CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
Special Meeting on the Commission's Role
Regarding the Mental Health Services Act (MHSA)
November 10, 2011
MINUTES (Approved)

1. Call to Order / Introductions

The meeting was called to order at 5:30 p.m. by Chairperson Carole McKindley-Alvarez.

Commissioners:

Evelyn Centeno	Teresa Pasquini
Dave Kahler	Annis Pereyra
Peggy Kennedy	Gina Swirsding
Carole McKindley-Alvarez	Sam Yoshioka
Floyd Overby	Absent: Colette O'Keeffe

Other attendees:

Lia Bristol, Representative from Supv. Mitchoff's Office
Louis Buckingham, Guest, MHC Applicant
Brenda Crawford, Executive Director, Mental Health Consumer Concerns
Suzanne Davis, Public Guardian
Al Farmer, NAMI
Steve Grolnic-McClurg, Rubicon
Charles Madison, NAMI
Lynn Marhn, Early Childhood Mental Health Program
Mariana Moore, Human Services Alliance
Monique Tarver, Guest, MHC Applicant
Lorena, Familias Unidas
Rochelle, Guest

Staff: Karen Shuler, Interim Executive Assistant

(Note: Other attendees were present, but did not sign in or introduce themselves during the meeting.)

2. Define the Mental Health Commission's Role Regarding the Mental Health Services Act

- Al Farmer, President of NAMI Contra Costa, presented a paper from NAMI reflecting the position of the NAMI Board of Directors on the recent revisions to the MHSA. He read from the paper stating the NAMI Contra Costa Board of Directors had unanimously passed the following motion on November 9, 2011: *NAMI Contra Costa strongly advocates*

that monies from MHSA Funds should be used primarily in programs and efforts that directly help the serious and chronically mentally ill. Al went on to state that NAMI supports Rose King's 17 points, emphasizing the need to return to the law as stated in the original Prop 63. He added this proposition was subsequently interpreted, under the influence of lobbyists, by the CA State Mental Health Administration, and later interpreted by Contra Costa County to mean that the MHSA services had to be in addition to county system services and new in reaching out to underserved consumers. He added that with the combining of the three program units -- Mental Health Administration, Homeless, and Alcohol and Other Drugs -- we have a unique opportunity to influence how MHSA funds are to be spent to ensure a continuity of services to our most serious and chronic mental health consumers. He asked that the Commission pay attention to Rose King's 17 points and to the comments submitted to NAMI and included in this meeting's packet. He added this is our window of opportunity to influence how MHSA funds are directed. He asked that the Commission support continuity of services. He summarized by stating there are serious discrepancies in the County mental health system and we desperately need to have continuity of care for our serious and chronically mentally ill consumers. Al ended by stating that NAMI intends to work with the Behavioral Health Administration to achieve this goal.

- Brenda Crawford, Executive Director of Mental Health Consumer Concerns, stated she agrees there are serious and chronic problems with MHSA, but asks that we would consider the severity of Rose King's 17 points. She disagreed that there are no services, stating we need to look at common areas to work to reform areas where MHSA does work. In the NAMI recommendations, peer support and recovery services were not pointed out.
- Suzanne Davis stated they have a scheduled appointment November 17 with Mental Health /Behavioral Health administrators regarding the follow-up of the Local 1 survey that was done 2 years ago. She encouraged all who are concerned about the lack of and break-down of communication to continue with the goal to meet at a common ground.
- Charles Madison, former Chair of the NAMI Prop 63 Committee, stated that at this juncture we have identified the areas from Prop 63. He said peer support was not brought up, but that he agrees with the need for peer support. He said they support the Rose King 17 points, but his concern is with our county.

- Gina said she backs up what Brenda says about peer support, and would like to see more dollars for peer support groups.
- Teresa disclosed she is a strong partner and advocate with Rose King. She disagreed that what Rose King was asking for was elimination of wellness centers or peer support, and added there is a desire to eliminate categorical funding. There is a strong desire to take the system approach of MHSA, to look at the W&I and embrace a course correction to send a message to the MHA/BH that there need to be changes in our approach with MHSA. She hopes the Commission can take a leadership role in making recommendations on what our local process is going to look like.
- Carole mentioned that both Mental Health Director Suzanne Tavano and MHSA Program Manager Mary Roy were unable to be here due to a meeting they had to attend in Sacramento. They had expressed a strong desire to attend this meeting and had even asked that the date be changed, but the Commission was unable to change the date for them.
- Peggy asked if our role has ever been defined or did it all come down from the state level and OAC -- Was there ever a plan as to how Commissions were supposed to work?
- Evelyn interjected, speaking of our role regarding funding from MHSA, saying we should make a position that whatever role we take we need to be eyes and ears and make sure we know what programs are effective and that the dollars go where there is the greatest need. She added that we were going forward with 20 Allen, but now it seems to be down the drain, and educating people regarding stigma is important. We need to put in place monetary systems to make sure money is being used wisely. We need to make sure programs are doing what they say they are doing.
- Dave said there were specifications as to what each county could do. San Mateo did something different and shored up existing programs. The state gave the wrong direction. AB100 has brought decision-making down to the county level.
- Annis said she went to the Deputy Attorney General who said the Mental Health Commissions have the oversight over the MHSA.
- Teresa said the Deputy Attorney General was Chair of the Finance Committee and representative to MHSOAC. He showed commissions the portion of the W&I code that listed their responsibilities to the Planning Commission. Teresa added there's a disconnect saying we are an advisory body only. There's also a concern about the level of expertise on the MHC. How are we supposed to do all W&I mandates

prior to MHSA and then add MHSA mandates, she asked.

- Peggy: The Deputy Attorney General said the purview of the MHSA was within the county.
- Annis: We were the ones everything was supposed to come to first, but it went to CPAW and then to the MHC for a rubber stamp
- Peggy: Dave, you said that Sherry said she was supposed to do it differently than San Mateo. Why?
- Dave: They fed the funds to the underfunded programs which is what we would like to do.
- Peggy: So it goes back to the formulation of each county – it's up to the county and not the state? So San Mateo was able to have more flexibility.
- Steve Grolnic-McClurg: There were guidelines from the state so each county interpreted the guidelines and some were more fearful than others. Our county said we needed to create wholly new programs or money would get taken away. Other counties took other positions in interpreting that. It's still not clear, but most counties are taking the position they can make their own decisions to provide the best care for their people.
- Sam said he retired from the county and finds things so different now, yet he feels there are structures, and the behaviors of the staff are pretty much similar to what he was part of 20 years ago. Sam read some of the W&I Code mandated responsibilities:
    - Review and evaluate the community's mental health needs, services, and special problems.
    - Review any county agreements entered into pursuant to Section 5650.
    - Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process
    - Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

  Sam advises that we do a 3-year plan. Most services were implemented fiscal year 2008-2009, but we're supposed to review on an annual basis. We need to be more concrete about what we're expected to do and how we're going to be able to do this with the help of the MHA. We need to be a consumer/family oriented collaborative to get things done.
- Gina said that what started her coming to this Commission is that there are a lot of stakeholders getting funds and she would like to be able to evaluate them. She asked what we can do to go back to basics in giving

mental health intervention that is needed, to see if they are doing what they're supposed to be doing with their funds? Also, early intervention prevents complications down the line. It is important to reach out to 16-25-year-olds and that's not being done. She said she would like to see more funds for early intervention.

- Brenda said this is a prime opportunity to forge the kind of partnerships that have been talked about. The CA Consumer's Collective Visioning has been formed and is talking about their vision for a consumer-driven system that includes partnerships with family members and other stakeholders. This needs to be coordinated in ways that impact the system. People want to promote change that reflect the original values of passing Prop 63
- Suzanne Davis stated that historically when we got excited about Prop 63, we were told what we could build was restricted. She encouraged the MHC to go further in describing their role. For instance, schools are incredibly hurting for mental health support.
- Carole clarified that our role is not to say how dollars should be spent. We have learned we have oversight. But what is our position and how do we move forward? We are all experts based on our experiences. We need to increase our knowledge.
- Teresa said there are several visions from different stakeholders and there is a lot of tension about what's going to happen. She'd like to see us take a look at what we can adopt and what we can abandon of what's in place: CPAW. We don't have providers on the Commission so we're missing some pieces. How can we all as a community define this process and move forward?
- Gina asked who oversees the stakeholders to make sure they're doing what they're supposed to do with their funds?
- Carole replied ultimately the County, who reports to the state. What we're talking about is how we fit into that puzzle.
- Steve Grolnic-McClurg made comments regarding how the Commission can be influential. As a member of the CA MH Planning Council, he said one of the powers a group like this has is to request that various people come to the MHC and answer questions regarding the issues. He urged the MHC to step outside just the mental health department to think who to ask questions of and adopt principles about where dollars should go. He added that the MHC has a unique role in educating the BOS on where dollars should go. Another piece is to figure out where the gaps

are in continuity of care -- as well as expanding where there is a need.

- Gina said we need to evaluate mental health issues in each portion of the county and determine what funding is best for each part of the county.
- Evelyn stated we need to be diligent in overseeing our health system safety nets that are there -- we need to get records to make sure services are being provided. We need to take care of the continuum of services.
- Brenda said there has been an overriding culture of competition instead of collaboration. People who used to be adversaries are now have alliances through communication. We need to develop everything in a true spirit of partnership.
- Rochelle, a guest attendee, said that as a consumer of mental health and a family member, she feels there is a conflict of interest of the people holding seats on the Commission. People are so entrenched in their certain way of thinking. She said NAMI is an example. Where is it fair and balanced? She mentioned she is functional because she pushed her family away. She thinks what the Commission is here to do is important, but sees a conflict of interest.
- Monique (an MHC applicant) said she's hearing about collaboration and conflicts of interest, and she feels it is important to reduce stigma. We need to acknowledge some are inappropriately served. How do we bridge gaps as to where people are going? How are people connecting to wellness? Mental wellness is an issue for everybody.
- Teresa said we need to prioritize how we spend our money everywhere. For her it goes back to the law. We have to come to some agreement and have some principles. We oversee the public mental health system which has a defined population, and she feels there was a flawed implementation (the philosophy to "go a mile wide and an inch deep") – to serve as many people as we can. She said she feels it should have been "go a mile deep and an inch wide" and target the population mental health is charged with serving. She wants to see us define our morals and ethics. We only have a limited amount of money and have to figure out how we're going to move forward -- are we going to spend it on meetings or get out and see what our front line staff is dealing with? She added we need to stop wasting time and go back to the intent of the law.
- Floyd said we spend hours and hours talking about goals and projects. We need to pick out a specific project and focus on that. We've been talking about the Crisis Center for years. Why don't we get them to open up the 20 beds that are available rather than wait for something that may

never get done?

- Mariana from Human Services Alliances serves on CPAW. She thanked the Commissioners for spending the time they do as volunteers and urged the MHC to be focused and not overreach and to understand their strengths. She suggested the Commission leverage their experience to get the ears of the Board of Supervisors or others. Given the complexity of the whole system, she said the MHC should really pick 1-3 items to focus on and go deep instead of wide. Start with something small and powerful and go from there.
- Gina mentioned she agreed with Floyd and should use the 20 beds now.
- Louis (an MHC applicant), said he feels that the Commission has to look at medication implementation. There needs to be a follow-up process.
- Brenda said she agrees with focusing and going deep, but there needs to be a statement about the MHC's intent.

3. Next Steps

Carole called for a summary of the suggestions to work toward a motion.

- Adopt principles
    1) Emphasis around doing an analysis of the current funding structure
    2) Emphasis around us mandating a reassessment of how MHSA dollars are currently allocated
    3) Create some kind of comprehensive understanding of the purpose of MHSA dollars – going back to the law
    4) Whatever we do, we do in partnership.

We should be focused in whatever we adopt so that we can be effective and not stretch ourselves too thin to where we're not going to be able to actually fulfill whatever it is we're trying to do. We also need to be mindful of the lens we're using to view the MHSA process through, meaning that we all hold specific positions -- some of us are family members, some are consumers, some of us are members-at-large, which whether we recognize it or not, could unknowingly cause some type of conflict of interest. Carole asked:

- ✓ If we adopt these principles, are we in agreement that we could adopt some principles towards how we want to move forward? There was an affirmative response.
- ✓ If we adopt these principles, are we in agreement they need to be focused? There was an affirmative response.

- ✓ If we adopt these principles, are we in agreement that whatever we adopt has to be collaborative and in partnership, and that the partnerships may need to be revisited and expanded as was suggested by several people?
  There was discussion as to what was meant. Carole clarified that we might want to look at other areas that cooperate with or impact the mental health system of care; we need to look at the ways people use healing; we need to make sure that we are inclusive of partners and collaborative. Following this discussion, there was an affirmative response.

  - Teresa added that it was important that we define it broadly enough that WE define it instead of we define it. She added that she knows we can't include everybody but wants to try to not leave people out. We can't exclude people from a transformational process who are held involuntarily just because you don't believe in involuntary services. She wants to make sure that we include and invite to the table folks at the hospital, folks in public health, the health plan – all the players. She said she wants us to model silo busting for the system that the MHSA was supposed to accomplish for our County. She added she wants the definition of partners not to be loosely defined.
  - Carole responded that all she was actually proposing is that we all agree that we will use partnering and collaboration within our principles -- the details will have to be worked out in our planning meetings -- and then we can be more specific without being too specific that it excludes certain groups.
  - Suzanne Davis asked if the MHC will be meeting annually with the BOS to inform them of the things that our County is in critical need of.
  - Carole responded that was a principle that we need to put down. We have people who have said we need to do an analysis of the structure; other people have said we need to actually a complete reassessment of what's happening and to think outside the box. So another principle would be that inside whatever we create, there be an annual update to the BOS regarding the information we receive.

Carole asked that we move on to the specifics, stating we have Partnership, we have Focus; and we have agreement that we will have Principles, and our principles will be collaborative and focused. Carole then asked for suggestions regarding what some principles will look like that we will further explore in our Planning Meeting.

1) Emphasis around doing an analysis of the current funding structure
2) Emphasis around us mandating a reassessment of how MHSA dollars are currently allocated
3) Create some kind of comprehensive understanding of the purpose of MHSA dollars – going back to the law
4) A good process (???)

Teresa mentioned the need to reduce duplication and thus streamline the process. Carole said that could be added to the principles.

5) Reduce duplication
    a. Identify what this means
6) Identify current County needs
    a. Identify what this means
7) Providing feedback to the MHA regarding how MHSA dollars should be allocated

- Peggy mentioned the need to get back to the question of the evaluation of the programs that are in existence.
- Teresa said this goes to the continuous quality improvement process – having accurate data, having information that allows informed evaluations. She also mentioned the need for a process that is transparent. Our values and principles need to be non-threatening so that people aren't going to try to hide from us.
- Carole summarized Teresa's comments as "Transparent analysis of program effectiveness" and summarized the four principles added as:
    1) Reduce duplication
    2) Identify current County needs
    3) Transparent analysis of program effectiveness
    4) Providing recommendations to the BOS regarding how MHSA dollars should be allocated
- Brenda mentioned the words "recovery" and "resiliency" are often

used around mental health, but there are various definitions. She'd like one of the guiding principles to be that it is a recovery focus, but with clear definitions around what that means – that recovery isn't just a consumer-driven process. Recovery includes family members, it includes community. Recovery is a concept we embrace in its brightest definition. She said she thought it has been used as a wedge issue when it isn't.

- Carole again attempted to summarize and asked if we could have "Guiding Principles" which would include partnership and collaborative and recovery focus, and then we could have "Action Principles," which define what we actually would be doing with those Guiding Principles as our lens.
- Teresa asked if this was like a Vision Statement (what we hope for) and Mission Statement (how you get there).
- Carole replied she was actually thinking more that the Guiding Principles would be speaking more to our intentionality – our intention is to be collaborative and recovery-focused. And the Action Principles would be the goals we want to address inside of how our MHSA dollars are spent.
- Teresa mentioned how MHSA already has information in the law and regulations we can all embrace and start with striving toward that.
- Carole explained that it's not about how that's outlined in MHSA, but we're talking about adopting a position around how we'd like to see the MHSA dollars spent and the process in that, and that in our position we ourselves have Guiding Principles regarding how we will move forward in what we ask for. She added she is trying to get us to have our own direction regarding how we're going to move forward in addressing these kinds of adopted principles we've been looking at. She then added that we don't have to do it, but she wanted to show the distinction between that. And we could just say we're going to adopt what MHSA has written regarding cultural competency, recovery-oriented, etc., but we need to mean it. And we need to understand that everything we do has to make sure we don't create the same environment that was created before where people felt separate, attacked and everyone went to their own little battlefields. This then ensures that people understand that these are not just words, but these are intentions and this is truly how we're addressing our position in the MHSA process.

- Sam said he thinks that one of the most relevant and primary principle is that in everything we do we are inclusive of consumer and family involvement at every stage of the planning process. He added that he thinks this needs to be stated so we don't forget. Whatever we do, we need to be sure we have consumer and family participation and involvement.
- Evelyn said the words "recovery" and "resiliency" are buzz words and she wants to see the MHC have sincere goals.
- Brenda credited Teresa with stating something she'd like to put on MHCC letterhead if she could: "It's nothing about us without all of us."
- Carole said she would add people who are providing the service, even though it may be a conflict of interest. We need to also be mindful that the direct line staff who are providing the services, whether they're receiving MHSA contracts or not, need to be included in the dialogue as well because they're the ones who are providing the service. Carole then asked if a motion can be prepared for the next meeting.
- Sam said there's a huge part of this whole process that is missing – and that is the Mental Health Administration. We don't do the work – they do. We don't collect the data – they do. And we need to work with them. So a collaboration/partnership has to do with the Mental Health Administration and I think they need to be a part of the conversation around this table. He added that he feels there needs to be a subcommittee that could be meeting with and working with the Interim Director to start the dialogue and agreement on what we want done by them.
- Teresa said there are counties that have a MHSA subcommittee, and it might be something that could be discussed at the Planning Meeting. She added there are also counties where the MHSA stakeholder process is funneled through the Commission.
- Carole said that as a Commission we need to give that guidance, especially when we're talking about MHSA.

Teresa Pasquini made a motion that we support the principles and guidelines that we have drafted. Evelyn Centeno seconded the motion. There was no further discussion. The motion passed by a unanimous vote of 8 to 0 (Dave Kahler left early and Colette O'Keeffe was absent).

Carole expressed appreciation for the conversation at the meeting and added that this is just the first step. It has been a long time coming. She asked people to be prepared for the Planning Meeting December 13th. We need to get more specific on what we've discussed. Then it will be presented to the Board of Supervisors and Mental Health Administration. She asked consumers, family members and representatives of agencies to please be in attendance at the Planning Meeting so they can assist the MHC in making sure we're specific, staying in our lane and focused, recovery-oriented, and making sure our conflicts of interest and everyone's needs are being addressed.

4. **Adjourn Meeting**
   The meeting was adjourned at 7:20.

Respectfully submitted,
Karen Shuler, Interim Executive Assistant