

COUNTY of SANTA CLARA MENTAL HEALTH BOARD

SPECIAL MEETING of the Mental Health Board

Monday, May 9, 2011 ► 11:00 AM - 12:00 PM

Mental Health Services Act (MHSA) - Public Hearing

Downtown Mental Health Center ~ 1075 E. Santa Clara Street, Training Room #4

San José, CA 95116

Llolanda Ulloa, 408.793-5677

DRAFT MINUTES & STAFF RESPONSES

Public Comment on items listed on the Agenda will be taken when the item is discussed

- 1) Chair Ronald Henninger called the Public Hearing to order at 11:06 am. The Mental Health Board members introduced themselves.
 - a) Llolanda Ulloa called roll; a quorum was present to start the Public Hearing.
 - b) The following members were present: Henninger, Ojakian, Blitz (12:02 pm), Brooks, Brownley, Chmyz, Cortez (11:19 am), Mariant, Morales, Morillo, Mukoyama, and Trinh (12:01 pm).
 - c) The following members were excused absent: Pontious, McIntyre, and Supervisor Shirakawa.
- 2) Opening Comments by Mental Health Board (MHB) Chair, he encouraged everyone to speak up regarding the plans as everyone's voice should be heard and that everyone knows that the plans are being reviewed.
- 3) Overview of Current Draft of FY12 MHSA Update Report - by MHSA Project Manager, Ky Le, who mentioned that this Public Hearing is to discuss the Fiscal Year 2012 (FY12) Annual Update to the County's approved MHSA plans. Mr. Le reviewed the slide presentation (see handout); and commented on the five MHSA components.
 - a) The Draft Report was posted to the website on April 8, 2011, several Stakeholder meetings have been held since then. The Posting Period ended, May 9, 2011. The MH Board discussed it briefly on April 11, 2011. The SLC met on April 29, 2011, and endorsed all of the plans and the projects. Today, the MHB is holding a Public Hearing (required for all Plan Updates). On May 11, 2011, the Health and Hospital Committee will review the plan and, it will also be reviewed by the BOS on May 24th. Submission to the State will be around May 31, 2011. FY12 will be the first year in which the Annual Update will include all five components.
 - b) Mr. Le provided an overview of changes to the MHSA.
 - i) The State passed AB100 in March 2011. This legislation has changed MHSA and will not go into effect until the State has a budget. After FY12, the Oversight and Accountability Commission (OAC) and the California Department of Mental Health (DMH) will no longer review or approve MHSA plans. MH Board members asked questions as Mr. Le presented information.
 - ii) AB 100 will also change how MHSA funds are collected and distributed, shifting responsibility from DMH to the California Department of Finance. The specific impact on local MHSA funding is not yet known.
 - iii) For FY 12, because of State fiscal crisis, legislation has suspended the non-supplantation requirements and authorized the State to borrow MHSA Funds to pay for other types of

services; the plans will not be affected from a budget perspective, though there will be an impact from a cash perspective, how the funds will be affected is unclear at present. AB100 was passed in emergency mode and the details remain to be worked out.

- c) Mr. Le provided an overview of the FY12 Annual Update. MHSA Funds fluctuate because they are based on tax collection; however, current projections for all components necessitate a deliberate process for reducing MHSA expenditures over the next few fiscal years.

- i) **Community Services and Supports (CSS):** For FY12, the MHD proposes to make relatively minor reductions to the CSS plan, and then use the remainder of FY11 and FY12 to coordinate a long-term expenditure plan. Mr. Le highlighted several proposed changes to the FY12 CSS plan.

In 2006, the MHD allocated \$500,000 in one-time funding to seed a self-sustaining, consumer-run enterprise. The program was not intended to fund individually-owned businesses. Since 2006, the MHD has not been able to launch the initiative and earmarked funding for it in each successive year. Given other departmental requirements and limited staffing resources, it is unlikely that the MHD would be able to undertake this effort in the next FY. The MH Department recommends removing this earmark and the \$500,000 from the FY 12 budget.

Full Service Partnership Program: CSS funds can be used to pay for clients' temporary utilization of inpatient/residential treatment services. In FY11, the MHD budgeted \$1.5 million for these expenses. For the past two years, the operation actually spent \$1 million, leaving \$500,000 unused. The MHD proposes to reduce the budgeted amount by \$500,000 to reflect actual expenditures and needs. Existing programs and services will not be impacted.

- ii) **Capital Facilities & Technological component (CFTN):** For FY12, the MHD intends to submit two capital facilities projects (Downtown Mental Health and the "Medi-Plex"), resubmit its County Health Record (CHR) project, and request an additional \$2 million for its Electronic Health Record (EHR) project. The combination of these requests would allow the County to bring the County's remaining allocation of CFTN funds into local accounts.

Ms. Jennifer Jones, MHD Consumer Affairs Program Manager, commented that she would like to be included in the planning and implementing of the Downtown Mental Health capital facilities project. Staff concurred and agreed with Mr. Ojakian's comment that the project is in the policy and request stage, not the implementation stage. Staff identified the need to renovate the facility; a draft was posted for comment, but no comments had been received. The principle purpose for submitting the request with the FY12 Annual Update is to access funds to allow for additional planning and subsequent renovations to the sites. Staff explained that the County budget process and other programmatic needs were influencing some of the CF project requests.

- iii) **Prevention and Early Intervention (PEI):** For FY12, the MHD intends to increase PEI expenditures through both one-time projects and by requesting approval for a fifth PEI project. "PEI Project 5" would allow the MHD to use PEI funds to implement the County's Suicide Prevention Strategic Plan.

- iv) **Workforce Education and Training (WET):** No changes to existing plan.

- v) **Innovation (INN):** For FY12, the MHD intends to request approval of an eighth INN project – INN-03 Adults with Autism and Co-Occurring Mental Health Disorders.

Board member Mukoyama asked if Autism is a covered mental health illness. Dr. Peña informed the MH Board that the treatment of autism by county mental health departments is currently not reimbursable.

MHB member, Ojakian, would like to recuse himself from voting on INN-07, to avoid a conflict of interest with his membership to the NAMI Board.

- d) **MHSA Housing Program:** The FY12 Annual Update includes two new MHSA Housing Program Projects.
- 4) Open Public Hearing Regarding Current Draft of FY12 MHSA Update Report - Plans pursuant to Welfare & Inst. Code section 5848.
- 5) Public Comment - Chair Henninger opened public comment; the following people spoke:
 - a) **Ms. Maylen Valois** asked if AB100 applies to specialty MediCal/Medicare?

Staff Response: Staff responded that the provisions in AB100 apply specifically to the MHSA. Information on accessing more information on this topic was provided.

- b) **Mr. Andrew Phelps** commented that at the April 29th SLC meeting that he did not agree with the draft proposal. He is concerned that we have been working with mental health clients for many years to develop meaningful employment solutions. There has only been half a solution. The concern is that we are moving in a new direction and he would like the MHD to understand the vision so that the County will make the best use of the creativity of mental health clients.

Staff Response: Based on stakeholder input, the MHD has revised its plan. As reported to the Board of Supervisors, the MHD's FY12 plan will not request funding for the Consumer Employment Initiative; however, the MHD will work with stakeholders to further assess its feasibility and implementation in the context of necessary long-term reductions to CSS programs. The Consumer Employment Initiative is only one part of the MHD's efforts to increase the employment of consumers and family members in and out of the public mental health workforce. For example, over \$1 million in ongoing PEI/CSS funds is allocated for consumers and family member positions as part of the MHD's Ethnic and Cultural Community Advisory Committees (ECCAC). Under its WET plan, the MHD is developing a career ladder for consumers and family members. Starting in FY12, the MHD will be able to develop and fill County positions with classifications that significantly value the lived experiences of consumers and family members.

- c) **Mr. Jose Rangel** commented he had a concern some time ago about the possibility of the self-help center in Gilroy being closed. We need to heighten the need for reviewing the communities' perspective with regard to Mental Health Programs. Bob Martinez talked about organizing the Board of Supervisors.

Staff Response: The MHD will direct the Consumer Affairs program manager to collect additional input regarding the closure of the Gilroy Self-Help center.

d) **Ms. Maria Fuentes**, MHD Senior Services Manager, expressed not knowing why the \$51,000 was being eliminated, and stressed that older adults are underserved. She also pointed out that older adult services need to be improved. Ms. Fuentes stated that the Older Adult Summit is taking place because of the need to improve services for older adults. Maria Fuentes believes it is a mistake to withdraw funding. She asked that it be left to make sure funding is available for very much needed services to the older adults.

Staff Response: In FY09, the MHD allocated \$200,000 to support a Department of Aging and Adult Services (DAAS) program that would work with clergy and lay leaders to reduce and prevent elder abuse and neglect. DAAS had received a grant from the Archstone Foundation. In FY11, the MHD allocated an additional \$40,000 to support the final summit and to conduct close-out activities. This proposal would update the CSS budget to reflect completion of the project. The MHD proposes to continue with the reduction, because the funds were tied to a specific project, which officially ended on December 31, 2010. The project did not provide direct services to older adults. However, the MHD will work with and review any proposals from the MHB's Older Adult Sub-Committee to develop programs to enhance or expand services for older adults. Moreover, the MHD has allocated an additional \$200,000 in one-time PEI funds for prevention and early intervention services for older adults in FY12.

e) **Ms. Julianna Brooks** asked if there is a way to redirect the \$51,000 and have it redirected to older adult services and the Older Adult Committee. For the MHB to review and to obtain community input in the development of mental health services the MHD and the MHB should continuously communicate opportunities for input so there is no perception of lack of impact into the process.

Staff Response: Regarding the \$51,000 for older adult services please see the staff response under 5d. Regarding the recommendation for continued improvement in communication and community engagement, the MHD has been in consultation with its SLC on how to improve communication and engagement. The MHD supports the recommendations, and proposes to work with both the MHB and SLC to develop appropriate procedures.

f) **Mr. Wes Mukoyama** commented that the percentage of MHSA funding dedicated to Older Adults is low in this county. PEI funding for older adults is very low, Santa Clara County dedicated 4.1% of PEI funds in comparison to LA County who funds at 17% and Santa Cruz County 9.6% of PEI funds. Mr. Mukoyama is concerned with consumer employment initiative. It is the perception that employment for clients can only be independent or dependent contractors; though the MH Board has been told that it will be spread out more to include permanent positions. He would like to know if MH clients are going to work, that it be also available outside of Mental Health and would like to see how Mental Health Department will help clients seek work outside of Mental Health.

Staff Response: Regarding older adult services please see the MHD's response under 5d. In addition, for clarification purposes, the FY12 PEI plan estimates that 7% of PEI funds will serve older adults. As stated in response 5d, the MHD supports the MHB's active role in identifying opportunities to expand or improve mental health services for older adults. The Older Adult Summit on June 1, 2011, which is funded with PEI funds, will be an excellent opportunity to begin the community input process. Regarding consumer and family member employment, please see the staff response under 5b. In addition, the MHD will provide the MHB Adult sub-committee with an overview of supportive employment programs in the county public mental health system.

g) **Ms. Margene Chmyz** asked for clarification on item 6; allocate 80% of ECCAC management expenses to PEI, as her recollection was that with PEI, there was not enough allocated to adults and older adults in that plan. Ms. Chmyz commented about the elimination of consumer staffing (about \$80,000) and wonders how that would balance against the \$500,000.

Staff Response: The MHD's Ethnic and Cultural Community Advisory Committees (ECCACs) were initially developed as part of the MHD's CSS Plan. Their services were expanded as part of the MHD's PEI Plan. Approximately 80% of the ECCAC program budget is funded from the PEI component. However, management personnel directly responsible for the program were still being charged 100% to the CSS component. This FY12 proposal would properly account for program expenses, but would not reduce ECCAC services. The ongoing budget for consumer staff positions for current consumer-run programs is not being eliminated or reduced. However, the transition of some positions from dependent contracts to County coded positions may necessitate changes in staffing patterns.

h) **Mr. Vic Ojakian** would like to get status updates on Innovation projects, including the Peer-Run TAY Center. Mr. Ojakian also requested more updates on the PEI projects. For Public and MHB members, Mr. Ojakian wants to recuse (INN 07) himself from voting on Innovation Project 07 and PEI Project 4.

Staff Response: Staff will provide written project updates at a time and in format of the MHB's choosing.

i) **Mr. David Mariant** expressed concern with Older Adult one-time project of \$51,000 going away. Mr. Mariant commented on his concerns with the recommendation to eliminate the one-time consumer employment initiative \$500,000 and self-help and when cuts come up it seems that it is off track.

Staff Response: Please see staff responses 5b, d and f.

j) **Mr. Hilbert Morales** commented that the population of the county is 27% Hispanic. The Baby Boomers are becoming older adults. These two trends should be used in developing mental health services that are accessible to older adults.

Staff Response: Staff concurs.

k) **Mr. Tito Cortez** commented on his concern with staffing reduction, "if people are not working they don't buy."

Staff Response: Staff are looking at ways to mitigate the impact of staffing pattern changes on individuals.

l) **Chair Ron Henninger** commented that the MH Board needs to be updated on a regular basis and to assign projects to the pertaining sub-committee, so that this does not fall solely to the MH Department to come and talk to the MHB.

- i) The MHD's reports should go to subcommittees to review and be kept up to date; the subcommittee to bring it forward to the MHB in general on what is going on with these projects.

- ii) He commented that with outcomes and collections of data, we need to identify what will make a project successful, based on data outcomes so the decision is based on factual information and not based on opinions only.
- iii) He would like to see more projects that involve the clients; having client career ladders, where they start with 10-hours per week and with time incorporate hiring into coded positions to make consumers more valuable contributors to society.
- iv) Have more family involvement, including the family members into the care; several family member letters were received. Communication is the key; more communication is needed on what is going on with the projects; what is working and what is not. Identify who is going to take these projects on and who will report back to the MHB.

Staff Response: The MHD supports Chair Henninger's comments and recommendations. The MHD proposes to work with both the MHB and SLC to develop appropriate procedures. In response to Chair Henninger's comments regarding a career ladder, the MHD proposes that the Learning Partnership Division and the Consumer Affairs Manager provide a report on existing and planned consumer and family member employment programs and career ladders.

- 6) MH Board Comments on Current Draft of FY12 MHSA Update Report, Mr. Mariant moved to Advise that the BOS approve the plan with the recommendations as stated, that these should go through the assigned MHB-Subcommittees, for ongoing representation of the MHB to be able to bring back representation
 - MHB Action:
 - a. Advise that the BOS approve the plan as submitted.
 - b. Advise that the BOS approve the plan with recommended changes.
 - c. Advise that the BOS not approve the plan and provide written recommendation as to why.

Motion: Mariant, **Seconded:** Brooks, (B) to advise that the BOS approve the plan with three modifications : 1. To not eliminate one-time funding of \$500,000 for a consumer employment initiative; 2. To not eliminate the \$51,000 older adult one-time project funding; and 3. for future process, to report regularly the updates to the pertaining MHB-Subcommittees on where the projects are. **Vote:** Passed by majority (11-0-1), no one against and one abstention by Trinh.
- 7) Close Public Hearing: The Public Hearing closed at 12:18 pm.