Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: Tuesday, October 25, 2022 | 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* Robyn Gantsweg* Richard Krzyzanowski* BeaJae North* Susan Wynd Novotny* Larisa Owen* Vanessa Ramos* Jason Robison*	Toby Ewing Tom Orrock Lester Robancho	Maria Aliferis-Gjerde Diego Bravo Miya Bray Richard Gallo Stacie Hiramoto Avery Hulog-Vicente Eba Laye Lueni Masina Steve McNally Anne Pinckney Crystal Salas Kathleen Sullivan Juan Torres Nani Wilson Anna

*Participated remotely.

Committee members absent: Rayshell Chambers, Vice Chair, Hufsa Ahmad, Donella Hyrkas Cecrle, Emery Cowan, Claribette Del Rosario, Kylene Hashimoto, Rose Lopez, Kontrena McPheter, and Sharon R. Yates.

Agenda Item 1: Welcome and Announcements

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

Agenda Item 2: Roll Call

Tom Orrock, Chief, Community Engagement and Grants, reviewed the meeting protocols, called the roll, and announced that a quorum was not achieved.

Agenda Item 3: General Public Comment

Richard Gallo, consumer and advocate and Volunteer State Ambassador, Cal Voices ACCESS California, stated they wished California had peer support services years ago but stated they were glad that is being put into place now.

Committee Member Ramos stated a lawsuit has been brought against Santa Barbara County by the Federal Department of Justice for fraudulent billing. She sent a link to staff. She spoke about the mismanagement of Mental Health Services Act (MHSA) funds and stated the hope that the Commission keeps track of counties being sued. She stated something must be going on in Santa Barbara County that is triggering such harsh responses. She highlighted the mismanagement and misuse of MHSA funds. She asked the Commission to look into the way that MHSA funds are being utilized in the counties. As the Commission moves forward with peer certification, the fear is that MHSA funds will continue to be mismanaged and misused by counties. She proposed that the Commission (1) look into the counties being sued, and (2) create work groups to discuss the implementation of peer certification and how MHSA funds are being used to pay for the workforce to ensure that the integrity of the roles, completing those roles, and how monies are spent are appropriately tracked.

Agenda Item 4: Action – May 24, 2022, and September 20, 2022, Meeting Minutes

Chair Tamplen tabled this agenda item to the next meeting due to the lack of a quorum.

Agenda Item 5: Information – Peer Certification Resource Guide Update

Presenter:

- Tom Orrock, Chief, Community Engagement and Grants

Chair Tamplen stated the Committee will hear an update on the draft Peer Certification Resource Guide (Resource Guide) and discuss next steps including opportunities to scale peer services statewide.

Mr. Orrock stated the Resource Guide is intended to be full of helpful resources to support California counties as they implement peer support specialty certification per Senate Bill (SB) 803. The thought was that providing this information and sharing it widely might bring more counties to the table in terms of peer certification. The Resource Guide includes historical information on peer certification, educational standards, appropriate supervision of peers, and links to job descriptions.

Mr. Orrock reviewed the Resources for the CFLC Peer Support Specialist Certification Implementation Guide document, which was included in the meeting materials, and asked for Committee Member feedback on the look of the document, if it should include anything else, and where the document would live so that it is easily accessible to counties, community-based organizations, and peers.

Mr. Orrock stated Committee Member Robison brought a document to the Committee's attention at that last meeting on scaling peer services in California. One of the questions

was where this should go in the Resource Guide. He asked Committee Member Robison to provide further details on the document and how it can be utilized.

Committee Member Robison stated he sent a document titled "A Vision to Scale California Peer Services" to staff that he co-wrote in 2021 with Sally Zinman, who has since passed away. He stated he revised the document so that it would come from the MHSOAC and the CFLC. In that document, which was included in today's meeting materials, he and Sally Zinman made the argument that MHSA funds were not used the way they were legislated and that peer services need to be scaled so that 7 percent of MHSA funds are directed specifically to peer services.

Committee Member Robison stated the need to take what peer services are doing and implement it across the state. He stated the hope to use this document to advocate at a statewide level that 7 percent of MHSA funding statewide be used for peer services. These are programs and practices that have been funded with MHSA funds that are proven and that would transform the system to what individuals are asking for and what has been shown to work.

Discussion

Chair Tamplen stated the importance of infusing some of the things that are currently happening in the state and what is being advocated for already, such as getting peer support classifications across the state. This document fits well with the Resource Guide. Sharing resources is one thing but also the vision and goals hoped to be achieved are important to document.

Committee Member Ramos spoke in support of the document on scaling peer services in California. She stated she will send Committee Member Robison a follow-up email.

Committee Member Novotny asked what the 7 percent figure is based on.

Committee Member Robison stated he and Sally Zinman started with setting aside 7 percent of the funding for peer services because the systems leadership team in Los Angeles County, which was the community process for determining how to spend MHSA funding, had already set aside 7 percent of the funding. This funding was never realized due to the Realignment that was part of MHSA implementation after the stock market crash in 2008. He stated he and Sally Zinman decided to start with 7 percent because amazing things can be done with that percentage. The document is meant to show what could be done with 7 percent of the MHSA funding.

Committee Member Novotny suggested that each local behavioral health department sign on to begin their own adoption of it from where California currently is to the vision outlined in the document.

Committee Member Krzyzanowski asked about the anticipated response from the Commission regarding the CFLC's request to adopt the Resource Guide, which possibly will include this document, and about next steps, if adopted and if not adopted.

Chair Tamplen stated the next step will be to present recommendations to the Commission from the CFLC for their review and possible approval. Input will be gathered from the

Commission, staff, and the public. She asked Executive Director Ewing to talk about the process.

Executive Director Ewing stated the Committee is advisory to the Commission. The Commission has rules of procedure that require a certain process before something is recognized as the product of the Commission with the Commission's support. Commissioners will often ask strategic questions about goals and why one set of solutions was suggested over another. In conversations between Commissioners as well as between the Commission and counties, the same kinds of issues come up - no one likes to be told what to do but they often are willing to engage in a discussion of what is trying to be accomplished and how best to get there.

Executive Director Ewing stated, regarding questions around financial sustainability and if there is a reimbursement authority, the proposals that come before the counties bump up against a series of values such as requirements for billing Medi-Cal, staff requirements, and how to get there. That differential level of understanding that is seen among Committee Members and Commissioners also is true throughout the mental health system, including county supervisors who ultimately, according to the current rules, are the decision-makers over whether or not to fund things like peer respites. The same thing applies to policymakers at the state level. There is a series of processes and education and awareness issues that the Commission would need to go through in order to get to a point where it endorsed a proposal like this. The Commission gets lots of requests from organizations for the Commission to take a position on something such as funding an organization or supporting a bill – possibly 15 inquiries per week where someone wants the Commission to endorse something that someone else is promoting. It can be grueling to sort through what is actually happening and to think about how to prioritize all of these opportunities and ways to put it in front of the full Commission. Working through the CFLC gives this issue a tremendous advantage.

Committee Member Krzyzanowski stated Committee Member Robison and Sally Zinman did good work. These are important ideas that reflect the values of the CFLC. He stated he would love to see these ideas have an impact in the real world. He suggested, while the Committee is strategizing, to also think about alternative options should these issues get bogged down in the processes.

Chair Tamplen suggested requesting not losing any peer support services but increasing them over time and reaching for a goal of, if not 7 percent, improvements and additions to include peer support services.

Committee Member Robison suggested adding the unique power that peer services have to address historical racial inequities. He asked for help with the language to include in the document. It is important in this moment to include that focus in the document.

Committee Member Ramos asked staff to include the CFLC in the decision-making process with requests that come in for Commission involvement in peer work and MHSA funds. Including the CFLC in solutions-based collaborative work on MHSA funds that are being utilized would help CFLC Members feel valued and improve relationships with staff.

Committee Member Ramos suggested including in the document utilizing the CFLC, made up of trusted members of the peer community, to help inform some of this work as an ongoing process.

Executive Director Ewing stated the Commission has limited tools relative to the Department of Health Care Services (DHCS) and other agencies. The Commission is an advisory body to the Governor and the Legislature. He stated Chair Tamplen has asked the Commission to explore opportunities to set aside some of its Mental Health Wellness Act funds for peer respite. This was not possible in the past due to the limitations of the statute. It had to be changed in order to grant the kind of flexibility that is necessary to use those funds in this way. Progress is now being seen in using Mental Health Wellness Act funds to incentivize peer respite.

Committee Member Robison thanked Executive Director Ewing for sharing information about the Commission's process. He suggested building relationships with Commissioners by inviting a couple of Commissioners to attend CFLC meetings on a regular basis to share each other's priorities and ways to work together.

Committee Member Krzyzanowski stated most of the individuals in attendance sit at other tables and are involved in other conversations. He stated it is time to pull together and suggest these ideas through legislative means. He suggested, along with recommending the Resource Guide and including the document in the Resource Guide, finding a sympathetic sponsor and working with them on a proposed bill.

Chair Tamplen suggested that the Commission highlight past innovation plans focused on peer support services that have produced incredible outcomes. She suggested, as a part of scaling up peer support services, reminding people of some of those proposals and what the outcomes were. These resources can also be used to advocate locally. Sometimes the issue is not opposition but a lack of understanding. She stated mandating through legislation can be difficult. Another option is to create demand for peer respite where it is being done voluntarily. Decision-makers do not always understand the value of peer respite, but having it happen naturally opens up more resources for education and awareness.

Committee Member Robison agreed. He suggested a way to better understand what is getting in the way is to have support on comparative measures with MHSA-funded programs. He stated SHARE! Collaborative Housing is funded by MHSA dollars and is currently having an evaluation of its outcomes with UCLA. SHARE! cannot get another housing provider to participate in comparing outcomes. It is free to them but they refuse to participate in entering their data into the system and letting UCLA run the numbers. He asked how to show not only the value of programs using MHSA dollars but the outcomes and satisfaction in comparison. He asked what services people want and what they say about those services.

Executive Director Ewing stated the Commission has asked to do the analytics but has not been empowered and funded to do that. The only organization that does that work on consistently general topics is the Public Policy Institute in Washington. The vast majority of mental health interventions do not have that level of analytics to go with them, which is why the mental health community sticks with what it has always known and always done,

even though it is recognized that the outcomes are not what is hoped to achieve. A lot of money is being spent on a lot of programs that are not having the looked-for outcomes.

Public Comment

Richard Gallo asked the Committee and the Commission to fully support this document. He stated the need for programs and housing to be fully Americans with Disabilities Act (ADA) accessible.

Anna stated this discussion began with the Resource Guide and the document developed by Committee Member Robison and Sally Zinman for implementation of SB 803. She stated concern that the implementation process of SB 803 is being skewed toward the medical model and that the peer support specialist, recovery model, and mental health consumer movement values, principles, and techniques are again being put aside. She gave the example that the peer support specialist exam tests more toward the knowledge of substance use and family services and not so much on direct support of individuals with lived experience. She has heard that the test cannot be changed. This is alarming.

Anna stated many individuals will grandparent into peer support and will not require taking the training again. Even though it was not necessary, she stated she recently retook the training and intends to attend more trainings. She stated the training did not include anything that she has learned and practiced over the past 25 years. She stated she is concerned over what is happening with the trainings. She gave the example of treatment models. She stated she has heard about the medical, social rehab, and recovery models. Currently, trainings include the medical model. The social rehab model is now called social model and talks about social work. The recovery model does not exist. Instead, there is a self-help model that talks about substance use disorder (SUD) programs. She asked who is looking at the training curriculum and what individuals are being taught.

Anna asked if the Resource Guide includes the work done by the 12 workgroups created by the California Association of Mental Health Peer-Run Organizations (CAMHPRO). The recommendations submitted to the DHCS are a wealth of knowledge. The document being discussed today only includes a small part of these recommendations.

Chair Tamplen asked Anna to send the recommendations by the 12 workgroups to staff.

Chair Tamplen stated she also heard that the exam for mental health peer support certification feels like it was picked up from an SUD peer support training or exam. She suggested inviting the California Mental Health Services Authority (CalMHSA) to present at a future CFLC meeting to discuss these issues.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, asked about the date of the document when it was presented to CalMHSA. It sounds like it was in 2007-2008. Today's funds and costs are much different than before. 7 percent of a 2007 budget versus 7 percent of a 2023 budget is significantly different. The speaker asked if the 7 percent is pulled from all MHSA dollars.

Steve McNally asked about the landscape today because, unless the document was written in the last year, the landscape is different as far as buildings and what is available. Some CFLC Members are also on the CalMHSA peer committee. They may be able to address some of the confusion in the state.

Steve McNally stated an individual had been a peer for 10 years but was not currently working on January 1, the one date in the law, and were told that they cannot be grandfathered in. The speaker encouraged having some scrutiny on the impact of this. The speaker asked who received the 5,000 scholarships that have been offered. The speaker stated they have been told that the online exam is more difficult. The speaker asked about individuals who speak different languages. This suggests that the peer certification exam is biased against peers working in the field by using a different language than everyone is accustomed to. The speaker stated their concern from the beginning was, in July of 2021, the DHCS wrote a bulletin outlining the process but no one talked about implementation. The speaker stated they would have liked to request in their county that the dollar amount be identified for peers - peers that are Medi-Cal, and peers that are regular peers. The speaker asked about where peers are currently working, their responsibilities, and pay scale, because these vary greatly between counties.

Steve McNally urged not to make assumptions on who the supporters versus detractors are. Funding peers statewide did not have to be a law. The process to get certification did not have to be complicated after all these years but it was. It did not have to be hidden from public view as it was for the most part. Legislation is not necessarily the answer.

Steve McNally suggested using local boards and commissions and the County Behavioral Health Directors Association (CBHDA) to learn about the number of peers and other elements in the document that exists in the counties to level set what is going on.

Committee Member Robison stated he and Sally Zinman wrote the letter that was sent to Stephanie Welch at CalMHSA in August of 2021.

Maria Aliferis-Gjerde, Executive Officer, California Committee on Employment of People with Disabilities, suggested that the Resource Guide include contacts and information about local workforce areas, local Department of Rehabilitations, and other resources that peer specialists can use to help the people they are working with, if employment is part of their recovery.

Maria Aliferis-Gjerde suggested Disability Benefits 101's website, db101.org, that provides information on where to go in the state to access benefits planning and work incentives planner information.

Committee Member Ramos stated she does not qualify to be a peer support specialist according to CalMHSA's peer certification guidelines. She stated she is hearing this issue across the board. Peers support specialists that have helped the mental health community for many years, advocated for peers in the state of California, and advocated for the passing of SB 803 are now being left out of the implementation process. She spoke in support of inviting CalMHSA to present at a future CFLC meeting to discuss what has and has not worked.

Anna agreed. Even though she understands that the Commission has limited capacity, she urged the CFLC and the Commission to take a stand with peers as much as possible. Leaving it up to the counties is not enough. She asked if the fact that individuals need to have been currently working at a certain point in time in order to be grandparented in is unique to this situation.

Committee Member Robison stated, in order to bring the vision into implementation, it is important to consider that Medi-Cal is billed through the government. The first peer specialists who bill Medi-Cal are peer specialists who are providing peer services through an agency or a location that is already certified to bill Medi-Cal. Directly-operated mental health/behavioral health facilities are the first in line for that certification process because peers who are working for them are going to be billing first. Many peer-run organizations are not yet at the level where they are able to bill Medi-Cal. In order to bill Medi-Cal, a community-based organization needs to have an existing contract with the county that can then be amended to bill Medi-Cal.

Committee Member Robison stated one of the things that can be looked at to expand capacity across peer services for the billing of Medi-Cal is to figure out how counties and community-based peer-run organizations can develop capacity to get their own legal entity contracts with counties that can then be amended so that they can bill Medi-Cal. Many great organizations do not yet have a county contract to amend. It is important to consider how to create that capacity and that broad continuum of services for legal entities across the state.

Chair Tamplen stated the other piece of it is the need for each program being offered and building services to be site-certified for Medi-Cal. This must be done by the county.

Agenda Item 6: Information – Prevention and Early Intervention Draft Report

Chair Tamplen stated the Committee will hear public comment on the Commission's Draft Prevention and Early Intervention (PEI) Report and discuss feedback on the report, *Well and Thriving*. Discussion questions from the PEI Subcommittee were as follows:

1. SB 1004 reflects the tension between establishing statewide priorities and supporting counties to tailor their investments to meet local needs. Recognizing this tension allows the Commission to identify priorities to guide investments while preserving funding flexibility at the local level. To what extent should prioritization of PEI be happening at the local versus state level to maintain a fair and effective balance?

2. Among the long list of recommended priorities, of some target populations such as non-collegebound TAY or LGBTQ communities, some are focused on programmatic priorities such as relapse prevention while others are focused on topical areas such as avoiding criminal justice involvement. How can the Commission best sort through these priorities as this work unfolds?

3. The Commission has received guidance to do more to address growing mental health disparities. For example, the CLCC recommends that that Community Defined Evidence Practices (CDEPs) be added as a priority for PEI funding.

    a. How can the Commission best promote effective strategies to address disparities? For example, are state priorities the best way, or should it be incentive funding? Should the Commission focus on prioritizing investments to reduce disparities, or is the guidance limited to CDEPs?

b. How could the Commission support implementation of CDEPs? Is there shared agreement about what constitutes community-defined evidence? Is there an inventory of existing CDEPs and who is responsible for such designation? What kind of support would counties need to be successful?

Chair Tamplen asked Stacie Hiramoto to begin the discussion on this agenda item.

Discussion

Stacie Hiramoto, representing the California Reducing Disparities Project (CRDP) and the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), provided an overview, with a slide presentation, of the background of SB 1004, the five mandated priorities, issues with mandated priorities 3 and 4, and support for the recommendations. She stated many organizations and consumer groups have issues with mandated priorities 3 and 4 as follows:

- Priority 3 targets TAY "with a priority on partnership with college mental health programs." She stated the CRDP and REMHDCO recommend adding "strategies for TAY not enrolled in college" so it would read "with a priority on partnership with college mental health programs and strategies for TAY not enrolled in college." The recommended language could also be added as a separate number in the list of priorities.
- Priority 4 states "culturally competent and linguistically appropriate prevention and intervention." The CRDP and REMHDCO recommend adding "with a priority on community-defined evidence practices (CDEPs)" so it would read "culturally-competent and linguistically-appropriate prevention and intervention with a priority on community-defined evidence practices (CDEPs)."

Stacie Hiramoto stated, in spite of support of the recommendations, including from the MHSOAC's Cultural and Linguistic Competency Committee (CLCC), the report does not include them for PEI priorities for approval of the full Commission.

Stacie Hiramoto asked the CFLC to formally support the two recommendations for PEI priorities and forward to the full Commission for adoption when the PEI priorities list is finalized. She stated it is not enough to just add language to the PEI Subcommittee Report.

Executive Director Ewing asked Committee Members for questions and feedback to Stacie Hiramoto's presentation.

Committee Member Ramos stated she is proud of the work being done. She agreed with the recommendations outlined in the presentation.

Executive Director Ewing stated the PEI Subcommittee stated the need to define and focus on the priorities outlined in statute before adding to the list.

Stacie Hiramoto stated just because the Legislature passes something does not make it correct. She agreed that the starting place for PEI priorities is the list included in statute, but that list should include TAY who are not in college and CDEPs. These two things should be included from the beginning.

Anna asked the CFLC to adopt the two recommendations as presented. It is extremely difficult to advocate on the ground when there is not a unified support from the top.

Committee Member Krzyzanowski asked to discuss REMHDCO's proposed priorities at a future CFLC meeting to provide the opportunity to vote to support them.

Eba Laye, President, Whole Systems Learning, urged the Committee to support the recommendations of the CRDP and REMHDCO. The speaker stated, without including the CDEPs language and establishing PEI priorities, counties, particularly Los Angeles County, will not do anything on its own to establish priorities because they have not issued a PEI solicitation in over 20 years. Favoring college students over all college-age individuals who need mental health services is discriminatory.

Anne Pinckney, Executive Director, Center for Sexuality and Gender Diversity, a member of the CRDP, spoke in support of Stacie Hiramoto's presentation and the two recommendations. LGBTQ youth are disproportionately homeless, face discrimination in public school systems for being who they are, and do not go to college. They need significant mental health interventions and culturally-defined and affirming interventions, not anything that is focused on changing identity or creating more trauma.

Avery Hulog-Vicente, Advocacy Coordinator, CAMHPRO, spoke in support of the two recommendations. She shared her story as an example of a someone who would have been excluded from the reach of the PEI priorities, if the Commission were not to implement the suggested recommendations shared by Stacie Hiramoto and supported by CAMHPRO.

Miya Bray, Intern, REMHDCO, and TAY, urged the Committee to support the recommendations of the CRDP and REMHDCO and to listen to the success stories of the CRDP. Including CDEPs in the list of priorities is a huge step in the right direction to reduce disparities.

Nani Wilson, Project Supervisor, Asian American Recovery Services (AARS), a program of HealthRight 360, urged the Committee to support the recommendations of the CRDP and REMHDCO. Youth need to be included in all areas of support, especially regarding their mental health. It is important to consider the words chosen and to be inclusive.

Juan Torres, Executive Director, Humanidad Therapy and Education Services, agreed about the need to be inclusive and stated the importance of not reinforcing the structures that keep individuals out of services. He urged the Committee to support the recommendations of the CRDP and REMHDCO.

Kathleen Sullivan, Ph.D., Executive Director, Openhouse, spoke in support of the two recommendations. She thanked Avery Hulog-Vicente for sharing her story. Dr. Sullivan stated this is the story of many of her students, particularly first-generation college students, whose families need them or the students need time away from school to heal, particularly due to the COVID-19 pandemic. Tying services to college or university admission means that an enormous number of youth will be missed.

Dr. Sullivan stated LGBTQ and BIPOC youth have barriers to higher education. The Legislature did not want to penalize students for taking time away, but oftentimes this is exactly when they need an intervention such as a CDEPs program to come in and provide the support the student needs so they can continue on with their education.

Richard Gallo spoke in support of the two recommendations. Not every youth goes to college because they are not the college type. Some may choose job-training programs. The speaker thanked Avery Hulog-Vicente for sharing her story.

Richard Gallo stated the issue that counties are playing politics as usual. Peer support services has been in the MHSA. The speaker suggested going back and look at it again and provide the original intent of the MHSA legislation. The speaker urged the support of the Committee and the Commission. The Commission has failed to monitor the 5 percent spending for the community planning process with the counties.

Lueni Masina, Project Coordinator, Essence of MANA Program, Asian American Recovery Services (AARS), a program of HealthRight 360, and a member of the CRDP, spoke in support of the two recommendations. The speaker shared their experience as a first-generation college student. Older siblings often have the responsibility of taking care of their families. The speaker asked if the mental health of students who join the workforce is less important than those who enroll in college. In discussing CDEPs, the speaker asked who knows the community better than the community.

Diego Bravo, Resource Development and Policy Manager, Safe Passages, urged the Committee to support the recommendations of the CRDP and REMHDCO and to bring them to the full Commission for approval. There is great evidence that CDEPs are significantly effective in communities. All 35 CDEPs programs funded by the CRDP have local evaluation reports that prove their effectiveness and power to improve mental health outcomes and the Statewide CRDP Report scheduled to be released by the end of the year also shows that CDEPs are both effective for communities served and are also cost-effective.

Due to technical difficulties, Tom Orrock asked Crystal Salas to email their public comment to him.

Stacie Hiramoto suggested a panel discussion or a presentation by an expert on CDEPs at the next full Commission meeting.

Agenda Item 7: Adjournment

Chair Tamplen stated the next CFLC meeting will be held on November 15, 2022. She adjourned the meeting at approximately 3:30 p.m.