

MHSA Partners Forum – August 4, 2010 Meeting Notes re PEI Statewide Projects

- **Attendees:** Lin Benjamin (CA Dept. of Aging – Facilitator), Amber Burkan (CAYEN), Ann Arneill-Py (CMHPC), Andi Murphy (CMHPC), Bev Whitcomb (MHSOAC), Rafael Metzger (UACF), Laura Leonelli (Southeast Asian Assistance Ctr – REDMHCO), Trula LaCalle (NAMI-CA), Kathleen Derby (NAMI-CA), Stephanie Welch (CMHDA), Peter Castle (CASRA)
- Sophie Cabrera (DMH – by phone), Sharon Kuehn (CNMHC – by phone), Betsy Sheldon (CCCO – by phone), Viviana Criado (CEMHAC – by phone),
- (apologies if anyone was left off the list)

Discussion of Implementation of PEI Statewide Projects

Question: Once all stakeholders from around the state provide input, how will CalMHSA be prioritizing the responses?

- o This was brought up at last CalMHSA Board meeting (July 15, 2010), and board members indicated there had not yet been discussion on this and it should be agendaized for their next meeting.
- o CMHDA: Two things were requested of CMHDA by the JPA
 - Requested that local stakeholders provide their input to the JPA
 - That CMHDA members educate their stakeholders about the contents of the plans, so that people who do not have specified knowledge of the plans may provide adequate input.
- o CMHDA – Ad hoc Workgroup working on recommendations:
 - 3 layers of info
 - Principles to encourage counties to have a statewide approach (statewide investment): Investment in building knowledge/capacity/infrastructure/training/evaluation; applying the lens of coming health care reform.
 - Projects w/in the PEI guidelines: outcome driven, reducing disparities, targeting specific populations
 - Recommended Actions – noting that some of the recommended actions in the plans don't fall under the PEI umbrella as much as larger MHSA umbrella – Choosing recommended actions that fit under noted principles (possibly use a grid)
- o Discussion about hearing the words principles and priorities being used and how these tie back to the needs of the communities around the state. Statement that there should be a needs assessment. Question as to whether these proposed needs assessments would be provider based. Statement that needs assessment is tied back to research and assessment. Subsequent statement that a statewide needs assessment was part of the process in the development of the Statewide Strategic Plans in convening
- o Question about where the funds for the statewide projects originated. Question as to whether these are actually supported by the Mental Health Services Act.

Question: Once people submit input – do these suggestions align with what has been outlined in the strategic plans as the highest need to be addressed?

- Suggestions given for effective stakeholder input.
 - Develop/submit something different from the form provided by CalMHSA.
 - Provide rationale and make strong arguments.

Question: What is the relationship of CMHDA to CalMHSA?

- In that the CMHDA ad hoc workgroup will be submitting stakeholder input as well, how will this input be considered in relation to the input considered by all other statewide stakeholders?
 - There is some overlap between CMHDA Board members and CalMHSA Board members in that County Mental Health/Behavior Health Directors often hold the board positions in each. May not always be the case, though, since Boards of Supervisors appoint the CalMHSA board representatives from each county & with health reform that has the potential to become the Health & Human Services Director. This doesn't appear to be the case at this time, however.
 - CMHDA recently changed their bylaws to include someone from the CalMHSA board on their Governing Board.
 - CalMHSA is a public body covered by the Brown Act. CMHDA is an advocacy organization for California County Mental Health Directors.

More Discussion on how decisions will be made as far as prioritizing responses received:

- Another comment that groups need to identify what their principles are and identify recommendations that correspond to those principles.
 - Comment that these principles should already be known/ already exist.
 - Rebuttal that they need to be clarified in the response and they relate to a group's/individual's own needs assessment of the situation.

Question: The function of CalMHSA as it has been described – as a fiduciary vehicle for the administration of the PEI Statewide Projects – seems to be changing. It is clear that CalMHSA is now becoming a strategic planning vehicle. Strategic planning is involved when deciding how to prioritize State Recommended Actions submitted by stakeholders to address the statewide needs that counties are not addressing while also trying to achieve the statewide vision for each of the strategic plans. There are concerns that CalMHSA does not appear to have the infrastructure to perform this strategic planning function with regard to these projects.

- A concern raised about the method of voting within the JPA and the weighting of larger counties.
- A concern about the assumptions we are making about every county eventually becoming a member of the JPA. There is no assurance as to where the money will actually go – CalMHSA – DMH – MultiCounty Collaboratives.
- A comment is made that an MOU exists for the use of counties to partner with the JPA to do projects even if not yet members of the JPA. People are encouraged to read this for more information.
- Question as to whether CalMHSA has the tools to function as a strategic planning entity.
- Question as to what is the vision CalMHSA is going to use as their blueprint for administration of these statewide projects.
- A comment that the above is a good question. Suggestion that CalMHSA will eventually hire someone to do this – and they will use the 5% allowed for planning dollars.

- Question that since CalMHSA will continue to grow as counties continue completing their processes of assigning funds, how is it possible for implementation decisions made at the JPA level today to continue to equitably accommodate the expanding concerns that accompany this growth?
 - Concern that "regional county collaborative plans" (CalMHSA term) or other splintering of implementation will prevent even implementation and diminish the strength of a larger state impact and the ability to continue to modify the reach of equitable implementation as the membership of the JPA grows.
 - Mention that at one of their board meetings, some CalMHSA board members indicated that they were in favor of regional projects. Some county representatives indicated they were in favor of this and were already planning partnerships with other counties. During the CalMHSA meeting, it was stated that the proposition of using statewide funds within the JPA to implement regional projects was still under legal review.
 - Comment that every county has local PEI funds to spend within their county and that the statewide projects were supposed to have statewide impact.
 - Assertion that the regional option for implementation of statewide projects was dealt with in the revised PEI Statewide Project Guidelines. To choose this option, counties need to determine at the local level that they are to use their funds for a Multi-County Collaborative, replicable project. This is a completely different option than choosing to send their funds to the CalMHSA JPA. It was noted that the Services Committee intended for the regional option to be more difficult to accomplish in order to encourage statewide implementation.

Another Discussion about the legality of the Statewide Projects

- Question that there is no source of authority for statewide funds
- Assertion that if they were made legal through the state budget process
- Mention that the need was recognized for statewide plans to provide capacity and infrastructure.

Public Awareness/Understanding of Statewide Projects

- Concern that awareness, information on statewide plans is being lost
- The conversation is not really happening on the county stakeholder level.
- Comment that each county should have a process for informing local stakeholders about the CalMHSA process and facilitating stakeholder input to CalMHSA (because this is not happening now for these PEI Statewide Projects)
- Concern that although REMHDCO involvement is valuable, it can not serve as the only input to these PEI Statewide Projects from underserved and unserved communities all over the state
- Comment and general agreement that there is a great deal of confusion surrounding the PEI Statewide Projects, not only among the public, but also within the mental health community.
- Comment made that this confusion is warranted because implementation options are still being worked out at the CalMHSA JPA level.

Concerns about Accessibility/Accountability of CalMHSA JPA to the Public

- Comment that no conference call capability yet instituted at their meetings.
- Concern about language in their documents that they state they are only required to keep their documents for 5 years. Question about the necessity of this and the desirability for public documents to be archived for the purpose of future evaluation.

Suggestions for unifying the statewide projects with the help of other statewide agencies:

- Suggestion that the state DMH Office of Suicide Prevention could provide technical assistance to CalMHSA as it prioritizes stakeholder input and develops an implementation plan to address statewide needs and achieve a statewide vision with regard to suicide prevention. The DMH OSP has important expertise to offer CalMHSA.
- Concerns that this statewide vision is being lost/diffused in the confusing way the implementation is rolling out – more than one possible venue.
- Comment that Zoey Todd of DMH has been in meetings with Ed Walker.
- Comment that it is believed CalMHSA views the Office of Suicide Prevention as a resource.
- Comment that CA Mental Health Planning Council will not be officially submitting input to CalMHSA on the Statewide Projects.

General Comments about PEI Statewide Projects

- General comments from participants that they would be interested in sharing their submitted input for Strategic Direction for the Statewide Projects with others in the group.
- Note about the need for overall stigma reduction to continue to be addressed--glad that PEI helps to address the commonality of mental health issues, since many people “bump up against” a mental health issue without being identified as “clients.”
- Mutual comments about the value of the Partners Forum discussion and the fact that Ed Walker was sincerely missed.

8/10/10 **These notes were prepared by Kathleen Derby**