

COMMISSION MEETING MINUTES
Friday, March 23, 2007

I. Call to Order

Chair Steinberg called the meeting to order and welcomed everyone.

II. Roll Call

Present were Commissioners Carmen Diaz, Paul Dobson, Jerome Doyle, Saul Feldman, Linford Gayle, Mary Hayashi, Patrick Henning, Jr., Karen Henry, William Kolender, Kelvin Lee, Andrew Poat, Darlene Prettyman and Commissioner Steinberg

Absent at roll call were:

III. Information: MHSA Education and Training: Overview of Program Requirements and Budget

Warren Hayes, Chief MHSA Workforce Education and Training California Department of Mental Health, provided the following update:

- In February 2006 the Department of Mental Health engaged in a stakeholder process with the people of California. Together they developed a set of guiding principles (core values). Applied to this component, all workforce education and training activities must:
 - Promote wellness recovery and resilience, increase consumer and family member involvement and integration into all aspects and levels of the public mental health system.
 - Develop a diverse culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.
 - Deliver individualized consumer and family-driven services that are outcome oriented and based upon successful or promising practices.
 - Outreach to underserved and unserved populations.
- In addition to these core values, a stakeholder process was agreed upon and has been followed for the development of the Workforce Education and Training five-year plan.
- Dr. Mayberg's vision statement speaks to the central role of leadership, responsiveness to the public, inclusion of all individuals who can impact the workforce, fidelity to the core values, and the five year plan, being a permanent means to incrementally improve the work force.
- DMH then convened an ongoing statewide council, or advisory group comprised of senior leaders from consumer and family member constituency organizations, the OAC Education and Training Committee, the Human Resources Committee of the Mental Health Planning Council, the California Mental Health Director's Association, the California Institute of Mental Health, educational entities of all levels, professional organizations and guilds, union representatives, and other stakeholders.

This group continues, and will continue to assist the Department with the development of the five-year plan.

- A strategic planning structure was developed and the public provided input to the five-year plan's core values, vision, mission, goals and objectives. The mission for the five-year plan is to develop and maintain a sufficient workforce, to include consumers and family members capable of providing consumer and family driven culturally competent services that promote wellness, recovery, and resiliency and lead to evidence-based values driven outcomes.
- The five-year plan has three goals:
 - To develop sufficient qualified individuals for the public mental health workforce.
 - To increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act.
 - To increase the partnership in collaboration of all entities involved in public mental health workforce education and training.
 - Under these three goals there are nine objectives that correspond to the nine elements that are expressly stipulated and mandated in the education and training section of the Act. In April, of last year, DMH posted on its website the five-year plan's strategic planning structure, and within that structure, its mission, values, vision, goals, and objectives.
- Last summer, the next steps were taken, which were to begin a needs assessment and to develop a set of fundable actions within the stated objectives that would start California on its way to addressing workforce needs and accomplishing its goals.
- The Statewide Advisory Council assisted the Department to conceptualize a multi-year needs assessment strategy that recognized the lack of a comprehensive valid baseline of what the Department has versus what it needs. The Department contracted for a needs assessment, and then developed, with the stakeholders, a work plan to provide both an analysis of immediate challenges, as well as conduct a longer term needs assessment process to give both quantitative and qualitative data of the entire public mental health system that would enable the Department to establish a baseline from which more comprehensive planning and impact analysis could be done.
- Each county that submitted a CSS plan included a chapter that spoke to their workforce challenges. These plans were summarized and analyzed for common themes across the state. The challenges included: (1) a lack of diversity in the workforce; (2) a lack of proficiency in languages other than English; (3) a need for cultural competency training; (4) a lack of organizational capacity or infrastructure to support the new MHSA services; (5) geographical recruiting challenges; (6) and an ability to reach consumers at remote locations; (7) hiring and supporting individuals with consumer and family member experience; and (8) recruiting and retaining licensed staff..
- Over the summer 20 day long work groups were conducted with over 200 stakeholders drawn from consumer and family members, educators at all levels, county and contract agency line staff and administrators, government partners, and leaders representing professional guilds, and organizations. The work groups met around the 9 objectives contained in the five-year plan and minutes were produced and posted on the web that provided detailed guidance on appropriate actions to take.
- In September another general stakeholder meeting was conducted to enable the public to provide input on the five-year plan that now had added a needs assessment of the impact of adding MHSA CSS services to the public mental health system and the series of actions recommended by the work groups that were convened over the summer.
- The next steps in completing the five-year plan were to determine what actions or programs were to be administered at the DMH level and what actions or programs were to be administered at the county level. Also, how much funding would be released at each level? In February input was received, through the stakeholder process, of the proposed funding and governance structure.
- The Department, presented for input, a draft of a DMH information notice that provided guidelines to the counties for submitting their workforce education and training plans. This plan would be added to the county's existing three-year program and expenditure CSS plan.
- The funding and governance of the five-year plan was:

- From now through June of 2009, \$200 million will be allocated from the Education and Training Trust Fund. During this two-year period, DMH will initiate via competitive bidding process, contracts and agreements totaling up to \$100 million and will administer a number of programs having statewide applicability, and a number of programs that will provide replicable models for stimulating similar types of programs to be initiated throughout the state.
- During this period the counties will be allocated, by planning estimates, an equal amount of \$100 million (a 50/50 split). Using the county guidelines, provided by DMH, each county will develop, through their local stakeholder process, a workforce, education and training plan and submit it to DMH for review and approval.
- Prior to submitting their plan, counties will be able to request and receive up to 15 percent of their planning estimate in order to have enough resources to get started on planning activity and implement workforce actions that are ready to impact immediately.
- These county plan guidelines are a series of exhibits or templates that consist of a needs assessment in their county, explanation of their workforce plans with a budget and a budget narrative, and an exhibit that links their allocation of resources with their identified needs, and the core values of the five-year plan.
- The needs assessment templates provide both a standardized data-driven quantitative survey by occupational category of current positions, positions hard to fill or retain, positions estimated to meet their service provisions need, positions by race ethnicity, positions significantly designated for consumers and family members, language proficiency needs other than English, as well as identification of significant workforce shortfalls, and identification of any sub-sets within categories that are unique to the county.
- With the completion of the needs assessments exhibits, California will have for the first time ever, a baseline of the entire public mental health system workforce, the current needs, and a means to measure change in the workforce over time, impact of workforce actions, and to enable further planning.
- With the funding and governance parts now having completed the stakeholder process, the Department will be able to submit to the Planning Council, a complete five-year plan that includes a description of the funding and governance structure, a listing and description of plan state administered programs, and the corresponding plan for counties to develop and submit their own workforce education and training plans.
- The following is a list of state administered actions that fit the above criteria and are in the process of being developed, or have already started:
 - The California Institute for Mental Health to provide leadership and staffing support for the establishment of regional partnerships throughout California.
 - Allen Shay (?) Associates, for the principle investigator and staff to provide comprehensive needs assessment of California's public mental health system workforce.
 - The California Network of Mental Health Clients, to establish a training division within the organization to assist consumers throughout the state to have a full understanding of the MHSA and how to become involved in their local area. Also, to assist existing public mental health staff in understanding the MHSA through the consumer perspective.
 - DMH's expert pool.
 - Individual contracts to pay persons with consumer and family member experience to participate in all DMH activities involving providing subject matter expertise input, policy and document development, and evaluation of the programs.
 - A statewide technical assistance center to establish a training and technical assistance staffing support center for the employment, and employment supports of consumers and family members throughout California who are entering or working in the public mental health system.
 - Regional partnerships to establish a regional partnership staffing structure for each of the five California Mental Health Director's Association defined public mental health regions in California.

- CIMH to provide training and technical assistance to county mental health programs.
- The National Alliance for the mentally ill to provide training by individuals who have personal experience of living well with mental illness to people with serious mental illness who are interested in establishing and maintaining their wellness and recovery.
- United Advocates for Children and Families, training by parents for parents, to provide education regarding Children's Mental Health disorders, treatment options, accessing mental health treatment and allied resources, and promoting natural supports between parents.
- An inter-agency agreement with the Department of Rehabilitation to fund a cadre of consultants to provide training and technical assistance on various subject areas pertaining to employment and employment supports of consumers entering and working in the public mental health system.
- Funding to convert into a blended learning format training topics to be available on-line. Topics include cultural competency, consumer entry-level preparation training, psycho-social rehabilitation training, training for family partners and wellness recovery action plan.
- Training for trainers – a training program to develop individuals with consumer and family member experience alongside individuals possessing subject matter expertise to better provide training and technical assistance to the public mental health system workforce.
- Training for leaders – a training course to prepare future leaders in the public health workforce with effective principles and practices of leadership, management, and administration as they are applied in the public mental health system.
- Consumer entry-level employment preparation programs. Funding for replicable model programs that can assist in the development of additional programs that will recruit, prepare and support individuals with consumer experience, enter routine employment in the public mental health system.
- Supporting international workers of providing a program of education and employment supports for individuals living in California who have health care skills and experience from other countries prepare and enter the public mental health workforce. Individuals to be served are those who address diversity and language proficiency needs in the public mental health system.
- Funding for up to three replicable model human service academy programs that can assist in the development of additional programs that will provide public mental health service entry course work and programs in high schools, regional occupational programs, adult education and community colleges. Programs are to recruit participants from unserved and underserved communities.
- Psychiatric residency programs – funding replicable model programs that can assist in the development of additional programs that will expand the number of psychiatrists specializing in child and geriatric psychiatry working in a multi-disciplinary team approach, or focusing on recruiting psychiatrists who can address diversity needs.
- An agreement with the Office of Statewide Health Planning and Development to establish physician assistant internship programs leading to physician assistants specializing in mental health and able to prescribe and administer psychotropic medications under psychiatric supervision.
- Public mental health internships and curriculum – an agreement with the Board of Behavioral Sciences to dedicate resources to address the inclusion of internship hour requirements in the statute in public mental health settings and public mental health competencies in licensing examination questions.
- To contract with California Social Work Education Consortium to provide stipends to graduate level social work students who commit to work in the public mental health system.
- Stipend programs for marriage and family therapists, psychiatric nurse practitioners, and clinical psychologist.

- A loan repayment program – an agreement with the California Student Aid Commission to establish a statewide loan repayment program where CSAC would make loan repayments to lending institutions on behalf of perspective or current employees in employer determined hard to fill or retained positions.
- An agreement with OSHPD to establish new staff resources to increase the number of California communities designated as a mental health profession shortage area. This is to increase federal dollars to California for services provided in poverty areas and to be eligible for grants, scholarships, loan repayments, and other financial incentives for professionals committing to work in a public mental health system.

Some of these programs have already started, such as CIMH assistance to counties, the needs assessment process being conducted by Allen Shay Associates, and the stipend program by California Social Work Education Consortium. This consortium reports that of 174 individuals who graduated with their Masters Degree in Social Work, 95 percent are now employed in the public mental health system, and of the 188 individuals expected to graduate this June, 54 percent are minorities and 59 percent speak at least one language other than English.

The Department recognized that workforce education and training needs were paramount and established criteria in which funding from one-time CSS or DMH's admin support funding categories could be utilized. Through these funding categories, approximately \$40 million will be allocated by June 2007.

Looking to the future, the Department recognizes that the funds released through this five-year plan will pay for workforce programs and trainings through June 2009. The most recent estimates of funding to be deposited in the education and training trust fund exceeds earlier estimates.

A significant service part of the MHSA yet to be fielded is prevention and early intervention. The Department anticipates significant training and technical assistance to accompany this component and looks forward to planning as to how to compliment and support this component.

Chair Steinberg asked if of the \$200 million between now and November 2009 is statewide driven then how much is county driven. Mr. Hayes said \$100 million state and \$100 million County. The \$40 million is from the one time CSS and DMH Admin support for early implementation, such as, CALSWEC, the NAAMI, UACF, CIMH, etc.

Questions and Comments from Commissioners:

A Commissioner `said his concern is that there are many contracts with much money being contracted out of the Department and he asked if the Department can dig deep to see if some of these things can be done either by permanent staff or within the Department's staff.

Commissioner Diaz asked if there are contracts for family members, consumers or clients that want higher education. Mr. Hayes said he is just at the embryonic stages of learning that this is a huge untapped resource and he is looking into a process to try to see how this can be done. Commissioner Diaz mentioned that many of these people go back to school but drop out of school because they do not have the funding. She said she has a concern when counties are being requested to hire consumers, parents and family members but there is no help for these people to get financial help for their education. Mr. Hayes said the loan repayment programs are honing in on the selection of applications for loan repayments to ensure there is a diverse group who are processing, considering and approving applications for loan repayments.

Commissioner Lee asked how the primary care providers will be reached, particularly those in the funded insurance area. Mr. Hayes said this will evolve as part of the work project.

Commissioner Lee asked if the Workforce Development is a newly created position within the Department of Mental Health. Mr. Hayes said it is new. Commissioner Lee asked how the Department of Mental Health dealt with the workforce development previously. Mr. Hayes said this was an issue that had not been addressed. Commissioner Lee asked how the workforce development, in this context, is making a difference in what happens for the training, professional development, hiring practices, and job descriptions for all the people who are involved in the Department. Mr. Hayes said this is under construction.

Commissioner Doyle said there are many people at the state and county level who have their Bachelor's degree but would like to go on to get their Master's Degree while they continue to work. He asked when the stipend programs will be available. Mr. Hayes said CALSWAC is in place and there are three other programs that will be available in the next few months for fielding this fall. The Department has provided encouraging guideline language in the county plan guidelines to be used in their county plans in order to assess the current employees who want to move up the career ladder while still working.

IV. California Mental Health Planning Council Recommendations on MHSA Education and Training

Brian Keefer, Project Manager, Human Resources Committee provided the following information:

- The Planning Council is an oversight entity. In 1999 it launched a summit to look at critical shortage of mental health workers at all levels of service throughout California. From there it formed the Human Resources Project.
- The Planning Council's role, today in the Mental Health Services Act Training and Education Training Program component, is to review and approve the five-year plan; and advise the Department through its committee structure on how things are going.
 - The Planning Council delegated a degree of authority to the HR Committee as a functional committee to serve as a liaison.
 - In January a full presentation was made to the full Planning Council Committee depicting the essential elements for education and training. Those essential elements are: (1) state-wideness; (2) increasing diversity; (3) promoting consumer and family member employment.
 - The questions the Committee asked were: (1) Why is this being done; (2) Who is this being done for; (3) What is being done; (4) The programmatic direction and expected outcomes; (5) How and where (funding regulations and guidelines questions); and (6) When (is the basic timeline issue).
- In regards to the first two vision questions, there is much work we can assist the Department with in trying to come up with a unified vision. For instance what does wellness mean? What is meant by promoting consumer and family participation? He is excited about the opportunity to work with OAC's Education Training Committee, other groups, and the Department to come up with a unified vision.
- Programmatically, the issues focused in on if workforce education is being met; but what are the outcomes, and how are those outcomes and objectives being defined. How do local assistance objectives relate to the statewide objectives? The HR Committee believes that objectives should be defined by those who eventually receive the services, or who have yet to fully engage those services.
- The how and where of the funding regulation and guideline issues should be consistent among local regulations and guidelines, regional regulations and guidelines, and statewide.
- With regards to timelines, a risk assessment would be quite helpful.
- The HR Committee reviewed the OAC's Position Paper on Training and Education. One of the things that everyone should be thinking about is who are being educated to train people to serve - the draft paper states this but is general. In the paper, where it is requesting that

competency based approaches to curricular design and validation need to be done, it should be expressed as to who that particular population will be.

Questions from Commissioners:

Chair Steinberg said three strategies were pointed out, financial incentives, education and training, and career pathway development. He asked if there has been any discussion about a fourth, which would be the need for a statewide campaign to attract people to the mental health world. Mr. Keefer said the California Health Occupation Students of America is providing information regarding career pathway development. A statewide public campaign is being discussed and a certificated pathway will need to be built. Creating the vision to a more engrossed public campaign is important.

Chair Steinberg said \$80 million has been set aside for anti-stigma and discrimination reduction. He said part of reducing stigma is telling young people that there are great careers in the mental health arena. Commissioner Doyle said he agrees and that one of the reasons there has been trouble recruiting people to come into the mental health workforce is because of the stigma and discrimination against the mentally ill.

Commissioner Hayashi said one of the most important resources not being tapped into is the California Community College System. She recommended partnering with existing infrastructures at the community colleges to create more mental health professionals. It was pointed out that embedded in the Position Paper is a community college apprenticeship based program.

Commissioner Prettyman asked if there might be a way to provide articles to the Client Network and NAAMI to let consumers and family members know what is available. Mr. Keefer said this can be done through a newsletter.

V. MHSOAC Education and Training Committee Recommendations

Commissioner Feldman spoke to the problems and challenges regarding education and training:

- The Committee attempted, in the position paper, to include an overview of the problems that it believes exists with the mental health work force today, an overall goal and vision, recommendations, and approaches.
- Major objectives:
 - To develop and implement the incentives that will motivate greater numbers of people to join the mental health workforce and remain in it, and improve the conditions and job satisfaction of those already in the workforce.
 - Change the composition of the mental health workforce by acknowledging that good mental health services are not solely dependent upon clinicians with graduate degrees and by creating greater opportunities for the training and employment of a much broader range of mental health workers than ever before.
 - To bring about changes in the licensing requirements and practice restrictions that unnecessarily limit access to needed mental health services.
 - Increase the number of well-qualified mental health practitioners and improve their distribution throughout California.
 - Develop new and innovative training and education programs that will bring together people who do not seek degrees and those who do, using curricula that are competency-based, interdisciplinary, focused on consumer needs rather than those of any particular professional group and that effectively teach skills to promote recovery and resilience.
- Challenges and Problems

- Recognize and remediate the short-term needs for greater numbers of staff to help implement the new services money under CSS and at the same time change the workforce at the core, bringing about significant transformational changes so that in the future, the State of California will no longer have to undergo the crises in the mental health workforce that it does today.
- The first issue is there is not enough people working in the mental health workforce in California. The MHPC estimates that the vacancy rate for mental health professional positions in California exceeds 30% and the turnover is between 25 and 50 %. While the need for mental health services is increasing in the state the turnover and the shortages continue to get worse.
- There is a need for more and better trained people to work with children.
- The great majority of licensed mental health workers work in urban areas. Seventy percent of all the grade level mental workers in California work in the San Francisco Bay area, Los Angeles and San Diego.
- Diversity – it is clear there are major shortages of psychiatrists in California who are African American, Asian, or Hispanic.
- More effort is needed in training non-graduate degree people to work productively in the workforce.
- Graduate mental health professions are trained in silos and they are competitive. The curricula is not competency based and there is no interdisciplinary training and graduate mental health professionals learn many things in graduate school that they never use again. We need to transform the way graduate mental health professionals are trained.
- There is a need to develop new institutions in California and train graduate mental health professionals properly. He proposed a California Academy of Mental Health that could be integrated into the existing education system, to train and educate not only graduate mental health professionals, but also those people who are not interested in degrees but who want to work in the mental health workforce. He believes people who seek degrees and those who seek certificates should be trained in the same setting at the same institution so silos will not continue.
- He has concern about the licensing and practice restrictions which limits what well-trained people can do, i.e. prescribe psychiatric drugs.
- People's whose care is related to Prop 63 and who have serious mental disorders get their care in organized care centers, clinics, etc. What is needed is leadership and management training to enhance the effectiveness and productivity of the mental health workforce in California.

Conclusions:

The changes that are needed will not come easily. The Mental Health Services Act gives California the opportunity to do something that has never been done before in this country, which is to build a new mental health workforce from the ground up; to develop curricula teaching models and the like, that focus entirely on the needs of the consumer.

Chair Steinberg asked how many of the strategies will be successful unless, and until, we can consider the wages and benefits, and potential retirement security for people working in this field. He asked of one of the priorities should be attempting to raise wages. Commissioner Feldman pointed out that there are several places in the position paper that speaks to this issue.

Public Testimony

Michele Maas, said she works for the Native American Health Center in San Francisco which uses both evidence based practices and traditional methods of healing. She said it is alarming to her that she sees empty seats at these meetings when it is time for public comment. She believes this speaks to the importance of cultural competency and the importance of the public. She said she applauds Commissioner Feldman's recommendation paper, particularly the transformation,

cultural competency, and the education components in meeting communities and individuals where they are; being receptive to models that work in communities in diverse communities.

It is important to recognize that historical factors impact individuals, for example, the lack of knowledge and skills in accessing education or training in the dominant cultures. She said the willingness of people from diverse communities to access public mental health agencies and providers should be considered. She asked the Committee to consider methods to include diverse populations based on need and not numbers.

Jim Gonzalez, said he was a co-manager for Proposition 63. When he sees that almost \$1.7 billion dollars have been received and \$456 million has been allocated to education and training it is very compelling. He said the numbers in the “Feldman Report” of vacancy rates, the need for rural areas to have more mental health capacity, the fact that this is a career that has a turnover of 25-30 percent are also compelling.

The major word missing from the report is “recruitment”. A goal needs to be set to recruit 10,000 Californians into the mental health field in the next five years. He suggested taking the \$456 million and set a percentage for a public education campaign. It is time for this field, with this mandate from the public to have a recruitment goal. Young people need to be invited to the career.

Cheryl Torres, said on the sanction checks underneath the Welfare and Institution Codes 1128 A and B, a person who is in default of their student loan is not able to volunteer for a facility that bills in Medi-Cal and Medicare. This puts the breaks on their recovery, and from what she has heard this morning, this has been added under the loans. However, there is still the problem that those names do not automatically come off of the government list. They must be acquisitioned off of the list which is a very lengthy process.

In addition, under this same Act, are felonies, and some consumers have this hanging over their head. They have done their time and are in recovery and this is contrary to the Recovery Model. Chair Steinberg recommended that this issue should be agendaized and reviewed in terms of the Commission being advocates towards the federal government.

Janet King said she works at the Native American Health Center in Oakland. At the Center there is a mental health department called the Family Child Guidance Clinic. She asked that this group be considered as a partner in recruiting and identifying people who can be of benefit for the training and education program.

She said she is concerned that once they are in school it is hard to stay in school because they are usually activists in the community, raising their children, caring for elderly people, and they are teaching culture, and they need some help to stay in school.

She is also concerned about the curriculums that people will receive once they get into school. There was a movement in the late ‘70’s and early ‘80’s by the National Institute of Mental Health to improve the workforce by getting more people of color. Terry Cross, one of the Godfathers of the Cultural Competence Movement, received his education during this time and his main criticism was he went to school and learned nothing that was pertinent to his community. So, once these people are in school are they going to learn anything that will be pertinent to their community? Licensed people are not the answer to cultural competency, because sometimes it is the licensed people that prevent culturally competent care. We need to look at what is going to create culturally competent practices.

Richard VanHorn, said he would like to endorse the position paper. Transformation will require a real culture and attitude change. Academy for Mental Health will need to be integrated in

schools and colleges, and perhaps as a virtual academy, a mobile force for change that can have core staff that moves around the state influencing different campuses of community colleges, Cal State and UC systems.

The community colleges and CSUs are already involved. There are career pathways approved through the college system and it is in the process of approval of the state university system. The high school academies are the best advertisement because they are called out in the Legislation. This is something that must happen soon and serious recruitment should begin at the high school level.

Mr. VanHorn urged that there be equal treatment for the community agencies.

Chair Steinberg suggested intersecting with the career technical education in Sacramento. The Governor is putting money into the budget and it would be good for people to start meeting with the Administration.

Commissioner Doyle said Title 4E funding should be looked at as well. It could pay for training and education if 51 percent of the people taking the training are working with children in the child welfare system.

Commissioner Kolender asked if any consideration has been given to what training may be needed for law enforcement officers throughout the state and how are they integrated in the transformed system. Police officers are first responders 90 percent of the time and their education needs to be broadened in order for them to be an asset. He asked about recruiting fully trained professionals from other states.

Commissioner Prettyman said there is a training program (CIT) that train police officers to work with the people that are on the streets. She said in Kern County they go out to the universities and talk to the nursing students, when they were going through their psych rotation, and she recruited nurses just by helping allay their fears about working in the field. She encouraged mobile units.

Betty Dahlquist, with the California Association of Social Rehabilitation Agencies, said the CALSWEC stipend program is not available to part time students. She suggested that someone who is working full-time could perhaps get a partial stipend. She said she chairs the Advisory Committee for the Cal State East Bay's MSW Program and their part time program is qualitatively different than the full time program. She was happy to see the needs assessment addressed in the position paper because she believes the needs assessment process has some built-in frailties. The stipend programs are important because the average text book is \$80 on top of the fees of the colleges.

She is happy to see that the Department of Mental Health is looking at statewide dissemination of things that are already in place. The College of San Mateo has the first certificated program in psychosocial rehabilitation, which is a competency based certificate tied to job career pathways. The state might be able to move more quickly on implementing things when they build on things that are already in place.

The new concept in medical school education is that it is being realized that doctors are not learning how to serve their communities. They are only learning how to be doctors and bill Medi-Cal, so this concept of service learning, of bringing together academia, community and reflection is the next big thing in professional education.

Alexandra Kutik said she is a health and wellness advocate for the Mental Health Association of San Francisco and a volunteer member of the Board of Directors of Conard House, non-profit

providing resources for nearly 50 years, to help San Franciscans self-manage mental illness. For the past 25 years she has been living with bipolar disorder.

MHSA is the latest in a series of promises made to people like her, their families, and communities. She re-read the Act and she finds words like “an intention to provide state and local funds to adequately meet the needs of people who can be identified and enrolled in programs”. She said the Commission’s findings include “with effective treatment and support” recovery from mental illness is feasible for most people. Recovery for her means being a productive member of this community, of maintaining positive relationships with her family, friends and co-workers; leading an independent life and taking responsibility for her actions.

As a result of the allocation formula the impact of this Act on her community will be nearly negligible in the short-term and little in the foreseeable future. She asked for the Commission’s action and no more promises. It is her experience that the employees of Conard House are essentially paying for the cost of doing business. They cannot pay their staff the kinds of wages that the City of San Francisco offers to people doing the same work. The amount of time that the employees spend on administrative matters, including billing under the various systems that they are responsible to, needless to say cuts into the direct service it provides to the consumers and clients that it serves.

Conard House has talked about the necessity for its staff to have the same kinds of resources that its clients have: hope, resilience, a sense of partnership, and commitment.

Jeffrey Giampetro, from San Joaquin Valley, said his Parent Support Team and he came up with the concept of having a universal symbol to put at all the mental health facilities around the county, much like the handicap symbol, where when you saw the symbol you would know you could receive services. If you were to take the symbol and have a contest for a slogan then an advertising campaign could be generated from this vehicle. In addition, there would not be a language barrier by using a symbol.

Chair Steinberg said it would be a good idea to involve the public relation experts to help the Commission think through what would be the most positive symbol for mental health.

Carolyn Chadwick, with Tessee Services Corporation, which is a small non-profit mental health organization in south central Los Angeles, asked the Commission to consider two things: (1) parity as far as when funds are being allocated for education and parity with the non-public providers. She hires staff from the community to provide services to the community. Cultural competency is not an issue with her Corporation because she hires the people who represent the cultures that it serves. Staff are provided with at least 12 hours of training and education per month teaching one another about themselves. The County of Los Angeles offers its staff an opportunity for forgiveness for student loans but they must work for LA County for two years after they finish their degree. This opportunity is not provided to non-public providers, therefore her Corporation cannot compete.

(2) Pay to staff – when her organization was developing budgets they were challenged saying they were paying their staff too much. This was odd because they used the LA County salary ordinance to come up with what they pay their staff. She asked the Commission that when they allocate the funds to ensure that the counties pass the funds on to the non-public providers also.

Chair Steinberg asked what the State of the Law is on loan forgiveness. Mr. Keefer said loan repayment comes out of OSHPD in their Health Professions Education Foundation and there are other foundations as well. It is in the details of their regulations which does not stipulate it must be for public or private non-profit. The rules are made by those who give the money out. In the proposed loan repayment program under MHSA his subject matter experts are attending to the

process to make sure there is parity between public and private, as well as rich and poor, to get equal access to the loan repayments. He will build this in to the draft regulations for the education and training.

Joan Hirose, an NHTSA funded employee with the State Department of Education, Special Education Division, said as a former employee of Alcohol and Drug Programs she would like to share some information that came from several northern California counties. When the dual diagnosis demonstration projects were operational, Contra Costa County had a program for persons who did not want a degree but a certificate in dual diagnosis, and a program for consumers who were in recovery at Cabrillo College in Santa Cruz was available.

For those in Los Angeles County, there is a program sponsored by the Departments of Mental Health and Alcohol and Drug Administration for persons who were in recovery called "Peer Advocates". The Peer Advocates took advantage of a program especially designed with the goal to maintain to have employees in recovery retain their positions within LA County. The program was so dynamic that many of the graduates received numerous offers away from LA County prior to their receipt of certification.

She is pleased to say that, for three out of the five years, she was a member of the LA County Co-Occurring Disorders Conference and she received a lot of training especially on Ethnic Psychopharmacology as it deals with diverse populations in California.

Dorothy Friberg said she is a Consumer Advisory Committee person from Sonoma County in the implementation of MHSA. She said she means no disrespect to anyone in California, but she would like to see in the education program credit given for life experience, especially mental health recovery experience.

(Tape ends and new tape begins below.)

Self care to avoid burnout needs to be included in the program. Tools are needed, such as wrap program, to be able to have self-care in order to sustain in the job.

She is disappointed that a consumer did not make a presentation of what education needs are and she said healing does not come from money, not from credentials but from relationships. Relationships are what need to be taught in programs in order to be effective.

Parity: she has done jobs in self-help centers that no county worker would do for the money she was paid.

Sharon Roth, said she is usually a full-time volunteer but she was brought out of retirement last year because of the decrease in instructors to the San Jose State University and she is presently instructing a group of nurses in their psych rotation. Most of these nurses are hospital sponsored and they can complete their education and various hospitals in the Bay Area are paying their tuition and other expenses. They must sign up for two years at the hospital or pay back the money. These nurses would never have considered working with mental health clients before they were encouraged to do so. This is something that should be considered for mental health workers also.

Reciprocity of licensure – if someone is a mental health professional and they move to a different state it is very difficult to pick up their license again without going through the Boards and this needs to be taken care of. When she was active in Santa Clara County, she created an interdisciplinary team (from various universities that included nursing students, nutritionists, agricultural students, social workers, occupational therapists and recreational therapists) to go into the super board and care to work with the residents and to teach them.

Sandra Marley, a volunteer and member of the Salvation Army, said she would like more information on the co-occurring disorders. Ms. Clancy said this will appear on the website on the May Agenda.

Ms. Marley said as far as recruiting she believes that public service announcements are a good idea. Her brother worked with HUD on a special program and ended up getting into Universal Studios with Sylvester Stallone to get the message across. She said we need to get a public figure out on the airways for recruitment. In addition, there could be an 800 number provided for people to get information for their counties on services and training. She offered to help on the study group on the academy.

Edmond LJ, said he has had his Tenant Leadership Training from the Mental Health Association, said a California State Mental Health Parade where there could be a conference, celebration, learning and rally would be a good idea. He thanked Westside Mental Health in Crisis for helping him through his breakdown in 1998 and the Mental Health Association for having the Bell. He said maybe one day that Bell will be a liberty bell for everyone.

He believes there needs to be a system that starts up and builds around comprehensive wrap around system that is inter and intra generations with innovations to better nurture and support our society.

He suggested watching the movie Pacific Heights.

Catherine Bond, Director of the Office of Self-Help at the Technical Assistance Support Center for the California Network of Mental Health Clients, said their focus is often advocacy and in looking at hundreds of the regional projects that the network sponsored it was discovered that 75 percent are educational and involve training. She endorses what Dorothy said regarding life experience. There is a small group of people who are members of the Network who call themselves “Mental Health Managers in Recovery”. The Network has a lot of academic experience and it comes to the table offering the Commission life experience across the board and they are very interested in distance learning because many people are not close to learning facilities. She would also like the state to take the lead in the “California Academy of Mental Health” idea for Commissioner Feldman.

The Network also endorses Chair Steinberg’s idea of looking in a positive way of confronting the issue of discrimination and look at how to put the message out that working in this field is a good place to work; a valuable, meaningful, powerful place to work.

Stacie Hiramoto, with the Mental Health Association of California and she works in the area of cultural competence and diversity. The Association supports the proposals and ideas of Jim Gonzalez in regards to the recruitment. It would be effective and facilitate getting more mental health workers from underserved communities and, in addition, would reduce stigma.

Commissioner Lee asked to take this opportunity to thank Dr. Deborah Lee who was a close collaborator with him on the paper.

Commissioner Henning explained that what the Committee is attempting to do is widen the pipeline to get to new classifications in order to bring more people in, and on page 5 of the paper, there is room for developing major public service campaigns to try and attract people into the mental health field.

Commissioner Henning said he would like to add the following sentence regarding supplantation, "Prop 63 dollars will not be used to supplant any previous position county or state."

MOTION: Commissioner Henning moved to adopt the report authored by Doctors Lee and Feldman and to add a statement about supplantation of these particular funds that the Commission will use as the basis for continuing work with the Department, the Planning Council and the stakeholders to move forward; seconded by Commissioner Poat. Motion carried.

Chair Steinberg said universal training of law enforcement should be brought back to the Commission at some point to see if perhaps MHSA should leverage and finance some of the training in this area.

VI. MHSA Integrated Plan: Overview of Draft Principles for the Development of the Plan and Timeline

Ms. Carol Hood, Deputy Director California Department of Mental Health provided the following presentation:

1. As a first step in moving towards the integrated plan a common vision of what the end product will be. What is it that we are trying to achieve and do we all have the common vision as to where it is we are going? In order for a smooth transition to the integrated plan the requirements will need to be finalized by January 2008.
2. The Department will continue to build on the core values and move towards the outcomes.
3. MHSA Integrated Plans will use the same logic model structure starting with broad identification of needs, community issues, and working towards mental health needs as a way of giving counties a structure to work with their stakeholders and for a way to structure the plan that will be coming back to her.
4. The Department will be looking at the entire mental health system and not just MHSA funded services. This will not be looked at as just a grant program, but how it will fit into the entire program and be focused on the core values and outcomes.
5. The Department will make a distinction between some of the components, for example some components are service oriented (CSS, Prevention Early Intervention and Innovation) and the type of planning process and standards to be used would be different than for those that are the supportive services (education and training, Capital and Technology).
6. The state should provide more templates for a more streamlined process.
7. The Department believes there is an ongoing role for stakeholders and the types of groups that are brought in to the stakeholder process for the planning should be broadened. The stakeholder process should be ongoing as a part of implementation and evaluation and oversight, and looping around to the planning.
8. All documents should be readable and accessible to all.

Ms. Hood said she is cognizant of the OAC leadership and role for PEI and Innovation and this will be integrated into the plan requirements.

Chair Steinberg said the Commission should be in partnership on the beginning of the developing of the integrated plan, as well as the counties and other stakeholders. He asked Ms. Hood what forum she sees this taking. Ms. Hood said this is the first roll out with the Oversight and Accountability Commission and then a stakeholder process will begin with these principles. She would like to work with the OAC staff to set up processes.

Chair Steinberg said there is an informal Government Partners Group and this should be a subject of their discussions as well.

Commissioner Poat said there is a tension with regards to getting money out quickly versus transformation. He is hopeful that there will be opportunities for the Commission, Administration, client groups, etc. on what they feel are the two or three things that should really be accomplished in the course of the next three-year planning cycle and the integration of programs. Ms. Hood said she agrees and when moving towards transformation everyone needs to be clear on what it is, measure it and publicize it and will make this a priority in her stakeholder processes.

Commissioner Feldman said the Department is clearly responsible for improving the entire gambit of mental health services in the State, the Commission's responsibility is with Prop 63 only. His hope is that what the Commission does with Prop 63 will affect what goes on in the rest of the state. Ms. Hood said she agreed.

VII. Prevention & Early Intervention County Programs: MHSOAC Draft Plan Review Policies and Procedures

Sheri Whitt, MHSOAC staff, presented the first look at a proposed process for how the Commission might approach its duty with respect to reviewing PEI applications. Included in this presentation is information on a Plan Review Committee.

The proposed PEI Application Review Process

- OAC staff receives application for PEI funding. Applicant also send a copy to DMH
- Review Team, consisting of OAC Commissioners, staff and others designated by Commissioners to represent diverse perspectives and expertise that would review the applications.

Review, possible outcomes

- Review Team reviews comment from DMH regarding application; Review Team reviews comments from other stakeholders regarding the application
- Review Team can approve application, send questions to applicants for written responses, request conference call or face-to-face meeting, invite additional input from community stakeholders and/or take any other actions necessary for a complete review

Possible second meeting, final approval

- Application Review Team conducts second meeting, if needed, to review and make determination regarding application
- Commissioner members of the Review Team would formally approve application and recommend funding under authority delegated to them by the OAC

Chair Steinberg asked how the Commission works with the Department of Mental Health, Department of Finance, and Legislature to have the staff that is needed in order to do what is being called out in her presentation. He asked what the staff needs are in order to do this process. Ms. Clancy said an assessment has been made. The Commission was successful in a budget change proposal to request additional staff and an additional 6 staff has been approved. This will be presented to the Administration by the Department of Finance. A second budget change

proposal has been submitted requesting additional staff necessary (6 mental health staff specialists) in order to be able to do the review in the way that is being proposed. She does not have confirmation about whether or not she would get the additional staff. If she does not get the additional staff, and if the Commission wants to implement this plan, then this would have to become the focus of the Commission work for the next year.

Commissioner Feldman said this is a work in process and the issue of how much staff is needed to do a responsible job is dependent on the magnitude of the task, for example, it is hoped that the PEI will be much smaller and more direct and user friendly.

Commissioner Dobson said he is concerned about the proposed plan because of its flexibility. If the county were denied they could sue, and if they sued there would have to be a record and therefore it should be much more formal. He suggested setting up guidelines for what should be looked at in application, set up a team to review it and write up a proposed statement as to whether the plan is being approved or disapproved and then bring it to the Commission for a vote.

Ms. Whitt said there are currently guidelines in an application that are under development with the Department of Mental Health and she is working with them to come up with a standardized guideline and application process. There will also be a plan review tool that will be developed as well as a budget review tool. Counties will have copies of these tools in advance in terms of what the criteria will be by which their applications will be screened.

Commissioner Henry said the decision must be made by the full Commission. She said she would be uncomfortable delegating decisions to committees.

Commissioner Diaz asked how this could be done if the Commission only meets every other month.

Commissioner Chesbro said (a) this is the Commissions ultimate responsibility under the Act; (b) there needs to be criteria; (c) there needs to be a record of action that explains or justifies the action; and (d) the decision would be based on the record submitted by the county.

Commissioner Chesbro said if the plan was formally considered by the full Commission it would still need to rely heavily on the process put in place and objectively based on a criterion that has been considered in advance. Commissioner Dobson said there should be a hearing at the time of the vote so public comment can be recognized. Commissioner Chesbro said the Commission would need to come up with a way to make these two conflicting things work together.

Commissioner Doyle said the Commission will have to adjust its meeting schedule to accommodate plan approvals. So even though the Commission has a set schedule it will have to be flexible when plan approvals are received.

Commissioner Lee said if the requested staff request is not approved or delayed it would be important to have a conversation about reviewing priorities.

Commissioner Doyle said the earlier discussion regarding the formula for allocation of dollars across counties and the fact that homelessness is not considered in the formula. He pointed out that in the Act itself there is no allocation formula about how much each county receives. Chair Steinberg said there are many questions about what the OAC is responsible for, what the Department is responsible for and whether or not the Government Partners Group will try to build consensus around this question.

Ms. Whitt continued her presentation:

Proposed Role of Plan Review Committee

1. Oversight – The Committee will conduct research, consult with stakeholders and bring to the attention of the OAC issues related to the areas listed below to assist the OAC in its oversight responsibilities
 - o Adults and Older Adults Systems of Care Act
 - o Human Resources
 - o Children’s Mental Health Services Act
2. Oversight, Review and Comment, budget approval – The MHSA gives the OAC review and comment responsibilities related to County Plans (includes Implementation Progress Reports, Contract Amendments) and additional budget approval responsibilities related to Prevention and Early Intervention and Innovation components of County Plans. The OAC also has budget approval responsibilities for applications for PEI and INN funding which are made in relation to statewide projects (applicants may be counties or other entities). The Plan Review Committee will contribute to review of County Plans in ways to be determined.
3. Recommend Increases in Statewide Allocation of Prevention and Early Intervention Funding – whenever the Oversight and Accountability Commission determines that all counties are receiving all necessary funds for services to severely mentally ill persons and have established prudent reserves and there are additional revenues available in the Fund, the OAC may call upon the Plan Review Committee to make recommendations to the MHSOAC regarding increases in statewide allocation of Prevention and Early Intervention funding.
4. Engage in Plan Development around the expenditure of additional MHSA revenues
 - If there are still additional revenues available in the MHSA fund after the Oversight and Accountability Commission has determined there are prudent reserves and no unmet needs for any of the programs funded, including all purposes of the Prevention and Early Intervention Program, the Commission may call upon the Plan Review Committee to make recommendations to the OAC regarding a plan for expenditures of such revenues to further the purposes of the Act and the Legislature.

Proposed Composition of Plan Review Committee

- This is still being determined but it was felt that the Plan Review Committee needs representation from each of the OAC’s other committees/technical resource groups to provide an integrated perspective to the integrated plans. At a minimum, the Plan Review Committee is likely to need OAC Commissioners to act as chair and co-chair, and quite possibly additional OAC members, as well as a staff person, and a diverse group of committee members representing a variety of perspectives.

Comments from the Commission

Commissioner Doyle said there could be a Committee with a diverse group including some Commissioners that would review the plans and then make a recommendation to the total Commission.

Commissioner Lee asked if the Act requires that the full Commission approve every decision about an application for funding, or is the Commission free if it chooses to, to delegate the responsibility to a sub-group of its members. Commissioner Dobson said he is not sure but he can find out. Commissioner Lee said while he is in favor of avoiding lawsuits, how important is this and to what extent will it drive what the Commission does or does not do.

Chair Steinberg said, as a matter of policy, it is a good practice and will create more transparency if the full Commission approves expenditure plans.

Commissioner Chesbro said there may be tension between setting up a criteria and have it be objectively applied versus the popular decision making process. It is important that the public decision process and the Commission’s deliberation be front loaded as much as possible so it is as defensible as possible.

Commissioner Poat said that at a meeting last week there was discussion about the Department and the counties coming forward with a funding formula proposal related to this program. There is recognition that there needs to be consensus moving forward. The Commission is not bound by the historic formulas. He agrees with Commissioners Dobson and Chesbro about establishing criteria. He would see it as the Commission setting the criteria; it would then vote on those criteria, and then it would be brought back explaining how the plans meet the criteria, which is, again, a voting situation. The key is to have clear and established criteria.

Commissioner Dobson said it is important that those participating in the evaluation must not have a conflict of interest. With respect to timing, perhaps deadlines could be set. For instance, if a county is told that if they get their plan in by “X” date it will be heard at “X” Commission meeting date, and in this way it would be framed so that the submittals come in to match meeting dates.

Commissioner Diaz said she appreciates giving deadlines, but she doesn’t believe counties should have to wait. By telling them if they get it in by a certain date and if they miss it by one or two days then they might have to wait two months before it will be read. The funding needs to be out as soon as possible. She suggested reviewing the plans regionally.

Commissioner Poat said the counties don’t want to write 500-page plans. He suggested asking them, as parts of their submission, what options they chose for public participation, tell about the menu of options they have decided to pursue, and what outcomes they have chosen by which to evaluate their program. If the process is designed on the front-end, remarkable dividends will be seen at the end process.

Ms. Whitt said the intent of the draft was to do a process that would address both PEI funds and those applications whether they came from counties or individuals who were applying for the statewide funding. Chair Steinberg said it would be helpful to bring before the Commission at its next meeting, the timelines for the statewide funding (stigma reduction, suicide reduction, outcome and evaluation).

Chair Steinberg said he appreciates that the Department and Counties may draft an allocation formula, but before it is disseminated it should have the input, and hopefully, the agreement of the OAC and other stakeholders as well.

Public Comment

Kent Ellsworth, Executive Director, Bay Area Community Services said his organization believes in services for older adults. He asked the Commission, in their schedule of priorities, to design the PEI process to look for the county’s plans in older adults. Many counties do not have services for older adults. Instead of treating mental illness in older adults, they are being sent to more restricting settings. PEI is the perfect opportunity to develop an integrated system of community care involving not only first responders, but the current community based services and mental health providers in the community operating as one team to address this serious problem.

Patricia Arian, Ph.D. UCSF Associate Professor, Department of Psychiatry said she supports efforts in assuring that PEI monies are also spent on programs to prevent and identify mental health problems in people over the age of 65. The Mental Health Services Act specifically details that Prop 63 money, as well as PEI money be spent on programs for older Californians. This money towards prevention of mental health problems in the elderly would be money very well spent with a high yield of improving quality of lives in older Californians.

The ratio of attempts to deaths in people over the age of 65 is 1 to 1 and in younger populations it is 4 to 1. Seventy five percent of suicides were committed within a month of visiting a health care provider, and 20 percent were committed within a day of seeing a health care provider. The biggest risk factor for suicide is depression, the most treatable, preventable and easily identifiable mental illness in late life. Older adults frequently interact with people who are able to identify the risk factors and intervene.

It is our duty to the California voters who made Prop 63 a reality to the taxpayers who support Prop 63 and the elderly who are need in services to invest these dollars in providing state-of-the-art prevention and early intervention programs for older people. Efforts will result in improved quality of life, reduced health care costs to California, and reduced suicide rate.

Brian Lee, with Fight Crime, Invest in Kids California, an organization of over 300 sheriffs, police chiefs, district attorneys and crime victims. This organization's interest in the Mental Health Services Act is to insure that counties are allowed to, and where possible, encouraged to address the mental health needs of juvenile offenders.

He spoke to the priority populations and prevention and early intervention guidelines. The Commission made changes to the proposed guidelines that made them much more inclusive of juvenile offenders. He commended the Commission for taking concerns that were raised by law enforcement and general justice advocates in mind when proposing the guidelines.

There are tremendous opportunities to steer kids on the right track by intervening early and meeting the expressed prevention and early intervention goal of reducing incarceration. However, in the time since the new guideline language came out, after reviewing it he has concerns about how restrictive it is. Once the juvenile is in the system the only chance they get to be covered by PEI is the first point of contact. The reality is that there are tens of thousands of kids who are already in the system, on probation and have tremendous needs.

By restricting juveniles to first point of contact it will not allow them to get benefits through PEI from model mental health programs that deliver the types of outcomes needed. The Community Services and Supports is limited to severely mentally ill or seriously emotional disturbed and there are only a small percentage of juveniles that this would apply to.

Chair Steinberg said he believes there may be some misconceptions in terms of what is allowed and what is not allowed. There is a difference between a priority and preclusion. It is not correct that PEI cannot and will not fund juvenile probation. Counties are not precluded from putting together a plan that would attempt to address the juvenile needs, as well as children who have been exposed to trauma, children from stressed families, and children at risk of school failure. He urged Mr. Lee to get to the table at the county level and put forward models which he knows are successful and compete for that county funding.

Mr. Lee said his organization believes that early intervention/short-term interventions should be stated up front as a high priority by the state. The state has the opportunity to be more open in the guidelines to say these things are inclusive.

Commissioner Hayashi asked how many children are in DJJ and how many of those children become part of the Department of Corrections. Mr. Lee said people at DJJ are less than 1 percent of the entire population in the juvenile justice system. Most of the kids are probation at home or in county custody and 70 percent of them re-offend within 3 years.

Commissioner Feldman asked Mr. Lee to send him a re-statement of what is problematic he would be happy to take a look at it.

Commissioner Chesbro said the dilemma the Commission faces is prioritizing limited resources and trying to distinguish between prevention and early intervention and community services and supports. He said if the guidelines seem overly restrictive then he would like their help in restricting them in an appropriate way so that focus of prevention and early intervention is not lost.

Commissioner Doyle said 55 percent of the money is set aside for Community Services and Supports and only 20 percent for prevention and that is why the Commission is trying to protect the prevention money and see that it really is just used for prevention. In the proposal to send all the non-violent kids in the youth authority back to the counties the Commission should look at how many of them are eligible for Medicaid and sign them up before they are sent back to the County so there is a source to provide mental health services they need.

Commissioner Kolender said the reason for the youth authority was for those juveniles who failed in every city and county in the State of California. If they failed in all the counties, they either went to state prison or they died. He said you could start in the state prison system by getting them to do something.

Vice Chair Gayle asked that this topic be agendaized for a future agenda. He asked that someone give a presentation around the juvenile justice system.

Gwen Slattery, thanked the Commission for looking at the changes that are needed in the Education and Training for the mental health services' workers. She is happy to see that the Commission is looking at the importance of educating parents and family members into the treatment of children with mental health illness. To have this group introduced into the industry with training, that may not necessarily be a college degree, it is a big step towards transformation and she really appreciates the draft of this.

Michelle Schulz, said San Francisco is a city and county in great need. She is not happy with the formula of allocation. People come from all over the world to San Francisco for its beauty, diversity, and its tolerance. San Francisco may not have in population a large enough amount of people, but they certainly do with people with issues and homelessness. She is a health and wellness advocate and she believes mental health should be the number one priority in America.

Connie Reitman, with the Inter-Tribal Council of California, updated the Commission on some of the interests and concerns that the Council has been working on as a group. She believes it is important that the Commission set the criteria. The Commission's leadership has allowed the Council to do some things and give out to its people mental health through the county mechanism and has improved that relationship.

Ms. Reitman said one of the things the Council feels is important is to look at how the state and counties might change how they develop their recommendations and who they utilize to do this. In the Prevention and Early Intervention there is a University that is being used to do the interviews on the key informants for prevention and early intervention. She feels that it would be more appropriate to engage individuals of the communities and direct contract with them so they can do the research and interviews that need to be done from a cultural perspective. There is interest in participation and she feels another level of review needs to be made in terms of how it is being done. The council can recommend some approaches as well.

She thanked the Commission for helping the Native community to become more engaged in the process. She asked that they keep the door open for them and to be strong in the area of helping them.

Corene Kendrick, an attorney at the Youth Law Center which is an advocacy organization that advocates on behalf of youth and foster care and juvenile justice, said she echoed Brian Lee's request to expand the definition to include youth in the juvenile justice system and not have this first point of entry. She is excited that this is something that will be discussed at the Commission meeting in May and she will wait to make further comments in May.

Commissioner Kolender asked Ms. Kendrick to briefly tell the Commission how she feels about the value of juvenile mental health courts. Ms. Kendrick said there is some difference of opinion on this because there is a tendency that they only focus on youth who have committed minor crimes. There is some concern with youth advocates and also with mental health advocates that it has the unintended consequence of widening the net and youth that otherwise would have previously been diverted and not entered into the system when they get in. In Santa Clara it has been successful but unfortunately it is a very small number of kids.

Ralph Nelson said with the CSS process one of the things that the Department of Mental Health did was they had regional consultants that would help you go through the regulations and requirements so the grant plan could be in order which helped eliminate having the plans returned so many times. He encouraged the Commission to have these types of consultants available.

VIII. Committee & Technical Resource Group Reports

Innovation Committee: Commissioner Henry said the Innovation started its work last fall. They held a seminar on a variety of topics applicable to an approach to innovation this week. A work plan has been developed, and based on the work plan they are working from a resource document to a document of recommendations. The seminar was developed around the resource document and recommendations.

There are 20 Committee members with a variety of perspectives and backgrounds. The Committee is working towards a definition of innovation, what the scope is worked for and dealing with principles and criteria for each principle. There would be principles that each proposal would have to meet in order to be eligible for funding.

The Committee will have its work completed by June and the first read by the Commission would be in July, and the second one would be in September for adoption.

Community Services & Supports Committee and Capital & IT: Commissioner Doyle reported on the issue of mental health services for American Indians/Alaskan Natives. Ms. Whitt said there are two levels of transformation that the Committee was looking for: (1) wanting to make sure that funding actually was making it in to supporting mental health services for American Indians, and (2) that there was improvement in the relationship between the tribal health programs and the county programs. There has been progress in terms of an improvement in the working relationships both at the local level and between tribal programs and the Department of Mental Health. Ms. Whitt said today's report will explain what has been happening with funding in the American Indian community.

Background:

- What follows is a summary of efforts by the California Rural Indian Health Board Statewide Coalition of California's American Indian Mental Health Service Organizations to raise the issue of mental health funding needed for Indian Health Treatment programs.
- On July 28, 2005 California Rural Indian Health Board sent a letter to DMH asking for a meeting and talked about how there was some difficulty in terms of Indian treatment and Health Facilities being able to secure meetings and that there had been some history of County Mental Health Departments being unwilling to share treatment funding with the Indian Health Facilities.

- In September there was additional communication between the Statewide Coalition of California's American Indian Mental Health Service Organizations and the Department thanking them for a meeting that did in fact happen in August. The Coalition at that time was recommending that the Department of Mental Health consider, and also that the OAC consider a \$16 million set aside that would be used specifically for mental health services for Native Americans.
- The rationale for set aside was as follows:
 - Historically most counties have not shared their health program resources and partnered with Indian health organizations.
 - The set aside is based on actual need of current and future Indian clients and Indian mental health programs across the state.
 - Considerable disparities exist in the psychological well-being of Indians.
 - The suicide rate for Indians is 60 percent higher than the general population.
- On October 21, 2005, CRIHB sent a letter to Chair Steinberg as well as to Dr. Mayberg, Director of DMH. In that letter they cited:
 - Indian health care system was chronically under funded and highly dependent on Medicaid/Medicare and federal and state grants.
 - Funding is less than half of what is necessary to provide adequate access to quality health care services, including mental health services.
 - In most cases Indian Health Programs had been left out of the proposed county CSS plans.
 - The letter urged OAC and colleagues to oppose funding CSS plans in those counties that were being served by Indian Health Programs until those Indian Health Programs were adequately included in the plans.
- The California Mental Health Directors Association sent a letter to CRIHB in February saying that:
 - They had recently reiterated to the Department of Mental Health that several stakeholders had expressed the desire to have a clear and transparent process designed for any use or distribution of "set aside" funds if such a thing were to be considered.
 - They had the experience of a number of other stakeholders who had also expressed a desire to obtain some of this funding.
 - CMHDA said it was important to them that the funds were made available in a fair and equitable process and they also wanted to ensure that their Native American partners had an opportunity to participate and submit a project proposal if criteria were developed.
 - In conclusion CMHDA stated that they believed that there were additional funding opportunities in the form of Prevention and Early Intervention funding which they hoped through the Native American Partnership process would be able to address this critical issue (suicide prevention) and to facilitate the inclusion of suicide prevention for Native Americans.
- The outcomes from the Tribal Health Program communication was:
 - A series of regional trainings were presented throughout the state for tribal representatives, county leaders, and others regarding mental health needs for American Indians.
 - Monthly meetings attended by tribal health program persons, DMH, and CMHDA were instituted.
- In December of 2006 Commissioners Wynne and Doyle wrote a letter to the Department of Mental Health requesting:
 - An accounting of the number of American Indian health services providers that have received Mental Health Services Act funding.
 - The rationale for this request was that the CSS Subcommittee had recommended that these providers be included in the county plans and wanted to follow-up to determine the results of the Committee's recommendations and to assist in ensuring that the Indian mental health clients were able to access the services that they needed.

- And additional request was made that if there are particular obstacles that are preventing the integration of American Indian health service providers into the mental health system of care it was asked that the Department identify the barriers and describe what steps were being taken to address them.
- The DMH response was that they were not currently able to provide an accurate statewide accounting and they were hoping to acquire such an accounting on the current level of funding once the implementation progress reports were submitted to the Department of Mental Health perhaps in June 2007.
- One year and 8 months have passed since that first letter was written by California Rural Indian Health Board drawing attention to this issue, and unfortunately, the Committee still cannot confirm how many, if any, MHSA dollars are being used to fund mental health services in Indian country.
- As the Committee looked at this and discussed what was at stake, the feeling was that American Indian Advocates have been one of the most vocal and persistent of stakeholder partners in terms of advocating for the needs of those who are members of one of California's largest unserved, ethnic/cultural communities. The concern is what conclusions could potentially be drawn by other communities with MHSA needs if the Committee was unable to respond to the issues raised by the Coalition in a timely and meaningful fashion.
- The Committee's recommendation was that it would designate an OAC staff person to attend monthly DMH/CMHDA/Tribal partners meetings. The Committee will repeat the request in writing that DMH identify obstacles preventing integration of American Indian health services providers into the mental health system of care and to describe what steps are being taken to address them. The Committee also recommends re-visiting the request \$16 million set aside.

Chair Steinberg said he is bothered by the fact that the information has not been received from the Department of Mental Health or the counties about how many counties are funding Native American programs. OAC needs this information.

Commissioner Doyle said the needs of the Native Americans are desperate and they have been unaddressed for a very long time and the Commission should follow-up to try and make sure that something gets done.

Ms. Whitt said there are a lot of myths about the potential for casino money to provide the kinds of services that American Indian/Alaskan Native people need. The truth about this issue is that very few tribal communities have casinos, and even those who do, often times go years without realizing any type of profit because of what is involved in starting up the casino programs. A larger issue is that our American Indians and Alaskan Native brothers and sisters are citizens and certainly ought to have access to the same quality and level of service that the other citizens of California are entitled to.

Commissioner Feldman said this is a disgrace and the Commission should determine to what extent, if any, it should have influence over what the Department does. To wait this long to hear from the Department is simply not acceptable. Chair Steinberg said there has been no demonstration that the counties have delivered on a promise to be more inclusive with the Native American communities, and more importantly, because the Commission does not have the information that the Native American mental health needs are being met to any degree through the first rounds of this Act. The Commission needs action.

Commissioner Lee asked that the July agenda include this matter and that representatives from the Department be present to report on this subject.

It was also suggested that a letter be sent to the Department from the Commission strongly worded explaining that the Commission expects a full accounting at its July meeting.

Chair Steinberg said it may be that the Commission, at some point in the future, will entertain discussing the proposal of using the \$16 million set aside for Native Americans.

Commissioner Chesbro restated that this kind of non-responsiveness is in light of hundreds of years of bad faith by government and is a source of mistrust.

Commissioner Hayashi said the Commission should be asking for information from the State for all minorities. Commissioner Doyle said most of the CSS plans did speak about other ethnic groups, but did not say much about the needs of Native Americans.

Outcome & Measurements Technical Resource Group: Commissioner Lee said an Issue memo on a proposed public mental health evaluation policy committee has been disseminated. This is a Committee to work with the Department of Mental Health and the California Mental Health Planning Council to do some outcome measurements in a joint fashion do when there is overlap the groups should work together to get one source of data that is common to the groups.

This group is proposing to put together a mechanism to develop a common data set for the limited group of areas where there is jurisdictional overlap.

Two principal proposals were advanced:

1. The delegated decision authority model in which the agencies would authorize a high level individual with support to negotiate and come to consensus on what the data set would look like, what the outcomes would be and how it would be measured and then move that as a consensus item forward to create the mechanisms to capture the data. This would entail providing those individuals with authority to both negotiate and to agree to program.
2. Meet and recommend model the participants would meet to propose data elements and outcomes, and then recommend to final decision makers for action. Each of the parties would then determine independently if any or all portions of the data sets and outcomes are acceptable. Once that decision was made, each of the respective agencies or groups would ratify it and move forward.

The elements in the first “delegated decision authority model” would allow the Commission to move more rapidly towards conclusions because the individuals could come to consensus and move forward.

The “meet and recommend model” would require individual meetings and ratifications after agreements had been reached and hopefully consensus at that point.

The group believes that the delegated authority model would be a model that would be most effective but would like to hear from the Commission whether it feels this is a model that could affect the kinds of necessary data collection and collaboration that is necessary.

Comments from the Commission

Commissioner Feldman said his concern has to do with the role that the Department ought to be playing in helping to determine the Commission’s authority over what data is collected because this data will subsequently be used to evaluate the changes brought about by Prop 63. He is uncomfortable for a major implementer of the Mental Health Services Act to also at the same time be involved in having some authority and saying the conditions of which its own behavior will be evaluated. He worries about a potential conflict of interest and the credibility of any evaluation done in the future to evaluate the changes, if in fact, one of the players has a major role in evaluating itself. His sense is that the Department should play a major role in proposing to the

Commissioner what kinds of data should be collected and what conditions should be used for evaluation but not having the authority to help determine it.

Commissioner Lee said he agrees that the opportunity for self-analysis creates an impression of self-serving interest, but we are looking at those data sets which have to be collected anyway and there is the potential of ending up with three sets of data that could be inconsistent, or in some cases, at odds with one another. He would like to look at some small areas and make sure that we have some consensus on this and start the process of transformation from the beginning in the sense that we are going to look at outcomes that are common, measurements that are common, and reporting that is common so that all individuals can see what is happening. This starts the collaborative process in a transparent setting.

Chair Steinberg suggested having the group that Commissioner Lee is suggesting to essentially determine the outcome measures and the process for conducting an evaluation, but to have someone independent conduct the evaluation. Commissioner Lee said he is not suggesting that the agencies themselves do the collection of the data. What he is suggesting is that the data that are required be common and that the questions asked are common.

Commissioner Chesbro suggested giving direction to the Committee to look into how to make sure that the use of the measurements and the evaluation is independent and is transparent.

Commissioner Dobson said he is not as concerned as Commissioner Feldman is with the conflict of interest issue. It is about the end result; is the criteria valid, and then look to the implementation.

Public Comment

Richard VanHorn said there have been a number of discussions with the Department and with the Planning Council already. One thing that has not been proposed is to do the evaluation. It is only a question of having a common set of data. Once the data is correct, then an independent evaluator is needed.

He suggested as we go forward in the next meeting that it be clear that anybody who was implementing makes no decision on the pieces they are implementing, so basically they would rule themselves out of the discussion on certain items. Both Commissioner Feldman and Lee were comfortable with this idea. Commissioner Lee pointed out that this is a limited set of data collection points. The OAC has other areas where it can be much more powerful because they speak only for themselves.

Chair Steinberg said the Commission's point of view is that it does not think it should be developing outcomes for PEI and the Department should not be developing outcomes for the elements of the act that they are responsible.

Delphine Brody said the California Network has not yet taken an official position on this, but speaking for herself, she feels it would be a conflict of interest for an agency that is providing a service to be the one that conducts the data that is used in the evaluations. She feels an independent agency should, and must be, used to collect the data. She believes that clients need to be actively participating and designing the questions that are asked. It would be good if clients could ask the questions to other clients in the follow-up interviews.

IX. Adjournment

The meeting was adjourned at 3:00 p.m.

