



**Mental Health Services
Oversight & Accountability Commission**

**Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: June 14, 2023 | Time: 1:00 p.m. – 3:00 p.m.**

**MHSOAC
1812 9th Street
Sacramento, CA 95811**

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Khatera Tamplen, Chair Rayshell Chambers, Vice Chair Donella Hyrkas Ceclre Robyn Gantsweg Richard Krzyzanowski Kontrena McPheter Vanessa Ramos Jason Robison Sharon R. Yates	Tom Orrock Melissa Martin- Mollard Amariani Martinez	Richard Gallo Stacie Hiramoto Jerry Huff (phonetic) Mark Karmatz Terry Land Linda Mimms
--	---	--

Committee Members absent: Hufsa Ahmad, Emery Cowan, Claribette De Rosario, Kylene Hashimoto, Rose Lopez, BeaJae North, Susan Wynd Novotny, and Larissa Owen

Agenda Item 1: Welcome, Announcements, and General Public Comment

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Announcements

Committee Member terms have been extended one year to the end of 2023.

Committee Members will participate in the coming months in the planning process of the Commission’s new three-year strategic plan to help the Commission determine the most effective ways to hear input from community partners.

The Commission is holding a virtual Listening Session on June 16th at 11:00 a.m. Input is being sought from the public on the Commission's work to date, what is required to transform mental health care in California, and key opportunities for delivering comprehensive mental health services. More information is available on the website.

Committee Members will have additional opportunities to provide guidance and feedback as the strategic plan develops.

Tom Orrock, Deputy Director of Operations, called the roll and stated a quorum was not yet present. A quorum was achieved after Committee Members McPheter and Ramos arrived. Amariani Martinez, MHSOAC staff, reviewed the meeting protocols.

General Public Comment

Committee Member Krzyzanowski suggested that the MHSOAC schedule general public comment at the end of meetings. He asked if there was a strategic reason for changing public comment to the beginning of meetings.

Chair Tamplen stated putting general public comment at the beginning allows members of the public to give their comment without the need to stay to the end of the meeting. She stated her preference of having general public comment at both the beginning and the end of meetings.

Committee Member Krzyzanowski stated removing the general public comment from the end of meetings restricts the public's input, especially when things may have been discussed during the meeting that triggers a question or comment about something that was not on that day's agenda. He suggested restoring the general public comment at the end of meetings.

Agenda Item 2: Action – May 24, 2022, September 20, 2022, and October 25, 2022, Meeting Minutes

Chair Tamplen stated the Committee will consider approval of the May 24, 2022, September 20, 2022, and October 25, 2022, Committee Meeting Minutes.

Action: Committee Members approved the May 24, 2022, Committee Meeting Minutes as presented. Vote recorded with participating members as follows:

- Approve: Committee Members Cecrle, Gantsweg, Krzyzanowski, McPheter, Ramos, Robison, and Yates, Vice Chair Chambers, and Chair Tamplen.

Action: Committee Members approved the September 20, 2022, Committee Meeting Minutes as presented. Vote recorded with participating members as follows:

- Approve: Committee Members Cecrle, Gantsweg, Krzyzanowski, McPheter, Ramos, Robison, and Yates, Vice Chair Chambers, and Chair Tamplen.

Action: Committee Members approved the October 25, 2022, Committee Meeting Minutes as presented. Vote recorded with participating members as follows:

- Approve: Committee Members Cecrle, Gantsweg, Krzyzanowski, McPheter, Ramos, Robison, and Yates, Vice Chair Chambers, and Chair Tamplen.

Agenda Item 3: Information – MHSOAC Strategic Plan Update and CFLC Goals

Chair Tamplen provided an update on the Commission's current strategic plan initiatives and outlined how the Committee's future goals can align with the 2024-27 Strategic Plan. This Strategic Plan may include some of the goals from the 2020-23 Strategic Plan, or there may be new objectives. She welcomed input from the Committee on how the CFLC can structure its time to better align its current and future goals with the Commission's strategic plan objectives.

Deputy Director Orrock reminded Committee Members that the Committee typically provides input on specific issues and then the Chair and Vice Chair present Committee feedback at full Commission meetings.

Chair Tamplen facilitated a discussion on opportunities for the Committee to provide input on the 2024-27 Strategic Plan.

Committee Member Feedback

- Emphasize the language in the Mental Health Services Act (MHSA) on peer-run organizations.
- Advocate for using 7 percent of statewide MHSA funding for peer-run services.
- Emphasize peer support and training.
- Continue to advocate for and fund training, peer respite, innovation, and prevention and early intervention (PEI).

Committee Member Krzyzanowski stated concern over safeguarding and preserving the independence and integrity of the MHSOAC. He recalled everything that was lost when the California Department of Mental Health was absorbed into a larger entity, especially community input mechanisms and cultural competency awareness, two areas in which mental health has led the field. Other agencies are not positioned to pursue the original mission of the MHSOAC and do not understand its goals and accomplishments.

Committee Member McPheter stated concern over PEI innovations and asked for clarity on the grandfathering-in process for peer professionals and about tutoring individuals about grandfathering-in who have different learning styles.

Vice Chair Chambers stated her organization, Painted Brain, has a study session to provide support. Also, Painted Brain fought for and received disability accommodations for staff who are disabled and have different learning styles. She stated the need for advocates to voice this issue as much as possible because there are many individuals who do not know how to navigate this. She suggested joining mentorship programs, study sessions, and groups.

Public Comment

Terry Land, family member, and member, Alameda County Mental Health Advisory Board, stated the need to advocate for the continuity of care for the seriously mentally ill. The speaker suggested focusing PEI on reducing the seven negative outcomes that are

associated with untreated mental illness. The speaker stated the need for counties to better understand what it would take to solve the problem so they can better understand how to approach it.

Committee Member Ramos stated many seriously mentally ill individuals have navigated the most intense forms of treatment. The serious mental illness community has already found solutions that work. The question is how to fund what the community has already defined as solutions. She advocated for funding those solutions that work.

Jerry Huff (phonetic), Former Behavioral Health Advisory Board, San Diego County, stated they were removed from the Board the day after they filed a complaint with the Department of Health Care Services (DHCS) about current issues in San Diego County, such as its millions of dollars of unspent funds and its community planning process. The speaker stated concern about merging the MHSOAC and the DHCS. This will eliminate the voice of the community and the ability to reach the state from a family perspective. The speaker suggested addressing the issues that are leading the state to want to merge these two entities. The speaker stated the need to help the community better understand the differences in the roles of the MHSOAC and the DHCS. The DHCS is more of a fiscal overseer to ensure that plans are being met while the MHSOAC is more about programmatic review, community planning review, and county innovation funds.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), commended the Commission on its strategic planning process. She suggested that the new strategic plan have more specificity and delivery goals and objectives regarding reducing disparities for BIPOC and LGBTQ communities, perhaps using Community-Defined Evidence Practices (CDEPs). She suggested increasing transparency in the operation of the MHSOAC so the public can understand how decisions are made, and increasing collaboration and consultation with community members and the CFLC and the Cultural and Linguistic Competency Committee (CLCC) in the operation and projects of the Commission.

Agenda Item 4: Information – Modernization of Mental Health Services Act

Chair Tamplen stated the Committee will hear an update on the Governor's proposal to modernize the MHSA. The Committee will discuss the proposal from the perspective of consumers and family members of consumers and will hear public comment on the proposal.

Kendra Zoller, MHSOAC Legislative Director, updated the Committee on the Governor's proposal to modernize the MHSA. She reviewed the Governor's Press Release dated March 19, 2023, proposing the modernization of California's behavioral health system and more mental health housing, and the Governor's Fact Sheet, which were included in the meeting materials.

Ms. Zoller stated, although the global language has not yet been released, the Governor's background materials detailed that the three-part initiative would (1) authorize a \$3 million to \$5 million general obligation bond to fund unlocked community behavioral health residential settings and provide housing for homeless veterans; (2) revise the

distribution of MHSA funding, and (3) include new accountability and oversight measures for counties to improve performance. The Governor is also proposing to authorize MHSA funding to provide treatment and services to individuals with substance use disorders (SUDs) but who do not have a co-occurring mental health disorder, requiring counties to bill Medi-Cal for all reimbursable services, reduce allowable reserve amounts, and reassess reserve amounts more frequently from every five years to every three years. The proposal requires that the Commission become advisory under the California Health and Human Services Agency (CalHHS) and its Executive Director to be a gubernatorial appointee.

Discussion

Committee Member McPheter stated the homeless component of the Governor's proposal is a bill within itself. She asked how the MHSA can combat homelessness; it is a separate issue.

Committee Member Robison suggested, if the MHSA funding will be used for homelessness and housing, that the Commission advocate/request/demand that site control not be a part of any request for services or funding requirement because site control is part of the Request for Proposals (RFP) requirements, which means that the only projects that will be funded are those that are expensive and done by major developers who have the money and leverage to sit on a property for months without an income. It prohibits the use of community-based rental properties that are already available because these properties cannot be acquired before they have funding. If MHSA funding will be used for housing and homelessness, the Commission must ensure that site control is not part of any of that so property that is already in the community can be scaled and single-family houses can be used.

Committee Member Ramos stated it is important that all funding sources have mental health fiscal reporting.

Committee Member Ramos stated there is no empowerment without employment. It is important to uplift the fact that former Commissioner Tina Wooton passed language allowing the Commission to work with the state to add peer support specialists to the list of civil service protections.

Committee Member Ramos stated the concern that, if the MHSOAC continues to exist the way that it is, it needs to reform. The role of the MHSOAC is to provide oversight and accountability of the use of MHSA funds. She stated she does not feel comfortable saying that the MHSOAC has provided oversight or accountability. She stated the MHSOAC has not been under the appropriate oversight and accountability lens. The MHSA funds have been misused and mismanaged by counties. If the MHSOAC is to continue to operate, it needs greater oversight and accountability.

Committee Member Ramos stated communities are afraid that, if the MHSOAC is moved into a different department, they will not be heard. She asked that everyone in the community be given the opportunity to serve, not be appointed by the Governor. She asked that the Commission look honestly within itself and determine how to do better oversight and accountability.

Committee Member Krzyzanowski echoed Committee Member Ramos' comments and agreed that the Commission's oversight and accountability is lacking. A lot needs to be done but the so-called modernization that the state is putting on the table will not accomplish this. There are many serious concerns and many things that are wrong with the Governor's proposal.

Committee Member Krzyzanowski stated they attended a California Association of Mental Health Peer-Run Organizations (CAMHPRO) conference recently where they had a 10-person panel on the modernization of the MHSA from various perspectives. There are so many things wrong with the proposal that were well-articulated at the conference. Rolling the MHSOAC into another agency will compromise integrity, community input, and cultural competency.

Committee Member Krzyzanowski stated they are leery of the unhoused community and housing components, because it supports an idea that the Governor and others have been shopping around for that homelessness is the result of mental health issues, but it is the other way around. Many individuals fall into homelessness, which adversely affects their mental health. Most individuals who are unhoused are unhoused for economic reasons. The political will and courage are lacking to confront a powerful housing development industry in this state. It is like trying to put the fire out while it is blazing. No one is looking at mechanisms that prevent individuals from losing their housing. This is a problem that is bigger than just mental health concerns. It is a dodge to try to solve this larger problem on the backs of peer and disabled populations. In the end, this will not be effective.

Committee Member Krzyzanowski stated the amount of funding being proposed for the SUD program will be channeled in at the expense of the Commission's primary mandate – mental health programs and supports. The way it is being done and the amount of funding that is being moved will be to the detriment of the types of activities and programs that are the Commission's core mission. It is not being thoughtfully done but is politically motivated in a bad way – short-term, good-sounding solutions that will please an upset electorate but will not solve the problems long-term and will compromise the ability for the Commission to do its work.

Alishia Dauterive, the first Sally Zinman Peer Fellow, stated there is talk about innovation and modernization. Sometimes it feels like it is the same type of services and funding for these services rather than creating new, alternative, and effective services. The speaker stated the need to closely watch when things are labeled with "modernization" and "innovation."

Committee Member Yates stated concern about the future. It looks like the counties and the accounting portion may get absorbed by the state. She stated concern about the programs and services for the severely mentally ill community. She stated concern about adding SUDs in the mental health group to be treated as one group, which may or may not be a bad thing. She stated concern about what will happen to the services and small community-based organizations who do not have the resources that organizations like Self-Help and Recovery Exchange (SHARE!) and Painted Brain have. That is the unknown and that is the information that will need to be discussed at upcoming meetings. It is important not to lose the services for constituents.

Public Comment

Mark Karmatz stated innovations, Workforce, Education, and Training (WET) programs, and PEI come under one roof. The speaker spoke against removing one of those out from under that roof. They must work together.

Committee Member Robison stated the MHSA specifically uses the language of “support the funding of peer-operated services.” A minority of counties put RFPs out for peer organizations to bid on. Riverside and Los Angeles Counties do not put out RFPs for peer services. This means that, as Medi-Cal billing and peer certification move forward, peer organizations will not be a part of that because they must start by having a contract with the county. Modernization and the goals of the Commission should be to ensure that every county is making contracts accessible for peer-run organizations.

Terry Land stated, when looking at the presentation slides on the website under housing interventions, it looks like funding will be focused on interventions for individuals experiencing homelessness and living with severe mental illness for SUDs. It will be important to stay focused on that. People are homeless for many reasons.

Terry Land stated the second bullet under housing interventions talks about the fact that it can also be used to further the California behavioral health community-based continuum demonstration. The speaker recommended, if they are going forward with the modernization, figuring out and preserving what works. It is important to keep what is already working. It is important to understand that, when some individuals are in the throes of their mental illness, they do not accept help that is offered. They need further treatment before they can recognize the state that they are in and the danger they are putting themselves in.

Linda Mimms, family member, San Diego County, and Vice Chair of the National Schizophrenia and Psychosis Action Alliance, agreed with Committee Member Ramos that more oversight and accountability is needed with consequences over the body that oversees the MHSA funds and their expenditure. The speaker stated the need for more evidence-based programs and to learn if this program is helping the community. The focus of the expenditure should be on this population because that was the focus on the legislation. Whatever happens with the MHSOAC, the call to put it under the state government is because there have been many strange expenditures that have had no business being there. The speaker stated the need to ensure that those funds will go to programs that address the original population that these funds were voted on to go towards.

Stacie Hiramoto stated REMHDCO and many other organizations are concerned about many things because this proposal is reminiscent of the Community Assistance, Recovery, and Empowerment (CARE) Court legislation– it is huge, it seems to have come out quickly, and the community was not consulted more before it was put out. The most concerning part is the requirements stripped away from PEI and innovation funding. PEI and innovation will pay for CDEPs, which have been shown to be effective and save the state money. She requested presentations on a report that just came out by Loyola Marymount College at a future Commission meeting. The report shows that CDEPs are effective and take culture into consideration, including the client culture. She spoke against the term

“most vulnerable,” which is used by the Governor. He equates that with “most deserving.” Everyone wants to see individuals who are unhoused get both shelter in a good home and the services they want in order to live fulfilling lives.

Stacie Hiramoto stated the MHSA was not just for people with serious mental illness but was also for prevention. She stated concern that the proposal cuts prevention services even further. This is not right.

Jerry Huff (phonetic) stated counties spend a small percentage of their funding for the community planning process. The speaker stated the community planning process is the vehicle for counties to create their MHSA plans. The only thing that boards are supposed to approve is the community planning process – the plans that counties plan to use to engage the community. Keeping the community uninvolved, untrained, and unable to provide feedback results in programs like the Governor’s proposal. The community is not behind it.

Agenda Item 5: Information – CARE Court Update and Full-Service Partnership Discussion

Chair Tamplen stated the Committee will hear an update on the CARE Court legislation, Senate Bill (SB) 465, and will hear a presentation on the Commission’s work on Full-Service Partnerships (FSPs), which could lessen the need for court-ordered treatments.

Melissa Martin-Mollard, MHSOAC Chief of Research and Evaluation, provided an overview, with a slide presentation, of the challenges, opportunities, and community engagement process of the Commission’s FSP Project. She asked a series of questions to facilitate discussion as follows:

- What should the Commission consider as we continue work on FSPs?
- Who are other key community partners we should engage with?
- What information would you like to receive to track progress on this project? How would you like this information delivered (e.g., format)?

Dr. Martin-Mollard stated the next report is due in November of 2024.

Discussion

Committee Member Robison stated the importance of subject matter experts in peer services, community connections, and social supports such as self-help support groups to help sustain individuals outside of FSPs.

Committee Member Yates stated, to move outside of homelessness, hospitalization, and incarceration, there needs to be a focus on social skills, wellness, medical and dental benefits, and self-sufficiency.

Committee Member McPheter stated, despite hesitation regarding forced treatment, the Commission has a responsibility to make CARE Court processes as user-friendly as possible, using the same principles that the Substance Abuse and Mental Health Services Administration (SAMHSA) uses. The Commission must focus on making the reality of CARE Court more acceptable, peer-centered, and recovery-oriented, since there is no way to stop it.

Committee Member Krzyzanowski stated, when FSPs were rolled out and implemented, more community organizations collaborated and more projects extended beyond the scope of the FSPs. The relationships between counties and their community organizations, in particular, became more balanced and respectful. This could be tracked as another desirable outcome.

Public Comment

Richard Gallo stated the Commission should consider collecting data about successful independent living centers and their services and outcomes in order to measure the success of FSPs. It is also important to partner with CalVoices to involve the disability and peer communities in the success of FSPs to make them more recovery-oriented. Counties must buy in. If services are no longer provided, the targeted population will fall through the cracks; they need ongoing support in order to maintain independence.

Mark Karmatz asked how information on desired programs and services goes to and through the local community process.

Stacie Hiramoto stated the hope that the MHSOAC will check into whether FSPs are continuing to perpetuate the disparities in the mental health system for the BIPOC and LGBTQ communities. She recommended collecting disaggregated data on the populations receiving services.

Terry Land stated the importance of checking in with individuals to prevent relapse and promote success. Regarding CARE Court, some individuals will not access treatment without intervention, and CARE Court prevents 5150s and arrest.

Agenda Item 6: Adjournment

Chair Tamplen stated the next CFLC meeting will be held on July 19, 2023. She adjourned the meeting at approximately 3:15 p.m.