

**Office of Health Equity Advisory Committee Meeting
Public Comment Section
February 9, 2016**

**9:40 Welcome and CDPH Updates
Public Comment – Section 1.**

PETE LAFOLLETTE

Pete LaFollette. I do ten-page essay stakeholder information and I found Dr. Smith's comments so insightful that I had to sort of regroup my comments.

I believe there's no text solution to mental illness. Mental illness is a neurological condition. But, when I was looking at the Sierra Health Foundation on Facebook, YouTube, Twitter, Instagram, social networking is not going to really address results on mental illness or neurological conditions.

Under substance, which is getting a lot of attention right now, many people who have mental illness, that neurological condition I'm talking about, they're very feeling people, they're very insightful, they're artistic, they're talented. Some you called prodigies. They're self-medicating because they cannot handle their own intensity. And, oftentimes, that's where people come to help retroactively, after the fact.

The current administration of Mental Health Services Act, as the Buddhists say, they come and they go, they come and they go, and huge amounts of money are justified to give back as little services as possible, you have a big turnover and, of course, the public eye is always looking at what's not working, which, unfortunately, the Services Act is not working well. It is in trouble. There's attrition and in the oversight and accountability, again, you see those people, those agencies, they come and they go.

Yet, what stays constant is the need for mental health treatment. The President's plan that Dr. Smith was talking about:

"The evidence is everywhere that things have been getting worse – more and more Americans with mental illness are stranded in emergency rooms ... and simply for want of a hospital bed. And that is in no small part because nobody has tried, in more than 50 years, to design a comprehensive mental health system for all Americans."

I'll pass around this article. It's entitled How to Rebuild America's Mental Health System in Five Big Steps. It's ambitious; it's larger than any one agency, even the California Mental Health Services Act, which just (indiscernible) itself on a national level.

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It can't handle the challenges, but, from what I can determine, those who care enough about it to pursue challenging and nebulous solutions, we can begin to make a difference just from our own common heartbeat and our own spiritual convictions.

So, thank you so much for being here.

**10:30 a.m. CDPH and OHE Updates
Public Comment – Section 2.**

RICARDO MONCRIEF

Oh, okay. Greetings, Jahmal and Tamu. I want to thank Tamu for coming down to visit our community. We have a varied set of communities dealing with the, you know, collective impacts as a model structure to bring to actually -- to build the robust outcomes that were confirmed to build health equity.

And we would -- well, my -- but my question is, you mentioned something early about the innovative website and I did not quite get the name of that website. Could you repeat that?

DEPUTY DIRECTOR MILLER: Yes. If you Google Let's Get Healthy California. And we have a new website that has been launched. I can't remember the URL; you might have to click around a little bit. I will say we have some search engine optimization opportunities for it. But you will find it, if you Google it.

And you'll also see a lot of different categories - healthy beginnings, healthy communities. You'll find within each of those categories the innovative proposals that were submitted from the communities -- from communities across the state.

But also, when you click it, just the look and the feel of the website, it is atypical of a state government website and I really, really like it. It kind of sets the tone for the direction that we want to head into as the Office of Health Equity. But, yeah, Let's Get Healthy California.

MR. MONCRIEF: Okay. Thank you. And one other quick question.

DEPUTY DIRECTOR MILLER: Let's Get Healthy -- letsgethealthycalifornia.ca.gov. There it is.

MR. ALLEN: Just Let's Get Healthy. [www.letsgethealthy.ca.gov]

DEPUTY DIRECTOR MILLER: Let's Get Healthy. Yes, that's it.

MR. MONCRIEF: Okay. One other quick question. When Director Smith -- she talked about mental health. And the way we think about mental health in our community is we design a behavioral health system to implement a continuity that -- you know, that takes you through the areas of, you know, psychological wellness with the end result, I believe, ultimately to build a sense of self-worth, self-esteem.

And as a final product, how are we going to address that distinction between behavioral health and mental health, being that mental health, and this gets to what we were talking about, usually looking at the medical model or that transition where you do

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treatment or -- or it has to be diagnosed in a different -- under the capacity where it provides medical attention, maybe institutionalization, how do we look at that continuum?

You know, that -- what we want to establish is a continuum from -- from birth all the way -- you know, through the time we exist. How do we make that distinction between behavioral health and mental health as a matter of policy and a matter of practical use?

DEPUTY DIRECTOR MILLER: Just two quick responses to that. I think that's still being defined, even though there are various schools of thought that have kind of provided the distinct definition between understanding between mental and behavioral health.

But I think, within the context of even those definitions and distinctions, it may not actually accurately reflect promising practices and community-defined evidence practices that we're investing in for programs like the California Reducing Disparities Project that challenge the conventional wisdom.

So, I think we're -- we'll be a part of defining or redefining, you know, how it is that we see and provide a narrative around what mental and behavioral health really is, and I think we'll see a more integrated understanding of what mental and behavioral health truly represents when we think about, to use Kaiser Permanente's language around total health -- around this mind, body -- mind, body, and spirit approach to just us being fully integrated as people, and not necessarily proceeding with some of the fairly limiting definitions of what mental and behavioral health has been traditionally defined as.

So, I anticipate, you know, that our effort we're investing in the CRDP will help redefine and -- and really foster a bit more latitude and understanding about what mental health and --

MR. MONCRIEF: That's something we see, is an integrated system and not (indiscernible). As a matter of fact, you know, we're trying to integrate the ministers as first responders, you know, in our mental health system as another component people might be interested in.

PETE LAFOLLETTE

Thank you. I will paraphrase and try to keep it as brief as possible.

The downhill health stream that Jahmal was talking about from the perspective of mental health services delivery needs to project positive models and outcomes before it reaches a crisis. That's what prevention and early intervention contracts were supposedly to deliver.

If you've seen the publicity, Steinberg is requesting \$2 billion worth of housing to house people with mental illness yet, at the same time, not offering preventative treatment plans.

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So, what happens there is you're warehousing people in a board and care setting, yet not addressing their mental health needs, so what you will have -- the product will be a blight for the community and you're not going to help anyone, especially people with mental illness. There needs to be service plans put in place for self-determination for them in conjunction to receiving those funds.

I think in -- this is a great document - the Portrait of Promise. I think it's really important to treat it as a living, breathing document, and also project that positive outcome instead of just a daunting challenge that we somehow will maybe never overcome.

In these times, I think it's really important -- is to keep as optimistic as possible and go in the path of results and peace.

POSHI MIKALSON WALKER

Hi. I'm Poshi Mikalson Walker. I am the LGBTQ Program Director with NorCal MHA and I also was the director of the LGBTQ Reducing Disparities Project for Phase I and, to be completely transparent, MHA is an LGBTQ technical assistance provider applicant.

I want you to know that I have always been incredibly supportive of the Office of Health Equity, even as it was being formed, and I appreciate the extreme care that I am sure that they are taking with all of the CRDP grants or proposals.

However, I also want to make it known, for those who may not know, that for many of the people that apply, especially those of the smaller CEOs, they went to herculean efforts to submit on time. I know people who drove all night from Southern California so they could deliver their proposal to the Office in person and on time.

And so, the delays that have occurred by not releasing -- or not being able to release who has won the proposals has caused a great deal of stress and an inability to plan. And I have gotten calls from all over the state -- from CBOs all over the state asking me questions as if I would know (laughter) what's going on.

Of course, it's caused some stress for our own agency, but I don't want to be here just advocating for us. I really am concerned about our smaller CBOs, the pilot projects, and the capacity-building projects.

So, with that in mind, I would like to strongly urge that the Office of Health Equity please post updates on your website as well as through your email blasts. I heard, Jahmal, you say it's a couple of days to two weeks. For those applicants, that's a huge difference.

So, even if every week there was, hey, we're still out there. If you haven't heard, don't get upset. Because many of these people think that if they haven't heard, maybe

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they didn't get it. And so, they just don't know. So, even if you say, you know, we think we're going to know within two weeks, we think this is the new target date, that will at least let people take a breath and help increase their mental health and wellbeing.

(Laughter.)

MS. MIKALSON WALKER: Just overall health. This is -- this is prevention, so.

(Laughter.)

(Several Advisory Committee Members speaking at once.)

DEPUTY DIRECTOR MILLER: Right.

MS. MIKALSON WALKER: Okay. Also, I would like to please strongly recommend and urge that you contact those applicants who maybe did not meet the minimum requirements or were eliminated for other reasons so that they can move on.

I realize you can't tell everybody because then you would know who got the contract, but if -- for some of them there's final rounds so if you could let people know, hey, it didn't happen for you, that would be helpful.

Finally, I would like to talk about the release of the CRDP Strategic Plan. I would really highly encourage that this become a priority. Releasing the CRDP Strategic Plan post-Phase II gives the impression that this strategic plan is really not that important.

This perception will be tragic as the CRDP Strategic Plan has multiple recommendations beyond the implementation of Phase II contracts. And while the Phase II contracts are incredibly vital, the reducing disparities for these vulnerable populations must be addressed beyond just community-defined evidence practices.

Thank you for your time.

Motion: September 29, 2015, Meeting Minutes
Public Comment – Section 3.

PETE LAFOLLETTE

Again, Pete Lafollette on Services Act advocacy.

On the minutes, I'm noticing -- this is no one person's fault, whoever transcribes it, when I speak, I notice that, if I stammer or stutter a little bit, they put that in the paper. I don't know about you, but when I'm dealing with -- about, you know, multi-millions and billions worth of draft and correction, sometimes it gets a little nerve wracking.

So, if I don't deliver just exactly or precisely how it might be, it's sort of something I can't help. So, maybe in the future, when they transcribe it, they can have a little bit more discretion on that.

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Thank you.

Motion: September 29, 2015, Meeting Minutes
Public Comment – Section 4.

PETE LAFOLLETTE

Well, I guess I'm highly sensitive. I want to avoid stigma, but moreover, I want to make it as easy as possible for all people. Public speaking is not the easiest thing in the world when you're talking on difficult questions, which oftentimes you are.

I feel like, in my comments, the body and the sentiment is captured very well. So, form before substance, though, I always say. The form of what the speaker is putting across and not quite how they're doing it.

AC CHAIR GÁLVEZ: So, you would still prefer that they be edited? Is that what you're saying?

MR. LAFOLLETTE: Not if it violates procedure. It's -- take the easiest -- the quickest path between --

DR. NOLFO: Please say it on the mic so we know it.

MR. LAFOLLETTE: As far as editing, just take the quickest route between two points, I would say. The most precise route.

**1:00 p.m. The San Joaquin Valley through the Lens of the Lived Experience:
What Do We Need to Know to Successfully Implement the California Statewide
Plan to Promote Health and Mental Health Equity?**
Public Comment – Section 5.

SHIRLEY DARLING

I'll be brief. There needs to be enough money paid to physicians so that anybody on Medi-Cal can go find a physician who will take them, because having that little piece of -- card in your wallet doesn't do anything if you can't find a doctor who takes Medi-Cal.

Yesterday, I was in a medical office waiting to transport someone. A man walked in from outside, well-dressed, and he said, I'm very depressed and I need to find somebody to talk to, and the receptionist said, what kind of insurance do you have? And he said, I have Medi-Cal. And she said, I'm sorry, we don't take Medi-Cal.

She did not offer him a card, a suicide hotline, she did not have somebody take him aside for five minutes, a couple of minutes to check out, are you okay? He just started to walk out. And I was very hesitant, shy - I didn't want to get in his business and I did. I said, hey --

(Laughter.)

MS. DARLING: Cares is taking Anthem Blue Cross and here's where it is and I -
- I go there and, you know.

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So, it was so hard to say that because I didn't want to -- you know, I didn't want to get in his business. It was inappropriate. I'm from Nebraska. You know -- anyway.

(Laughter.)

MS. DARLING: So, my point is advocate with enough money so that physicians get paid a fair amount and they will take us and it will help a lot. In terms of Medi-Cal versus ACA, separate but equal is not equal. We do not get the care that we should. It's just -- because I made less than \$10,000 a year, what? Why am I put in this lower rung?

And people who are depressed, especially who come in and say I am depressed, there should be a mechanism to screen them immediately. I don't know if the guy is dead today. I -- you know, it tears my heart out. So, that's another issue of equity. Life -- you know, you've got to stay alive long enough to get medical care.

ANTHONY GALACE

All right. Good afternoon, everyone. My name is Anthony Galace. I am the health policy manager of the Greenlining Institute, and we're a policy organization based out of the Bay Area. And I wanted to make a brief comment and then ask -- pose a question to the panel.

The first comment I would like to make in reflecting on what was mentioned about promoting civic engagement, especially in most underserved communities where the elected officials don't represent the community, this Thursday -- actually, I don't know if I'm allowed to announce this, but I will.

(Laughter.)

MR. GALACE: This Thursday, Assembly Member Lorena Gonzales will be unveiling an initiative to expand voting to sixteen-year-olds for -- oh, excuse me, for school board and community college board elections. And, although this may not be voting in the elections we may want, especially city council, this is a start.

So, you know, it was mentioned earlier that a lot of these folks can bring the information and highlight the stories, but for us advocates in the room, we need to meet them halfway, and this is a start.

This -- the Assembly Constitutional Amendment will be on the ballot in 2018, so I just wanted to put that on everyone's radar so it can be something we can begin planning on and collecting -- or pooling together our resources so that we can make that concerted effort to expand voting rights, which we all know, again, has a very direct impact on our health and our well-being and our empowerment in these communities as a whole.

And the second question that I want to pose to the panel, you know, it was mentioned several times that the systemic injustices that you see in the Central Valley and other underserved communities is the result of a number of things, including a concerted and an intentional disinvestment from these regions.

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It was mentioned earlier by the previous speaker that one way to reverse that is to increase Medi-Cal reimbursement rates, but that will essentially just redirect money back into the health care system. So, my question to you all is what recommendation would you have as to where we could start targeting these investments to start shifting specifically then upstream?

And I know that might be a policy recommendation, so I recognize the sensitivity of that, but I'd just like to pose that question to start thinking about how we -- where we can start pushing these investments.

PETE LAFOLLETTE

Again, Pete Lafollette, from Ventura County. I did a personal journey once, an inquiry into that area that we're talking about, because I wanted to see for myself the dignity and spirit of people that lived and somehow survived in overwhelming odds and circumstances.

I think this illustrates not only there in San Joaquin but sort of all over the place in a global manner we've seen a crisis in the human spirit that we would collectively allow people to suffer that much, yet there would not be any response.

But, what I experienced in the San Joaquin that God lives in the eyes of the poor and the people that live there yet so retain somehow a worthwhile life for themselves.

Solution-based ideas - I think we need a cross-sectoral effort with organizations like Turning Point, Catholic charities, My Brother's Keeper, other faith communities. Not only that, but just recognize and promote a huge civic project undertaking much more along the lines that we see other infrastructures, natural resources, health care for all, progressive politics, just to recognize and grow on the broadest of levels it would -- we do indeed look after each other and we need to step that up in the most depressed areas.

2:30 p.m. Planning for the May 9, 2016, AC meeting

Public Comment – Section 6.

(No public comment)

2:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda

Public Comment – Section 7.

PETE LAFOLLETTE

Just once again. There's an old Buddhist saying: Our failure to understand is due to our insistence upon communicating. And I think when I communicate what I do know to you, I'm so sorry that I do not give you a chance to reciprocate because there's so much more that can be learned.

The crisis in human spirit that I spoke of, living in great amounts of social pathologies and social disorganization, a time where our reality-based presidential candidate comes from a point that people are actually taking them seriously and -- I

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don't want to be too hard on reality-based TV shows, but somewhere between a television candidate and a carnival barker. It's troubling.

These are still, despite everything that we see and experience and try to work to change, the most exciting times, these times of great change and richness and great beauty and ever-changing in our society and in our country.

And I believe that we still have to go forward, even through the dissonance that we experience, and believe in ourselves and in a small way impart to others that there still is a destination and there still are great things to be achieved for all.

Thanks again for this experience.