

QUESTIONS FOR BEHAVIORAL HEALTH LEADERSHIP

Questions from CPAW members

1. Is CPAW considered the county's official MHSA stakeholder group? If so, what is the scope of CPAW's influence?
2. How does the funding cycle work (from state to county to CPAW to RFP, reporting, etc.)? Please provide an overview.
3. What are the steps involved in the contracting process? What is the procedure for an agency or group applying for an MHSA grant? Who are the decision makers? Please provide an overview.
4. We are 6-month into the fiscal year and understand that MHSA revenues are higher than expected, yet we have not yet seen the funding make its way to programs. Can you please explain why MHSA money is not moving into programs? And where the money is going?
5. There seems to be a lot of impatience to get RFPs out and the money spent. Are we in jeopardy of losing any money? Or having unspent money that can be used for a one-time purpose?
6. Have any of the recommendations that were included in the approved plan implemented? Which, if any, of the proposed county positions been filled?
7. Additional questions.

Requests for Information

We need a complete report of the payouts, grants and awards that have been paid out of the MHSA monies since the beginning. Please provide this in order by year in hardcopy at or before the meeting.

MHSA 2011-2012 Actuals

CSS	2011-2012 Actuals	2012-2013 Projection
Children	2,425,867	2,138,294
TAY	1,299,652	1,569,282
Adult	4,363,440	4,198,925
Older Adult	2,440,682	2,749,149
Systems Development	2,512,522	4,287,411
Housing	<u>4,104,513</u>	<u>4,197,143</u>
CSS Total	<u>\$ 17,146,676</u>	<u>\$ 19,140,204</u>
PEI	4,985,917	6,849,062
WE & T	702,432	580,872
Innovation	<u>1,008,004</u>	<u>2,362,478</u>
Sub Total	\$ 6,696,352	\$ 9,792,412
Total	<u>\$ 23,843,029</u>	<u>\$ 28,932,616</u>
Projected Revenue	(2,220,316)	(2,220,316)
Grand Total	<u>\$ 21,622,713</u>	<u>\$ 26,712,300</u>
Allocation	22,156,300	22,156,300
20%	<u>4,431,260</u>	<u>4,431,260</u>
Total Allocation	22,156,300	\$ 26,587,560
Balance	<u>\$ 533,587</u>	<u>\$ (124,740)</u>

**Contra Costa County
Health Services Department
Mental Health Services Act
Fund 114600 Balance**

Breakdown of Actual Fund Balance at 06/30/12

	Allocations	Received	Transferred	Ending Book Balances	Must be used by
Prudent Reserve - FY 05/06 CSS	\$7,332,286.00	\$7,332,286.00	\$6,751,158.00	\$581,128.00	
Prudent Reserve - FY 06/07 CSS	\$7,192,809.00	\$7,192,809.00	\$3,961,787.00	\$3,231,022.00	
Prudent Reserve - FY 07/08 PEI	\$2,686,300.00	\$2,686,300.00	\$469,800.00	\$2,216,500.00	
Prudent Reserve - FY 09/10 CSS	\$20,347,300.00	\$20,347,300.00	\$16,250,700.00	\$4,096,600.00	
Prudent Reserve Funds Subtotal	\$10,000,000.00	\$10,000,000.00	\$0.00	\$10,125,250.00	
CSS Operating Reserve for Crisis Residential and IT Interest Earned				\$10,000,000.00	
				\$1,597,258.81	
Capital Facilities & Tech				\$6,896,524.00	6/30/2018
Capital Fac. & Tech Funds Subtotal				\$6,896,524.00	
FY 08/09 Innovations	\$1,616,400.00	\$1,616,400.00	\$1,616,400.00	\$0.00	6/30/2012
FY 09/10 Innovations	\$1,616,400.00	\$1,616,400.00	\$1,616,400.00	\$0.00	6/30/2012 ²
FY 10/11 Innovations	\$2,719,300.00	\$2,719,300.00	\$2,719,300.00	\$0.00	6/30/2013 ²
FY 11/12 Innovations	\$1,106,800.00	\$1,051,460.00	\$1,051,460.00	\$0.00	6/30/2014 ²
Innovations Funds Subtotal				\$0.00	
FY 06/07 WET	\$2,276,500.00	\$2,276,500.00	\$1,647,200.42	\$629,299.58	6/30/2017
FY 07/08 WET	\$2,461,500.00	\$2,461,500.00	\$0.00	\$2,461,500.00	6/30/2018
WET Funds Subtotal				\$3,090,799.58	
FY 08/09 PEI - Trn, TA, & CB	\$138,700.00	\$138,700.00	\$138,700.00	\$0.00	6/30/2011
FY 09/10 PEI - Trn, TA, & CB	\$138,700.00	\$138,700.00	\$138,700.00	\$0.00	6/30/2012
FY 10/11 PEI - Trn, TA, & CB	\$138,700.00	\$138,700.00	\$0.00	\$138,700.00	6/30/2013
FY 11/12 PEI - Trn, TA, & CB	\$138,700.00	\$138,700.00	\$0.00	\$138,700.00	6/30/2014
PEI - Trn, TA, & CB Funds Subtotal				\$277,400.00	
FY 08/09 PEI	\$6,350,400.00	\$5,433,200.00	\$5,433,200.00	\$0.00	6/30/2011
FY 09/10 PEI	\$8,573,600.00	\$7,656,400.00	\$7,656,400.00	\$0.00	6/30/2012
FY 10/11 PEI	\$5,933,300.00	\$5,016,100.00	\$950,779.99	\$4,065,320.01	6/30/2013
FY 11/12 PEI	\$5,213,900.00	\$4,082,055.00	\$0.00	\$4,082,055.00	6/30/2014
PEI Funds Subtotal				\$8,147,375.01	
FY 08/09 CSS	\$11,858,900.00	\$11,858,900.00	\$11,858,900.00	\$0.00	
FY 08/09 CSS - Housing	\$9,130,800.00	\$0.00	\$0.00	\$0.00	
FY 09/10 CSS	\$14,657,600.00	\$14,657,600.00	\$14,657,600.00	\$0.00	
FY 10/11 CSS	\$17,715,700.00	\$17,715,700.00	\$17,715,700.00	\$0.00	6/30/2013
FY 11/12 CSS	\$6,752,600.00	\$5,914,970.00	\$2,133,748.97	\$3,781,220.63 ³	6/30/2014 ²
CSS Funds Subtotal				\$3,781,220.63	
Grand Totals	\$156,319,395.00	\$142,412,180.00	\$100,093,610.38	\$43,926,520.77	¹

Note:

1. Based on funds already received and unspent on 06/30/12.
2. Innovations funds are considered spent as part of CSS and will not revert if no CCS fund are unspent for that FY.
3. Excludes \$10,000,000 operating reserve for crisis residential and IT.

Contra Costa County
 Behavioral Health Services
 Mental Health Services Act Fund Balance

Total Allocations	<u>\$156,319,385.00</u>
CSS Housing Funds at State	(\$9,130,800.00)
08/09 - 11/12 PEI Allocations for State Administered Projects	(\$3,668,800.00)
FY 11/12 CSS Allocations not received	(\$837,630.00)
FY 11/12 PEI Allocations not received	<u>(\$269,975.00)</u>
Total Funds Received from State	\$142,412,180.00
Interest Earned	<u>\$1,597,258.81</u>
Total Available Funds	\$144,009,438.81
Expended Funds Transferred out	(\$97,582,918.04) ~
Expended Funds Transferred out for Capital	<u>(\$2,500,000.00)</u>
Fund Balance at 06/30/12	\$43,926,520.77
Prudent Reserve	(\$10,125,250.00)
Operating Reserve for Capital Fac and Technology Projects	(\$10,000,000.00)
Work Force and Education Allocation	(\$3,090,799.58)
Capital Fac & Tech Funds	<u>(\$6,896,524.00)</u>
Funds Available	\$13,813,947.19

Client/ Consumer Representation Survey

(13 Respondents of 24 active members = 54%)

1. CPAW voted that 51% of its composition should be made up of Clients/Consumers and Family Members. In considering how consumer voices can best inform, lead, or support good decision making by CPAW as a whole, **what range of characteristics and experiences would you like to see among Clients/Consumers who serve on CPAW?**

Respondents mentioned the following characteristics as important:

- Personal Lived Experience
- Past or present direct services (with some percentage from Contra Costa Mental Health and/or its contract providers)
- More of the persistent mental health diagnoses
- Those who have been 5150'd, hospitalized, conserved, sent out of county, homeless, dual-diagnosed, experienced recovery, provided peer support
- Reflection of the demographics of county
- Range of educational achievement
- Embody key values such as equity, integrity, objectivity, willing to put aside their personal goals for the betterment of the whole, and actively participate in difficult conversations and help build partnerships and influence transformation for all
- Informed about MHSA and the culture of CPAW
- Individuals who would participate meaningfully

2. Representatives bring a diversity of strengths to the table. What are the **minimum requirements or essential characteristics** that must be present to be considered a candidate for a Client/Consumer seat on CPAW?

Nearly half of the comments received spoke to consumer representatives needing to be comfortable being vocal, articulate, able to speak beyond their own personal experiences into a broader context, clearly representing a specific demographic rather than only their personal experience.

Other comments included:

- Most should be current/recent consumers of the county's public mental health system (county- or CBO-provided, within last 12 months)
- People with lived experience in one or more of the persistent mental health diagnoses
- A reasonable (to be defined) period of recovery/ wellness given the stress involved
- Ethical, objective, system thinker, consumer and family centered thinker
- Would like a number of them to be peer providers in this system, both county and contract
- Understand the system of services and be able to provide feedback on gaps and needs
- Commitment to coming; reliability on following through with any assigned tasks; interest/willingness to be part of a group that is as wide-ranging in topics/areas as CPAW.

3. Is lived experience an essential characteristic for a representative of Clients/Consumers on CPAW, or can an advocate and/or someone who provides services to consumers adequately represent Client/Consumer perspectives?

Yes, lived experience is essential	38.5%	5
No, lived experience is not essential	7.5%	1
It depends	54.0%	7

There were two primary clusters of comments representing the two perspectives (that lived is experience is critical, and that it depends):

Yes, lived experience is critical:

- ☐ Self-identification as a peer is an essential requirement to have a peer perspective.
- ☐ If you are also a peer provider you will have the additional understanding of how to help others going through some of the same experiences you have been through, and be able to act as a model of how to recover
- ☐ While advocates and providers have a vital role to play, and absolutely should be included on CPAW, they should not be counted as "consumers". Knowing about something, even very deeply, is not the same as living it

It depends:

- ☐ "Lived" experiences varies a lot and the nature of the illness may be disabling and prevent some from fully participating. I have to say it - but it might work a lot better on a case by case basis
- ☐ Not sure... Lived experience is very valuable and I am inclined to say it is essential, but sometimes one learns more about the experiences of others through watching them/hearing about them, not just by living them
- ☐ "Lived" experience does provide valuable input but in some cases, may not be feasible

4. If you believe that lived experience is essential to representing Client/Consumers on CPAW, what type/s of lived experience is important?

There was substantial alignment about the value of having had lived experience of recovery and having learned ways to successfully cope with mental illness.

There was a split with regard to the value of having experienced co-occurring issues with homeless and substance abuse. Several say they want consumer/client representatives who have accessed multiple systems serving MH consumers (AOD, foster care, probation, homeless, etc.), while a few emphasized wanting the focus to be on experience only in the Mental Health system.

5. If you believe that having accessed services is essential to representing Client/Consumers on CPAW, at a bare minimum how specific to our local context should that experience be? (please choose ONE of the following and feel free to comment below)

Experience within any mental health system (public or private) is necessary as a bare minimum	55.6%	5
Experience within any public mental health system is necessary as a bare minimum	0.0%	0
Experience within Contra Costa County's public mental health system is necessary as a bare minimum	44.4%	4
Experience within Contra Costa County's MHSA programs is necessary as a bare minimum	0.0%	0

There was a split in responses, with a little more than half seeing any experience with any mental health system as the minimum required and just less than half seeing a mixture of outside and local experience in Contra Costa County's public mental health system as the minimum.

Comments in favor of any experience include:

- ☐ Any involvement with services would help
- ☐ Profound challenges come regardless of depending on the public or private systems. I don't think we should make the "tent too small."
- ☐ We could have people who just moved to the area and have not had a lot of contact with the county services. Or who have worked and was able to have private insurance. I think we are not inclusive if we judge people for where they received services
- ☐ We all have lived experiences in on one way or another. By integrating and allowing anyone who has a diagnosis to participate we could open up our reach to all kinds of people in other systems of care in Contra Costa and truly improve the services for all. Those with experiences outside Contra Costa's system might bring valuable ideas from outside

Comments in favor of having some portion of consumer/client seats held by those with local experience include:

- ☐ I think a combination of experiences both in and out of county can bring value to the discussion
- ☐ It is preferable that at least half of the consumer/client members of CPAW have received services in Contra Costa County's public mental health system, including either county mental health services, or the services of one of our contract mental health service provider organizations
- ☐ I believe strongly that experience and knowledge of the entire mental health system of care of Contra Costa County is critical to informing the transformation of the system. While experience with other systems is helpful and certainly important you cannot understand the barriers and gaps of services in this county unless you have tried to survive those barriers and gap.
- ☐ I would apply the standard of receiving services in Contra Costa County (either through CBO or county programs) to a majority of consumer seats (I had suggested 75%), but not to all consumer seats. We want to have lots of input and perspective from current or recent consumers who have lived experience within the exact system CPAW was formed to advise and support

6. What else should CPAW consider in defining the attributes of the Client/Consumer representative to ensure the full spectrum of experiences of the people MHA programs serve?

There were several comments that emphasized points that had been made earlier in the survey. These included the desired characteristics of:

- ☐ Motivation
- ☐ Diversity of geography, age, ethnicity (emphasized by several respondents).
- ☐ Openness to feedback
- ☐ Authentic desire to learn and understand about needs that are to be addressed by a specific program or service
- ☐ Ability to formulate and express questions and concerns about information that is presented
- ☐ Ability to work effectively in a group like CPAW (e.g., adhere to group agreements) and to hold (or learn to hold, with appropriate training & support) a "systems" view in addition to sharing their own specific experience

Additional comments about ensuring effective client/consumer representation included:

- ☐ Seeking consumer/client representatives who have experience working in a public mental health system, either as a paid employee or a volunteer (value of peer providers)
- ☐ What supports will be available to support these representatives in attending -- everything from transportation to training to individualized supports
- ☐ We need consumers and all CPAW members to demand a data-driven system and funding of direct services

Fist to Five Voting and Consensus

Fist to Five is quality voting. It has the elements of consensus built in and can prepare groups to transition into consensus if they wish. Most people are accustomed to the simplicity of "yes" and "no" voting rather than the complex and more community-oriented consensus method of decision making. Fist to Five introduces the element of the quality of the "yes." A fist is a "no" and any number of fingers is a "yes," with an indication of how good a "yes" it is. This moves a group away from quantity voting to quality voting, which is considerably more informative. Fist to Five can also be used during consensus decision making as a way to check the "sense of the group," or to check the quality of the consensus.

Fist to Five is accomplished by raising hands as in voting, with the number of fingers raised that indicates level of agreement.

- **A fist** means, "I vote NO." or in consensus it means, "I object and will block consensus (usually on moral grounds)."
- **1 finger** means, "I'll just barely go along." or, "I don't like this but it's not quite a no." or, "I think there is lots more work to do on this proposal." In consensus this indicates standing aside, or not being in agreement but not blocking the consensus.
- **2 fingers** means "I don't much like this but I'll go along."
- **3 fingers** means, "I'm in the middle somewhere. Like some of it, but not all."
- **4 fingers** means, "This is fine."
- **5 fingers** means, "I like this a lot, I think it's the best possible decision."

Fist to Five Process:

1. When a proposal has been brought before a group, it has been well discussed and refined as needed, a vote for passage is taken.
2. People raise their hands with the number of fingers that indicate their degree of agreement with the proposal. Hands are held VERY high and the room is scanned by all. That way everyone is checking the sense of the room and not individual opinions.
3. The vote can stand as taken, with all fists and fingers counted, the majority winning. Or, people with fists and one finger can be asked to speak to their objections and offer possible solutions to overcome their objections. This is attempted, and then a second and final vote is taken, which is the final vote.
4. It is often wise to check early in the proposal dialogue, as sometimes a group is actually ready for consensus or a vote earlier than expected and a lot of time can be saved. An early check might find all 4 and 5 fingers except for two 1's, meaning the proposal would be voted in, or in the case of consensus, no one would block consensus and only two people have needs to be met. Only those people then speak and their objections addressed which saves a lot of time.
5. A low quality vote (lots of 1s, 2s and 3s) tells you the decision is probably a stop gap measure and will need to be watched closely or revisited soon. It is generally wise to attach a date for review to a decision that is low in quality. Some groups find it saves time in the end to not accept a vote that is affirmative but primarily 1s and 2s as the proposal is generally troublesome and comes up again anyway.
6. If it is obvious that the vote is wildly split, with no real majority, despite a winning "yes," the group knows it has more work to do, and that the decision may not endure. They can expect more controversy and know a plan must be made to address the polarized views.
7. When Fist to Five has been used for a while, a transition to consensus, if desired, is quite easy.

CPAW AGENDA ITEM READINESS WORKSHEET

CPAW Meeting Date: Dec 6th, 2012

Name of Committee: Planning Committee

1. Agenda Item Name: Defining a CPAW Quorum

2. Desired Outcome

Approve CPAW Recommendation for internal governance

3. Summary:

The Planning Committee recommends that CPAW define a Quorum as 50% of Active Members plus one.

The Planning Committee recommends that an Active Member be defined as a CPAW member who has attended at least 50% of the past year's meetings (unless they were excused by the MHSA Coordinator). In the case where a CPAW member has had a tenure of less than a year, the standard would be attendance at 50% of meetings since the time they joined CPAW.

A member is excused for a meeting when he or she provides advance notice to the MHSA Coordinator or to CPAW as a whole that he or she is on a leave of absence or is unable to attend.

4. Background:

A quorum, the minimum number of CPAW members needed to conduct CPAW business, has never been defined to date.

At the October CPAW meeting, the question was raised about how many members must be present and participating in a vote to produce a credible decision. The group was aware that several important decisions are on the horizons about issues that have historically been challenging for CPAW. Their resolution will require clarity about when CPAW has developed enough agreement to move forward. Defining a quorum is a basic component for achieving this clarity.

The Planning Committee was charged with making an explicit recommendation for CPAW's consideration. After defining an "Active Member" as one who has attended at least 50% of CPAW meetings in the previous year, the group then defined the quorum as 50% plus one of those Active Members. To test the legitimacy of this proposal, Planning Committee members requested that the facilitators review the previous year's attendance to determine (1) how many "Active Members" we have, and (2) how many of the past year's meetings met this definition of a quorum.

It was determined that CPAW's current Active Membership, as defined in this proposal, is 21 total members. Therefore a quorum requires 12 members be present for a credible voting process to take place. This proposed requirement would have been met at every meeting reviewed for the previous year, based on attendance numbers for each meeting.

5. Funding Considerations: None

6. CPAW Role: *Approve*- for internal CPAW decisions

7. Other Important Factors:

Who else is influencing this item? N/A

Is there an upcoming deadline? No explicit deadline.

Is "Conflict of Interest" a factor that should be acknowledged with this item? N/A

8. Anticipated Time Needed on Agenda: 10 minutes

9. Who will report on this item? Mariana Moore

**CPAW AGENDA ITEM
READINESS WORKSHEET**

CPAW Meeting Date: Dec 6th, 2012

Name of Committee: Planning Committee

1. Agenda Item Name: Defining procedures for Voting

2. Desired Outcome

Approve CPAW Recommendation for internal governance

3. Summary:

The Planning Committee recommends that all votes in CPAW be conducted in-person in meetings.

4. Background:

In the past, we have used surveys and other means to gather CPAW members' input and preferences in preparation for framing an item for discussion or a vote. All official votes and decisions have been made in the meetings with the participation of those members who are present.

Discussion has emerged recently about using surveys and email/phone follow up to solicit votes from those who cannot attend in-person. While remote participation has been discussed, the technology to support it does not yet exist. Upon deliberation, the Planning Committee recommends that members be physically present so they can hear all information relevant to a vote in order to participate. If, in the future, remote participation becomes possible this topic could be reconsidered.

5. Funding Considerations: None

6. CPAW Role: *Approve*- for internal CPAW decisions

7. Other Important Factors:

Who else is influencing this item? N/A

Is there an upcoming deadline? No explicit deadline.

Is "Conflict of Interest" a factor that should be acknowledged with this item? N/A

8. Anticipated Time Needed on Agenda: 10 minutes

9. Who will report on this item? Kathi McLaughlin

**CPAW AGENDA ITEM
READINESS WORKSHEET**

CPAW Meeting Date: Dec 6th, 2012

Name of Committee: Planning Committee

1. Agenda Item Name: Defining the minimum floor of support for decision making

2. Desired Outcome: Approve CPAW Recommendation for internal governance

3. Summary:

The Planning Committee recommends that a simple majority be met for a vote to pass.

4. Background:

To date, CPAW has not clearly defined the proportion of its voting members who must approve a proposal for it to pass a vote. Most often, a clear and substantial majority of CPAW has approved measures. On those occasions where the majority was smaller, CPAW made a case-by-case decision about whether an item would pass or be sent back to committee for re-working to incorporate the concerns of those opposed to it.

The Planning Committee appreciated the value of a consensus-building process to foster a dialogue that builds understanding. At the same time, they recognize the need to move the work forward efficiently. They offered the facilitators several suggestions for improving the consensus-building process so that when a vote is taken, the important concerns have already been identified and addressed. By making space for dissent, large and small, and for modifications informed by those minority views, the Planning Committee felt that CPAW could formulate the best proposal possible prior to voting.

Once a final proposal is put forward for a vote, Planning Committee recommends that it be required to achieve the support of a simple majority (50% of voting members present, plus one) to pass.

5. Funding Considerations: None

6. CPAW Role: *Approve*- for internal CPAW decisions

7. Other Important Factors:

Who else is influencing this item? N/A

Is there an upcoming deadline? No explicit deadline.

Is "Conflict of Interest" a factor that should be acknowledged with this item? N/A

8. Anticipated Time Needed on Agenda: 10 minutes

9. Who will report on this item? Kathi McLaughlin

Recruiting Members to Join
MHCC's Gospel Choir
"Voices of Recovery"



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