Members Participating
Victor Carrion, M.D., Chair
John Buck, Vice Chair
Khatera Aslami-Tamplen
John Boyd, Psy.D.
Christopher Miller-Cole, Psy.D.
Ralph Nelson, Jr., M.D.
Larry Poaster, Ph.D.
Assemblymember Tony Thurmond
Richard Van Horn
Tina Wooton

Staff Present
Sherri Gauger, Interim Executive Director
Toby Ewing, Ph.D., Executive Director
Kevin Hoffman, Deputy Director
Norma Pate, Deputy Director
Filomena Yeroshek, Chief Counsel
Renay Bradley, Ph.D., Director of Research and Evaluation
Deborah Lee, Ph.D., Consulting Psychologist
Jose Oseguera, Chief of Plan Review and Committee Operations
Jennifer Whitney, Director of Communications
Lauren Quintero, Manager
Kristal Carter, Staff Services Analyst
Cody Scott, Office Technician

Members Absent
Senator Jim Beall
Sheriff William Brown
David Gordon
Paul Keith, M.D.
David Pating, M.D.

1. CALL TO ORDER AND ROLL CALL
Chairman Victor Carrion called the meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) to order at 8:44 a.m. and welcomed everyone. Kristal Carter, Staff Services Analyst, called the roll and announced a quorum was present.

Chairperson’s Remarks
Chair Carrion thanked Sherri Gauger on behalf of the MHSOAC for coming out of retirement to serve as Interim Executive Director for the past eight months.

Interim Executive Director Gauger stated she was leaving with mixed feelings because there is still much work to do. She thanked the Commission and welcomed the new Executive Director Toby Ewing, Ph.D. She wished him luck on his new position.

Chair Carrion led the Commission in welcoming Executive Director Ewing to the MHSOAC and stated he looked forward to working with him.
Chair Carrion introduced and welcomed the two new Commissioners, Senator Jim Beall, and Assemblymember Tony Thurmond.

Interim Executive Director Gauger announced that Kevin Hoffman and Norma Pate have been promoted to the newly-created position of Career Executive Assignment (CEA), Level A, and will serve as the Deputy Directors of the MHSOAC. Deputy Director Hoffman will be over Program and Evaluation, and Deputy Director Pate will be over Program, Technology, and Legislation. Chair Carrion congratulated them on their achievement.

ACTION

1A: Approve January 22, 2015, MHSOAC Meeting Minutes

Action: Commissioner Poaster made a motion, seconded by Commissioner Van Horn, that:

*The MHSOAC approves the January 22, 2015, Meeting Minutes as presented.*

Motion carried 7 yes, 0 no, and 1 abstain, per roll call vote as follows:

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INFORMATION

1B: January 22, 2015, Motion Summary

1C: MHSOAC Evaluation Dashboard

1D: MHSOAC Plan Review Dashboard

1E: MHSOAC Calendar

ACTION

2A: Little Hoover Commission Report

Presenters:

Carole D’Elia, Executive Director, Little Hoover Commission
Sherri Gauger, MHSOAC Interim Executive Director

Chair Carrion stated the Little Hoover Commission (LHC) carried out an investigation of the Mental Health Services Act (MHSA or Act) as part of a broader review of the California initiative process.

Commissioner Poaster requested that this item be considered as a first read consistent with the MHSOAC Rules of Procedure. There are several recommendations in the LHC Report that have broad policy implication. The Rules of Procedure require that there be Commissioner discussion in at least two meetings.
Chair Carrion stated the goal of this agenda item today was to acknowledge the report and to give an opportunity to discuss it and revisit it in many methods, such as in the Committees. This presentation is meant to set the foundation to begin an informed discussion. He welcomed Carole D’Elia, the Executive Director of the LHC.

Ms. D’Elia gave a presentation on the LHC Report on Proposition 63, “Promises Still to Keep: A Decade of the Mental Health Services Act.” She thanked Commissioners Poaster, Van Horn, and Pating for participating in the public hearing process and Commission staff for spending the time to answer questions.

Ms. D’Elia provided an overview of the structure, purpose, and study process of the LHC. She discussed the recommendations put forth in the LHC Report:

- The Legislature should expand the authority of the MHSOAC.
- To provide greater oversight and evaluation of the state administrative funds, the MHSOAC should annually develop recommendations for and consult with the Department of Finance (DOF) before the funds are allocated.
- To make MHSA finances more transparent and make it easier for voters, taxpayers and mental health advocates, consumers, and their families to see how and where the money is spent and who benefits from its services, the MHSOAC should add to and update material on its website.
- To promote meaningful accountability of the MHSA, the state needs access to reliable, timely information that allows it to monitor effective progress toward the act’s goals.

Interim Executive Director Gauger presented the MHSOAC staff summary of the LHC Report. She provided a recap of the recommendations, an overview of the MHSOAC activities relevant to the recommendations, and options for next steps.

**Commissioner Questions:**

Commissioner Van Horn suggested voting on Recommendations 3 and 4 today because the MHSOAC is already doing them. Recommendations 1 and 2 are subject to first and second read rule in the MHSOAC Rules of Procedure.

Chair Carrion requested the Chairs of the Committees to put this item on their agendas for in-depth discussion on Recommendations 1 and 2.

**Public Comment:**

Raja Mitry, of the Cultural and Linguistic Competence Committee (CLCC), the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and the California MHSA Multi-Cultural Coalition (CMMC), spoke in support of the LHC’s recommendation to improve the data system in collaboration between the Department of Health Care Services (DHCS) and the MHSOAC, and stated REMHDCO’s request for the MHSOAC to take a deeper look at the issues raised in the LHC report by creating a task force for that purpose.

Erin Reynoso, the Associate Director of REMHDCO, spoke in support of staff’s recommendation to implement the LHC recommendations. She requested that the Commission review the letter submitted by REMHDCO and spoke in support of establishing a work group or task force for the LHC report to be given further analysis and review. She offered REMHDCO’s assistance in this effort.

Nicki King, Ph.D., of the California Reducing Disparities Project (CRDP), the African American Strategic Planning Workgroup (SPW), REMHDCO, and the Yolo County Mental Health Board, spoke in support of Recommendation 1.

Lauren Rettagliata, the Chair of the Mental Health Commission Contra Costa, shared what is being done on the county level in her area. Her organization has an MHSA Finance Committee dedicated to ensuring MHSA funds are spent appropriately. The Committee developed a Program and Fiscal Audit Review Tool that they are willing to share.
Commissioner Van Horn asked if the Mental Health Commission in Contra Costa has shared this tool with other counties. Ms. Rettagliata stated the purpose of her attendance today was to present the tool to the Commission in the hope that the Commission would share it with all counties.

Pete Lafollette stated that the LHC Report represents an opportunity to fix a broken system of care with stakeholders, family members, and professionals cooperating towards modalities of recovery. He recommended independent non-governmental organizations (NGO), stakeholder, consumer, and family member oversight bodies collaborate to prevent poor linkage to oversight, poor penetration rates, promote community evaluations and measures of success, and improve data collection.

Mary Ann Bernard, a retired attorney and advocate for the seriously mentally ill, and the mother of a severely mentally ill young adult, encouraged the new Chair and Executive Director to read Welfare and Institutions Code (WIC) Section 5813.5(f), notice the mandates, and ensure they are followed.

Poshi Mikalson, of Northern California Mental Health America (Nor-Cal MHA), stated she supported the comments of Mr. Mitry, Ms. Reynoso, and Dr. King. She spoke in support of Recommendation 1 and Chair Carrion’s suggestion that the Committees have an opportunity to provide feedback to the Commissioners on the LHC recommendations.

Adrienne Shilton, Senior Associate of the California Institute for Behavioral Health Solutions (CIBHS) and the California Behavioral Health Directors Association (CBHDA), spoke in opposition to the LHC’s recommendations and the MHSOAC staff analysis, as they are contrary to the Governor’s 2011 Realignment and the subsequent changes that were made. She stated that CBHDA has recommended and is glad to hear that conversations are happening and that the California Health and Human Services Agency (CHHS) pulled together the relevant groups, such as DHCS, MHSOAC, and CBHDA, to clarify roles and responsibilities.

Steve Leoni, consumer and advocate, highlighted a letter submitted to the MHSOAC from Mental Health America of California urging the Commission to form a work group or task force to look at the recommendations in the LHC report. He cautioned the Commission against legally tying itself to DOF. He suggested emulating something in Medi-Cal called a Delivery System Reform Incentive Payment (DSRIP).

Marlo Simmons, the Director of the MHSA Programs of the San Francisco Department of Public Health (SFDPH), stated her appreciation that the LHC Report recognizes that counties are doing good work with MHSA funding. She agreed with the concerns in the report that the oversight structure created by the MHSA could be more effective, that local information technology (IT) capacity is limited, and that the state lacks the infrastructure needed to compile data to tell the complete MHSA story.

**Commissioner Discussion:**

Chair Carrion stated that the LHC Report has created an opportunity for dialogue for all organizations involved, including MHSOAC. The issue to discuss is how to follow the recommendations.

Commissioner Van Horn agreed that the Committees should continue this discussion in depth and recommended that an extended discussion be planned for the March meeting. He stated the need for research to be completed on issues raised, particularly by Contra Costa County, around local reviews. He stated he collected the Program and Fiscal Audit Review tool from Ms. Rettagliata that counties may wish to use as a template. He stated the need to find balance between compliance, oversight and accountability. The Commission’s technical assistance role has been to assist with quality improvement, including making recommendations for the statewide data system.

**Action:** Commissioner Van Horn made a motion, seconded by Commissioner Miller-Cole, that:

*The MHSOAC supports the Little Hoover Commission Report Recommendations 3 and 4 and directs staff to send a letter to the Little Hoover Commission, with a copy to the Governor and the legislative leadership, thanking the Little Hoover Commission for its work, informing the Commission of our support of Recommendations 3 and 4, and setting forth the next steps that the MHSOAC will take regarding Recommendations 1 and 2.*
Motion carried 9 yes, 0 no, and 0 abstain, per roll call vote as follows:

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Commissioner Discussion:

Chair Carrion stated the next steps for Recommendations 1 and 2 include feedback from the community through the Committee meetings and further discussion at the March Commission meeting. Interim Executive Director Gauger stated that the Committees do not meet until April.

Commissioner Poaster stated that it is impossible to discuss Recommendations 1 and 2 unless oversight and accountability responsibilities are discussed. DHCS was given thirteen positions for outcome and evaluation, development of performance contracts, and monitoring revenue and expenditures. It is important for the Commission to learn what DHCS plans to do with those resources in order to discuss Recommendations 1 and 2. If this Commission is going to fulfill its responsibility, it needs to deal with it directly. He recommended inviting DHCS to the March Commission meeting to participate in the discussion.

Commissioner Wooton agreed and suggested also including DHCS in the discussions on the statewide data system.

Commissioner Miller-Cole asked if the Commission needed to vote on forming a special task force. Ms. Yeroshek stated that a vote was not necessary. The task force would still be under the Committee structure, every Committee would be represented, they would convene an open meeting, and they would accept public comment.

Commissioner Poaster stated that if the task force meets before the March Commission meeting, it will not have the benefit of being informed about the discussions with other entities that are doing oversight and accountability. He suggested having a panel discussion at the March Commission meeting to hear from DHCS and other appropriate entities. Then, the task force will have the benefit of that knowledge.

Commissioner Van Horn stated that this process will take several months. He suggested setting aside three hours for a panel discussion at the March Commission meeting to look carefully at this with the members of the task force in attendance. It will then be sent to the task force for further consideration. The task force should come back to the Commission in May. He stated the need to understand what CBHDA and the community agencies that provide at least fifty percent of all mental health services in California think about these issues, and what DHCS is planning to do with their thirteen positions and how they are approaching this.

Commissioner Poaster recommended that Contra Costa be part of the panel in March and encouraged thinking broadly in terms of who will be invited to the table.
Commissioner Van Horn stated that this is a complicated issue that will not be solved in three hours. He stated it may be beneficial to set aside a day where Commissioners and stakeholders can sit down and come to some conclusion, to learn what DHCS is proposing to do with the thirteen positions designated for this, the level of data collection and the IT issues that counties are facing, and other counties’ interest in Contra Costa’s efforts.

Commissioner Poaster stated that the value of the LHC Report is that it brought this to the surface. He stated the need for counsel on the parts of statute that would have to be amended and how the financial parts of the Act would have to be changed. He stated the need to hear from staff on the implications of current activities in taking on new activities. There are many questions to be answered.

Commissioner Van Horn asked staff to look at the process for accomplishing the response to Recommendations 1 and 2, who needs to be involved, how they would be involved, coming together as part of a panel at the March Commission meeting for about three hours, and, by the May or June Commission meeting, have everything finalized so that the Commission can make a decision on the supporting stance of Recommendations 1 and 2.

Chair Carrion agreed and asked staff to create a joint Committee task force that, regardless of when they meet, should attend the panel meeting.

ACTION

3A: Approve San Benito Innovation Plan

Presenters:
José Oseguera, MHSOAC Chief of Plan Review and Committee Operations
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

José Oseguera, MHSOAC Chief of Plan Review and Committee Operations, introduced Nancy Callahan, the Consultant for San Benito County. Mr. Oseguera summarized the legal parameters for innovative programs. He provided an overview of the proposed three-year $919,403 San Benito County Innovation Program, titled “Health Care Integration.”

Deborah Lee, Ph.D., the MHSOAC Consulting Psychologist, reviewed the notable aspects of the program and what it can teach about innovation in the state of California.

Commissioner Questions and Discussion:

Commissioner Nelson asked if the program has objective outcomes that can be measured. Dr. Lee described the Collaboration Activities Scale that San Benito County will use to measure outcomes.

Chair Carrion asked if the Commission will look at how comparable the outcomes are for counties, as the Commission is beginning to think of a universal process. There are specifics for each county, but there are also outcomes that cut across counties. Dr. Lee stated that staff is working in collaboration with CIBHS to look at the evaluations of all innovative projects to do an assessment.

Action: Commissioner Poaster made a motion, seconded by Commissioner Miller-Cole, that:

The MHSOAC approves San Benito County’s Innovation Program.

- Name: Health Care Integration
- Amount: $919,403
- Program Length: 3 years
Motion carried 7 yes, 0 no, and 0 abstain, per roll call vote as follows:

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**ACTION**

**4A: Approve San Diego Innovation Plans**

**Presenters:**

José Oseguera, MHSOAC Chief of Plan Review and Committee Operations
Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Mr. Oseguera introduced Adrienne Yancey, MHSA Coordinator, and Danyte Mokus-Valenzuela, Prevention and Planning Manager of San Diego County. Mr. Oseguera provided an overview of the seven proposed three-year $15,128,913 San Diego County Innovation Programs.

Dr. Lee reviewed the notable aspects of the programs and what they can teach about innovation in the State of California.

**Commissioner Questions and Discussion:**

Commissioner Nelson referred to the Caregiver Connection to Treatment Innovation Program and asked about developmental issues referenced on page one of the summary. Dr. Lee stated that the treatment for developmental issues is not paid for by MHSA funds. MHSA funds will be used for the support of caretakers as an at-risk group.

Commissioner Aslami-Tamplen referred to the Family Therapy Participation Innovation Program and asked how the outreach to the parents of the underserved population groups will be done. Dr. Lee stated that the children are already in treatment.

Commission Nelson referred to the Family Therapy Participation Innovation Program and asked, if someone starts a new business and then has a relapse, if there is someone in this program that helps protect...
that business. Ms. Yancey stated that there are elements in place to maintain economic viability for that person if they have a relapse.

Commissioner Nelson referred to the Innovation Mobile Hoarding Intervention Program and asked if there are screening tests done at the beginning to see if there is mental illness. Dr. Lee answered in the affirmative.

Commissioner Wooton offered a general comment on the San Diego Innovation Programs. She stated the hope that they will consider the value of lived experience in peer support within the seven programs. Ms. Yancey assured that the majority of the programs will be utilizing peers with lived experience.

Public Comment:
Mr. Lafollette stated the importance of reform in providing direct services measured from a data collection process. He asked if employment and peer transitions will be measured. He also asked how to enhance the recovery methods overall, which will save tax money and direct MHSA funds more efficiently.

Mr. Mitry referred to the Peer-Assisted Transitions Innovation Program and asked if this is only for people diagnosed with serious mental illness. He asked if vulnerable aging adults would fall under the parameters of this program.

Action: Commissioner Van Horn made a motion, seconded by Commissioner Miller-Cole, that:

The MHSOAC approves San Diego County’s Innovation Programs:

- **Name: Care Giver Connection to Treatment**
  - Amount: $685,500
  - Program Length: 3 Years

- **Name: Family Therapy Participation**
  - Amount: $3,381,000
  - Program Length: 3 Years

- **Name: Faith Based Initiative**
  - Amount: $1,495,575
  - Program Length: 3 Years

- **Name: Ramp Up 2 Work**
  - Amount: $3,688,959
  - Program Length: 3 Years

- **Name: Peer Assisted Transitions**
  - Amount: $3,334,347
  - Program Length: 3 Years

- **Name: Urban Beats**
  - Amount: $1,211,613
  - Program Length: 3 Years

- **Name: Innovative Mobile Hoarding Intervention**
  - Amount: $1,331,919
  - Program Length: 3 Years

For a total amount of $15,128,913

Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

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5A: Assembly Bill (AB) 1421 Panel

Presenters:
Sally Zinman, Executive Director, California Association of Mental Health Peer-Run Organizations (CAMHPRO)
Susan Gallagher, MMPA, Executive Director, Mental Health America of Northern California
Megan Wheelehan, Staff Attorney, Mental Health Advocacy Project

Commissioners Aslami-Tamplen and Wooton introduced the panel members.

Ms. Wheelehan provided an overview of the law, Constitutional and civil rights concerns of involuntary outpatient treatment (IOT), and how IOT works. She emphasized that IOT is a violation of due process, which is predictive, discriminatory, an unlawful infringement on individual liberty, violates privacy laws, and is contrary to the Lanterman–Petris–Short (LPS) Act.

Ms. Zinman provided an overview of the negative outcomes that are driving IOT and compared the MHSA and IOT. She emphasized that IOT creates noncompliance, undermines relationships between the client and therapist, is the same old answer of force, and is divisive.

Ms. Gallagher provided an overview of why the MHSA is the answer to treating mental illness. She covered current challenges, full service partnerships (FSPs), components of IOT, services versus court orders, why IOT is not the answer to treating mental illness, and alternative approaches to IOT.

Commissioner Questions:
Commissioner Boyd asked how many states currently have an IOT program. Ms. Zinman answered that forty-four states have an IOT program in place, but only twelve are actively implementing it.

Chair Carrion asked for suggestions for family members that want to help their family when they see their judgment beginning to slip. Ms. Gallagher stated better access points could help, but only continuing to build a continuum of care will truly solve this.

Ms. Zinman stated that because there is a gap in services, there is a tendency to replace it with forced treatment instead of creating more and better services. The MHSA is going in the right direction; more prevention and early intervention and more innovative programs can best assist those who need them.

Commissioner Nelson stated that since those services do not yet exist, there is little difference between treatment and IOT.

Public Comment:
Ms. Bernard spoke in support of AB 1421. She stated that six to eight percent of Americans have serious mental illness and ninety percent of those do well on voluntary programs, which are always preferable. But the remaining ten percent of that six to eight percent, who are the sickest of the sick, cannot and will not volunteer for programs that have repeatedly saved their lives, because if they go off their medidactions, they are too sick to understand that they need them. This ten percent is who the voters were trying to help when they passed the MHSA.

Ms. Rettagliata spoke in support of AB 1421. She stated that Contra Costa County just passed AB 1421 after spending over eighteen months studying the law. She agreed that most people who have a serious mental illness can voluntarily accept services and this is the crucial thing everyone agrees on - treatment makes the difference, but for those who cannot voluntarily accept services, assisted outpatient treatment (AOT) is necessary.

Helena Liber, of the Pool of Consumer Champions (POCC), spoke in opposition to AB 1421 because there are better alternatives. AOT is not part of the recovery vision and is against Section 7(d) of the MHSA.
Douglas Dunn, of National Alliance on Mental Illness (NAMI) Contra Costa, spoke in support of AB 1421. He stated neither the history of heartlessly warehousing the mentally ill nor endless revolving-door crisis care are acceptable. He stated that AB 1421 saves nearly two dollars annually and nearly four dollars long-term for every one dollar spent on revolving-door crisis care.

Reggie Foster, of the POCC, spoke in opposition to AB 1421 because it is discriminatory and unfair. He encouraged providing education about mental health instead of forced treatment.

Sederia Lewis, of the POCC, spoke in opposition of AB 1421. She stated she went to a practitioner and was under medication for fifteen years but did not know what mental health was. She found mental health through peer support. She stressed the importance of education about mental health and peer recovery services.

David Czarnecky, the Advocacy Coordinator of NAMI, California, stated he represented individuals who were not able to attend the meeting. He read the testimony of an individual in Santa Clara who asked the Commission to have patience and to listen to alternatives to confined treatment. The highest long-term success rate will be with the willingness of the person. Mr. Czarnecky read the testimony of an individual in Santa Barbara who stated that Judge Thomas Anderson of Nevada County recently described AB 1421 as a collaborative court model, one that engages the client in the determination of the treatment plan and its progress. AB 1421 fills the gap between 5150 and 5250 holds and an LPS conservatorship, reducing hospitalizations, incarcerations, and conservatorships. Families support AB 1421 because it is the humane alternative, it saves lives, and restores them.

Ms. Mikalson shared how a case manager provided support to effectively get the help a loved one needed. She also stated, because sexual orientation and gender identity is not tracked, the number of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals that have been affected by IOT is unknown. She stated the need to focus on effective outreach, engagement, and service delivery and not focus MHSA resources on involuntary treatment that can only further harm LGBTQ people who have mental illness and increase disparities for this population.

Mary Hogden, of the POCC, spoke in opposition to AB 1421. She shared her past experience of hospitalizations and incarcerations. She stated that she, like Ms. Lewis, went to her therapist and psychiatrist, was under medication, was hospitalized, but did not have an understanding of what mental health was all about. She found mental health through peer support where no one judged or labeled her. She stated the POCC of Alameda County is a group of mental health consumers that help transform the mental health system through a recovery vision through dollars provided by the MHSA.

Ms. Mikalson shared how a case manager provided support to effectively get the help a loved one needed. She also stated, because sexual orientation and gender identity is not tracked, the number of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals that have been affected by IOT is unknown. She stated the need to focus on effective outreach, engagement, and service delivery and not focus MHSA resources on involuntary treatment that can only further harm LGBTQ people who have mental illness and increase disparities for this population.

Mr. Leoni spoke in opposition to AB 1421. There are studies that show the services are what really work, but, oftentimes, people will not go to the services because they do not believe they are ill. He stated the concern that family members may see AB 1421 as the only option even though there are alternatives. He stated that he will be part of the Commission’s evaluation study looking at outreach and AB 1421, and hoped others will be a part of it, too.

Janet O’Meara stated she is a member of NAMI and of her county’s mental health board, but she stated she does not speak for them. She is the chair of the adult service committee of the county health board. Placer County has passed AOT. AOT is about providing a quality of life for people who are disabled by their mental health challenges. The adult services committee wanted to ensure they were not penalizing people who were not using services or if the delivery of those services was faulty. Since the political will was such that AOT was going to happen, Placer County focused on outreach.

GENERAL PUBLIC COMMENT

Stacie Hiramoto, of REMHDCO, announced a panel meeting in West Sacramento tonight regarding mental health and law enforcement.

Allan Bortel, of the California Senior Legislature (CSL), stated that he represented the health committee of the Senior Senate of the CSL. The CSL has proposed to the Legislature that counties try to educate older adults about new approaches to Alzheimer’s disease. He stated that Alzheimer’s disease should be considered a mental health issue under the MHSA.
Laurel Benhamida, of the Muslim American Society-Social Services Foundation (MAS-SSF), and REMHDCO, announced the Amala Peer Youth Hopeline, designed and staffed by college student youth volunteers under the auspices of MAS-SSF. The number is 855-95-AMALA. It is open Monday, Wednesday, Friday, Saturday, and Sunday from 6:00 PM to 10:00 PM and is toll free. She suggested that faith-based projects requesting funding have a non-proselytizing policy.

Pete Lafollette stated humanity cannot be lost in policy discussions. Information and technology-assisted data gathering is impersonalized and not about the relationship brought to these outcomes. Financial incentives create imbalances resulting in greater spending. Recovery is the overarching principle.

Dawniell Zavolla, Associate Director and General Counsel of Nor-Cal MHA, stated she can feel the speakers’ frustration in trying to seek services for family members and in the lack of system accountability, but pointed out that civil liberties are to protect individual rights even when it is inconvenient to do so. Using MHSA funds to fund IOT programs goes back to the fail first model and excuses not doing the hard work up front - to do the outreach and engagement and offer the FSP programs and services that it takes to prevent the need for IOT to begin with. Expanding the scope of involuntary treatment to include individuals who are capable of caring for themselves, who are not dangerous, is a huge problem.

INFORMATION

6A: California Mental Health Services Authority (CalMHSA) Update

Presenter:
Wayne Clark, Ph.D., Incoming CalMHSA Executive Director

Maureen Bauman, the Vice President of CalMHSA, introduced Dr. Clark and welcomed him as the new Executive Director of CalMHSA.

Dr. Clark provided an overview of the background, key features, strategies, funding goals, implementation timeline, and county commitment of Phase 2 of the Statewide PEI Programs. Dr. Clark also presented key findings of the two-year evaluation of the PEI statewide programs. He reported on the seventh International Each Mind Matters Conference, and the re-launch of the Each Mind Matters website. He thanked the Commission for sponsoring forty scholarships to the conference.

Commissioner Van Horn stated he was in attendance at the conference. He presented Chair Carrion with a lime green tie.

Public Comment:

Ms. Hiramoto congratulated Dr. Clark in his new position and stated that REMHDCO looked forward to working with him. She spoke in support of Phase 2 of the Requests for Proposal (RFPs) and stated the hope that CalMHSA will make a concerted effort to contract with ethnic community-based organizations (ECBOs). In the first round there were no major contracts awarded to ECBOs, particularly on RFP 1 and 4.

INFORMATION

7A: Presentation Regarding an “Investigative Report on the Perceived Mismanagement and Inequitable Distribution of Behavioral Health Services and Resources to the Latino/a Community in Ventura County”

Presenters:
Dave Rodriguez, League of United Latin American Citizens (LULAC)
Dr. Jaime Casillas, League of United Latin American Citizens (LULAC)

Chair Carrion stated that LULAC was not able to make it today for their presentation.

Public Comment:

Mr. Mitry stated that the finding in the LULAC report about understanding the value and use of appropriate and effective outreach to underserved populations is relevant. He shared an example of this in his county and how an outreach failed to bring results because the county did not understand
the appropriate engagement process of the culture. He suggested that the funds would have been better spent for outreach workers utilizing the human factor of relationship-building with the underserved population and with other un-reached ethnic communities. He stated the hope that the Commission will help ensure that counties will avoid these flaws in their future work, especially with new, diverse constitutions.

Ms. Hiramoto commended staff on the report summary. However, REMHDCO has concerns about the statement repeated in the analysis that gives the impression that there is no way to validate or invalidate the findings and observations. This is not stated in the LHC Report analysis. Interpretation of data could differ depending on the reviewer and the interviews could be hard to duplicate. She brought to the Commission’s attention that LULAC is a respected national civil rights organization. There are few organizations that would be able to duplicate such an effort to illustrate disparate treatment in a single county. She applauded the Commission for allowing the county to provide a response to this report at the next Commission meeting but encouraged the Commission to speak out on issues experienced by underserved racial and ethnic communities.

Mr. Lafollette echoed Ms. Hiramoto’s comment.

Commissioner Discussion:

Commissioner Poaster stated his appreciation for how staff dealt with this whole issue. He stated it would have been premature for staff to reach any kind of conclusions until they heard both sides of what was going on.

Chair Carrion agreed. He asked why LULAC was unable to present today. Mr. Hoffman stated that staff received a letter from LULAC yesterday stating they are working with Ventura County Behavioral Health to reach a compromise.

Commissioner Aslami-Tamplen asked if LULAC would be interested in attending a CLCC meeting. Chair Carrion suggested inviting them and giving them an opportunity to speak at a CLCC meeting.

INFORMATION

8A: Crisis Stabilization Services in California

Presenters:

John Boyd, Psy.D., Chief Administrative Officer, Sutter Center for Psychiatry, MHSOAC Commissioner
Tim Jones, Nurse Practitioner, Sutter Center for Psychiatry

Commissioner Boyd thanked Uma Zykofsky, Behavioral Health Director for Sacramento County, for being in attendance for this presentation. He stated that this presentation will serve as an introduction to crisis stabilization services (CSS) in California. He recommended three to four hours be committed to discussion of this topic on the March agenda. CSS is an essential part of the care continuum but, unfortunately, there is a large gap that often results in the loss of peer support, recovery, and culturally competent services to underserved racial, ethnic, and cultural communities.

Tim Jones provided a summary of the traditional items that exist within the broader CSS regulatory guidelines based in California. He gave the operational definitions for CSS, crisis residential programs, and crisis respite.

Commissioner Boyd provided an overview of the function, value, current state, and best-practice counties of CSS in California.

Commissioner Boyd proposed a three- to four-hour roundtable discussion of best-practice counties and providers at the March Commission meeting. He suggested inviting Ms. Zykofsky to be part of the table.

Commissioner Questions:

Commissioner Van Horn agreed with the importance of having a roundtable discussion in March, and stated the need to broadcast the best practices to counties for them to try. He suggested that
Jennifer Whitney added CSS to her twenty best projects, twenty highlights from around the state. He stated that CBHDA has been working on defining levels of care.

Commissioner Boyd agreed. This roundtable would be the starting point for learning, spreading best practices, and increasing awareness.

Chair Carrion stated that one approach is to view what is out there. But another part of it, which may not be the goal of the roundtable, is for these panelists to brainstorm potential ideas that have not been addressed or areas where there are gaps across the state.

Commissioner Boyd stated that the roundtable will naturally lend itself to that in part because the next round of Senate Bill (SB) 82 dollars has produced a competitive process.

**ACTION**

**9A: Approve San Francisco Innovation Plans**

**Presenters:**

José Oseguera, MHSOAC Chief of Plan Review and Committee Operations

Deborah Lee, Ph.D., MHSOAC Consulting Psychologist

Mr. Oseguera introduced Marlo Simmons, MHSA Director; Lisa Reyes, MHSA Innovation Program Manager; Amber Gray and Candi Patterson of the Transgender Pilot Program; and Daniel Hill, Susmita Shah, and David Kenego of the Addressing the Needs of Socially Isolated Older Adults program for San Francisco County. Mr. Oseguera provided an overview of the two proposed two-year $1,036,392 San Francisco County Innovation Programs.

Dr. Lee reviewed the notable aspects of the program and what it can teach about innovation in the state of California.

**Commissioner Questions and Discussion:**

Commissioner Miller-Cole referred to the Addressing the Needs of Socially Isolated Adults Innovation Program and mentioned one of the focuses is supporting the peer providers and career development. He asked about the living wage, benefits, and worker treatment.

Mr. Knego, Executive Director of Curry Senior Center, stated that the income they make will not affect any of their existing benefits. The peers are the connection to reduce client isolation and to encourage clients to see their clinician or counselor. The wages are $15/hour for up to eighteen hours per week with no benefits. Minimum wage in San Francisco is twelve dollars an hour.

Commissioner Aslami-Tamplen commended San Francisco County for bringing the people that represent the community, who wrote this plan, and who will be leading the programs to participate in this presentation today. San Francisco County is modeling what the Commission wants to see throughout the state of California.

Commissioner Boyd asked if there were programs for adolescents and transition-age youth (TAY) included in these programs. Amber Gray, Program Manager of Larkin Street Youth Program, stated that there is Larkin Opportunities for Transition (LOFT) for adolescent youth, which extends on to Larkin Youth Services, which is also connected to housing after they complete the Wellness Recovery Action Plan (WRAP) program.

**Action:** Vice Chair Buck made a motion, seconded by Commissioner Aslami-Tamplen, that:

The MHSOAC approves San Francisco County’s Innovation Programs.

- **Name: Addressing the Needs of Socially Isolated Adults**
  - **Amount:** $500,000
  - **Program Length:** 2 years

- **Name: Transgender Pilot Program**
  - **Amount:** $536,392
  - **Program Length:** 2 years
Motion carried 8 yes, 0 no, and 0 abstain, per roll call vote as follows:

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GENERAL PUBLIC COMMENT

Pete Lafollette stated that there is jeopardy to the MHSA in how it is being administered. He stated that the legal process of the Commission is obscure and complicated. He disagreed that Commissioners discussing Commission issues through email violates the Bagley-Keene Act. He stated that the Commission has a culture of secrecy where the Commission does not account for policy that it is charged with but makes policy in a unilateral manner. He stated that is not how the MHSA was legislated to be. The MHSA was crafted by consumers, for consumers, for recovery, not just to further financial-incentive programs. He stated that with the new leadership of the Commission, he is looking for reforms.

Commissioner Miller-Cole stated his appreciation for Mr. Lafollette’s passion and service on the Services Committee; however, being rude and disrespectful to staff is unacceptable.

Chair Carrion announced that the next public forum will be on March 19th in Fairfield.

ADJOURN

There being no further business, the meeting was adjourned at 3:27 p.m.