

**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS**

January 17 & 18, 2008

Bahia Resort Hotel

998 West Mission Bay Drive, San Diego, Ca 92109

CMHPC Members Present

Walter Shwe	Ed Walker, LCSW	Jorin Bukosky
Shama Chaiken, PhD	Robert Douglas	Adrienne Cedro-Hament
Stephanie Thal, MA, MFT	Gail Nickerson	Shebuah Burke
Lana Fraser	Shebuah Burke	Karen Hart
Celeste Hunter	Diane Koditek, MFT	Barbara Mitchell
Beverly Abbott	James Bellotti	Shelly Bailey for Mike Greenlaw
Luis Garcia	Joanne Loritz, MD	Lynn Gurko
Daphne Shaw	Dale Mueller, EdD, RN	Renee Becker
Jonathon Nibbio	Doreen Cease	Jennie Montoya
Michael Borunda	Jim Alves	Susan Mandel, PhD
John Ryan	Lin Benjamin	

Staff Present

Ann Arneill-Py, PhD
Michael Gardner, M.S.
Brian Keefer, M.A.
R. Connie Lira, R.N
Tracy Thompson, M.A.
Lisa Williams

Thursday January 17, 2008

Walter Shwe, Chairperson, noting that a quorum was present, convened the meeting at 1:12 p.m.

Meeting Facilitation Training

Susan Sherry provided a presentation on how to facilitate a threaded discussion. There are two types of questions that arise that may take the discussion in a different direction. The first type of question assists the group in reaching its goal. The second type of question diverges from the topic but can be addressed at a later time. The facilitator and other group members must learn to decipher these two separate types of questions and determine the issues before convening the meeting. It is important that the group know the goal of their discussion. Ample discussion time is also very important.

When a topic is raised that is relevant to the end goal, the facilitator may develop a list of speakers for this threaded discussion and pursue the discussion. On occasion, the threaded discussion will change the end goal and the facilitator must identify this, express it to the group, and analyze the discussion to decide if the end goal has been reached or should be changed. If a question appears off topic the facilitator must check with the group to confirm, and then place on a “parking lot” list to address at a later date.

Review and Approve Recommendations on Veterans Mental Health Issues

Dale Mueller, EdD, RN, discussed the Mental Health Needs of Veterans and Their Family Members Ad Hoc Committee and the issue paper entitled, “Recommendations to Improve Mental Health Services for Military Personnel, Veterans and Their Families.” The Planning Council established the Mental Health Needs of Veterans and Their Family Members Ad Hoc Committee to develop recommendations to strengthen the mental health of veterans and their family members. The Mental Health Needs of Veterans and Their Family Members Ad Hoc Committee is requesting that the Planning Council approve the “Recommendations to Improve Mental Health Services for Military Personnel, Veterans and Their Families,” the list of federal and state officials to whom that document would be mailed, and the example cover letter that directs Dr. Mayberg to the recommendations in the document that are most relevant to the California Department of Mental Health (DMH). There are four goals contained within the issue paper followed by recommendations. The California Mental Health Planning Council (CMHPC) members reviewed each goal and provided comments and feedback.

Goal One: Strengthen Prevention and Early Intervention Services

- Barbara Mitchell: Recommendation 1.6 states that “each services member should undergo an annual psychological needs assessment...” and this implies that it will be done by a Psychologist. As this is not always practical, Mitchell recommends that the line that states, “psychological needs assessment,” should be changed to, “mental health needs assessment.”
- Beverly Abbott: These recommendations have been pulled from a document from the Department of Defense. It may be appropriate to state in the cover letter that the CMHPC makes the above suggestion.
- Shebuah Burke advised that she would like recommendation 1.6 changed to suggest bi-annual psychological needs assessments as opposed to annual psychological needs assessments.
- Joanne Loritz, M.D advised that recommendation 1.6 is suggesting a screening for everyone regardless of past history. An annual psychological needs assessment in this case is sufficient and additional services will follow depending upon need.
- Jonathan Nibbio suggested that recommendation 1.4 be revised to include, “up to date training related to clinical practice and guidelines related to wellness recovery and culturally competent services.” Nibbio’s suggestion will be included in the cover letter.

Goal Two: Build Federal, State, and Local Partnerships

- Lin Benjamin advised that she has a concern with the section of goal two that states, “Recent legislation has clarified that veterans are part of the target population that county mental health departments serve.” The definition of target population could be defined narrowly at the local level and may fail to implement the intent of policy and legislation.
- Walker: This is an extremely important issue that should be placed on a “parking lot” list to discuss at a later time.
- Mitchell stated that recommendation 2.4 reads, “...service agencies may refer veterans who are homeless and have a serious mental illness to Mental Health Services Act (MHSA) Supportive Housing Programs.” It is important that the U.S. Department of Veterans Affairs be encouraged to pay for supportive housing programs where appropriate so MHSA funding is not used. Mitchell’s recommendation will be included in the cover letter.
- Mueller reported that not all veterans are eligible for benefits. The intent of recommendation 2.4 is to serve those veterans who have been disenfranchised from their benefits.

Goal Three: Reducing Eligibility and Enrollment Barriers

- Abbott clarified that recommendation 3.2 is the CMHPC’s recommendation and not a recommendation from the Department of Defense.
- Abbott: Recommendation 3.3 states, “The California Department of Housing and Community Development should modify its definition of “at risk of homelessness” to include individuals whose income does not exceed 50% of the greater of state median income or area median income.” Does this recommendation only apply to veterans?
- Mitchell advised that this applies to all people in California and not just veterans.
- Abbott suggested that the recommendation be changed to read, “The California Department of Housing and Community Development should modify its definition of “at risk of homelessness” to include all individuals, including veterans, whose income does not exceed 50% of the greater of state median income or area median income.”
- Mitchell suggested that the change also include a reference to the Multifamily Housing Program: “The California Department of Housing and Community Development Multifamily Housing Program should modify its definition of “at risk of homelessness” to include all individuals, including veterans, whose income does not exceed 50% of the greater of state median income or area median income.”

Goal Four: Strengthen Family Support Networks for Families of Reserve and National Guard Services Members

- Celeste Hunter suggested that goal four be changed to read, “Strengthen Family Support Networks for Families of Veterans, Reserve, and National Guard Services Members.”

- Recommendation 4.1 states, “The Department of Mental Health should work with the family support organizations it funds to connect family members of reserve and National Guard services members with existing family support networks.” This recommendation will be changed to read, “The Department of Mental Health should work with the family support organizations it funds to connect family members of veterans, reserve, and National Guard services members with existing family support networks.”
- John Ryan: The narrative in this recommendation suggests that when military people are deployed families experience stress. The recommendation also suggests that there is an existing family support structure. The goal is to strengthen the access to *existing* family support systems of families of veterans, reserve, and National Guard Services members so as not to create another program funded by the MHSA.
- Walker advised that staff will work with the Mental Health Needs of Veterans and Their Family Members Ad Hoc Committee and notify members of any further modifications.

Motion: The CMHPC approved the “Recommendations to Improve Mental Health Services for Military Personnel, Veterans and Their Families,” with the above changes, the list of federal and state officials, and the example cover letter.

Update on Mental Health Services Act

Carol Hood, Assistant Deputy Director, Community Program Development, Department of Mental Health, provided an update on the MHSA. Hood’s Power Point presentation entitled, “MHSA Revised Fiscal Policies,” is included as Attachment A.

Questions/Comments

- Mitchell: What happens to the MHSA Housing Program funding that the Governor has set aside through the Community Services and Supports (CSS)? Does it revert back to Capital Facilities after the first three years or does it come out of CSS? Is there any dedicated funding after the first three years? Answer: The MHSA Housing program is collaboration between the California Mental Health Directors Association (CMHDA), the DMH and the California Housing Finance Agency (CalHFA). The Governor suggested dedicating \$400 million of CSS funds to this housing program. The CalHFA is hoping that counties will see the need for continued housing and that counties will continue to dedicate additional funds after the first three years.
- Diane Koditek: There is a 10% operating reserve at the county level that would have the potential to address those unique local issues that don’t meet the criteria that the state has set for tapping into the prudent reserve.
- Burke: Could counties apply their year’s worth of unexpended funding to the following year? Answer: The DMH will not forward the counties any additional money until they have used the previous year’s funds.
- Benjamin: Why was Prevention and Early Intervention (PEI) excluded under uses for the 20% of CSS funding? Answer: This is prescribed in statute. PEI funding is protected and can only be used for PEI services. There is a provision in the statute that says if a

county has met all the needs for people with a serious mental illness and would like to expand PEI, the county may use some CSS funding for PEI services.

- Walker: What is the status on the supplantation issues around AB 2034? Answer: A lawsuit has been filed with regards to AB 2034. There has never been an agreement around what the supplantation requirements are. Hopefully, through this litigation those requirements will become clarified.

Review Education and Training 5-year Plan

Warren Hayes, Chief, Education and Training, Department of Mental Health, reviewed the draft Education and Training 5-year Plan. Hayes reported that an extensive stakeholder process was completed in February 2007. In December, DMH produced a draft 5-year Plan for the Planning Council's Committees to review that included a clear description of the following:

- Vision, Mission, and Values of the DMH
- Goals, Objectives and Actions for the development of Statewide Workforce Education and Training initiatives
- Evaluation of the Goals using a minimum set of performance indicators and corresponding measures
- Next Steps for the 5-year Plan

The CMHPC Human Resource Committee's Steering Committee has reviewed the 5-year Plan and provided DMH with recommendations. In addition, the Planning Council System of Care and Functional Committees have had an opportunity to review the 5-year plan and have provided the following comments and suggestions:

Cultural Competency Committee

Adrienne Cedro-Hament advised that the Cultural Competency Committee would like to see the following changes:

- Add the words, "promote and ensure cultural competency," to Page 13, line 3 under Evaluating the Five-Year Plan.
- Add American Sign Language under the second performance indicator.
- There should be attention given to the older adult unserved and underserved population.

Older Adult System of Care Subcommittee

Stephanie Thal advised that the Older Adult System of Care Subcommittee suggests the following changes:

- Older adults represent 20% of the population of the state of California, yet only 1% of mental health services are utilized for older adults. The older adult population is increasing and it is important to be proactive and not reactive in terms of the needs of older adults. The Older Adult Subcommittee is requesting that older adults are recognized as part of the unserved and underserved population, and that older adults are

specifically mentioned in every place within the draft 5-year Plan where unserved and underserved populations are referenced.

- With regards to education and training, the older adult subcommittee is requesting that much more attention be paid to providing funding to educate and train individuals to specifically work with older adults, not only in county mental health but also in community based organizations that serve this age specific population.
- With regards to loan forgiveness and other financial incentives, the Older Adult Subcommittee request that in addition to those individuals being initially trained and receiving credentials to work with older adults that specific attention be paid to the retention problems of those who are already trained, fully credentialed, and working in agencies who serve the needs of older adults.
- The Older Adult Subcommittee also recommends an additional performance indicator to focus on trainings that deal with age-specific populations, most notably older adults.

Adult System of Care Subcommittee

Jorin Bukosky advised that the Adult System of Care Subcommittee suggests the following changes:

- The Adult Subcommittee recommend that individuals who participate in the loan forgiveness or scholarship assistance program should currently work, or commit to work in the public mental health system providing voluntary services that are consistent with the values provided in the 5-year plan. Those individuals should also be prohibited from working in settings that provide involuntary treatment, such as state hospitals
- Non-profit community based organizations that contract with county mental health departments should be considered part of the public mental health system. Their employees should benefit from the financial incentives established, as well as the training and technical assistance that will be provided to employees within the public mental health system.
- The Adult Subcommittee voiced a concern that providing stipends to consumer and family members as part of an employment preparation or support program may result in an increase in taxable income. The DMH should determine the circumstance in which an individual should receive a stipend that is not counted as income or consider an expense reimbursement program instead.
- Bukosky made a general statement addressing the use of recovery oriented language and avoid the use of clinical labels within the 5-year plan.

Policy and System Development Committee

Celeste Hunter advised that the Policy and System Development Committee suggests the following changes:

- The Policy and System Development Committee suggest that three additional points need to be highlighted within the Executive Summary:

- The fact that there is a shortage of practitioners with age specific expertise in California's public mental health system. This is stated in the Introduction, but should be included in the Executive Summary as well.
 - Highlight the fact that the public mental health system needs to increase practitioner expertise in treating individuals who have co-occurring disabilities, including physical, developmental and substance abuse. The 5-year plan may need to establish objectives, actions, performance indicators and measures to address this need.
 - Emphasize the delivery of multidisciplinary and interdisciplinary training. This is reflected in the first action under Objective G and needs to be emphasized in the Executive Summary.
- Objective I, page 11, promotes the importance of providing training to prepare consumers and family members to be effective consultants. In addition, there needs to be outreach to ensure that a diverse group of consumers and family members are aware of the training opportunities.
 - It appears that program development will drive the workforce assessment described in the Workforce Needs Assessment section. In other words, county mental health departments develop programs to meet the needs of the children, transition age youth, adults, transition age adults, and older adults. The workforce development needs are then based upon the programs that have been developed. Unfortunately, the programs developed may not entirely meet the needs of the population, which will lead to an assessment that does not fully identify the workforce needed to adequately meet the need. An alternative approach is to assess the needs in the population to be served, determine the workforce that is needed to meet the needs of the eligible population, and identify existing shortages. The committee encourages the DMH to base its workforce needs assessment upon the service needs of the population to be served, rather than the programs that have been developed.
 - The Next Steps section includes cross training or multi-disciplinary training. It is unclear why this is a next step when it is obvious that a number of individuals have a mental health disability that is co-occurring with other disabilities, including substance abuse, developmental disabilities, and physical disabilities. This should be part of the goals, objectives and performance indicators and measures.

Transition Age Youth Subcommittee

Jonathan Nibbio advised that the Transition Age Youth (TAY) Subcommittee suggests the following changes:

- The TAY Subcommittee strongly recommends that community based organizations will also benefit from the 5-year plan.
- The TAY Subcommittee would like to see some language that promotes career pathways for TAY.

Quality Improvement Committee

Gail Nickerson advised that the Quality Improvement Committee suggests the following change:

- Goal 1, Objective E promotes the employment of mental health consumers and family members in the mental health system. The Quality Improvement Committee has a concern that this objective only applies to positions that are specifically designated for individuals with consumer and family member experience. It is the committee's hope that there will be consumers and family members at all levels, including those positions that are not specifically designated.

Questions/Comments

- Ryan stated that there should not be any contracts between the state and professional disciplines unless those professional disciplines have demonstrated and developed competencies on ways to deal with the public mental health client, and have incorporated those competencies into their curriculum.
- Burke: Much of the consumer employment within the plan focused on full time employment. More attention needs to be paid to issues around part-time in addition to full time employment. When employment training programs are developed there needs to be access to benefits planning as well. Burke stated that she would like a reference to consumers and family members included within the vision statement of the 5-year plan.
- Thal stated the Board of Behavioral Sciences has formed a Marriage and Family Therapy (MFT) education committee and have conducted meetings throughout the state. Their goal is to assist with curriculum change that will prepare MFT students to work within the mental health system.
- Lynn Gurko: Employment support for consumers and family members is necessary for a smooth transition into the workforce.
- Robert Douglas: In addition to loan forgiveness and stipends, is there a strategy for getting educators and schools to adopt these values? Answer: Susan Mandel advised that it is the hope that the promise of MHSA funds will encourage educational institutions to make the appropriate changes to their curriculum. However, this is a time-consuming process.
- Benjamin: There are several things that the public mental health system can do to assist in preparing potential students:
 1. Field service placement opportunities should be considered within the public mental health system.
 2. Recent graduates should be offered training packages related to working with specialty populations that assist in the transition into the public mental health system.

Motion: The CMHPC recommends the above changes to the draft 5-year Plan to submit to the DMH Director for review. The DMH will submit a final draft to the Planning Council for approval.

Orientation to Project Implicit

Shama Chaiken, PhD, provided a brief orientation to Project Implicit and an explanation of the intent and purpose of the exercise. Chaiken advised that Project Implicit is a web-based testing site that was designed to measure participant's hidden biases. The site is designed to allow web visitors to experience the manner in which human minds display the effects of stereotypic and prejudicial associations acquired from their socio-cultural environment.

The Implicit Association Test (IAT) research tool was originally developed for exploring the unconscious roots of thinking and feeling. The website listed above was constructed to offer the IAT to interested individuals as a tool to gain greater awareness about their own unconscious preferences and beliefs. The website presents a method that demonstrates the conscious-unconscious divergences much more convincingly than has been possible with previous methods.

During the October 2007 meeting, the Cultural Competence Committee decided that the Project Implicit tool could prove beneficial to all members of the Planning Council. The Cultural Competency Committee has asked that CMHPC members volunteer to visit the website, engage in at least one online test, and report on their impressions and thoughts of the exercise during breakout workgroups at the April 2008 CMHPC meeting.

Project Implicit Website: <https://implicit.harvard.edu/implicit/demo>

Election of Chair-Elect

Action: The Planning Council approved the nomination of Dale Mueller as Chair Elect for 2008.

The Planning Council expressed its appreciation to Walter Shwe for the excellent job he has done as Chair. Celeste Hunter assumes the role of Chair following the January meeting.

Committee Action Items

There were no committee action items for report.

Approval of the Minutes of the October 2007 Meeting

Minutes from the October 2007 Planning Council meeting were approved as written.

Approval of Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the Executive Committee minutes for further details.

Report from the California Association of Local Mental Health Boards and Commissions

Dale Parent, President, provided the following report on the activities of the CALMHBC:

- Perry Communications is creating a book which outlines the duties and expectations of a Mental Health board member. The book will include a history of mental health in California.
- The CALMHBCs website, provided by Trilogy, is still under construction and will link with other mental health websites.
- The CALMHBC is planning to hold a conference in May 2009.

Report from the California Mental Health Directors Association

Diane Koditek, MFT, Director, Kern County Mental Services provided a report on the activities of the California Mental Health Directors Association (CMHDA).

- The CMHDA has conducted their annual meeting and created their strategic goals for 2008 through 2010. The overarching goal is to advocate for equity and full inclusion of vulnerable populations and secure social justice as measured by access to necessary quality services the promote mental health wellness, resiliency, and recovery in our communities. The CMHDA plans to approach these advocacy priorities and activities through this social justice lens.
- The CMHDA has been analyzing the impact of the proposed reductions and changes to community mental health services and working with advocacy organizations on a response. Weekly budget conference calls will be convened to share information and strategies. The CMHDA is concerned with the proposed 10% reduction in Medi-Cal and mental health managed care allocation. The CMHDA believes this is a clear violation of the MHSA maintenance of effort requirement and counties have not received a Cost of Living Allowance (COLA) for this program since 2000. The allocation was reduced by 5% in 2003/04 and yet the cost of services continue to increase and will inevitably lead to fewer people being served. If this is enacted, the CMHDA will be urging counties to renegotiate their contracts with the State for the managing of the program.
- The proposed 5% reduction in State Maximum Allowance (SMA) rates and the concurrent elimination of the COLA is cause for concern. This will impact the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and adult Medi-Cal rates and will result in reduced access. The CMHDA is also concerned with the proposal for prior authorization for day treatment services exceeding 6 months. The CMHDA is questioning the rationale for this proposal and how the DMH plans to implement it.
- The CMHDA continues to work with the DMH, Mental Health Services Oversight and Accountability Commission (MHSOAC), the CMHPC, and many other organizations on issues related to the implementation of the various components of the MHSA. The Workforce, Education, and Training state administered programs are important to counties in implementing their Community Services and Supports (CSS) activities. Counties have identified regional partnerships, consumer and family member statewide technical assistance centers, distance learning, and the statewide loan assistance program, as priority areas to move forward with.

AB 900: The Implications of Prison Reform for the Public Mental Health System

Robin Dezember, Chief Deputy Secretary, Health Care Services, California Department of Corrections and Rehabilitation, provided a presentation on Assembly Bill 900. AB 900 (Chapter 7, 2007) was approved by the Governor on May 3, 2007. This bill creates 53,000 additional prison, community reentry, medical and local jail beds in two phases, and contains provisions intended to improve the rehabilitation of those who serve time in prison.

The 53,000 beds are divided up among prison “in-fill” beds, community reentry facility beds, medical beds, and local jail beds. Of the 53,000 beds, 16,000 are designated for existing prisons to reduce overcrowding (prison “in-fill” beds), 16,000 are designated for community re-entry facilities, 8,000 are designated for medical, dental, and mental health beds at existing facilities under the jurisdiction of the Department of Corrections and Rehabilitation, and 13,000 are designated for local jail facilities.

Community re-entry facilities are a new part of California’s correctional and rehabilitation system. These facilities are intended to house inmates and parole violators who are within one year of being released from custody. Persons housed in community re-entry facilities should receive services that are tailored to the specific problems they experience when reintegrating into society as well as services that provide a continuity of support services before and after parole.

AB 900 includes a number of other provisions intended to improve the rehabilitation of persons housed in correctional facilities and of those on parole. Among those provisions is one that authorizes the Department of Corrections and Rehabilitation to obtain day treatment and contract for crisis care services for parolees with mental health problems to reduce the chances that a person on parole will return to prison.

Dezember stated that the federal court has appointed a three judge panel to explore whether the prisons are meeting constitutional standards. This panel of judges will determine whether California's prison system needs to have a cap on its inmate population to alleviate overcrowding. AB 900 envisions a similar kind of modification of the population within the prisons, but does so on a gradual basis with the application of rehabilitative practices inside the prison as well as outside.

Questions/Comments

- Hart: What must a county do prior to getting authorization to participate in the re-entry program? Answer: More information about the county must be gathered before the next move can be determined.
- Cedro-Hament: Will an annual report be available for AB 900? The Cultural Competency Committee is very interested in the demographics according to gender, race, and primary diagnosis. Answer: Some of this information will be available soon.
- Ryan: How many people are in the California state prison system and what percent of that number have a mental illness? Answer: There are 173,000 people in the California state prison system. An estimated 20% of those may have a mental illness.

- Walker: Is there a similar planning approach to the logic model that can be utilized for county mental health programs? Answers: Local dialogue is still in the beginning stages. The partnership model, and mental health's role within that model, is an important and ongoing process. Updates will be provided when available.
- Mandel: Are the re-entry facilities open facilities and how does NIMBYism affect this? Answer: Many communities have already applied for re-entry facilities. These facilities will not resemble halfway houses and are run by security officers with a security fence. Chaiken advised that these are secure locked facilities so communities do not have a concern about people accessing the community prior to their parole date. The designs will focus on creating an external appearance and environment that does not resemble a prison.
- Burke advised that she has a concern with legislation that allows employers to discriminate against people with a felony record. This is a serious barrier to re-entry.
- Koditek: The CMHDA and county mental health directors appreciate the discussions to look at how to address the treatment needs of individuals who are part of re-entry programs and potentially served by the increased capacity that AB 900 will provide. There is a concern, however, that there will be no additional resources to treat those individuals. What will happen to incarcerated individuals who do not flow through re-entry facilities? Will parole outpatient clinic resources remain the same? County re-entry facility proposals need to look at how counties will provide treatment. Many are looking at ways to link existing resources better and this will provide improved access and coordination of services. Does this demonstrate sufficient community commitment? Answer: Incarcerated individuals who do not flow through the re-entry facilities will be released and assigned to a parole officer. This may continue to happen until the system is sufficiently changed. The discussion around parole outpatient clinic resources has just begun. Currently, there is no delineated set of requirement for counties to demonstrate in terms of resources for treatment in re-entry facilities.

Public Comment Period

Cheryl Maxson, Modoc County, provided staff with handouts regarding outreach and accessibility for mental health consumers and family members. Staff will provide copies of this handout to interested parties.

Report from the Department of Mental Health

Stephen W. Mayberg, PhD, Director, Department of Mental Health, provided a report on the activities of the DMH.

- Closing the State's \$14.5 billion structural gap compels extraordinary action. To close the budget deficit, the Governor's budget calls for a 10% across-the-board reduction to most General Fund departments and programs. All state departments and programs that receive a portion of the General Fund will contribute to the budget solution. The Governor's across-the-board reduction approach is designed to protect essential services by spreading reductions as evenly as possible so no single department or program is

singled out for severe reductions. One of the major cuts within mental health is to EPSDT services. There is a 5% Cost of Living Allowance (COLA) reduction, a reduction of the State Maximum Allowance (SMA), and the prior authorization for day treatment services exceeding 6 months. There is also a 10% reduction in the mental health managed care allocation. The State Hospitals were not impacted by these budget cuts. The three-year payment period for the EPSDT deficiency was also not affected.

- There is a plan to delay payments for the Medi-Cal Managed Care for \$200 million from July 2008 to September 2008.
- The General Fund accounts for 38% of the public mental health budget. Another 21% of the budget is from the MHSA, 21% is from realignment, and 20% is from third party payments and other revenue sources.
- Since Proposition 83 passed, there have been 10,300 referrals for the Sexually Violent Predator (SVP) program. Of that number, 2500 have received full evaluations. There are 195 people in the pipeline for referral to be an SVP. This is a 40% increase from the past. Currently, there is money in the budget to activate more space at Coalinga to house all SVP's. This will leave the other state hospitals available to individuals coming from the criminal justice system with serious mental illnesses who are not SVP's. There has also been a small increase in money for the conditional release program.

Questions/Answers

- Nibbio: Part of the budget proposal is to reduce foster care payments to non-profit providers by 5% and to county providers by 10%. This will have huge impacts on foster parents.
- Hart asked that Dr. Mayberg consider appointing a Transition Age Youth to the CMHPC.
- Walker: There is a concern whether the budget plan will impact the THP-Plus Statewide Implementation Project that deals with emancipating foster care children. There are provisions within this program that address housing and continued support services, and substantial budget cuts will have a deep impact on foster youth.
- Mitchell: Will the SMA rate decrease on the adult side as well as the EPSDT side?
Answer: The SMA rate decrease applies across the board to adults as well as children.
- Renee Becker: Where will children receive services when minor Medi-Cal consent is eliminated? Answer: The number of children using minor consent Medi-Cal has significantly decreased but those children that remain will still receive services through the Short-Doyle/Medi-Cal System.
- Mayberg stated that with regards to the Workforce, Education, and Training Plan, it is important to move forward with regional partnerships, a Request for Proposal (RFP) to begin the technical assistance center for consumer and family empowerment, and distance learning.

New Business

California Mental Health Planning Council

Meeting Highlights

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- Cedro-Hament requested that a written report be provided to the CMHPC on Cultural Competence issues when a staff member from the Office of Multicultural Services is unable to attend the CMHPC quarterly meeting.

Meeting adjourned at 12:05 p.m.

Respectfully Submitted,

Tracy Thompson