions be made that include client and family involvement and leadership, and that it be culturally and linguistically competent and diverse.

Chair Poat summarized "where we are now" -- after working for years, the Commission has developed some strategic plans and directions we all wanted to see, and they are included in these guidelines. We said "let's get this done" and went to the state to see if we could run it through the state. They said "no, there are legal challenges and problems, you can't do it through the state."

Subsequently, a variety of folks creatively set up a JPA. We now have regulations that can move money around so we can actually start serving people. We want to get services out to people. We have spent quite a bit of time and have now developed a process for doing that.

I think we need to move this along and I move adoption of the guidelines. I acknowledge the need for clear wording that indicates the requirement for stakeholder participation, and I think that's there.

Commissioner Poaster commented that the issue for him is not whether there is a JPA or not, it's whether there are going to be statewide projects or not. There has been a lot of creative thinking and people have put in seemingly endless hours, all driven by the concept of "let's get this going." This is the Commission's last chance in terms of these projects, especially considering the economic environment we are in. I encourage my colleagues to take a deep breath if there are cautions on their part and let's see if we can really make this work.

Commissioner Gould noted that the Commission charged DMH to do these projects over two years ago and a lot of stakeholder input has been received during that time. That input will be a continuing part of the process – we took the stakeholder comments seriously and we did revise our project from the original draft to make it strong enough for stakeholders. We understand the need for their involvement and we don't dismiss it. **Chair Poat** echoed her comment.

Commissioner Pressley acknowledged that he is a new member still getting up to speed on all the issues involved and, given the time that everyone has put in on this issue and the reality that he has not, he will abstain from this vote.

Commissioner Vega commented on his support for the MHS Committee and reiterated that Commissioners Pating and Gould deserve appreciation for their hard work on this issue. With regards to the contract – will we have an eye on that, in terms of administrative overhead? Chair Poat responded that that is a fair question, but the life of the JPA is not an OAC decision.

Commissioner Henning stated that the guidelines as set forth are not really the problem; rather, for him it is the lack of a comfort level with the JPA. The guidelines admittedly push the money to a statewide JPA purposely, as it is the only way we can get to statewide funding, but I'm not comfortable with that.

Chair Poat reiterated comments made earlier – it's either statewide projects or whether or not the funds continue to exist at all. So much time and effort has been invested and there is a lot of momentum and excitement around these statewide projects. He called for the vote.

MOTION: *By a 9-1-1 roll call vote, the Commission adopted the Guidelines for PEI Statewide Project Funds, and authorized the Committee Co-Chairs, Commissioners Pating and Gould, to approve final word changes. The vote was nine "Yes" (Van Horn, Trujillo, Vega, Poat, Poaster, Kahn, Pating, Gould, and Hayashi); one "No" (Henning); and one Abstention (Pressley).*

4. Consider Recommendations from Client and Family Leadership Committee (CFLC) on the Public Comment Process – Second Read

Commissioner Vega acknowledged the guidance of outgoing Commissioner Prettyman on the various Committee issues.

He noted that the CFLC was charged to come back to the Commission with recommendations on how to advance effective and meaningful public participation in the OAC in its Commission processes. An integral part of that is Public Comment, which is required by law and occurs at every meeting.

How do we, as Commissioners, ensure that Public Comment is efficient so that we can get the full value of it? In addition, how do we ensure that we are functioning properly as a public entity?

Important values to consider include:

- Establish a welcoming atmosphere;
- Establish transparency and clarity of expectations;
- Equality (an equal amount of time allotted for each speaker); and
- Respect (Commissioners are requested to be present during Public Comment; recognition that repetitive presentations of views and ideas are important for individual perspectives and may sometimes occur).

Three groups of recommendations were developed by the Committee to help advance these values.

He presented the CFLC's proposed motion: that the MHSOAC adopt the following recommendations:

1. Include a general public comment section at the end of the morning and afternoon sessions (minimum 15 minutes).
2. Develop a separate structure for government and stakeholder leadership organizations (CMHDA, CMHPC, CIMH, NAMI, REMHDCO, CNMHC, etc.) to provide public comment through a separate agenda item.
3. Provide a ~~minimum~~ maximum of three minutes per speaker for public comment.
4. The MHSOAC Executive Director or staff designee facilitate public comment, including time keeping and encouraging speakers to remain on topic.
5. The Commission make an announcement at the beginning of each meeting regarding the use of Public Comment Cards.
6. Provide real-time captioning, with projection, of public comment and entire MHSOAC meeting using a professional captioning service.

Public Comment

- **Kathleen Derby**, NAMI-CA, expressed their support for the amended recommendations, especially the three-minute time limit and the addition of a morning public comment period.

- **Stacie Hiramoto**, REMHDCO, thanked the Committee and noted that the educational committee also sent letters in support of the three-minute limit. In addition, if there is only time for one public comment period they would prefer that it be in the morning.

- **Cheryl Maxson**, CFLC member, strongly advised that the Commission approve all of the recommendations. The closed captioning would be a really good thing for the hearing-impaired; and should be presented in a large, readable font.

- **Khatera Aslami**, PEERS and CFLC member, encouraged the Commission to adopt the recommendations. She stated that they took the Committee's charge seriously and the resulting recommendations reflect the voice of the people.

- **Delphine Brody**, CNMHC, stressed the importance of the Committee recommendations to mental health clients around the state who are eager to participate in the state-level MHSA process. She highly recommended adoption.

- **Patty Gainer** thanked the CFLC Committee. She participated as a member of the public and felt that the meetings were very inclusive and their process was a good one. The recommendations are all about the process of transformation towards better government. Gandhi said "be the change you seek." She expressed her strong support for the recommendations and asked the Commission to adopt them.

- **Darwin Olson**, CNMHC, stated that he believed the three minute timeframe was good, as well as the idea of a morning and afternoon general comment period or in the morning if only one time was available.

Commissioner Pating stated that he especially liked the idea of a three minute timeframe and was generally in favor of adoption, with the exception of recommendations 2 and 6. He asked that those two items be scrutinized further by staff.

Vice Chair Poaster suggested that the recommendations be separated into distinct motions.

Chair Poat, following on that suggestion, started with recommendation number one: "*Include a general public comment section at the end of the morning and afternoon sessions (minimum 15 minutes).*" He expressed his opposition, noting that this was general public comment, not something on the day's agenda; thus, according to state law the Commission could not act on comments made, even if it wanted to.

Further, even the agendized meetings tend to run late and people flying in to make specific presentations to be voted on during that day often find themselves delayed in making their presentations. The time that the Commission has together should be preserved for agendized items that require a decision during that meeting.

Commissioner Vega clarified that the idea of two 15-minute morning/afternoon public comment periods was included as a more efficient use of the current 30-minute public comment period agendized at the end of the meeting day.

Commissioners discussed the pros and cons of a public comment period being held just before lunch.

MOTION: *By a 5-3 roll call vote, the Commission adopted CFLC recommendation number **one**: "Include a general public comment section at the end of the morning and afternoon sessions (minimum 15 minutes)." The vote was five "Yes" (Van Horn, Vega, Poaster, Pating, Gould) and three "No" (Trujillo, Poat, Pressley).*

Chair Poat suggested that recommendation number **two**: "*Develop a separate structure for government and stakeholder leadership organizations (CMHDA, CMHPC, CIMH, NAMI, REMHDCO, CNMHC, etc.) to provide public comment through a separate agenda item*" be discussed during the next days' (1-29-10) stakeholders meeting. A better way for the structured organizations to comment needs to be found and that seems a better place to discuss the recommendation. The other Commissioners agreed.

MOTION: *By voice vote the Commission unanimously adopted CFLC recommendation number **three**: "Provide a maximum of three minutes per speaker for*

public comment" with the caveat that this recommendation is intended as a guideline only.

MOTION: *By voice vote the Commission did not adopt CFLC recommendation number **four**: "The MHSOAC Executive Director or staff designee facilitate public comment, including timekeeping and encouraging speakers to remain on topic."*

MOTION: *Upon motion by Commissioner Poaster, seconded by Commissioner Van Horn, the Commission unanimously adopted CFLC recommendation number **five**: "The Commission will make an announcement* **and a posting** *(the bolded language was added during discussion) at the beginning of each meeting regarding the use of Public Comment Cards."*

Chair Poat proposed that recommendation number **six "***Provide real-time captioning, with projection, of Public Comment and entire MHSOAC meeting, using a professional captioning service*" be directed to staff, to be included among Budget Change Proposals (BCP) and considered by the Commission moving forward.

Commissioner Vega stated that he would be glad to postpone the recommendation for today and work with staff to investigate what the possibilities are. **Chair Poat** further clarified that, for now, the Commission will say that it agrees with the recommendation in concept. He directed **Commissioner Vega** to try to find free captioning; and, in the absence of free captioning, staff will then be asked to develop a BCP within the next budget process that would enable the Commission to weigh real-time captioning with the other budget items.

MOTION: *Upon motion by Commissioner Van Horn, seconded by Commissioner Pating, the Commission unanimously adopted an additional CFLC recommendation, number **seven**, that "the Commission shall designate the CFLC Committee to provide such technical support to public members wishing to speak as identified herein, with the objective of keeping public comment effective, respectful, and time-efficient." After discussion, the language "this will apply only to those people who ask for such support" (or something similar) will be added.*

5. Delegate Approval Authority to MHSOAC Staff

Ann Collentine, MHSOAC Plan Review Supervisor, requested that the Commission re-authorize delegation to staff to approve additional PEI and INN funding requests from counties that already have approved PEI and INN plans, as per the previously approved guidelines. OAC staff will continue to report those delegated actions to the full Commission following funding request approvals.

MOTION: *By voice vote the Commission approved the re-authorization of delegation to staff to approve the additional funding requests for approved PEI and INN Plans.*

6. Prevention and Early Intervention (PEI) and Innovation (INN) Plan Approval/Status Update

Ms. Collentine presented four plans recommended for approval:

Tehama County (PEI) - amount requested: $497,500.
Alameda County (INN) - amount requested: $2,543,800.
Los Angeles County (INN) - amount requested: $20,293,924.
Solano County (INN) - amount requested: $1,078,300.

Public Comment

- **Steve Chamblin**, Tehama County, thanked the Commission for considering their plan. He remarked that they are moving forward with a lot of foundation work. They recently acquired a Transition Age Youth (TAY) building, where they will provide some of the programming for the PEI plan. They have considerable time working with Native Americans to better understand their culture in Tehama, as well as with the other Indian and Eskimo cultures in the county. They are also working with the olive and prune orchard workers.

- **Mike Gonzales**, Tehama County, offered his support for Tehama's plan. They have gathered information from the community and mental health professionals in the area on what to implement, what to approve and continue, and how to develop the plan more comprehensively.

  He is an advocate for depression and suicide prevention, having experienced the tragedy of his daughter's suicide seven years earlier. She turned to the Internet and unfortunately spent time perusing suicide groups who offered knowledge on how to take her own life. Even worse, there are predators within those groups that actively target the most vulnerable of those who consider suicide. The Tehama County plan takes suicide prevention into account and offers appropriate alternatives to what is on the Internet.

Commissioner Kahn asked that an agenda item be added to a future Commission meeting to discuss to what extent the Commission should see the PEI/INN proposals. Although it is not the job of Commissioners to go through the details of the proposals, at the same time they need to have enough information to make a fair assessment of them. In addition, he suggested that an agenda item be added to allow Commissioners to make suggestions like this one – perhaps an agenda item entitled "New Business" would be appropriate.

Commissioner Pating complimented the Los Angeles plan for its novelty and excitement around the theme of integration, which is one of the six topics of the Commission's priority focus areas. The Commission hasn't yet got a sense of what

integration will look like and it's nice that Los Angeles has been very conscious of the costs of integration in Los Angeles County.

Dr. Roderick Shaner, Los Angeles County Department of Mental Health (DMH), stated that what they wanted to focus on was the critical issue of integration of mental health and substance abuse. A system has been developed that presents many kinds of opportunities to make integration more accessible and collaborative and also raises issues as they integrate: how do we integrate some of the special competencies that have developed in mental health systems?

The essence of the Los Angeles plan is to look at four different models of integrating mental health and substance abuse, focused on people with mental health issues who are uninsured, homeless, and/or members of underrepresented ethnic populations. The four models are integrated clinics; community-designed integrated services; mobile health teams that put housing first; and a peer-run model called "Prism."

Commissioner Kahn asked how the work being done fits in to the DMH Medicaid waivers. **Dr. Shaner** responded that Los Angeles will be heavily involved in how the waivers might affect services that are delivered publicly and by contract. This project will allow them to quickly get data on what aspects might be most important as they look toward those waiver-driven changes.

Commissioner Vega commented that the Innovations plan for Los Angeles is very exciting, especially the peer-run model, which has never been approached in a comprehensive way. Los Angeles is building a completely new integrated workforce that can contribute from their lived experiences but also can get training from people out in the community. The results will be far-reaching, not only for the state of California but for the rest of the country as well. **Commissioner Pating** added that he thinks the experiments going on in Los Angeles are going to lead the state.

MOTION: *Upon motion by Commissioner Pating, seconded by Commissioner Gould, the Commissioner unanimously approved the Tehama County plan.*

MOTION: *By voice vote the Commission unanimously approved the Alameda County plan.*

MOTION: *By voice vote the Commission unanimously approved the Los Angeles County plan (Commissioner Vega abstained).*

MOTION: *By voice vote the Commission unanimously approved the Solano County plan.*

Ms. Collentine summarized that the Commission has now approved $338,582,009 in PEI funding and $34,212,886 in Innovation funding.

7. Five-Year Anniversary of MHSA: Status Update/Video - *Postponed*

8. Honor Darlene Prettyman and Linford Gayle, outgoing Commissioners

Chair Poat thanked both outgoing Commissioners for the positive roles they played in the development of the OAC.

Individual Commissioners and OAC staff members expressed their personal thanks to the outgoing Commissioners and shared anecdotes with the group about their personal experiences together.

Steven Mayberg, DMH Director, expressed his gratitude for their compassion and courageous advocacy of mental health issues and for their "grace under fire."

Chair Poat noted that the California Legislature wanted to recognize both Commissioners for their service. He read excerpts from resolutions provided by the Legislature which were subsequently presented to each Commissioner.

Commissioners Prettyman and Gayle thanked everyone for the privilege of being on the Commission and briefly discussed their current activities.

9. PEI Trends Analysis Report – *Postponed*

10. General Public Comment

- **Melanie Delgado**, Children's Advocacy Institute, San Diego, reiterated a comment she first made a few months ago. She encouraged the Commission and the state, as they move forward with their PEI and INN Plans, to remember transition-age foster youth (TAY) when they are making those plans. Not all TAY foster youth have failed into homelessness or unemployment or incarceration but the statistics tell us that, in addition to having higher rates of mental illness, many of these youth will fail into those outcomes. So, please keep them in mind.

  Secondly, we would like to request space on the Commission Agenda to discuss a report we did on how counties are spending MHSA funding on TAY foster youth, so we can talk about some of our recommendations, based on our experience dealing with that group.

- **Alfredo Aguirre**, CMHDA, offered a firm rebuttal to the report issued by the Child Advocacy Institute, San Diego, regarding the issuance of a report card on TAY foster youth. CMHDA feels that the report was ill-founded and irresponsible in its portrayal of MHSA efforts that serve that specific population across the state.

The report card was based on reading submitted plans by the counties, particularly the original CSS plans. So, if a county did not specify a specific TAY foster youth program work plan you had received enough, unless you delineated a specific feature of a TAY work plan that specified a foster youth effort; for example, an outreach effort to that population. In that case, the county may have received a "D" or, in the case of poor counties, they received a "C" because they elaborated more on that particular effort.

I think you would agree that a credible report card needs to go beyond an analysis that is based solely on a researcher reading plans. An analysis should be dependent on reviewing what is actually being implemented on the streets, based upon speaking to a range of key informants, including a juvenile court judge, foster youth themselves, family and foster parents, child welfare directors, providers, or other community representatives concerned about the plight of youth transitioning to adulthood.

We certainly welcome any group that is asking us for more information about this population. Certainly counties have TAY work plans. Certainly within those plans they are working with foster youth. In our county, for example, we are looking at our data about foster youth. I think we always need to be pushed about what are we doing to enhance outreach to that population, and we see this as a continuous improvement effort.

- **Delphine Brody**, CNMHC, stated that she was really hoping to comment during the ceremony honoring outgoing Commissioners Gayle and Prettyman. She will miss them dearly and is certain that the vast majority of their members will say the same thing.

  Also, we absolutely must have those seats filled. This Commission needs to have two client-designated seats and two family member seats, at a minimum. We need to have our voice heard.

- **Cheryl Maxson**, CFLC member, thanked the Commission for approving the two general public comment sessions. Anything brought up during those sessions can be placed on a future agenda. Also, if people have disability needs and stay the whole day, it needs to be "first-come, first-served" for them.

11. Adjournment

Chair Poat adjourned the meeting at 5:26 p.m.