MHSOAC

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Meeting Minutes
June 24, 2010

California Institute for Mental Health
Sequoia Room
2125 19th Street, 2nd Floor
Sacramento California

1. Call to Order

Chair Poat called the meeting to order at 10:10 a.m.

2. Roll Call

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair; Richard Bray, Senator Lou Correa, Patrick Henning, Curtis J. Hill, David Pating, Larry Trujillo, and Richard Van Horn.

Not in attendance: Beth Gould, Assembly member Mary Hayashi, Howard Kahn, Don Pressley, and Eduardo Vega.

Nine members were present and a quorum was established.

3. Adoption of May 27, 2010 Minutes

Motion: *Upon motion by Commissioner Hill, seconded by Commissioner Bray, the Commission unanimously adopted the May 27, 2010 Minutes.*

4. MHSOAC Performance Dashboard, June 2010

Chair Poat thanked the MHSOAC for updating the Performance Dashboard. **Executive Director Sherri Gauger** stated that staff had provided another updated dashboard, which included some of the same information.

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

Ms. Ann Collentine, MHSOAC staff, commended the counties present at the meeting for their excellent plans. She first explained the PEI plans.

- Kings County had PEI plans for two programs. The ***We Can*** program serves families of the incarcerated. The ***In Common*** program consists of anti-stigma outreach through community support groups. Recommend approval of $1,265,919.

- Napa County had six PEI projects targeting specific communities within the county:

  - St. Helena and Calistoga PEI Project, targeting Latino youth
  - Older Adult PEI Project, targeting depression and isolation
  - Native American PEI Project, for reducing disparities by contracting with the local intertribal organization to deliver services
  - LGBTQ (Lesbian, Gay, Bisexual, Transgender Queer) PEI Project, for reducing disparities and increasing access
  - Domestic Violence PEI Project, for preventing Post-Traumatic Stress Syndrome (PTSD) and improving outcomes in children exposed to domestic violence
  - American Canyon PEI Project, for linking youth with services through schools

Recommend approval of $670,466.

- Siskiyou County was challenged by its large size with a diverse community in remote areas. The county has a high population of older adults, and their Older Adult Integrated Services PEI plan seeks to integrate services in the community and to work on the prevention side. Recommend approval of $75,000.

- Solano County had a new PEI plan for Early Intervention Wellness Services. It focuses on consumers providing support services in groups and mentorship in schools and worksites throughout the county. Recommend approval of $407,614.

Chair Poat made note that some elements of the Kings County presentation were very helpful, for example, terms such as “universal screening” where the MHSOAC knows what strategy is being deployed.

Ms. Collentine then described the INN plans.

- Butte County had an INN consisting of five programs:

  - Effectiveness of Services for People Experiencing a Mental Health Crisis
  - Homeless Shelter Collaboration
  - Early Intervention Systems for Youth Task Force
  - Therapeutic Wilderness Experience
  - A Community-based Treatment for Historical Trauma to Help Hmong Elders

Staff felt that the county had reached into their community and listened. Many community members had come forward with interesting and rich ideas. Recommend approval of $908,133.

- Orange County had ten projects, the unifying feature of which was the "front and center" position of peers, consumers, and family members. The ten programs were as follows:

    - Integrated Community Services
    - Family-Focused Crisis Management and Community Outreach
    - Volunteer to Work
    - OK to Be Me
    - Vet Connect
    - Community Cares Project
    - Education, Training and Research Institute
    - Project Life Coach
    - Training to Meet the Mental Health Needs of the Deaf Community
    - Childhood Mental Health

Recommend approval of $18,410,300.

- Tuolumne County was working on curbing stigma and creating a community that embraces mental health for everyone. Its INN plan was called "Building a Life at Home." Recommend approval of $1,049,346.
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- San Bernardino County, which had already been approved for a number of INN programs, had a program for foster youth called "Interagency Youth Resiliency Team." Recommend approval of $6,311,400.

Vice Chair Pating and **Commissioner Henning** commended the counties' innovative work in tight fiscal times; the plans submitted showed high quality and well-targeted content. **Commissioner Henning** requested that the plan summary provide a breakdown of the funding request for each program.

Public Comment

Ms. Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REHMDCO), enthusiastically supported the Orange County Innovation plan. REHMDCO members and others had communicated how pleased they were with the public process. They felt involved and knew how decisions were being made. In addition, they praised Dr. Clayton Chau for being accessible to the community.

Dr. Clayton Chau, Associate Medical Director, Orange County Health Care Agency, addressed two questions that had been posed by Commissioner Henning. The Innovation process in Orange County is very much community-driven. Over 400 stakeholders had recently participated, with most of them not having participated before. 92 proposals had been sent in, which had to be honed down to 10. Dr. Chau felt that well-trained peers and family members can

be effective para-professionals in a clinical setting. The Volunteer to Work project would train clients who want to return to the workplace, and is to be completely owned and operated by consumers.

A second project, the Education***, Training and Research Institute***, would address the problem of limited funding. It would act as a foundation – consumers and family members are the majority of the members, and their task would be to find funding elsewhere to continue the services and training that Orange County has in place.

Motion: *Upon motion by Commissioner Bray, seconded by Commissioner Van Horn, the Commission unanimously approved the PEI and INN plans.*

6. <u>Implement Accountability Framework</u>

In introducing the topic of accountability, **Chair Poat** stated that the MHSOAC initiative was first passed with the intention to significantly improve services to some of California's most underserved citizens. He also acknowledged that MHSOAC is supported by taxpayers, and needs to assure taxpayers that their funds are being used in an effective way.

MHSOAC now intended to focus on accountability across the counties of California by asking, Are the strategies working? Are the programs working? Vice Chair Poaster, Commissioner Van Horn, and others have been spearheading these initiatives.

Vice Chair Poaster stated that looking at the programs that had been implemented and examining their outcomes was at the heart and soul of the Oversight and Accountability Commission's responsibilities. He announced that at the next meeting, he and Commissioner Van Horn would be presenting a scope of work that launches the first evaluation.

Dr. Stephen Mayberg, Director, Department of Mental Health (DMH), and Dr. Timothy Brown, Associate Director of Research, U.C. Berkeley Petris Center, presented the first set of information and data for the Commission to consider. Highlights of the presentation included the following.

- As of May 1, almost $4 billion has been distributed to the counties.
- Counties are able to draw down the Prudent Reserve of $344.8 million. They can use the Prudent Reserve to continue Community Services and Supports (CSS) and PEI services.
- Mental Health Services Act (MHSA) Services reached 420,000 clients in 2008-09 – the population of clients is growing.
- In 2007-08, 55% of expenditures went to the most difficult clients to serve: the homeless, those at risk of being homeless, and frequent users of the system.

- In 2008-09, Full-Service Partnerships (FSPs) served people of all ages: 51% adults, 41% children and Transition Age Youth (TAY), and 8% older adults.
- FSPs improve lives. After clients spent one year in an FSP program, homelessness decreased, arrest rates fell, Juvenile Hall stays declined, and mental health-related emergency interventions declined.

From the point of view of DMH, they are optimistic that the programs they envisioned are working, community results are better than expected although the populations served are difficult, and people are following the rules.

DMH contracted with the independent Petris Center at U.C. Berkeley to look at the data. Dr. Tim Brown gave a presentation entitled "Comparison of Outcomes between Consumers in Full-Service Partnership Programs and Usual Care in the California Public Mental Health System." He began by mentioning that six reports and a summary report are on the DMH website; they are the first step of the evaluation. The Petris Center favors trying to figure out the rigorous relationships between what's going on in the field and the various outcomes – it's a first step.

Highlights of the presentation included the following.

- FSPs are about the consumer driving the process, with the clinician being a helper along the way. They encompass housing, job training, peer support, and life skills.
- In comparing FSPs and county care, Dr. Brown noted that general satisfaction tends to be much lower with county care.
- The study examined major core outcomes, which consisted of outcomes of services, functioning, arrests, and emergency room visits.
- The study also examined characteristics of services: quality and appropriateness, participation in treatment planning, and access.
- A direct comparison was impossible, so the Petris Center used a quasi-experimental design. It tried to mimic what happened in a randomized controlled trial statistically.
- Data came from three sources for a total of about 60,000 individuals, with about 1,400 from the FSP program.
- 43 of California's 48 counties were used.
- The results of the study showed the effectiveness of FSP versus usual care.
    - General satisfaction: 27%+ more satisfied
    - Outcome of services: 30%+ better outcomes
    - Functioning: 27% better functioning
    - Quality and appropriateness: 28%+ higher quality
    - Access (location, availability of appointments, etc.): No difference
    - Participation in treatment planning: No difference
    - Arrests: 56% fewer

- After eight months in an FSP program, people are 50%+ less likely to use emergency room services
- After one year in an FSP program, homelessness goes to 0% while independent living increases to about 25%
- After one year in an FSP program, employment increases by 25%
- After one year, people are much more likely to begin an employment program

Given that FSP is conclusively effective, the next steps are to evaluate how much it costs to obtain effectiveness. As the study evaluated adults and older adults, FSP also needs to be evaluated for children and TAY.

Chair Poat stated that the data helped the Commission appreciate the effectiveness of FSP programs. Policy implications were: to help successful components to move throughout the system; and to ask what the characteristics are for those for whom this approach is not successful.

Ms. Mistique Felton, MPH, Senior Research Associate, U.C. Berkeley Petris Center, spoke about a study just published in May: "What Does It Take? County Funding Request for FSPs." The study was descriptive with no causal claims that could be made. It looked at county funding requests for FSP.

The study used two sources: CSS plans from FY 06-07, and the annual update from FY 08-09. 40 out of California's 58 counties supplied this data.

The study resulted in three conclusions:

1. The per client budgets under FSP were similar to the costs of AB 2034. This suggested that counties may have used the cost of AB 2034 to determine what they should budget for FSP.

2. Per client budgets were consistent over time. This suggested that counties correctly estimated the cost of running these types of programs.

3. The per client budgets for children were less than other age groups.

While this study was an important first step in looking at the funding for FSP, it should be tied to services counties are providing, as well as outcomes. Studies on cost-effectiveness should be considered in the future to analyze these ties.

Commissioner Pating noted that FSP is less budgeted for children by design, so possibly the third conclusion should be reframed. **Commissioner Van Horn** explained the background of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal benefit.

Public Comment

- **Ms. Stacie Hiramoto** hoped to hear more on how FSP breaks down for racial and ethnic minorities. That population had been telling her that FSPs can be effective; but they have rigid rules about how many times a client can see a health care professional, how soon, and when, and so on. FSPs can have trouble serving ethnic communities.

- **Ms. Sandra Marley** asked specific questions about the studies; Chair Poat suggested for her to talk off-line to the study presenters and staff.

- Mr. Steve Leoni, consumer and advocate, commented that although there were positive results from the study, perhaps the questions should be: How good can we get? Is this where we should be? Also, there was an emphasis on functioning, where the essence of recovery was really getting one's life and humanity back. Mr. Leoni commented that the 0% homelessness number needed to be considered in that the people went to residential living rather than independent living – and residential living is a short-term solution. He made additional comments about access and treatment planning, outreach and engagement, and IMDs.

- Ms. Sharon Kuehn, Executive Director, California Network of Mental Health Clients (CNMHC), was encouraged to hear the report and to have academic research validating mental health services. She remarked that everyone should remember a core value of the MHSA: to be client-and family-driven. **Ms. Kuehn** also remarked that direct statements from clients were very important in reports.

- **Ms. Delphine Brody**, CNMHC, commented on the importance of including racial and ethnic data in reports, and focusing more on the client perspective in future studies of all MHSA programs. In addition, she felt that a narrow definition of homelessness had been used in the first Petris Center study. Ms. Brody also commented on hospitalization numbers and the definition of "employment."

- Ms. Stephanie Welch, California Mental Health Directors Association (CMHDA), was pleased that this meeting dealt with outcomes and performance of programs, rather than content in plans. She commended the Commission for moving in that direction. She then described work being done at CMHDA. **Ms. Welch** also supported the notion of looking at general system development and what it's doing, such as the wellness centers and FSP programs that **Commissioner Van Horn** had spoken about. **Ms. Welch** mentioned a handout she had brought that explained the different funding sources for children and adults.

7. General Public Comment

- **Mr. Stephen McCormick**, CNMHC, questioned the Commission about how it's looking at sustainability of programs in times of budget cuts. **Chair Poat** recommended for him to talk to staff about the establishment of reserves.

- **Dr. Rocco Cheng**, Pacific Clinics, stated that an icon in the mental health community, **Ms. Rachel Guerrero**, was retiring. He suggested the Commission recognize her work. **Dr. Cheng** then commended Butte County's program for Hmong elders, a culture-specific program. He told about Pacific Clinics' Mental Health Worker Training Program, which has trained hundreds of ethnic students for mental health services employment – possibly another model to consider for underserved communities.

- **Ms. Patty Gainer**, consumer empowerment specialist, stated that Sacramento County mental health workers really needed the help of the Commission. Sacramento County was raiding MHSA funds. Its motivation seemed to be saving the jobs of county employees rather than serving clients.

Commissioner Pating announced that he had been a guest editor for the past two months with the San Francisco Medical Society's journal. He had co-edited the issue on Addiction and Recovery with **Dr. David Smith** of Haight-Ashbury Free Clinic fame. Two articles celebrated the success of FSPs, and highlighted work being done on integrated mental health and substance abuse.

Senator Lou Correa was pleased that the Commission had approved funding for the Orange County Innovation Plan and wanted to add his "yes" vote to the earlier motion approving the PEI and INN plans.

8. PEI and Innovation (INN) Plan Approval/Status Update

Chair Poat emphasized that the Commission wanted transparency during the ongoing discussions of the Sacramento County plan.

Ms. Sharon Kuehn, CNMHC, spoke about the uneven engagement of clients in local stakeholder processes. She stated that as part of the client/family-driven focus, an overall measure of MHSOAC's success with the MHSA is to look at keeping clients engaged.

Review of Sacramento Plan Update

Executive Director Gauger updated the Commission on the Sacramento County plan. Communication continued between DMH and Sacramento County. Discussions concerned clarification about some of the components of the CSS plan. Parts of the Sacramento CSS proposed budget are in litigation, so the Commission cannot take any formal action at present. Sacramento County has

submitted its updated PEI plan to the Commission. Staff is continuing to review the plan.

Ms. Mary Ann Bennett, Sacramento County Mental Health Director, stated that the Division has been undergoing a lot of change. The Division has been having to deal with cost increases within the allocations it has received from the County. The Division went through a thoughtful, methodical process on informing the public around the budget shortfall. After consulting with other committees and with consumers, it developed a plan for how to operate the adult outpatient system. It presented a final recommendation to the Board of Supervisors, where it was approved.

The plan entails a shift from contracted services for adult outpatients to county-operated services with adjunct contracted services. $2.5 million in unallocated CSS monies will be considered through a public process for its allocation into outpatient services.

Public Comment

- **Ms. Kathleen Derby**, National Alliance on Mental Illness (NAMI) California, questioned how the County's proposed plan could be considered eligible for MHSA funding, considering the lack of stakeholder process involved in the change—and also taking into consideration the legal issues raised in the letter by DMH. Her main concern had to do with the MHSOAC process. The two letters had been intermingled under the meeting Tab 3, under PEI/Innovation Plans, which would have been potentially confusing to stakeholders who may have wanted to come to the meeting and comment on it.

- **Ms. Sandra Marley** stated that as a stakeholder, she will be involved in the process. She supported transformation, and felt that the County's proposed plan will better serve the underserved, and that the wellness centers will improve.

9. PEI Statewide Guidelines Review Tool

Ms. Collentine stated that this tool is the culminating activity of all work that staff has done thus far to review plans. When staff looks at a plan for review, they use a review tool. Today's review tool, included in the packets, is based on the Guidelines. It gives the review team a standard which is set forth in the Guidelines. Review teams always include expert pool members who are clients and family members with cultural competency expertise.

Areas of focus are the same for County and JPA Plan Submissions and include:

- Community Program Planning and Local Review Processes
- Collaboration
- Requirements to address three program areas: Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health
- Program descriptions and evaluation
- Budget detail for each program and budget summary for all programs, including calculation of proportionality

Public Comment

- **Ms. Derby** remarked that she did not recall the tool being vetted before the Services Committee. She also remarked that NAMI California had written a letter earlier this year to the Commission, noting the absence in the Statewide Guidelines of specific criteria for the process of statewide stakeholder involvement. NAMI's objections were not addressed in the revision to the document. The concern is that the CalMHSA, the JPA, is moving forward without being given specific criteria to satisfy the stakeholder involvement requirement. The Guidelines do not specify criteria for notice, incorporation of input, follow-up, or further participation such as program development. Regarding the review tool, how are statewide implementers and community stakeholders to know in advance what constitutes an appropriate process?

- **Chair Poat** responded that the Guidelines have been translated into this review tool. **Ms. Collentine** explained that historically, the review tool has gone directly to the Commission and not to the Services Committee. There has usually been a timing issue involved – staff wants to be ready to review plans when they arrive.

- **Ms. Hiramoto** echoed the comments of **Ms. Derby**; REHMDCO had the same concerns. She thought that according to the Rules of Procedure that MHSOAC had adopted, stakeholders would have 30 days to look at a document in writing before being asked to vote on it.

- **Ms. Brody** was also concerned about the lack of 30-day notice. The review tool measures the stakeholder process for a variety of different options the counties have for implementing statewide PEI projects. Also, **Ms. Collentine** had mentioned client input – Ms. Brody wondered who those clients were. She would like to see more transparency in the future because CNMHC was not directly involved.

Chair Poat responded that MHSOAC cannot change the review tool from what's in the Guidelines; it's against the law. The Guidelines were issued months ago, and it involved a stakeholder process. This review tool is seen as an administrative action: translating the Guidelines into the review tool. The

Commissioners reviewed the tool to ensure that the administrative action is done appropriately. **Chair Poat** offered to delay implementation for 30 days, although the content cannot be substantively changed.

Vice Chair Poaster was willing to confirm a 30-day delay, however, he did not see what purpose the delay would serve since it is an administrative function that merely translates the Guidelines into a tool for staff to use. It was time to get these statewide projects going; it had been four years since the process began.

Commissioner Bray added that the audience members who had spoken were present when the Commission made clear that the policy of first reads and second reads would not be appropriate for everything. The review tool is not a policy matter and thus not appropriate for a first and second read. **Commissioner Van Horn** agreed and suggested going ahead.

Commissioner Pating addressed the issue of stakeholder participation: it is already guaranteed and supported by the Act itself. The Service Committee, when rewriting the Guidelines, had not spent a lot of time defining the stakeholder process because the language is already in the Act.

Motion: *Upon motion by Commissioner Bray, seconded by Commissioner Trujillo, the Commission unanimously voted to adopt the PEI Statewide Programs Review Tool.*

10. Presentation on MHSA Services for Children/Youth/TAY

MHSA Services for Children and Youth

Mr. Phil Crandall, Director, Humboldt County Health & Human Services Agency, spoke about the development of children's and family services in Humboldt County. He stated that it was important to remember the original purposes of the MHSA in understanding the cost differences in children's services. Other source funds and other source partnerships also need to be put together and enhanced through the MHSA.

The current use of CSS has been fairly deep compared to what the intent was. PEI is also a critical area; enhancement of PEI funds for children should be examined. Up to 80% of foster care children and youth experience some kind of mental health impact.

Children's mental health is in some ways more complex than adult mental health, because of the partnerships necessary: with education, social services, probation, and the context in which children are living. Humboldt County is an integrated agency with deep partnerships. Partnering early can strengthen families, with the development of family resource centers.

An emerging trend concurrent to the MHSA is the use of evidence-based practice. The MHSA has provided hope for children, an engagement at the children's coordinators' level, and solid ground for mental health directors to respond to families early.

MHSA Services for Transition-Age Youth (TAY)

Ms. Amber Burkhan, Director of Special Programs, Mental Health Association in California, California Youth Empowerment Network (CAYEN), described CAYEN as a steering agency for TAY across the state. Its goal is to engage and empower youth, and to give them the skills and tools they need to effectively participate in dialogues around mental health policy that is going to impact their lives. TAY is a newly-defined population and those serving this age group are still working out the kinks. Integrating the youth voice into our systems may be challenging, but once it's there, it will benefit the next generation.

A key issue is involving youth in the discussion around what services work for them. An assessment needs to be made from a youth perspective about what works and what doesn't. Before the second round of PEI plans goes out, we should capitalize on this opportunity to find what works. So far, we know the following programs are effective:

1. Drop-in centers are popular with TAY, and the counties need to be connected to know where the drop-in centers are located.
2. Youth want TAY-only services – not services combined with children or adults.
3. TAY housing is another essential; it enables TAY to find jobs and go back to school.
4. Youth/peer mentors are very effective; youth don't always share thoughts and feelings with adults.

Ms. Rochelle Trochtenberg, Youth Organizer, Humboldt County Transition Age Youth Collaboration (HCTAYC), gave a presentation on Humboldt County's efforts to engage TAY and bring them to the table. Focus areas for the TAY program are homelessness, juvenile justice, foster care, and mental health.

Ms. Trochtenberg explained the program's purpose and outlined the strategies.

- Train TAY to effectively inform TAY-serving systems of care.
- Develop DHHS staff's and the broader community's awareness and understanding of TAY.
- Publish TAY-driven reports identifying needed improvements and recommendations.

Chair Poat commented that this was exactly what MHSOAC wanted to hear: accomplishments and strategies. HCTAYC successes include the following.

- Youth advisory board
- Youth leadership development trainings and social events
- Participation in local and statewide conferences
- Digital storytelling workshop
- Policy recommendations for local services
- TAY center planning (youth-driven)
- TAY representatives on the local mental health board

Response Panel

Mr. Raphael Metzger, Director, Policy and Research, United Advocates for Children and Families, spoke about the process issue of implementing the Accountability Framework. He gave some measures of how robust public participation is, asking the Commissioners to keep today's meeting in mind.

- How is MHSA funding being apportioned?
- What is the difference between the local demographics and representation, and the local government workforce?
- What is the level of representation of the underserved population in the county mental health department workforce?
- Out of all the local NGOs existing in a certain community, what percent are engaged in advocacy on MHSA issues?
- Out of all the community organizations that are health or mental health-related, how many are engaged?
- What percentage of people feel that they have access to public mental health services?
- What percentage know how to access them?
- How much of MHSA funding has been used to support local internal operations, vs. contracts to local charities and similar activities?

These indicators can show whether the process supports consumer-driven, community-based, client-centered design.

- What percentage of clinicians are trained to incorporate cultural considerations?
- How many licensed mental health clinicians per population in the community are there?
- What is the degree of public confidence that media outlets are neutral?
- What is the extent to which local government collects demographic detail that is sufficient to support reliable analysis?
- How specific is fiscal reporting, and how accessible is the data?

Ms. Fran Edelstein, California Alliance of Child and Family Services, responded to comments made during the meeting that the MHSA isn't really for children. The MHSA *is* for children, and the potential promise the MHSA holds for transformation and its associated outcomes are as important to children as other age groups. The earliest conversations about Prop 63 were born of concern about preserving AB 2034 – but by the time stakeholders were ready to get signatures, MHSA was a program that offered the promise of transformation throughout the life cycle. **Ms. Edelstein** then made the point that the time may come when the adult funding streams are more sound than the children's funding streams.

She also pointed out that some of the key pieces that produce the kind of outcomes that Dr. Mayberg shared are from non-EPSDT-eligible services, such as peer counseling and housing.

Ms. Stephanie Ramos, Transition Age Youth, CAYEN Steering Committee Chair, stated that some counties are doing well with TAY services while others are not. She described the structure of Sacramento County's TAY involvement.

She noted that homelessness and hunger are basic level needs that must be addressed before an individual's mental health can improve. She was pleased to note also that families as a whole are now being addressed for healing.

Ms. Melanie Delgado, Staff Attorney, Children's Advocacy Institute at UC San Diego, described a report done on Transition Age Foster Youth. This age group is highly at risk to develop mental illness. TAY have not yet failed into homelessness, chronic unemployment, or any other negative outcomes that the MHSA specifically seeks to avoid. Catching this group while they are still in the foster care system can make a big difference for them.

After the report was released, counties pointed out that some services are indeed in place for TAY. However, EPSDT ends at age 21; Independent Living Services ends at age 21; and so on. There are gaps that could be filled with MHSA funding. Counties should look to successful models such as Humboldt County. Prevention and early intervention plans are key. Children should be the first to receive funding and the last to lose it, especially in tough financial times, and especially when they don't have a safety net of their own.

Chair Poat summarized some of the common threads the Commission had heard during the meeting.

- Creating programs around children and TAY is the proper focus.
- Family support services are key for both age groups.
- Drop-in centers are valuable.
- Housing issues are crucial.
- Peer mentors are important, as are social networks and opportunities.

11. **Proposed Agenda for July**

Chair Poat outlined July's proposed agenda.

12. **General Public Comment**

- **Ms. Brody** expressed her disappointment that only five Commissioners remained at that point in the meeting. Nine were missing. She felt that an adjournment time of 3:35 was too early – presenters needed more time and public comment was shortened. Also, it had been a bit jarring to hear professionals speaking on behalf of youth using clinical jargon; it was a great relief to hear youth speaking for themselves later in the presentation. In general, TAY need more representation in the mental health system.

- **Ms. Marley** described a local successful TAY program in Sacramento, which had lost its grant. Presently, a group within NAMI, called In Our Own Voice, involved consumers going into the community to speak about their experiences. She added that it is difficult for stakeholders as well as TAY to attend mid-day meetings.

- Ms. Derby remarked that she was glad for the focus on peer support for TAY, as she herself had benefitted from it in the past. She reminded the group that helpful NAMI programs are available to counties in these tough financial times. She finished by responding to Mr. Metzger, saying that as an accountability implementation, it's important to measure what stakeholders are bringing to meetings and how their ideas are being incorporated.

- **Ms. Gainer** made comments about Sacramento County regarding DMH and MHSOAC governance, and legal concerns. She requested the MHSOAC to help with oversight and accountability in the county.

- **Mr. Michael Wilkins**, a consumer in Sacramento County, affirmed the statements of **Ms. Ramos** regarding the importance of county services for TAY.

13. **Adjournment**

Chair Poat adjourned the meeting at 3:57 p.m.