

**MHSA CONSOLIDATED PLANNING & ADVISORY WORKGROUP
December 3, 2009
4:00-6:00, 651 Pine Street #101, Martinez**

Members: John Gragnani, Steven Grolnic-McClurg, Peggy Harris, John Hollender, Ron Johnson, Candace Kunz-Tao, Beatrice Lee, Kathi McLaughlin, Susan Medlin, Mariana Moore, Ryan Nestman, Teresa Pasquini, Annis Pereyra, Tony Sanders, Connie Steers, Veronica Vale

Staff: Sherry Bradley, David Carrillo, Cesar Court, Cindy Downing, Julie Freestone, Steve Hahn-Smith, Helen Kearns, Mary Roy, Elvita Sarlis, Karen Shuler (Recorder), Suzanne Tavano, Stacey Tupper, Donna Wigand

Public/Guests: Audrey Bramhall, Holly Page, Caroline Sagan

Absent or Excused: Charles Brigham, Brenda Crawford, Courtney Cummings, Joannie Devries, Mark Gagan, Molly Hamaker, Rhonda Haney, Anna Lubarov, Bob Sessler, Wayne Thurston, Cheryl Virata

TOPIC/AGENDA ITEM	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Introductions/ Agenda/ Outcomes/ Conflict of Interest	<ul style="list-style-type: none"> Facilitator Julie Freestone called the meeting to order at 4:12 p.m. Introductions were made. The anticipated meeting Outcomes were reviewed. No one declared a conflict of interest. 		
2. Approval of the Minutes from 11/05/09	➤ There was consensus to approve the Minutes as presented.	The Minutes were approved as presented.	
3. CPAW Facilitation Committee Update	<ul style="list-style-type: none"> Kathi McLaughlin reported there were 25 applications that were narrowed down to 6 potential candidates who will be interviewed on Monday and Tuesday. A second interview is proposed for the following week. The Committee consists of Brenda Crawford, Kathi McLaughlin, Mariana Moore, and Teresa Pasquini. Julie acknowledged the committee's work, saying they had done an incredible job. 	Place update on January Agenda.	Sherry
4. Fiscal Update on MHSA Funding	<p>Sherry delivered an extensive overview of MHSA fiscal realities. She explained that each year the State Department of Mental Health (DMH) comes out with a list of specific allocations for that for each county's approved plans. She stated we can expect a decreased allocation of 44% over the next 2-3 years. She said we needed to plan for the hard times when we have the decreasing allocations, and that plan is called the Prudent Reserve.</p> <p>Sherry said we still do not know what our 2010-2011 allocations are, but we do know the allocations for 2009-2010 -- \$20,340,000. She added that 2 months</p>	<p>Recommendations: Place impact of the loss of the Federal Stimulus money on MHSA services on the January agenda.</p> <p>There was consensus to accept Mental Health Administration's recommendation to set up the</p>	Sherry

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	<p>ago CPAW agreed we would hold to the current, most recently approved CSS plan for fiscal year 2008-2009, a total of \$16.2 million. That would leave some money available for the Prudent Reserve.</p> <p>The Best Case Scenario (estimates): For CSS, between 2009-2010 and 2010-2011, the allocation will go down by 13% (expecting about \$17.6 million). If we hold at \$16.2 million, we're okay going into that next fiscal year. Between 2010-2011 and 2011-2012 we expect a decrease of 9% and that would bring us to \$16.1 million, so we might have to dip into the Prudent Reserve for about \$100,000. In 2011-2012 and 2012-2013 we would have a decrease of 21% which would bring our allocation down to \$12.7 million, so we would have to dip into the Prudent Reserve.</p> <p>For PEI, between 2009-2010 and 2010-2011 starting with our allocation of \$7.6 million for 2009-2010, we expect a decrease of 34% to \$5.053 million. Our current plan is at \$6.6 million. Then we expect a decrease of 17% that would mean our allocation is \$14.1 million, and then 2011-2012 and 2012-2013 a decrease of 21% would bring us down to \$2.3 million.</p> <p>The Worst Case Scenario: For CSS, starting with \$20.3 million, which is 2009-2010 with a 13% decrease to \$17.6 million, which still allows us to put some in Prudent Reserve. 2010-2011 and 2011-2012 gives us a 30% decrease which takes us down to \$12.3 million, causing us to have to go to the Prudent Reserve for \$3 million. 2011-2012 and 2012-2013 shows a 15% decrease, taking us down to \$10 million. This would result in another dip into the Prudent Reserve.</p> <p>PEI would have a 34% decrease brings allocation down to \$5.053 million; 37% decrease in 2010-2011 and 2011-2012 bringing it down to \$3.1 million; and in 2011-2012 and 2012-2013 a 21% decrease which gives you \$2.5 million.</p> <p>As to what we should do...we have to follow the DMH Guidelines regarding how to do the Prudent Reserve. Looking at the most recent funding levels of \$20.3 million and PEI allocations, we come up with \$20.8 million. According to the Guidelines the maximum Prudent Reserve we can set aside is 50%</p>	<p>mechanism to put \$13,074,022 into the Prudent Reserve (includes the \$4 million previously approved).</p>	

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	<p>up to \$14 million.</p> <p>Mariana asked if the projects were going down because of the loss of the Federal Stimulus package and Sherry responded that it was the projection of the decreased taxes collected on the 1% tax on incomes over \$1,000,000. It was further explained this was seen as a 2-3 year decrease, then holding, then increasing again within 4-5 years. It was seen as a purely economic problem.</p> <p>Sherry continued her explanation of the Prudent Reserve, saying that prior to 2009 we had already set aside \$3,812,150, so \$3.8 million is already sitting in our Prudent Reserve earning interest. The way the Guidelines are written, we can use funds that are either unspent submitted or unapproved.</p> <p>The State requires that we tell them how we will achieve the 50% level by July 2010. The good news is that we're only short about a million dollars. If we hold at \$16.2 million, which is our current actual expenses, we will have to take from the Prudent Reserve \$8.6 million for CSS and \$11 million for PEI. The target is \$14,001,850.</p> <p>Sherry asked that CPAW approve placing a certain amount of money from each of the pots in the Prudent Reserve.</p> <p>Susan asked what we are going to do to prepare for the future when it levels out at a lower level of funding.</p> <p>Sherry responded that if PEI is fully funded at the \$6.8 million level, we won't be able to sustain that level of funding. But in PEI, contracts are performance based and if outcomes are not achieved, they might not be renewed, so that is one potential. Another potential is determining if we want to fill any of the county positions that we said we would create under PEI.</p> <p>Annis asked if the Prudent Reserve funds are in Sacramento or gaining interest locally.</p> <p>Sherry replied that the funds are here and gaining interest.</p> <p>Kathi asked what the rules are for taking money out of Prudent Reserve.</p> <p>Sherry said we have the ability to take money out, but must send in an application to do so to the state.</p>		

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	<p>Ryan asked if Innovation monies were affected. Sherry said they were not. Steven said that with the loss of the FSP, there will be a decrease in services in that money is not replaced. Teresa asked if contracts other than PEI are performance-based. Sherry said we are moving in that direction with service work plans. Teresa asked about outcomes and data from current non-performance-based contracts. Sherry said we do have measures and data that covers through June 2009, and we now have an 18-month snapshot where we have pre-enrollment, current enrollment and post-enrollment – and Steve Hahn-Smith presented that last time. Kathi asked if MHSA services would be affected by the loss of the FSP monies. There was discussion about how the federal money affects our Medi-Cal and other billing. It was suggested that a discussion of the impact of the loss of the Federal Stimulus money on MHSA services be placed on the next agenda. The Prudent Reserve information will be posted online for 30-day comment. Sherry will check to see if a Public Hearing is required. Mariana asked if there were other options. Donna said some other counties are choosing not to fund a Prudent Reserve and to spend every dollar as well as they can and then to completely cut programs. By doing so, they are defying the state DMH Guidelines.</p> <p>➤ There was consensus to accept Mental Health Administration’s recommendation to set up the mechanism to put \$13,074,022 into the Prudent Reserve (includes the \$4 million previously approved).</p>		
<p>5. Update on 20 Allen Street Property Negotiations</p>	<p>Mental Health Director Donna Wigand reported that the county has negotiated a price with the owners of 20 Allen Street. It is currently a verbal agreement. A contract will be drawn up and go before the Board of Supervisors, hopefully December 15th. The contract to purchase the property has nothing to do with what will be placed on the property, only the purchase of the property itself.</p>		

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	<p>The Hospital is competing for space on the property to put in additional medical records storage and parking. Donna is pushing for all or part to be used for mental health programs.</p> <p>Donna said the original proposed 16-bed locked PHF is in question. Adults who are 5150'd would still go through Hospital Emergency to the Crisis Stabilization Unit. Still being considered are a 16-bed unlocked voluntary crisis residential unit for adults; an urgent care voluntary walk-in clinic for all ages; and a 5150 receiving involuntary center for children and adolescents. Donna said everything is still in flux. There have been no decisions, but there are competing interests for the property.</p>		
<p>6. Plan of Action: Goal #1 The MHSA Plans</p>	<p>Julie mentioned that the CPAW Plan of Action timeline has expired, so it needs to be looked at or reviewed. They are arranged on the Agenda in their order.</p> <p>A. Prevention and Early Intervention Component:</p> <p>1) Suicide Campaign Update Mary Roy reported she had met with Suzanne, Vic, Vern and John Bateson. They are just getting started on planning on a two-pronged program: 1-A broad-based campaign; 2-Targeting the unserved. They are hooking up contractors to training. Julie clarified this was one of the program funded by PEI.</p> <p>2) PEI Request for Funding – Training, Technical Assistance, and Capacity Building Sherry reported they had submitted their requests for the \$138,700 funding and found out today the state has approved it. This will be seen in training that will be partnered with 4 initiatives: 1-LGBTQQI Training; 2-Speaker's Bureau; 3-partnering with MHCC; 4-Training community support workers.</p> <p>B. Capital Facility and Technology Needs Component</p> <p>1) Report from CPAW's Capital Facility/IT Workgroup Tony Sanders gave a brief background of the CPAW representation on the MHC-CPAW Joint Capital Facilities Workgroup, stating that while</p>	<p>Recommendations: There was consensus to establish an ongoing Capital Facilities/IT Workgroup with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services.</p> <p>CPAW members were asked to contact Sherry and let her know what information needs to be brought back in January in order for a decision to be made. Place on January Agenda.</p> <p>There was consensus to accept the report from the</p>	<p>CPAW Members</p> <p>Sherry</p>

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	<p>CPAW wished to participate, the representatives (Kathi, Tony and Brenda) did not necessarily agree that more information was needed. He said CPAW’s agenda surrounds Prop 63 issues, and they felt there was more urgency to get recommendations back to CPAW. He stated the CPAW representatives to the joint workgroup met to consider their options as they felt there was an urgency for CPAW to meet regarding capital facilities, but not jointly with the MHC. Tony distributed a paper with their recommendations:</p> <ol style="list-style-type: none"> 1. Establish an ongoing Capital Facilities/IT Workgroup with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services. 2. Recognizing the importance of both components, we recommend the IT/Capital Facilities split be modified to approximately 50/50. 3. CPAW strongly supports best practical alternatives to hospitalization and therefore recommends that the property at 20 Allen contain the following psychiatric services: <ol style="list-style-type: none"> a. Crisis Assessment and Recovery Services for children and youth. b. Voluntary Crisis Assessment and Recovery Services for adults. c. Voluntary Crisis Residential for Adults. d. We also recommend that discreet older adult services be included. <p>Kathi and Tony reported that children are not being served. 20 Allen would be an opportunity to have an Assessment and Recovery Center for kids. If we lose that opportunity, we lose an alternative to hospitalization.</p> <p>➤ There was consensus to establish an ongoing Capital Facilities/IT Workgroup with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services.</p>	<p>Innovation Workgroup. Place update on January Agenda.</p> <p>Place Workforce Education & Training Component update on January agenda.</p>	<p>Sherry</p> <p>Sherry</p>

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	<p>Kathi, Ryan, Susan, Tony, Teresa and Annis volunteered to participate on this committee.</p> <p>Steve said he is in favor of item 3, but is not ready to vote today. Mariana said she felt more information is needed -- both on items 2 and 3.</p> <p>➤ CPAW members were asked to contact Sherry and let her know what information needs to be brought back in January in order for a decision to be made. Items 2 and 3 of these recommendations will be placed on the January Agenda.</p> <p>2) Report from MHC-CPAW Joint Capital Facilities Workgroup</p> <p>Annis reported the Committee sent out a questionnaire. It was deemed not to be appropriate to send out to a broad spectrum of the community, so it was sent out to hospital staff, contract service providers and county staff. The response deadline is next Friday (December 11th). The group is meeting next Wednesday to start looking at the questionnaires that have come back to see if there's an indication of where things are going. After the deadline, they will all be reviewed. Steve Hahn-Smith will do the data input. Annis said she had concerns after hearing the worst case scenario regarding funding and asked Donna where the money is coming from for 20 Allen.</p> <p>Donna replied that the Capital that would be used for construction of voluntary programs only. This is one-time construction money. If these are programs that are necessary Medi-Cal revenue generating programs, it is believed they will be self-sustaining. If there is CSS funding needed to sustain them, that would call them into question. Donna added that Finance is doing a thorough analysis, and would not let us move forward with the program if the money's not there. In response to a question,</p>		

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	<p>Donna said the Capital money is for voluntary services only but does not have to be only for FSP individuals.</p> <p>Teresa said the financial data provided us earmarked up to \$2 million in CSS funds. So depending on the programs depends on how much of these funds are taken.</p> <p>There was brief discussion about the funding and configuration of the children’s portion of the facility.</p> <p>Julie asked Annis for a brief summation of what the survey they sent out was asking.</p> <p>Annis replied that it was asking staff what we have long-felt was not done was a needs assessment of capital facilities matching up the needs of our county residents, things that could remedy the gaps in our services. We asked about different types of capital facilities, using essentially the same questions as from the previous version that Sherry and Susan had come up with, and we asked them, because of their experience in working with the consumers in the community which things they felt would best serve the gaps in services that they thought.</p> <p>Julie then asked what the next step was.</p> <p>Annis said people from the workgroup will look them over initially as soon as possible to have a brief glimpse before the Commission meets Thursday. Since the deadline date is the day after the Commission meeting, she said they will not have time to review them before the Commission meeting, but if there a significant number of them returned before next Thursday, then they will look those over.</p> <p>Julie asked if the input from the MHC would be available at the January CPAW meeting and Annis replied that it would. She added that they have also been accumulating links from previous stakeholders.</p> <p>C. Innovation Component – Update on Innovation Workgroup Process, Total Submissions, etc. A paper describing the Innovation Idea Review</p>		

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	<p>process was distributed. Tony said they would have to push back their final report 30 days and would have it ready in January. Sherry announced that the Innovation Workgroup was praised by the OAC on a conference call. Their work was so highly thought of by the OAC that the OAC would like to make it a model for other counties. The workgroup will be meeting again to finalize their prioritization of ideas/themes.</p> <p>➤ There was consensus to accept the report from the Innovation Workgroup.</p> <p>D. Workforce Education & Training Component Suzanne said that responsibilities had been divided up following Vidya’s moving to other employment. She also reported that the college approved the certification program.</p>		
<p>7. Plan of Action: Goal #2 - Evaluate Outcomes</p>	<p>A. MHSA Goals & Objectives for MH Division Quality Improvement Plan for Calendar Year 2010 – Distributed via E-Mail The MHSA Goals & Objectives for MH Division Quality Improvement Plan for Calendar Year 2010 was distributed.</p>		
<p>8. Plan of Action: Goal #3 Create recommendations for transforming the system</p>	<p>A. Housing Committee – Report/Update The Minutes from the last Housing Committee meeting were distributed. It was announced they are posting a Housing Coordinator position. Annis mentioned that housing provides stabilization. She said an older adult person is needed on the committee.</p> <p>B. Proposal for a CPAW Mental Health Older Adult Committee Connie, Brenda, Veronica, Cesar and Audrey comprise the proposed CPAW Older Adult Committee. A statement was read that can become their charge as a committee.</p> <p>➤ There was consensus to form a CPAW MH Older Adult Committee.</p>	<p>There was consensus to form a CPAW MH Older Adult Committee.</p>	
<p>9. CPAW Recruitment-Latino Community</p>	<p>Sherry said she had heard from a couple of Latinos and older adults who expressed interest, but no one had submitted an application for CPAW membership. Kathi suggested looking at the attendance of the</p>		

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representative(s) Needed, Asian/Pacific Island Community representative, Older Adult Community representative	CPAW meetings as several people had not attended regularly, creating gaps in the diversity of the group.		
10. Public Comment	None.		
11. Wrap Up/Evaluation	Cesar mentioned that older adults have specialized needs and also a lack of services. The meeting adjourned at 6:10.		

Expected Outcomes:

- ✓ 1. Approve Minutes of November 5, 2009
- ✓ 2. Accept CPAW Facilitation Committee Update
- ✓ 3. Review MHSa Fiscal Update, Formulate Any Recommendations
- ✓ 4. Review Suicide Campaign Update
- ✓ 5. Review Report from CPAW's Capital Facility/IT Workgroup representatives, Formulate Any Recommendations
- ✓ 6. MHC/CPAW Capital Facility/IT Workgroup, Formulate Any Recommendations
- ✓ 7. Accept Innovation Workgroup Update, Formulate Any Recommendations
- ✓ 8. Review Housing Committee Update
- ✓ 9. Approve Charge for Standing CPAW Older Adult Committee, As Per Report

Materials Distributed:

- Agenda
- Minutes from November 5, 2009 CPAW Meeting
- Proposal from the CPAW Representatives of the MHC-CPAW Joint Capital Facilities Workgroup
- MHSa Innovation Planning Process
- Innovation Ideas Algorithm
- Innovation Step 5 – Prioritize
- MHSa Goals Objectives for Q1 Plan 2010
- MHSa Housing Committee November 19, 2009 Meeting Minutes