Contra Costa Mental Health Commission
Public Hearing-MHSA 2010/2011 Annual Plan Update
4/5/10
Minutes – Approved 5/13/10

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:40 pm by Chair Mantas.

Commissioners Present:
Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I
Colette O'Keeffe, MD, District IV
(left the meeting at 6:00 pm)
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I

Commissioners Absent:
Supv. Gayle Uilkema, Dist. II
Anne Reed, District II
Sam Yoshioka, District IV

Attendees:
Brenda Crawford, MHCC
Helen Geddes
Tom Gilbert, Shelter Inc.
Ralph Hoffmann, NAMI
Connie Steers, MHCC
Janet Marshall Wilson, MHCC

Staff:
Donna Wigand, MHA
Suzanne Tavano, MHA
Vern Wallace, MHA
Sherry Bradley, MHA
Mary Roy, MHA
Susan Medlin, MHA
Holly Page, MHA
Erin McCarty, MHA
Caroline Sison, MHA
Cindy Downing, MHA

Sherry Bradley had the translators from IEC introduce themselves: Thu-Thuy Trinh-Vietnamese, Marcela Morales-Spanish and Barry Barlow-American Sign Language. They will be here for the duration of this public hearing.

Introductions were made around the room.

2. OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR

3. MHSA DRAFT 2010/2011 ANNUAL UPDATE TO THE 3-YEAR PROGRAM AND EXPENDITURE PLAN by MHSA Program Manager Sherry Bradley and Prevention and Early Intervention Project Manager Mary Roy

Today's public hearing is for the MHSA Annual Plan Update for 2010/2011.
(PowerPoint handout follows the minutes)

Guidelines for MHSA funding come from Department of Mental Health (DMH) notices. The reason for the push to approve the plan and seek funding is the notice for this update was issued in January, approx. 4 months late.

The DMH notices rolled out each set of Component guidelines in a staggered manner. The first one was Community Support and Services (CSS). Each subsequent notice (Prevention and Early Intervention, Workforce Education and Training) had different terms which were confusing. The recent guideline made the terms consistent for all plans.

Contra Costa County is seeking funding for CSS, PEI and WET through this update, but not Innovation, Capital Facilities or Technology Needs because those are sought through a separate process. By 6/2012, DMH will issue guidelines that will truly integrate the Annual Plan to include all of the components. Funding will be sought for all components, at the same time, on an annual basis. The Annual Update will contain activities reports for WET, but not a funding request because WET funds were received for 10 years.

The allocations sought for CSS are $17,715,700.00 and for PEI $5,016,100.00. The handout showed an Innovation funding request of $2,719,300.00, but that is not being sought through this plan.

Based on the DMH Guidelines, when an Update is prepared, funding is based on Activities Reports and Outcome Reports for a specific, previous year. For instance, this 2010/2011 Update reports on activities for 2008/2009.

A full blown planning process is no longer required as this is a Plan Update, an update to the initial 3 year Plan. The initial 3 year plan was for 2005/2006, 2006/2007 and 2007/2008.

The packet contains descriptions for CSS, PEI and WET programs and a budget summary form for each. There are also Outcomes and Indicators for PEI (2008/2009)

Holly Page presented CSS 2008/2009 Outcomes and updates on hospitalizations related to Full Service Partners (FSP).

(PowerPoint handouts follows the minutes.)

Outreach and Engagement is reported to the state every quarter; the entire fiscal year is shown in the handout. There was much less outreach for potential FSP's for adults because the program is at capacity. FSP enrollment is at capacity for Adults and increasing for Children, TAY and Older Adults. Most of the Housing for FSP's is for adults. She reviewed 2008/2009 Outcomes for FSP Program Capacity, Demographics, Employment, Arrests and Incarceration, School Grades, School Attendance and Hospitalizations on a Pre-Enrollment and Post-Enrollment basis.

She reviewed hospitalization rates for FSP's vs. System of Care (SOC) patients. The two populations have many variables making accurate comparisons challenging. The average length of stay for current FSP's and SOC patients is approximately the same (8 days), but when current FSP's are compared to the SOC patients prior to program intervention, they had significantly higher hospitalization utilization.

Commissioner O'Keeffe suggested it would be helpful to see statistical significance noted in the data analysis. Holly Page said that could be shown in the future.

Commissioner McKindley-Alvarez said she appreciated the information that the qualifications to become a FSP are so different because that population utilized services more than SOC

people. Although the numbers presented may not look significant, they are when it is considered who the FSP population is.

Vice Chair Pasquini said while she appreciates the data shows improvements in outcomes for FSP's, she was interested in those people that aren't getting into FSP programs that are at serious risk and still cycling in and out of hospitals as well as those in FSP programs that are still struggling. She has grave concerns about the care being given under the FSP programs and has emails she would like to attach as public comment concerning a specific consumer that she wonders if may be representative of issues going on. There are SOC consumers who are not receiving care and she would like that reflected in the data. She would like to know who is not getting served with enhanced services, reflecting the two-tiered system.

Suzanne Tavano said the criteria for hospitalization (5150) are the same for FSP and SOC population, but overall the FSP's have more issues going on.

Donna Wigand clarified Vice Chair Pasquini is looking to find out how many other consumers in the SOC population, who meet the FSP qualifications, but are not but are not receiving those same services because they are unable to access the system. Sherry Bradley said there may be a capacity issue. Suzanne Tavano said MHA recently approached CSU staff to work together to gain a better understanding of non-FSP's who are having many visits to CSU and multiple hospitalizations and see what those numbers are.

Commissioner Kahler agreed with Vice Chair Pasquini's comments.

Chair Mantas agreed as well, but this venue may not be the best place for the discussion. The Quality of Care Workgroup will taking up the issues of level of care (dual system for FSP's vs. SOC) and reviewing the data in more depth.

Vice Chair feels it is appropriate to talk about the effectiveness of current programs and a general concern how MHSA funds are addressing consumers in crisis in CCC.

Mary Roy presented PEI information for 2008/2009. RFP's were issued, contracts negotiated and contracts awarded, but nothing had been launched during that time period. She reviewed the Projects, and Programs within each, MHSA PEI funds were being utilized for.

(Information chart already included in the Draft Plan made available during the Public Comment period.)

All the programs have measures and outcomes by which they will be evaluated. 3rd quarterly reports are due soon. Mary Roy has visited each program.

Commissioner O'Keeffe noted the Clubhouse receives funding and serves a smaller population and wondered if MHCC, with 3 locations, receives greater per capita funding? Donna Wigand said MHCC's expanded funding for their 3 centers comes through CSS not PEI. Commissioner O'Keeffe asked if MHCC's funding was proportionally larger based on the larger population served? Donna Wigand did not know that level of detail, but MHCC's funding is not based on number of people coming through the door, but hiring staff to enrich the programs available for consumers already coming in.

Suzanne Tavano said the contract for MHCC is larger than the Clubhouse.

TO DO: Staff to follow up on per capita funding (per person served) amount per program.

Mary Roy clarified there are only 2 programs not yet launched and they are county run programs. The hold-up for creating and hiring for the positions is in downtown HR, due to the hiring freeze on until 7/1/10. Suzanne Tavano said these positions are not on the priority list for creation. Chair Mantas confirmed 75% of the funding was received late fall/early winter 2009, but the hiring issues keep coming up. Maybe the MHC should take a position on this to the BOS.

The scope of services and contract amounts are listed on the PEI website; Sherry Bradley offered to send out the document.

(The list of PEI Awardees with a summary of scope of services and contract amounts per program is listed at: http://www.cchealth.org/services/mental_health/prop63/pdf/pei_awardees_by_project.pdf)

(A list of PEI Awardees and a detailed scope of services and facility information for each program is available at: http://www.cchealth.org/services/mental_health/prop63/pdf/2010_scope_of_services_facility_info.pdf.) Contract amounts are not listed.

Caroline Sison presented WET activity updates. The overall program is to encourage a well trained and diverse workforce to support better health outcomes for mental health consumers. The Workforce Staffing Support and Training and Technical Assistance target current employees while Mental Health Career Pathway, Residence/Intern and Financial Incentive Programs target potential employees. *(Handouts follow the minutes)*

Sherry Bradley noted the Activities handout shows 16 staff trainings; there were actually 23 trainings for staff and CBO's. Vice Chair Pasquini was interested in how many MHA administration staff vs. line staff were trained. Sherry Bradley said it depended on what type of training it was, but that information is available in a chart form.

TO DO: Staff to follow-up with Carolyn Sison to obtain the chart.

Commissioner O'Keeffe asked if WET training is only for official mental health workers or could it be expanded to include employees in ambulatory care so they can be educated in the physical/medical needs of consumers who are underserved at this point?

Donna Wigand said MHSA funds are unable to be used to train medical providers is not possible. She read one synopsis of the federal Healthcare Reform Act and it included funding for that type of training and is supposed to be implemented by 2014.

Vice Chair Pasquini asked about the Family training. Carolyn Sison clarified it was for Children in 2008/2009 and Adult training is being planned. Sherry Bradley said MHA does not currently have a WET or Ethnic Services Manager; therefore, some of these initiatives are on

hold. There have been several strategies suggested for Family Member Employment to meet those needs. Gloria Hill was reviewing different curriculums to determine if CCC would like to develop its own program, along the lines of SPIRIT (requiring a college course and internship). There are 3 open positions for Family Coordinator, one in each region, and training must be completed as part of the job specifications. Training has been developed on the Children's side, but not yet for Adults.

Vice Chair Pasquini asked if the training for Adults is Family to Family? Donna Wigand said it states Family to Family or some other equivalent program.

Commissioner McKindley-Alvarez what percentage of the funds go directly to the training of consumers? It looks like most of the funds go toward training people who work with consumers vs. self-identified consumers training for gainful employment. Susan Medlin said funds come from WET, CSS and PEI. Different positions are funded differently and from various contracts. Commissioner McKindley-Alvarez asked if the discussion could be held during the comment portion of the hearing about what the WET program is doing to increase consumer employment since that is an area with struggling outcomes?

Donna Wigand said although Actions #4 and #7 target consumers as potential County employees, programs like the Clubhouse and MHCC enrichment train consumers as potential members of the general workforce.

Susan Medlin mentioned the PSI classes they are trying to get at CC College are meant to enable consumers to look beyond a Community Support Position.

4. **PUBLIC COMMENT ON PLAN**

Ralph Hoffman: Thank you. I started in last October getting involved in the process and I did not get into the details of the plan, but I am looking approve of the plan as it stands. I would like to make two comments regarding the forums. First, commission meetings and hearings may want to consider sending agendas via email not US mail to save money and make internet links easier to get to access, (he mentioned that Alcohol and Other Drugs Advisory Board does this). Second, he questioned this location for public forums. There are translators and people that are transit-depend who maybe don't know that transit lines to this location ends at 8pm. Concord police station is more favorable for those who are transit depend, especially because it is easily accessible by BART.

Chairperson Mantas: Thanked Mr. Hoffman for his comment. The issue with selecting this location is more about availability, but we are definitely looking into more options.

Brenda Crawford: I know that the Workforce Education & Training money has specific restrictions on it, it's to train folks to work within our system. As Donna said earlier, there are people at our wellness and recovery centers who are getting trained on computers and improving their technical skills so that they are able to market themselves outside of our system, but I think we need to look at what the needs are within our system and then expand our definition of having consumers work in growing areas of mental health, which is Aging and Older Adult. I have been a proponent of training consumers to work with older adult consumers who are in the mental health system and training them as home health care aids and then having them able to provide the kind of services that seniors need to stay healthy and engaged as they go through this aging process. Also, it'd take up a lot of slack that in home supportive services has fallen

off in terms of them being defunded. It's a growing field, one of the biggest insurance products going right now is long term health insurance, because people want to age in their homes and they want to be able to stay vital and alive and they need the support of people in order to do that. We had a project called TLC that was funded for consumers to work with other consumers around issues that would allow folks to be productive and stay in the home, such as shopping and that kind of thing. We are looking to revitalize that program. I would encourage us to look at WET and look at the system and a population that is growing and to also fund a program like this is inter-generational training for younger consumers to partner up with older consumers and it would be win/win for everyone. Thank you.

Ralph Hoffman: Supports what Brenda says, I am very familiar with this, and we actually have to import immigrants from Latin America and Asia because we don't have, in this country, enough people licensed as CNAs or HHAs. This would be an excellent type of training. It is very important to pay attention to elder financial abuse, that is a very big issue in our state and nation, and it is similar to domestic violence. Both are rising crimes and elder financial abuse is a particularly rising crime.

The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

5. **CLOSE PUBLIC COMMENT ON PLAN**

6. **MHC COMMENT ON THE PLAN**

Chairperson Mantas closed the public comment phase of the agenda and opened up for Commissioner's comments.

Commissioner Kahler: What emphasis was placed on serious and chronic mental illness? It seems to me that going back to Rose King's objections to a 2-tiered system, that we're addressing ourselves to the worried well, without even making a pretense of addressing the needs of serious and chronic mental illness, which it seems to me that's what the Mental Health Commission and Mental Health Administration is all about. And some philosophy in the way that Prop 63 came together in the form of MHSA is this expression of the 'unserved'. We have people at the core who are unserved. You don't have to go anyplace to find unserved people in the mental health system. And some of the listing that Mary had up there are clearly not involved with and have no history of dealing with serious and chronic mental illness. It was a year ago, and I never heard anything from the Commission or Administration in response to Rose King who was speaking against the unique aspects of Prop 63 and the two-tiers. We haven't gotten the first tier going.

Mental Health Director: Rose King was expressing discomfort at a state level as well, it wasn't just to this county. She was expressing that discomfort that a lot of us feel, to Sacramento and to the folks who wrote the language in Prop 63. I think most of the Commissioners know, but there may be some in the room that do not know, that PEI money has to be spent with very strict guidelines, which we didn't write, about going into communities that are not traditional mental health communities, at all. They are not traditional SPMI and doing the kinds of activities that enhance their protective factors vs. risk factors. Dave, I hear your frustration. Until those silos are taken off, we have to spend the money how the state tells us to spend the money.

Commissioner Kahler: Definition on early prevention of people trying to get into a clinic in East County and waiting 8 months on a list; why couldn't that be defined 'early intervention', recognizing a problem in the early stages, instead of going out into another part of the community, literarily as people who would be defined as the worried well, which they have problems and they should be sympathized with but I think when you're having money problems, you're not prioritizing correctly to go out to another community. I understand it all comes from the original Prop 63, but then we hear about other counties that have done it, where they have spent Prop. 63 money to address serious and chronically mentally ill clients.

Mental Health Director: One of the things this Commission could do then is to invite the original stakeholder planning group, because there wasn't any individual in this room that put this plan together and submitted it for approval to the state, which was approved. There was a stakeholder planning process that involved many folks and lots of time and maybe one of the things the Commission could do is to invite folks to come in and do a presentation to the Commission about how those decisions were made. Doesn't mean you'll necessarily like it and I know that.

Commissioner McKindley-Alvarez: I'm unclear what we're trying to do today. Now that we've gotten this information, are we trying to see whether or not we support the plan moving forward as it stands with all information we've been presented?

Chairperson Mantas: Yes

Commissioner McKindley-Alvarez: So the places where we could challenge the plan within the parameters of Prop 63 guidelines are around shifting some of the strategies that have been proposed?

Chairperson Mantas: If we believe the money is not being used properly, if we believe that the plan could be changed significantly to improve outcomes, this is the time. Or if it's minor comments, we can make those comments so that they can be substantive to minor changes or significant changes.

Commissioner McKindley-Alvarez: This is something that needs to be submitted by the 15th (April 15, 2010)?

MHSA Project Manager: In order to be funded by July1, 2010, the DMH guidelines state we'd need to be approved by April 15th.

Chairperson Mantas: The frustration over the timing of us reviewing it, is something that we'll be addressing shortly and figuring out how to improve the process and have intermediate steps to where CPAW presented stepping stones in plan development, so next time when we go through this process, a lot of these things are brand new.

Commissioner Kahler: One of the lessons of the county budget is I see us all get interested in March, and excited in April and psychotic in May, and all this is foolishness. We should be working on the budget for the following year. The stuff we are talking about here, we should have months ahead of time to develop some kind of a competent outlook on it.

MHSA Project Manager: We couldn't agree with you more.

Vice Chair Pasquini: My recollection was that we (on CPAW) were told we needed to push forward with this to avoid the governor raiding MHSA in another ballot initiative. We were told that was probably for sure going to happen. Then all the indicators disappeared after CPAW went ahead and passed and rolled this over. The time frame had to be accelerated so wouldn't have money at state, but have it in our county.

Commissioner Pereyra: Everything got pushed through in an expedited manner. That was the comment they kept making about rubber stamping things and not really investigating because the time frame had to be accelerated in order to get the funds here in Contra Costa County, so they (the funds) wouldn't be at risk in Sacramento.

Vice Chair Pasquini: So the rush on timing, since that is now gone. Although the budget's not settled, so we can always sit and wonder when Arnold is going to swoop down and threaten to take funds. But we know legally the governor can't take these funds right now, so they're not at risk if they're not approved.

Commissioner Kahler: That's not right. The State takes funds. Legally they can't take them, but they do take them routinely.

Vice Chair Pasquini: They are not taking Prop 63 funding without going to the voters.

Commissioner Kahler: It is conceivably possible.

Vice Chair Pasquini: They would have to change the law to do it.

Commissioner Pereyra: That's why it would have needed another ballot initiative to change the law, and then he very well would have raided the funds. He stated that he would, Meg Whitman has stated that she will. There are a lot of people who would like to (raid the funds).

Commissioner Kahler: They are desperate and unscrupulous.

MH Deputy Director: One thing they can do, they are already talking about, is suspending payment, which they don't need to have a ballot initiative to do.

MHSA Project Manager: Is that the cash deferral?

MH Deputy Director: Yes.

Mental Health Director: So they have already told us that they are going to defer $350 million of MHSA money to all counties. So whatever payment we should have gotten July 1 would be deferred. They have to pay us, at some point, but they are legally allowed to defer it. We end up with a cash flow problem, they haven't told us how, or how long, and it would start July 1st.

Vice Chair Pasquini: So there is still pressure, is what you're saying.

MHSA Project Manager: Correct. If this request doesn't get in by June 30th, they can defer payment. If this request for plan approval gets approved by the state after July 1 2010, there is every possibility that this money will be deferred and we wouldn't get money until July 2011.

Vice Chair Pasquini: I absolutely object to this process. I find it outrageous. The entire implementation process is wasteful: it's wasting time, it's wasting money, it's wasting lives. Yes, it's helping a handful of people that I'm delighted about, but I absolutely 100% oppose it. I personally suffer with rolling over and I've done it 2 times in CPAW. In CPAW, I think when we agreed to approve it, there were some conditions on the approval, if I'm not mistaken. There were conditions that we were going to be going back to review some of the work plans, within a time frame?

MHSA Project Manager: Yes, we would revisit the process, but I don't know if we set a timeframe. We were going to go back and look at those issues so we could be ready for the next round of plan review (for 2011/2012).

Vice Chair Pasquini: Whether I provide these emails or not, I have concerns about the Bridges to Home collaborative, that has been funded from the beginning of CSS. The plan that has been written and submitted to the state that we have been drawing down funds, and that we are about to draw down funds again, is not what it actually has been, and currently services provided are not as it was written in the plan. I haven't seen contracts or a work plan. Has the work plan changed?

MHSA Project Manager: Yes, the work plan was updated with this update.

Chairperson Mantas: What are some details, high level? Most of us don't know what's being discussed right now.

Vice Chair Pasquini: I don't know what's been changed. But I have been in many meetings where I heard the collaborative fell apart almost immediately and that peer support services have been a topic of conversation. I'm not comfortable with being the only Commissioner who's sat in these meetings and had these discussions and heard about it, and they haven't come forward

and talked about it with the Commission. I would want the Commission to be brought up to speed. I am very, very much opposed to those problems – if they have been worked out. I'd be happy to provide the Commission with these documents that I have. I've been waiting, I've written to Sherry, Donna, Suzanne, wanting to know how these issues are being resolved. They have been discussed in the CPAW Facilitator Selection committee. I assumed that these issues were being worked out and that Full Service Partners were actually receiving the wrap around support, and come to find out that's not the case. That was not the case in the situation that I had.

Brenda Crawford: I feel compelled to answer, since we're talking about peer support services which is the part of full service partners that MHCC is contracted to do. I was not here during the initial formation of the collaboration, but it's not unusual that people who have never worked together have to find their niche. And it's not that services weren't provided; wrap has always been provided at our Wellness and Recovery Centers. We just last week finished a new scope of work where we have allocated a number of hours that are being funded to the Full Service Partnership. The way services are being provided is different than the original concept of everybody being housed together, but it does not mean that because we did not live together, we did not provide the services. We have documentation in terms of the number of FSPs who were going to our Wellness and Recovery Centers on a daily basis. What we're doing now is working out the kinks around the referral system. Yes, there were problems. Yes, it's a new program. Yes, in terms of implementation, and people learning how to work together, there were problems. But that did not mean that there was anybody, ever, not providing those services. The coordination may have been a problem at one point, but that's even being resolved. Just finished a scope of work to be submitted to Holly and we're satisfied with how services will be provided and have been delivered all along. The original concept of people living together and working together was not the smoothest process, especially in blending clinical and recovery approaches. But that was a lesson learned. Even in the learning of those lessons, we were still providing those services, just not in-house, we were providing those at Wellness and Recovery centers and people were being referred to us all the time.

Mental Health Director: As time goes by, Commissioners may want to go more in depth on a particular program. Teresa, I hear what you're saying and this may be the Bridges to Home program for you. At any time, any Commissioner has ability to say I am not comfortable with the things that I'm hearing and I would like to ask for structured review. If the chair wants to say we've identified a program in MHSA that we want a more formal, structured review of, and the chair wants to assign a Commissioner to that process, and we do the process, I think that's very appropriate. It's one way of getting out of having to do all the work at a Public Hearing setting.

Chairperson Mantas: Teresa, you know exactly what's being discussed, and the rest of us have no idea of the specifics. Can you give us what was in the plan, and what didn't happen so the rest of us can understand?

Vice Chair Pasquini: I have a scenario: 'several agencies responded for MHSA Community Services and Supports funds to provide services to adults in West County through a model called Full Service Partnerships, Rubicon was the lead agency. Mental health Consumer Concerns provided consumer driven recovery support. Asian Pacific Psychological Services, Familias Unidas worked into this collaborative.' And I assumed that this was a collaborative, that everyone was working together, providing services. And Brenda is correct. This is nothing about MHCC, it is simply my concern about that fact that these programs were supposed be, and that's what MHSA is all about, consumer driven, family driven programs, collaborative working together. And I was disappointed to hear that wasn't happening.

Chairperson Mantas: Have groups pulled out of the collaborative?

Vice Chair Pasquini: That is my understanding that Familias Unidas is not even part of it.

Brenda Crawford: Haven't pulled out of the collaboration. One of the things we did is that we needed to be clear about each organization's roles and responsibilities in the collaborative. Never once did we stop providing services. We just stopped until we were very clear about our place at the table. We knew that we were responsible for peer to peer services and we always provided that. What I didn't understand was why I was going to meetings where they were talking about Medi-Cal billing when that's not relevant to my services. For a minute we stopped and we said, "let's take a look and see how these pieces fit together." My understanding now, is that there's one work plan.

Holly Page, Planner/Evaluator: MHCC has one work plan, and Bridges to Home has a work plan and works on the ACT model and that's CHAA, ANKA and Rubicon. Each agency specifically spells out what they are contributing to the collaboration.

Brenda Crawford: Familias Unidas is still part of the collaborative. All the organizations, MHCC, Anka, Shelter, Inc., are providing services. Partners in the collaborative hadn't ever lived together, or work together, and decided that best to be house separated in order to provide services best.

Vice Chair Pasquini: I wasn't suggesting that. All attempts to communicate have been respectful. I offered, as a Commission and as acting Chair, when I was acting Chair, to participate in any level in any process. I wasn't suggesting that peer supports weren't provided, but not provided as in the plan

MH Deputy Director: Five years ago, initially, the thinking at that time was to ensure cultural and linguistic competency in the program, collaboratives were encouraged. What we found soon after everything started rolling and the plans were approved, was that a number of consumers were Medi-Cal beneficiaries; you can't sub-contract Medi-Cal, so the concept of having a lead agency where money is funneled through wasn't going to hold up because one agency couldn't claim Medi-Cal on behalf of another agency. And there's a fair amount of Medi-Cal money that's being used in the FSP, in order to maximize the dollar amount that is available. This raised the question that if there isn't a lead agency where all the money is funneling through, does it still make sense to have them all housed together in one place. Or can we still be able to provide the linguistic and cultural competency by way of the other partners? Several months ago, we got together with all of the partners, to clarify the roles and responsibilities, etc. and at that time we clarified with MHCC the role of the Wellness and Recovery Center and whether they would be onsite with other programs or if participants would be going to the Wellness Center. It seems that we've sorted out a lot of those issues.

Commissioner McKindley-Alvarez: This goes back to my question of what we're supposed to be doing here. We have so much that we could actually be talking about. But what we're talking about isn't something that can be implemented into what they are designing or what they have designed. Which for me is I haven't had the opportunity to thoroughly evaluate whether or not the services we are delivering are efficacious for whomever they were designed to be delivered to. Within the work plan, and inside the Plan that's submitted to the state, is there something we have written in there that we can evaluate how effective these programs are, and that within that evaluation if we determine that these programs are not providing the services they need to be providing, can recommendation be made regarding support? Can we have that inside this plan, or are we just spinning our wheels, because literally we have to make a decision on something we haven't had enough time to look at and they need to send it off by the 15th.

Chairperson Mantas: You just made it happen.

Vice Chair Pasquini: I'm going on the record as saying I'm very uncomfortable with this part of the plan and the way it's been handled. Maybe the one consumer I know is the only one that has

had an issue. Her services have been far from peer supported and she has fallen from literarily every crack. I have had 2 case conferences with Rubicon and have requested assistance for several months. So I don't know how to address that. Whether it's just this one consumer? I highly doubt that it is.

Chairperson Mantas: I believe that since you brought up the issue of emails that they need to be made part of the record. Maybe CPAW and Quality of Care Work group commission should be made aware and look at it. I think it's important that we bring it to the next level.

Commissioner McKindley-Alvarez: Collette had to leave early, and she wanted to know what happened to the jail population? She felt like it was not present.

MHSA Project Manager: I'm not qualified to address that. It's a program issue and I'm the administrator, so I don't have that deep of level of detail.

Mental Health Director: If an individual is enrolled in any of the Full Service Partnerships and is incarcerated, they are not dis-enrolled if incarcerated. That is the whole thing about MHSA that is different from other systems. The jail mental health system in this county is not on par to the mental health system; it is in other counties. If one of our folks who is not enrolled in an FSP, we might lose them. In the FSP, the question is did that person stay in that FSP while they were incarcerated, and continue to contacted by their PSC and released with services continuing through wrap around. This is data that we collect and find out. Unfortunately, people often cycle through jail as the cycle through the hospital.

Chairperson Mantas: The jail population is targeted to be FSP?

Mental Health Director: They are not specifically targeted. Jail services are not a part of Mental Health Division money. Funding from the larger Health Services Department funds both jail Mental Health and jail Health.

Chairperson Mantas: Funding for WET was received in late fall of 2008 or 2009?

MHSA Project Manager: WET plan approved in May 2009. In about November 2009 WET money was received.

Chairperson Mantas: Specifically, did we receive funding in 2008 for any programs that are not up and running right now.

MHSA Project Manager: We received no WET funding in 2008 because we did not have an approved plan. Our plan wasn't approved until May 2009. And we only received 75% of the funding initially.

Chairperson Mantas: For PEI, did any funds come in, in 2008/2009? And if not, have they been applied to action yet?

MHSA Project Manager: We received no PEI money in 2008, we did not receive money until our plan was approved in February 2009, and we only received partial funding in late 2009, at the same time we got the WET funding. So you're asking if any of those funds are still sitting up there and not being used?

Chairperson Mantas: We received funding for programs that have not been launched yet because of issues that are hanging them up in HR?

MHSA Project Manager: Yes. The county is required to submit revenue and expenditure reports based on MHSA, done by DMH notices, by fiscal year, and are due in February in the next fiscal year, and done by components. If you go to the State Department of Mental Health, it has fiscal references and it will show you what's left and what we haven't spent yet for each fiscal year.

Chairperson Mantas then closed Commission Comments.

7. DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH

ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)
NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.

- **ACTION: Motion made to approve the MHSA 2010/2011 Annual Plan Update with the provision that there be included program evaluation for efficaciousness, for qualitative and quantitative data, and look at qualifications of contractors. Additionally, on the condition that the Commission revisit the performance contracts and make recommendations as a Commission if it is believed that those contractors lack the capabilities to deliver on the contract, and on the minor conditions that substantive comments be brought up and included in the Plan by MHA. (M-McKindly-Alvarez/S-Overby/P, 5-1, Y- Kahler, Mantas, McKindley-Alvarez, Pereyra, Overby, N- Pasquini,)**
(Commissioner O'Keeffe left the meeting at 6:00 pm and did not vote)

Discussion:

Commissioner Kahler: The range of programs I see there are going far off field and not addressing the essential mission of Mental Health Administration and the Commission is supposed to be, which is serious and chronic mental illness and that's not to be taken lightly. We're trying to help people who need some kind of help, but the worried well is not the province of the Mental Health Administration.

Commissioner Overby: I got this plan over a month ago and I've spent several hours going through it and I got more confused every time I looked at it. There are so many different divisions that I'm not even aware of and there wasn't much information on how these things did work, so it was difficult to evaluate it.

Chairperson Mantas: I would recommend that we go ahead and approve the plan and follow through with what Carole recommended, that we look at qualitative and quantitative data, and develop a plan that will work with MHA and CPAW for us to see these plans in development phases instead of last minute. If it wasn't for the sheer fact that the County would lose a bunch of money, I would say I wouldn't approve the plan. I don't think we are getting the level of quantitative data that we should be. Even though DMH and the OAC may say that we have enough, I don't believe that we are. My thoughts are to go ahead and approve the plan as presented with the caveat that all the comments are substantive to be included in the plan and we as a Commission work collectively with MHA to develop a better process about this.

Commissioner Kahler: Why can't there be a line item veto? Why do we have to take all of these? There are some of these that are glaringly bad.

Chairperson Mantas: Such As?

Commissioner Kahler: Such as channeling money to agencies that really haven't got any experience in mental health, early prevention or otherwise, and they don't make any pretense otherwise.

Chairperson Mantas: Do you have an example?

Commissioner Kahler: I think Rainbow Coalition [Center] would be an outstanding example.

Chairperson Mantas: You mentioned one, any others?

Commissioner Kahler: Not right now.

Vice Chair Pasquini: I have concerns that the adult families aren't participating enough and I know it's not that Sherry's not reaching out through NAMI. I'm not feeling confident with where things are at. I'm willing to sit and talk and debate, and there was a lot of discussion in CPAW last week. I'm not comfortable with where things are at. A question to Donna Wigand is, if we didn't approve it, what would you do?

Mental Health Director: I don't know. I can't do knee jerk reaction. I would have to think about it and weigh a lot of risks and benefits. If there was a way for you to say, we want more discussion on this, and I would have consult with Sherry Bradley about time frames and maybe we could come back and have a break out group?

MHSA Project Manager: The drop dead date is April 15 according to the guidelines issued by DMH. I understand that CMHDA asked for some forgiveness on that, but I don't know if that's occurred yet.

Commissioner Pereyra: We can go back and change it (the Plan). Sherry always says that.

MHSA Project Manager: That is correct.

Commissioner Pereyra: I was a part of the PEI stakeholder process, years ago, before Sherry was here, and I was at a public meeting and I was appalled at some of the things I was told that they didn't want to discuss. For example, dual-diagnosis programming. I was told that if that's what I came to offer up, then they didn't want to hear from me.

Commissioner Overby: How much money are we looking to lose?

MHSA Project Manager: $17 million for CSS, $5 million for PEI, $22 million total.

Chairperson Mantas: We can do anything, and again we have to remember as a Commission, that our approval of the plan is a recommendation to MHA ultimately to the OAC and this is how we feel, and to the Board of Supervisors, that we believe this is a good plan.

MHSA Project Manager: The reason for specifically excluding one contractor, and that was for PEI contract?

Commissioner Kahler: Innovation.

MHSA Project Manager: No, Innovation isn't included for this Public Hearing. We did that.

Commissioner Kahler: I was responding to what Mary had up on the screen.

MHSA Project Manager: What is the basis of your line-item vetoing that one contract?

Commissioner Kahler: I am thinking serious and chronic mental illness and early intervention, and I don't see any possibility. I'm not saying anything against the people or the agency, but rather the qualifications for what MHA and the Commission is involved with, what our mission is. It's serious and chronic mental illness and not some strata of that.

MHSA Project Manager: If that's your definition, you'll have to line-item veto the entire PEI Plan. PEI is very clearly spelled out in the regulations, we didn't write them. It was approved by the voters.

Chairperson Mantas: Question for Sherry, if we take the path that Commissioner Kahler was recommending, slightly different from what he's presenting, can we go back and look at the qualification of the contractors that are involved in this process and evaluate them for their ability to provide the services that they are contracted for, after the fact.

MHSA Project Manager: You have 2 pieces, CSS and PEI. The blue handout is 24 pages of program and individual outcomes, if these programs meets these indicators or exceed them, their contract would be renewed. We made it very clear in PEI, if they don't perform according to these criteria, their contract will not be renewed. For CSS, they have a service work plan, with defined criteria to perform. What we can do is if you want to revisit all these criteria, we're happy to do that. And we can do the same thing with CSS, but you're going to have to give up more information on CSS.

Chairperson Mantas: Instead of the line-item veto, I recommend we revisit the performance contracts and make recommendations as a Commission if we believe that those contractors don't have the capabilities to deliver on the contract. We need to either add criteria or make recommendation that they be removed from the program.

Commissioner McKindley-Alvarez: Without us being knowledgeable about the criteria. I do not agree about Rainbow Coalition (Center) or other preventative strategies, so we would need to be informed as a Commission

Chairperson Mantas: Dave, would that be appropriate?

Commissioner Kahler: Yes.

8. **CLOSE PUBLIC HEARING**

- **ACTION: Motion made to close the public hearing at 6:30 pm (M-Pereyra/S-McKindley-Alvarez/ P- Unanimous, 6-0, Kahler, Mantas, McKindley-Alvarez, Overby, Pasquini, Pereyra)**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.

Meeting Handouts

from the 4/5/10 MHSA 2010/2011 Annual Plan Update and Capital Facilities Project Proposal Public Hearings are posted separately on this web page

(but not included in the agenda packet)

For all other materials reviewed and discussed at the 4/5/10 public hearings, please see the agenda packets on the MHC Meeting Agendas and Minutes web page at

http://www.cchealth.org/groups/mental_health_com/agendas_minutes.php