

**MHSA-FINANCE Committee
MONTHLY MEETING MINUTES
JULY 20, 2017 – FINAL**

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions Chair, Lauren Rettagliata, called the meeting to order at 1:07 pm.</p> <p><u>Commissioners Present:</u> Chair- Lauren Rettagliata, District II (arrived @1:07 pm) Vice-Chair-Douglas Dunn, District III Diana MaKieve, District II Sam Yoshioka, District IV Duane Chapman, District I</p> <p style="text-align: center;"><u>Commissioners Absent:</u> NONE</p> <p><u>Other Attendees:</u> Haley Wilson, CPAW rep and Co-Chair of Systems of Care Committee Margaret Netherby, NAMI (arrived @1:50) Warren Hayes, MHSA Program Manager Adam Down, BHS Admin (arrived @1:58pm) Jill Ray, Field Representative, District II Liza A. Molina-Huntley, MHC Executive Assistant</p>	<p>Executive Assistant:</p> <ul style="list-style-type: none"> • Transfer recording to computer. • Update Committee attendance
<p>II. Public comments: None</p>	
<p>III. Commissioners comments:</p> <ul style="list-style-type: none"> • Sam- briefed the Chair that there was a discussion (while the Chair of the Committee was not present), regarding the re-focus of the entire Mental Health budget process and the request for a change in scope of the MHSA/Finance Committee. Asked the Chair if the she was aware and involved in the request? • Chair/Lauren- answered that she was involved and it was her request, to bring in realignment and further understanding of realignment, along with other areas of funding that require greater attention from the Committee. Would like the Committee to broaden the perspective to the entire Mental Health budget. Specifically to the funds appropriated to “specialty mental health” consumer services. Once the funds for specialty mental health have been spent, from both Mental Health Services Act (MHSA) funds and Realignment funds, further requests for funding will be dependent on the approval of the Board of Supervisors, which 	<p>*EA/LIZA- inquire regarding budget/finance training and scheduling for commissioners</p>

<p>must be prioritized due to the limitations of available funding, and allocated accordingly.</p> <ul style="list-style-type: none"> • Vice Chair/Doug- noted that during the Executive Committee, the Chair and Vice Chair will collaborate to create a scope of required changes, address encompassing the entire budget for Mental Health/Behavioral Health Services. • Sam- Jill suggested that training should be provided, “Budget 101,” for all the Commissioners and parties that are interested in the budget and finance. There are revenues and they are part of the budget. What are the chances of having training regarding the budget? • Lauren- That is a good point. The EA/Liza, will inquire more regarding the training and scheduling. 	
<p>IV. Chair comments:</p> <ul style="list-style-type: none"> • Lauren- attended the National Alliance for Mental Illness (NAMI) National Convention. Her primary focus is the seriously mental ill to gain more attention to this area. NAMI sent out directives, to no longer use the word “illness, suffering, or disorder” in any form of communication. Although the organization has expanded, the “roots” of the organization is supporting the seriously mentally ill. The Chair is an active member of this organization and supports all its programs. Was able to meet and discuss issues with, Senator Diane Feinstein and Kamala Harris’s political analyst. Also went to Mark DeSaulnier’s office and discussed different areas. According to Lauren, NAMI’s platform did not include three very important issues that will need legislative change and funding, which may or may not be part of this Committee’s scope. The first being the removal of the “Health Insurance Portability and Accountability Act” (HIPAA) handcuffs, for family members, opioid crisis and hopefully serious mental illness will be added. The second, that might fall under the purview of this Committee because it does involve funding, is the removal of the Medicaid Institutions for Mental Diseases (IMD) exclusive, which is antiquated term for locked facilities for those who are mentally ill and ordered, by a court of law, to serve their sentence in such institutions. 	
<p>V. Approve minutes from April 20, 2017 meeting MOTION to approve minutes made by, Duane, seconded by Doug Dunn. VOTE: 5-0-0 YAYS: Lauren, Duane, Diana , Sam, Doug NAYS: none ABSTAIN: none ABSENT: none</p>	<p>Executive Assistant</p> <ul style="list-style-type: none"> • Post finalized minutes. • No quorum was achieved in the months of May and June
<p>VI. DISCUSS the Commission’s role, regarding the housing priority that was identified at the Consolidated Planning Advisory Workgroup (CPAW), during the community planning process which was incorporated into the</p>	<p>*Doug will update the Commission</p>

Mental Health Services Act Three Year Program and Expenditure Plan- With MHSa Program Manager- Warren Hayes

- **Warren-** During the July, CPAW meeting, there was an extensive presentation by the Health, Housing and Homeless Services (H3) division staff. The CPAW Steering Committee made the request for the presentation. Housing is a priority and a major issue. The “NO PLACE LIKE HOME” initiative, the program guidelines next phase is the legal challenge process. By winter, 2018, it is hoped that a notification for funding availability will be received. Stakeholder participation is key, around what the services looks like that goes to permanent supportive housing units planned; taking into account what the current inventory is and what is needed, in order to plan for the future. The “Community Housing” meeting is coordinated by H3 and CPAW coordinates the “System of Care Committee,” which Haley Wilson Co-Chairs. The System of Care Committee is actively engaged in Family Services Support Network, Loan Repayment Program and the next matter to be addressed is what kind of care is needed in permanent supportive housing. There are Quarterly meetings with “full service partner programs,” which do service serious mental illness and will be a part of the planning process and looking forward to it. Currently, the network is being established. Sarah Marsh (with Contra Costa Interfaith Housing), is another CPAW member that is very active with Health, Housing and Homeless (H3) and will be a spoke person for CPAW, at the Community Housing Committee meeting to assure that the Interfaith housing model is included. At the moment, the process is in the organizational phase, to assure that all the means are participating in the planning process and are coordinated. H3 is focused on the “brick and mortar” piece, for example- master leasing, scattered site, individual units, new construction, renovating sites, looking at all possibilities. The H3Division has submitted an application for \$150,000 for technical assistance and it is being considered to use some of the money for a quality needs assessment, to assure to get the most out of the resources that are available, that could best fit the needs.
- **Lauren-** to summarize, the Commission should make sure to have good representation at the System of Care Committee and Doug is attending the meetings **and can update the Commission.** Personal observation is that people that need housing are currently in county shelters or homeless. The Commission should be able to visit the three main shelters, annually. In order to ascertain what the needs are more accurately, maybe CPAW members and Commission members can meet at a shelter to obtain feedback from the community receiving services.
- **Duane-** can you send us a copy of the shelter Program Review for the next meeting?
- **Warren-** Yes and because it was done at the beginning of the

regarding the Systems of Care Committee meetings

***Lauren will send a copy to Warren of the 2008 planning document**

three year cycle, it will be done early on, during the next program review cycle

- **Lauren-** I did receive a copy, it was one of the first program reviews we received, and I will give Duane a copy. Maybe we can have a meeting at one of the shelters? ANKA shelter has a large area.
- **Duane/Doug-** none of the shelters visited, have available space to hold a full commission meeting. Maybe another program can contribute bus tickets to shelter residents to come to Commission meeting, if it is held at the San Pablo facility that would be the closest to the residents.
- **Sam-** in the agenda “housing priority” is used, what are the components that are being prioritized? What consists of the costs of the priorities or of these components?
- **Warren-** it refers to the annual process to provide input regarding what is at the top of the list and what is not. There are 16 or 18 priorities and they do shift from year to year. Housing continues to be a top priority.
- **Lauren-** looking at “high end utilizers,” what the Committee/Commission needs to look at is the funding is invested into housing and services, as a priority, the County will benefit in financial savings, in the long run. It is not just about finding low cost housing, services need to be included as part of the plan, to achieve a better outcome and the budget needs to reflect and address all areas of need.
- **Sam-** It is different from the housing priority that is listed in the agenda. The components have not been identified, nor the costs, which is quite different from what your describing.
- **Lauren-** I do not believe that I am following you-
- **Warren-** I am following and his point is if a certain priority is picked, that stakeholders have identified as a need, and it was stated in the three year plan, there is a financial context for each priority identified. That is a variable, as Sam stated, to make sure that if the MHSA/Finance Committee is working to focus on the money/funding, then it is important to follow the needs identified in the three year plan. Example- if a priority is at #11, but can easily be resolved- monetarily, then the priority may rise up the list, if the funding is available. Housing is #1 priority, and it will always be in this climate due to the socio-economic factors of the area. The factor is too great that it goes beyond Mental Health’s capabilities, due to the high costs of living in the area. The current economic situation in the area is such that most couples, both working full time, find it difficult to afford rent. A possible perspective can be to view what funding is available, that will make the most impact, (on the list of priorities/goals), that is trying to be accomplished?
- **Lauren-** Housing for specialty mental health is not under H3, the

responsibility is under Behavioral Health Services (BHS), correct?

- **Warren-** Correct. Locked facility management and funding and the augmented board and cares remain under Behavioral Health Services Division (BHSD). The larger picture/task, of housing in general, affordable housing and subsidized housing all is under H3.
- **Jill-** further review is being done by H3 and BHS directors, regarding the residents of “super board and cares,” to verify which residents may no longer need to be housed in those types of facilities. To assure that the right people are in the right housing in the right time.
- **Warren-** a person at risk of being homeless or homeless does not have to be in a full service partnership. Some enrolled in the full service partner programs have the whole spectrum of housing. How to solve the roof over each person’s head can have a different solution. The point of entry for BHS, is identifying within the system of care most notably full service partnerships, those who are most challenged with mental health issues, identify the population that is at risk or currently homeless. BHS is in the process of tracking the data to obtain a count of the current full service partners, which is the target population, to focus on how to obtain permanent supportive housing for the population previously mentioned. We are working on the planning process and identifying how many are in need, what services need to be provided and what the costs will be to assist the individuals to get into the program and going forward, what the costs, along with other factors, will be to maintain the program. Training in basic independent living skills need considered, as part of the care.
- **Lauren-** Shared her planning document and stated that in 2008, when the Mental Health Services Act (MHSA) started, housing was identified as a number one priority. In April 12 of 2010, “Raising the Roof” was a conference that discussed – meeting the housing needs of the mental health consumers and families in Contra Costa County. Kera Douglas, Victor Montoya, Lavonna Martin, Molly Heimeker made the presentation regarding the above. The money that is being spent on the program, is there enough improvement being obtained from the investment to improve the quality of life of the people?
- **Warren-** one of the impediments is to be able to “step up” individuals, to move onward to becoming self-sufficient, independent and find affordable housing, moving out of supportive housing. People can be capable of being independent, if allowed. Some people take a longer period of time than others, but still can achieve it.
- **Lauren-** the Crestwood facility is an example of Warren’s statement. For some mentally ill, they will need lifelong permanent supportive housing. Some mentally ill can be cyclical

<p>and do well, then they experience a life changing event and lose everything and find it difficult to reestablish them until the mental illness is under control again.</p> <ul style="list-style-type: none"> • Warren- these are important issues that need to be accounted for and addressed. Transitional housing has a high cost and due to the current economy, individuals can maintain there for an extended period of time due to the lack of affordable housing. If transitional housing is created, affordable housing should be created simultaneously. 	
<p>VII. DISCUSS what the Commission’s role is in the upcoming triennial MHSA Program and Fiscal reviews? Now that the triennial reviews have been completed, what is the process to incorporate previous results and findings into the upcoming reviews? With MHSA Program Manager- Warren Hayes</p> <ul style="list-style-type: none"> • Warren- This is the time to start planning the process, over again, establishing the new three year cycle. There are approximately 50 MHSA funded programs, divided over a three year period, leaves approximately two programs to be reviewed, monthly. Currently working on establishing the calendar for the up and coming program review process. The key difference between the first three year cycle and the current one is that there are results for the first three years. Staff is assigned to program reviews in a supportive role, not as auditors, to assist in the contractual part of doing business (County-Community based organization-CBO). If there are any contractual issues, that they be corrected, by contacting the Contract Monitor. How to assist the program improve is by building on what the previous program review. It is a benefit to have the previous program review, to refer back to and check for changes. There is a three month period used to prepare, prior to announcing and starting the program reviews, may start at the end of August. • Lauren- The summary of findings is helpful in reviewing the program reviews. What is the process for checking on prior issues? • Warren- We are leading the program review but if we are not the contract monitor, we include the contract monitor as part of the team. The contract monitor may not be the authority to fix a problem but we can help to get the issues that need to be address, up to the level they need to be so that they are addresses by the appropriate person or department. There are approximately 7 contract monitors. • Lauren – would like a list of who the contract monitors are • Warren- the BHS Chief of Operations, is Helen Kerns and she would be the person to make that request to. • Lauren- Will any changes occur to the format of the program reviews? • Warren- there may be a few changes. Note to check reviews that refer to “repeat findings,” only done if an issue is repeated. • Lauren- Is there a way that the Commission can participate in some of these contracts and program reviews, could you define which ones? • Duane- brought to the attention, how can the Commission become 	<p>*EA- contact Chief of Operations, Helen Kerns, to request a list of the contract monitors to forward to the Committee Chair.</p> <p>*MHSA Program Manager- Warren Hayes will provide a list to define programs for the Commission’s participation.</p> <p>*Duane will discuss with the Executive Committee adding to the duties of the Committee Chairs to sign up and check the notifications from the Grand Jury, Board of Supervisors and Family and Human Services and any others that might be decided on that is of interest to the Commission.</p>

<p>more aware of contracts?</p> <ul style="list-style-type: none"> • Jill- the Commission, can become better informed by signing up for County notifications, in the areas of interests to the Commission • Lauren- there was a report posted, by the Grand Jury, regarding conservatorships that the Commission might want to be aware of. Maybe each Chair, can take on the duty of signing up for the notifications, in the areas of interest to the Committee and the Commission (i.e. - Chair of Finances will check the notifications regarding finances, the Quality of Care Chair will check on notifications regarding programs, Justice Systems Chair check on the notifications regarding forensics and detention, ... make it a duty for each Chair?) 	
<p>VIII. DISCUSS what funding is available for housing those with serious mental illnesses</p> <ul style="list-style-type: none"> • Lauren- besides the MHSA funds, the Realignment funds and general funds are any in attendance are aware of other available sources for housing? What about the “Stepping Up Initiative,” in the criminal justice system? • Jill- “No Place Like Home” will be available in the future. Both Lauren and Jill attended the quarterly Continuum of Care meetings, the issue of housing was discussed and according to the information provided at the meeting, on average, it can take up to eight years to develop a housing model. The “Stepping up Initiative” is a concept, not a funding stream, to address the connection between mental health and the Justice system, with the goal of diverting those people with mental illness into appropriate treatment and keep them out of the justice system. • Lauren- discussed a new perspective of diverting individuals away from jails and into a “diversion program” that would have housing. • Jill- The housing model in Contra Costa County is “Housing First,” that is the goal, to be able to provide the necessary services to help individuals stay in their housing. Additional housing questions can be requested from the Director of Health, Housing and Homelessness (H3) - Lavonna Martin. In addition a new team is in the process of being created, to have a different response model regarding 5150. There are several different programs being considered to be able to provide the services needed. The Behavioral Health Court system is a State run organization. Prop 47 is a pilot program, in Antioch, to address a high rate of recidivism, in this community for those also experiencing mental health issues. They will be housed with vouchers provided by H3 and the program will provide wrap around services. Over 70% of the grant money will go to community based organizations (CBO’s). • Lauren- requested a copy and asked what agency will be in charge of the project. • Jill- will forward a copy to the Chair and the EA- Liza. • The lead agency is Behavioral Health Services. Rebecca Brown will be 	<p>*Jill will forward a copy of Prop 47 to the Chair/EA</p>

<p>the facilitator to start the program, through the office of Reentry and Justice. They will be working with the City of Antioch, Probation and Community Based Organizations (CBO's) to provide wraparound services. "211" will be the centralized system to get individuals connected with the services that they need. Currently, "Housing First" is a concept</p> <ul style="list-style-type: none"> • Margaret- in the late 70's to the 80's there was a program, focused on child sexual abuse offenders, they received intensive counseling care and it was a nationwide program, very successful in its time. Maybe by looking back in history, at successful programs and procedures, can be revisited and utilized today? A lot of the counselors in the program were interns from JFK University and was not expensive; the program obtained a 2% recidivist rate. Appears that a lot of money is being wasted and fewer results are being achieved. The name of the program was called "Parents United". 	
<p>IX. DISCUSS funding for supportive housing and permanent housing and if they are two separate issues?</p> <ul style="list-style-type: none"> • Lauren- Jan Cobaleda-Kegler, Adults and Older Adults Program Chief, oversees some of the housing and the rest of the housing is overseen by the Director of H3, Lavonna Martin. Is there a schematic drawing of who heads what areas? • Jill- For the seriously mentally ill, the most successful model, as previously emailed, is permanent supportive housing, including onsite support. The closest to the model are the "Super Board and Cares". Transitional housing is for the Transitional Age Youth (TAY), substance use disorder and criminal justice population, or people with some mental disorders but not seriously mentally ill. • Adam- Augmented Board and Cares provide some health treatment and care, not usually mental health services, except for the new "TAY Oak Grove" pilot project. • Lauren- who does this falls under? What about the youth part? • Jill- Cynthia Belon (Director of Behavioral Health Services) and the youth will be under the Children's, Teens, TAY, and Youth Program Chief, Vern Wallace. Suggests that a "Housing 101" be facilitated to educate interested parties in the availability of the different housing available in the County and what division is overseeing each program. • Adam- Regarding permanent supportive housing in the future, that will fall under "No Place Like Home" under H3 as the lead. In the MHSA THREE YEAR PLAN, there is a good summary regarding the housing continuum. • Lauren- Adam and Liza, who do we contact to obtain more information regarding housing? • Adam- H3 is the division that is in charge of the housing aspect. • Liza- CPAW hosted H3, last month, and they did an in-depth presentation regarding housing and "No Place Like Home". 	

<ul style="list-style-type: none"> • Lauren- The BHS division has spent approximately \$250 million dollars in mental health, per year, and we are still seeing a rise in the Psych Emergency Room numbers, not much progress has occurred for housing the mentally ill and homeless individuals and the costs keep rising and the wait times for an appointment take two to three months to be seen by a clinician or doctor. A lot of money is being spent but the outcomes are not comparable. • Duane- in observing areas throughout the county, wonders what is happening? Appears that not enough progress is being made. • Jill- what has happened is that the State has placed the responsibilities on to the county to resolve, without the proper funding. With the closing of the state run mental facilities, transfer of inmates from the state prison system to the county, and the closing of the state run youth group homes and transferring of the care of foster youth to the counties in foster homes. Traditionally, the detention system was not set up for rehabilitation. Voters pass mandates that do not contain a funding stream. Prop 47 was passed, releasing many into the community without funding for the services. The funding has now been released, several years later. Prop 57 is coming and suggest that everyone reads and gives feedback. Voters can ask who will be paying for the different mandates, before voting. • Margaret – discussed her knowledge regarding downfalls in the 5150 system. • Jill- There are 5150 alternate response systems that are developing. 	
<p>X. Adjourned at 2:54pm</p>	

Respectfully submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
FINAL MINUTES APPROVED 8/17/2017