



**COMMISSION MEETING MINUTES**  
**Friday, January 26, 2007**

**I. Call to Order**

Chair Steinberg called the meeting to order and reviewed the revised agenda.

He announced that the CSS, CAP and IT Committees will be chaired by Commissioner Doyle and vice chaired by Commissioner Poat. The Innovation Committee will be chaired by Commissioner Henry and vice chaired by Commissioner Poat. The Education and Training Committee will be chaired by Commissioner Feldman and vice chaired by Commissioner Henning. The Technical Resource Group, Outcome and Measurements will be chaired by Commissioner Jaeger and vice chaired by Commissioner Lee. The Cultural and Linguistic Competency Committee will be chaired by Commissioner Gayle and vice chaired by Commissioner Lee. The Client and Family Committee will be chaired by Commissioner Gayle and vice chaired by Commissioner Prettyman.

**II. Roll Call**

Present were Commissioners Wesley Chesbro, Carmen Diaz, Paul Dobson, Jerome Doyle, Saul Feldman, Linford Gayle, Karen Henry, Gary Jaeger, William Kolender, Kelvin Lee, Darrell Steinberg

Absent at roll call were: Commissioners Patrick Henning, Jr., Andrew Poat, Darlene Prettyman

**III. California Department of Mental Health Process and Proposed Timeline**

Carol Hood, Deputy Director of the California Department of Mental Health, provided an estimated time frame and process for the distribution of monies. More specific timeframes will be posted on the DMH website in the next couple of weeks. The education and training draft guidelines will be out in February and local funding could begin as early as October. The draft guidelines for capital and technology will be out in early April with local funding starting in December. The draft guidelines for prevention and early intervention will be out by June with local funding by January 2008.

Chair Steinberg asked about the timeline for prevention and early intervention. He said if the stakeholders and others are generally comfortable with the work that has been done over the last six to nine months why is it that the draft guidelines will not be finished earlier than June, 2007. Ms. Hood said in regards to prevention and early intervention a significant amount of work still needs to be done. More research has to be performed, as well as the evidence based strategies.

Commissioner Doyle asked if there is a possibility of moving up the timeline for education and training in order that people going back to graduate school in September will have funding. Ms.

Hood said the counties will know how much their planning estimate is by April and there is also work being done on loan forgiveness and scholarships that will happen at the state level.

#### **IV. MHSA Supplantation Policy: Analysis of Current Policy and Recommendations for Policy Revisions**

Chair Steinberg said this is viewed as the single biggest threat to the success of the Mental Health Services Act. This Act was passed by the voters to increase and augment services.

**Sheri Whitt**, presented the following information:

- The Act itself stipulates that funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
- The State shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations for the general fund, and formula distributions of dedicated funds as provided in the last fiscal year which ended prior to the effective date of the Act. Ms. Whitt stressed that much of the supplantation discussion needs to be considered in terms of when the Act passed and what was in existence at the time the Act passed.
- The State shall not make any change to the structure of financing mental health services which increases a county's share of costs of financial risk for mental health services, unless the State included adequate funding to fully compensate for such increased costs or financial risk.
- These funds shall only be used to pay for the programs authorized in Section 5892 of the Act. They may not be used to pay for any other program. These funds may not be loaned to the State general fund or any other fund of the State, or a county general fund or any other county fund, for any purpose other than those authorized in Section 5892.
- Regulations were drafted and posted in January 2007 by the Department of Mental Health. In general, the process is that there will be a public comment period, and then there will be a formal adoption process. There is specific language regarding supplantation: (1) Funds distributed under this Chapter shall not be used to provide mental health programs and/or services that were in existence on November 2, 2004, except to, expand mental health services and/or program capacity beyond what was previously expanded, or continue programs funded in fiscal year 2004-2005 with bridge funding; (2) Funds distributed under this chapter shall not be used to supplant state or county funds. The only exceptions to this limitation are that 10 percent of realignment funds, as described in the W&I Code, may be reallocated by transferring in or out of its mental health account. Ms. Whitt said this shows that there are provisions for transferring 10 percent of the funding into one of the other realignment sub-accounts which are social services and public health; (3) If the county reallocates any portion of the 10 percent of realignment funds out of the mental health account, the county shall adhere to the above; (4) County funds exceeding the amount required to be deposited into the mental health account, pursuant to W&I Code, and if the county elects to reduce funds exceeding the amount required to be deposited into the mental health account, the county shall adhere to the above; (5) The county shall not use MHSA funds to pay for the costs associated with inflation for programs, and/or services that were in existence on November 2, 2004. Ms. Whitt said this is a concern that the Commission may need to look at because there are rising costs associated with programs; (6) The county shall not loan MHSA funds for any purpose.

- Questions that came up as a result of reviewing the above information on supplantation are:
  - Is there enough protection in oversight at the State level to prevent supplantation? For example, is Maintenance of Effort clearly defined enough, and is the proposed elimination of AB2034 an example of supplantation?
  - Who has the role for enforcing adherence to supplantation regulations at the State level?
  - Counties are able to transfer 10 percent of realignment funding out of mental health each year, so could this be an area of supplantation vulnerability?
  - Some counties' Boards of Supervisors provided more than required levels of funding in their counties for mental health services, referred to as overmatch. Some of those Boards of Supervisors are now reducing that overmatch. Some think this is a form of supplantation because it could be that those Boards of Supervisors are assuming that MHSA dollars will fund services that were once being funded by those overmatch dollars. Yet others believe this is not supplantation so long as the MHSA dollars are not being used to fund programs and services that were funded by the overmatch if they were in existence on 11/2/04 when the MHSA passed.
- Next Steps – Convene a work group that would consist of interested Commissioners, a representative from the Department of Mental Health, an OAC designated staff person, a representative from the California Mental Health Directors Association, a provider, a client and a family member, to address the compelling questions raised and then report back to the OAC at the March meeting.

### **Questions from the Commissioners**

Commissioner Diaz cited the following example: the Children's Systems of Care was cut from the Governor's budget after the plan was passed. She asked if this issue can be addressed. Ms. Whitt asked that she submit her questions to the work group for discussion.

Chair Steinberg said the current policy on Maintenance of Effort requires counties to maintain Maintenance of Effort toward the supplantation rule. He would like the work group to look carefully at the two criteria of (1) The Act passed in November 2004. If a county, for example, had a particular level of funding, i.e., was consistently providing an overmatch, if subsequent to the passage of the Act the County Board of Supervisors cut back to Maintenance of Effort this is supplantation in his eyes. The work group should look at the pattern of the county prior to the passage of the Act. (2) If there is a budget deficit at the County level and cuts are needed, the percentage cut that mental health receives, ought not to be disproportionate to the cuts that other programs are receiving. Mental health is not immune from cuts, but should not take a disproportionate share of cuts because of MHSA funding.

It was noted that surveys were sent out to counties and one of the questions asked was if they had overmatch in their counties. Unfortunately, this question was not answered so there are no statistics on how many counties had overmatch.

Commissioner Feldman suggested that when a work group is formed it should reach outside of California in order to get a sense of how other jurisdictions handle the issue of supplantation.

Commissioner Chesbro asked Laurel Mildred to help get a handle on the overmatch issue by counties. He said whatever policy the Commission sets for the supplantation issue should apply to both the counties and the State. He said it is his belief that this Commission should be represented in the Budget Subcommittee process, and they should indicate the serious concerns and legal issues derived directly from the Act that question the legality of the Governor proposing to use this money to supplant the existing 2034 program.

Commissioner Lee asked if there was a compelling reason for a maintenance effort on the part of the State to keep the levels of funding appropriate for mental health services, both at the program level and at the funding level. He also asked that the term “over match” not be used because the counties made investments at the expense of other programs to help mental health services. The term that should be used should be “investment”. His third concern is the issue of supplantation coming from the field of education. He cited the example of the lottery dollars for schools in which schools saw very little of the monies. In some counties Prop 63 monies could amount to approximately 8 percent of their operational budget. It is the Commission’s responsibility to raise this question to such a level of conversation that the people who pass this legislation, and who depend on its funds, will have a voice and that their voice carries the weight of this Commission and the Legislation that follows it.

Commissioner Diaz asked if the work group that is formed might discuss the idea of getting a group of people together to go to the Board of Supervisors at each of the counties and educate them about the Commission and its mission. Chair Steinberg said the Commission must first make sure that its policy is sufficiently clear in order to educate them.

Commissioner Kolender said that the Executive Director of the California State Sheriff Association, Steve Zaley, for many years was the Executive Director of CSAC , and perhaps his input could provide communication between the counties and the Commission.

Commissioner Dobson said, regarding supplantation at the State level, there are two areas of oversight. One being this Commission and the other is the Department of Mental Health. He believes it is the responsibility of the Legislature to craft a budget that does not involve supplantation. He said the Legislative Council could speak out to a member on this subject and the member could then release that opinion publicly.

Nancy Pena brought up the issue of legal interpretation. The local counsels, at the county level, look at the law and policy. In Santa Clara County their counsel interpreted the law from the Act as there being no supplantation in any way. However, when the policy letter came from the State Department of Mental Health, it clearly said that discretionary dollars were not included in the “no supplantation”. So then counsel interpreted this as discretionary local dollars beyond the required match they were in fact discretionary. Policy letters coming forth have changed the direction of the county executives and the Board of Supervisors.

Chair Steinberg said as a State that the policy should be reconsidered. He suggested that the OAC, the Department and the counties come together on a revised supplantation policy prior to the expenditure of the next monies released.

## **Public Comment**

Rusty Selix, with the California Council of Community Mental Health Agencies, said he does not believe this to be a policy issue. The State has no discretion in interpreting what this clause means. It is purely a legal matter. What the State is writing is guidance of what the State thinks it means and what the State will consider acceptable or not. There is not a single word in this piece of the Mental Health Services Act that states that any reduction of any spending or transfer of any dollars is allowed. There are two concepts imbedded in this section of the Act: supplantation and the Maintenance of Effort. He believes that people are looking for creative loopholes that do not exist and he would like to see the State make a clearer statement saying there is no authority to decrease any spending on mental health anywhere.

Richard Sangunetti encouraged the Commission to do everything it can to maintain the integrity of the Mental Health Services Act. The counties will be coming up with their budgets for next fiscal year, and this confusion hurts the counties because they won't know where the money will come from to maintain these programs.

Richard Van Horn said in Los Angeles there is no overmatch. There has not been any overmatch since realignment went into effect. However, there were a number of one time dollars that had been rolled over, but the rollovers ended and those dollars vanished. There have been a reduction of services as a result. He reiterated that there has not been overmatch and there has been no active money taken out of mental health other than to support the union contracts and the retirement funds. The mental health baseline services in Los Angeles has been at the realignment base rate for 16 years.

Pat Ryan addressed the issue of local realignment dollars. She said what is happening at many, if not most counties, at the local level is that realignment revenues have not grown for a variety of reasons, but the cost of doing business has risen. Counties have been going to their realignment trust funds to help make up the difference between the cost of doing business and what they are actually receiving from the State. The trust funds are now being depleted and that is why more reductions are occurring. Regarding State supplantation, and AB 2034, and the Children's System of Care, she noted that this was the first move to supplant through MHSA funds. She is concerned about the precedent that this would set and it needs to be challenged at the state level. CMHDA is ready to mount an advocacy campaign to challenge this and she solicited everyone's help. She said you cannot take new MHSA funds to replace 2034 because counties will have to shut down the programs and build new programs which would have a huge impact on people's lives.

Chair Steinberg asked Ms. Ryan for her guidance on the scope of work for the supplantation maintenance effort committee as it applies to the realignment issue. What should the Commission be looking at in order to ensure that there are not slippery slopes at the county level? Ms. Ryan said she has been trying to educate entities, and what people need to realize is that unless the Medi-Cal structure and the realignment funding issues are fixed, costs are going to continue to rise and revenues are going to continue to stay flat for the foreseeable future.

Donald Clark, said he is an ordained Deacon in the Seven Day Adventist community in northern California and also a 20 year member of the California Network of Mental Health Clients. Any Act or statute intended to uplift the dispossess of the opulent society should obviously have client involvement. He does not see anything in the draft

document that shows administrative compliance with the President's new Freedom Commission on Mental Health. In his opinion, there is not enough emphasis being placed on total client involvement from the top to the bottom of the structure. He suggested that we work for the strong integration of the religious community in the State of California because that moral presence is needed.

Ruth Tuscanari talked about systems of care. She asked the Commission not to forget about system of care. System of care is suffering and the families that need it are not receiving the full benefits that system of care was set up to do. She asked the Commission to work collaboratively to keep system of care working.

Cyndi Bither Bradley , Chief Director for the California Program from United Advocates for Children of California, said that systems of care was the first break and programs are suffering tremendously. With AB 2034, a mechanism that we know is working and supporting the clients who have children, is being cut. How will the Mental Health Service Act make transformation? She asked the Commissioners to fight for AB 2034 and the systems of care dollars that were lost. Consumers, family members and parents need to be at the table.

Ray Balverone, a program developer from the San Francisco Mission District of California, said the program he has developed is called Mission Kyez Community Response Network. He does not like the word supplantation because it alludes to plantation which is racism. Supplantation, to him, is a bureaucratic word to prevent self determination for the voters to have good mental health services. One of the main reasons he voted for the Mental Health Service Act was to change the system. The heart of the Act was to provide access to people that traditionally did not have access to the system. His community is working with Mental Health Services Act funding. He applied for the funding through the Department of Public Health Community Services and received a three year funding for LaRausa Outpatient Clinic to hire and train case managers and outreach workers that are supervised by the LCSW. This is what the MHSA money is being used for, in collaboration with the community public health to also facilitate group clinician work with 15 case managers and outreach workers. Supplantation is a bureaucratic word that is floating around to suppress what the voters wanted, which was system change with more mental health and not less.

Dede Ranahan, an MHSA liaison for NAMI California, said NAMI supports the following statements which were made earlier: (1) NAMI agrees that it is illegal to supplant; (2) NAMI agrees that it would be setting a terrible precedent with state supplantation. MHSA could end up funding all of mental health; (3) NAMI believes that the promises to the people of California need to be lived up to in order to retain their trust and confidence; and (4) NAMI California will campaign, if necessary, to fight supplantation.

Gwen Slattery said at the initiation of Prop 63, she heard from some counties about how they were trying to figure out how to use the MHSA dollars to pay off old lawsuits, etc. Children's System of Care was one of the first programs that was cut. She noted that if the State is going to set the example of finding ways to eliminate existing programs so that MHSA can step in with new programs, then they are not setting a good example to the counties who are already trying to find innovative ways to pay their bills. She believes the State needs to reinstate Children's System of Care, stop the cuts from Adult System of Care, and reinitiate some of the programs that they have cut funds from.

## **TAPE SIX IS MISSING AND TAPE SEVEN STARTS HERE:**

Chair Steinberg said over the course of the lunch break the Commission consulted with its attorneys on the issue of whether or not it is permissible to call for votes prior to public testimony for members who could not stay for the vote. The attorneys advised the Commission not to call for votes and therefore Commissioner Chesbro rescinded his motion.

### **V. Government Agency Comment on PEI Policy Recommendations**

Emily Nahat, Chief of Prevention and Early Intervention Branch with the California Department of Mental Health, expressed her appreciation to the partners who have worked so hard on this collaborative effort to present joint principles to the Commission today. A number of the policy issues have been discussed and buy-in has been achieved through this process.

The joint recommendations are as follows:

- A total of \$917 million will be available for prevention and early intervention through 2008-09. This is funding that would potentially be available to counties for the next two years.
- There is work being done on having a separate transition youth stakeholder outreach and input process.
- The planning estimate principles is being worked on by CMHDA.
- If OAC supports the proposed funding amounts in the policy paper presented today, DMH will draft the planning estimates for the county funding. This would occur by March, 2007.
- A general stakeholder conference call would be held in March to acquaint them with the material.
- Two general stakeholder workshops will be held to explore the definition of prevention and early intervention and potential strategies.
- A work group will be convened within the next 6 to 8 weeks to provide recommendations on evaluation and accountability methods.
- The local plan guidelines will be drafted from the stakeholder input. The draft should be available in May 2007.
- A general stakeholder conference call on the draft guidelines will be held in June with a follow-up of stakeholder meetings (north and south).
- Once the draft guidelines are issued counties can begin to request planning funding. This would occur in June.
- The Department would then amend contracts to include the planning funding in June.
- The release of Information Notice, which is actually the final PEI guidelines, in August of 2007. This initiates the formal process for counties to begin writing their plans.
- In parallel, emergency regulations would be drafted and finalized by August 2007.
- Plan review would begin in November 2007 and the plan approval/contract amendments would start in January 2008.

Laurel Mildred, California Mental Health Directors Association, said the Association is willing to offer its full support to the framework of the draft guidelines and she looks forward to stakeholder input into the draft requirements. She provided the following comments:

- Association members have been challenged to move outside bureaucratic leadership comfort zones to facilitate local stakeholder involved planning processes that for most Directors, was unprecedented and transforming in, and of, themselves.

- One of the benefits of this process has been the forging of new consumer and community partnerships, and the recognition that there are many more voices to be heard, and many more partnerships yet to be forged if the MHSA vision is to be realized.
- The PEI draft requirements challenge us to continue and expand engagement of local stakeholders and shape local plans to implement prevention and early intervention strategies.
- The priorities and guidelines must be honored. It is important for the inclusion of new and untapped local stakeholders in planning and delivery. Speedy implementation is needed.

Ed Walker from the California Mental Health Planning Council, made the following comments:

- The process and the product is worthy of praise and all participants are to be commended.
- The Council supports the framework and believes that the key components presented will strengthen and enhance the success of PEI.
- Mr. Walker said there should be mention of the full inclusion of clients, youth, families and caregivers, after number 9 under principles.
- The Council supports the 51 percent minimum requirement for small counties, but it recommends amended language to underscore the value to reach the 0-25 age group. Small counties should not be excluded, but it would be expected that they place a significant emphasis on individuals who are between the ages of 0-25, and counties who choose not to place a significant emphasis on this age group must specify their reasons for not doing so, provide clear information why the population they identify is more appropriate, and describe how they are consistent with the goals, purpose and intent of the MHSA.
- The Council is concerned that the older adults, and their particular needs, have for so long been hidden, silent and unseen could remain that way. It is hoped that they will get the attention they deserve.
- The Council believes the stakeholder input received from local planning for prevention and early intervention is very important and the Council recommends that the requirements do not become more restrictive or prescriptive so that the value of the local planning process can be more fully realized when it is presented to the Commission.

### **Public Comment**

Dede Ranahan , thanked Jennifer Clancy for providing time in advance to review the document and she hopes that moving forward advance communication can continue. NAMI membership includes mental health clients, family members of all ages, children, transitional age youth, parents and grandparents. NAMI wants to be sure that all age groups are represented. There seems to be tension between the need to plan and the need to act, and she is concerned that in the push to act there is another tension being overlooked, and that is when a “we” “they” kind of feeling is set up in a group. Buy-in to issues will happen when people feel their voices have been represented and that they have been part of the process. She is concerned that with the rush to get through things, this half of the equation may be jeopardized.

NAMI has concerns about the clarity of language in this document because it is open to many kinds in interpretation. The document implies adults and older adults, but the language is not embedded in the document.

She referred to her letter which was sent to the Commission. NAMI cited two suggestions: (1) that adults and older adults be embedded in the document, and (2) that language such as psychosocial, emotional, and behavioral be defined. She asked that “serious mental illness” be the language of choice in this document, as opposed to emotional and behavioral problems.

Chair Steinberg reiterated that the guidelines will be going through a public process and there will be potential for public input and changes.

Cyndi Bither Bradley, Chief Director for the California Program from United Advocates for Children of California, said she would like to see a representative of consumers and family members present at the writing of documents. She has a couple of clarifications regarding the draft guidelines. She feels parents need to be defined different than family members. Family care is a big issue because entire families are affected by stigma and discrimination. She is concerned about small counties having diversion on this plan because she believes the families in these areas are having just as much stigma and they need to be looking at early intervention and prevention at the same rate as the other counties. She wants to be sure that family members are included in the process at the beginning, the middle and the end of all projects. There are many children in the juvenile justice, foster care, the relinquishment of children, and education that do not have diagnosis. Her concern is that when this pot of money for prevention and early intervention start at those levels it is not getting to the beginning stages and ends up with a fail first process.

Fran Edelstein said she supports the concept of the draft PEI policy recommendations but had the following comments to make. First, the language in three areas of the draft regarding stigma and discrimination is exclusively adult oriented. It speaks to “mental illness” which is the adult word used in the Act. The children’s word used in the Act is “emotional and behavioral disorders”. She encouraged the Commission to add “emotional and behavioral disorders” in the three places where “mental illness” occurs.

Secondly, the work group that will work on conceptualizing this document needs to have a child and family member stigma and discrimination expert. She recommended that moving forward the priority population statement “children, youth in stressed families” should say “children, youth in stressed families and their parents/caregivers”.

Ms. Edelstein said she supports the statewide projects and would like them to focus on public awareness, education, training, technical assistance, a stakeholder process, and OAC approval.

Betty Dahlquist, with the California Association of Social Rehabilitation Agencies, said she supports the concepts in the document. The Agency would support the OAC withholding funds for prevention and early intervention projects if counties do not address the Maintenance of Effort. The following suggestions were made: (1) Policy 5 – she feels that there should be a 4 added, “In addition to non-traditional settings, we look at non-traditional approaches”. (2) Outcomes – we can look at reducing suicide rates by talking to the local coroner who can provide the numbers. (3) In Policy 7, add “reducing hospitalization”.

She is not clear how recommendations get translated into decisions and there seems to be some disconnect in the process. She would seek the OAC’s support for looking at

whether MHSA funds can be used for hospitalization, because consistent with the rules, if you can pay for it somewhere else it constitutes supplantation.

Richard Van Horn had several wording changes for the draft guidelines and they are in bold in his three page letter. (1) that the PEI plan requirements would include provisions clarifying participation, key points to highlighting plans that are processed to ensure well informed stakeholder input; (2) that there will be funding of organizations that have the technical capacity before trying to train new organizations; (3) under the issue of trauma exposed populations, and contrary to what has been said earlier, about half of the people that are seen under AB2034 are trauma exposed persons and he requested that the Commission provide services tailored to meet the specific types of trauma that they have suffered; (4) recommended language addition to #4 at the end of the second sentence add “and will identify required elements to support the statewide activities including but not limited to actions to be taken by schools primary care offices and other key locations for early recognition and referral for services”; (5) recommended language to add after the first sentence in #4: “PEI County Plan Requirements will also list examples of activities which are not appropriate for PEI funds”; (6) recommended language to be added to #9: “County PEI plan requirements will include provisions clarifying participation, key points to highlight in plans and a process to ensure well informed and meaningful stakeholder input to all phases of plan development and ensuring equitable distribution of training funds”; (7) recommended amendment to add an additional criteria under 6(1): “For every program funded with PEI funds which is likely to increase the need for community services and supports services, the PEI plan will identify these needs and how the need will be met”; and (8) in terms of developing a TAY network around the state, he has a funded position at the Mental Health Association of California, to begin developing this and he offered this resource to the Commission.

Rusty Selix, for the California Council of Community Mental Health Agencies, said the government agencies have worked together for three months, but the non-government groups were given three days to review the draft and there is no meaningful ability to incorporate this. The work that the government agencies did is wonderful, unique and special and the their accomplishment was great. He said two ways that the non-government groups can be given value to what the government groups are saying is to: (1) under the next process convene the non-government and government groups together to try and incorporate the points that the non-government groups have made and bring it back to the Commission in March; (2) and that the Commission would intend, that in the future, non-governmental groups would be included and not limit their participation.

Mr. Selix said the Department of Mental Health identified two special groups, special stakeholder processes, that it will be conducting over the next six months. One is with underserved populations and the other is with transition age youth. He would like to add two others: The education community grades 0 through higher ed and also primary care.

Carmella Castellano-Garcia said she represents the 650 community clinics and health centers in the State of California providing primary and preventive care to 3.5 million patients, including one million underserved and 82 percent who have incomes below 200 percent of the federal poverty level. She supports the draft and applauds the work of the group. She does share concern about the process in that she only received the draft last week and it does not provide enough time for review and comment.

The prevention and early intervention program should focus on schools, community clinics and health centers and she would like to see this language inserted.

Ms. Castellano-Garcia said she believes that in key policy decision point 5, regarding priority principles, some of the key language was eliminated. She would like to see the following language included: “Counties must conduct a workforce and capacity assessment to ensure that they are not creating prevention and early intervention programs that duplicate those that already exist in their community”.

The second piece of language she is concerned about is that prior to establishing new programs, that counties document the unavailability of effective community based organizations. She requested that this missing language be reinserted so that community based organizations have stronger protection.

Commissioner Chesbro summarized the testimony for the California Network of Mental Health Clients. Because of a schedule overlap representatives from the Network were not available. The Network has developed a detailed set of draft policy recommendations for this component and feels that the document reflects very little, if any, of their input. With regards to key community mental health needs, however, their recommendation to focus initial PEI funding impacting disparities and access, the psychosocial impact of trauma, stigma, and discrimination and suicide are all excellent goals.

With regards to disparities and access, it is clear that many communities of color, lesbian, gay, bisexual, and trans gender populations continue to face great disparities in the traditional mental health system. In transformative mental health system, such as the Mental Health Services Act is intended to create, the onus must be on the mental health service providers to bring themselves and their services up-to-speed with the people they serve and to meet people where they are at and not the other way around.

Furthermore, the language of this recommendation ignores the importance of parity in funding for culturally specific mental health services and peer run counseling services by and for Latinos, LGBT people and culturally diverse ways of healing, such as Native America talking circles.

With regards to stigma and discrimination the Network would like to see a commitment on the part of the Commission to develop, in collaboration with mental health clients, specific guidelines for strategies to reduce discrimination and stigma.

With regard to priority age, these plans should address all age groups. To require counties to allocate a minimum of 51 percent of the overall PEI budget to people ages 0-25 implies that most adults and all older adults are beyond hope of preventing or intervening in the negative outcomes listed in the Mental Health Services Act, including hospitalization, unemployment, homelessness, incarceration, suicide and prolonged suffering.

McKay Tanner speaking on behalf of Survivors Torture International that provides vital client services to victims of politically motivated tortures. These clients are refugees or asylum seekers and reside in the United States legally. However, as asylum seekers they are ineligible for most government funded programs and services. She feels this organization fits within the overall concept of prevention and early intervention as they perform work with newly arrived asylum seekers who are often at high risk due to the torture that they have endured. She respectfully requested the Commission to consider Survivors of Torture to be included within three of the priority populations in the draft

guidelines. Namely, the underserved cultural populations, children and youth in stressed families, and the trauma exposed.

Becky Lee, a youth delegate from the Policy Leadership Program on School Health in Los Angeles, said she is advocating for the involvement of youth in decision making. She asked the Commission to consider making the meetings more youth-friendly for teens. School is a safe-haven for early intervention and prevention, especially in high schools. High school is a transitional period where teens are trying to figure out who they are and there are times where they feel vulnerable and unsure. There are stressed families, those that are trauma exposed, those that are having trouble meeting educational requirements, those that are surrounded by violence or drugs, and those who live in poverty. Mental health services can help aid them to the path of happiness. Schools needs to be a priority and focal point in early prevention and early intervention. With the help of the Mental Health Services Act the Policy Leadership Program can promote outreach and education of the mental health services to youth.

Michele Maas said she is representing the Native American Health Center in San Francisco. She is an associate clinical social worker and provides mental health services primarily to Native American individuals and their families. She said it is particularly important to review the conditions of her community population in regards to trauma which is in item 6, ethnically and culturally specific programs and intervention. She believes that as a Native American community, and as a Native American practitioner, she understands her community's needs. This group was omitted from the first round of process of the MHSA by the County of San Francisco because the numbers and data were not there. She said there are numbers of Native Americans that need and seek mental health services at her facility. She can provide the data.

Ray Brauberon from the Mission District in San Francisco said he works for a community based service called Mission Community Response Network. The Network is an intervention prevention youth gang services program. He reviewed a client's case with the Commission, as well as his treatment plan and outcome. He said money has to come directly to the communities in order to make good results happen, such as the example he pointed out. He asked that the Commission not get caught up in the "trickle down" effect.

Ross Szabo, the Director of Youth Outreach, said integration is important. If the Commission wants to reach young people with PEI the best place is at schools and colleges and it must start from the top down, i.e., superintendents, Board of Regents, etc. It is important to invest state funds in organizations that can integrate the community and the schools. He asked that the Commission be sure that the messages being sent to youth will hit home and help them seek help to remove the stigma.

Spencer Romberg is speaking for the Youth Action Task Force and the California Association of School Psychologists and Time for Kids. It is important to try to work through schools because it is a natural and logical place to have programs that will reduce stigma as well as prevention programs. He suggested to follow a model that has worked well, which is the early mental health initiative model, and to try to use technical assistance consultants to make sure the new collaborations are moving in the direction needed.

Kerry Martin said he is a family member and when he looks at policy 11, he is reminded that he has recently completed three years as Chair of the California Association of Local

Mental Health Boards and Commissions and suspects that it must be an oversight that they were not included as a part of the work group. He respectfully requested that they be included. He asked the Commission to consider providing a sufficient stimulus of funds that could be leveraged. He would like to see that other citizens of this state would not experience what his family has, and in order to do this, the word “prevention” really needs to be looked at. He had hoped that dollars would be leveraged around scientific research and asked the Commission to consider this idea.

Janet King said she is representing the Native American Health Center. In the year 2005 between the Oakland and San Francisco clinics, there were 8528 visits made to the clinics. She said the Center likes the language of trauma exposed and children in stressful families because the baseline of mental illness in her community is the inter-generalizational historical trauma that all native people have been exposed to and are still feeling the impact of. She also agrees with the statewide set-aside to support special populations for reducing ethnic disparities. She sees this as a true transformation because her clinic will be able to apply for mental health money without having to pretend not to be who they really are, and can then deliver the services that are effective.

Donna Paul, with the Sacramento Community Clinic Consortium, said the Consortium serves over 50,000 clients each year. She would like to see focus on community clinics and health centers and language for county evaluation of effective community based agencies before they establish new programs. The primary care clinicians say that over 60 percent of their patients have a mental health diagnosis but they do not have the financial resources to provide the clients what they need in a setting that they trust.

Beth Greenwood, a Registered Nurse and Director of Quality Improvement at Shasta Community Health Center and immediate past president of the California School Health Center’s Board, said the Center provides medical, dental and behavioral health care to over 28,000 people in the community. If a physician recognizes a woman with severe post partum depression an immediate referral is made. She urged the Commission to maintain the language in the document regarding community health centers.

Susan Gallagher, with the Mental Health Association in Sacramento, introduced her daughter Grace. She urged the Commission to listen to the youth when prioritizing issues around PEI, particularly in the sense where 51 percent of the money is being put towards youth. It is important to hear from the youth (through some type of forum) and get their ideas of what they think would prevent what is happening in their lives, what would better serve them and strengthen their families and their own wellness and recovery. She has a concern of the diminishing role of client involvement in this particular process.

Lonnie Russell suggested having a youth group as an advisory to this Commission. She is an advocate, as well as a person with lived experience, and a family member and her concern is that many of the important large conferences that are held annually are being held simultaneous with these meetings. This results in a lack of involvement with this Commission and she asked that if in the future the meetings could be scheduled better. Also, it is important to understand that 98 percent of all people with mental health challenges are victims and their behaviors are consistent with that of individuals who have been affected with trauma. She is happy to see that discussion of developing services that will address trauma has been included in the document.

**MOTION:** Commissioner Feldman moved that the OAC approves all government agency PEI policy recommendations with the following changes: (a) the language of the

policy recommendations will reflect the target populations of the MHSA, adults, older adults with serious mental illness, and children/youth with emotional and behavioral disorders; and (b) stigma and discrimination initiatives will include target populations identified above and on parents and caregivers, seconded by Commissioner Doyle. Motion carries unanimously.

**VI. Adjourn**

Meeting adjourned at 3:30